**Siddiq Jamal**

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## **SUMMARY:**

* Qualified professional with 7 years of extensive experience in the field of Business Analyst working with the technical staff to implement management and staff's business requirements into the software application in Healthcare Pharmacy domain. Extensive working experience with TriZetto’s Facets tool.
* Expertise in documenting the Business Requirements Document (BRD), Technical Requirement Document (TRD), generating the UAT Plan, maintaining the Traceability Matrix and assisting in Post Implementation activities.
* Extensive knowledge of Software Development Life Cycle (**SDLC**) through all the four phases including Inception, Elaboration, Construction, Transition, and employing **Agile** and **waterfall** software methodologies.
* Good experience in the EDI transactions and knowledge on EDI transaction process flows.
* Strong experience and understanding of health care industry, claims management process, Knowledge of Medicaid and Medicare Services.
* Experienced in Healthcare Pricing/Reimbursement, EHR (Electronic Health Records) and EMR (Electronic Medical Records) on platforms such as EPIC and Cerner.
* Knowledge and Implementation experience in Eligibility System, Facets Data model
* Expertise in understanding and supporting the client with Project Planning, Project Definition, Requirements Definition, Analysis, Design, Testing, System documentation and user training.
* Used Rational Clear Case for Version Control of requirement documents.
* Experience with TriZettos Facets Application Groups/ Claims Processing, Guided Benefit Configuration, Medical Plan, Provider, Subscriber/Member, Utilization Management.
* Good knowledge of Workflows and Content Management Tools.
* For Executing Scripts manually, Involved in preparing data in FACETS.
* Expert in creating Use Cases, Use Case Diagrams, Class Diagrams, Sequence Flows using MS Visio and UML concepts.
* Experienced in EDI and HIPAA Testing Privacy with multiple transactions exposure such as Inbound 834Membership Enrollment, 837Institutional, 837Professional, 837 Dental, 835 Claim Payment/Remittance Advise, 270/271 Eligibility Benefit Inquiry/Response, 276/277 Claim Status Inquiry/Response Transactions and testing in Client Server systems and Mainframe Applications.
* Worked with different Business Areas like Claims and Enrollment to document proposed ICD 9 – 10 Code changes.
* Knowledge and expertise in working with Claims, Provider, Enrollment, Finance, Benefits, and Vendor Management Business Areas.
* Maintained the Traceability Matrix table to track the Business Requirements to the design to the testing keeping track of all requirements in the BRD/Experience in conducting User Acceptance Testing (UAT) and documentation of Test Cases

## **TECHNICAL SKILLS:**

Project Methodologies: SDLC, RUP, UML, Agile, Waterfall,

Business Modeling Tools: Microsoft Visio, Rational Rose

Testing tools: Quality Center, QTP

Change Management Tools: Rational Clear Quest

Office Tools: MS Project, MS Office, MS Visio

Version Control Systems: Rational Clear Case

Database: MS SQL Server, MS Access, and Oracle

## **PROFESSIONAL EXPERIENCE:**

**United Health Group, Phoenix AZ**

**System Analyst Aug 2015-Nov 2015**

**Project Description:** As a Systems Analyst for Optum Data Management at UnitedHealth Group, I analyzed data processes that facilitated the identification &actioning of health improvement & cost savings opportunities to our medical plan members.

**Responsibilities:**

* Evaluated business requirements and prepared the detailed functional and technical specifications that followed project guidelines
* Conducted numerous JAD sessions with Business users, developer, CQA and SMEs.
* Involved in all phases of software development life cycle(SDLC) in AGILE framework.
* Designed and analyzed Business Process Model,Use case Model, and Test procedures based on AGILE methodology.
* Coordinated and worked with Project Manager to prepare Project Plan in MS Project for Process Claim Domain.
* Performed the GAP analysis to find the Root Cause of the issues.
* Evaluate business requirements and prepare detailed functional and technical specifications.
* Worked on the FACETS front end and backend for testing and for documenting the Business requirement documents.
* Worked on FACETS front end and backend on TEST and DEV environments.
* Involved in documentation of the Facets application modules like Enrollment, Billing and Claims.
* Prepared SSD (Solution Summary Document), HLD (High Level Design Document), SRI (System Requirements Inventory), RTM (Requirement Traceability Matrix) and also created BRC (Business Rule Configuration).
* Communicate design to all stakeholders and varying levels of the organization.
* Worked with FACETS Claim Processing module and proprietary format files and Reports development.
* Closely worked with Developers and Quality Assurance Analysts to ensure requirements and design are completely understood
* Communicated design to all stakeholders at varying levels of the organization​
* Served as the liaison between business and systems analysts, developers and project management groups.
* Presented and evaluate design solutions objectively and facilitate conflict resolution.
* Reviewed various customer transactions using the FACETS application.
* Worked on requirements of the 835, 276,277, 837, and HIPAA transaction across the enterprise.
* Prepared several use cases and designed use case diagram, activity diagram and sequence diagram.
* Collaborate with quality assurance team to ensure testing efforts align with system deliveries and business processes.
* Developed strategies to improve service development life cycle and governance processes.
* Wrote SQL queries for database related works such as creating test data, identifying data sources and verifying data integrity
* Developed detailed source-to-target data mapping and data transformation rules.
* Developed and use enterprise services and data models.
* Analyzed data and created reports using SQL queries.
* Presented and evaluated design solutions objectively and facilitated conflict resolution
* Worked closely with business teams to strategize solutions that support long term business objectives
* Ensured IT deliverables aligned with business requirements with measurable results

**Environment:** MS Visio, MS Sharepoint, DbVisualizer, MS SQL Server, SSIS, MS Word, Excel, PowerPoint, UML, Facets front-end and back-end, UNIX, TortoiseSVN

**Affinity Health Plan, Bronx, NY**

**Sr. Business Analyst May-2013-July 2015**

**Project Description:** I worked for the Affinity Health Plan as a Business Analyst. I have participated in full software development life cycle implementations (SDLC) from project initiation to final deployment. I have worked with various Business Areas like Enrollment, Claims, Finance, Providers, and Benefits Admin. The project involved gathering Business Requirements for the Claims Business Area and updating EDI Transactions like EDI 837, 835, 276 and 277 with the HIPAA 5010 Changes. Affinity Health Plan implemented Facets Enterprise administrative system, a new core system built by TriZetto, with updated technology to allow for more efficient claims processing, membership enrollment and provider data maintenance & getting access to customer records. X12 EDI and HIPAA standards were followed thorough the project.

**Responsibilities:**

* Gathered Business Requirements from the Subject Matter Experts (SMEs) and documented the requirements in the BRD.
* Owned the weekly Burn down charts, Agile wall updates, Tracking Planck cards (a communication protocol between the onsite-offshore agile team members).
* Expert in ICD 9 – 10 Conversion Analysis.
* Documented complex Business requirements and made process flow diagram for the 837, 270/271, 276/277 & 835 Remittance transactions as per the 4010 to 5010 implementation for the Medicaid claim processing system enhancement.
* Worked on ICD 9 codes and gathered future requirements based on ICD 10 codes. Managed creation of sample mappings for the conversion of EDI X12 transactions code sets version 4010 to 5010 and translation of ICD 9 codes into ICD 10 codes.
* Used TriZetto HIPAA Gateway to comply with HIPAA standards (270/271, 276/277 & 837) for EDI transactions
* Analyzed the impacts of HIPPA 5010 project on inbound 837 claims
* Gathered requirements from the users and analyzed the requirements for RQ System
* Gathered and documented functional requirements for testing and verification of HIPAA.
* Web Portal Development – Worked as a Business Analyst gathering requirements to develop a referral portal.
* Worked on As-Is To-Be analysis of ICD9 to ICD 10 conversion for the new qualifiers used in the 837 claims for the diagnosis and procedure/HCPCS codes.
* Performed manual testing by building 837 claims, converting them into EDI file, uploading them into mainframe region and doing error resolution & testing for 5010 requirements& NPI crosswalk.
* EDI file testing for checking the HIPAA 5010 (X12) compliance of the inbound 837 claims.
* Coordinated the upgrade of Transaction Sets 837P, 835 and 834 to HIPAA compliance. Responsibilities include the - Analysis of inbound and outbound interfaces and extensions to FACETS claims processing system
* Completed Data Mapping for Group and detail Product analysis and report writing
* Worked on analysis of FACETS claims processing system and to gathered requirements to comply with HIPAA 5010 requirements
* Configured facets modules such as Claims, Membership, Billing, Benefit and plan
* Analysis of existing data requirements using SQL to document functional requirements from high level User Stories
* Assisted in creation of the Functional Design Document from the Business Requirements Document which was used as the reference by the development team while preparing the design and held the responsibility of the required data setup for unit testing.
* 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.
* Experience with 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.
* Periodic Data Cleansing via SQL, Data Quality, ETL, SSIS packages, Data Mapping, Business Process Improvement
* Proven experience with Agile (Scrum) and Waterfall Development Life Cycles (SDLC) methodologies.
* Involved in daily scrum meeting to discuss any roadblocks or impediments in the project path.
* Identified various points of integration among the new and existing applications and required integration with other IT components.

**Environment:** MS Visio, Word, Excel, UML, PowerPoint, Rational Requisite.

**MVP HealthCare, Schenectady NY**

**Business Analyst Jul-2011-Apr-2013**

**Project Description**: MVP HealthCare is a leading insurance organization that caters to the health insurance needs of the residents in NY. Facets have been widely used across the 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, all Providers who conduct electronic business via HIPAA Transactions

**Responsibilities:**

* Coordinated the upgrade of Transaction Sets 837P, 835 and 834 to HIPAA compliance.
* Led the Change Control Process for changes submitted for the BRD after initial sign off with all the stakeholders.
* Participated in Agile Planning Sessions and assumed the Product Owner role for the Agile initiative.
* Extensively use in ETL tools for data extraction, cleansing, integration and loading from different data sources using SQL Server Integration Services (SSIS).
* Completed Data Mapping for Group and detail Product analysis and report writing
* Analysis and Design of the Facets data model to ensure optimal system performance and tuning
* Work closely with EDI to ensure accuracy in data transmissions and shared processes.
* Worked on Mapping documentation using the Implementation Guide for EDI HIPAA 834,835,837(D, P, I), 277/278 and other Health Care Transactions.
* Utilized SDLC Methodology to configure and develop process, standards and procedures.
* Experience with Trizetto Facets System especially with the Managed Care Credit policies.
* Conducted JAD sessions with business users and Subject matter expert and stakeholders to define project scope, to identify the business workflows & task analysis and determine whether any current or proposed systems are impacted by the new development efforts.
* Coordinated with various IT teams related to various Facets backend database for Test Data Setup.
* Designed Test Plans, Scripts after analyzing various scenarios/requirements & performed defect tracking using Test Director & Clear Quest.
* Provided Production support and documented System Release/deployment issues.
* Work closely with EDI to ensure accuracy in data transmissions and shared processes.
* Involved in claim adjudication process of facets application
* Worked to transform platform from Phased environment to Agile environment

**Environment:** Facets, EDI, SQL, Mercury Quality Center, Go To Meeting, MS Office Suit

**Medco Health, Parsippany, NJ**

**Business Analyst Jan-2010-Jun-2011**

**Project Description:** Medco is a leading pharmacy benefits manager (PBM) with the nation’s largest mail order pharmacy operations. Through clinical management, Medco engages members, their physicians and pharmacists, in making better, most cost effective use of prescription drugs thus providing members safety and their care more effective and affordable Account Information System, clearinghouse and Claim processing group to evaluate and settle the insurance claim payments

**Responsibilities:**

* Reviewed and analyzed the business requirements document to derive the functional specifications document and assisted in the preparation of System Requirement Specifications.
* Involved in Planning, Defining and Designing data based on business requirements and provided documentation.
* Occupied in Logical, Physical design and Development of the DSR (Data Staging Repository) for the Database and AMS (Asset Management Reporting System) using Erwin.
* Coordinated with PM in planning the phases of the entire project in accordance to agile environment.
* Gathering all system requirements for Business Intelligence, Data Warehouse
* Interacting with Developers and SME (Subject Matter Experts) about HLD & LLD.
* Interacted with the business partners and database administrators to identify the business requirements and data realties.
* Analyzing the code, data and preparing the spec’s for Developers
* Analyzing the system performance. Configured SQL mail agent for sending automatic emails when a SSIS package is failed or succeed.
* Created Drill-through, Drill-down, Cross Tab Reports and Sub-Report using RDL.
* Generated periodic reports based on the statistical analysis of the data using SQL Server Reporting Services (SSRS) & developed ad-hoc reports using SAS/SQL queries and MS Access and Excel.
* Provided AGILE project management controls, project plans, timeline schedules, facilitate RAD sessions, and review software defects.
* Full knowledge of the Diagnosis and Procedural Code changes for Healthcare Entities like Payers, Employer Groups, and Providers. Worked on ICD 9 codes and gathered future requirements based on ICD 10 codes. Managed creation of sample mappings for the conversion of EDI X12 transactions code sets version 4010 to 5010 and translation of ICD 9 codes into ICD 10 codes.
* Gathered requirements from the users and analyzed the requirements for RQ System, Facets etc.
* Gathered and documented functional requirements for testing and verification of HIPAA.
* Web Portal Development – Worked as a Business Analyst gathering requirements to develop a referral portal.
* Worked on As-Is To-Be analysis of ICD9 to ICD 10 conversion for the new qualifiers used in the 837 claims for the diagnosis and procedure/HCPCS codes.
* Designed, developed and tested data mart prototype (SQL), ETL process (SSIS) and OLAP cube (SSAS)
* Documented the UAT Plan for the project and worked with the UAT Team to ensure every acceptance criteria for the requirements has been included in the UAT task plan.

**Environment:** MS Visio, Word, Excel, UML, Oracle SQL Server, PowerPoint, Rational Requisite.

**Catamaran, Rockville, MD**

**Business Analyst Jan-2009-Dec-2009**

Catamaran (formerly SXC/CatalystRx) is redefining pharmacy benefit management (PBM) by providing a broad range of pharmacy spend management solutions and information technology capabilities by providing software applications, application service provider (ASP) processing services, and professional services. Involved in multiple projects that was based on creating an applications by automating and processing the claims.

**Responsibilities:**

* Involved in complete cycle of SDLC and lead the team when needed.
* Worked with PMO to establish scope, research new technologies, create and update processes.
* Facilitated JAR/JAD sessions to understand and gather requirements.
* Discussed and applied Agile (Scrum) methodologies, indicative to System Development Life Cycle (SDLC) with Project Manager and Senior Business Analyst.
* Worked on new implementations and migration projects.
* Assisted in release plan and iteration plan for the project while working with the stakeholders.
* Worked on adjudication and on eligibility- Enrollment, Billing, Group/Member Insurances
* Analyzed adjudicated claims to ensure accuracy
* As a part of operational production support team, received work request tickets for resolving on daily basis.
* Used Teradata SQL Assistant to run SQL queries and validate the report's data
* Provided weekly project status report to project manager and project presentation to the high level management on monthly basis.
* Facilitated Joint Application Development (JAD) Sessions for communicating and managing expectations.
* Involved in analysis of requirements for Medicaid and Commercial line of businesses.
* Designed SSIS Packages to extract, transfer, load (ETL) existing data into SQL Server from different environments for the SSAS cubes.
* Assisted to create UI prototypes, Wireframes and Mockups.
* Represent Benefit Design on cross-departmental projects. Participate in workgroups, attend planning meetings and determine benefit plan set up requirements in Rx Claim, as appropriate.
* Wrote test cases and test scripts for the User Acceptance Testing (UAT
* Good knowledge in BI (Business Intelligence) tools like SSIS, SSAS and SSRS to perform ETL.
* Analyzed and Prioritized permission levels based on roles of user and created blueprint of system architecture for the web-based application created for internal users/Prepared graphical depictions of use case diagrams and process flow diagrams.
* Tracked daily issues and dependencies and coordinated with common team to work on the impediment list.
* Worked with change control board to initiate/manage change requests
* Played major role to create the Business Requirement Documentation (BRDs), using MS Word and MS Visio that provided appropriate scope of work for technical team to develop prototype and overall system.

**Environment:** Agile, SharePoint, MS Visio, MS project, XML, UML, Oracle, MS SQL Server MS SQL Server, MS Office

**EDUCATION:**

Virginia Commonwealth University- Richmond, VA

Bachelor of Science in Bioinformatics- 2008