**ABDULAZIZ CELEB**  
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**Summary**

* Healthcare Business Analyst with 6+ years of experience in HealthCare, Pharmacy & Insurance based Industries.
* Expertise in all the phases of the Software Development Life Cycle (SDLC), Agile Development and RUP methodology.
* Experience working with different Business Areas – Finance, Billing, Claims, Benefits Administration, Group Administration and Provider Administration.
* EDI Claims Processing – documented enhancements to the EDI Claims Processes to ensure accurate processing of claims of members.
* Expert in creating Use Cases, Use Case Diagrams, Class Diagrams, Sequence Flows using MS Visio and Rational Rose using UML concepts.
* Expertise in documenting the Business Requirements Document (BRD), generating the UAT Test Plans, maintaining the Traceability Matrix and assisting in Post Implementation activities.
* ICD 9 – ICD 10 Conversion Project – Worked in the analysis of the ICD 9 – 10 codes conversion Project. Worked with GEM processes and concepts.
* Complete Understanding of the ICD-10-CM (Diagnosis) and ICD-10-PCS (Hospital procedure) code sets.
* Experienced in GAP Analysis, SWOT Analysis and Regression analysis.
* HIPAA 4010 – 5010 Conversion Analysis – Involved in the documentation of HIPAA 5010 changes to EDI 837, 834, 835, 276, 277 Transactions.
* Defect Management – Fully involved in the process of defect identification and resolution using Test Director and HP Quality Center
* Mercury Test Director – Experience in all phases of the web based application.
* User Acceptance Testing (UAT) - Specialized in Usability Testing and Regression Analysis.

**TECHNICAL SKILLS**

**Business Modeling Tools:** Statistical Analysis using MINITAB, UML, Rational Requisite Pro. MS Visio, Rational Clear Quest.

**Computer Languages:**  Visual Basic 6.0, HTML, C, C++, SQL, .NET.

**Databases:** MS Access, SQL Server, Oracle 8i.

**Tools and Packages:** Test Director 5.0, Quality Center, MS Office, Adobe Acrobat suite, Mercury WinRunner 7.0, Service-now.com application suite based on ITIL practices.

**Methodologies:** Business/Data Modeling, Agile, RUP, UML, OOAD, S/W immersion, ITIL, SDLC.

**Testing / UAT Tools:** Mercury Quality Center, Rational Test Manager.

**EXPERIENCE:**

**Coventry Health Care, Minneapolis, MN Dec 2013- Jan 2015**

**Sr. Business System Analyst**

I worked with the IT Department as a Business Analyst in several projects with the different Business Areas. I worked with the Claims, Enrollment, Provider Admin, Finance and Group Admin Business Areas. This project was the analysis of ICD 9 – ICD 10 Code Set Conversion. I was involved in the analysis and documentation of ICD 9 – 10 Crosswalk using GEM (General Equivalence Mapping). I was also involved in the HIPAA 4010 – 5010 Requirements Gathering sessions for the EDI Transactions between providers, payers and employer groups.

Gathered Business requirements and updated various screens of the Claim Engine as suggested by the Business. Worked on an Auto – Termination Project for Direct Pay Members.

**Responsibilities:**

* Gathered Business Requirements from the Subject Matter Experts (SMEs) and documented the requirements in the BRD. Utilized data flow diagrams, use case diagrams and process flow diagrams to represent information provided by the Business Owners.
* Worked in Agile/Scrum environment.
* Involved in scoping and scheduling meeting with Project manager, business (sponsors) and delivery manager.
* Assisted in breaking the requirements out into stories and sprints.
* Assisted PM in dividing projects into Sprints.
* Helped PO in breaking product backlog items into coherent user stories in advance of iteration.
* Created High and low level use cases.
* Performed Gap analysis and documented it.
* Regenerated report (if required) using IDX EDI Automation report regeneration tool.
* Responsible for Backlog Grooming to make sure the user stories were as granular as possible to avoid ambiguity.
* Worked on writing and prioritizing User Stories.
* Gathered requirements from Claims Business Area for the Auto Term project. Prepared Process Flows and Diagrams for the manual to automated conversion Project.
* Worked in week to week Sprints
* Performed Analysis of ICD 9 Procedure and Diagnosis Codes in accordance with ICD 10 CM and ICD 10 PCS Conversion Compliances.
* Organized meetings and led JAD sessions to ensure legal and compliance deadlines of CMS (Centers for Medicare and Medicaid Services) are met.
* HIPAA 4010 – 5010 Conversion Analysis – Involved in the documentation of HIPAA 5010 changes to EDI 837, 834, 835, 276, 277 Transactions.
* Got a great exposure to Electronic Medical and Health Records (EMR & EHR)/Automated Health Care Systems.
* Worked with Vendors like Workflow One to ensure printing of Welcome Kits and ID cards are scheduled on time for the new and existing members.
* Ran accept, reject, and pended cafes using IDX LIVE and IDX RM and used BeyondCompare to identify the differences.
* Worked with the UAT and QA teams to conduct an assessment and determine how effective UAT and QA guidelines can help the company achieve timely completion of projects.
* Worked with Business Owners of IDX, the claims adjudication system, and documented updates and enhancements to the application.
* Effectively elaborated the Current process and gave a clear picture of the proposed process for the projects in the organization. Worked aggressively towards timely completion of High Priority Tasks.
* Worked with IT to resolve issues and clarify Business Requirements from the Business Owners.
* Maintained the Traceability Matrix table to uniquely trace the identified business requirements to general design to testing as proof that requirements requested have been developed into a solution and that it has been tested and tracked.
* Worked with SharePoint to upload the documents and also fetch others document.

**Environment :** Mumps Cache, IDX, MS Visio, Word, Excel, Share Point, PowerPoint, CMMI, Rational Rose, Requisite Pro, SQL, Oracle, J2EE technology, Java, Perl.

**Infocrossing Healthcare Services, Inc, Tampa, FL Jun 2012 to Nov 2013**

**Business System Analyst**

Infocrossing Healthcare Services, Inc. provides information technology outsourcing and transaction management solutions to the healthcare industry. It offers claims processing, business and clinical application hosting, health plan application, and information technology infrastructure services for the payer, provider, and government markets.

**Responsibilities:**

* Ensuring that X12 transactions can be carried out as per the EDI standards during any of the system changes as well as system upgrades.
* Utilized Agile Methodology to configure and develop process, standards and procedures
* Conducted JAD sessions with business units and stakeholders to define project scope, to identify the business flows and determine whether any current or proposed systems are impacted by the new development efforts
* Created workflow diagrams, UML diagrams, activity diagrams, use cases for incorporating design changes in the order creation/ management system.
* Business Requirements Analysis and Design, Requirements documentation, Business Process Diagrams, Technical Specifications, Onsite and Offshore tech team management.
* Source Data Analysis, Source to Target data mapping, Data Integration, Define Data Governance requirements,
* Master data analysis, design, Interfaces analysis, Data Analysis, Data Quality, Data Architecture tasks.
* Data Quality Strategy, Data Architecture Strategy, Business Intelligence and Reporting strategy, Presales presentations.
* Prepared the Business requirement Document (BRD) and functional requirement document (FRD) for the enhancement of the existing services
* Worked with BA Lead in reviewing the System Change Documents (SCDs) to identify the differences of IDX LIVE and IDX RM environment.
* Analysis and Design of existing transaction sets, and modification of these transaction sets to ensure HIPAA compliance.
* Created a business case and recommendation on the utilization of Master Data Management.
* Did data analysis, created data mapping and data interface documents and kept the documents updated with changes in requirements and functional specifications.
* Wrote requirements to develop Web based Reporting tool which will be capable to generate recurring reports, Ad-hoc reports, and track reports.
* Regenerated report (if required) using IDX EDI Automation report regeneration tool.
* Experience with claims process and adjudication in the Medicare, Medicaid and Private Insurance Sectors.
* Involved in impact analysis of HIPAA 5010 835 and 837P transaction sets on different systems as well as for ICD 9 to ICD 10
* Involved in forward mapping from ICD 9 to ICD10 and backward mapping from ICD10 to ICD9 using GEM
* Ran SQL queries to analyze the requirements and for testing the files and reports.

**Environment:** IDX, MS Visio, MS Office, Rational Rose, Requisite Pro, SQL, Oracle,

**Prime Therapeutics, Eagan, MN** **July 2010 to Apr 2012**

**Business System Analyst**

Prime Therapeutics (Prime) is a pharmacy benefit manager collectively owned by 13 Blue Cross and Blue Shield plans serving nearly 20 million people nationwide.

Prime’s Blue Plan owner clients include: Alabama, Florida, Illinois, Kansas, Minnesota, Montana, Nebraska, New Mexico, North Dakota, North Carolina, Oklahoma, Texas and Wyoming. Prime supports health plans, employer groups, managed care organizations (MCOs) and pharmacy benefit managers (PBMs).

I worked in this project as a Business Analyst/User Acceptance Tester. Guided Health - a high profile and multiphase project uses clinical rules applied to medical and pharmacy claim data to identify potential drug therapy opportunities. Once an opportunity is identified Prime communicates recommendations to members and providers to try and change behavior. These interventions are aimed at keeping members healthier and enable overall savings in the cost of care.

It includes different work streams and components mainly, ETL, Data Warehouse, clinical rule engine (Corticon) and JAVA.

I worked with the Claims-Pharmacy (Rx claims) as well as Medical, Clinical Rules, Enrollment, Provider, and ICD 9 code set analysis and member eligibility areas. I was also involved in gathering business requirements and updating rules of the Claims Engine as suggested by the Business.

**Responsibilities:**

* Worked on gathering the business requirements from SME’s and impacted systems. Created BRD for review and sign-off from all the stakeholders.
* Worked with business on defining and documenting clinical rules for IT team.
* Prepared data mapping documents.
* Acted as a SME for Medicare (Part D) and Medicaid clinical rules and programs.
* Scheduled core team meetings involving PM’s of different work streams, Program Owner and stakeholders.
* Sending out meeting minutes after each meeting. Thus making sure a standard and neat process was followed which greatly helped in avoiding conflicts in the later part of the project.
* Documented and described the workflow which integrated pharmacy and medical claims data into a single, consolidated data source
* Defined all the platform requirements.
* Worked with Corticon developers for the clinical rules clarifications.
* Defined requirements for the ETL – Database – Java workflow.
* Communicated with the external vendor (Bolger) for the engagements files.
* Gathered business as well as system requirements for engagement options like member letter, provider/prescriber letter, telephony, Blue plan CM/DM etc.
* Interviewed Stakeholders to elicit and document business needs for system modifications.
* Defined functional, high-level and detailed system requirements for the requested changes in an iterative process.
* Presented requirements on behalf of the Stakeholder to Business and IT Leads and facilitate discussion to build consensus on the completeness and accuracy of requirements.
* Participated in technical reviews and inspections to verify 'intent of change' is carried out via the solution design.
* Assisted in providing UAT and BA related project tasks and their corresponding estimates.
* Created and executed UAT plan, scenarios and cases. Documented and reviewed results with subject matter experts and program owner.
* Contributed to status, progress reports, and communication to internal & external project team.
* Actively planned and executed testing, tracking defects through resolution.
* Collaborated with Project Manager, other UAT analysts, and project team to plan and execute the UAT testing.
* Collaborated with Prime’s Test Management on planning and execution of UAT testing
* Actively managed issues, risks, actions, decisions and deliverables for infrastructure in conjunction with the PM.
* Worked in depth on defect tracking and requirements management tool like HP Quality Center – Lifecycle Application Management.
* Analysis and working around XML files.
* Writing and executing testing scripts in SQL. Worked on creating joins, looking up tables, updating tables, deleting rows.
* Planned and held meetings with the clinical specialty pharmacist for reviewing and discussing the test cases of almost all the clinical rules.
* Owned testing scripts, test cases as well as final UAT results documents.
* Debugging SQL queries and testing results.
* Developed Strong UAT Testing skills.

**Environment:** Microsoft suite, MS Visio, Word, Excel, IBM Lotus Notes, PowerPoint, HP Quality center, SQL, Oracle, J2EE technology, Java, Corticon, ETL, DB2, Notepad++, AQT v9, Text pad.

**NH Web (National Health Web), Washington, DC March 2008 – June 2010**

**Business Analyst**

Working on multiple projects.Contributed to design a prototype for future system claim processing. Web-based service application developed for streamlining office workflow processes involved in Electronic Data Interchange (EDI) transactions and benefits in claims management cycle based on HIPAA Guidelines. CDW to EDW migration.

**Responsibilities:**

* Performed the requirement analysis, impact analysis and documented the requirements using Rational Requisite Pro.
* Provided advice on operational changes and monitored legislative and regulatory developments for Medicare and Medicaid System.
* Analyzed state and federal Centre for Medicaid Services (CMS) rules and regulations for requirement gathering and report preparation.
* Performed business analysis and defined product requirements to ensure appropriate contract language for data flow efficiency within production staff.
* Wrote Functional Specifications for the new process.
* Performed Gap assessment between the HIPAA 4010 transaction and the new HIPAA 5010 mandated requirements.
* Conducted user interviews, gathered requirements, analyzed the requirements by using Rational Rose, Visio and Requisite pro - RUP
* Worked on business and data analysis, prepare functional specifications and define logical data model.
* Documented the server farm requirements and requirements related to security within Share Point and using Windows Active Directory.
* Created Use Case Diagrams, Activity Diagrams, Sequence Diagrams and ER Diagrams in MS Visio.
* Analyzed trading partner specifications and created EDI mapping guidelines
* Documented the Traceability Matrix for tracing the Test Cases and requirements related to them.
* Facilitated preliminary sessions with the client SMEs for the upcoming 5010 transaction sets on Claims and Payment.
* Defined, wrote and prepared QA/UAT Test Strategy, Test Plan and Test Scripts
* Managed the planning / test process for Medicare Part D Pharmacy Claims (PBM) & NCPDP code sets
* Assisted User training documentation.

**Environment:**.NET, Mercury Quality Center, WinRunner, SQL Server 2000/2005, Oracle 9i, MS Excel, MS Word, MS PowerPoint