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| **PROFESSIONAL SUMMARY** |

* Over **7 years** of professional experience as Senior Business Analyst with a subject matter of expertise in **Healthcare** and **Work Force Management(WFM)**
* Worked with major healthcare clients like **Anthem- BCBS.**
* Thorough understanding of Software Development Life Cycle **(SDLC),** **Waterfall, Agile**, Rational Unified Process (RUP) and **RUP’s** Iterative System Development Life Cycle process, implementing all four phases of a project Inception, Elaboration, Construction and Transition.
* Worked on **BI Reporting** using **Cognos**, **SISENSE** and **Power Pivots**.
* **Leadership and Project Management** skills to manage Sprint Cycles and multiple project teams with a vision to deliver more in less. Skilled in **Financial Analysis** and **Budgeting.**
* Effective **Requirements Analysis** and prioritizing through Gap Analysis, Use cases and **Prototyping** Extensive experience gathering requirements, interviewing senior level company officials to gather business requirements and furnish functional specifications. (good job)
* Well versed with Facets Enrollment, Payment, Claims, Eligibility modules and batch processes.
* Worked on **EDI 834, 835 and 837 (P, D, I)** and know about 271/272, 276/277.
* Experience in writing **Business Requirements Document** (BRD), **Functional Specification Document** (FSD), Non-Functional Specification Document, **Use Cases, screen mockups, GAP Analysis, Impact Analysis, Data Analysis, Requirement Traceability Matrix.**
* **Rally** for Agile management and User stories.
* Experience with health care Systems: FACETS**, Medicare Part A, B, C, D**, **Medicaid** systems.
* Well experienced in coordinating and planning activities, arranging and managing meetings and their outcomes.
* **Project Management**, Resource Planning, Tracking and Release Management skills for effective Scope, Resource and Conflict Management while facilitating End-Users, SMEs, Vendors and developers/testers throughout system development lifecycle.
* Well versed with **Medicare** and **Medicaid**.
* Experienced in executing **UAT phase** and **user training sessions**.
* Skills in developing **Use Case diagrams**, **Sequence diagrams**, **State Chart diagrams**, and **Class diagrams**.
* Reviewed Test Scripts, Technical Specification Documents, and worked on application’s input / output data definitions.
* Experience with **QNXT** and **FACETS** Application Groups

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| **BUSINESS ANALYSIS TOOLS** |

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| Methodologies  Tools:  Office Tools:  Business Modeling Tools:  Defect Tracking Tools: | Waterfall , Agile, RUP  HP Quality Center, Clear Quest, Clear Case, Requisite Pro (RR)  MS Word, Excel, Outlook, PowerPoint(VISIO)  MS Visio, Rational Rose  Rational ClearQuest, Rational Manual Tester (RMT) |

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| **PROFESSIONAL EXPERIENCE** |

**Anthem (BCBS), Norfolk VA**

**Dec 14 –Present**

**Sr. System Analyst**

**Responsibilities:**

* Project was partially **Waterfall** and **Agile Scrum Hybrid**.
* Determined user/Business/Functional requirements. Created vision, scope, and use case documents
* Worked on**Pega**-brand CPMHC frame work PRPC(**Pega** rules process commander) 6.x SP2 and 6.1 & 7.X SP2 development process for better customer service
* Compass was a **Pega** based customer service application.
* Involved in Pega 6.x and 7.x **Pega Testing.**
* Impact analysis or new **Medicare & Medicaid markets** addition to Anthem network for Compass application.
* Worked both on Pega front end Backend Databases and Table structures.
* Used Toad, Oracle SQL Developer and Microsoft SQL Developer for querying the database
* Created stored procedures in order to retrieve data from external database into Compass
* Used **Soap UI** for testing Web Services Performance Testing, Interoperability Testing
* Adding customer data to PRPC (Pega rules process commander)
* Helped in designing flow from CPMHC (Customer Process Manager for Health Care) for the Member and Provider Interaction and also service items
* Detail oriented analysis of **Benefits** and **Authorizations**.
* Created Data tables and Decision tables in PRPC (CPMHC framework)
* Documented requirements using DCO in PRPC 6.1 and 7.x
* Wrote Complex queries in **Pega database** using SQL server in order to test the exposed field for reporting purposes.
* Used **Rally** software to create **user stories** that fit into 2 weeks iterations.
* Used SISENSE for **BI Reporting** and creating **Dashboards** for higher management for performance management.
* Used **MS Excel** (Power Pivot) for BI reporting.
* Actively participated in User Acceptance Testing **(UAT).**
* Successfully implemented PRPC application which successfully implemented call center CRM solutions to fulfil and update client needs with complete and enhanced customer satisfaction
* Followed SDLC process from creating CNR to production go live.
* Documented requirements and created technical specifications document for **Pega CTI** (Computer Telephony Interchange) in order to leverage Pega soft phone functionality
* Also worked on different **Medicare**, **Medicaid** programs, CHIP and LTC

**Environment:**

Pega 6.x & 7.x, Facets, **Soap UI**, SQL **Server 2008**, **JIRA** , MS-Visio, MS Office, Toad, **SharePoint, Rally**

**Care Source, Dayton OH**

**Jun 13 –Nov 14**

**Sr. Business Analyst**

**Responsibilities:**

* Assessed high level business requirements and translated them to software requirement specifications.
* Created Functional Design **(FD)**, **Use Cases**, test scenarios, test cases for testing the functional requirement.
* Prioritized requirements as per the project scopes and business inputs.
* Facilitated **JAD** sessions to collect requirements from system users and prepared business requirement that provided appropriate scope of work for technical team to develop prototype and overall system.
* High Level Requirement Document using UML-based case models and process and state flow diagrams.
* Managed communications with offshore teams in multi locations.
* Worked on Enrollment and Payment modules in detail.
* Worked on new **Medicare** and **Medicaid** plans.
* Prepare required regulatory reports which show the progress on the collection reporting and analysis of the **HEDIS.**
* Work with **HEDIS** software vendor to have development to the QSI **HEIDS** software to capture the data elements of the Obstetric Needs Assessment Form (ONAF) electronically
* Had daily meetings and regular coordination with the project managers, QAs and developers to manage the scope of the project, prioritize and adjust functional requirements. Collected and documented business processes as well as business rules.
* Provided key input in working with users in defining project and system requirements.
* Presenting deliverables to sponsors and senior management while providing training to use the new systems and tools.
* Used Power Pivot and **Cognos** for **BI reporting** to provide for business insight on performance for the senior management.
* Assisted Project Manager in developing project timelines and estimating resource requirements.
* Conducted **UAT** and conducted **user trainings** sessions for all releases.
* Performed stakeholder analysis to identify key players for project success.
* Identified and involved all key stakeholders, contributors, business, operations and technical resources that must participate in a project and ensured that contributors are motivated to complete assigned tasks within the parameters of the project plan.
* Review detailed claims data in order to verify **HEDIS** rates as necessary.
* Conducted **Impact Analysis** across more than 450 applications to identify those affected by **ICD 10** conversion while working directly with senior leadership, program manager, SMEs and multiple app management teams.
* Identified system scope that will be affected by the **ICD-10** project to accommodate **ICD-10** code and/or downstream impacts stemming from **ICD-10 codes**,
* Working with business and development teams, gathering requirements and analyzing existing systems, Performing Gap Analysis, Impact Analysis, and Preparing Test Cases.
* Responsible for creating business flow diagrams using **MS-Visio**.
* Created product documentation, including online help, printed user manual, and training materials.
* Used quality center for defect management and defect rectification.
* Assisted with Test Cases with Quality Assurance group to implement them efficiently responded to client inquiries.
* Collaborated with Quality Assurance Analyst in Rational Clear Quest to track defects and used Rational Clear Case to maintain consistency in the builds.

**Environment:**

HP Quality Center 10.0/11.0, SQL Server 2008, UML, Requisite Pro, MS-Visio, **ICD 9** & **ICD 10**, MS Office, **FACETS** **4.6 – 5.01**, Rational Clear Case, Rational Clear Quest

**Wellcare, Tampa, FL**

**Jul 12– May 13**  
**Business Analyst**

**Responsibilities**:

* Facilitated Joint Application Design (**JAD)** sessions to collect requirements from system users and prepared business requirement that provided appropriate scope of work for technical team to develop prototype and overall system.
* Involved in gathering, documenting and verifying business requirements (Provider, Claim components and HIPAA).
* Interacted with report users and stakeholders to understand the problem domain, gathered customer requirements through surveys, interviews (group and one-on-one) along with JAD sessions.
* Involved in understanding the current business process, defining scope of the project along with position statement.
* Created BRD, FRD, use cases, test scenarios, test cases for testing the functional requirement.
* Worked on the migration process from **X12 4010 to 5010.**
* Implemented automated COB processing of **Medicare** claims into **FACETS**
* Validated business rules and all artifacts with users, got approval and sign off.
* Identify processes and systems to enable to trade files with non **ICD-10** complaint trading partner.
* Followed Unified Modeling Language (UML) methodology using RequisitePro and Rational Rose to create/maintain: Use Cases, Activity Diagrams, Sequence Diagrams, and Collaboration Diagrams.
* Experience of **FACETS** in Billing Entity, Premium Rates, Product Billing Component, Billing Group, Fees and Discounts, Adjustments, Claims, Provider, Member.
* Helped prepare the **ICD-10** context diagram.
* Worked with providers and **Medicare or Medicaid** entities to validate EDI transaction sets which includes **HIPPA 5010; 834, 835** and **837**.
* **FACETS** UI Extensions, Inbound batch interfaces and reports.
* Involved in **FACETS** Implementation, involved end to end analysis of **FACETS** Billing, Claim Processing and Subscriber/Member module.
* Set claim processing data for different **FACETS** Module.
* Design, analyze and performed Integration and wrote System requirements.
* Assisted Design Team in preparing SRS, Software Design Document (SDD), User Interface Design, Application Architecture & Database Modeling.
* Helped in project testing efforts for doing integration tests, regression tests and user acceptance tests.
* Mapping of **ICD-10** codes to procedure and diagnostic codes in IDX,
* Worked on Data mapping, logical data modeling used SQL queries to filter data within the Oracle database tables.
* Ensured that the systems complied with the rules of HIPAA and CFR Part 11.
* Led the testing efforts of the datamarts in development, coordinated moving/setting up of processes in production.
* Worked with QA team and **UAT team** to go over the various test scenarios for different types of loads in the datamarts.
* Worked for the team that is responsible for receiving, documenting, tracking and addressing the problems encountered by the customers of Flagship software product EPM (Enterprise Practice Management) while generating **837** **Professional, Institutional,** and **Dental claims**, Functional Acknowledgement 999, Claim Status Inquiry/Response 276/277 Unsolicited for their destination direct Payers or Clearinghouses.
* The product was also integrated with Trizetto's **FACETS** application for Claims processing.

**Environment**:

S Office Tools, Windows 7, MS Project, RequisitePro, Rational Rose, ClearCase, MS PowerPoint, MS-SharePoint, MS-Word, MS-Excel, IBM Process Modeler, **HIPAA 4010-5010**, **FACETS** 4.21/4.31/4.6

**BCBS Michigan**

**Business Analyst**

**Sep 10 – Mar 12**

The BCBS Michigan have the largest patient-centered medical home program in the nation — with 2,500 physicians at 770 practices across the state. Blue Cross Blue Shield of Michigan has a purpose to provide people with the security of knowing they have health care when they need it. The project is on the conversion of 4010 to 5010 for different transactions such as 837, 277 and 276.

**Responsibilities:**

* Assisting in writing efficient and effective Test Plans, Test Strategy, System testing, End-to-End Testing and User Acceptance testing.
* Participating in the planning, development, coordination and presentation of specific testing needs as appropriate to the quality assurance needs of the end user.
* Assisting business users in defining UAT test cases and plans; Established and maintained test cases and test data in Quality Center.
* Coordinated with the QA Team for testing activities across multiple systems and managed Conversion test execution.
* Helps in conducting Gap Analysis (GAP), User Acceptance Testing (UAT), and System Integration testing (SIT) and SWOT analysis.
* Involved in implementation of HIPAA EDI Transactions ( 835,837)
* Facilitated Electronic Data Interchange.
* Performed GAP Analysis for HIPAA 4010 and 5010 transactions.
* Used EDI tools to verify mapping to X12 format.
* Recommend changes for system design, methods, procedures, policies and workflows affecting Medicare/Medicaid claims processing in compliance with government compliant processes like HIPAA/ EDI formats and accredited standards ANSI.
* Analyze HIPAA EDI transactions in X12 responses and of 837, 835, 277CA and 999 and looked for defects.
* Do data analysis for various version changes of EDI messages on different sub-systems.
* Providing the required test data for the developers in order to fix the defects.
* Participating in QA team meeting and bug tracking meetings.

**Environment:** User Acceptance Testing (UAT), Rational Clear Quest, MS Access, Windows, Rational Test Manager, MS Office

**CDPHP, Albany, NY**

**Mar 09 – Aug 10**

**Business Analyst**

**Responsibilities**:

* Created Business requirement Documents for **X12** **5010**Involved in the process of migration from **X12 4010 to 5010**
* Migrating **X12 4010A to 5010** as Business Analyst I was responsible and involved Detailed Gap Analysis, Update and manage as per the HIPAA guidelines.
* Conducted **“JAD”** sessions to understand detail requirements and performed “GAP” analysis.
* Prepared “**FSD**” functional specification document for **5010** from **4010**A.
* Performed the detail comparison between 4010A and 5010 to identify differences across loop
* Structures.
* Test and Migrate the Partners and Analyze Partner Compliance & Performance in production.
* Worked on EDI **834, 835, 837** **Professional, Institutional,** and **Dental claims**.
* Performed the detailed business analysis across line of business (LOB), transaction types.
* Involved in the data movement between systems and validating the business requirements.
* Followed the RUP methodology for the entire “SDLC”.
* Created Interfaces.
* Actively participated in status report meetings and interacted with developers to discuss the technical issues.
* Lead **UAT phase.**
* Worked in testing the Professional, Institutional Claims processing and adjudication and validate data with **FACETS**.
* Extensively involved in Database testing by writing SQL queries.

**Environment**: **FACETS** 4.51, MS Office, Clarity, Clear Quest, CDMA, Oracle 9g, SQL Server.

**Health Alliance Plan Corp. Detroit, MI**

**Apr 08 - Jan 09**

**Business Analyst**

**Responsibilities:**

* Actively operated in all the phases of SDLC in Waterfall environment making sure that the whole process followed a structured process and every requirement was clearly incorporated in the iterations.
* Worked with a Business Analyst to gather requirements by assisting in interviews and scribing JAD sessions and drafted BRDs and Use Cases.
* Analyzing the Facets Requirements and thus conducting gap analysis.
* Conducting business validations, covering the deliverables: **FACETS** Providers, Facets Claims and Facets Membership and Operational reports.
* Experience of Facets in Billing Entity, Premium Rates, Product Billing Component, Billing Group, Fees and Discounts, Adjustments, Claims, Provider, Member.
* FACETS UI Extensions, Inbound batch interfaces and reports
* Involved in **FACETS** Implementation, involved end to end analysis of **FACETS** Billing, Claim Processing and Subscriber/Member module.
* Worked on EDI **834**, **835** and **837** **Professional, Institutional,** and **Dental claims.**
* Worked on EMR to cut down paper work and also get perfect information about customer’s hospital and doctor surgery.
* Played an active role in gathering, analyzing, and writing business requirements.
* Translated the business needs into system requirements and communicated with the business on a non-technical level
* Assisted in building a business analysis process model using Visio.
* Documented the Functional Specifications Document using **UML** and **Visio**.
* Created use cases using Visio and involved in managing the functional requirements life cycle
* Involved in User Acceptance testing.
* Responsible for creating business flow diagrams using **MS-Visio.**
* Created product documentation, including online help, printed user manual, and training materials.
* Used quality center for defect management and defect rectification.
* Also been involved in E-care a web-based technology uses databases to provide an extremely cost effective tool to validate patient demographics and verify insurance eligibility in real-time using EMR.
* Worked on various applications that aimed at better integrating online account services which served in helping members with information and resources and to assist them in making better informed decisions about their Health care which also gives information about their billing

**Environment:** Oracle, UML, Requisite Pro, MS-Visio, Windows XP, MS Office.

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| **EDUCAT ION** |

Masters of Business Administration (MBA-Finance) - Pakistan