**Usman Inayatullah**  
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**PROFESIONAL SUMMARY:**

An assertive professional with 6+ years of practical experience, good understanding of a diverse range of Business Solutions and their applications who possesses good presentation, client Interaction, requirement gathering and analysis. Objective is to work in an environment where I can assist to design, implement and support high quality Software Development Projects. Work with end clients to define needs and to develop clear business solutions, to gather and analyze quality data to assist management in making informed, high quality decisions

* Experience in the field of information systems as Business Analyst and worked extensively in various domains and technical environments
* Knowledge of the SDLC models such as Waterfall, Agile.
* Writing & documenting Business Plan, Business Requirements Document and Functional Specification Document
* Expertise in translating user requirements into System Specifications.
* Conductedrequirement analysis techniques such asBusiness Process Automation, Business Process Improvement, andBusiness Process Re-engineering.
* Experience in Use Case design and analysis, Use Case specifications, Scenarios, Business processes, Class diagrams, and Activity Diagrams and technical documentation, using Unified Modeling Language (UML), MS Office Suite, and Rational Suite.
* Requirement gathering through interviews, workshops, JAD sessions with clients, developers and QA Analysts and referring to existing system documentation and procedures.
* Ability to gather and document Business Requirements, experienced in writing Use Cases. Proficiency in SDLC, understand the workflow concept, ability to gather and document the 'As-Is' and 'To-Be' processes.
* Proficient in maintaining Test Matrix and Traceability Matrix and performing GAPanalysis.
* Good knowledge of SQL queries.
* Experience on Web services to combine component based development and Internet standards and protocols that include HTTP, XML, SOAP and Web services Description language
* Involved in various HIPAA testing and validation for EDI transactions using **820, 834, 835, 837, 270/271, 267/277, 278**
* Functional experience in health Care Industry with vast knowledge on Medicare and Medicaid.
* Expertise in creating the companion guides on various EDI transactions.
* Strong understanding of EDI Claims, Member Enrollment, Eligibility, and HIPAA.
* Experience with various modules like membership management, premium billing, enrollment, claims processing & adjudication, benefits administration within Healthcare industry
* Tested the Professional, Institutional Claims processing and adjudication and validate data with facets.
* Good knowledge of Health Insurance Plans and Expertise in determining the membership eligibility, billing experience within life and disability in health plans.
* Well versed with Data Migration, Data Conversions, Data Extraction/ Transformation/Loading (ETL) using DTS, PL\ SQL Scripts.
* Strong Knowledge on MS Office suite, MS Visio, MS Project, and MS Access
* Good working knowledge of major Operating Systems such as Windows and UNIX
* Good Management, Execution and Documentation skills.
* Knowledge of SQA (Software Quality Assurance Testing) Methodologies and various testing tools: QTP and HP QC.
* Experience in managing requirements from project inception through release.
* Successful as a team player to work in conjunction with other DBA’s, testers, developers and other team members in validation and testing complex scenarios and projects and in the maintenance of Quality Standards in projects.
* Expertise in Analysis of Problem Severity, Defect tracking and reporting system.
* Interacted with client regarding project status and feedback on UAT and discussed the information with the development team.
* Identifying and documenting critical requirements through analysis of the department’s workflow and information flow.
* Highly motivated, organized and results and detail oriented with good interpersonal, communication and presentation skills. Proven capability of adapting to new and fast changing technologies.

**TECHNICAL SKILLS:**

**Project Methodologies:**  Agile, Waterfall, UML, RAD

**Business Modeling Tools:** MS Visio

**Database: O**racle

**Requirement Management Tools:** Quality Center, QTP

**Defect Tracking Tools:**  Rational Clear Quest, Quality Center

**Operating Systems:** SQL, XML, HTTP, Java,

**Languages/Standards** Windows XP/2000, UNIX

**Business Applications:** MS Project, MS Visio, Microsoft Office Suite

**PROFESSIONAL EXPERIENCE:**

**Client: Aetna Health Care, Hartford , CT Duration: May 2013 – Jan 2016**

**Position: Sr. Business Analyst**

**Description:** Aetna is promoting the health and well-being of the residence of Connecticut. I was involved in the data mapping and enhancement of the two systems when the company decided to migrate to new version of Facets.

**Responsibilities:**

* Gathered Business Requirements, reviewed design requirements to validate the Health Exchange /Medicaid/ICD projects to meet the entire requirement.
* Elicited functional and non-functional requirements, conducting and facilitating requirement sessions
* Participated and led daily stand-up meetings in line with Agile Scrum methodology.
* Worked on Configuration Management, Requirement management and analysis.
* Collaborated in building a business analysis process model using Rational Rose and Visio.
* 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.
* Involved and led as a Scrum Master in daily scrum meeting to discuss any roadblocks or impediments in the project path.
* Worked closely with the business team, development team and the quality assurance team to ensure that desired functionalities will be achieved by the application.
* 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 for changes submitted for the BRD once the document was submitted to IT department.
* Wrote business case scenarios for HIPAA EDI Transactions.
* Supported new business requirements by extending the functionality of the core Facets system using the Facets extensibility architecture feature.
* Involved in FACETS Implementation, including end to end testing of FACETS Billing, Claim Processing and Subscriber/Member module.
* Involved in writing complex SQL queries to check the data integrity
* Worked on design and implementation for the Participant Management module of Curam and Data migration from an existing system.
* Assisted customers on their Data migration to new or revised system, applications and platforms.
* Created Data for XML Requests in Soap UI.
* Tested web services by generating XML SOAPUI Requests and validated the corresponding XML SOAPUI Responses
* Inspected and worked on HTTP web services application and on SOAP APIs.
* Tested data to check HIPPA- eligible & participation check for individual coverage.
* Logged defects in Quality Center (QC) and interacted with the developers to resolve technical issues.
* Involved in writing the Test Cases and Test Scenarios based on the Functional Specification and Technical Specification in Excel and exported them in HP Quality Center.

**Environment:** Quality Center, IBM Mainframe, Agile, HIPAA standards, XML, Facets, Oracle on Windows, SQL, MS Outlook, Java, HTML.

**Client: Humana, Louisville, KY Duration: May 2012 – March 2013**

**Position: Business Analyst**

The project was to enhance claims process, coordination of benefit & pricing process. I also managed Medicaid and Medicare Services, CMS and Health Assessment Systems.

**Responsibilities:**

* Created and maintained Project Scope Agreement (PSA), BRD, and FRD.
* Converted Business Requirements to the Functional Specification.
* Helped to communicate business priorities to the organization to effect business solutions.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for Medicaid Claims.
* Involved in gathering clinical data and supported application development. Data includes patient’s admission status, discharge details and transfers. Also tested claims and diagnosis reports of the patient.
* Prepared Business Process Models that includes modeling of all the activities of business from the conceptual to procedural level.
* Participated in process of preparing verification master plan to describe clearly and concisely the company’s philosophy, expectations, and approach to be followed. Met with users to generate and review business test cases.
* Created Use Cases, Activity Diagrams, State Chart Diagrams, Sequence Diagrams thus defining the Data Process Model and Business Process Mode.
* Introduced Agile methodologies to reflect liquid nature of front-office improving time-to-market.
* Conducted JAD Sessions to develop an architectural solution that the application meets the business requirements, resolve open issues, and change requests. Implemented and monitored Individual Development Plans focusing on total performance, including both quality and productivity.
* Created mapping documentation for the data migration and XML based integration with core systems.
* Designed and implemented HIPAA 835 Payment Advice Transaction, 837 Health Care Claim Transaction. Populated ICD-9, EDI X-12 transaction sets 835, 837, 270, 271, 276, 277 and 5010, responsible for Claims processing, coordination of benefits and pricing process.
* Monitored client expectations through client involvement and communication throughout the lifecycle of the project; educate clients and stakeholders on the benefits and risks associated with the project
* Worked with the Quality Management team to ensure that requirements documentation can be easily translated into test plans, and ensure that the proper testing plans have been completed.

**Environment:** RUP, Visio, MS Office, MS Project, Agile, Windows

**Client: Blue Cross Blue Shield of Louisiana, Baton Rouge, Louisiana Duration: Sept 2010 – March 2012**

**Position: Business System Analyst**

**Description:**The Health Insurance Portability and Accountability Act (HIPAA) requires that all health insurance payers in the United States comply with the electronic data interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services

**Responsibilities:**

* Developed technical design documents and mapping documents for implementing health care HIPAA transactions like 834, 837I, 837P, 837D, 997,270, 271, 276, 277.
* Streamlined Claims (837, 820 EDI X12) Migration project by gathering functional specifications.
* Successfully used Agile/Scrum Method for gathering requirements and facilitated user stores workshop. Documented User stories and facilitated Story Point discussions to analyze the level of effort on project specifications performed unit/integration testing and production migration for 5010 changes.
* Involved in preparing test cases, test scripts based on use cases and BRD documents and high level X12 5010 based business requirements.
* Used QTP to write Data driven test scripts to handle positive and negative sets of data.
* Created test data for EDI 837I, 837D, 837P to have Segments/loops information with different combination of Submitter, Receiver, Billing Provider, Pay-To-Provider, Subscriber, Payer, Patient, Claim Information, Physicians, Referring Provider, Service Line Info, Adjudication Information
* Wrote SQL queries to validate data in database and Facets.
* Experience in writing the test cases and test plans for Facets.
* Involved in Data mapping to/from legacy to Facets that will be used to populate the database
* Involved in writing extensive SQL Queries for back end testing Oracle database.
* Involved in configuration changes in Facets testing
* Performed QA Acceptance testing for test workflows with business users and performed data encryption testing as per HIPAA guidelines to ensure the privacy, security and confidentiality.
* Played major role in 24/7 production support for EDI transactions like 834, 837I, 837D, 837P, 270, 271, 276, 277.
* Processed EDI 837P, 837I, 834 and 837D transactions, verified 837 transactions were converted correctly to XML file format and verified the claims data loaded to Facets for further processing
* Extensively used HP Quality center for defect tracking management of test cases.
* Created Test Suite, added assertions in Soap UI tool to validate the response XML.
* Used SYBASE to view tables, indexes, stored procedures. Triggers etc.
* Communicated with business and development teams to resolve issues during test execution and ensured enhancements meet established quality and end user needs.
* Logged the errors, reported defects, determined repair priorities and tracked the defects until resolution using Mercury Quality Center.
* Extensive knowledge of Test Matrix, Traceability Matrix.
* Quality Center was used to create the test plan, store test cases and run the test sets.
* Used Quality Center to analyze, track and report defects.
* Worked on uploading all the Test cases to the Quality Center for the current and prior releases.
* Responsible for performing System and integration testing for release.

**Environment:** Quality Center, IBM Mainframe, HIPAA standards, XML, Agile, Facets, Oracle on Windows, SQL, MS Outlook, Java, HTML.

**Client: Meridian Health Care Management, Schenectady, NY Duration: May 2009- Aug 2010**

**Position: Business Analyst**

**Description:** 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 can send their claims over the Internet. This is a legacy conversion system, which initiates all the necessary procedures, standardizes and validates the data according to HIPAA regulations, and provides error processing for the transactions that could not be fully processed through the system. I worked in a project involving Electronic Claims (EDI) Handling and Transaction Processing of Claimants' records and tracking and removing duplicate claims.

**Responsibilities:**

* Performed stakeholder analysis to identify key players for project success
* Identified and involved all key stakeholders, contributors, business, operations and technical resources that must participate in a project and ensured that contributors are motivated to complete assigned tasks within the parameters of the project plan
* Played an active and lead role in gathering, analyzing, and writing business requirements.
* Followed the Agile Development methodology throughout the SDLC.
* Collected and documented business processes as well as business rules. Provided key input in working with users in defining project and system requirements.
* Translated the business needs into functional requirements and communicated with the business users on a non-technical level
* Gathered and documented data migration/cleansing scope and requirements.
* Perform data reconciliation post data migration from legacy system into the new system.
* Analyzed and worked with HIPAA specific EDI transactions for claims, member enrollment, billing transactions. Worked specifically on EDI Health Care Claim Transaction set (837)
* Ensured Use-Cases were consistent and covered all aspects of the Requirements document.
* Designed and developed scenarios based on business requirements.
* Created and managed project templates and used case project templates.
* Worked on Unix Platform and experienced in back end testing by executing SQL Queries.
* Checked the data flow through the front end to backend and used SQL Queries to extract the data from the database.
* Carried out User Acceptance Testing (UAT).
* Conducted reviews with all the stakeholders to ensure that the data warehouse meets requirements and Service Level Agreements (SLA).
* Performed Integration and regression testing along with testers.
* Assisted with Test Cases and developed strategies with Quality Assurance group to implement them.
* Efficiently responded to client inquiries and resolved discrepancies.
* Collaborated with Quality Assurance Analysts to track defects.
* Maintained Repository for requirements documents.