# Muhammad WaliUddin

# SUMMARY

Over6 years of professional experience as Business Analyst with expertise in Software Development Life Cycle (SDLC) and Business Process Reengineering in Health Care Sector with prime focus on claims adjudication, provider, eligibility and prior authorization for Medicaid and Medicare programs in web environments.

**Summary of Professional Skills:**

* Experience in all phases of software development life cycle (SDLC), including Requirement gathering and documentation, Analysis and Design, Quality Assurance, Testing and End user support working as Business Analyst mainly in Healthcare sector.
* Experience in developing detailed functional specs through JAD sessions, interviews, on site meetings with business users and development team.
* Conducted User Acceptance Testing (UAT) and verification of performance, reliability and fault tolerance issues for web based and client/server applications.
* Documentation: BRD (Business Requirement Document), FRD (Functional Requirement Document) and Non-functional Requirement Document.
* Have knowledge of health care adjudication systems, Amisys Advance.
* Utilized detailed knowledge of Amisys to develop correct setup for billing, system affiliations and contract intricacies for practitioner level data.
* Extensively worked with HTML, creating and developing websites.
* Experience with PMO techniques such as Rational Unified Process (RUP), Agile & Waterfall life cycle.
* Experience in testing Client-Server and Web-Based Application. Front end and backend tests.
* Have extensive knowledge in Insurance products like HMO, PPO, POS,HIPAA and Regulations.
* Worked on requirement change management to upgrade integration process of revised warehouse system and involved in planning, analysis, UX design, development and testing.
* In depth knowledge of Requirements Traceability Matrix (RTM).
* Extensive experience in developing use cases, creating screen mock ups, conducting GAP analysis, SWOT Analysis, Report Requirement Specification and Risk Analysis.
* Strong knowledge of EDI Claims, member enrollment, Eligibility as well as ICD9 and ICD10 conversion.
* Experience working in web environments with web services tools like SOAP UI, GUI, XML, etc.
* Experience using SOAP UI for validating the Real Time Request and Response transactions like 270/271 and 276/277, and also validating if the claim is in the database.
* Experienced in supporting the UAT team in performing acceptance testing.
* Extensive knowledge in functional testing, integrations testing, regression testing, system testing, User Acceptance Testing (UAT), Performance and load testing, black box testing, GUI testing, back-end testing, Positive and Negative testing, Smoke testing, browser compatibility testing, Component testing on windows, UNIX environments.
* Experienced in various Healthcare areas like Enrollment, Benefits, Claims, Medicare, and implementation of HIPAA key EDI (ANSI X12) transactions.
* Well versed experience in all EDI transactions like 834, 820, 837 P, 835, 27x and conversion of 4010 to 5010.
* Good Knowledge of Medicare, Medicaid, claim process and Pharmacy Benefit Management (PBM).
* Expertise in impact analysis on the key application systems (claims processing, reporting, payments) and business process of health insurance companies.
* Writing Manuals (training material for business users and Deployment guides).
* Working experience in a cross-functional team environment/different geographical locations teams.
* Experience with health care Systems: FACETS.

# TECHNICAL SKILLS

**Requirement tools:** IBM doors, SharePoint, requisite pro

**Forecasting tools:** HUMMER, EXCEL

**Financial Platform:** Bloomberg Terminal

**UML tools:** Visio, EP, Rose

**Languages:** C, SQL, HTML, XML

**Works flow tools:** JIRA, Clear Quest, Share point

**Database:** Oracle, SQL Server

**Testing tools:** SOAP UI, Bugzilla, HP ALM

**Other tools:** MS project

# EXPERIENCE

**WellPoint, Inc., Mason, OH Jan 2016- Present Business System Analyst**

As a Business Analyst I am involved in Medical Claim Processing Application, which is a user-friendly integrated system that is customized for every practice. It produces HIPAA Medical Compliance claims and transmits them electronically to payers nationwide. Medical Claim Processing Software generates medical, dental and institutional claims in compliance with all required standards such as ANSI (American National Standards Institute) ASC (Accredited Standards Committee) X12 standards, HIPAA Code Sets ANSI 835, ANSI 837 and other HIPAA Code Sets.

**Responsibilities:**

* Assisted Project Leads in all phases of the Project to review project deliverables for completeness, quality and compliance.
* Created Requirement Specification Documents after conducting Interviews with End Users for the purpose of creating and defining the business and functional requirement documents. Worked in Agile Environment.
* Completed Data Mapping for Group and detail Product analysis and report writing
* Worked with Medicare, Medicaid and HIPAA compliant ANSI X12 837 formats for both professional claims and institutional claims.
* Expertise in export and import of Amisys table.
* Managed the Application Development efforts in support of the Amisys Claims and Billing system, in addition to Electronic Data Interchange processes.
* Extensively used the Amisys Advance(source system) in order to compare the data values to foresight portal values.
* Participated in IBM Process Modeler (WebSphere Business Modeler) training and developed Business Process Model for different Business Processes followed by Anthem including E2E (End to End) Member Enrollment.
* Prepared comprehensive Use Case Specifications document by identifying the use cases from the collected business gathering document. Proficient in creating UML Diagrams including Use Cases Diagrams, Activity Diagrams and Web Page Mock-ups using Rational Rose and MS Visio.
* Facilitated Joint Application Development (JAD) sessions to focus on defining the United Health Claims Processing Process and had a solid understanding on 4010 HIPAA–EDI Transaction Codes such as: Health Care Eligibilities /Benefit Inquiry (270/271), Claim Status and Response (276/277), Health Care Payment Order (820), Health Plan Enrollment (834), Health Care Payment/Remittance Advice (835), Health Care Claims [837(I), 837(P), 837(D)].
* Translated requirements into UML Diagrams.
* Participated in “Anthem Products: Planning for Success” program which included Traditional, PPO (Preferred Provider Organization), EPO (Exclusive Provider Organization), POS (Point of Service) and HMO (Health Maintenance Organization).
* Participated in “Life of a Claim” training, detail Claim process tour included HIPPA compliance, electronic (EDI 837, EDI 835, etc.) and paper claim processing (CMS 1500, UB04, ADA claim form and Vision).
* Documented data source definition, source-to-target mapping, and logical structures for the data warehouse/data mart.
* Participated on cross-functional teams developing new or enhanced systems processes, procedures and policies.
* Provided project status reporting, updating of project information, effort & resource estimating using Crystal Reports.
* Effectively established and maintained working relationships with peers and constituents.
* Used SQL Queries to pull out data from the databases for the data validation and routine report generation. Interacted with department heads to finalize business requirements, functional requirements, and technical requirements.
* Trained end-users on the end product and the software development life cycle.
* Tested the final application for Usability Testing to verify whether all the user requirements were catered to, by the application.
* Working closely with UAT personnel to both ensure that their needs are met, and to provide sufficient understanding for the UAT test teams to own the automated system by the end of the project.

**Environment:** Agile, Amisys, Requisite Pro, SQL, Share point, MS Access, MS Visio, MS Project, MS Word, MS Excel, MS Power Point, HP ALM.

**Kaiser Permanente, CA July 2014 – Dec 2015**

**Business System Analyst**

We have AMISYS databases present and maintained individually across 3 different States MD, CA and Washington DC in production environment. The primary purpose of the project was to organize all the Data across these 3 different servers into a single workspace using Microsoft Share point Server (MOSS) and then Develop CRM applications using Sales force. Developed Claims support PL/SQL administrative Packages.

**Responsibilities:**

* Conducted JAD sessions with business users, SMEs, and stakeholders to understand requirements in detail.
* Developed inbound load and outbound extract programs, data sweeps, etc.
* Compliance check of various transactions (270/271, 834, 835, and 837).
* Ongoing membership maintenance load programs, input files being both Proprietary and HIPAA 834 file formats.
* PCP (Primary Care Provider) assignment conversion and maintenance programs.
* Vendor outbound extract programs, files being in both Proprietary and HIPAA 834 formats.
* Worked with HIPAA Team for RIMS Companion Guide of X12 ANSI 270/271 and 276/277 Companion guides for Professional and Dental claims. Cross-functional team member in the implementation of the ANSI X12 involving 837 HIPAA compliance and 835 Remittance Advice.
* Managed the Application Development efforts in support of the Amisys Claims and Billing system, in addition to Electronic Data Interchange processes.
* Worked on Integration of Claims Management Software using AMISYS databases and Table structures.
* COC (Certificates of Coverage) and benefit plan data initial conversion and ongoing maintenance load programs, input files being multiple proprietary fixed and variable lengths file formats. This includes co-pay, deductibles, life time coverage, co-insurance etc.
* Plan documentation loading that included configuration of providers, contracts, and pricing on the AMISYS system.
* Built use cases, sequence and class diagrams for modules related to creation, modification of member and eligibility.
* Used Process log browser to view different types of log history files to figure out issues with 834 transactions.
* Co-ordination of front-end changes in multiple development and testing environments.
* Tested claims adjudication and group and enrollment in Amisys for New Medicare advantage members.
* Reviewed Test Strategy and Test Plans to ensure that they reflect and include all functional, Performance, Usability and Security requirements.
* Clarified QA team issues and reviewed test plans and test scripts developed by development team and QA team to make sure all requirements have been covered in scripts and tested properly.
* Used MS SQL Manager Studio 2005 to query the MS SQL database.
* Effectively communicated user acceptance test results between users and development team and provided recommendations for change control requests (CCR).
* **Environment:** JAD, BRD, Amisys, HP ALM, HTML, XML, SOAP UI, TOAD.

**Nevada Division of Welfare and Supportive Service, Carson City, NV Aug 2013 - June 2014**

**Business System Analyst**

The Nevada Child Care System (NCCS), administered through the Division of Welfare and Supportive Services, is a comprehensive child care resource system which replaced the private system currently being used. The new systems operational functions include administering child care funds for eligible parents in Nevada, supporting the collection, storing and reporting of information to the federal government, determining participant eligibility, providing resource referrals, processing attendance rosters, providing case management capabilities and authorize payments to child care providers.

**Responsibilities:**

* 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).
* Worked closely with Child Care Administration Department to gain knowledge of procedures and laws
* 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).
* Work on Claims and Check draft systems for child support recovery payments.
* Collaborating with other SME’s to scope the proposed project, make time and quantify business benefits and preparing the business case.
* Developed the systems implementation project management plan with milestones and steps from procurement of vendors to project implementation and maintenance.
* Utilized OOAD and UML to create use cases, UI development, usage models, layout and wireframes, test cases and user training.
* Wrote SQL Queries to extract data from the SQL Server Databases.
* Worked with SQL queries using SQL Server for data manipulations.
* Conducted user interviews to complete the BRD, analyzing the requirements using Requisite pro.
* Created issue logs, work request template, change request template and problem request template for the users.
* Analyzed data and investigated service related issues to identify root cause of problem(s).
* Identified and communicated business needs as required.
* Participated in presentations to internal and external audiences.
* Translated business requirements and assisted IT with the development of technical specifications
* Worked on the service requests and changed requests for the Agency.

**Environment** – Waterfall, Clear Quest, JIRA, Microsoft Office, MS Project, SQL and Microsoft Visio .

**Blue Care Network, Southfield, MI Nov 2011 – July 2013**

**Business System Analyst**

Blue Care Network of Michigan is a nonprofit health maintenance organization owned by Blue Cross Blue Shield of Michigan with its Headquarters in Southfield, Michigan. BCN being the largest HMO in Michigan since 1998 has better and affordable coverage to its member as the motto. BCN is implementing Care Advance to replace existing Blue Connect for Nursing and Reporting Purpose for better service to members.

**Project 1:** (Facets Up- gradation) the objective of the project was to upgrade Trizetto’s Facets application software I worked in Health care claim module and Enrollment module.

**Project 2:** (Care Advance) Care Advance is being implemented for replacing the existing Blue Connect to become compatible with FACETS upgrade and better reporting Functionality.

**Responsibilities:**

* Prepared the Business requirement Document (BRD) and Functional requirement document (FRD) for the enhancement of the existing services.
* Managed requirement backlog and involved in streamlining existing processes.
* Write requirements for the development team to correct issues.
* Analyze business requirements and perform current/target/gap analysis.
* Analyzed and resolved the ongoing issues with the Data Warehouse and the upstream and downstream applications.
* Worked on GUI Modeling/Mock up and Prototyping.
* Conducted JAD sessions with business units and stakeholders to define project scope.
* Created workflow diagrams, UML diagrams, process models, activity diagrams, use cases, for incorporating design changes in the order creation/ management system.
* Tested the ANSI X12 Version 5010 / EDI transactions (HIPAA) mainly on 837 Professional and Institutional Claims
* Participate in Requirements Review sessions with business and technical teams.
* Worked on Pharmacy Benefit Management (PBM) System and Health Insurance in the United States, in depth knowledge of Health Care Laws and ICD Standards.
* Involved in System Integration, Compliance and User Acceptance Testing and Validation of Medicaid claims processing and Electronic Data Interchange (EDI) translation in compliance with the 4010A and 5010A Health Insurance Portability and Accountability Act (HIPAA) transactions 837 I/P, 835 and 997 Acknowledgement.
* Conducted Web Application testing, Using SQL Commands
* Utilized Team Foundation Server (TFS) for change management, documenting process of implementation and best practices.
* Coordinated the upgrade of Transaction Sets 837P, 835 and 834 to HIPAA compliance.
* Involved in claim adjudication process of facets application.
* Worked on the EDI 834-file load to Facets through MMS (Membership maintenance sub-system).
* Worked on the PBM’s Medical Claim Data feed, Data Dictionary layout and definition, Eligibility files and various File Transfer Specifications.
* Used Facets for various health insurance areas such as enrollment, member, Products and other Facets related modules
* Successfully worked on Pharmacy Claims processing chiefly: Direct Claims, Retail Claims and Card/Mail Order Claims developing a complete understanding of Pharmacy Claims Gateway.
* In depth knowledge of Health Insurance process, Claims, HIPAA & its approved transaction codes.
* Utilized Agile Methodology to configure and develop process, standards and procedures.
* Did GAP analysis and Impact analysis for the facets up gradation system 4.71 to 5.01.
* Attended daily SCRUM and guided QA and Developer regarding the defects, Technical Specification Documents and Mapping Documents.

**Environment:** Agile, SharePoint, MS Visio, MS project, XML, UML, Oracle, MS SQL Server, MS Office.

**John Hopkins Hospital, Baltimore, MD July2010 – Oct 2011**

**Business System Analyst**

The Johns Hopkins Hospital is the teaching hospital and biomedical research facility of Johns Hopkins School of Medicine, located in Baltimore, Maryland. The Johns Hopkins Hospital is widely regarded as one of the world's greatest hospitals.

**Project:** The JHH PQRS registry is a CMS qualifies registry, offering and easy-to-use, comprehensive tool, to manage patient data from John Hopkins Hospital. The Registry Reporting Method requires providers to select a registry which has been approved by CMS as a qualified registry for data collection and once or twice per year data submission. This method is expected to become preferred method for many providers since they can review the data add key clinical information regarding the patient at any time. Additionally, providers Do NOT need to select CPT codes for registry reporting since the registry performs the measure calculations and performance data is submitted separately from the billing process.

**Responsibilities:**

* Worked with the project manager for planning and organizing the project activities, and in communicating with other business center mangers and stakeholders of the project.
* Followed Agile/Scrum Methodology for Software Development Life cycle.
* Gap Analysis of client requirements, generated workflow process, flow charts and relevant artifacts.
* Ensure quality of claims, and provider data acquired from health insurance plans.
* Acted as liaison to the physicians, nurses, and professional staff incorporating business and clinical requirements into PQRS and other applications.
* Gathered requirements for Claim Based Reporting, Registry Based Reporting, and EHR based Reporting, Lab Data Reporting and Group Practice based Reporting for PQRS system.
* Submitted claims to insurances and Processed payment from insurance companies. ,
* Worked with EDI team to assure the collection and transfer of accurate data in order to report PQRS data.
* Coordinated with the EDI team in developing and documenting the detailed testing work plans and created the various testing documents for the assigned EDI transactions.
* Followed the complete 1095-A cycle, from assigning a case to closing the case in Health Insurance Caseworks
* Designed Use Cases using UML and managed the entire functional requirements life cycle using Agile/Scrum.
* Involved in writing and implementation of the test plan, and various test cases for UAT.
* Provided overall project management to multiple projects successfully completing them on-schedule and on-budget.
* Prepared the Business Workflow using MS-Visio with input, output, and Pre and Post conditions.
* Used SharePoint for tacking Change Process Requests, adding/updating/modifying Requirement Documents.
* Used Rally for creating user stories, tracking status of project for faster and improved quality.

**Environment:** Agile, Clear Quest, MS Office, Oracle Identity and Access management, TOAD, MS Share Point.

**Education:** Masters of Science in Information System

Bachelor of hospitality and tourism management (Hons)