**Wasim Syed**

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**PROFESSIONAL SUMMARY:**

* Expert in all phases of Requirement Management, including gathering, analyzing, tracking requirements and quality assurance.
* Knowledge of Health Insurance Packaged Application like FACETS and QNXT.
* Worked closely with stakeholders, customers, project managers, SMEs, and staff to understand and brief the requirements and specifications for new applications along with re-engineering the existing applications.
* Strong understanding of various SDLC methodologies such as Waterfall and Agile with hands on experience in all of them.
* Excellent communication and writing skills and adept at facilitating walkthrough and training sessions.
* Strong knowledge of **EDI Claims, member enrollment, Eligibility as well as ICD9 and ICD10 conversion.**
* Experienced in writing and preparing business design documents (**BSD), requirements analysisdocument (RAD),requirement design document (RDD), functional specifications, defining project plan and change request.**
* **Expert in Healthcare Payer systems – Claims, Billing with backend data mapping, data integration**.
* Strong leadership skills, conducted JAD sessions, Gap analysis, and prioritized requirements using interviews, document analysis, and requirements workshops.
* Experienced in documenting requirement using Unified Modeling Language (Use Case and Activity Diagrams) and building business Process Flow Charts.
* Expert in organizing and managing all phases of the application testing process using Quality Center.
* **Strong experience and understanding of health care industry, enrolment, eligibility, claims management process, Knowledge of Medicaid and Medicare Services**.
* Strong understanding of test plans, test cases, test scripts and defects tracking/reporting.​
* Extensive knowledge of SQL queries and back end system integration testing.
* Conducted User Acceptance Testing (UAT) and verification of performance, reliability and fault tolerance issues for web based and client/server applications.
* Strong understanding of Functional, Integration, System, and Regression testing.
* Experienced in various Healthcare areas like Enrollment, Benefits, Claims, Medicare, and implementation of HIPAA key EDI (ANSI X12) transactions.
* Involved in HIPAA gateway transactions 997/999 and converting HIPAA 4010 messages into HIPAA 5010.
* Well-versed experience in all EDI transactions like **834**, 837 P, 835, 27x and conversion of 4010 to 5010.
* Dealt with the complexity of migrating from the ICD9 set of diagnostic codes to ICD10.

**TOOLS AND TECHNOLOGIES:**

**Methodologies**: Agile, Waterfall

**Requirement management tools**: Rational RequisitePro, Enterprise Architect

**Project management tools**: MS Project

**Business Modeling**: Rational Rose, MS Visio, UltraEdit

**Defect tracking**: MQC, TestDirector, Rational ClearQuest/ClearCase

**Front-End tools**: Microsoft Excel, Access, Front Page, Flash, SharePoint

**Database**: MS SQL Server, MS Access, Oracle, IBM DB2

SQL \*Loader, Toad 7.6

**Operation system/platform**: MS Windows 2003/XP/2000/NT, UNIX, IBM AIX,

Apache HTTP Server, IIS

**EXPERIENCE:**

**Cognosante Healthcare, Remote August 2014 – August 2015**

**EDI Business Analyst**

This project was focused on 1095-A medical tax forms and extracting data from HICS, EDBO, and government databases to perform analysis based off consumers’ requests. Migration from Mainframe based systems to QNXT; worked on member, benefit enrollment, provider and claims modules.

**Responsibilities:**

* Creation of meeting agendas and documentation.
* Created analysis of medical forms based on consumer’s requests; made decisions based off research from large government databases.
* Used analysis to create statistical data graphs and charts for presentations for upper management.
* Trained new employees in performing analysis and extracting data precisely.
* Worked as a liaison between the subject matter experts, IT development, and analysts to define, document, and execute business processes.
* Involved in preparation and update of system documentation for transaction 834, 820 278U, 278 and TCN for PAR.
* Used SharePoint regularly for gathering and organizing documents and cases.
* Worked on QNXT Configuration and Maintenance/QA Activities (i.e. Addition/Removal of AUTHs/CPT/HCPCS/Rev/ICD 9/Procedure codes/Custom fees/Restriction and Service Groups) in a Benefit/Contract term.
* Validating the Log Files (999, x12,) for 834/820,277CA, 837IB and 835 Transactions in UNIX and HTM (Healthcare Transaction Manager.
* Worked on addition and updating of Contract Terms (Change in reimbursement fees like daily rates) with the state specific revised rates of fee schedules.

**Wellcare, Tampa, FL June 2013– July 2014**

**Business System Analyst/ EDI Analyst**

Wellcare Medicaid and Healthcare partnership- Florida State developed New MMIS system for centralizing the all-Healthcare related transactions all over the state. The New MMIS project is a large IT project replacing the Medicaid claims payment system. Participated in all aspects of testing the New MMIS; Primary responsibilities is to ensure that the system functions as designed, meets the requirements of the business community and conforms to all applicable Federal and state laws. Worked on the claims and provider modules of the New MMIS system.

**Responsibilities:**

* Worked with a cross functional and diverse team of business users and developers to enable accurate communication of requirements and ensure consensus for BRD and FRD and business docs.
* 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.
* Involved in the testing of web portal of New MMIS system
* Worked on the EDI 834 inbound and 834 outbound data movement with our trading partners.
* Acted as a liaison and conducted meetings, JAD sessions and presentations with the teams
* Involved in preparing several Use Cases, Business Process Flows, and Activity Diagrams using Microsoft Visio.
* QNXT Configuration and Maintenance/QA Activities included: Addition/Removal of CPT/HCPCS/Rev/ICD 9/Procedure codes/Custom fees/Restriction and Service Groups in a Benefit/Contract term. Also, addition and updating of Contract Terms (Change in reimbursement fees like daily rates) with the state specific revised rates of fee schedules.
* Involved in the full HIPAA compliance lifecycle from GAP analysis, mapping, implementation, and testing for processing of **Eligibility.**
* **Worked on HIPAA Standard/G-standard transactions: 270, 271, 276, 277, 278, 834, 835, and 837 (P.I.D), 997 and 999** to identify key data set elements for designated record set. Interacted with Eligibility, Payments and Enrollment hence analyzing and documenting related business processes.
* Worked on requirements of the 835 HIPAA projects, 276/277, 278, 837, and HIPAA EDI Transactions across enterprise.
* Performed testing for EDI 820 transactions to check the compliance with premium payments.
* 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)
* Used General equivalence Mappings (GEM) to convert ICD9 to ICD10.
* 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.
* 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 ICD9 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**.
* Re-engineering and capturing of **EDI transactions with legacy systems [Enrollment -834, Eligibility Transaction (270/271), Claims (837), Claim Status Request and Response (276/277), Remittance (835)].**
* 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.

**Environment:**  Microsoft SharePoint, MS Visio, MS Office, HP Quality Center 10.0, Toad for Oracle, Team Track, AGILE methodology, COGNOS

**HP/Hewlett-Packard, Nashville, TN  June 2012 – April 2013**

**Business/ EDI Analyst**

Due to Obama care (ACA act) Tennessee Stateimplementing (TEDS**), TennCare Eligibility** Determination System (TEDS) is the **new versionof the Medicaid Management Information System (MMIS)interChange (iC),** the enhancement of iC (TEDS) came to gather all the information about the Recipients and process it in one application, by that recipients will have one place to apply for their Medicaid services

**Responsibilities:**

* Gathered analyzed, documented business and technical requirements from both formal and informal sessions and validate the needs of the business stakeholders.
* **Performed Data mapping on the extracted data, logical data modeling, created class diagrams and ER diagrams.**
* **Designed and developed Use Cases and Use Case scenarios, Activity Diagrams, Sequence Diagrams, High Level and Low Level Process** Flow Diagrams using UML and Business Process Modeling.
* Involved in the full HIPAA compliance lifecycle from GAP analysis, mapping, implementation, and testing for **processing of Eligibility. Worked on HIPAA Standard/EDI standard transactions, 834, 835, and 837.**
* Responsible for **creating test case scenarios, creating test data plan and writing test scripts for the UAT using testing tool and defect management for Policy Management Systems, Payables/Receivables and Claims processing**.
* Conducted surveys, interviews, and WPR work progress review, stand up meeting, andJAD sessions and translated them into system Requirements. Suggested measures and recommendations to improve the current application performance of the system.
* Assisted the team members to develop Service Oriented Architecture (SOA), and data warehouse system (EDW) to utilize data mining for data analysis.
* Responsible for preparing Business Requirement Document (BRD), Functional Requirement Document (FRD) and then translating into functional specifications and test plans. Closely coordinated with both business users and developers for arriving at a mutually acceptable solution.
* Tested the **HIPPA EDI 820, 834, 270/271, 276/277, 837/835** transactions according to test scenarios and verify the data on different modules.
* Experiences working in **ANSI x12 837-835 EDI Transaction**.
* Involved in technical and professional services related to analysis and assessment of the current **MMIS and EDI claims**, documentation of business and technical requirements, preparation of cost analysis and implementation of new MMIS automation system
* Managing and Billing **Medicare, Commercial HMO/PPO claims** on a daily basis.
* **Created and maintained the Requirements Traceability Matrix (RTM).**
* Used SQL Server 2005 and Query Analyzer import and export data, store it in tables, manipulate it via views, and use stored procedures on a daily basis.
* Involved in compliance audits of systems, general assessments and risk assessments
* Performed extensive End-to-End Testing and User Acceptance Testing with Business Analysts and other supervisors to meet the user’s requirements.
* Performed backend testing using mainframe.
* Worked closely with Development Team to resolve any technical or concerned issues regarding testing
* Facilitated various brainstorming, requirement gathering sessions, and provided training on HIPAA Compliance, HIPAA Standard transactions and current version of X12 HIPAA 4010A1.

**Environment:** PWB, Citrix, WIN7, MS Excel, MS Word, MS Access, MS Project, MS Visio, QC

**First Health Group Corporation, Downers Grove, IL March 2011 – June 2012**

**Business EDI Analyst**

First Health is a unique national managed care company serving the group health, workers' compensation and state public program markets. Some of their client base includes State Medicaid programs, federal employee health benefit plans, Workers' compensation payers, and State Medicaid programs. This Client Server application was developed allowing it’s users to access variety of information on their health benefits, locate health care providers participating in First Health Group Corp network, health aids and planning tools, and other personal information. The customer can also use the power search tool to customize their search criteria to find health care providers.

**Responsibilities:**

* Worked with business users to gather requirements.
* Interacted with various teams to gather requirements for new system.
* Worked as a liaison between the Business and Technology Department.
* Enhanced communication lines between executives, managers, and peers.
* Determined eligibility benefits for customers with EDI Health Care Eligibility/Benefit Inquiry (270).
* Utilized EDI Health Care Claim Payment/Advice Transaction Set (835) to make payments, send an explanation of benefits (EOB) remittance from a health insurer to a health care provider.
* Extensively used RequisitePro for requirements, Documented all the changes in the initial templates.
* Updated existing pricing process flow charts, used Visio to create pricing flow diagrams.
* Updated the existing business process diagrams and created new business process diagram.
* Involved in the testing of web portal of New MMIS system.
* Coordinated with Project Managers to resolve risk issues and ensure compliance of Security System-Related to the HIPAA.
* Incorporated HIPAA standards, EDI (Electronic data interchange), Implementation and Knowledge of HIPAA code sets.
* **Worked on the MMIS (Medicaid Management Information Systems)**
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets or Internet portals. This includes HIPAA 4010; 837, 835, 270/271, and others. Provided healthcare provider problem resolution. Work as a medical coding SME, including ICD9, HCPCS; Procedures and diagnosis testing.
* Implemented new software applications for integration of EDI 820 transactions for automated cash application.
* Created wire frames for new screens as per requirements, created wire frames for updates in report layouts.
* Wrote use cases for functionality of new screens and reports, wrote requirements for report enhancements, created templates for new reports, and tested the report for its content and format.
* Involved in HIPAA/EDI Medical Claims Analysis, Design, Implementation and Documentation.
* Coordinated with the technical team during the development process.
* Conducted JAD sessions frequently.
* Tested EDI X12 **transactions 837 (Claim for Institutional, Professional and Dental Claims), 835 (Claim Payment), 276-277 (Claim status), 834 (Enrollment), 270/271 (Member eligibility).**
* Identified file changes and data relationships associated with Facets application upgrade and defined impact on customer implementation.
* Performed impact, gap **and business requirement analysis for organization, with a focus on Claims, membership and billing processing**.
* Researched issues and coordinated resolution for system defects and deficiencies.
* Identified bugs and assisted in resolution of system or user-generated fixes.
* Writing test cases and defects in Quality Center.
* Performed Systems testing, GUI/Usability Testing, UAT (User Acceptance Testing.

**Environment:** UNIX, Windows, EDI, MS Office Suite, SQL Server, SQL, HIPPA, HL7, Quality Center

**Affinity Health Plan, Bronx, NY    Febuary 2009 – January 2011**

**Business Analyst**

Affinity Health Plan is an independent, non-profit managed care plan that serves the needs of over 210,000 residents of the New York Area and provides healthcare coverage through its family health plus, Medicare & Medicaid programs.

Affinity Health Plan implemented FacetsEnterprise administrative system, a new core system built by TriZetto, with updated technology to allow for more efficient claims processing, membership enrollment and provider data maintenance & getting access to customer records. X12 EDI and HIPAA standards were followed thorough the project.

**Responsibilities:**

* Assisted the project manager in the creation of the project charter BRD, FRD & vision document during the inception phase of the project
* Performed GAP analysis as pertains to membership management and claims processing to evaluate the adaptability of the new application with the existing process
* Understood EMEVS, the NY state's electronic Medicaid eligibility verification system & the Medicaid & Medicare intermediary along with their roles in claim processing
* Produced Activity diagrams with defined swim lanes as part of claims process analysis
* Involved in gathering and prioritizing requirements using 1 to 1 interviews, job shadowing, brainstorming & developing questionnaires
* Translated business requirements into functional specifications and documented the work processes and information flows of the organization
* Used **TriZetto HIPAA Gateway to comply with HIPAA standards (270/271, 276/277 & 837) for EDI transactions**
* Coordinated with **the developers and IT architects to design the interface of the new system according to the X12 (270, 276, 278, 834, 837 (I,P,D) and 820) standards**
* Designed Claims Inquiry screen **within the MMIS and executed Testing Scenarios, Cases & Conditions involving User Acceptance testing, Regression, Integration and System testing.**
* Contributed in the build and design of organizational Wiki that provided comprehensive knowledge of workflows, policies and procedures, patient care objectives, regulatory requirements, and industry best practices for membership management
* Took part in the meeting held for the analysis of migration to HIPAA 5010 from 4010 and migration of ICD9 codes to ICD10.
* Owner of the business rules document which documented the business rules across different systems.
* Participated in all phases of the Facets Extended Enterprise administrative system implementation to include the planning, designing, building, validation, testing, and Go-live support phases
* Involved with various aspects of the project's needs such as the logging, tracking, and resolution of issues, current state workflow assessments, assist with integration and script testing, downtime activities/testing
* Created detailed use cases, use case diagrams, and activity diagrams using MS Visio
* Led and managed the User Acceptance Testing (UAT) for the implementation of Facets Extended Enterprise administrative system with emphasis on ensuring that the HIPAA regulation are met across all the modules
* Conducted requirement feasibility analysis with the developers to ensure the project was in scope with the timeline defined in the project plan
* Created test plan, test data and conducted manual testing to validate functionality and performed regression testing
* Clarified to claims personnel the new Affinity payments and Explanation for payments (EOPs) for same claim processing cycle
* Designed and implemented complex SQL queries for QA testing and data validation using Cognos.
* Conducted user training pertaining to old and new Affinity Provider ID appearing on documents providers receive from Affinity (mainly occur with EOPs, capitation rosters, PCP membership rosters, provider directory listings and some system generated letters)

**Environment:**Cognos, Oracle, MS Project, MS Office suite,SQL, SQL Server, Rational Suite, Citrix, MS SharePoint.

**EDUCATION:**

**Pace University**: Lubin School of Business, New York, NY

BBA in Finance & Management