# YUBRAJ TIMALSINA

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## PROFESSIONAL SUMMARY:

* 6 years of experience as Business Analyst to support healthcare projects, proficient in all areas of analysis, including Requirements Analysis, Functional Analysis, Business Systems Analysis and Project Management.
* Extensive knowledge in **Business Analysis, Business Requirement Gathering, Business Process Modeling and Business Process Analysis.**
* Strong **technical writing skills** and excellent professional communication skills demonstrated through clear, concise and comprehensive documentation.
* Expertise in Analyzing and documenting existing **business processes**, incorporating relation to the information systems environment, to propose future enhancements.
* Proficient in creating **wireframes and prototypes** for user interface design using **Adobe Muse CC.**
* A strong understanding with different **Software Development Lifecycle (SDLC) Methodologies** such as **WATERFALL, AGILE, SCRUM, KANBAN and RUP.**
* Experience in translating business needs to requirements and tracking requirements via **Requirement Traceability Matrix (RTM).**
* Experience in creating different **UML diagrams** such as **USE CASE DIAGRAM, ACTIVITY DIAGRAM, SEQUENCE DIAGRAM and PROCESS DIAGRAM.**
* Experience in conducting **JAD, JAR and JRP sessions** for understanding the **AS IS situation,** identifying current business problems, analyzing their causes, determining benefits and capturing the business requirements.
* Experience with **Product Backlogs, Sprint Backlogs, Sprint Planning, Daily Stand up/Scrum Meeting, Product Backlogs Refinement, Sprint Review and Sprint Retrospective**. Used **Jira** to create **Sprint Burndowns and Burnup charts** for viewing progress against the release, improve future estimates and identify problem trends early.
* Experienced in working with HIPAA Gateway **EDI X12 Transactions,** **EDI Claim Transaction Set (837), EDI Claim Payment/Advice Transaction Set (835), EDI Benefit Enrollment and Maintenance Set (834), EDI Eligibility Inquiry (270), EDI Eligibility Response (271), EDI Claim Status Inquiry (276), EDI Claim Status Response (277) and EDI Functional** **Acknowledgement Transaction Set (997).**
* Knowledge of **ICD-9-CM, ICD-10-CM and HIPAA compliances.**
* Strong Knowledge of **FACETS system**to enable **Inbound/Outbound HIPAA EDI transactions.**
* Extensive Knowledge **Member/Subscriber application** of FACETS System.

**TECHNICAL SKILL**

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| **Operating Systems** | Windows |
| **Databases** | MS-Access, MySQL, SQL Server, Oracle |
| **Test Management Tools** | JIRA, HP Quality Center |
| **Automation Tools** | MS Visio, Rational Rose, Rational Clear Quest, Rational Requisite Pro, |
| **Bug Tracking Tools** | JIRA, Rational Clear Quest |
| **Utility Tools** | MS Office Suite, MS Project, TOAD, Adobe Photoshop, Adobe Muse CC |
| **Claim Engines** | FACETS |
| **Language /Standards** | UML, SQL, HIPAA 4010/5010, ICD 9/10, ANSIX12 |

**Education:** Master of science Information Technology, Southern New Hampshire University, Manchester, NH

**Client: WellCare, Henderson Road Tampa, FL    Duration: APRIL 2017 – Present**

**Position: Business Analyst**

**Project Description:**

WellCare Health Plans, Inc focuses exclusively on providing government-sponsored managed care services, primarily through Medicaid, Medicare Advantage and Medicare Prescription Drug Plans, to families, children, seniors and individuals with complex medical needs. The company served approximately 4.3 million members nationwide as of March 2018. The project is about designing, developing, testing and implementing transition from a legacy system to FACETS enterprise solution.

**Responsibilities:**

* Involved in configuration of **FACETS Subscriber/Member application.**
* Worked on FACETS Data tables and created reports using queries. Manually loaded data in FACETS and have good knowledge on FACETS business rules.
* Performed data mapping and data modeling and used canonical data model to map data from **EDI X12 834 transactions.**
* Did the **forward and backward data mapping** between the fields in mainframe and FACETS.
* Analyzed the mainframe reports for **member/eligibility/claims and mapped the fields with FACETS batch jobs and reports.**
* Tested the changes for the front-end screens in FACETS related to following modules, test the FACETS batches (**membership**).
* Involved in Re-engineering and capturing of transactions with legacy systems [**Enrollment -834**].
* Conducted extensive analysis on migration and conversion of **Provider and Member data, Group configurations, plan codes, benefit set-ups, fee schedules, provider pricing, capitation set-ups**, etc. from **Legacy system (Amysis) to FACETS (Client Server based system)**.
* Provided support to full Software Development Life Cycle, testing, training and implementation.
* Analyzed the functional details of various modules in mainframe and did the **GAP analysis** with the new system.
* Good understanding of **EDI 5010 Transactions, 837 Claims (institutional, professional and dental), 834 Enrollment, 270/271 Eligibility inquiry and Response, 835 Remittances and 276/277 Claims Status Inquiry.**
* Responsible for working with the State to review and modify process flows to increase productivity and effectively utilize **FACETS** features not provided by the legacy systems.
* Assisted **QA team** in Preparing **Test cases.**
* Conducted **Integration tests and User Acceptance Tests**.
* Organized, managed and developed EDI specifications, for data feeds and mappings for integration between various systems, to follow **ASC X12 – 834** formats to meet **HIPAA requirements** set forth by the federal government.

**Environment: FACETS 5.0, Agile, MS Access, MS Visio, MS word, MS excel, Rational Requisite Pro, Jira7.3.0, TOAD.**

**Cardinal Health, Dublin, OH Duration: OCT 2015 – MAR 2017**

**Business System Analyst**

**Project Description:**

The project was based on the transition from a mainframe based legacy system to a new Enterprise open systems-based solution. Adhered to strict compliance, policies and regulations and configured Facets modules such as claims, membership, benefit and plan. Involved in migrating application functionality and converting data. Migration of ICD 9-CM (Clinical modification) to ICD-10-CM/PCS (Clinical modification/procedure coding system).

**Responsibilities:**

* Conducted meetings with business process owners, SME (subject matter experts) and Trading Partners for requirement gathering during the definition stage.
* Involved in FACETS Implementation Testing, involved end to end testing of
* FACETS Billing, Claim Processing and Subscriber/Member module.
* Analyzed data/workflows, defined the scope, and performed GAP analysis.
* Analyzed the data movement between systems in order to validate the Business Requirements.
* Worked on data mapping to bring data from one system and reside in another system.
* Ensured that EDI files followed new ICD-10 standards.
* Submitted claims to insurances and Processed payment from insurance companies.
* Prepared documents such as Project Scope and Vision, Project Success, Business Requirements, Functional Specification, Data Warehouse Process Flow using MS Office (Word, Excel, Visio) and dashboards.
* Interacted with DBA for the process of data extraction, data transformation, data load, data integration and conversion processes using business intelligence tools on the Benefit Plan functionality.
* Practical experience on claims processing system and different types of claims such as 837I 837P, 837D and Pharmacy Claims.
* Validating the site for HTML syntax errors and defects for website functionality.
* Created Use Cases and maintained the traceability matrix.
* Conducted series of meetings, joint sessions, and interviews with the health insurance experts, operations experts, subscribers, and technical people to properly identify and understand the problems with claims management.
* Performed Data verification and validation against the user requirements.
* Reviewed complex SQL queries to extract and validate the data from the Facets database
* Performed Gap Analysis of short term business requirements with long term business requirements and reported the GAP to the management.
* Used Teradata SQL assistance to write SQL queries for data extraction.
* Created and provided Ad hoc data request to the users with quick time around.
* Work closely with Health Insurance Trading Partners and with other contractor companies to ensure the quality of the cases.
* Created HTML Mock-up screens & Prototypes to obtain user feedback on implementation of key requirements.
* Worked on FACETS claims processing, payment adjustments, claims inquiry, benefits.
* Derived BPMN for batch loading of Provider and Member data into FACETS.
* Participated in for website backend testing with Linux and UNIX environment.
* Extensively involved in updating the official changes to the tabular list, instruction manual and alphabetical index of ICD- 9 to ICD-10 in regard to data transactions.
* Actively participated in status report meetings & interacted with developers to discuss the technical issues.
* Conducted walkthroughs and defect meetings periodically to assess the status of the testing process.
* Conducted UAT (user acceptance testing). Used SharePoint for UAT bug tracking.
* Used SharePoint for document sharing and version control.

**Environment:** Facets, Windows, MS office, Oracle, MS-Visio, Microsoft Project, HP ALM.

**Client: United Healthcare, Hooksett, NH Duration: JUNE 2014 – SEP 2015**

**Position: Business Analyst**

**Project Description:**

UnitedHealth Group is a distinctively diversified health and well-being company headquartered in the Minneapolis, Minnesota, and a leader worldwide in helping people live healthier lives and helping make the health system work better for everyone. The main purpose of this assignment was to create an integrated solution to deliver quality health care, enhanced process flows, and increased patient flows to the clinic and give excellent experiences in all services provided. The project worked on HIPAA Claims Processing and ICD 10 readiness.

**Responsibilities:**

* Responsible for collecting and analyzing Business Requirements, Process Modeling and preparation of Functional Design Specifications by employing use case scenarios, sequence diagrams.
* Created use cases, activity diagrams and process diagrams using Microsoft Visio.
* Gathered requirements for HIPAA 5010 migration.
* Followed the Business Rules and ensured that HIPAA compliant Rules are followed to display minimum benefit information that the Provider is required to pass on the EDI transactions.
* Managed the privacy and security environments of healthcare data that was governed by HIPAA and other government mandates.
* Validated the EDI 837-claim billing (professional, institutional and dental claims) &835 (remittance advice or payment) claims adjudications.
* Management of few departmental projects including programming for HEDIS measures for NCQA accreditation through FOCUS and SQL programming.
* Prepared high level and detailed system requirements documents for the application
* Analyzed ICD-10 standards for 837 transactions, related to providers, payers, subscribers and other related entities.
* Authored Business Requirements Document [BRD] with project teams. Extracted, discussed, and refined business requirements from business users and SME’s.
* Identified the requirements for accommodating ICD-10 standards for 837 transactions and captured these requirements to create BRD.
* Participated in the walkthroughs and meetings specifically for Claims and Membership modules.
* Validated the process flow for “AS IS” system and understand where exactly ICD-9 Procedural and Diagnosis Codes are used.
* Translated the requirements gathered during interview with SME’s and created process flow diagram based on the requirement captured.
* Identified various points of integration among the new and existing applications and required integration with other IT components.
* Practical experience on claims processing system and different types of claims such as 837I (Institutional), 837P (Professional), 837D (Dental) and Pharmacy Claims.
* Good experience with FACETS Claims Adjudication.
* Develop ad-hoc reports on data from the other applications on claims, benefit plan, provider and financials using Business Objects Enterprise XI, Desk Intelligence, SQL Developer, MS Access and Excel, SQL, and Oracle.
* Extract claims detail including ICD-9, procedure codes, diagnosis codes; member eligibility data for analysis, claim overpayment projects.
* Validate data analysis and extractions against FACETS front-end system.
* Manage membership analysis; FACETS claim analysis and ad-hoc reports.
* Compile SQL Queries to validate the data integration between the various Database tables.
* Involved in mapping and validation of different EDI transaction used for claims filing like ASC X12 837 (I, P, D) for claim submission, ASC X 12 270/271 for the eligibility/benefit inquiry and response, ASC X12 276/277 for the claims status enquiry and response and ASC X12 835 for the healthcare claim payments.
* Involved in mapping data from different EDI files onto database using different routing transformations.
* Work together with the architects and team responsible for supporting rules processing tools during the project to assist with the required support.
* Work closely with the business team, development team and the Quality Assurance team to ensure that desired functionalities have been achieved by the application
* Assisted the project with Change requests and held responsible for weekly changes to the applications. Maintained and recorded the ticket numbers for request changes on CR manager tool.
* Involved in testing Facets Member/Subscriber, Billing, Medical Plan, Dental Plan modules.
* Provide business and technical suggestions and recommendations during the project life cycle.

**Environment:** ICD 10, Agile, FACETS, Quality Center, ASCX12, XML, HIPAA, EDI, UML, MS Office.

**Client: VAYODHA HOSPITAL, Nepal Duration: FEB 2013 – MAY 2014**

**Position: Business Analyst Intern**

**Project Description:** The project is about developing health care application and major responsibilities were supporting project inception, project planning, designing, developing, testing and implementation.

Responsibilities:

* Created **business requirement document** and **functional requirement document**
* Conducted and Participated in **JAD Session** with the business users. Analyzed and prioritized user and business requirements as system requirements that must be included while developing the software. Gained better understanding of **SDLC methodology** working on different domains and types of projects.
* Planned and defined system requirements to **Use Case, Use Case Scenario and Use Case Narrative using the UML methodologies.**
* Created **Use Case Diagrams, Activity Diagrams, Sequence Diagrams, Class diagrams and ER Diagrams in MS Visio.**
* Scheduled meetings with developers, SAs (System Analyst) and testers to collaborate resource allocation and project completion using MS Project.
* Assisted with **UAT** with prospective users. Developed and maintained **Standard Operating Procedures (SOP).**
* Worked on projects that involved usage of **HTML, CSS and XML concepts.**
* Attended the training for understanding the concepts of extracting the data from **multiple databases, transforming in a format compatible and loading the same.**
* Worked on MS SQL Server Data Warehousing.

**Environment: MS Visio 2007, MS PowerPoint, MS Word, XML MS Project 2007, MS Outlook, SDLC, UML, MS SQL Server.**