# YUBRAJ TIMALSINA

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## PROFESSIONAL SUMMARY:

* Over 5+ years of experience as **Business Analysis/data Analysis** with primary exposure in **Business analysis, Business Process modeling, Data analysis, Project management, Requirement elicitation and management, Business process mapping, Data profiling and Meta data management.**
* solid understanding of **Data Modeling, Evaluating Data Sources and strong understanding of Data Warehouse/Data Mart Design, ETL, BI, OLAP, Client/Server applications.**
* Expert in writing **SQL queries** and **optimizing the queries in Oracle, SQL Server and Teradata.**
* Excellent knowledge **in Data Analysis, Data Validation, Data Cleansing, Data Verification and identifying data mismatch.**
* Performed **data analysis and data profiling** using complex SQL on various sources systems including **Oracle and Teradata.**
* Excellent experience on **Teradata SQL queries, Teradata Indexes, Utilities such as Mload, Tpump, Fast load and FastExport.**
* Strong experience in **Data Analysis, Data Migration, Data Cleansing, Transformation, Integration, Data Import, and Data Export** using multiple **ETL tools** such **as Informatica Power Center Experience** in testing and writing **SQL and PL/SQL statements - Stored Procedures, Functions, Triggers and packages.**
* Extensive knowledge and experience in **producing tables, reports, graphs and listings using various procedures and handling large databases** to perform complex data manipulations.
* Excellent experience in **Data mining** with querying and mining large datasets to discover transition patterns and examine healthcare data.
* Experience in testing Business Intelligence reports generated by various **BI Tools** like Cognos and Business Objects.
* Extensive **ETL testing experience** using **Informatica (Power Center/ Power Mart) (Designer, Workflow Manager, Workflow Monitor and Server Manager)**
* Strong technical writing skills and **excellent Verbal communication skills** required to produce business artifacts such **as Business Requirements Document (BRD), Functional Requirements Document (FRD), Functional Specification document, Systems Design Specification, Systems Requirement Specification document and Business Process Documents.**
* A strong proficiency and knowledge **of MS VISIO, MS Access, and Excel (Pivot tables, macros, excel formulas, VBA).**
* Expertise in Analyzing and documenting existing **business processes,** incorporating relation to the information systems environment, to propose future enhancements.
* Proficient in using **MS Visio to create user stories, Business flow diagram, use-case diagram, activity diagram, sequence diagram, data flow diagram.**
* Strong Understanding of **Business Process definition, Risk Analysis, Business Process Re-Engineering(BPR), Business Process Optimization and Business Process Mapping.**
* In depth knowledge of different Software Development Lifecycle (SDLC) Methodologies such as **WATERFALL, AGILE, SCRUM and RUP.**
* Experience in translating business needs to requirements and tracking requirements via **Requirement Traceability Matrix (RTM).**
* 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 in business process modeling and Creating workflows using formal notation such as the **Business Process Modelling Notation (BPMN).**
* **Extensive SQL experience in querying, data extraction and data transformations.**
* A solid business background and expertise **in identifying, developing and managing business and non-functional requirements.**
* Strong understanding of **Data Modeling in data warehouse environment and solid understanding of data warehousing concepts such as Meta data and data marts.**
* 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 systemto enable Inbound/Outbound HIPAA EDI transactions.**
* **Extensive Knowledge Member/Subscriber application of FACETS System.**

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| **Operating Systems** | Windows |
| **Tools** | Microsoft Visio, Microsoft access, Microsoft Word, Microsoft Project, Microsoft Excel, informitica. |
| **Business process Modelling** | Flowcharts, Functional Flow Block Diagram, Control Flow Diagram, Gantt Chart, MS Project, PERT Diagram, IDEF Diagram |
| **Databases** | MS-Access, MySQL, SQL Server, Teradata |
| **Programming Skills** | SQL, VBA |
| **Test Management Tools** | JIRA, HP Quality Center |
| **Automation Tools** | Rational Rose, Rational Clear Quest |
| **Claim Engines** | FACETS |
| **Language /Standards** | UML, SQL, HIPAA 4010/5010, ICD 9/10, ANSIX12, BPMN 2.0 |
| **Methodology Skills** | Agile Business Analysis, Six Sigma, Business Process Modelling Notation (BPMN), Rational Unified Process |

**Technical Skills:**

**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.**

**Client: Deerwalk Inc. Lexington, MA     Duration: OCT 2015 – MAR 2017**

**Position: Business Analyst**

**Project Description:**

In this project, a web based system was developed which deals with new member registration, selecting plan of choice and submit claim.

**Responsibilities:**

* Gathered requirements from users, customers, and stakeholders using different requirement eliciting techniques such as **Questionnaire, Surveys and Interviews.**
* Perform **GAP Analysis** to understand the **as-is and to-be systems** and document the benefits gained from the purposed system.
* Created **BRD** for web based system by understanding the business processes and user requirements.
* Developed **Use case diagrams, activity diagrams, Sequence Diagrams** using **UML methodology.**
* Acted a liaison between the business team and technical team to handle possible conflict management.
* Facilitated regular **JAD meetings** with the system architects, developers, database developers and Quality Assurance team during the entire project to assure that the critical as well as the minute details of the project were discussed and issues were resolved beforehand.
* Followed **Agile Methodology** to manage the entire functional requirements life cycle.
* Worked closely with **Scrum Master** to facilitate Scrum activities such as **Sprint Planning meeting, Daily Scrum meeting, Sprint Review meeting, Sprint Retrospective meeting, and Backlog Refinement meeting.**
* Used **MS project (Gantt Chart)** to assist in managing **schedules, deadlines and resources** for Pre/Post and implementation phases of the project.
* Assisted in **change management** by requesting, implementing and evaluating changes to the system using **Rational Requisite Pro.**
* Used **SQL** for data analysis, manipulation and validation.
* Reviewed and tested requirements in accordance with guidelines and standards.
* Supported QA team in preparing **test plans, test scenarios and test cases** according to functional specifications and business rules.
* Facilitated technical/non-technical presentations to the management and training workshops for the clients.

**Environment: Rational requisite Pro, SQL, MS Project, MS Visio, HP ALM, MS OFFICE**

**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 B**usiness 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.**

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