**THANWIR ZAKARIA**

thanwirzakaria.ba@gmail.com

Cell: 408-610-8933

**Summary of Qualifications**

* Qualified professional with **over Eight years** of extensive experience in the field of **Business Systems Analysis**, working with the technical staff to implement management and staff's business requirements into the software application in **Healthcare Industry.**
* Highly motivated team player with excellent communication, presentation and interpersonal skills, always willing to work in challenging and cross-platform environment.
* Experience in B2B, B2C and Ecommerce portals web application developments.
* Experienced as a **Business Analyst** in using the iterative software development life cycle principles of **Rational Unified Process** to manage, develop and test distributed client/server, internet and intranet applications on heterogeneous environments.
* Highly proficient in working with users to gather requirements, analyze them and subsequently use the **Rational project and design tools** to **model** the requirements.
* In-depth knowledge of creating **use cases, functional design specifications, activity diagrams, logical, component and deployment** views to extract business process flow.
* Experience with**SOX**, Regulatory Compliance and Controls.
* Strong understanding of project life cycle and **SDLC** methodologies including **RUP, RAD, Waterfall** and **Agile.**
* Proficient in using **Agile Scrum methodologies**, performed roles of Scrum Master following sprint/standup sessions and used Excel extensively to write user stories, analyzed the Iteration Burn Down charts and reviewed defects.
* Interviewed **SMEs** and **Stakeholders** to get a better understanding of client business processes and gather business requirements.
* Conducted **JAD** sessions, created **Use Cases**, **work flows, screen shots and Power Point presentations** for the Web Applications
* Gathered and documented **Non-functional requirements.**
* Knowledge of healthcare standard Health Level Seven **(HL7).**
* Experienced in preparing **Business Process Re-engineering Models**
* **Excellent knowledge of**HIPAA EDI transactions such as 835, 837 (P, D, I) 276, 277, 278 etc.
* Experienced working in **Medicare and Medicaid projects.**
* In depth knowledge of **SDLC and i**mplementation of the Rational Unified Process (RUP) in all four phases of a project: **Inception, Elaboration, Construction and Transition.**
* **Excellent Working knowledge of HIX, MMIS and Facets.**
* Conducting requirement gathering sessions, feasibility studies and **Impact Analysis** and organizing the software requirements in a structured way using **Rational RequisitePro** to track development.
* Interacting regularly with the development team, creative services, database designer, system administrator and the higher management to meet the deadlines of Project milestones.
* Worked in close co-ordination with the testing team in developing **test plan and test cases** from functional and business requirements.
* Expertise in understanding and supporting the client with **Project Planning, Project Definition, Requirements Definition, Analysis, Design, Testing, System documentation and user training.**
* Used **Rational ClearQuest** for tracking and prioritizing defects and for enhancements after base lining the requirements.
* In depth knowledge of **Medicare/Medicaid Claims** processes from Admin/Provider/Payer side which were later part of the training program to vendors.
* Well versed in writing queries/Scripts for **Data Analysis and QA** reporting and testing.
* Good knowledge of **Workflows** and **Content Management Tools.**
* Experience in **Change Management Process** (Identify, Analyze, Evaluate, Plan, Implement, Review and Close).

**Technical Skills**

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| --- | --- | --- |
| MS Word, Excel, Visio, Project | Rational Rose | Rational Requisitepro |
| UML, XML | Oracle | Java |
| Visual Basic | Facets | Sharepoint |
| Documentum | Filenet | Clear Case, Clear Quest |
| Testmanager | Rational Suite | SQL Server, SSIS, SSRS |
| CMS | PowerDesigner | JIRA |
| HP Quality Center/ALM | RUP | **SDLC, Agile, Scrum, Waterfall** |

**Professional Experience**

**Well Care, Tampa, FL Sep 2014 – Present**

**Sr. Business Systems Analyst**

The goal of the project involved HIX member’s enrollment, billing claims and customer services process that are required to participate in the federal health insurance exchange (HIX). This exchange was according to the compliance with Patient Protection and Affordable Care Act (PPACA). The project employed RUP methodology.

**Responsibilities:**

* Gathered user and business requirements through open-ended discussions, brainstorming and prototyping to achieve the following goals.
* Involved in configuration of **FACETS Subscriber/Member**application
* Worked on **FACETS**Data tables and created audit reports using queries. Manually loaded data in **FACETS**and have good knowledge on **FACETS** business rules.
* Prototyped the automation and enhancement of the manual processes in member enrollment, terminations and   reconciliation
* Establish business processes and supporting infrastructure to onboard new members
* Facilitated JAD sessions for Updating Member Billing capabilities / processes and reporting, Updates to Delegate/Vendors Interfaces, Develop / Enhance Call Center and Customer Service Processes
* Prepared Future Process Models that includes modeling of all the activities of business from (a) Enrollment, Initial Billing and Payment and (b) Post Enrollment, Subsequent Billing and Payment
* **Ensured billing and premium collection are modified to support 820 HIPAA transactions set.**
* **Involved profoundly in the GAP Analysis organizations’ current systems’ capabilities and future system requirements for facilitating connectivity with the Exchange.**
* Enhanced 834/999 EDI file transfers to enable transfer of member data with Exchange platforms.
* Prepared Business Requirement Documents (BRD) as well as high-level project plans and used Rational RequisitePro to manage, analyze, and convert business requirements into functional specifications.
* Tested the changes for the front end screens in **FACETS** related to following modules, test the **FACETS** batches (membership)
* **Worked with Health Care Reform / Customer Service team to establish a dedicated Customer Service Model to address member needs at each point in the customer experience (pre enrollment, during enrollment, post-enrollment etc.).**
* Worked on different EDI scenarios for batch processing and ensured day-to-day EDI transmissionreject tracking and Reconciliation.
* Analyzed System Impact including MMIS Tables, Windows, Reports and Interfaces to external entities.
* **Tested the ability to accept an 834 electronic application and validate complete transactions.**
* Tested the ability to store Identification number received from the Exchange and create a unique identifier for members received through the Exchange.
* Worked with IT in developing a new capability that will allow tracking new HIX membership’s alignment across their consumption and utilization within organization’s plans/products
* Used Rational Clear Case to keep different versions of the documents and Rational Clear Quest to report bugs or defect.
* **Maintained a Requirements Traceability Matrix (RTM) in order to keep the clients and all the teams up-to-date with the current progress of the project.**
* Assisted the QA team in designing the test plan and test cases.
* Involved with reviewing defects reported from UAT efforts and analyzed for root cause and took actions based on the findings.
* Conducted final Business Process (As Is/To Be) sessions with various department directors and staff to ensure the Testing Plan and Test Approach has met the User’s expectations and ensured the Training Program covered all identified new and changed processes.

**Environment:**Rational Rose, Rational Requisite Pro, UML, MS Office (MS Word, MS Excel, MS PowerPoint, MS Visio), Visual Basic, Windows, Java, Oracle, VB.Net, RUP.

**Blue Cross Blue Shield of Michigan, Detroit Jan 2013 - Aug 2014**

**Business System Analyst**

The largest health insurer in Michigan: 4.4 million members, or more than 40 percent of the state’s total population (with 1.1 million more members in other states).

Focus in this project was to migrate from ICD9 codes to ICD10 code as a result of the healthcare laws imposed by the US Government. Our team was assigned with the task of changing the codes to accept the new Diagnosis and Procedure codes.Assignments also include working with **Payer Organizations** (**Insurance Companies) on** **upgrading projects** (**ICD-9 to ICD-10; FACETS**).

**Responsibilities:**

* Successfully used **Agile/Scrum Method** for gathering requirements and facilitated user stories workshop. Documented User Stories and facilitated Story Point discussions to analyze the level of effort on project specifications

1. Major involvement in **requirements elicitation**, **documentation** and **management process using Rational Requisite pro.**
2. Conducted **JAD** sessions with the stakeholder for requirement gathering that includes business presentations.
3. Worked extensively through **Agile development methodology** by dividing the application into iterations
4. Lead the impact analysis, scope lockdown, and requirements gathering phases of the company's transition from **ICD-9 to ICD-10** and development phase management of transition from **HIPAA 4010 to HIPAA 5010**.
5. Get the **Facets**Claim IDs from X12 in HTM, HP environment and verify them in **TIBCO** layer and **Facets**Claim Adjudication system.
6. Particularly worked on **UML modeling** and **Systems Documentation** (Requirements, Functional Specs and System Design).
7. Used **Rational Rose 2003** and **Rational Requisite Pro** to make vision document.
8. Identified **Functional** and **Non-Functional requirements** and Created **Process Workflows**.
9. Did an impact analysis on the programs impacted by this change and list out the changes in the copybook.
10. Contributed extensively in developing **Use-case**, **Class** and **Sequence Diagrams**.
11. Involved in **risk identification** and **mitigation** and creating **Risk Management Plan**.
12. Worked on **JIRA** to create bug reports.
13. Wrote test plans for this requirement and unit tested the code.

**Environment:** UML, MS Visio, MS Word, HP Quality Center/ALM, MS PowerPoint, COBOL, JCL, File manager, Expeditor.

**Aetna Inc., Hartford, CT May 2011 – Dec 2012**

**Business Data Analyst**

Aetna undertook the highly complex and company-wide project named Medical Loss Ratio (MLR). MLR is a provision under Affordable Care Act (ACA) which requires that 80-to-85% of the money collected by insurance companies be spent on health care services and health care quality improvement. Insurance companies that are not meeting the medical loss ratio standard will be required to provide rebates to their consumers proportional to the premium amount paid by the enrollee.

A new MLR database is being created as part of this project, which will store data from the different Plan/Member/Billing systems to support rebate calculation and distribution. UI is being developed which could be used by business to validate data prior to distribution to ensure compliance with the federal law.

This project involves Business Analysis for the different Plan/Member/Billing applications to bring in data from these different systems into the MLR database to enable calculation of rebates. The focus is on bringing data at different levels in the different systems to common level in MLR DB so that it could be used for MLR purposes.

**Responsibilities:**

* Develops End-to-End Business Process Flows for data flow from different systems into MLR DB
* Facilitates Joint Application Development (JAD) Sessions for communicating and managing expectations from SME's and Business Owners
* Organizes technical sessions with Solution Architects, Plan/Member/Billing SME's and Business Owners
* Manages requirements in Requisite Pro and Rational Clear case.
* Works with the Development and Solution Architect team to ensure understanding adherence to the user requirements
* Transferred data from various sources like MS Excel, MS Access, and SQL Server using **SSIS** and then created reports using this data using **SSRS**.
* Configured and maintained Report Manager and Report Server for **SSRS.**
* Facilitates the review meeting with business analysts and SME's.
* Takes responsibility for the requirements and follows up with the testing team to validate
* Makes changes to requirements and use cases based on testing results and working with PM to submit change control if required
* Performs Defect Tracking, GAP analysis, Risk closures and Change Control Procedures
* Works with the Project Manager on various Project Management activities like Resource Planning, Resource Request, keeping track of Project Status, Deadlines and Issues.
* Managed off-shore project teams to ensure the timely delivery of quality products /functions which met user requirements.
* Managed multiple projects and tasks simultaneously in a high-pressure environment.
* Extensively worked with Enterprise **Content Management and Data models and Meta data definitions for content management**.
* Helped business in coordinating handling of manually booked paid premium transactions in GL in MLR DB.
* Helped business in validating data on files from different systems.
* Worked on **Documentum** and used it for Version Control.
* Rescued a new User Interface UI for resolving **Medicaid encounter submissions**. Corrected and enhanced business requirements and functional specifications.
* Managed all phases of testing including development of test plans, scenarios, data, and test scripts for facilitation of System **Integration Testing (SIT) and User Acceptance Testing (UAT)**.
* Validating QA testing results with business being tied up with other critical activities.
* Helping architects/development teams to solutions in quick time using prior expertise on Plan systems.
* Providing warranty support and UAT support for business
* Coordinating with and addressing development/testing team queries.

**Environment:** SQL Server, Windows XP, Rational Rose, Rational Requisite Pro, Rational TestManager, Clear Case, Clear Quest, UML, XML, Rational Suite, MS Visio, SharePoint, CMS, Documentum, Filenet, MS Project, MS Office (MS Word, MS Excel, MS PowerPoint

**Universal Health Services (UHS), Las Vegas, NVJan 2010-Apr 2011**

**Sr. Business System Analyst**

The project was to upgrade an online management web application that allowed the providers to automate tasks like Patient Management, Appointment Scheduling, Reporting, and Filing Claims through EDI (ANSI) X12 transaction sets in compliance with HIPAA standards. The other aspect of project included mapping data for conversion of HIPAA 4010 to 5010.

**Responsibilities:**

* Used **Agile/SCRUM** for managing the SDLC for project.
* Used **Rational TestManager** throughout the project for testing, planning, execution and reporting.
* **Conducted requirement gathering** sessions with the purpose of creating and defining the Business Requirement Document (**BRD**) and the Functional Requirement Document (**FRD**).
* Recommend changes for system design, methods, procedures, policies and workflows affecting **Medicare/Medicaid** claims processing in compliance with government compliant processes like HIPAA/ EDI formats and accredited standards ANSI.
* ments. Followed top down, leveled technique for building **Business Process Models (BPM).**
* Tracked stakeholder requested enhancements and changes using **Requirement Traceability Matrix (RTM).**
* Conducted interviews, live meetings and **JAD** sessions with business users and **Subject Matter Experts** (**SME’s)** to understand the As-Is system and gather requirements for the To-Be system.
* Analyzed the laws and regulations (**HIPAA, HL7, EDI X12**) before implementing the electronic medical record software Analyzed Claims adjudication related transactions like **835, 837, 270, 271, 276 and 277** transactions (both inbound and outbound)**.**
* Implemented SDLC, which included requirements specifications,**SPRINT**, design, analysis and testing. **Agile/SCRUM.**
* Managed the testing phase (inbound and outbound) with various **Medicaid claims, group claims by various employers**, Pharmacy Benefit Management (PBM) claims etc.
* Organized daily **scrum** calls to keep the team on track and the stakeholders updated.
* Assisted in writing **test case** scenarios, developed Use Cases, **Activity Diagrams, Sequence Diagrams** and **End to End Scenarios** using **UML and MS VISIO**. Planned and defined system requirements to Wire Frames with **Use Case Scenario** and Use Case Narrative using the **UML** (Unified Modeling Language).
* Excellent skills in **Data Warehouse** Application software, using **Data Warehouse Design,** Analysis, Architecture.
* Tested the **Medicaid Encounter submission** process due to a SQL and server upgrade.
* Developed **ETL** logic to transfer data from systems to the **Data warehouse** environment using the available **ETL** code and tool set for implementation.
* Analyzed trading partner specifications and authored **Companion Guide.**
* Documented, organized and tracked the requirements using **Rational RequisitePro**.
* Worked with Source system Subject Matter Experts (**SMEs**) to ensure that the extracts are properly mapped.
* Developed detailed gap requirements to bring the project up to speed including details **content data model documentation and application flow**.
* Documented various key elements of **HIPAA compliance** and made sure that they were understood by the development teams and ensured that the test cases written for the project were **HIPAA** complaint.
* Worked on **JIRA** to create bug reports.
* Managed all phases of testing including development of test plans, scenarios, data, and test scripts for facilitation of System **Integration Testing (SIT).**
* Extensively used **SQL** for data extraction and took part in **User acceptance Testing (UAT)**.

**Environment:** SQL Server, Windows XP, Rational Rose, Rational Requisite Pro, Rational TestManager, Clear Case, Clear Quest, UML, XML, Rational Suite, MS Visio, CMS, Documentum,JIRA, SharePoint, MS Project, MS Office (MS Word, MS Excel, MS PowerPoint

**Great-West Life & Annuity Insurance, Greenwood Village, CO Jan 2009- Dec 2009**

**Business Data Analyst**

Great-West Life & Annuity Insurance Company serves full range of managed healthcare, life and disability insurance, and retirement savings products and services.

This project involved development of a system that gives full information regarding benefits, plans offered by the company, educate people about diseases, prevention, Users can enroll and can avail the benefits offered.

**Responsibilities:**

* Met with client groups to determine user requirements and goals. Utilized Rational Unified Process (RUP) to configure and develop process, standards, and procedures.
* Analyzed business requirements and segregated them into high-level and low-level Use Cases.
* Derived Functional Requirement Specifications (FRS) based on User Requirement Specification URS. Understand and articulate business requirements from user interviews and then convert requirements into technical specifications.
* Interviewing Subject Matter experts, asking detailed questions and carefully recording the requirements in a format that can be reviewed and understood by both business people and technical people.
* Resolved or escalated business process issues, item management issues or technical issues.
* Worked with Management to create and communicate mission-critical information to user community through emails.
* Followed the UML methods to create Use Cases.
* Conducted technical/non-technical presentations to the management and training workshops for the clients.
* Monitored the development and testing process to ensure that final product meets all the desired functionality requirements.
* Thorough documentation of the entire process along with all its activities.

**Environment:** SQL Server, Windows XP, Rational Rose, Rational Requisite Pro, Rational TestManager, Clear Case, Clear Quest, UML, XML, Rational Suite, MS Visio, SharePoint, MS Project, MS Office (MS Word, MS Excel, MS PowerPoint

**Astra Zeneca, Woodland Hills, CA Jan 2008- Dec 2008  
Business Analyst**

AstraZeneca is a global, innovation-driven biopharmaceutical business with a primary focus on the discovery, development and commercialization of prescription medicines. AstraZeneca operates in over 100 countries and its innovative medicines are used by millions of patients worldwide. My project was to replace AstraZeneca platform with new IVR, CTI, and speech hardware and software to improve the caller’s experience in navigation and information access. The new IVR directly integrate the new technology with existing Avaya switch & communications manager which improves the use of speech recognition technology, integrate with existing web services for self-service functions, improve reporting capabilities within the IVR and integrate with the CRM system.

**Responsibilities:**

* Created and reviewed **business requirements, functional specifications, project schedules and documentations.**
* Prepared **Business Process Models (BPM)** that includes modeling of all the activities of the business from the conceptual to procedural level.
* Involved in **gathering, analyzing and documenting** business requirement, specifications and **Requirements Traceability Matrices (RTM)** throughout the project lifecycle.
* Facilitated **JAD sessions** with management, development team, users and other stakeholders to refine functional requirements.
* Prepare schedule workflow following **agile methodology** of software development.
* Involved in constructing an integrated **IVR CRM** (Customer Relationship Management) application to provide system access to real time customer data and information.
* Performed **Gap Analysis** to identify the gap between the optimized allocation and integration of the inputs, and the current level of allocations, **cost analysis**.
* Extensively used **SharePoint** for project documentation
* Reproduce, verify and validate issues documented in a defect tracking system and writing tractability matrices based on use cases and **business requirements (BRDs)** performed the requirement analysis and documented the requirements using Rational Requisite Pro.
* Involved in designing and developing **Data Models** and **Data Marts** that support the **Business Intelligence, Data Warehouse.**
* Created **use case models,** analysis models, implementation models, authored use cases, use case diagram, behavior diagrams(sequence diagrams, activity diagrams) based on **UML methodology using Rational Software Modeler and MS Visio.**
* Solid understanding of computing environment, systems engineering concepts, architectural framework diagrams, QA testing, building test plans, test cases, scripts, UAT, **systems integration** with multiple sources including outside vendors.
* Analyzed the **test results** from **QA teams** using Performance Studio Analysis to create various scenarios.
* Involved in **UAT sessions** to test and validate the system with stakeholders.
* Interacted with the compliance and audit team to make sure we were following correct HIPAA guidelines/protocols throughout the project lifecycle.