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**PROFESSIONAL SUMMARY**

* Excellent IT Experience in complete SDLC. Experience in **EDI analyst** and testing of Client/Server, Web based, Mainframe and Microsoft Office applications. Experience in Documentation for QA Testing, Planning and Implementation. Motivated and industrious with sound business judgment and solid work ethics along with excellent understanding of Healthcare domain. I am interested in continual learning, and quickly absorb new skills.
* Extensive success in translating business requirements and user expectations into detailed specifications employing Unified Modeling Language (UML).
* Strong business analysis skills and an understanding of the software development life cycle (SDLC) utilizing Rational Unified Process (RUP).
* Experienced in conducting requirement analysis, use case design, designing test plans and developed database schemas based on the logical models.
* Extensive use of tools like Clear Quest, Quality Center and Quick Test Professional to log defects and recognize the defects according to priority and severity. Vast knowledge of the Defect Life Cycle.
* Extensive experience in configuring data mapping between different Databases.
* Ability to gather business and technical requirements from both formal and informal sessions utilizing a variety of software tools including, Use Cases and the Rational Unified Process.
* Extensive experience in conducting Joint Application Development (JAD) sessions.
* Expertise in broad range of technologies, including business process tools such as Microsoft Project, Primavera, Promodel, MS Excel, MS Access, MS Visio, technical assessment tools, Data Warehousing concepts and web design and development.
* Experience with EDI X12, HIPAA 4010 and 5010 standards and ICD-9 to ICD-10 conversion.
* Proficient in developing Use Case Model, Analysis Model, Design Model, Implementation Model, Use Case Diagrams, Behavior Diagrams (Sequence diagrams, Collaboration diagrams, State chart diagrams, Activity diagrams), Class Diagrams based on UML using Rational Rose
* Incorporated Rational Unified Process (RUP) to create Business Requirement Document (BRD) Specifications using **MS Visio** and MS Word.
* Extensively worked on EDI transaction like 837, 835,834, 820, 270, 271, 276, 277 and 278.
* Worked extensively on user requirements gathering, gap analysis, and development of functional speculations for critical mission accomplishing projects.
* Complete understanding of HIPAA rules andregulations and implementation guides for theHealthcare Industry.
* Strong knowledge on HIPAA EDI 4010 and 5010 with ICD-9 andICD-10, analysis & compliance experience frompayers, providers and exchanges perspective
* Developed Test cases for manual testing and automated them using Win Runner, Silk, Load Runner, Silk performer and QTP.
* Excellent knowledge of HIPAA standards, EDI (Electronic data interchange), transaction syntax like ANSI X12, Implementation and Knowledge of HIPAA code sets, ICD-9, ICD-10 coding.
* Facilitated Change Management across entire process from Project conceptualization to Testing through Project Delivery, Software Development and Implementation Management in diverse Business and Technical Environments
* Proficient in Functionality Testing, Black Box Testing, System Testing, Integration Testing, and Regression Testing.
* Proficient in Unit Test Plans (UTP), Integrated Test Plans (ITP) Extensive experience in User Acceptance Testing (UAT).
* Expertise in Logical Modeling, Physical Modeling, Dimensional Modeling, Star and Snow-Flake schema
* Efficient in converting the systems database from Sybase to oracle & vice versa.
* Experience in Change Management Process (Identify, Analyze, Evaluate, Plan, Implement, Review and Close).
* Highly motivated, result oriented professional with a short learning curve and strong communication skills.
* Expertise in **RDBMS concepts** and running **SQL queries.**
* Exceptional ability to maintain and build client relationships with business owners to identify, prioritize and **document business requirements**.
* Extensive knowledge of **reporting tools** such as **SQL** and **ACCESS** for underlying database tables and resolve data issues

**SKILLS:**

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| **Microsoft Technologies:** | MS Project, Visio, Excel, Word, Outlook, PowerPoint |
| **Test Management Tools** | QC, ALM |
| Business Modeling | MS Visio, UML (Unified Modeling Language)Rational Rose |
| **Financial Database** | Hoover’s, Factiva, Business Source Premier. |
| **Defect Tracking Tools** | HP Quality Center, Rational ClearQuest |
| **Languages/Standards** | **SQL**,HIPPA 4010/5010, ICD9/10, ANSIX12 |
| **Methodologies** | Rational Unified Process (RUP), Agile, Waterfall, JAD |

**PROFESSIONAL EXPERIENCE**

Blue Care Network, Southfield MI **EDI Analyst/BA** Jul 2014 – Present

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BCN is a leading insurance organization that caters to the health insurance needs. Worked on all HIPAA transactions. FACETS have been widely used across their network for the claim adjudication, claim processing and Provider Management. The National Provider Identifier Project’s objective is to comply with the mandate that effective with the federal compliance date.I was also involved in integration of FACETS with legacy and thirty party vendor applications.

**Responsibilities:**

* Utilized Rational Unified Process (RUP) to configure and develop process, standards and procedures.
* Worked on Quality Center for Manual testing.
* Involved in understanding the current business process, defining scope of the project along with position statement
* Wrote BRD, use cases, test scenarios for testing the functional requirement
* Developed and executed various Manual Testing Scenarios and neatly documented the process to perform Functional Testing.
* Created XML Schemas for different EDI transaction sets as well as ICD 9 to ICD 10 diagnosis codes.
* Implemented automated Coordination of Benefits processing of Medicare claims into Facets.
* Experience with Trizetto Facets System implementation, Claims and Benefits configuration set-up testing, Inbound/Outbound Interfaces and Extensions, Load and extraction programs involving HIPPA 837 and proprietary format files and Reports development.
* Executed automated test case and scripts using QTP for the Front-end-applications and analyzed the results.
* Created automated Load test scripts using Load Runner.
* Involved in claims submission and payment (remittance) retrievals by using ASCX12N 820 for the In- bound premium payments; ASC x12N 834 for the Inbound Enrollment and Maintenance; ASCX12 276/277 for the claims status enquiry and response; and ASC X12 835 for the Health care Claim Payments.
* Validated business rules and all artifacts with users, got approval and sign off
* Followed Unified Modeling Language (UML) methodology using ReqisitePro and MS Visio to create/maintain Use Cases, Activity Diagrams, Sequence Diagrams, and Collaboration Diagrams
* Executed Test Cases using positive and Negative data in Quality Center test lab and reported results and defects using QC defects tool.
* Tested the HIPPA EDI 834, 270/271, 837/835 transactions according to test scenarios and verify the data on different modules.
* Participated in requirement walkthroughs and creation of test plan.
* Developed and executed test cases, test scenarios and followed-up defects using TestDirector
* Developed automation test scripts for performing regression testing on the application using Quick Test Pro.
* Wrote Automoted Test scripts using QTP
* ICD 9- ICD-10 Conversion Analysis –Worked in the analysis of the ICD 9 – ICD-10 codes
* Tested user interface and navigation controls of the application using Quick Test Pro.
* Tested and delivered Inbound/Outbound Facets interfaces.
* Verified member’s eligibility and updated the member’s record in Facets.
* Involved in writing and executing test cases using MQC based on the requirements
* Performed Back-End testing
* Assisted Design Team in preparing SRS, Software Design Document (SDD), User Interface Design, Application Architecture, & Database Modeling.
* Helped in project testing efforts for doing integration tests, regression tests and user acceptance tests.
* Worked on Data mapping, logical data modeling and used **SQL** queries to filter data within the Oracle database tables
* Made sure that the systems complied with the rules of HIPAA and CFR Part 11

**Environment:** ALM 11.2-QC, Member and Admin Portal, EDIFECS Analyzer , Facets, HTML, MQ Series, Oracle DB, ASP,.Net, C#, Java,, J2EE, AS/400 and Mainframes.

### Premier Inc., Charlotte, NC Systems Analyst/EDI Analyst Jan 2013 – June 2014

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Premier Inc., based in Charlotte, NC, is one of the nation's largest publicly traded health benefits companies, with millions medical members. They used different tools for managing and processing healthcare claims. I was involved in various kinds of testing of the Healthcare application modules like **Enrollment, Membership and Claims.**

**Responsibilities:**

* Analyzed system requirements and developed detailed Test Plan.
* Performed Manual Testing for the EDI transactions.
* Conducted GAP analysis and filling gap according to the format set by HIPAA.
* Elicit requirement to be able to generate the tools and info needed to process the ICD-10.
* Tested the HIPPA EDI 834, 270/271, 837/835 transactions according to test scenarios and verify the data on different modules.
* Thoroughly analyzed the business requirement documents and creates test cases according to it.
* Implemented Standardized and Unified process throughout the Software Development Life Cycle (SDLC).
* Actively participated in all the phases of the testing Life cycle (Planning, Designing, Development and Reporting and Results).
* Experiences working in ANSI x12 837-835 EDI Transaction.
* Work on coordination of benefits (COB) in a claim processing.
* Used to execute test cases for several transactions such as 837, 835, 820, 834, 277, 278, 270/271
* Developed Test Script for Functionality, Security, and Regression testing.
* Ran the scripts on multiple environments (QA, UAT and Production) to ensure that requirements were still met.
* Performed GAP analysis for HIPAA 4010 to 5010.
* Wrote Test scenarios and test cases for testing the migration of EDI4010 to 5010 and the processing of member enrollment and benefits, (834) batch jobs corresponding to the claims (837).
* Involved in HIPPA Complaint X12N837 Transaction testing.
* Performed Back-End Testing to check database integrity by writing SQL queries.
* Work with EDI transactions such as 835, 837 following the HIPAA compliance EDI standard format of X12.
* Wrote test cases in Quality Center derived from the Design documents and generated a Traceability Matrix for testing purposes.
* Created Traceability Matrix to ensure implementation of all functionalities, identify all test conditions and test data needs.
* Used Quality Center to record documenting information useful in debugging process, evaluating test data.
* Prepared and maintained the Test Matrix, Requirements Traceability Matrix.
* Participated in release meetings and also participate in Retrospective session.
* Familiar with HIPAA EDI transactions such as 835, 837 (P, D, I), 820, 276, 277, 278 etc.
* Extensively worked on any requirement upgrade and/or change request while doing UAT.
* Worked closely with development team to ensure the application performance and stability and also ensure the application completes the whole end-to-end process.
* Participated in weekly status meeting with Development and Management Teams.

### Environment: HIPPA X12N837 Agile/Waterfall, HP QTP, Oracle, Windows 2000, Quality Center, JAVA, SQL, MS-Suite.

**Aetna Health Care, Blue Bell, PA EDI Analyst Mar 2011 - Nov 2012**

Aetna is promoting the health and well-being of the residence of Philadelphia. I worked as a QA Analyst on Medicare Claim Accuracy Project for Provider Reimbursement and various modules like Multiple Surgeries, Late Payment Interest and Coordination of Benefits. I worked with **Facets** as well as EDI HIPAA transactions.

**Responsibilities:**

* Involved in HIPAA/EDI Medical Claims Analysis, Design, Implementation and Documentation
* Developed and implemented EDI applications to process Health Care transactions as per the HIPAA implementation
* Conducted Black Box Testing on the application and validated the dataflow in the application.
* Involved in preparing the Test Scenarios for Health Care Claim Payment/Advice
* Written multiple Test Cases (System, Integration) for multiple transactions include 837I, 837P, 835, (both inbound and outbound) transactions
* Wrote extensive SQL queries for data validation, analysis and manipulation, and maintaining the integrity of the database.
* Performed Requirement Gathering by interacting with Business users and documented the requirements
* Held regular **JAD** meetings with the system architects, developers, database developers, quality testers 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.
* Mapped EDI 4010 provider claim payment/advice/status (835/837/276) from clearinghouse sources to ASC X12 formats.
* Tested web services by generating XML SOAP requests and validated the corresponding XML SOAP responses.
* Wrote SQL queries extensively to retrieved data from the database
* Performing Functional and GUI testing on Facets.
* Prepared test matrices based through defect status in Quality Center.
* Involve in testing of FACETS Implementation, involved in end to end testing of FACETS Claims Processing module, Membership and benefits.
* Involved in Testing (271, 277,820, 834,835 & 837) Transactions.
* Retrieved records from multiple tables from Oracle Database by using joins such as Inner Joins, Outer Joins, and Self Joins.
* Perform Header and Body Testing as a part of Regression Test using SOAP UI.
* Extensively used SQL statements to query the Oracle Database for Data Validation and Data Integrity using TOAD
* Planning for and reviewing the Test cases for Functionality, Security, Performance, Database and User Acceptance testing.
* Logged defects in Quality Center and interacted with the developers to resolve technical issues.
* Performing Backend Testing extensively by writing validation queries on DB database.
* Validating member’s benefits against the benefits matrix.
* Analyzed and tested data on claims manually and writing queries on DB database for validating data.

**ENVIRONMENT:** HIPAA/EDI ,X12,Configuration and Testing Management, Facets, SOAP UI, Toad, Interactive SQL, DB2, MS Word, MS Project, MS Excel , Quality Center.

CSC, Rensselaer, NY Quality Analyst Sep 2008 – Dec 2010

HIPAA ASC X12 version 5010 is the new sets of standards that regulate the electronic transmission of specific healthcare transactions including eligibility, claim status, referrals, claims, and remittances. The 5010 version supports the ICD 10 codes introduced by US regulatory authorities to minimize fraud. This project was the integration point for payer, provider and payee to translate application files to X12/EDIFACT and HIPAA standards, and to support file conversion from 4010 to 5010 and vice versa.

**Responsibilities:**

* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for processing of Medicaid Claims.
* Interacted with clients for EDI requirements and mapping specifications.
* Developed maps for EDI transaction sets supporting EDI Health Care Eligibility Inquiry/Response i.e. 270 and 271, Benefit Enrolment and Maintenance Set i.e. 834, Claim Submission i.e. 837 and Claim Payment Transaction Set 835.
* Developed map and process flow for acknowledgement transaction set 999 and TA1.
* Participated in merchant setup and file routing configuration.
* Analyzed and documented changes from ICD 9 to ICD 10 codes in order to implement map changes from version 4010 to 5010 conversions. Migrated Partner setups from EDI version 4010 to 5010.
* Resolved issues towards smooth flow of EDI Documents.
* Coordinated team meetings. Distributed work among team members and resolved their queries. Participated in knowledge transfer sessions for new joiners.
* Designed and implemented basic SQL queries for QA Testing and Report / Data Validation.
* Partnered with the Technical Areas in the research and resolution of System and User Acceptance Testing
* Develop User Manuals, and Training Manuals as per Project Specifications and timelines
* Embrace agile principles. Support iterative user experience design, involving UX research and UX design at all stages of product development
* Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS.
* Created customized reports with complex calculations that were used to study the potential financial impacts of changes to Medicare and Medicaid payments.

**Environment:** Quality Center, TOAD, Oracle 9i, C#, ASP.NET, ADO.NET, XML, Visual Studio.NET, Visual Source Safe, IIS