**Usman Ashraf**

**Summary:**

* Business Analyst experience in IT for 7 years.
* In depth understanding of Software Development Life Cycle (SDLC) starting with requirement gathering, analysis and documenting the requirements as various deliverables and validating output of each phase from the SME's and Project Manager.
* Extensive experience in organizing and facilitating JAD sessions, interviews, workshops with users, SME's, and business stakeholders for project definition involving analyzing requirements, creating prototypes, user interface, database schema and system design.
* Performed User Acceptance Testing (UAT) with business users.
* In depth understanding of Software Development Life Cycle (SDLC) starting with requirement gathering, analysis and documenting the requirements as various deliverables and validating output of each phase from the SME's and Project Manager.
* Proficient in creating UML Diagrams, including Use Case Diagrams, Activity Diagrams, Class Diagrams, Sequence Diagrams using various tools such as MS Visio, Rational Rose.
* Conducted communication between the client and IT department, involved in gathering, analyzing, and documenting Requirements. Understand the Business Rules and can effectively implement them in Business Process Flow.
* Excellent business writing skills in documenting existing process, analyzing business requirements, creating Business Requirements Document (BRD), Functional Requirements Document (FRD), Software Requirement Specifications (SRS) and working with requirements traceability matrix, reengineering business processes and designing.
* Deep understanding of Database management system, Data warehousing concepts, Business Intelligence technologies and Data mining.
* Experienced in writing SQL queries for data validation/scrubbing purposes and creating reports.
* Expertise in data mapping between systems and creating data mapping documents assimilating data from various sources.
* Expert in developing and managing MS access and SQL server database for data entry, storage and generation of reports to facilitate management decision making processes.
* Good experience in creating Test Plans and Test Cases from the Requirements document and conducting UAT (User Acceptance Testing).
* Excellent communication and analytical skills with strong problem solving capabilities to interface with end users, business representatives and development teams.

**Education:**

Operating Systems MS Windows, DOS, UNIX, XP, Vista, Mac OS

Database SQL, MS Access, Oracle

Tools and Applications MS Visio, MS Office Suite, MS Project, Excel, MS Word

Requirement Management Tools Rational Clear Quest, ReqPro, MS Project, VISIO, HP ALM/Quality Center

**PROFESSIONAL EXPERIENCE**

Cognosante, McLean, VA (Remote)

Business Analyst

July 2015- Present

The project is about the development and implementation of an Enrollment Resolution and Reconciliation process for health insurance exchanges. The Analyst will participate in design sessions, report on project progress and identify potential risks and issues. Also being involved in troubleshooting and resolving errors in 834 and 820 transactions for health insurance exchanges and performing root cause analysis.

**Responsibilities:**

* Developed Requirements Traceability Matrix (RTM) to trace each software requirement to test case.
* Participated in the identification, definition and documentation of impending work flows for the purpose of migrating to a superior version of party information system.
* Facilitated joint application development (JAD) sessions by convening project sponsors, end-user representatives, scribes, subject-matter experts and technical personnel; documented the minutes and converted them into actionable items to maintain project momentum.
* Experience in X12 transactions
* Experience with enrollment transactions.
* Analyzed & reviewed various customer transactions using the FACETS application.
* Extensively worked with FACETS, eBilling and EDI HIPAA Claims(837/835/834) processing .
* Extensively worked with FACETS Implementation, FACETS Billing, Claim Processing and Subscriber/Member module.
* Logged JAD minutes furnishing information about attendees' resolutions, action items, and open issues to avoid rework and priority shifting.
* Experienced in reviewing test procedures, defining test cases, reviewing and maintaining test scripts, analyzing bugs, interaction with team members in fixing errors and User Acceptance Testing (UAT).
* Coordinated activities with software Developers, Stakeholders, Project Managers and Software Testers
* Avoided bloated functionality and gold-plating by resorting to upfront risk adjusted cost-benefit analyses.
* Handled the development of business requirement documents (BRD) resulting from JAD sessions.
* Reviewed scope on project artefacts such as Process Flow Documents (PFD), Entity Relationship Diagrams (ERD), workflow diagram, test plans and policy and procedure manuals.
* Extensively used data flow diagrams for modelling the business processes and their interrelations, with respect to data flows.
* Ensuring SOX compliance and working with auditors.
* Closely worked with development team to make sure whether the software application fits within the architecture and has the required behavior.
* Used SharePoint web application for content management and document management.
* Worked as an Interface between the users and the different teams involved in the application development for the better understanding of the business and IT processes.
* Maintained Project Glossary for the entire project team.
* Followed a structured approach to organize requirements into logical groupings of essential Business Processes, Business Rules, and Information Needs, thus ensuring that Critical Requirements are not missed.
* Communicated requirements, architectures and designs using Unified Modelling Language (UML) -intensive Visio to create use cases, activity diagrams and sequence diagrams.

**Environment :** EDI, HIPAA, CMS, MS Word, MS Excel, MS Visio, MS Project, SQL, Unix, BRD, JAD, FSD, UML, UAT, SDLC, Use Case Diagram, Test Cases, Test Scripts, Test Plans.

**HUMANA, Louisville, KY**

**Business Analyst**

**Jan 2014- June 2015**

I worked in a project involving Electronic Claims (EDI) Handling and Transaction Processing of Claimants' records. The project included enhancing applications to include duplicate claim numbers in various systems.

**Responsibilities:**

* Responsible for gaining a good understanding of User needs and accurately representing them in a well-documented software functional specifications document.
* Gathered Business Requirements, Interacted with the Users, Designers and Developers, Project Manager and QA Team to get a better understanding of the Business Processes.
* Interacted with the “End-Users” by interviewing them, by preparing appropriate questionnaire to better understand end-user needs and the business process.
* Worked with all Facets Provider of software development from requirements gathering to testing, configuration and international deployment.
* Followed Workgroup for Facets Electronic Data Interchange standards for testing that need to comply with the HIPAA guidelines.
* Involved in project planning, coordination and QA methodology in the implementation of the Facets in the EDI transaction of the claims module.
* Followed a structured approach to organize requirements into logical groupings such as requirements for Customer, Client, Group, Member, and Reporting that critical requirements are not missed.
* Involved in creating Business Process Documentation. Identified Use Cases from the requirements. Created UML Diagrams including Use Case Diagrams, Activity Diagrams, Sequence Diagrams, and Collaboration Diagrams using MS-Visio.
* Worked on the EDI 834-file load to Facets through MMS (Membership maintenance sub-system).
* Worked on solving the errors of EDI 834 load to Facets through MMS.
* Reviewed various customer transactions using the FACETS application.
* For Project management purpose worked on Microsoft Project, used Microsoft Share Point for maintaining the updated Documentation.
* Microsoft Office (Outlook, Word, Excel, Visio, Access) at various phases of development for documenting the requirements.
* Worked on EDI X12 transactions, HIPAA standard transaction codes including 837, 835, 270, 271, 276, 277 and performed analysis and testing of such transactions.
* Conducted Business Analysis on 4010, data mapping and testing 837 and 835 transactions.
* Analyzed and optimized the process, Prepared Business Requirement Document and managed requirements using Rational Requisite pro.
* Facilitated JAD sessions with business and technical units to fine tune prioritize and detail requirements and use cases.
* Involved in working on the EDI Transactions 835, 837 and Request Response, 270, 271 HIPAA upgrade from 4010A to 5010.
* Identifying and understanding the business critical areas from the user perspective.
* Managed change of the requirements and associated requirements to other requirements for traceability using Enterprise Architect.
* Involved in drawing data flow diagrams and process flow diagrams using MS Visio for the Claim Adjudication module.
* Created Test Scenarios, Test Cases, Test Scripts in Quality Center.
* Involved in conducting Manual and Automated testing at various phases of the project development.
* Prepared test data for positive and negative test scenarios as per application specifications and application requirements and wrote test plans.
* Participated in the bug review meetings, updated requirement document as per business user feedback and changes in the functionality of the application.
* Organized meetings to discuss outstanding issues with QA team and developers.
* Involved in User Acceptance Testing.
* Coordinated with the development team in documenting End User Manual

**Environment:** MS Office Suite, MS Visio, MS Project, SQL, Unix, BRD, JAD, UML, Test Cases, Test Scripts, Test Plans, UAT, SDLC, Use Case Diagram.

**Affinity Health Plans - New York, NY**

**Business Systems Analyst**

**Jan 2013- Dec 2013**

The project was to initiate the change of 834, 837 I/P/D, 835, and 271 EDI exchanges from 4010 to 5010. I was in charge of preparing requirement document for transformation of 834 4010 to HIPAA complaint 5010, making test documents, and testing and auditing the migration records. Worked on Facets, billing and EDI HIPAA 835 and 837 processing.

**Responsibilities:**

* Followed a structured approach to organize requirements into logical groupings of essential business processes, business rules, and information needs, and ensured that critical requirements are not missed.
* Followed the UML based methods using MS Visio to create Use Case Diagrams, State Chart Diagrams and Sequence Diagrams
* Enhanced test cases and scripts by adding the required functionality as per the new business requirements.
* Was responsible for Defect Tracking and Bug Reporting, which was performed in HP Quality Center.
* Verified data outputs and transformations between systems remained true and were not compromised as systems were integrated.
* Prepared detailed reports and presentations using SQL and MS Access
* Participated in various meetings and discussed enhancements and modifications request to resolve issues and expand capability of the systems.
* Interacted with stakeholders to get a better understanding of client business processes and gathered requirements.
* Experience in conducting scrum meetings and sprint planning.
* Collaborating with business partners and cross-functional teams and supporting system documentation.
* Enrolled members and provider in the Facets system.
* Created and modified queries utilizing Facets data tables.
* Experience with COB (coordination of benefits) application with in facets, testing of claims status for selected subscribers.
* Involved working with HIPPA-EDI ANSI X12 Transaction Code sets EDI 834, 835 and EDI 837.
* Involved in Testing (271, 277, 820, 834, 835 & 837) Transactions.
* Developed understanding of various transactions involved in transition from HIPAA 4010 to HIPAA 5010 like eligibility, benefit, claim submission transactions in Facets tables.
* Generated on-demand and scheduled reports for business analysis or management decision using SQL Server
* Organized and facilitated meetings with the management and development teams.
* Performed UAT, regression testing on EDI 835 and 837 X12formats in Facets.
* Conducted requirement gathering sessions with the purpose of creating and defining the Business Requirement Document (BRD) and the Functional Requirement Document (FRD) using Rational Requisite Pro..

**Environment:** SQL Server, HP ALM, Agile, MS Project, MS Access, Rational Requisite Pro, UML, MS Excel, MS Word, MS Power Point, MS Visio.

**United Health Group - Phoenix, AZ**

**Business Systems Analyst**

**July 2011- Dec 2012**

Acted as the primary support contact and coordinated all questions and issues that arise with the Facets application. I ensured that the Facets was created and maintained in a manner that supports the departmental and overall business objectives in coordination with other system vendor products. Gap Analysis was performed and changes were identified in HIPAA 5010 so as to upgrade the Medicaid Management Information System (MMIS) to comply with the new standards mandated by HIPAA.

**Responsibilities:**

* Conducted one on one interviews with high level management team and participated in the JAD session with the SME’s.
* Worked on Facets Claims Software System, to convert data from their legacy system (LRSP) and add custom applications to satisfy in-house requirements.
* Proposed FACETS claims adjudication procedures, standards and editing guidelines.
* Worked closely with developers and a variety of end users to ensure technical compatibility and user satisfaction.
* Worked on analysis of FACETS claims processing system and gathered requirements to comply with HIPAA.
* Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS.
* Conduct JAD sessions to gather and document requirements that enhance a wide range of functionalities including claims processing, eligibility and enrollment, provider networks, and electronic data interchange for our Facets core application.
* Gap Analysis of client requirements, generated workflow process, flow charts and relevant artefacts.
* Designed Use Cases using UML and managed the entire functional requirements life cycle using RUP.
* Defined and documented the vision and scope of the project.
* Followed the RUP methodology for the entire SDLC.
* Responsible for attaining HIPAA EDI validation from Medicare, Medicaid and other payers of government carriers.
* Worked as a liaison between the business and technical side to convey the business needs to the system architects.
* Used SQL Queries in Oracle to pull out data from the databases for the data validation and routine report generation.
* The process included importing claims into Facets that had been adjudicated and setting them in a “PAY” status so that a payment cycle could be run to create checks on Facets.
* Worked in association with RUP mentors to ensure fidelity to the standard RUP practices of the institution.
* Studied existing business application and processes, collected end user requirements and suggested the improvised business process model.
* Initiated, proposed and implemented critical analytical and technical turnkey solutions extensively increasing the quantitative and qualitative value of the application
* Involved in project planning, coordination and implemented QA methodology.
* Provided overall project management to multiple projects successfully completing them on-schedule and on-budget.
* Enhanced test cases and scripts by adding the required functionality as per the new business requirements.
* Participated in weekly status meetings to present status and incorporate any digressions from the original scope.
* Involved in cross-functional teams, developing new ways to boost efficiency and delivering results in a fast changing environment to achieve company goals.
* Provided the management with test metrics, reports, and schedules as necessary using MS Project and participated in the design walkthroughs and meetings.
* Analyzed the “As is” and “To be” system documents to show the current and proposed functionalities of the system using MS VISIO.

**Environment:** SQL Server, JAD, BRD, FRD, HTML, XML, MS Access, MS Visio, MS Office, MS Project.

**MVP HealthCare, Schenectady, NY**

**Business Analyst**

**Jan 2010– June 2011**

MVP HealthCare is a leading insurance organization that caters to the health insurance needs of the residents in NY. Worked on all HIPAA transactions. FACETS have been widely used across their network for the claim adjudication, claim processing and Provider Management. The National Provider Identifier Project’s objective is to comply with the mandate that effective with the federal compliance date, all Providers who conduct electronic business via HIPAA Transactions with Mercy Health will be required to obtain and use an NPI. I was also involved in integration of FACETS with legacy and thirty party vendor applications.

**Responsibilities:**

* Conducted user interviews at both in-house and client locations, gathering and analyzing requirements using Requisite Pro and Requisite Web.
* Extensively used Agile Methodology in the process of the project management based on SDLC.
* Designed and developed Use Cases, Activity Diagrams, Sequence Diagrams, Object Oriented Design (OOD) using UML
* Gathered and documented Business Requirements, created Functional specifications and translated them into Software Requirement Specifications.
* Performed Gap analysis by identifying existing technologies, documenting the enhancements to meet the end state requirements
* Responsible for checking member eligibility, provider enrollment, member enrollment for Medicaid and Medicare claims.
* Developed test cases and test scripts and assisted Quality Assurance activities, with system integration testing and user acceptance testing (UAT), developing and maintaining quality procedures and ensuring that appropriate documentation is in place.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for processing of Medicaid Claims.
* Involved in claim adjudication process of FACETS application.
* Responsible for working with the State to review and modify process flows to increase productivity and effectively utilize FACETS features not provided by the legacy systems.
* Responsible to meet the information demands of our business users by delivering timely, accurate, meaningful and standardized data and reporting

**Environment:** JAD, BRD,Windows, MS Project, MS Office MS Visio, SQL, Facets, Oracle, Quality Center.

**Education:**

Bachelors in Commerce