**Nazia Hassan**

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**SUMMARY**

* Over 6+ years of IT experience working as a Business Analyst in the Healthcare and Pharmaceutical industry.
* Strong knowledge of SDLC methodologies like RUP (Rational Unified Process), RAD (Rapid Application Development) and Agile. Extensive knowledge using Unified Modeling Language (UML) diagrams (use case, activity, sequence) using Rational Rose and MS Visio.
* Experience in conducting GAP analysis, SWOT analysis, Cost Benefit analysis and ROI Analysis.
* Extensive knowledge of MMIS (Medicaid Management Information System), HIX (Health Insurance Exchange), EMR (Electronic Medical Record), EHR (Electronic Health Record) and healthcare reforms like the Patient Protection and Affordable Care Act (PPACA), Emergency Medical Treatment and Active Labor Act (EMTALA).
* Excellent knowledge of Health Insurance Portability & Accountability Act (HIPAA) standards, Electronic Data Interchange (EDI), HL7 and ICD-9 to ICD-10 coding.
* Worked with (ACS) X12 5010 and (ASC) X12 4010A including the various Claims Transactions such as: 837 (submit medical claims), 835 (medical claim payments), 270 (benefit/eligibility inquiry), 271 (benefit/eligibility response), 276 (claim status request), 277 (claim status notification), 820 (premium payments), and 834 (enrollment).
* Extensive knowledge of Laboratory Information Management Systems (LIMS), Electronic Laboratory Notebook (ELN) and Scientific Data Management System (SDMS), FDA 21 CFR Part 11and Documentum.
* A solid base in gathering and documenting user and business requirements.
* Analyzed and synthesized results from Joint Application Development (JAD), proposed alternative tasks and transformed them into a Business Requirement Document (BRD).
* FACETS experience in the areas of Enrollment, Enrollment Pre-processing (834 & proprietary enrollment file mapping, Business rules design & Enrollment Keyword creation) MMS Batch processing, Provider, and Claims Strong understanding of test plans, test cases, test scripts and defects tracking/reporting.
* Proficient in writing queries/ SQL/ MS Access to assist in UAT, data validations and data analysis.
* Strong experience in Data Analysis, Data Migration, Data Cleansing, SQL queries, ETL jobs, data warehouse/data mart/data store models.
* Strong experience in the creation of Test Plan and Test Cases from the Requirements document. Documentation of the Test Plans, Test Cases, Test Scripts, Test Procedures based on the Design Document and User Requirement Document for the Black Box, Functional, Usability and User Acceptance Testing (UAT).
* Proficient in transforming business requirements into user requirement specification, Functional Requirement Specifications Document (FRD) and Use Case Narratives.
* Excellent verbal/written communication skills and strong analytical abilities. Can perform well both independently and as a team player. Adept in written correspondence, reports, implementation requirements, project status reports, oral presentations and e-mails.

**SKILLS:**

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| **Operating System** | Windows 95/98/XP/NT/2000,7, MS DOS |
| **Methodologies** | Rational Unified Process, Agile(Scrum), Waterfall, RAD |
| **Business & Modeling Tools** | MS Visio, MS Project, Rational Rose, UML, Rational Requisite Pro, Rational Clear Case, Rational Clear Quest, MS Share Point |
| **Databases/Query Tools/Web** | MS SQL Server, MS Access, Oracle 9i, HTML, Dream Weaver, MS Front Page, XML |
| **Defect Tracking tools** | Test Director, Rational clear quest |
| **Testing Tools** | Rational Test: Robot, Mercury Tools: Win Runner,  Load Runner |
| **Languages** | SQL, HTML, DHTML, Java Script, VB Script |
| **Databases** | SQL Server, Oracle 8x/9i, MS Access |
| **Graphics/ Utilities** | MS FrontPage, Access, Outlook, Office 2003, 2007 |

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**PROFESSIONAL EXPERIENCE:**

**Florida Healthcare Plans, Holly Hill, FL** ‎ **Jan 2014 – Present**

**Sr. Business Analyst**

Florida healthcare plans is an HMO that provide services to Volusia and Flager 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 migrate 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.

**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.
* Managed Financial Processing that served as primary lead for corporate financial systems, including accounting processes for accounts receivable and accounts payable systems. Manage financial spreadsheets and vendor accounts. Spearhead collection processes and manage accounts receivable personnel.
* 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.
* Worked on EDI-file load to Facets through MMS (Membership maintenance sub-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.
* Created T-SQL objects such as tables, views, joins and store proceduresto meet client requirements.
* 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.
* Uploaded traceability. Opened and closed tickets as needed during UAT, tracked issues and planned sprints with JIRA.
* Did data analysis, created data mapping and data interface documents and kept the documents updated with changes in requirements and functional specifications.
* Prepared UAT plan, communicated testing requirements to users participating in UAT efforts.
* Extensively used SQL scripts/queries for data verification at the backend.
* Worked on solving errors of EDI 834 load to Facets through MMS.
* Worked on developing the business requirements and use cases for Facets batch processes; automating the billing entity and commission process.
* Assisted in developing the Test Plan, Test Cases and Test Scenarios, based on business requirements and technical specifications. Collaborated with the QA team to ensure adequate testing of software by conducting UAT.
* Coordinated the upgrade of Transaction Sets 837P, 835 to HIPAA compliance.
* Wrote SQL queries for data Validation.
* 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.

**Environment:** Rally, Agile, Microsoft Office, HTML, Microsoft Visio, Share Point, Mega, XML schema, SQL Query, J2EE, UML, MS SQL Server, UAT, Quality Center

**Xerox, El Segundo, CA July 2011 – Nov 2013**

**Business Analyst**

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 migrate 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.

**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.
* Worked on the EDI 834, 835,837file load through MMS (Membership maintenance sub-system) and including Claims, Provider, Portal, Billing, Benefits.
* Worked on developing the business requirements and use cases for Facets batch processes; automating the billing entity and commission process.
* Prepared the Business requirement Document (BRD) and functional requirement document (FRD) for the enhancement of the existing services.
* Actively participated on creating Migration strategy from existing PDE (Microsoft Access files) to G­old Data Repository.
* Wrote Test Casesfor various Test Scenarios, documented UAT Plan, helped the testing team to better understand the scripts and live environment constraints, andhelped managing defects and issues log duringthe testing phase.
* 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.
* Analysis and Design of existing transaction sets, and modification of these transaction sets to ensure HIPAA compliance.
* Reviewed and participated in defining the Test Strategies and coordinating the UAT efforts.
* Involved in data analysis, created data mapping and data interface documents and kept the documents updated with changes in requirements and functional specifications.
* Involved in writing SQL queries for Backend data verification, retrieving data from related tables and Testing.
* 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).
* Involved in 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.

**Environment:** Agile, Microsoft Office, HTML, Microsoft Visio, MS SQL Server, Share Point, XML schema, SQL Query, UML, Quality Center, UAT, QML

**Amerigroup Corporation, Virginia Beach Feb 2010 - July 2011**

**Business Systems Analyst**

Amerigroup Corporation is a multi-state managed healthcare insurance company focused on serving people who receive healthcare benefits through publicly sponsored programs, including Medicaid, Medicare, State Children’s Health Insurance Program (SCHIP), Family Care and Special Needs Plans (SNP). There were multiple ongoing projects at Amerigroup where multitasking was a key to success. Primary role on this project was working on conversion of ICD-9 CM and PCS codes to ICD-10 (Clinical Modification and Procedure Coding System) codes and conversion of all EDI HIPAA X12N-4010 transactions to HIPAA X12N-5010 version and prepare necessary supporting mapping/crosswalk documents as part of project deliverables.

**Responsibilities:**

* Studied existing business application and processes, collected end user requirements and suggested the improvised business process model.
* Reviewed new and modified program, including documentation, diagram, and flow chart, to determine if program performed according to user request and conform to guidelines.
* Involved in gathering, documenting and verifying business requirements
* Gathered requirements for impacted system and business areas for ICD-10 and their needs to embrace the changes
* Organized 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.
* Design and review of various documents including the Software Requirement Specifications Worked on creating specifications for transitioning business from HIPAA 4010A to 5010 and from ICD-9 to ICD-10.
* (SRS), Business requirements document (BRD), Project Requirement Document (PRD), Use Case Specifications, Functional Specifications (FSD), Systems Design Specification (SDS), Requirement Traceability Matrix (RTM), Requirements Management Plan (RMP) and testing documents.
* Involved in requirement gathering for ICD9 to ICD10.
* Analyzed and worked with HIPAA specific EDI transactions for claims, member enrollment, billing transactions.
* Develop, design & implement department plan to operationalize new FACETS integrated processing system, to include but not limited to, workflow, management oversight and performance analysis.
* Written and executed test cases for ICD 9 codes and charges validation
* Worked closely with stakeholders and SME’s for requirements gathering.
* Worked on developing the business requirements and use cases for Facets batch processes; automating the billing entity and commission process.
* Extensively interacted with the QA Team in executing the Test Plans, Providing Test Data, Creating Test Cases, and Issuing MR upon detection of bugs and collecting the Test Metrics.
* Wrote Use cases and test cases for testing and the processing of member enrollment and benefits.
* Performed “UAT” for 5010 and ICD 10 codes.
* Designed and implemented basic SQL queries for testing and report/data validation.
* Worked with the QA (Quality Assurance) team for designing Test Plan and Test Cases for the User Acceptance testing - Defined test cases, creating test scripts, analyzing bugs, interacting with QA / development teams in fixing errors and User Acceptance Testing (UAT).
* Familiar in reviewing the legacy system and MMIS system documentation
* Developed requirements integrating Use Case diagrams and designed the testing process flows.
* Followed the RUP methodology for the entire SDLC.

**Environment:** MS Office, Facets, Agile, Rational RoseMS VISIO, UML, SQL, Oracle, Business objectives, SQL, UAT , XML, HP Quality Center ALM.

**Pfizer Inc., Minneapolis, MN Feb 2009 - Jan 2010**

**Business Analyst**

Pfizer Inc. is the one of the world's largest Pharmaceutical Company, which discovers, develops, manufactures, and markets leading prescription medicines for humans and animals and many of the world's best-known consumer brands. The project was to make enhancements to the existing Content Management System - Documentum to store the patent information, drug details, research and development and sales information. The basic objective of this project was to migrate to a new system that offers the opportunity to clean up the system-remove redundancy, separate or combine repositories, update object models, taxonomy and security, and review data anomalies. The project followed Agile Scrum methodology.

**Responsibilities:**

* Responsible for facilitating the identified risks, and issues, by tracking these through the SDLC, scheduling, and recapping team meetings.
* Assisted business analysts in leading JAD sessions, and developing documentation of technical requirements, functional specifications for all automated workflow using Visio.
* Involved in gathering requirements and translated the business details into the functional specification documents that described the different types of processes.
* As Scrum Master assisted team with making appropriate commitments through story selection, sizing and tasking.
* As Scrum Master proactively identified and removed blockers, facilitate frequent retrospectives, sharing metrics to identify and implement improvements.
* Provided coaching on Agile values and practice to other teams within the company.
* As Scrum Master involved in Scrum Sprint Planning Sessions, Backlog Grooming, Sizing, Sprint Retrospectives & Reviews, Daily Standups, User Stories and Acceptance Criteria.
* Created business process, and activity diagrams using Visio. As well as leading client JAD sessions to ensure validation and usability with the new technological platforms.
* Obtained detailed understanding of data sources, Flat files and various schemas and modeling.
* Extensively worked with Facts and Dimension tables - architecture to produce source to target mappings based upon business specs.
* Developed test plans, test scripts and use cases for testing of workflow automation tool in conjunction with business users and IT development staff.
* Reviewed necessary technical specifications, requirements and work breakdown structure documents using Visio.
* Prepare Functional requirement specification documents which includes flow charts, formulas, definitions, sample tables with real data, well designed color Graphs including drilldown views and mockup screens.
* Strictly followed the change control methodologies while deploying the code from development, Quality Assurance and Production.

**Environment:** Agile, UML, MS Visio, MS Project, Windows 2000, MS Office, Oracle, SQL, Erwin, Documentum, Quality center.