**IQBAL SINGH**

**PROFILE**

* Facilitator between Business Systems and Information Technology with over 8 years of extensive experience in the field of Business Analysis, System Analysis and Project Management.
* Experience in gathering business and application requirements, Business Processes, Identifying risks, **Impact analysis, UML modeling**, **Sequence and Activity Diagrams using Rational Rose and Microsoft Visio.**
* Experience in writing Business Requirements Documents **(BRD)**, Functional Requirement Documents **(FRD)**, System Requirement Specifications **(SRS)**, and Non-Functional Requirement Documents **(NFRD)**.
* Implemented issues tracking in **Version One** to effectively track impediments against user stories.
* Several years of experience and advance knowledge of the Systems Development Life Cycle **(SDLC)**, Waterfall, Agile, Spiral, Rapid Application Development **(RAD)**, Extreme Programming **(XP)**, Rational Unified Process **(RUP)**.
* Experienced in interacting with business users and executives to identify their needs and authoring **Use Case Diagrams, Activity Diagrams** and **Sequence Diagrams** using **UML modeling.**
* Active role in eliciting requirements from users by utilizing methods like Interviews, Requirement workshops, Joint Application Development **(JAD)** and Participatory Design.
* Efficient and proven track record with handling Change Requests by the Clients.
* Proficient in working with project management tools like MS Project for status reporting and planning.
* **Well versed with Medicaid Management Information Systems (MMIS), National Provider Identification (NPI) and familiar with Patient Protection and Affordable Care Act (PPACA).**
* Experienced in various MS Windows platforms, OS, Office Suite, etc.
* Excellent knowledge of Health Insurance Portability and Accountability Act **(HIPAA)** transaction, code set rules such as **EDI 837, 835, 834, 270, 271, 276, 277, 298, 299, 300.**
* Extensive knowledge of **Medical Management Information Systems (MMIS)**, **Medicaid**, **Medicare, Procedural and Diagnostic codes and Claims Process.**
* Strong knowledge of Health Insurance Portability & Accountability Act (HIPAA) standards, Electronic Data Interchange (EDI), Implementation and knowledge of HIPAA code sets, ICD-9, ICD-10 coding, **HL7, HMO , PPO.**
* Facilitatedall aspects of the **Scrum framework**, including **sprint planning sessions**, **Backlog grooming sessions**, **daily scrums**, product demos, sprint reviews and sprint retrospectives.
* Good knowledge of **Health Insurance Plans (Medicare Part A, B, C and D)**, managed care concepts (Medicaid and Medicare) and experienced in determining the membership eligibility, billing experience within life and disability in health plans. Experience with Business Process Management.
* Capable of writing **SQL** queries for the retrieval and management of database.
* Experience in working with **Microsoft Office Suite (Word, Excel, Power Point, Access, Visio, and Project)** for documentation, analysis and presentation.
* Strong knowledge of **Business Process Modeling**, Business Intelligence and Business Architecture.
* Experienced in writing **Test Plans** and executing **Test Cases**
* Excellent knowledge of creating **Wireframes**, **User Flows**, **UI** and **Sitemaps** for web portal.
* Reviewed the designed **Wireframes, Prototypes** and **Concept** diagrams for enhanced new products and tools.
* Worked on **TQM** (total quality management) for organization to improving the products and services.
* Worked on the EDI 834-file load to **Facets** through MMS (Membership Maintenance sub-system).
* Excellent knowledge on **ISO** (**Insurance Services Office**) to report claims and view policy information related to Storm, Auto, and Glass related Property and Casualty Damages.
* Analyzed and documented requirements for Quote possesses for a Commercial Auto Policy.
* Experience with ISO Quality Standards, involved in generating Test cases for property and causality Insurances for different levels of Business.

**PROFESSIONAL EXPERIENCE**

**EMC2, Southborough, MA Aug 2015 – Present**

**Sr. Business Analyst**

EMC is a global leader in enabling businesses and service providers to transform their operations and deliver information technology as a service and accelerates the journey to cloud computing, helping IT departments to store, manage, protect and analyze their most valuable information in a more agile, trusted and cost-efficient way. EMC Online Support provides a **MyService360** which delivers a personalized, interactive and 360 degree visualization across global environments for deeper, actionable insights into your services experience. It provides an analysis of code levels, health and risk scoring, service activity views by site and more. **MyService360** experience delivers many benefits to customers and partners improved IT health and risk management.

**Roles and responsibilities**:-

* Developed a **Requirements Traceability Matrix** recording the requirements through each stage of requirements gathering process.
* Coordinate and facilitate user interviews and workshops to gather and analyze the requirements.
* Conducted **JAD Sessions** to develop an architectural solution to ensure that the application meets business requirements to resolve any open issues, and manage change requests.
* Involved in **Data Analysis & Mapping** to track all data elements used in the application from the user interface through different interfaces to the target databases in which they are stored.
* Performed **Gap analysis** by identifying existing technologies, documenting the enhancements to meet the end state requirements.
* Develop crucial functional requirement specifications, creating detailed use cases and process flow diagrams to support functional specifications and put in **Version One** tool.
* Designed and developed **Use Cases, Activity Diagrams, Sequence Diagrams, Object Oriented Design (OOD) using UML**
* Participated in Sprint planning, Daily stand-up meetings, testing and sprint reviews with development and QA team members
* Facilitated all aspects of the **scrum framework**, including **sprint planning sessions**, **backlog grooming sessions**, **daily scrums**, product demos, sprint reviews and sprint retrospectives.
* Work closely with product backlog owner to prioritize backlogs, ensure backlogs are prepared for development consumption to meet timelines.
* Conduct working sessions with business partners, **UX designers**, Development and **QA resources** to ensure requirements are vetted and understood for developers and QA
* Engaged with Business teams to understand the reporting needs and work with development team to document business requirements into **Functional Required Document (FRD)** which was utilized by development team for constructing business application.
* Collaborate with management and external stakeholders to identify and implement changes to systems
* Exposure to Business Requirements modeling techniques including Unified Modeling Language (**UML**), ) and service modeling
* Works closely with **Data Base Reporting** to identify data sharing and data delivery methods and tools
* Conducted **JAD Sessions** to develop an architectural solution to ensure that the application meets business requirements to resolve any open issues, and manage change requests.
* Assisted in authoring **test plans, test cases** for various **test scenarios** and helped testing team to better understand the **test scripts.**
* Prepared the necessary documentation in a project i.e. business requirements, use cases, functional specifications, data requirements and documentation for business training materials.
* Developed test cases and test scripts and assisted Quality Assurance activities, with system integration testing and **user acceptance testing (UAT)**, developing and maintaining quality procedures and ensuring that appropriate documentation is in place.
* Helped in creating of **Data-Mapping** best practices document including visual processes and trained team members on Data Mapping process and tools.

**Environment**:- SQL Server, Agile, MS Project, MS Access, Microsoft Excel, Microsoft Word, Microsoft Power Point, Visio, Version One, JIRA

**State of North Dakota (ITD), Bismarck, ND Jan 2014-June 2015**

**Sr. Business System Analyst**

The North Dakota **Department of Human Services** works with the Information Technology Department (ITD) to modernize (rewrite) the existing Medicaid and the Children’s Health Insurance Program (CHIP) eligibility systems to comply with Affordable Care Act (ACA) and interact with the **Federal Health Benefit Exchange (HBE)**. This system provides access to **Health Benefit Exchange**, **HIX** allowing a user to view and compare health benefit choices which includes public health care assistance or private health insurance with or without premium tax credits. It will determine the user’s eligibility for the public health care assistance or premium tax credits, and route the user to the corresponding application process. The system will allow the user to apply online, collect any necessary payments and provide the user with active coverage. The intent of this system is to provide a one stop shop for users to obtain health care insurance or assistance for either individuals or small employers.

**Roles and responsibilities**:-

* As a System Analyst, I acted as a primary liaison between Business & the development team throughout all phases of SDLC.
* Worked on TQM (total quality management) for organization to improving the products and services.
* Facilitated all aspects of the **Scrum framework**, including **sprint planning sessions**, **Backlog grooming sessions**, **daily scrums**, product demos, sprint reviews and sprint retrospectives.
* Groom the backlog of competing requests by evaluating the business value of each, and prioritizing development team work.
* Experienced on EDI 834 for a Benefit **Enrollment** and **Maintenance** (New Enrollments, changes in New Enrollments, Reinstatement member’s enrollment).
* Worked on **HIPAA ANSI X-12 EDI 837** transaction and **EDI 820** Transactions claims for billing.
* Assisted in data modeling, data mapping and produced the data definition documentation.
* Engaged in different phases of **SDLC** of the project executing **RUP** methodology of iterative software development from Inception to Transition phase.
* Experienced in determining the membership eligibility, billing experience within life and disability in health plans.
* Developed a **Requirements Traceability Matrix** recording the requirements through each stage of requirements gathering process.
* Analyzed and translated business requirements into system specifications utilizing UML and RUP methodology.
* Extracted the business requirements from the stakeholders keeping in mind their need for the application and documenting them.
* Created documentation for settings of the networking devices (Routers and Switches) with co- ordination with system.
* Worked on Troubleshooting of LAN/WAN infrastructure internal Network.
* Conducted one on one and group interviews to understand Business Requirement and subsequent documentation.
* Involved user interface design by providing detailed functional requirements.
* Used Business Requirements to write Functional Specification documents.
* Writing **Complex SQL queries** and optimizing **SQL Queries.**
* Conducted **JAD Sessions** to develop an architectural solution to ensure that the application meets business requirements to resolve any open issues, and manage change requests.
* Created Use Cases, Activity Diagrams, State Chart Diagrams, Sequence Diagrams, and Collaboration Diagrams thus defining the Data Process Model and Business Process Model using MS Visio and Business Process Model tools.
* Ensured that all artifacts are in compliance with corporate **SDLC** policies and **CMS** guidelines.
* Developed customized SQL reports and queries for management decision-making and operational management.
* Worked on the **EDI 834**-file load to **Facets** through MMS (Membership Maintenance sub-system).
* Worked on documents for **version controlling**, to maintain up to date changes in the documents.
* Assisted in authoring **test plans, test cases** for various **test scenarios** and helped testing team to better understand the **test scripts.**

**Environment: -** RSA, MS Office Word/Excel/PowerPoint/Outlook, MS Project, MS Visio, Windows, XP/Win 7, SharePoint, Power Designer.

**Total Health Care, Detroit, MI May 2012 - Dec 2013**

**Sr. Business System Analyst**

The project involved regular optimization and standardizing of the claims process so as to increase automation and provide advanced interfaces for faster data exchange with claims tracking system and back office systems. In addition, implementation of new ICD10 codes and HIPAA 5010 guidelines formed center of the project. This resulted in incorporating the business rules to increase automation, enhance interfaces for seamless integration with claims tracking system

**Roles and responsibilities**:-

* Conducted brainstorming and **JAD sessions** with stakeholders and end-users for requirement analysis and documented the same.
* Documented business requirements, and communicated these requirements to the development team for the design and implementation of business solutions.
* Created **EDI documents** for EDI maps to generate requirement documents, and logical design documents for EDI transactions and code sets.
* Used **UML** during requirements gathering and created **Use Case Models** and **Use Case Diagrams** for the purpose of stakeholders in the project to help them understand the workflow of the system associated with the requirements.
* Worked on **HIPAA ANSI X-12 EDI 837** transaction and version 5010 of this transaction.
* Performed **GAP and Impact Analysis** for **ICD 10** changes.
* Developed, implemented and executed test methodologies and plans to ensure software product quality as per the **Rational Unified Process (RUP) methodology**. Test some of the Extensions in **Facets Application** manually.
* Analyzed, coordinated, documented and managed project processes and procedures and its changes throughout the software development lifecycle.
* Involved in creating 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.
* Performed Requirements Analysis and traceability using Quality Center and MS Word.
* Involved in writing test plans, defining test cases, test scenarios and data sets; analyzed bugs and interacted with development team in fixing the errors.
* Established questionnaires required for implementing and upgrading **ICD-9 diagnosis codes to ICD-10 codes.**
* Worked with Subject Matter Experts (SME), project team members (business and technical), to define technology application for the business and system requirements. Also worked with the QA Team Lead to develop QA standards and ensured compliance with all regulatory requirements.
* Developed several MS Excel spreadsheets and applications to automate manual calculations and optimize reporting structure.
* Participated in **Logical design and ETL** processes development discussion.
* Also involved in analysis for the conversion of ICD-9 to ICD-10 and also worked with the Data management team for data mapping and data analysis.
* Created Gantt charts and project charters, and followed the Software Development Life Cycle (SDLC) methodology to complete projects on time and within budget.
* Worked on developing the business requirements and use cases for **Facets** batch processes; automating the billing entity and commission process.
* Worked on the EDI 837-file load to **Facets** through MMS (Membership Maintenance sub-system) for provider billing claim.

**Environment**:- **SQL** Server, Agile, MS Project, MS Access, Microsoft Excel, Microsoft Word, Microsoft Power Point, Visio, Rational Clear Quest, Rational requisite pro.

**Florida Healthcare Plans, Holly Hill, FL** ‎ **Jan 2011 – Apr 2012**

**Sr. Business Analyst**

Florida healthcare plans is an HMO that provide services to Volusia and Flagler counties in Florida. The goal of the project was to make enhancements to the Claims processing module of the Group Approval Process.  The claims processing module incorporated the Receiving and Verification of Claim Forms **(837) Claims Enquiry and Response (276/277)**, Adjudication, Healthcare Claim Remittance/Payment Advice (835). Part of the project was to migration of all application functionality and convert data from a mainframe-based system to an open systems environment with **Up-gradation of HIPAA 4010 transaction to HIPAA 5010**. The project followed Agile Scrum methodology.

**Roles and responsibilities**:-

* Facilitated all aspects of the **scrum framework**, including **sprint planning sessions**, **Backlog grooming sessions**, **daily scrums**, product demos, sprint reviews and sprint retrospectives.
* Supported and consulted product owner in developing, maintaining and grooming product backlog.
* As Scrum Master maintained the capacity plan, iteration board, sprint backlog, velocity charts and burn down charts
* Identified and removed impediments to the success of the sprint by working with every single team member.
* As Scrum Master communicated dependencies and potential risks to the completion of the sprints including resources, costs and systems.
* Conducted **JAD sessions**, workflow diagrams, **UML diagrams**, process models, activity diagrams, use cases, for incorporating design changes in the order creation/ management system.
* Actively participated on creating Migration strategy from existing PDE (Microsoft Access files) to G­old Data Repository.
* Clearly understood coding standards required for all **Medicare Part D** Users transactions involving electronic data interchange as provided by department of health and human services and incorporated at every stages of the project wherever found necessary.
* Prepared the Business Requirement Document **(BRD)** and Functional Requirement Document **(FRD)** for the enhancement of the existing services.
* Analysis and Design of existing transaction sets, and modification of these transaction sets to ensure **HIPAA compliance.**
* Did **Data Analysis**, created **Data Mapping** and data interface documents and kept the documents updated with changes in requirements and functional specifications.
* Worked on developing the business requirements and use cases for Facets batch processes; automating the billing entity and commission process.
* Coordinated the upgrade of Transaction Sets 837P, 835 to HIPAA compliance.
* Worked on the EDI 834-file load to Facets through MMS (Membership Maintenance sub-system).
* Did gap analysis for HIPAA 4010 837P and 835 transactions and HIPAA 5010 837P and 835 transactions.
* Involved in impact analysis of HIPAA 5010 835 and 837P transaction sets on different systems.
* Experienced in **TriZetto Facets** including claims processing (**CLMU**), member enrollment (**MMS**) and member eligibility (**ELIG**).

**Environment**:- Rally, Agile, Microsoft Office, HTML, Microsoft Visio, Share Point, Mega, XML schema, J2EE, UML, Quality Center

**ING Direct, Wilmington, DE Jan 2010 - Dec 2010**

**Business Analyst**

ING Direct provides retirement, investments, Life Insurance, Annuities, Employee Benefits and Trusts. The project involved maintenance and enhancements of ING Directs existing Insurance web portal where users can get quotes, report claims and view policy information related to Storm, Auto, Glass related, Property and Casualty Damages. The enhancements included adding new product and offering new tools.

**Roles and responsibilities**:-

* Reviewed the designed **Wireframes, Prototypes** and **Concept** diagrams for enhanced new products and tools.
* Analyzed and documented requirements for Quote possesses for a Commercial Auto Policy.
* Creating new, cancel, reinstate and renew existing policies for personal and commercial line customers.
* Experience on re-engineering or re-designing the wireframes of the web-portal.
* Gathered business requirements based on interactions with the process owners and stakeholders.
* Involved in examining, processing, calculating and pay claims insuring fillings, documentation and reports.
* Excellent knowledge of creating **Wireframes**, **User Flows**, **UI** and **Sitemaps** for web portal.
* Involved in processing applications, recording changes to policies, processing reinstatements and handling required reports.
* Policy administration knowledge and implementation experience in the insurance industry, specifically Property and Causality solutions.
* Facilitated brainstorming sessions with the **SME** from underwriting, finance, customer service, and fulfillment departments so as to capture self-service portal requirements.
* Engaged with Business teams to understand the reporting needs and work with development team to document business requirements into **Functional Required Document (FRD)** which was utilized by development team for constructing business application.
* Created current and future state business workflow process using **UML diagrams**, Conducted walkthroughs with the stakeholders to gather the modification requests from the user to upgrade or change the business specifications for the product.
* Experience with **ISO** Quality Standards, involved in generating Test cases for property and causality Insurances for different levels of Business.
* Involved in Bug-Review meetings with software developers, QAs, and managers proposed solutions to existing bugs. Coordinating closely with QA team to ensure all quality checks are being followed rigorously.
* Acted as a lead to coordinate testing, ensured that **Test Cases (UAT, system, performance, and regression)** were executed and testing results were documented properly.

**Environment**: - HP Quality Center, Agile, MS office Suite (Word, Power Point, Access, Excel, Outlook), MS Project, MS Visio, **SQL2005**.

**Citrus Healthcare, Tampa, FL Jan 2008 -Dec 2009**

**Business System Analyst**

The project Claims-Funds involved creating a new UI for better user experience in claim reimbursement process. UI was used to view and modify claim fallouts that occur during claim adjudication process. Claim fallouts appear as a work item in Claim Processors Inbox, from where various action such as claim adjudication, claim denial, claim reversal etc. could be performed.

**Roles and responsibilities**:-

* Conducted user interviews at both in-house and client locations, gathering and analyzing requirements using Requisite Pro and Requisite Web
* Worked on developing the business requirements and use cases for **Facets** batch processes; automating the billing entity and commission process.
* Extensively used Agile Methodology in the process of the project management based on SDLC.
* Designed and developed **Use Cases, Activity Diagrams, Sequence Diagrams, Object Oriented Design (OOD) using UML**
* Gathered and documented Business Requirements, created Functional specifications and translated them into Software Requirement Specifications.
* Performed **Gap analysis** by identifying existing technologies, documenting the enhancements to meet the end state requirements
* Developed test cases and test scripts and assisted Quality Assurance activities, with system integration testing and **user acceptance testing (UAT)**, developing and maintaining quality procedures and ensuring that appropriate documentation is in place.
* Responsible for identifying and documenting business rules and creating detailed **Use Cases**
* Reviewed all Test Requirement Documents. Conducted system, integration and **UAT testing.**
* Involved in data dictionary management, **Extraction Transformation and Loading (ETL)** of data from various sources. Participated in ETL requirements process during data transition from source systems to target systems.
* Involved in **Data Analysis & Mapping** to track all data elements used in the application from the user interface through different interfaces to the target databases in which they are stored.
* Developed **Tables, Views, Stored Procedures and Triggers** using **SQL Scripting**
* Established Inner Join, Outer Join and created Indexes whenever necessary
* Writing **Complex SQL queries** and optimizing **SQL Queries**
* Responsible to meet the information demands of our business users by delivering timely, accurate, meaningful and standardized data and reporting
* Participated in creating logical and physical data models, their enhancement. Based on the data models, worked with business architect, to create the software solution models.
* Helped in creating of **Data-Mapping** best practices document including visual processes and trained team members on Data Mapping process and tools.

**Environment**:- SQL Server, Agile, MS Project, MS Access, Microsoft Excel, Microsoft Word, Microsoft Power Point, Visio, Rational Clear Quest, Rational requisite pro.