# SUMMARY

Sr.Business Analyst with 7+ years of experience working in the HealthCare industry. He has worked in the Agile XP, Agile Scrum and Waterfall methodologies, and is at ease meeting and communicating with different groups to discuss requirements.

**Additional Skills:**

* 6 years of experience in creating innovative and cost effective Quality Assurance solutions with expertise in Healthcare processes, applications using manual testing procedures.
* Extensive experience in all phases of SDLC processes and methodologies like Waterfall, Agile and RUP.
* Development of Test plans, execution of Test cases and Test scenarios to meet the product’s business requirements and managing the Defects as per the Business requirements.
* Expertise in Claims, Subscriber/Member, Plan/Product, Provider, Commissions and Billing Modules of FACETS.
* Experienced in different types of testing like Black box testing, positive testing, negative testing, functional, GUI testing, and regression, integration, and performance testing.
* Development, Execute and Analyze the document management system (DMS)
* Participated in Walkthrough and Inspections with the Test Lead and Development team.
* Experienced in Reporting Bugs using Bug tracking tools such as QC and Rational Clear Quest and Created QA Analysis and Weekly status reports, including test results by dates, test script summary (coverage, pass, fail), Defect Status and Defect trending.
* Facets support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Excellent knowledge of Health Insurance Portability & Accountability Act (HIPAA) standards, Electronic Data Interchange (EDI), HL7 and ICD-9 to ICD-10 coding.
* Facilitated JAD sessions, meetings, conference calls, report reviews, questionnaires, storyboard presentation and workshops with Business Users and Subject Matter Experts (SME) for business and technical Requirements Gathering. Analyzed new Business Models and existing legacy systems.
* Tested software applications including Client-Server and Web based applications.
* Ensure test coverage by mapping test cases to requirements.
* Experienced in documenting Test Plan, Test Objectives, Test Strategies, Test Scenarios and Test Cases.
* Experience running SQL queries for data validation and comparison to perform back end testing.
* Experience working with HIPAA EDI 837 transactions which include both 4010A1 and 5010 versions.
* Knowledge and understanding of MITA network.
* Tested the HIPAA EDI transactions 834, 837/835, 276/277, 270/271 according to the requirement test scenarios.
* Experience with TriZetto Facets Application Groups: Claims Processing, Guided Benefit Configuration, Medical Plan, Provider, Subscriber/Member, Utilization Management. Strong Knowledge and working experience on ICD-9 and ICD-10 conversion and expertise in forward and backward mapping using GEM.
* Worked extensively on Claims and have a good understanding of COB, EOB and EOP.
* Excellent team player with strong written, communication, interpersonal and analytical skills.
* Experience leading team to meet deadlines and goals set by clients.

# technical skills

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| **Languages** | Java, SQL, HTML, XML |
| **Databases** | MS Access, SQL-Server, Oracle, TERADATA |
| **Platforms** | Windows, Unix, Linux |
| **Web Technologies** | ASP .NET, AJAX, Web Services, HTML, XML, UML, |
| **Applications** | MS Word, Outlook, PowerPoint, Excel, MS Reporting Services |
| **Modeling Tools** | Microsoft Visio |
| **Processes** | RUP, SDLC and other agile development models.HL7 |

# education

**Masters in Systems Development and design, university of Maryland**

**Bachelors in Science, Morocco**

# EXPERIENCE

**MVP Health Care**, **Rochester, NY Dec 2013–May 2015**

**Sr. Business Analyst**

MVP Health Care offers a variety of insurance products to all segments of the population, including large employer groups, small businesses and individuals. The scope of Provider Portal project was to enhance application for the business users related to the professional claims, facility claims, and customization of EDI 837/835 depending on business user requirements. Testing involved in modules such as Submitting and Managing claims, Claim Inquiry, verifying client's eligibility and Managed care.   
   
**Responsibilities:**

* Reviewed Client Requirements, Use Cases, Mock-ups, and High Level and Low level Design documents.
* Followed SCRUM methodology and attended daily scrum meetings to get an update on defect fix. Reviewed Technical specifications, and Data design documents for data changes.
* Worked on modules related to Claims, Providers, & Contracts and worked with Claims attributes, Provider attributes, enabling EOB & Remittance rules associated with Provider configuration process in Facets.
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets or Internet portals.   
  Involved in testing HIPAA EDI Transactions and mainly focused on 837 and 835.
* Validating functionalities and layouts of interfaces such complex as: claim entry and case record screens.   
  Worked on various EDI X12 transaction sets such as 270/271, 276/277, 835,837 etc.
* Prepared test cases for Healthcare Eligibility Benefit Inquiry and Response.
* Set claim processing data for different Facets Module
* Involved in Processing 837 Healthcare Claims (Institutional and Professional) and 276 Health Care Claim Status request.
* Validated Healthcare claim status request and response reports.
* Worked on HL7 interface integration for ADT, Billing and Results messages within Meditech.
* Tested various functionality like Membership& Eligibility, Claims Processing and Payment, Provider credentialing and Benefits Packages in Facets.
* Participate in requirement Joint Application Design (JAD) sessions and document results of those meetings
* Developed Test Strategy, Test Plans, and Test Cases based on requirements, technical and design specifications.
* Used descriptive programming to overcome some object identification issues.
* Responsible for working with the Plan to review and modify process flows to increase productivity and effectively utilize FACETS features not provided by the legacy systems.
* Reviewed existing QTP Test Scripts, and modified as required for new changes.
* Involved in code change control process, configuration management, and release management.
* Used Quality Center for Test Case development and test execution status tracking.
* Populated projects in Quality Center with requirements, test cases, automation scripts and defects.
* Categorized bugs based on the severity and interacted with developers to resolve them.
* Used Quality Center for defect reporting and tracking, and generated documents and reports for further analysis.
* Using Load runner analyzed the response times of the business transactions under different loads.   
  Sign-off each test verifying the system meets the stated acceptance criteria.
* Involved in testing of database using SQL queries.
* Extensively used SQL statements to query the Oracle Database for Data Validation and Data Integrity.
* Coordinated with Client for all QA Testing tasks, activities and test status.

**Environment:** Quick Test Pro, Load Runner, Quality Center, MS SQL Server 2005, Windows 2000, Facets

**Xerox Healthcare, El Segundo, CA Jan 2013 – Nov 2013**

**Sr. Business Analyst / EDI Analyst**

Xerox is developing advanced technological solutions to costly health system problems such as hospital-acquired infections and safe monitoring of premature infants. State of CA has contracted Xerox to design, develop and test the application used for managing and processing healthcare claims. This application helps its Membership and Claims Management Information Tracking System, Finance and Utilization management System modules. HIPAA 5010 and ICD 10 as the core project assignment. The Project Scope - To implement the various ASC X12 healthcare transactions under HIPAA 5010 and to successfully transition from ICD 9 to ICD 10.

**Responsibilities:**

* Worked on MMIS ,EDI, Pharmacy OS+, Claims, remittance advice and payments
* Performed Change requests and traced all changes in the DSD
* Provided analysis and reviewed documents to track defects and CTC's
* Met with SME's and PMP's to plan out the resolution of deliverables per state requirements
* Participated in hundreds of meetings either with functional teams or developers and state partners
* Identified, evaluated and documented business needs and objectives, operational processes and procedures, problems and requirements.
* Validate workflow requirement mappings using data captured at JADs
* Interviewed SMEs (Subject Matter Experts) and elicited requirements for implementation of DMS by conducting workshop sessions.
* Recommended operational and process improvements based on efficiencies and available technologies.
* Maintained a repository of performance metrics, and generated management reports illustrating statistical data, text and graphics
* Conducted secondary research using a variety of publications, services and health statistic databases.
* Electronically submitted Enrollment (834) data.
* Used HL7 guidelines and dictionary for defining business rules associated with pre-defined workflows according to business requirements
* Identified various business processes and developed process flow diagrams for the business processes and validated the processes with SME.
* Involved in HIPAA/EDI Medical Claims Analysis, Design, Implementation and Documentation
* Involved in HIPPA Complaint X12N837 Transaction testing.
* Worked on EDI transactions: 270, 271, 834, 820, 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.
* Involved in gap analysis for ICD 9 to ICD 10.
* Produced documentation, including project plans, analytical reports, decision backup, information research reports, budget analyses, training plans, business justifications, and graphics.
* Was responsible for project modeling and forecasting. May manage a singular effort on a given project or lead a team to address a specific concern.
* Accessed DMS Database and wrote SQL queries to ensure proper application of business rules.
* Was assigned to lower level management functions.
* Coordinated with stakeholders to develop business cases for potential new products or initiatives.
* Documented and maintains workflow and business process models related to assigned projects.
* Worked with other departments to identify and document business requirements, workflow, policies and procedures
* Evaluated or assessed vendor features, functions, products, and attributes.
* Created and executed user test plans.

**Environment:** Quick Test Pro, Quality Center, HL7PowerPoint, DMS, SQL, Windows 2000.

**Molina Health Care**, **Arlington, VA Feb2011 - Dec 2012**

**Business Analyst**

Working with Molina Healthcare, which is upgrading an existing EDI system, to use for dual Purposes- First, this system is used as a National HIPAA 5010 EDI testing tool and for 5010 test-data generating, Typically for Medicare, Medicaid or Commercial Payer HIPAA 5010 Projects or HIPAA Training. The second: Use is for an affordable 5010 desk-top solution for Providers.

**Responsibilities**

* Developed Test Plans, Test Cases for the testing.
* Good Understanding of the EDI (Electronic data interchange), Implementation and Knowledge of HIPAA code sets.
* Involved in Up-gradation of HIPAA X12 4010 transactions to HIPAA X12 5010 and ICD-9-CM to ICD 10
* Worked on HIPAA Transactions and Code Sets Standards according to the test scenarios such as 270/271, 276/277, 837/835 transactions.
* Utilized survey assessment results of ICD 10 to create listing constraints, processes, projects and systems, applications and vendor software to be impacted by the ICD 10 Conversion Project.
* Involved in Facets Implementation, end-to-end testing of FACETS Enrollment Claim Processing and Subscriber/Member module
* Participated in Web Services Testing using SOAP UI.
* Tested the interface between database and the application.
* Created test cases and maintained test coverage, Conducting business validations, covering the following deliverables: FACETS Providers, Facets Claims and Facets Membership and Operational reports
* Responsible for writing the Test Cases and Test Scenarios based on the Functional Specification and technical Specification and documented in Mercury Quality Center.
* 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.
* Authored and executed Test cases for Claims and Customer Service Workflow by manually.
* Logged the errors, reported defects, determined repair priorities and tracked the defects until resolution using HP Quality Center
* Maintained various versions of Test Scripts
* Worked on uploading all the Test cases to the Quality Center for the current and prior releases.
* Performed Sanity Testing and Smoke Testing
* Extensive use of SQL to test within Facets core system, on Oracle, SQL and Sybase platforms.
* Performed Backend testing by writing SQL validation queries in Toad against the database.
* Checked the data flow from front end to backend and used SQL queries to extract the data from the database
* Investigating software bugs and reporting to the developers using Quality Center Defect Module
* Analyzed system requirements and developed detailed test plan for testing
* Tracked and reported defects using Quality Center.
* Generated defect reports using Quality Center for the developers.

**Environment:** Windows , Quality Centre, Facets , Java, SOAP UI, SQL Advantage

### Humana Inc, Louisville, KY June 2008 – Jan 2011

### Business System Analyst

Humana Inc used FACETS for managing and processing healthcare claims. This application helps its Membership and Claims Management Information Tracking System, Finance and Utilization management System modules. As a, Business Analyst, I was involved in various kinds of testing of the FACETS application modules like Enrollment, Membership and Claims.

**Responsibilities:**

* Reviewed the Business requirement, Functional Design Documents, Technical Specification documents, to develop Test Cases.
* Analyzed system requirements and developed detailed Test Plan.
* Involved in FACETS Implementation, involved end to end testing of FACETS Billing, Claim Processing and Subscriber/Member module.
* Implemented manual testing of a web-based application and tested different modules on Facets.
* Conducted Functionality, Security, Testing Manually.
* Worked on EDI transactions: 270, 271, 834, 820, 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.
* Involved in Back-End Testing to check database integrity by writing SQL queries.
* Performed Smoke, Functional, Regression, Positive, negative and Integration testing.
* Tested HIPAA regulations in FACETS HIPAA privacy module.
* Extensively used SQL statements to query the Oracle Database for Data Validation and Data Integrity.
* Conduced Joint Application Development (JAD) sessions and walk in interview with the business users to gather requirements.
* Wrote test cases in Quality center derived from the Design documents and generated a Traceability Matrix for testing purposes.
* **Medical Claims experience in Process Documentation, Analysis and Implementation in 835/837/834/270/271/277(X12 Standards) processes of Medical Claims Industry from the Provider/Payer side.**
* Created Traceability Matrix to ensure implementation of all functionalities, identify all test conditions and test data needs.
* Setup, co-ordinate & conduct system & UAT testing with Business Analysts and end-field users
* Verified the data flow to the back-end through extensive use of SQL queries, procedures and tested database packages.
* Involved in testing the XML files and checked whether data is parsed and loaded to staging tables.
* Wrote SQL Statements to extract Data from Tables to verify the output Data of the reports
* Validated the load of data to the environment using SQL queries.
* Wrote test script for Web Services testing.
* Perform Functionality, Security, UAT and Regression Testing for 2 different modules of Humana web application.
* Involved in UAT testing during the project.
* Used Quality Center to record documenting information useful in debugging process, evaluating test data.
* Logging of defects in Quality center to maintain test requirement and to communicate the Bugs with the Developers.
* Developed SQL scripts to supplement the ETL process and to verify on final target data.
* Participated in release meetings and also participate in Retrospective session**.**

### Environment: Oracle, Quality Center, JAVA, FACETS, MS Office Suite, SQL.