**Omer Sheikh**

**Visa: USC RESUME**

**PROFESSIONAL SUMMARY:**

* Senior Business System Analyst/Business Analyst with 8+ years of experience in Healthcare, Insurance and Utility industry.
* Specific expertise in Business Analysis, GAP Analysis, Data Analysis, Business Rules/Logic, developing and creating business process documents (BRD), Use Case and Functional Specifications.
* Expertise in defining Business Process Analysis, Business Process Mapping, Requirements Elicitation, Data Analysis and Process Modeling.
* Expertise in implementing full Software Development Life Cycle (Agile-Scrum, Rational Unified Process, Waterfall SDLC methodologies).
* Writing user stories, story board.
* Extensive experience in Business Requirements gathering and documenting Business Requirements Document **(BRD),** System Requirements Document **(SRD)**, Functional Requirement Document **(FRD)**, Software/Technical Requirement Specification **(SRS)** across the deliverables of a project.
* Good knowledge of important and frequently used UML diagrams such as Use Case, Activity Diagrams Sequence and State Chart Diagrams using MS Visio.
* Proficient in quality related documentation (Test plans, Test cases and scripts, Test data and status reports).
* Experience in Root cause analysis and advanced performance tuning complex business processes and functionality to find out over all solutions to impediments throughout the project.
* Data warehouse, data Modelling based on client requirement using Erwin also maintenance for ETL (Extraction, transform and Loading).
* Experienced in various Healthcare areas like Enrollment, Benefits, Claims, Medicare, and implementation of HIPAA key EDI (ANSI X12) transactions.
* Extracted sources from flat-files, Oracle, SQL Server and load them into Oracle.
* Proficient in Pega Implementation life cycle like modeling of business process, PRPC tool installation, development, testing, deployment.
* Experienced in developing Work Flow and Rule based Business Process Management using tools like Pega Rules Process Commander (PRPC).
* Expertise in preparing use case documents and utilized MS Visio to create UML diagrams including use case, activity, sequence and class diagrams to extract business process flows and workflows, thereby assisting development and quality assurance teams in understanding the requirements.
* Expertise in facilitating Joint Application Development (JAD) sessions, Requirements Workshop sessions, conducting user interviews and acting as a liaison between the clients, Managers, Consultants, End users, Developers, QA and all other stake holders of the project.
* Experience in defect management using HP Quality Center/ALM.
* Proficient in Microsoft tools: MS Visio, MS Project, MS Office (PowerPoint, MS Word, MS Excel, Access).
* Performed User Acceptance Testing (UAT) methodologies to validate the product before implementation.
* Hands on experience in writing SQL queries for data gathering.
* Extensive process analysis, data analysis and analytics, data mapping and data modeling skills to develop solutions to complex application, business and operational problems, and by performing business process re-engineering and process improvements where necessary.
* Excellent working knowledge of requirement management tools like Microsoft SharePoint.
* Strong Presentation, Analytical, Communication (Written and Verbal) skills, Interpersonal Skills and ability to work independently; work with cross-functional teams and with different business units.

**TECHNICAL SKILLS:**

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| --- | --- |
| **Project Methodologies:** | Waterfall, Rational Unified Process (RUP), Agile |
| **Business Modeling Tools:** | Rational Rose, MS Visio |
| **Defect Tracking Tools:** | Rational Clear Quest, HP ALM/QC, Jira |
| **Operating Systems:** | Windows, UNIX |
| **Databases:** | Oracle, SQL Server, MS Access, DB2 |
| **Quality Assurance:** | STLC, Bug Life Cycle |
| **Business Applications** | MS Project, MS Office Suite, MS Share Point |

**PROFESSIONAL EXPERIENCE:**

**CareCentrix, Hartford, CT June 2017 – Present**

**Sr. Business System Analyst**

CareCentrix is a leader in managing care to the home. Headquartered in Hartford, Conn., CareCentrix connects patients with the care they need at home, through a national network of over 8,000 credentialed provider locations providers, with customer care centers located across the United States. CareCentrix provides optimal access to quality home care for more than 23 million lives by connecting providers with patients and helping them navigate the complex home care system. CareCentrix’s extensive range of services provides support and coordination for patients and their families in every step of the healing process, including home health, durable medical equipment (DME), home infusion, sleep management, care management services and post-acute care health plan, which ultimately improve care transitions and reduce unnecessary readmissions and emergency room visits

**Responsibilities:**

* Requirements gathering for new software implementations and change requests.
* Develop business and functional requirements solutions documentation.
* Working across functional teams and with team members all over the globe.
* First line of support for my assigned customers, working with support team and customers to perform support functions such as troubleshooting issues and incidents, monitoring and delegating issue follow-up, and presenting solutions.
* Act as a liaison to convey technical material to non-technical team members, and to convey non-technical concepts to technical team members.
* Train new employees on software features and functionality, software configuration, business analyst tasks, and general company procedure.
* Develop training materials for implementation and integration partners.
* Responsible for writing and reviewing the BRD/SRD/FRD documents, 'As-Is' / 'To-Be' Process flows with the Core team, Business owners, SMEs and all required signatories.
* Worked on Enrollment, Claims and provider departments to analyze impacts.
* Analyze and remediate as needed Reports.
* Interacted with Claims, Payments and Enrollment teams, hence analyzing and documenting related business processes.
* Helped in mapping the eligibility of Medicare part D enrollees to the MTM program
* Involved in the requirement gathering and Analysis for developing the Ad-hoc reports that are extracted from the consumer portal back end data.
* Worked under Agile model of SDLC.
* Participated in JAD Sessions to understand the full scope and needs of the project.
* Preparing business use cases; map Business Requirement / Software Requirements Specifications (SRS) document (As-Is & To-Be Analysis) and GAP Analysis and translating them into functional specifications, detailed test plans and coordinating for Go-Live.
* Worked on creation of data marts where the outbound and inbound data from the Centre of Medicare and Medicaid could be stored.
* Involved in creating BRD and FRD for Medicaid managed care requirements and documenting them.
* Performing knowledge transfer to the technical/development and QA team by creating quality test cases and providing accurate test data.
* Monitored legislative and regulatory developments impacting assigned products and operations and provided advice on proposed changes due to Medicare and Medicaid provisions.
* Developed, executed and maintained Test Scripts, Reviewed and documented system and implementation
* Test Strategy Documents for Parallel Testing, and system integration testing.
* Documenting requirements and creating functional design documents, process flow and design flow diagrams.
* Defined Functional test cases, documented and executed test script.
* Prioritize user stories and assigned to different sprints.
* Facilitated daily stand ups and managed task board with user stories and board.
* Prepared and tracked burn down charts and velocity charts for timely delivery of projects.
* Utilized corporation developed Agile SDLC methodology used scrum work pro and Microsoft office software to perform required job functions.
* Data mapping, logical data modeling, created class diagrams and ER diagrams and used SQL queries to filter data within the Oracle database.
* Monitored all the alert logs and Pega Rules logs in the Production to identify any critical issues which may cause Performance Issues.
* Write complex SQL queries using joins, sub queries and correlated sub queries to manipulate and validate data.
* Use MS Word and Visio to document data flow of the "as-is" process and "to-be" process.
* Analyze User and Functional requirements to point out gaps between used SQL queries to extract the data from the database.
* Conducted User Acceptance Testing (UAT).
* Developed and reviewed functional specification/design documents and assisted in architecture analysis based on the mainframe.

**CareCentrix, Tampa, FL Jan 2017 – May 2017**

**Sr. Business System Analyst**

CareCentrix is a leader in managing care to the home. Headquartered in Hartford, Connecticut, CareCentrix connects patients with the care they need at home, through a national network of over 8,000 credentialed provider locations providers, with customer care centers located across the United States. CareCentrix provides optimal access to quality home care for more than 23 million lives by connecting providers with patients and helping them navigate the complex home care system. CareCentrix’s extensive range of services provides support and coordination for patients and their families in every step of the healing process, including home health, durable medical equipment (DME), home infusion, sleep management, care management services and post-acute care health plan, which ultimately improve care transitions and reduce unnecessary readmissions and emergency room visits.

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* Act as a liaison to convey technical material to non-technical team members, and to convey non-technical concepts to technical team members.
* Train new employees on software features and functionality, software configuration, business analyst tasks, and general company procedure.
* Responsible for checking member eligibility, provider enrollment, member enrollment for Medicaid and Medicare claims.
* Develop training materials for implementation and integration partners.
* Responsible for writing and reviewing the BRD/SRD/FRD documents, 'As-Is' / 'To-Be' Process flows with the Core team, Business owners, SMEs and all required signatories.
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* Conducted User Acceptance Testing (UAT).
* Developed and reviewed functional specification/design documents and assisted in architecture analysis based on the mainframe.

**NextEra, Tampa, FL Nov 2015 - Dec 2016**

**Sr. Business System Analyst**

NextEra Energy, Inc. (NYSE: NEE) is a leading clean energy company and is one of the largest rate-regulated electric utilities in the United States, and NextEra Energy Resources, LLC, which, together with its affiliated entities, is the world’s largest generator of renewable energy from the wind and sun. Through its subsidiaries, NextEra Energy generates clean, emissions-free electricity from eight commercial nuclear power units in Florida, New Hampshire, Iowa and Wisconsin. A Fortune 200 company and included in the S&P 100 index, NextEra Energy has been recognized often by third parties for its efforts in sustainability, corporate responsibility, ethics and compliance, and diversity, and has been ranked No. 1 in the electric and gas utilities industry in Fortune’s 2018 list of “World’s Most Admired Companies”.

**Responsibilities:**

* Created and maintained project plan including schedule and resource planning, critical path analysis, business and technical analysis, technical and project documentation, risk and issue management, change management, among others.
* Conducted work flow analysis of lock box, customer pay file, transaction break downs, printing and role of the scan line.
* Coordinated meetings and interview sessions with business and other stake holders during scope defining phase.
* Conducted Gap and impact analysis with respect to current and future state of the system.
* Identified deliverables by holding multiple sessions with SMEs and Developers
* Participated in weekly status meeting, shared updates on the project document and current status.
* Gather requirements and analyzed the requirements.
* Created requirement document for changes in application.
* Did walk through with IT Dev team, cleared ambiguity in the requirements
* Gave a full team presentation and received full team sign off
* Organized UAT wrote test cases, created test plan with acceptance criteria.
* Support BA for Energy Manager (Main User Portal):
* Served as liaison between the client and technical team and has the responsibility for support or changing business requirement in deployment of web enabled tools.
* Working with internal and external customers to capture functional business requirements.
* Translating and documenting requirements and share with technical team. Process initiated through change Heat Ticket.
* Effectively designed both use case specifications and use case business flow diagrams for Pega PRPC implementation.
* Working with development team to ensure code delivery meets functional requirement.
* Ensuring Quality services test plan includes the scenarios application to functionality being developed or corrected.
* Troubleshooting reporting application issues through Heat Tickets tool,
* Created Use Cases and developed Business Rules document, Statement of Work, Service Level Agreement documents for Pega PRPC
* Support user education and continuous improvement through verbal or written communication.
* ASD (Application Service Desk):
* Served as primary on ASD
* Lead daily status meeting to address the issues related to coverage, production and schedule release for the week
* Managed and coordinating support teams activities required for critical incidents, major issues, and escalations.
* Performed initial analyses on Heat Ticket, ensured the information provided in the ticket explain the issue properly
* Routed the tickets to the related resource based on my Analysis.
* Supported Release Management Team (SRMT) in prioritizing the backlog for future releases.
* Wrote requirement for the tickets which required a code change or needed enhancement
* Created heat tickets for User who doesn’t have access to HT and running through an issue.

**Mercy Health System, Conshohocken, PA Oct 2014 – Oct 2015**

**Business System Analyst**

Mercy Health System is the largest Catholic healthcare system serving the Greater Philadelphia area and is a part of Trinity Health and sponsored by Catholic Health Ministries. Mercy Health System currently runs its business on Facets for claims adjudication and billing and provides medical plans. This project work was related to enrollment, membership and billing process standardization and cross functional support.

**Responsibilities**:

* Gathered Business Requirements with Business owners, SME’s, reviewed design requirements to validate the Health Exchange /Medicaid to meet all the requirements.
* Elicited functional and non-functional requirements, conducting and facilitating requirement sessions.
* Worked on Configuration Management, Requirement management and analysis.
* Led sprint planning session to identify the features and functionalities that should be achieved by the new application where I prioritized and determined level of work for PBIs in line with Agile Scrum methodology.
* Created Business Requirement Documents as a result of meetings with the Business Areas and obtained business sign offs on the documents after reviewing the final documents with them.
* Performed GAP Analysis to identify the deficiencies in the system by comparing the actual objectives with the system objectives.
* Analyzed and evaluated User Interface Designs, Technical Design Documents and the performance of the application from various dimensions.
* 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.
* Led the Change Control Process based on customer feedback for changes submitted for the BRD once the document was submitted to IT department.
* Documented the UAT Plan for the project and worked with the UAT Team to ensure every acceptance criteria for the requirements have been included in the UAT task plan.
* Created workflow diagrams, Use Cases diagram, Sequence Diagrams, Collaboration Diagrams, Activity Diagrams, and Class Diagrams using MS Visio.
* Created High Level Class structure, Workflows and Rule sets in PEGA PRPC.
* Supported new business requirements by extending the functionality of the core Facets system using the Facets ‘extensibility architecture feature.
* Involved in impact analysis of HIPAA 5010 835 and 837P transaction sets on different systems.
* Worked with FACETS Team for HIPAA Claims Validation and Verification Process.
* Involved in Facets Implementation, including end to end testing of Facets Billing, Claim Processing and Subscriber/Member module.
* Involved in various Facets Data models like Gateway, Claims, Membership, Provider, Billing, Capitation, Invoice, Benefits, Product and Plan.
* Assisting in Enrollment (EDI 834), Billing Entity configuration, Claims (EDI 837) and BDS (BusinessDistribution System) business process flow.
* Worked on EDI transactions: 270, 271, 834, 835, and 837 (P.I.D) to identify key data set elements for designated record set. Interacted with Claims, Payments and Enrollment hence analyzing and documenting related business processes
* Developed End-to-End Business Process Flows for HIPAA 5010 EDI transactions including 834 (Benefit Enrollment and Maintenance), 835 (ERN-Electronic Remittance Notification) and 837 (Claims Submission) Transactions.
* Validated HIPAA Transactions and Code Sets Standards according to the test scenarios such as 270/271, 276/277, 837/835, 834, 999 acknowledgments for enrollment transactions and performed UAT.
* Conducted JAD sessions to help decide the best solution for the Clients and maintained the meeting agendas and minutes.
* Developed Test plans, Test cases and analyzed Test results; involved in Defect tracking using ALM/Quality Center (QC).
* Conducted Data analysis using SQL on the backend databases for producing mapping documentation and transformation rules for developers.
* Involved in Data Analysis & Mapping to track all data elements used in the application from the user interface through different interfaces to the target databases in which they are stored.
* Extensively worked on SQL queries and good experience on data transformation and data mapping from source to target database schema.
* Generated reports using SQL queries including single row function, table join, Sub query, group functions, set operations.
* Generated business reports using SQL query.

**Aetna Health Care, Blue Bell, PA Aug 2013 - Oct 2014**

**Business System Analyst**

Aetna Health Insurance is one of the nation's leaders in healthcare, dental, pharmacy, group life, disability and long-term care insurance and employee benefits. Aetna is dedicated on helping people achieve their health and financial security. My responsibility was to deals with Mainframe Applications that has different types of Transactions that supports the HC – Claims, Adjudication Process System. Part of the project also included migration of all application’s functionality and convert data from a mainframe-based system to an open systems environment/FACETS.

**Responsibilities**:

* Involved in all SDLC stages under Agile process requirement analysis, implementation, testing (functional and use acceptance) and deployment.
* Gathered requirements and prepared business requirement documents (BRD) and System requirement documents (SRD).
* Responsible for translating BRD into functional specifications and test plans. Closely coordinated with both business users and developers for arriving at a mutually acceptable solution.
* Conducted GAP analysis between the current system and new requirements to be implemented thereby mapping the business requirements to the application along with analyzing the functional details of various modules in existing mainframe.
* Used requirement elicitation techniques like interviews and JAD sessions to gather and document information regarding upcoming changes.
* Gathered requirements from business process owner to determine the functionality that should be provided to the users.
* Conducted interviews with stakeholders, SME’s to design creative, progressive IT solutions for business problems.
* Analyzed HIPAA 5010 standards for 837P transactions, related to payers, subscribers and other related entities.
* Identified the requirements for accommodating HIPAA 5010 standards for 837P transactions and captured these requirements to develop new GUI for the internet based application.
* Worked with HIPAA 5010 and Electronic Data Interchange (EDI) with Transaction code sets such as 837 (medical claims), 835 (medical claim payments), 270 (eligibility inquiry), 271 (eligibility response), 276 (claim status), 277 (claim status response), 820 (enrollment), and 834 (premium payments).
* Analysis of inbound and outbound interfaces and extensions to FACETS claims processing system.
* Worked on configuration of FACETS with Benefits, Claim processing, Subscriber/Member and Enrollment.
* Prepared high level and detailed system requirements documents for the application.
* Involved EDI Claim Process according to HIPAA compliance.
* Interacted with Subject Matter experts (SMEs) and carefully recorded the descriptions by asking detail questions and documented them so that both business and technical teams could understand them. Matched the requirements for programs such as Medicare and Medicaid which are part of the Social Security Act.
* Coordinated with the Release Management Team in order to complete the overall release plan.
* Compiled Vision and Scope documents to better define the rationale for the project.
* 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.
* Extensively worked with ANSI X12 HIPAA EDI Transactions 270, 271, 276, 277, 834, 835, 837 and 997.
* Involved in conducting integration tests and User Acceptance Tests (UAT).
* Logged defects using HP ALM/Quality Center.
* Tested the Web interfaces and Web Service Applications.
* Worked with ANSI X12 (834, 835, 837) EDI Transactions.
* Utilized SQL in every step of creating data warehouse including data warehouse design, data warehouse database, and loading data into data warehouse.
* Worked on data modeling and produced data mapping and data definition documentation
* Performed data manipulation of data components and wrote SQL queries.
* Closely worked with ETL team to understand Data extraction and Data conversion from application front-end with SQL databases and data warehouse.
* Developed tables, Views, Stored Procedures and Triggers using SQL Scripting.
* Assisted the team members to develop Service Oriented Architecture (SOA), and data warehouse system (EDW) to utilize data mining for data analysis.
* Involved in creating Business Process Documentation. Identified Use Cases from the requirements. Created UML Diagrams including Use Case Diagrams, Activity Diagrams and Sequence Diagrams using MS-Visio.

**Health Net, Inc., Woodland Hills, CA Oct 2011 – Aug 2013**

**Business System Analyst**

Health Net is a leading provider of products, services, and technologies supporting the healthcare industry. The online service was designed to deliver refill medication to follow-up, disabled and elderly patients at their homes without the necessity to visit the physician. The project involved gathering business requirements for the claims business area and updating EDI Transactions like EDI 834, 837, 835, 277 and 276 with the HIPAA 5010 changes. I was involved in implementing HIPAA EDI transactions (837 P/I/D, 835) in the application; also involved in modules: Pre-pricing claims, claims adjudication, claims payment, coordination of benefits (COB) and adjustments. Also, there was implementation of the Enrollment Processing System (EPS) responsible for the automated processing of incoming 834 transitions in HIPAA 5010 format.

**Responsibilities**:

* Responsible for preparing Business Requirement Document (BRD), System Requirement Document (SRD), Functional Requirement Document (FRD) and then translating into functional specifications and test plans. Closely coordinated with both business users and developers for arriving at a mutually acceptable solution.
* Conducted meetings with business process owners, SME (subject matter experts) and Trading Partners for requirement gathering during the definition stage.
* Analyzed data/workflows, defined the scope, and performed GAP analysis.
* Worked in the Agile Scrum environment for the project execution.
* Employed a variety of approaches to collecting and documenting business, functional and user requirements such as leading workshops, writing use cases, creating context diagrams, performing stakeholder analysis,
* Created and maintained data mapping document(s) in reference to the HIPAA mandated transactions 834, 999,820.
* Involved in impact analysis of HIPAA 5010 835 and 837P transaction sets on different systems.
* Create data mapping to assist in ETL for Data Warehouse development.
* Validated the following: EDI 837 (Health Care Claims or Encounters), 835 (Health Care Claims payment/ Remittance), 270/271 (Eligibility request/Response), 834 (Enrollment/Dis-enrollment to a health plan).
* Analyzed the data movement between systems to validate the Business Requirements.
* Worked on data mapping to bring data from one system and reside in another system.
* Ensured that EDI files were following new ICD-10 standards.
* Identified the requirements for accommodating HIPAA 5010 standards for 837P transactions and captured these requirements to develop new mapping document.
* Created test cases and scenarios in Quality Center/ALM.
* Created Use Cases and maintained the traceability matrix.
* Worked on FACETS claims processing, payment adjustments, claims inquiry & benefits.
* Conducted JAD sessions to understand the detailed requirements.
* Actively participated in status report meetings and interacted with developers to discuss the technical issues.
* Helped developers with the following list of HIPAA-EDI Transaction Code Sets: (837, 835, 270/271, and 276/277)
* Involved in writing and executing the SQL queries for testing applications.
* Extracted data from Teradata SQL and Oracle and created pivot tables in MS Excel.
* Conducted walkthroughs and defect meetings periodically to assess the status of the testing process.
* Followed workgroup for EDI standards for testing that need to comply with the HIPAA guidelines.
* Performed overall Requirements Management and built the Requirements Traceability Matrix.
* Assisted with users during User Acceptance Testing (UAT), developing and maintaining quality procedures, and ensuring that appropriate documentation is in place.
* Responsible for understanding the “As Is” business process and defining the “To Be” business process.
* Frequently communicated with developers and senior QA team members to assist in the clarification of technical issues.
* Used Data warehousing for Data Profiling to examine the data available (Data Analysis) in an existing database.
* Worked with SQL to create Tables, Views, and triggers and stored Procedures.
* Prepared Use Cases, Business Process Flows, and Activity Diagrams using Microsoft Visio for complex processes and walks business and development team through the documentation.

**Spectrum Health, Grand Rapids, MI Sept 2009 - Sept 2011**

**Business Analyst**

Michigan-Based Priority Health offers a nationally recognized HMO and other group and individual health insurance plan options. Priority Health is serving more than 600,000 members and more than 12,000 employer groups. The project was specifically related to implement the new State-issued Healthy Michigan Plan (formerly known as "Medicaid Expansion").

**Responsibilities:**

* Responsible for writing and reviewing the BRD/SRD/FRD documents, 'As-Is' / 'To-Be' Process flows with the Core team, Business owners, SMEs and all required signatories.
* Worked on Enrollment, Claims and provider departments to analyze impacts.
* Analyze and remediate as needed Reports.
* Involved in the requirement gathering and Analysis for developing the Ad-hoc reports that are extracted from the consumer portal back end data.
* Worked under Agile model of SDLC.
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