**Rabia**

A result oriented individual with 7+ years of diversified experience with strong Project Coordinator &business analysis skills. Extensive knowledge and hands on experience working as Businesss Analyst & Quality Assurance Analyst in healthcare domain. Looking to apply my knowledge while also challenging myself to learn new technologies.

**SUMMARY**

* **Techno functional** experience in system and **Business analysis** in **Health care, with FACETS** and extensive interaction with client.
* Extensive knowledge and experince in writing & maintaing Business Requirements Document, Functional, Non-Functional Requirements, and Technical Requirements Document
* Insightful knowledge of business process analysis and design, domain & technology expertise with strong integration skills.
* Expertise in performing**User Acceptance testing (UAT)** with Business end Users. Experienced in creating detailed UAT plan document to guide UAT testers.
* Facilitated various JAD sessions with Business User Groups, SMEs, and IT Groups.
* Skilled in developing various **UML** Diagrams including **Use Case diagrams**, **Activity Diagrams, Data flow Diagrams, and Process Flow Diagrams**, **Sequence diagrams**, **State diagrams**, and **Class diagrams**.
* Expertise in Claims, Subscriber/Member, Plan/Product, Claims, Provider, Commissions and Billing Modules of Facets.
* Tested the Professional, Institutional Claims processing and adjudication and validate data with **facets.**
* Possess strong skill to start from scratch and complete the **requirement writing, testing, analyses process**.
* Experienced as a **Business Analyst** in a role of responsibility encompassing **Requirement Gathering**, **Decomposition and Analysis** besides **Quality Assurance**.
* Extensive knowledge of Business Processes and methodologies i.e. **Software Development Life Cycle (waterfall, Agile),Rational Unified Process (RUP) methodology**, **Rational Unified Process (RUP)** software development process using Rational RequisitePro, **Test Matrix**, **Traceability Matrix**, and **GAP Analysis**.
* Expert in rapidly **configuring benefit plans, provider networks and pricing.**
* Worked on Data migration, Facets version upgrades, Reports Implementation, letters, Inbound/outbound Interfaces and Facets Extensions.
* Experienced in creating detailed **Use Case documents** highlighting basic flow & alternate flows for specific functionalities.
* Ability to conduct **RAD, JAD** sessions and carry out the entire process on my own.
* Thorough understanding and hands-on working experience with standards for medical transactions like **820** (enrollment), **834** (premium payments), **835** (medical claims payments), **837** (medical claims), **270** (eligibility inquiry), **271** (eligibility response), **276** (claim status), and **277** (claim status response).
* Knowledge of **HIPAA standards, EDI (Electronic Data Interchange)**, Implementation and Knowledge of HIPAA code sets, **ICD-9 and ICD-10**.
* Worked with a cross functional and diverse team of business users and developers to enable accurate communication of requirements and ensure consensus.
* Experience in **BPM** in claim management.
* Involved in **Business Process Management (BPM)** activities like Process Design, Process Monitoring, and Process Execution.
* Developed **SQL** queries for data extraction, analysis and reporting.
* Efficient in MS Project/MS Excel for planning/status reporting/writing **test scenarios**.
* Well versed experience in all **EDI** transactions like **834, 837 P, 835, 27x** and conversion of **4010 to 5010.**
* Dealt with the complexity of migrating from the **ICD-9** set of diagnostic codes to **ICD-10.**
* **FACETS** version upgrade implementation project and worked extensively on **837i** (Institutional Claim), **837p** (Professional Claims) and **834** (Enrollments).
* Experienced in performing Gap analysis by identifying existing technologies, documenting the enhancements to meet the end-state requirements.
* Experience in conducting **User Acceptance Testing (UAT), SWOT analysis**, Cost benefit analysis, Risk Analysis and ROI analysis.
* Used **MS Team Foundation Server** for reporting & cordinating**.**

**TECHNICAL SKILLS**

**Project Methodologies:** SDLC, Agile, Rational Unified Process (RUP), UML, Agile, RAD, JAD/JAR

**Business Modeling Tools:** MS Visio, UML, BPMN

**Operating Systems:** Windows, UNIX

**Database:** SQL server, DB2, Oracle,MS Access, Tableau, MS Team Foundation Server

**Reporting Tools:**  Cognos, Business Objects and Crystal Reports

**Quality Assurance:** Software Application Testing Life Cycle

**Business Applications:** Microsoft Office Suite, MS VISIO, MS Share Point, Outlook, Clear Quest

**PROFESSIONAL EXPERIENCE**

**United HealthCare, Hartford, CT Jan’14 - Mar’16**

**Project Coordinator/Business System Analyst**

Worked as business analyst to implement the updates during 4010 to 5010 conversion. Created process flows and updated project artifacts to highlight the changes and updates.

**Responsibilities:**

* Assisted project manager with various project activities while working as project coordinator.
* Provided updates on timelines, project scope, and resources during multiple builds.
* Performing **User Acceptance testing (UAT)** with Business end Users.
* Facilitated various JAD sessions with Business User Groups, SMEs, and IT Groups.
* Skilled in developing various **UML** Diagrams including **Use Case diagrams**, **Activity Diagrams, Data flow Diagrams, and Process Flow Diagrams**, **Sequence diagrams**, **State diagrams**, and **Class diagrams**.
* Possess strong skill to start from scratch and complete the **requirement writing, testing, analyses process**.
* Configured and created source benefit documents into Benefit Reports (Business Analysis)
* Worked on**Requirement Gathering**, **Decomposition and Analysis** besides **Quality Assurance**.
* Applied Business Processes and methodologies i.e. **Software Development Life Cycle (waterfall, Agile),Rational Unified Process (RUP) methodology**, **Rational Unified Process (RUP)** software development process using Rational RequisitePro, **Test Matrix**, **Traceability Matrix**, and **GAP Analysis**.
* Created**Use Case documents** highlighting basic flow & alternate flows for specific functionalities.
* Conducted**RAD, JAD** sessions and carry out the entire process on my own. Gathered Business/ Functional requirements for creation of a Reports using **Crystal Reports and** COGNOS
* Followed Workgroup for Facets Electronic Data Interchange standards for testing that need to comply with the HIPAA guidelines.
* Created GAP Analysis of 4010 and 5010 elements
* Worked with ACES and Facets claims data for claims subject area, Enrollment and billing data for member/Subscriber Accumulator, and Product subject areas.
* Tested the Professional, Institutional Claims processing and adjudication and validate data with **facets.**
* Involved in FACETS Implementation, FACETS billing, enrollment, and Claim Processing and Subscriber/Membership module.
* Designed and implemented basic **SQL** queries for QA Testing and Report / Data Validation
* Used ClearCase to keep different versions of the documents and ClearQuest to report bugs or defect
* Benefit plan configuration for Self Directed plans
* Used Rational RequisitePro as requirement gathering tool.
* Extensively involved in data analysis, data modeling, Data mapping, logical data modeling, created class diagrams and ER diagrams and used SQL queries to filter data within the Oracle database
* Worked specifically on EDI Health Care Claim Transaction set (837)
* Participated JAD sessions with developers to review Unit test results. Performed QA including functional testing, System testing and End to End testing. Assisted in identifying project scope, to conform to the regulatory compliance related to X12 837 (I/P) and 835.
* Responsible for soliciting and eliciting requirements for 4010-5010 conversions.
* Carried out Risk Assessment, GAP analysis and Impact Analysis for the **4010-5010-conversion** project.
* Validating product ID’s and naming according FACETS ID standard.
* Involved in one-to-one interview sessions and JAD sessions with stakeholders, SME’s and business owners to discuss the scope of the conversion.
* Produced for transaction sets 835 and 837 (I/P) a full **gap analysis 4010 vs. 5010** against the documented application 5010 enhancements ensuring the upgraded application included the required changes and additions for 5010 compliancy.
* Involved in up-gradation of 4010 transaction to 5010 by conducting Impact Analysis and Risk Assessment and worked on the mitigation plan to avoid the risks.
* Gathered requirements for impacted system and business areas for ICD-10 and their needs to embrace the changes.
* Responsible for conducting the transfer of Facets application and analyzing business requirements and objectives towards determining the optimal configuration.
* Tested and delivered Inbound/Outbound Facets interfaces.
* Wrote Functional Requirement for configuration of Benefits, Enrollment and Claim processing.
* Tracking and addressing the problems on timely manner encountered on Acknowledgement 997, Remittance Advice 835, & Eligibility Inquiry/Response 270/271.
* Worked as a liaison among stakeholders both business and IT side in order to elicit, analyze, communicate and validate requirements for changes to business processes.
* Involved in creating Reports and Documents like Requirements Documents, and Management Plan, Issue/Alternatives documents, Project Summary and Plans with formats like PDF, HTML, Excel and Word.
* Prepared UML diagrams (**Activity diagrams, Sequence Diagrams, Use case diagrams**) for Extensions.
* 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 to FACETS (Client Server based system).
* Involved with reviewing defects reported from UAT efforts and analyzed for root cause and took actions based on the findings.
* Used **ReqPro** for requirement management.
* Tested member conversion from Mainframe Legacy systems to FACETS.
* Wrote SQL queries using JOINS, Filters and Wild Cards to extract data from multiple tables. Reviewed Stored Procedures to get necessary information to build my own queries.
* Created **Use Cases diagrams** and **Activity diagrams** to depict the interaction between the various actors (system users) and the system in Rational Rose for the Business Use Case and System Use Case.
* Actively involved in UAT Testing. Created detailed **UAT Test Plan** document as a road map for UAT Testers.
* Identified the master file changes and builds needed to enable the 5010 format to be utilized.
* Conducted Business Process (As Is/To Be) sessions with various department directors and staff to ensure the Testing Plan and Test Approach would meet the identified Business Requirements, and the Training Program covered all identified new and changed processes.

**Environment:**HIPAA X12, JIRA,Quality center, QTP, MS Visio, Facets , Informatics, SOAP UI, MS Office Suite, SQL, SQL Server, Agile

**Delaware State Department of Health, DE** **Nov’11 - Dec’ 13**

**Business Analyst**

In this project, we implemented a full suite of application software modules based on the principle of electronic application record (EAR) as a central repository of information. This application was integrated with the administrative and clinical functionality, supporting, and a multi-disciplinary approach with the different states’ MMIS application for Medicaid and Medicare enrollment and claims. Modules include in patient/out patient, clinical information systems (CIS) and other departmental requirements. Validation of different HIPPA transactions was also a part of the project. I was also involved in multiple projects to update existing applications and create new application. I created detailed documents for **data mapping**&**data archival**.

**Responsibilities:**

* Coordinated various project activities among different groups including Project Status, Timelines, Milestones, and resource allocation.
* Provided frequent status updates highlighting major achievements and road blocks for projects.
* Gathered user requirements and created use case model
* Rationalized approaches to functional design (product and mainframe) with system experts
* Performed project management activities for full project life cycle following RUP iterative development
* Conducted different session with State SMEs to integrate the CIS system with the States MMIS system
* Involved to validation and mapping of different data sets for claims and enrollment of Medicare and Medicaid members with the states data sets.
* Participated in **MITA** "as is" analysis.
* Used the mapping tools to map **4010 and 5010 transactions along with ICD 9 and ICD 10 codes, and validated the HIPAA Syntax.**
* Facilitated many **JAD** Sessions and used Requisite Pro for activities such as requirements definition and organization.
* Followed up with the SME in every module to ensure that **HIPPA** guidelines are being followed.
* Involved in testing **HIPAA Database**, which incorporates all the HIPAA (Health Insurance Portability and Accountability Act) transaction sets
* Tested data to check HIPPA- eligible & participation check for individual coverage.
* Worked on HIPAA Transactions and Code Sets Standards according to the test scenarios such as **837/835/834 transactions**
* Involved in creating test scripts and test data files for the HIPAA transaction based on the **ANSI X12N HIPAA** standards.
* Set claim processing data for different FACETS Module.
* Involved in developing database objects using FACETS database in both SQL Server and Sybase environments.
* Involved in preparing use cases and business flow diagrams for the applications using **UML**.
* Traced requirements to high level design, test cases and product requirements.
* Worked with project manager and other users and created work flow diagrams using MS Visio/UML.
* Co-authored change management control plan, Created risk analysis documents and created risk management plan.
* Checked the data flow through the frontend to backend and used **SQL Queries** to extract the data from the database.
* Involved in writing extensive **SQL Queries** for back end testing oracle database.
* Maintained **Traceability Matrix** and **Test Matrix**.
* Created and maintained SQL Queries for back-end testing.
* Worked on method 1 template to cover all document deliverables and modified the document deliverables for QA team.

**Environment:** SQL Server, Quality Center, HTML, Facets, MS Office, Visio, Java, XML, EDI

**Meridian Health Care Management, Woodland Hills, CA** **Jan’ 09 - Oct’11**

**Business Analyst**

Meridian Health Care Management implemented an internet-based application to improve its **Health Insurance Claim Processing** by automating receiving and processing health benefit claims. Health care facilities were able to send their claims over the internet. The new application also allowed the agents to track and manage the status of a health benefit claims.

**Responsibilities:**

* Participated in brainstorming sessions and walkthroughs with subject matter experts (SMEs) for requirements gathering process.
* Involved in business analysis and project management, coordinating between the team members according to the business requirements.
* Identified various business processes and developed process flow diagrams for the business processes and validated the processes with SMEs.
* Utilized **Agile Methodology** to configure and develop process, standards and procedures.
* Prepared the **Business Requirements Document** (BRD) and system requirement document (SRD).
* Worked with the project manager for planning and organizing the project activities, and in communicating with other business center managers and stakeholders of the project.
* Worked as a liaison between business users, testers and application development team so that all teams understand business needs and take them into consideration
* Analyzed and documented system release/deployment issues according to version management, backward compatibility, load balancing of components in production environment.
* Did data analysis, created data mapping and data interface documents and kept the documents updated with changes in requirements and functional specifications.
* Performed Risk Analysis based on defect severity and priority.
* Created BPR charts for “AS IS” and “TO BE” processes of different business functionalities.
* Developed**Use Case Models**, Entity Relationship Diagrams (ERD), Activity Diagrams, State Diagrams.
* Created and maintained procedures and documentation.
* Frequently wrote complex SQL queries for data validation.
* Organized and conducted meetings, briefings, demonstrations, conducted JAD sessions, and wrote minutes of project meetings.
* Performed testing of the **health benefit claims receiving** and **processing system** to ensure that the system adheres to project standards, performance criteria, and functional specifications
* Managed scope and deadlines of the project.
* Contributed in improving the overall customer experience through customer focused business processes.

**Environment:** Oracle, Quality Center, HTML, MS Office, Visio

**EDUCATION**

**Masters in Business Administration**

Majors:Finance, International Islamic University, Islamabad, Pakistan

Year 1998 – 2000