**Ammad Hassan Baber**

**PROFESSIONAL SUMMARY:**

* Over 7+ years of industry experience as a Business Analyst with solid understanding of Business Requirements Gathering, Business Process Flow, Use Case modeling using UML, System Development Methodologies, Business Process Modeling and experience in HIPAA 4010 and 5010 EDI healthcare transactions like 837, 835, 834, 270, and 271.
* Expertise in **Business Analysis, GAP Analysis, Data Analysis, Business Rules and developing and creating business process documents**.
* Proficient in preparing Business Requirement Document (BRD), Software Requirement Specification (SRS), Functional Specifications, Use Cases, and User Manuals.
* Good knowledge of important and frequently used UML diagrams such as Use Case Diagram/Template, Activity Diagrams and Sequence Diagrams.
* Experience in using Joint Requirement Planning (JRP) and Joint Application Development (JAD) sessions for gathering requirements and brainstorm ideas.
* Experience in the Healthcare Industry with domain knowledge on practice management, physician & patient web portals, **Electronic Health Records**, RCM **/Claim processing**, e-Prescription process, **HL7**, **ICD-9/10**, **HIPAA 5010** compliance and **Healthcare Insurance** payer process.
* Medical Claims experience in Process Documentation, Analysis and Implementation in 835/837/834/270/271/277/997(X12 Standards) processes of Medical Claims Industry from the Provider/Payer side.
* Strong background in developing data mapping, Data Profiling and identifying bottlenecks of sources, mappings, targets.
* Sound knowledge of **HIPAA 4010** to**5010** migration and **ICD 9** to **ICD 10 codes** conversions.
* Well experienced with the complex tasks of ICD 9 to ICD 10 conversion and mapping.
* Experience providing analysis for business processes running on EDI (Electronic Data Interchange) standard.
* Knowledge of different modules within Healthcare Claims Adjudication Process (Membership process, billing process and enrollment & Claims process).
* Excellent experience in 837 – Claims processing and Encounters, 834 – Benefit Enrollmentand Maintenance, 835 - Claim Payment/Advice
* Ability to supervise and make sure testing is done with regards to requirements of the project.
* Strong understanding of data quality assurance processes and procedures.
* Created data flow diagrams, data mapping from Source to stage and Stage to Target mapping documents.
* Analyzing and validating Data from different Data Sources, which involved creating of number of Tables.
* Firm understanding of **HIPAA** regulations and experienced working in all phases of healthcare insurance processing like defining Membership **Eligibility** and **Enrollment** and various **Medical** C**laims** processing, including **Medicaid** and **Medicare** claims processing.
* Good knowledge of SQL Server Database and developing SQL queries in Toad and IBM AS400 for Data driven test and backend testing of the project.
* Created Test cases and Test scripts for System Integration Testing (SIT), User Acceptance Testing (UAT).
* Experience in using Quick **test Professional (QTP)** testing for Client /Server, Web and Database Applications.
* Skilled in using change control and bug tracking tools like **TFS and Quality Center** for identifying, analyzing, assigning and documenting defects including version and change control.
* Experience with handling **UAT.**
* Attention to details and ability to prioritize tasks along with excellent project management and problem solving skills
* Skilled at learning new concepts quickly, can work well under pressure and able to communicate ideas clearly and effectively.
* Excellent team player with an ability to perform individually, good interpersonal and analytical skills

**Technical skills:**

**Project Methodologies:** Waterfall, Agile, Rational Unified Process (RUP)

**Business Modeling Tools:** Rational Rose, MS Visio, UML.

**Operating Systems:** Windows 2000, Windows XP, Windows 7, Windows, Unix

**Databases:** Oracle, MS SQL server, DB2,

**Languages:** C, JAVA, Visual Basic, SQL

**Defect Tracking Tools:** HP Quality Center, TFS

**Test Tools:** Quick Test Pro

**Quality Assurance: S**oftware Application Testing Life Cycle

**PROFESSIONAL EXPERIENCE:**

**Newton Wellesley Hospital (Partners Healthcare), Newton, MA May 2013 to Present**

**Business Analyst**

COMPASS was initiated at Newton Wellesley Hospital by Partners’ healthcare. Partner wanted a centralized revenue cycle management across all their hospitals in Compass Project Existing Meditech software was to be replaced with Siemens Soarian products simultaneously maintaining HIPAA compliancy along with claim processing / medical billing between hospital clinical departments and third party payers.

**Responsibilities:**

* Performed impact analysis to identify procedural changes.
* Conducted and substantiated JAD sessions with Business Users to develop new policies and procedures for the Service Catalogue, Charge Capture and Service Work list /Charge Router, Hospital billing, coding, special coding requirements and claim processing.
* Performed GAP analysis between Meditech and Soarian application especially aiming Data Migration and Conversion.
* Worked with BA Lead in reviewing the System Change Documents (SCDs) to identify the differences of IDX LIVE and IDX RM environment.
* Attributed claims processing and payments to third-party providers, monitoring charges and verified correct.
* Streamlined and transcribed denial letters on claims followed-up requests for information.
* Developed an implementation guide for Partners for EDI X12 transactions such as 834, 835,837,270 and 271.
* Regenerated report (if required) using IDX EDI Automation report regeneration tool.
* Modified existing policies and procedures documents for patient access such as Enterprise Scheduling, Patient Check-in/Out and Encounter automation.
* Supported QA team in creating Test Plan and Test Scenarios for Manual Testing.

**Environment:** MS Visio, MS SQL Server ,MS Project , HP Quality Center, Rational Requisite Pro, Meditech, Siemens Soarian

**Healthcare Management Systems, Nashville, TN Mar 2011 - Apr 2013**

**Sr. Business Analyst**

Patient Care in Healthcare Management System is an information technology system that integrates clinical and financial applications on a single IBM platform to over 590 community hospitals nationwide. Patient Care application is also developed in JAVA for CPOE (Physician Order Entry). The HMS system helps caregivers to deliver quality care at the right time and place with an emphasis on improving patient safety and financial performance. It gives healthcare providers a single source solution, which assists them in making timely, and informed clinical and financial decisions, improves the quality of care for their patients, addresses the requirements of external agencies, and increases their productivity and effectiveness.

**Various modules in the system are:** eMAR Medication Administration, Clinical View, eMAR Alert Monitor, OutReach Scheduling, Maintenance, Lab Collect/Receive, Patient Care, Lab Workbench Monitor and Audit.I was involved in the Enhancement team and worked on Amendment, Clinical View, eMARand Computerized Physician Order Entry module and was also involved in the **ICD-9 to ICD-10** conversion project.

**Responsibilities:**

* Conducted meetings with business process owners, SME (subject matter experts) and Trading Partners for requirement gathering.
* Participated in JAD sessions to understand the detailed requirements.
* Created and reviewed functional and technical design documents such as BRD, FRD, Use cases, data models and data flow diagrams, Wireframes using Visio etc.
* Acted as a primary contact in all the phases of Software Development Life Cycle (SDLC).
* Worked on Agile SDLC approach implementation for the complete project life cycle.
* Interacted with Client to accommodate any new change in the requirements as well to discuss the project status.
* Attended daily scrum meetings to update status to the Team.
* Responsible for frequent team meetings to resolve any outstanding issues during the sprint and establish a plan of action for the continuation of the sprint.
* Worked on digital patient record module for testing the Tif files related to Amendments Module.
* Performed GAP analysis for ICD9 and ICD10 by creating crosswalk table conversion.
* Involved in the testing of ICD 9 to ICD 10 code conversion by using GEM (General Equivalence Mapping) tools for forward and backward mappings of ICD 9 – ICD 10 codes.
* Performed manual testing of the applications involved in the Meaning Full use of EHR that was developed on IBM platform (AS 400) and the Java application developed for CPOE.
* Assisted business users in defining test plans and UAT test cases.
* Created Test Plan and Test cases for Regression testing and User Acceptance Testing (UAT).
* Created Test Scripts by referring to Acceptance Criteria in User Stories in MS Team foundation Server (TFS).
* Maintained **Requirement Traceability Matrix** (**RTM**) to make sure that all the requirements was properly translated to test cases.
* Performed Smoke, Functional, white box testing and also written SQL queries for Backend testing.
* Participated in the retrospective meeting after the end of each sprint and also release retrospective at the end of each release.
* Presented the work completed during each sprint in the Sprint Demo session
* Assisted in User Acceptance Testing (UAT), developing and maintaining quality procedures, and ensuring that appropriate documentation is in place.
* Responsible for collecting and analyzing the functional test results and prepared a test summary document that contains Summary and Measure reports.

**Environment:** Windows, XP, IBM – AS 400, MS -TFS, SQL, Java, SharePoint, HLI server, DB2, MS Office, MS Excel, XML, HTML, UNIX

**AmeriHealth Administrators, Fort Washington, PA Aug 2010 –Feb 2011**

**Sr. Business Analyst**

AmeriHealth Administrators offers tailored, cost-effective, third party administration (TPA) solutions for organizations that self-fund, or may be considering self-funding, their health benefits. Highly competitive nationwide health care network savings,integrated, comprehensive health management and consumer-directed health plan options.The purpose of the project was for AmeriHealth Administrators (AHA) to host business processes of AmeriHealth New Jersey (AHNJ) another subsidiary of its parent company, Independent Blue Cross (IBC). The ultimate goal was to reduce business expense and lower healthcare costs - encouraged by the new Affordable Care Act. I was involved in the Enterprise Data Management teamand as a business system analyst; I was responsible for analyzing the business models, identifying the various data sources for data mapping.

**Responsibilities**

* Actively resolved day-to-day technology needs of the business unit with a focus on the analysis of processes with various groups, including business owners, SMEs (subject matter experts) and marketing team, for requirements gathering in definition Stage.
* Worked as a liaison between business users, testers and application development team so that all teams understand business needs and take them into consideration.
* Participated in brainstorming sessions and walkthroughs with subject matter experts (SME).
* Gathered business requirements through interviews, surveys, and observing from account managers and UI (User Interface) of the existing system.
* Created process flow diagrams describing provider and member access to the web portals.
* Involved in business analysis and project management, coordinating between the team members according to the business requirements.
* Analyzed data/workflows, defined the scope, and performed GAP analysis.
* Created and maintained procedures and documentation.
* Prepared Business Process Models that includes modeling of all the activities of the business from the conceptual to procedural level and validated the processes with SME.
* Prepared test plan and test cases. Supported the testing team during the testing stage by conducting user acceptance testing (UAT).
* Worked on data mapping to bring data from one system and reside in another system.
* Created data flow diagrams, data mapping from Source to stage and Stage to Target mapping documents indicating the source tables, columns, data types, transformations required and business rules to be applied.
* Analyzed the data movement between systems in order to validate the Business Requirements.
* Performed Data Analysis and Data validation by writing SQL queries.
* Checked database tables to see whether the data is being updated after the batch process is run.
* Worked with the project manager to estimate best/worst case scenarios, track progress with weekly estimates of remaining work to do, conducting informal meetings ad hoc and as needed.
* Strong experience in conducting User Acceptance Testing (UAT) and documentation of test cases. Expertise in designing and developing test plans and test scripts using MS Excel.
* Provided overall project management to multiple projects successfully completing them on-schedule.
* Developed recommendations and designed solutions for process improvements.
* Contributed in improving the overall customer experience through customer focused business processes.
* Identified bugs during the UAT phase and reported them using Quality Center.

**Environment:** Windows, XP, ETL, MS -TFS, SQL, SharePoint, MS Office, MS Excel, XML, HTML.

**Health Management Associates, Inc., Lancaster, PA Feb 2008– July 2010**

**Business Analyst**  
The project was to enhance and integrate Commercial off the shelf (COTS) web based electronic Health Record (EHR) to increase access, eliminated illegible handwriting related errors, improved quality of care and security, reduced documentation expense and mitigate malpractice liabilities.  
  
**Responsibilities:**

* Facilitated JAD sessions with management, users and other stakeholders to define the project and to reduce the time frame required to complete deliverables.
* Supported Health solution for Cerner corporation- Tier II support for Health Management Associates, Inc., which included IQ Health/Personal Health Record and the Community Health Record. This is the electronic medical record that Cerner offers clients to show claims, show lab results as well as messaging.
* Provided weekly status updates to the senior management.
* Conducted daily meeting with the team to get daily updates.
* Proven track-record of managing ongoing business activity with partners to - achieve a positive outcome for the Company, while building mutually - beneficial relationships
* Validated ANSI x12 files for 837P, 837I, 837D, 835, per companion guides and submitted healthcare claims to the clearinghouses and trading partners.
* Translated healthcare data into X12 per payer companion guide.
* Conducted changes to security and registration, as well as moving the existing functions to a new architectural platform.
* Helped conversion of ICD 9 codes to ICD 10 codes in the existing system.

**Environment:** MS Office, SQL Server, Agile, MS Project, MS Access, Rational Clear Quest, Rational Clear Case, Rational Requisite Pro, Rational Rose, UML, RUP, MS Excel, MS Word, MS Power Point, MS Visio.