**Mir Ahsan Abbas Rizvi**

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| **PROFESSIONAL SUMMARY** |

* Results-driven, versatile consultant with 7 years of experience as a Business/ System Analyst.
* Dynamic experience as professional in domains of healthcare industry.
* A proactive high performer with proven ability to work with multi-discipline, cross-cultural teams and end users.
* Ability to handle multiple tasks and work independently as well as in a team.
* Expert in application/system development life-cycles; concurrent development strategies, process streamlining, iteration modeling, rapid application development (RAD/RUP/UML), and legacy/waterfall methodologies.
* Good team player with excellent written and verbal communication and interpersonal skills.
* 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
* Worked on healthcare standards such as HIPPA 4010, 5010, ICD-9 ICD 10.
* Strong experience and understanding of Medicaid and Medicare Services in health care industry, claims management process.
* Experienced in customer/client interaction, deep understanding of business systems functionality and technicality.
* Partner with subject matter experts to gather and develop detailed business requirements for system implementations and service requests.
* EDI Claims Processing – documented enhancements to the EDI Claims Processes to ensure accurate processing of claims of members.
* Worked in various technologies such as EpicCare Ambulatory, EpicCare Inpatient, IDX/GE Centricity, Cerner PowerChart, Citrix, HL7 (v 2.3/2.4), PACS, DICOM, XML, Java, .Net, Oracle and HTML.
* Skills in developing Use Case diagrams, Sequence diagrams, State Chart diagrams, and Class diagrams.
* Proficient in gathering business and technical requirements from both formal and informal sessions through interviews, NetMeeting, questionnaire, video conferencing, JAD sessions and conference calls.
* Strong knowledge of Use Cases, Sequence Diagrams, Collaboration Diagrams, Activity Diagrams, and Class Diagrams.
* Expertise in ICD-9 to ICD-10 Conversion.
* Experience on Working with the Trizetto FACETS 4.31, 4.51, 4.71Data models.
* Experienced in creating Test Plans thorough hands on experience with designing test cases covering all test conditions and eliminating redundancy and duplications
* Extensive experience in Functional, Integration, Regression, User Acceptance (UAT), System, Load and Black Box Testing.
* Good Management, Execution and Documentation skills
* Excellent knowledge of MS Office especially MS Excel, Power Point, Word etc

**SKILLS:**

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| EDI Transactions | 834, 835, 837 (P.I.D), 270, 271, 276, 277, 278 |
| Operating Systems | Windows 95/NT/2000/XP, Unix, Mac OS9/10 |
| Databases | MS SQL Server, Oracle 9i |
| Methodologies/Frameworks | RUP, UML, E/R Diagram |
| Languages | J2EE, COBOL, UML, SQL, HTML, and Visual Basic |
| Software Tools | Mercator, Rational Rose, Rational Requisite Pro. |
| Office Tools | MS Access, Excel, Power Point, Word, MS Outlook Express, Outlook Exchange |
| Project Management | MS Project 2002/2003 (PERT, GANTT Charts), MS Navision |
| Testing Tools | Test director 6.0, LoadRunner |
| Data Modeling Tools | Erwin 4.0, MS Visio |
| Claim Engines | Facets, Diamond |

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| **PROFESSIONAL EXPERIENCE** |

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| **Coventry Health Care, San Diego, CA Dec 2013 – Till Date**  **Sr. System Analyst** |

Coventry Health Care serves more than 5 million members in all 50 states across a full range of products and services including group and individual health insurance, Medicare and Medicaid programs, workers' compensation.

Worked as a Business Analyst to analyze, document and map the 4010 to 5010 changes as a result of the HIPAA 5010 requirements for EDI Transactions. I was also involved in the Forward Mapping and Backward Mapping analysis of EDI Transactions and conversion of ICD 9 to ICD10. Advanced guideline comparison to assess the scope of 5010 migration effort Electronic version of HIPAA 5010 standards including code tables, ICD-9 codes, Medicare and Medicaid and business rules. I was also involved in preparing the Guideline of migration to prepare the business rules for conversion and from scratch. In the end I was also involved in the testing from individual file testing to mass-parallel testing of multiple submitters and Unit Testing to 5010 Migration.

**Roles and Responsibilities:**

* Acted as a primary contact in all the phases of Software Development Life Cycle SDLC, including Quality AssuranceTesting, Performance & User Acceptance testing.
* Conducted JAD sessions with the management, users and other stakeholders for open and pending issues to develop specifications.
* Performed GAP analysis for ICD codes and EDI 5010 X12 with the 4010 Structurefor EDI 834, 835,837 Transactions.
* Responsible for the full HIPAA compliance lifecycle life cycle from gap analysis, mapping, implementation and testing for processing of Medicaid and Medicare Claims.
* Worked with BA Lead in reviewing the System Change Documents (SCDs) to identify the differences of IDX LIVE and IDX RM environment.
* Extensively involved in gathering requirements for implementing NPI.
* Implemented NPI for transactions 837, 834, 820, 835
* Worked on the EDI 834, 835,837 file load through MMS (Membership maintenance sub-system) and including Claims, Provider, Portal, Billing, Benefits.
* Gathered business requirements from the users, both in terms of enhancements to existing systems and in entirely new applications.
* Developed gap analysis document, logical and physical design and remediation plan
* Developed high level system models by analyzing the existing models and incorporating the suggested changes.
* Helped create the 'Business Glossary' to facilitate efficient understanding of the business process amongst the other teams.
* Assisted in creation of the Functional Design Document from the Business Requirements Document which was used as the reference by the development team while preparing the design and held the responsibility of the required data setup for unit testing
* Worked on the EDI 834, 835,837file load through MMS (Membership maintenance sub-system)
* Regenerated report (if required) using IDX EDI Automation report regeneration tool.
* Recognized as a subject-matter expert in Workers' Compensation, Medicare, and Medicaid regulatory interpretation and the translation of policy into information technology systems.
* Worked with ACES claims data for claims subject area, Enrollment and billing data for membership subject area.
* Analyzed and evaluated User Interface Designs, Technical Design Documents and Quality Assurance Test Conditionsthe performance of the application from various dimensions.
* Accepted inbound /outbound EDI (X12) 837, 834, 820, 835, 999, 276, 277(Claims, Provider, Portal, Billing, Benefits)transactions from multiple sources.
* Ran accept, reject, and pended cafes using IDX LIVE and IDX RM and used BeyondCompare to identify the differences.
* Performed the User Acceptance Testing (UAT) with the testing team.
* Testing - Developed Test Scripts using Test Director/Quality Center and coordinated with developers to quickly resolve the defects associated with them for EDI 834, 835,837 Transactions.

**Environment:** MSMumps Cache, IDX LIVE, IDX RM, MS Visio, Word, Excel, PowerPoint, CMMI, Rational Rose, Requisite Pro, Clear Case, Clear Quest, SQL, Oracle, DOORS,SOX.

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| **Palo Alto Medical foundation, Sunnyvale, California Dec 2012 – Oct 2013**  **Business /System Analyst** |

The Palo Alto Medical Foundation for Health Care, Research and Education (PAMF) is a not-for-profit health care organization dedicated to enhancing the health of people in our communities. The project was based on performing analysis and successfully integrates EPIC with GE PACS and PACS web (Radiology applications)

EPIC HL-7 has taken over IDX databases (GE PACS). EPIC clarity, EPIC radiant, EPIC sun quest were web portals which were developed for physicians and providers to update medical records and store it in web server.

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**Roles and Responsibilities:**

* Involved in collecting the requirements for the integration of GEPACS with EPIC and Identify the FACORG (dual operation) impacted application which cannot be integrated and ensured the images and results imported to the EPIC
* Coordinated with Business users from Dual operation team, Server operations, Network Engineering team, User management, Security management, VPN operations for successful integration.
* Integration Analyst for a large scale multi-facility Cerner Millennium, Meditech and MS4 implementations. Systems interfaced include: Cerner Millennium, MS4, Initiate, IDXtend, Rubicon, MedQuist, Mercury MD, Mobile MD, Elysium, Touchworks, McKesson HMI & HSM, Emageon, SpeechQ, Omnicell, Teletracking.
* Participated in the walkthroughs and meetings specifically for Claims and Membership modules.
* Designed and developed Use Cases, Activity Diagrams, Sequence Diagrams and UML.
* Conducted user interviews, gathering requirements, analyzed the requirements.
* Participated in the analysis, design, testing and implementation of plan items, system enhancements, bug fixes and release coordination.
* Performed GAP Analysis while mapping the functional requirements and in UAT.
* Was part of performance analysis on existing initial and concurrent based review, peer to peer review, and peer to admin review and transferred the requirement to Facets for adjudication process.
* Coordinated with Testers and designed EPIC interface test plans by applying MOSCOW rules
* Collected requirements and collaborated with DWH teams to generate reports through HP quality center.
* Coordinated with radiology system vendors for contracts. (SLA and Business uses for OLA) Annual maintenance contracts and purchase orders for jobs outside of contracts.
* Coordinated with the business owners and Vendors for service delivery and issues related to configuration on new modalities (Fluoroscopy), CT SCAN, GE PACS and for other radiology systems

**Environment:** GE PACS,GEPACS web, IDX databases,IDX LIVE, IDX RM, EPIC –HL-7 RIS,EXIT,  MIM VISTA, Terarecon, NMIS, RADWORKS, Nighthawks systems, Power scribe, Vocera , Misys and PACTS, SQL server, Sharepoint, EMR, EPIC clarity .

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| **District Of Columbia Healthcare Systems, Washington DC Jul 2010 – Nov 2012**  **Business System Analyst** |

District Of Columbia Healthcare Systemscollaborated to launch a not-for-profit individual practice association (IPA) model health maintenance organization (HMO). The organization is offering a variety of commercial and government-sponsored plans to the diverse communities it serves.It was migrating from ICD 9 to ICD 10 and modification of X12 5010 transactions. As a Business Analyst I was responsible and involved Detailed Gap Analysis, Update and manage the guidelines as per HIPAA. . I was also involved in the Forward Mapping and Backward Mapping analysis of ICD 9 – ICD 10 Conversion for CM (Diagnosis Codes) and PCS (Procedure Codes) Involved in GEM (General Equivalence Mapping) tools for forward mapping of ICD 9 – ICD 10 codes

**Roles & Responsibilities:**

* Coordinated with market BAs and business owners to gather requirements.
* Responsible for identifying and maintaining a clear and measurable software development process that is deployable throughout the enterprise using SDLC.
* Involved in preparing “BRD” Business requirement Documents for 5010.
* Followed the AGILE methodology for the entire “SDLC”.
* Prepared “FSD” functional specification document for 5010 from 4010A.
* Extensively worked with different phases of SDLC involving preparation of Business Analyst Testscripts, Low effort low complexity work forms for IT testing and UAT approvals.
* Developed User Requirements for proposed HIPAA 5010 EDI transactions including 834 (Benefit Enrollment), 835 (Remittance Notification) and 837 (Claims Submission) Transactions.
* Expertise in ICD-9 to ICD-10 Conversion and creating a crosswalk between ICD-9 to ICD-10.
* Acted as a primary liaison between business/market BAs/ and developers.
* HIPAA 4010 – 5010 Conversion Analysis – Involved in the documentation of HIPAA 5010 changes to EDI (X12) 837, 834, 820, 835,999, 276, 277 Transactions
* Documented detailed analysis of end-to-end business processes, functional design, workflow mapping and action items, issues and ensured information is accurate and complete.
* Conducted eligibility analysis of EDI (X12) 837, 834, 820, 835, 999,protocols in Medicaid and Medicare Services.
* Involved in identification of data sources, construction of data decomposition diagrams, and data flow diagrams and documented the process
* Participated in project meetings with data warehouse development teams to ensure user requirements and issues are correctly being addressed while controlling scope.
* Accepted inbound /outbound EDI (X12) 837, 834, 820, 835, 999, 276, 277 transactions from multiple sources.
* Participate in System and Use case modeling /design artifacts like activity and use case diagrams.
* Defined data structures and technical specifications.
* Supported the MedicarePart A, B program, Medicaid program, by providing technical, analytical, testing, and implementation support to existing interfaces.
* Strong Experience in Claims Processing and Claims Scrubbing in HMO, PPO, Medicaid and Medicare.
* Conducted walkthroughs and defect meetings periodically to assess the status of the testing process and discuss areas of criticality

**Environment:** FACETS (4.71, 4.51), Windows, MS Office, DOORS, Clear Quest, CDMA, Oracle, SQL Developer.

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| **United Healthcare, Philadelphia, PA Mar 2008 – May 2010**  **Business Analyst** |

United Healthcare is the nation's leading health benefits company serving the needs of approximately 35 million medical members nationwide. The project at United Healthcare was a data warehousing project which included the warehousing of data from ACES and NASCO source systems into the target data warehouse. I worked as a business analyst for the warehousing of ACES source system data.

**Roles & Responsibilities:**

* Studied existing business applicationand processes, current source system, collected end user requirements and suggested the improvised business process model.
* Analyzed the “As is” and “To be” system documents to show the current and proposed functionalities of the system using MS VISIO.
* Gap Analysis of client requirements, generated workflow process, flow charts and relevant artifacts.
* Involved in defining and documenting the vision and scope of the warehousing project.
* Involved in the development ofBusiness and Technical Requirements Document (BTRD) and Business System Design (BSD) document for the project.
* Conducted and participated in the JAD session with the SME’s and project team members.
* Worked as a liaison between the business and technical side to convey the business needs to the system architects.
* Participated in weekly status meetings to present status and incorporate any digressions from the original scope.
* Designed Use Cases using UML and managed the entire functional requirements life cycle using SDLC.
* Created and managed project templates, Use Case project templates, requirement types and traceability relationships in Requisite Pro.
* Involved in cross-functional teams, developing new ways to boost efficiency and delivering results in a fast changing environment to achieve company goals.
* Coordinate with Development and Business team to develop high level Business and Technical documents.

**Environment: Windows XP, Unix, ACES, Rational Requisite Pro, MS Office, MS Visio, UML, COBOL, Informatica, IBM classic event publisher, TeraData, DB2, IMS.**