***Summary***

* Experienced and distinguished Sr Business Analyst with 8 experience in Software Development Life Cycle (SDLC) and **Healthcare Industry Claims Test Pro processing**
* Proficient in gathering business and technical requirements from both formal and informal sessions through interviews, NetMeeting, questionnaire, [video conferencing](http://www.devbistro.com/resumes/Syedraza123), JAD sessions and conference calls.
* Documentation: BRD (Business Requirement Document), FRD (Functional Requirement Document) and Non-functional Requirement Document.
* Experience in interviewing Business users & SMEs providing recommendations to resolve issues for various business/technical groups & defining strategic solutions to business problems in a multiple project environment.
* Excellent understanding and experiences in Agile Methodology – SCRUM creating user stories
* Expert in Tracking and Managing the Requirements using Requirement Traceability Matrix (RTM) that controls numerous artifacts produced by the teams across the deliverables for a project.
* Strong knowledge of Use Cases, Sequence Diagrams, Collaboration Diagrams, Activity Diagrams, and Class Diagrams.
* Identified complex problems and review related information to develop and evaluate options and implement solutions.PRD & RMP.
* Good knowledge of DCO (direct Capture of Objectives) in PRPC and developing process flows using DCO.
* Knowledge in Extraction, Transforming and Loading (ETL) data flows using SSIS; creating mappings/workflows to extract data from Oracle, SQL Server and Flat File sources, legacy systems and load into various Business Entities.
* Helped developers with the following list of HIPAA-EDI Transaction Code Sets: (837, 835, 270/271, and 276/277).
* Knowledge of Health Insurance Portability and Accountability Act (HIPAA) standards, Electronic Data Interchange (EDI) and implementation of ASC X12N code sets 4010A/5010, ICD-9, ICD-10
* Knowledge and Implementation experience in Eligibility System, Facets Data model, Configuration Implementation of FACETS module.
* Involved in using FACETS for various health insurance areas such as products, enrollment, members and other modules related to FACETS.
* Good knowledge on different modules within healthcare (Membership, billing, enrollment, claims, capitation, providers).
* Strong Experience in **Claims Test Pro Processing and Claims Scrubbing in HMO, PPO, Medicaid and**[**Medicare**](http://www.devbistro.com/resumes/Syedraza123).
* Experience with Medicare, Medicaid & commercial insurances in HIPAA ANSI X12 4010 & 5010 formats including 270,271, 276, 277,820, 837, 835, 997, NPI, ICD 9, ICD 10 codes, NSF formats for interfaces & images to clearinghouses/ trading partners’ applications/Expertise in ICD-9 to ICD-10 Conversion.
* Experience with Pega Rules Process Commander in the implementation of the system to streamline various operations like credit cards and accounting management
* Experience with health care Systems FACETS, Medicare Part A, B, C, D, Medicaid systems.

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| ***TECHNICAL SKILLS:*** |

Methodologies: SDLC, RUP, UML, RTM,ACA,PEGA,DCO, PRD,RMP, Agile, Business Modeling, Process and Data Modeling

Project Management: Microsoft Project, Microsoft Office

Modeling Tools: Rational Rose, Microsoft Visio, Rational Requisite Pro, Clear Case, Clear Quest

Change Management Tools: Rational Requisite Pro, Clear Quest, Test Director.

Version Control Systems: Rational Clear Case

Testing Tools: Rational Enterprise Suite, Test director, Win Runner

Languages: C, C++, Java, .Net, XML, UML, HTML

Databases: Oracle, MS SQL server, MS-Access

Operating Systems: Windows family, familiar with UNIX and LINUX

RDBMS and Databases: SQL Server, Sybase MS Access   
Healthcare: **ANSI X12, HIPAA, EDI, Enrollment,Claims,Test pro Benefits, HIPPA, 5010, 4010,EDI,**834 ,820,837, FACETS, Claims, Medicaid, ICD 9 to ICD 10

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| PROFESSIONAL EXPERIENCE: |

***Group Health Coop., Seattle, WA Sr. Business Analyst July, 2014 – Jun-2015***

***Description.*** Group Health Cooperative is a consumer-governed, nonprofit health care system that coordinates care and coverage in Washington. Group Health Cooperative offers coordinated-care plans for both groups and individuals; Clear Care® (Medicare Advantage plans); and plans for residents who qualify for Healthy Options (Medicaid), Basic Health, and the State Children's Health Insurance Plan (SCHIP).

In this project, main focus was on utilizing multiple software systems to support the intake and processing of authorization requests, manage Case and Disease programs, provide robust reporting and decision support, and generally automate and facilitate the business processes. The authorization requests consume ICD 9 codes that need to be replaced by ICD 10 codes to meet the mandate date. **During the Claims Test Pro** Processing and Management project, I was involved with FACETS enhancement which is used to manage health insurance claims electronically. The existing application was customized to include certain novel modules such as Claims Redirect, Point of Service, **Encounter Claims Test Pro and Service Area. Data was automatically translated to meet HIPAA compliance standards**. Another important aspect of the project involved constant interaction with PBMs in order to facilitate processing and paying of prescription drug claims.  
***Responsibilities:***

* Assisted in building ICD 9 to ICD 10 crosswalk map by grouping thousands of codes and ranges in Clinical, Benefits, Financial, Medical policy waves.
* Conducted working sessions to gather and document detailed and high level business requirements for different business units impacted by ICD 10 such as EDI Claims Intake, FACETS, Utilization Management, Case management and Provider Reimbursement/Provider Payment.
* Involved in managing the risk adjustment process for Medicare advantage plans throughout the RAPS to EDPS (Encounter Data Processing System) transition.
* Designed wire frames, screen mock-ups and Graphical User Interfaces (GUI) for client’s worker portal.
* Prepared use cases and data flow diagrams in Rational Jazz, MS Vizio and MS Word to analyze the impact of ICD 10 diagnosis codes embedded in different systems and applications.
* Prepared and maintained requirements traceability matrix (RTM) throughout the project lifecycle.
* Worked closely with project manager and team leads to coordinate resources and document cost estimates throughout the project.
* Worked with PBMs to monitor prescription safety across several pharmacy networks and reviewed formularies. Worked on pharmacy **claims Test Pro** processing and facilitated reconciliation.
* Coordinated with Business Project Teams, Business Owner, Application Vendor, Payers and Clearinghouses to bring all processes to a level of execution to mitigate any impact to current revenue flow under the 5010-compliancy requirements.
* Gathered and validated inventory of applications, interfaces, and reports that will need to be modified to comply with ICD-10 requirements.
* Performed Accounts Receivable Data entry with specific involvement in Cash Posting and closely interacted with Revenue Cycle Management team.
* Worked closely on 837 I/P transaction code for **Health care claims Test Pro and was involved in Validation of HIPAA for 270/271** (health care benefits and **eligibility), 276/277 (Claims Test Pro Status), 835 (Payment/Remittance advice), 834** (Benefits Enrollment) EDI transactions.
* Designed and developed **Business Rules document about the Claim Test Pro Component and HIPPA**.
* Created business workflows on the claims module for the client to get a better understanding of the software and prepared a detailed BRD including all functional and non-functional requirements.
* Performed the Gap analyses of the earlier systems, generated a detailed Requirements document describing new system architecture through Use Cases and Activity diagrams. Specifications, Documentation and Construction of systems heavily relied on UML.
* Documented workflows and executed comprehensive testing and training plans to ensure the new acknowledgement results were properly interpreted and managed to ensure Payer acceptance of the files.
* Tracked all required resolutions that were identified as needed from Vendors or Payers based on testing results.
* Identified all risks associated with the project and gave suggestions for mitigating the impact the identified risk posed to the

***Environment:*** MS Project, MS Office, Rational Requisite Pro, Clear Case, Clear Quest, Jazz.

***Health Springs Nashville, TN           Position: Business Analyst January, 2012 – May, 2014***

***Description*** Based in Nashville, Tennessee, Health Spring got its start in 2000 and is now one of the country’s largest and fastest-growing coordinated care plans whose primary focus is Medicare Advantage plans and prescription drug plans. The project was in Coordination of Benefits (COB), a Federal Health Care Financing Administration (HCFA) Program. Medicare Coordination of Benefits is the process for ensuring that payment of Medicare beneficiaries’ claims is properly shared among insurers when the beneficiary is covered by private insurance in addition to Medicare. **By coordinating benefits, the COBC assists Medicare in paying claims Test Pro** more accurately the first time, which saves costly follow up and mistaken payments.  
***Responsibilities:***

* Involved in **HIPAA/EDI Medical Claims Test Pro, Design and Documentation**
* Monitor and Analyzed activity report and transaction monitoring.
* Creating document and diagrams for membership enrollment according to HIPAA 834 compliance standard for membership enrollment.
* Created various database objects like views, tables, and procedures to extract data and support the end user reporting data ware house requirements.
* Conduct meeting with the development team to discuss any requirement changes.
* Checked inbound/outbound HIPPA regulated EDI transactions facets
* Wrote standard and complex SQL queries using MS SQL Server and also in Mainframe for data validation process.
* Prepared BRDs (Business Requirement Documents) supporting documents containing the essential business elements, detailed definitions, and descriptions of the relationships between the actors to analyze and document business data requirements from Data ware house.
* Performed GAP analysis of business rules, business and system process
* Worked on solving the errors of EDI 834 load to Facets through MMIS.
* The project involves creation of custom tables, developing custom forms to load data into the custom tables and creation of a XML report to compare sales values against the data in oracle. The custom tables are populated from a third party data ware house on a regular basis.
* Performed Data Analysis using procedures and functions in PL/SQL.
* Designed Activity, Sequence and process flow diagrams using MS Visio to simplify and elaborate certain selection and filter condition.
* Documented requirement using Use Case analysis
* Involve in testing the applications to carry out data validation

***Environment:*** MS Visio, SDLC, UML, Rational Clear Quest, Rational Clear Case, Rational Tools Suite, AGILE methodology, Windows, XML, HTML, Facets.

***Fallon Health, Worcester, MA Position: Business Analyst Jan, 2009 – December, 2011*   
*Description*** Fallon Health provides health care services designed to meet the unique and changing needs of different populations. Its product portfolio includes a variety of group and non-group health plan options (HMO, POS and PPO, as well as Medicaid and Medicare Advantage plans) featuring flexible and innovative benefit designs. In addition, Fallon offers Program of All-inclusive Care, Managed Long Term Care and Duals Special Needs Program.   
Project description: Worked on 3 different projects: i) New product development in the state of New York partnering with Total Aging in Place with the launch of HMO SNP, PACE and MLTC Program; ii)   
***Responsibilities:***

* Actively involved with SME’s(Subject Matter Experts) from different functional areas including legal, finance, clinical coordination, website, medical economics, network development, Utilization Management, Customer Service, Pharmacy, Behavioral Health, Enrollment, Eligibility, Quality, and Compliance etc. to conduct deep dive sessions to gather detailed Business Requirements.
* Identifying Business Requirements for HMO Special Needs Program (HMO SNP), Program for All inclusive Care for the Elderly (PACE) and Managed Long Term Care in order to proceed towards a Fully Integrated Duals Advantage program in 2017.
* Detailed understanding of Medicare, Medicaid, Coordination of Benefits and supplemental benefits for HMO SNP and MLTC
* Analysis on Care Coordination, transition of Care and identifying process flows for the operations of HMO SNP, PACE and MLTC in collaboration with partnering company, Total again in Place, New York.
* Development of Customer Relations Management (CRM) software for marketing and outreach teams in New York in order to track prospective members and outreach activities.
* Created documents such as SIPOC (Suppliers – Inputs – Process – Outputs – Customers), Gap analysis on Medicare services, Coordination of Benefits, Medicaid Services including Medicaid Fee-for-service to identify trigger points for claims Test Pro gathering regulatory reporting requirements for state of New York and CMS,
* Assistance in filling for PACE, MLTC, D-SNP application in two-way (State and Fallon Health) and three-way contracts (State, CMS, and Fallon Health).
* Involved in Affordable Care Act (ACA) project in identifying detailed process flow for Encounter Data between Fallon Health and EOHHS (Executive Office of Health and Human Services).
* Detailed understanding of ACA Edge Server for Risk Adjustment, Reinsurance and Risk Corridors
* Identifying Business rules and specifications for Enrollment files, Medical Claim Test Pro Files and Pharmacy files for the ACA Edge Server project.
* Creating Business Requirements Document and Technical Design Document and obtain approval
* Data mapping for Edge Server file fields from EDW (Electronic Data Warehouse).
* Worked on development of Product Creation System with Pega Software in order to Data map Benefits within QNXT (Trizetto Core Administrative System).
* Coordinated work for the implementation of a new company with the introduction of a new product,
* Fallon Total Care, , a duals program with a three way contract with the State of Massachusetts, Center of Medicare Services and Fallon Health
* Gathering business requirement of Duals project with the State of Massachusetts, Virginia and New York
* Conduct SWOT Analysis, cost benefit analysis, Software Development Life Cycle
* Coordination and support towards the project during its testing phase and UAT
* Use of Technical tools such as QNXT, MS Access, Microsoft Visio, Excel, MS Project.

***Environment:*** MS Visio, MS-Project, Windows, UML, Windows, MS Visio, MS Project, MS Officeand Rational Requisite Pro

***First United Bank, Dallas, TX Business Analyst Jan, 2007 – Dec, 2008***

***Description*** Managed networking, negotiating, and defining requirements, obtaining approval, developing and testing product system projects from UAT, through implementation. Strived for quality and process improvement. Directed and mentored staff of five. Supported Operations and Business Channels. Worked closely with Senior Management, Legal, Compliance, and Subject Matter Experts and outside Vendors. Facilitated meetings with business and staff.  ***Responsibilities:***

* Gathered user requirements and business requirements from business/user group and documented User, Business, Functional, and Technical requirements specifications using MS Word and MS Visio that provided appropriate scope of work for technical team to develop prototype and overall system.
* Used HP Quality Center to track and manage all defects and enhancement process.
* Used MS PowerPoint to create presentations for the business owners and other stake holders.
* Used MS Visio to create UML diagrams and design High Fidelity wireframes.
* Wrote SQL queries for requirement analysis and data validation.
* Perform data analysis and validate business requirements.
* Prepare data mapping specifications – Include data flow diagrams, field level mappings and rules for multiple applications.
* Provide data analysis and recommendations for the correction, enhancement and/or development of Customer Analytics applications.
* Managed and coordinated all phases of Software version update project and supported staff - met stringent deliverables and implementation date.
* Identifies Actors, Activities, Artifacts, and Workflows and developed use case diagrams using MS Visio.
* Implemented Rational Unified Process (RUP) as the software development methodology.
* Performed GAP analysis and came up with alternative options which could be preferred to better serve its members and customers.
* Ability to lead requirements definition and design sessions through use of interviews, surveys, user workshops, product/prototype demo
* Wrote test cases and test plans for the related and assigned scripts according to the test strategies defined in the project and testing team guidelines.
* Tracked and maintained Stakeholder requested enhancements and changes using Requirement Traceability Matrix (RTM).
* Documenting the retail Mortgage Servicing with emphasis on Default, entire loan life cycle and processes.
* Experience documenting investment related business process, trade reconciliation and trade processing.
* Experience using API to create automated information display and lead assignment for mortgage.
* Extracted and manipulated data using SQL.
* Designed and implemented SQL queries for the retrieval and management of data.
* Reviewed development plans, quality assurance test plans, and user documentation to ensure correct interpretation of original specifications.

***Environment:*** Windows XP/NT, UNIX, , HTML, XML, Oracle, Rational Requisite Pro, UML, Win Runner, Load Runner, Test Director, TOAD , HP Quality Center, JIRA, Load Runner , MS Visio , MS PowerPoint , MS Excel , MS Word.