**Raymond Kabenge**

**443 738 5414**

[**raymond.kabenge@gmail.com**](mailto:raymond.kabenge@gmail.com)

**Summary:**

9 years of experience in the IT field with focus on **Business Analyst and Quality Analyst** roles. Strong knowledge of all phases of **SDLC** (Software Development Life Cycle) and the Health Care Sector with prime focus on claims, eligibility, provider and membership enrollment**.**

PROFESSIONAL SYNOPSIS

* Proficiency in **SDLC life cycle, understands the workflow concept, ability to gather and document the 'As-Is' and 'To-Be' processes including requirement document execution, including elicitation, analysis, specification and validation.**
* **Translate high level business requirements into functional specifications and manage the changes to the specifications within IT.**
* Conducted a session with business, SME and other parties to gather the requirement for the integration of Facets with the providers and other third parties and as such negotiated agreements and commitments by facilitating communication throught all stages until final implementation.
* Reviewed and analysed Business Requirements, Development, Functional Specifications, and Detail Design of the Application as we interacted with the vendors, state and federal agencies and beneficiaries.
* Ability to gather and document Business Requirements, serving as a liason between the business and IT organization meeting user needs.
* Requirement gathering through interviews, workshops, JAD sessions with clients, developers and QA Analysts and referring to existing system documentation and procedures as their strength and weaknesses were analysed.
* Experience with writing various test cases for **FACETS** interfaces as Provider, Group, Subscriber/Family, membership, billing and tracking/explaining bugs to development teams and tracking bug reports using bug tracking tools.
* Proactively identified risks, issues and actions items that led to solutions.
* Experienced with EDI Transactions in healthcare and familiarity with HIPA 834, 835, 837 and with automating processes and functions.
* Extensive experience in using Test Management tools such as **HP Quality Center (QC)** now known as **Application Lifecycle Management (ALM)** and **Test Director** for organizing and managing all phases of application testing process, including specifying testing requirements, planning tests, executing tests and tracking defects.
* Experienced in testing Health Care applications and ability to think through the requirements to identify the ambiguities and build test cases for effective test coverage.
* A dynamic team member with proven abilities to be a part of a team during various project phases.

**Technical Skills**

Process/Modeling Tools: **Rational Rose, MS Visio, Rational Requisite Pro, Clear Quest**

Testing Tools: **Rational Enterprise Suite, HP Quality center, ALM, Test Director, Win Runner, Load Runner.**

Languages: **SQL, JAVA, XML, UML, .NET, HTML**

Methodologies: **Waterfall, Agile, RUP**

Project Management: **MS Office, MS Project**

**Professional Experience**

**Catholic Health Initiatives, Denver CO Jan 2017 – June 2018**

**Sr. Business Analyst**

**Project Description 1:** Implementing a new encounters data management software system by reviewing and analyzing X12 EDI 837 file output, validating them against state reporting agency requirements, and writing Mapping Documentation, SSD (Solution Summary Document), HLD (High Level Design Document), SRI (System Requirements Inventory), RTM (Requirement Traceability Matrix) and also created BRC (Business Rule Configuration)

**Project Description 2:** As a Business Analyst, worked with Business and IT teams in customizing Claims Management and Reconciliation (CMR), an application, for managing and processing patient claims. Patient's information, history about disease and medication is collected and stored in the CMR system. Similarly, information about participating hospital and physicians is also stored in the same system. Whenever any claims come to the company they reconcile with their records, which helps them, manage and process claims faster and efficiently.

**Responsibilities**

* Lead business requests through the end-to-end project life cycle; managing intake, scoping, requirements gathering, and presenting requests to the IT governance board for approval.
* Performed requirements gathering from the business users of the system while adhering to SDLC (Software Development Life Cycle) industry best practices.
* Streamlined Claims (837 EDI X12) Migration project by gathering functional specifications in Edifecs.
* Presented several documents and Use Cases for multiple transactions and worked with ANSI X12 5010 including the standards for medical transactions like 837I, 837P, 835, 834, 270, 271(both inbound and outbound) transactions for ongoing industry projects.
* Designed workflows and implements the requirements following the Use Case documents and Pega rules engine.
* Collected the information related to ongoing application upgrade and their impact on ICD-10 implementation and created awareness within the departments regarding the need, impact, benefits and risks of ICD-10 code application.
* Interacted with PBMs and NCPDP throughout the process of negotiating and processing prescriptions.
* Used Edifecs to find snip type 1, 2 and 3 errors in the EDI files
* Tracked and maintained Stakeholder requested enhancements and changes using Requirement Traceability Matrix (RTM).
* Ensure Agile and/or Kanban methodologies are followed as per the projects best needs/practices.
* Provided AGILE project management controls, project plans, timeline schedules, facilitate RAD sessions and review software defects.
* Created Activity, Collaboration, Deployment, State and Sequence diagrams using Visio.
* Worked on Jira Agile Boards and configured swim lanes.
* Extensive use of JIRA for management of bugs and other issues.
* Help design new business processes in coordination with client leadership.
* Responsible for extracting data from multiple sources, manipulating data/data validation, conducting Root Cause Analysis, developing solutions/recommendations and presenting to Sr. Leadership.
* Query data from relational databases (Teradata, MS SQL server, Oracle).
* Perform data validation, analysis and modeling (Root Cause Analysis, Behavioral Analysis).
* Create and distribute high level business performance reporting.
* Document processes and procedures to ensure manuals and standard operating procedures remained current.

**Blue Cross Blue Shield, Durham, North Carolina**  **April 2015 – December 2016**

**Quality Analyst/Business Analyst**

The project was based on the coding and testing for the enrollment products including all contracts, booklets, Insurance Medical Cards, Explanation of Benefits(EOBs), and Explanation of payments(EOPs), Claims Recovery Invoices and Premium invoices. The primary responsibility was to design a test plan based upon requirements, develop test scripts and execute test plans and test cases for all these products and assist in the training of the end users. These were all validated against a FACETS database that adhered to the strict compliance, policies and regulations that met the ACA(Affordable Care Act) compliance standards. This was all in the FACETS functional areas of Enrollment, Claims, Billing, Provider and Member Information.

**Responsibilities:**

* Analyzed system requirements and developed detailed Test Plan
* Wrote Test Plans, Test Strategy, System Testing and End-to-End Tests based on the business requirements
* Wrote test cases in Quality Center derived from the Design documents and generated a Traceability Matrix for testing purposes.
* Performed functional tests in Quality Center to execute, report and document bug information useful in the debugging process and evaluation of test data.
* Developed Test Script for Functionality, Security, and Regression testing.
* Performed System, Integration, Unit, Regression Testing and User Acceptance Testing.
* Performed Manual as well as Automation Testing to verify the expected results.
* Validated XMLs and benefit grids in the process of testing letters, booklets and ID cards.
* Uploaded, managed and reported defects using Quality Center.
* Worked closely with the production development team to resolve bugs and ensure stability.
* Participated in weekly defect tracking meetings with the development and management teams for reviewing progress against outstanding testing milestones, issues and dependencies.
* Analyzed the performance based on the reports generated.
* Extensively worked on requirement upgrade and/or change requests while executing UAT.
* Delivered project assignments on time, within budget and with high quality.
* Developed SQL Queries for backend testing and validate database entegrity.
* Processed claims in Facets and verified they are generated and sent to Provider.
* Involved in FACETS Implementation, end-to-end testing of FACETS Billing, Claim Processing and Subscriber/Member module.
* Conducted GAP analysis and filling gap according to the format set by HIPAA.
* Trained new team members in new business initiatives through data analysis, identification of implementation barriers and user acceptance testing of new systems.

**Healthnet Inc, Woodland Hills ,CA November 2013 – April 2015**

**Business Analyst**

**Project Description**: ABS Production Support   
ABS is the core payer system that caters to Health Net’s Western Region Membership. The goal of the project is to enhance/develop the functionalities in ABS. There are multiple projects under AO like Open enrollments projects, to enhance the system to accommodate new plans, new enrollments during the end of every year. Other responsibilities are to work on the existing operational issues, performing bug fixes, implementing minor projects. As part of HN AO ABS projects, performing the onsite lead role for the membership sub- system of ABS, providing solution to the existing problems, developing value add to the business users and customer support.   
   
**Type of the project:**    
• Health Net ABS Production Support   
• Converting legacy programs to PEGA Table Process   
• HIPAA NCPDP D.0 billing claims implementation

**Responsibilities**

* Gathered, created and reviewed business rules, business documents and Interface requirement documents for alignment of attributes in agile environment.
* Develop User stories based on requirements from SME’s (CMS) and stakeholders.
* Expert knowledge in NCPDP D.0 claims processing in commercial, DOD and workers compensation billing claims processing.
* Responsible for troubles shooting, data cleaning and data integrity. Use SQL scripts to extract data and load into SQL Server tables.
* Migration of benefit investigation that involves order/RX processing, Verification of Rxs, Billing.
* Developed stored procedures, views, triggers and user-defined functions using T-SQL.
* Maintaining multiple databases and customizing reports based on user requirement.
* Database Designing and modeling-Designing of Database, Tables, Indexes, Primary & Foreign keys.
* Created complex analytic queries on large data sets.
* Worked on analyzing, profiling, manipulating data from a large variety of sources.
* Make certain the user stories are good, comply with acceptance criteria, have sufficient business value and selling points.
* Define acceptance criteria as per stakeholder’s requirements.
* Data mapping and modeling to capture Drug/Pharmacy data from EDI 837P/I/D, HL7 and NCPDP messages
* Prepare and send weekly and monthly progress reports and keep the clients updated about the software under development.
* Accountable for ensuring user stories to have acceptance criteria.
* Proficiently helped development teams to break down large user stories for execution.
* Advised product owners, scrum masters and teams to improve their ability to create good product backlogs.
* Actively assisted in the acceptance and validation of the stories by testing the delivered stories.
* Worked closely with the development team in order the make sure that all the requirements are met.
* Extensively performed gap analysis and created mapping documents for elements across various systems.
* Created test scripts and conditions for verifying end to end data flow and migration.
* Designed, prepared and implemented test cases for system testing as well as for User Acceptance testing.
* Conducted integration testing and regression testing with developers in development and QA, also conducted user acceptance testing with UAT team. Safety reporting on system-based projects, acted as a liaison, writing documentation and increased project coordination.
* Analyzed and documented system release/deployment issues according to version management, backward compatibility, load balancing of components in production environment.
* Did impact analysis for changing requirements and coordinated with business users for prioritizing the testing/release of the changes.
* Well experienced using HP Quality center, ALM, JIRA and Team Foundation server for requirements and defect tracking.
* Extract, Transform, Load (ETL) operations for pharmacy claim details on a monthly basis for a large customer base using COBOL, DB2 and SQL.
* Addressing production support issues as per the SLAs.
* Worked with EDI/EFT teams to translate the member files into legacy system formatted files.
* Enhanced member enrollment system from BASIC and COBOL to PEGA table process.
* Worked with business partners to create mapping documentation for AADD (Application and Architecture Design Document).

**Department of Health & Human Services (DHHS), NH November 2013 – April 2015**

**Business System Analyst/QA Tester**

**Child Support** has been the place parents turn to when they are looking for c**hild care, and the agency child care providers r**ely on for help with their programs throughout the greater Upper Valley area. CCP's goal is to further the availability of high quality **child care options for parents and their families**. The goal of **Child Welfare** **is to promote**, safeguard and protect the overall well-being of children and families, to intervene on behalf of children who have been abused or neglected, and to work with children and families to assure that every child has a permanent, safe, and nurturing environment in which to achieve their maximum potential**.**

**Responsibilities**

* Gathered claims processing requirements from business users.
* Actively participated in defining scope of project, gathering business requirements, and documenting them.
* Worked closely with Child Care Administration Department to gain knowledge of procedures and laws.
* Interviewed business area experts and recorded requirements to prepare Questionnaires and surveys that could be reviewed and understood by management and all other stakeholders.
* Used Rational Requisite Pro to prepare requirements documents. Extensively used Microsoft SharePoint to upload all the requirement documents, test scripts, test cases and varied test scripts for everyone's review.
* Created Use Cases, Activity Diagrams and Activity Diagrams using MS –Visio.
* Wrote Test Plans and Test Cases based on user requirements and functional     specifications.
* Involved in User Acceptance Testing with the end users.
* Used Quality Center for defect tracking and prioritizing defects and to manage changes.
* Played major role in Project Management including deployment, documenting, and implementation throughout the development lifecycle.
* Worked on Claims and Check draft systems for child support recovery payments
* Aided in the testing of the product for validation along with the testing team. Tested the product for validation along with the Testing team.
* Created UML Activity Diagrams to depict the behavioral flow of events, sequence diagrams and collaboration diagrams to maintain traceability.
* Tracked and communicated project tasks progress against deadlines, and provided measurable results to management by using MS Project and MS access.
* Coordinated UAT and also monitored business testing. Interacted with the development team regarding defect status and fixes on a daily basis.
* Conducted gap analysis for each of the review documents concerning the respective feeds in backend interface.
* Tested the GUI / User Interface of the Web applications aqnd implemented end-end tests.
* Participation in requirement / Use Case analysis, risk analysis and configuration management.
* Tested the Membership and claims files (XML).
* Performed UAT testing manually in coordination with UAT group to ensure correct business logic.
* Worked on Healthcare Management Information System which included two divisions: HIPAA compliance and Maintenance units division and Claim processing division.
* Used Quality Center for reporting and tracking bug and generating reports.

**Department of Health and Human Services, State of Virginia November 2011– October 2013**

**Business System Analyst**

Virginia’s state wide automated system for the welfare programs under title IV of the Social Security Act (**Child/Spousal Support, Medical support, Foster Care Etc**.) and is federally certified. It has interfaces with other welfare systems like AFDC, Medicaid, Food Stamps, Comprehensive Claims Systems, etc.

**Responsibilities:**

* Facilitated JAD sessions, which focused on the definition of business requirements.
* Created Use Cases that defined the role of users who receive claims, users who process claims and users who adjudicate claims. Used MS Visio to develop UML diagrams Validate EDI Claim Process according to HIPAA compliance.
* Performed SWOT and Gap analysis for the new functionality requirements Worked with HIPPA rules and regulations to draft business rules and claim processes.
* Interacted with the client and the Technical Team for requirement gathering and translation of Business Requirements to Technical specifications.
* Responsible for **validating** **claim processing transaction of MMIS.**
* Responsible for checking **member eligibility, provider enrollment, member enrollment for Medicaid and Medicare claims**.
* Hosted the application online using Microsoft Sharepoint excluding some functionality those were developed to use by employees only.
* Determined eligibility benefits for customers with EDI Health Care Eligibility/Benefit Inquiry (270).
* Implemented RUP and followed iterative approach followed Use Case driven process for requirement documentation and deployment. Analyzed Business Requirements and implemented it to develop Use Cases, Activity Diagrams/State Diagrams.
* Worked on monthly TANF Loans Issued and Debt reports requested by I&R (Investigation and Recovery) and the Accounting department
* Performed testing for Medicare, Medicaid and X-Over claims for Medicaid Management Information System (MMIS)
* Analyzes Eligibility for State Children’s Health Insurance Program (S-CHIP), Food Stamps (SNAP), Child Care and Temporary Assistance to Needy Families (TANF) (CHIP, SNAP, TANF).
* Identified and documented the dependencies between the business processes.
* Responsible for Medicaid Claims Resolution/Reimbursement for state healthcare plan using MMIS.
* Conducted JAD sessions and Data modeling using UML.
* Worked on Lotus notes for getting feedback, web based requests and bill approval.
* Worked with Medicare operational management to monitor, trend, and report on operational metrics such as timeliness, workload, and staff trending, customer satisfaction, and other key measures to facilitate performance excellence.
* Responsible in testing and analyzing data consolidation, organization, and presentation in MMIS.
* Create and maintain Use Cases, visual models including activity diagrams, logical Business process models, and sequence diagrams using UML

**Great-West Health, Denver, CO July 2009 - September 2011**

**Business System Analyst**

Participated in company-wide design, development, testing, and implementation transition from a legacy system to Trizetto's Facets enterprise solution. Adhered to strict compliance, policies/regulations configured Facets modules such as Claims, Membership, Benefit and plan. Part of the project was to migrate all application functionality and convert data from a mainframe-based system to an open systems environment. I was also assigned to do Up-gradation from HIPAA X12 4010 transaction to HIPAA X12 5010 and ICD 9-CM (Clinical modification) to ICD-10-CM/PCS (Clinical modification/procedure coding system) simultaneously.

**Responsibilities:**

* Worked with a cross functional and diverse team of business users and developers to enable accurate communication of requirements and ensure consensus.
* Analyzed data and created reports using SQL queries for all issued Action Items. Performed the Gap Analysis to find the existing gap between the HIPAA 4010 and HIPAA 5010 EDI transactions.
* Developed Data Mapping and Crosswalk documents.
* Involved in preparing several Use Cases, Business Process Flows, and Activity Diagrams using Microsoft Visio.
* Worked on requirements of the 835 HIPAA projects, 276/277, 278, 837, and HIPAA EDI Transactions across enterprise.
* Quality Assurance Testing and Unit .SIT , UAT procedures with HP Quality Center, Test Director,
* Extensively Involved in Batch interfaces and MMS batch Jobs in setting up, running and debugging job runs.
* Initiated with a comparison report of migration of 4010 to 5010. 270 Eligibility, Coverage or Benefit Inquiry (V4010X092A1) vs. 270 Eligibility, Coverage or Benefit Inquiry (V5010X279), 278 Prior Authorizations.
* Tested the ANSI X12 Version 4010 / EDI transactions (HIPAA) like 270, 271, 276, 277, 278 837P, 837I, 837D,  835 remittances)
* Worked on the existing mainframe system to understand the code written in COBOL, documented the system requirements from the COBOL code and came up with Use Cases from the analysis.
* Worked on FACETS batches like XPF and MMS to upload bulk data into the FACETS system through the HIPAA gateway by generating keyword files to enroll, modify or terminate providers and members.
* Wrote Test scenarios and test cases for testing the migration of EDI 4010 to 5010 and the processing of member enrollment and benefits, batch jobs corresponding to the claims (837) and real time transactions like 270/271/276/277.
* Worked with multiple teams and coordinated with them to do various releases. Involved in forward mapping from ICD 9 to ICD10 and backward mapping from ICD10 to ICD9 using General equivalence Mappings (GEM).
* Performed 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.
* Performed Migration and Validation per SDLC standards. Interacted with the Test Team and reviewed Test Plans and Cases.
* Assisted in Regression Test, System Test, and UAT.
* Worked with the business/functional unit to assist in the development, documentation, and analysis of functional and technical requirements within FACETS.