**Mir Ahsan Abbas Rizvi**

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**Professional Summary**

* EDI Analyst with over 6+ years of experience in Health Care domain with Claim adjudication, provider, eligibility and prior authorization for Medicaid and Medicare programs.
* Proficient in complete, RUP, WATERFALL and AGILE Client /server architecture providing a well-balanced understanding of business relationships, business requirements and worked for technical solutions to help the team at all levels until final product release.
* Experience on Edifecs tools like Specbuilder, XEngine, XEServer, and Transaction management.
* Expertise in Information Technology/ Data/ Process Management with emphasis on Business Systems Analysis.
* Gathered good knowledge of Medical and Healthcare Standards and Regulatory vehicles such as HIPAA, FDA, ICD, MMIS, EDI, and HL7.
* Efficient in conducting workshops and Joint Application Development (JAD) sessions, Project meetings, Reviews and walk through sessions.
* Earned good knowledge in RDBMS, Oracle, SQL, and PL/SQL along with MS SQL administrator, SQL Enterprise manager, data analysis and reporting.
* Expertise using MS Visio, Rational Requisite Pro for modeling and capturing business requirements.
* Excellent knowledge on 837i, 837P, 837d, 835, 834, 276/277, 270/271, 278, 820 HIPAA transactions.
* Experience in developing and imparting pre and post implementation training, conducting GAP Analysis, User Acceptance Testing (UAT), SWOT Analysis, Cost Benefit Analysis and ROI analysis
* Experience in developing project plans using MS Project and MS Share Point, identifying documents, and validating requirements and reengineering process.
* Experienced in creating test plans, test cases, test results analysis with the testing team and reporting defect management and test status matrices.
* Experienced in Systems Testing, Integration Testing, and Software Quality Standards, Training, Documentation and implementation in a business environment.
* Excellent communication and presentation skills. Experience working with business users as well as senior management.

**Technical Skills**

**SDLC Methodologies**: Agile, RUP, Waterfall, Rapid Application Development (RAD), V-Model

**Requirement Management**: MS Visio 2010, MS Office, Rational Requisite Pro, Rational DOOR, MS Paint

**Project Management**: MS Project 2010, MS Office 2010, Lotus Notes, MS Outlook

**Presentation**: MS PowerPoint 2010

**Database:** SQL Server, Oracle, Data Studio, MS Access, DB2,

**Change Management**: Rational Clear Quest

**Version Control**: Rational Clear Case, MS SharePoint 2010 (MOSS 2010)

**Operating System**: Window XP, Window Vista, Window 7

**Programming Languages**: C, C++, HTML, XML

**Data Modeling Analysis**: Rational Rose, Power Designer 16, MS Visio, TOAD data modeler

**Professional Experience**

**BlueCross BlueShield of Louisiana, Baton Rouge LA May 2013 – Feb 2015**

**Sr. EDI Analyst/Coordinator**

HIPAA 5010 requires that all health insurance payers in the US comply with the EDI standards for healthcare as established by the Secretary of Health and Human Services. The ANSI X12 N implementation guides have been established as the standards of compliance for healthcare claim transactions. An updated version referred to as the 5010 is being mandated and must be implemented by January 2012. This project cover these transactions 270/271, 276/277, 278, 837P/I/D, 835, 834, and 820. This project is using third party integration with Edifecs tool for HIPAA validations and Blue Exchange integration for sending & receiving EDI messages from other Blue’s.

**Responsibilities**:

* Consulted BCBSLA Stakeholders on the use of 5010 Implementation Guides and Trading Partner agreements for EDI.
* Developed several baseline assessments for EDI, Privacy, and Security. Analyzed current business processes for areas impacted by HIPAA.
* Gathered Requirements separately for EDI and Web applications.
* Analyzed the requirements and created mapping specifications based on HIPAA implementation guidelines.
* Created inbound maps to convert and load from EDI ANSI X12 format into Database tables and flat files.
* Responsible for creating validation rules for HIPAA 837/835/997 on Edifecs SpecBuilder.
* Performed GAP analysis and converted maps from one version to another as per customer/business requirements.
* Created HIPAA compliant test data for 837 Institutional and professional claims using tools like Edifecs Spec Builder.
* Gathered Reconciliation requirement and created Business Object Report spec for the internal Disease Management team.
* Involved in creating documents and diagrams for Membership Enrollment according to the HIPAA 834 Compliance Standards for Membership Enrollment.
* Involved with developing UML Designs, high-level business and technical requirements for 834, 824 HIPAA EDI Implementations.
* Identified the issues and done gap analysis with existing and current RDS Extract system for Reconciliation process.
* Involved in preparing project plans and identifying major milestones for each stage as per the SDLC model (RUP Methodology).
* Tested the HIPPA EDI 834, 270/271, 276/277, 837/835 transactions according to test scenarios and verify the data on different modules.
* Implemented the HIPAA privacy and security regulations to enhance the capabilities of the systems to process new products.

**Environment**: OO Modeling, Web Sphere, Rational RequisitePro, EDIFECS, SQL, Rational Rose, RUP, UML, Load Runner, MS-Project, MS Visio, Java, MS Office, Windows XP.

**Hewlett-Packard/Cigna, Windsor, CT Sep 2011 – April 2013**

**EDI Analyst**

HP is the implementation partner for CIGNA to execute the HIPAA 4010A to 5010 project for all of the CIGNA's health insurance subsidiary companies. HP seeks to accomplish all the migration tasks and production releases within the newly extended deadline. In order to compensate the need for 5010 implementation, HP works with EDIFECS, Deloitte, Oracle and IBM to upgrade and manage all of the Cigna's broker gateways and claim engines environments that are aimed to deliver cost-effective, on-time and easy flow of EDI transaction for CIGNA which will reduce administrative cost and increase productivity.

**Responsibilities**:

* Production Support and Analysis of Defects related to Transaction sets 837/835 utilizing HP “QUALITY CENTER” Requirements/Defects MODULE, /EDIFECS.
* Release/deployment issues according to version management, backward compatibility, load balancing of components in production environment.
* Worked on 837 and 835 projects, including syntax and business rules for X12 HIPAA 4010 and 5010 validation for loops, segments, elements, qualifiers and code sets.
* Providing production support to EDI related issues originating from internal or external customer/Trading partners/Insurance payer/provider requirements.
* Worked with HIPAA compliant ANSI X12 834, 837, 276/277, 999 formats for both professional claims and institutional claims.
* Coordinating the upgrade of X12 Transaction Code Sets 277,837P, 835 and 834 to HIPAA compliance.
* Involved in claim adjudication process using Edifecs /SpecBuilder and Quality Center/Transaction Manager application.
* Prepared Test Cases based on business requirements and business rules for HIPPA EDI Transaction 834, 276/277, 270/271, 837/835.
* Attending daily SCRUM and JAD Sessions and guided QA and Developers regarding the defects, Technical Specification Documents and Mapping Documents.
* Research, track, parse and interpret EDI files 999, Transaction Acknowledgement records, and enrollment and claims files in EDIFECS data repository and UNIX server and analyze them according to the request.
* Work as a liaison between HP and CIGNA and responsible for all the Cross Functional Communication.
* Validating the Log Files (999, x12,) for 834/820,277CA, 837IB and 835 Transactions in UNIX and HTM (Healthcare Transaction Manager
* Created technical documentation, Reviews, analyzes, and evaluated business systems for end user needs, including Companion Guides, business process reengineering, including GAP analysis and documenting requirements, documenting processes, workflows.
* Manually generated reconciliation reports using MS Excel and Access.
* Experience in understanding database structures and write SQL queries.
* Creative and aggressive self-starter with ability to handle ambiguity, able to communicate effectively with Cross Functional Teams at all levels, capable of delivering solutions under high-pressure environment

**Environment:** Facets, UML, Quality Center, MS Visio, EDIFECS, MS Outlook, DB2 Mainframe, UNIX

**WellCare Health Plans Inc., Tampa, FL May 2009 – Aug 2011**

**Business Analyst**

WellCare Health Plans, Inc. provides managed care services targeted to government-sponsored health care programs, focusing on Medicaid and Medicare. Headquartered in Tampa, Florida, WellCare offers a variety of health plans for families; children; and the aged, blind and disabled; as well as prescription drug plans. The company serves more than 2.5 million members nationwide, as of March 31, 2012.

**Responsibilities**:

* Gathered requirements by conducting meetings and brainstorming sessions with end users and Subject Matter Experts (SMEs) and documented them using Requisite Pro.
* Did Gap analysis on the ICD9 to ICD 10 conversion and subsequently the mapping between those.
* Prepared Business Requirement Documents (BRDs) after the collection of Functional Requirements from System Users that provided appropriate scope of work for technical team to develop prototype and overall system.
* Requirement Specification for application development following the agile methodology.
* Involved in the full HIPAA compliance lifecycle from GAP analysis, mapping, implementation, and testing for processing of Medicaid Claims.
* Worked on Unix Platform and experienced in back end testing by executing SQL Queries.
* Analyzed the laws and regulations (HIPAA, HL7) before implementing the electronic medical record software
* Reviewed Test Plans developed by the testing team for testing the application.
* Assisted the QA personnel in the creation of Test Cases using Rational Test Manager.
* Involved in performing version control and defect tracking activities using Rational Clear Case and Rational Clear Quest.

**Environment**: OO Modeling, Web Sphere, Rational RequisitePro, SQL, Rational Rose, RUP, UML, Load Runner, MS-Project, MS Visio, Java, MS Office, Windows XP.

**Citrus Healthcare, Tampa, FL Feb 2008 – April 2009**

**Business Analyst**

The project was web-based application that gave providers online access to patient’s records for more timely and accurate eligibility and benefits information of health plan offered by Citrus care.

**Responsibilities**:

* Elicited demands from the stakeholders and analyzed them for consistency, flexibility and completeness.
* Conducted JAD sessions with Subject Matter Experts to obtain domain level information.
* Presented and conducted functional requirement reviews and walkthroughs with the designers, developers, and stakeholders.
* Identified Use Cases from Business Requirements and created UML diagrams like use case diagram and activity diagram using MS-Visio for various stakeholders.
* Used Query Analyzer, Execution Plan to optimize SQL Queries.
* Analyzed forms and successfully crosswalk details to corresponding ANSI X12 formats.
* Involved in resolving and documenting issues related to these EDI transactions including 834 transactions, 837 transactions using Test Director.
* Managed change request and analyzed the impact of change request on the application in regards to Project Plan, Project Scope, and Project Schedule.

**Environment**: Rational Unified Process (RUP), UML, SQL, Rational Test Manager, Rational Clear Quest, Windows, MS Office, HTML, Windows