APD**MOHAMMED YOUSUF**

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**SUMMARY OF QUALIFICATIONS:**

* Experienced business analyst with9 years of experience in Business analysis, Data analysis and Project Management.
* Good knowledge and experience in **Software Development Life Cycle (SDLC)** and its phases: Requirement gathering, Analysis, Design, Implementing, Testing, Deployment, and Maintenance.
* Used various approaches of SDLC like **Agile, RUP, and Waterfall**
* Experience in design, development, testing, implementation and support of **enterprise data warehouse.**
* Create **Functional Specification Documents** and **Data Mapping Analysis** for System Integrations.
* Experience in conducting GAP analysis, SWOT analysis, Impact analysis, Cost benefit analysis, Risk analysis.
* Well versed in Business Process Modeling with expertise in creating User Cases, Sequence Diagrams, Class Diagrams, Activity Diagrams, writing User Stories.
* Experience in tracing requirements and using **Requirement Traceability Matrix (RTM).**
* Good knowledge on Patient Protection and Affordability Care Act (PPACA), Health insurance Marketplaces, Medicare, Medicaid, Medicaid Management Information system (MMIS), Flexible Spending Arrangement (FSA).
* Good knowledge of **FACETS**.
* Strong knowledge of **Health Insurance Portability and Accountability (HIPPA)**, transaction and code set.
* Knowledge of **healthcare** and **pharmacy data (claims, billings, fees, eligibility, benefits, formulary) and statistical analyses.**
* Well versed in generating and evaluating **Functional Requirement Documents (FRD), Business Requirement Documents (BRD), Work Breakdown Structure (WBS).**
* Good knowledge of **Onbase** modules (**workflow, Document Import Process).**
* Well versed with the **HIPPA 4010, 5010, ICD-9, ICD-10, HMO, PPO, HL7**.
* Conducted and participate in **Joint Application Development (JAD).**Worked with **HIPPAANSI X12 4010 and ANSI X12 5010**, and medical transactions like **270, 271, 276,277, 835, 837I, 837P**.
* Highly motivated with multitasking capabilities, and analytic thinking. Efficient in working alone and in a team, with a proven ability to work under pressure, and meet deadlines.
* Self-motivated and ability to think critically. Good interpersonal and communication skills, ability to work in a diverse environment, and highly desired to learn client’s business requirements.

**TECHNICAL SKILLS:**

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| **Methodologies** | Agile, Scrum, RUP, Waterfall |
| **Front-End Tools** | MS Excel, MS Office, MS Project, Adobe Photoshop |
| **Testing Tools** | Testing Tools: Quality Care, HP ALM, Load Runner, Quick Test pro, SOAP UI, Log defects |
| **Bug Tracking Tools** | Rational Clear Case, Jira, TFS |
| **Modeling Tools** | Rational Rose, MS Visio, Caliber RM |
| **Project Management Tools** | MS Visio, MS Project, Share Point 2010, Primavera |
| **Languages** | UML, XML, HTML, SQL C, C++ |
| **Databases** | SQL Server, ORACLE, SAS, MS Access, IBM Curam |
| **Web Technologies** | HTML, MS SharePoint. |

**WORK EXPERIENCE:**

**DHHS, St Paul, MN**

**Position: Senior Business System Analyst July’16 – Present**

The MN Medicaid Program provides health services to low income individuals, has an annual budget of 7.2 billion dollars and provides services to more than 1 million recipients annually.  MMIS processes 51 million Medical claims annually for more than 30,000 Medicaid providers. The focus of the project was to enhance the Medicaid Management information System (MMIS) for new Business Requirement, new MCO configuration, new Eligibility rules configuration by following CMS guideline and validating HIPAA5010 and ICD10 codes.

**Responsibilities**

* Coordinated with the stakeholders and project key personnel to gather functional and non-functional requirements during JAD sessions.
* Studied the existing business process and created AS-IS workflow to illustrate the existing system.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for Medicaid Claims.
* Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS.
* Responsible for Medicaid Claims Resolution/Reimbursement for peach state health plan using MMIS.
* Recorded requirements in the Requirement Traceability Matrix (RTM) defining each technical requirement in detail from areas like: main hardware, application software, networks, servers, internet and desktop configuration.
* Assisting the project manager in creating the business case and project plan.
* Served as a liaison between the internal and external business community (Claims, Billing, Membership, Capitation, Customer service, membership management, provider management, advanced Healthcare management, provider agreement management) and the project team.
* Actively analyzed current business processes (Claims, Recipient eligibility and enrollment etc.) and worked with management to improve and implement enterprise solutions to ensure compliance.
* Work with business representatives to understand data marts requirements and priorities and ensure that IT works is appropriately aligned.
* Responsible for creating business work flows and processes and creating management reports based on the analysis.
* Followed the UML based methods using Rational rose to create use cases, activity diagram, sequence diagram, collaboration diagram that include functional and non-functional specifications to hand off to development teams.
* Actively involved in updating internal processes (submit claims, check eligibility), updating data collection and data reporting.
* Defects and bug testing by using Rational Clear-Quest, Configuration management and Version control with Clear-Case.
* Propose strategies to implement IV&V on HIPAA 5010 in the new MMIS system.

Environment: RUP, MS Project, ANSI X12- EDI UML, Rational Requisite Pro, MS Word, Visio, SQL, MS Excel, Mercury Quality Center.

**Nationwide, Columbus, OH**

**Position: Senior Data Analyst January’16 – June’16**

The project was for gathering requirements for Commercial Line Transformation and move existing multiple commercial lines products, processes and technology to a One Nationwide future with a competitive suite of common products, streamlined processes and enhanced technology.

**Job Responsibilities:**

* Work on Commercial line property insurance in **Agile** methodology.
* Gathering requirements for **Commercial Line Transformation Product and Pricing – Interface team.**
* Requirement gathering from Inception and creating **RTM**,**Functional Specification Documents** and **Data Mapping Analysis** for System Integrations.
* Responsible for defining the key identifiers for each mapping and data modeling process.
* Clarify, communicate and document requests for change requests from As-Is to To-Be process and coordinate with the testing and development team.
* Experience with developing User Stories throughout the **Agile** Lifecycle as well as created**UML** diagrams such as Use Case, Activity and Chart diagrams with **MS Visio.**
* Designing storyboard in **MS Visio.**
* Worked on researching and pre-grooming **user stories** by understanding the business requirements as stated in the business requirements matrix by including key members from **businessteams**, **underwritingteams**, and **closing SMEs** and later translating those in an IT standpoint to explain the work to the team.
* Participated in daily **Agile** Scrum, Sprint Planning and Retrospective Sessions and update the team on status of upcoming User Stories for the a project of changing the client's software maintenance structure of their various software products.
* Provided support for complex business **Data Management, for billing, claims, and submission.**
* Facilitated **Joint Requirement Planning (JRP)** sessions with **Business User Groups**, along with conducting **Joint Application Development (JAD)** sessions with **ITGroups** and **ConflictManagement** with Project team members.
* Identified efficiencies in "**current state**" of casualty underwriting divisions and helped with development and implementation of "**future state**" plan (**As-Is/To-Be**) by removing non-value added process and workflow automation.
* Worked withmany business and technology areas to expand **IVR functionality** and helped to increase self-service utilization.
* Involved in formal requirements gathering methodologies, and developed reports based on specifications.
* Involve in meetings to analyze the services and process.
* Coordinate tasks with other programmers, business users, data base administrator, mainframe team, testing team and development team.
* Worked with technical team to improve report performance and performed system testing.Performed tasks like test cases, identifying defects, screen mockups, quality reporting, data cleansing and data quality.

**Environment: XML, WSDL, SOAP UI, Windows XP, Microsoft dynamics SL, Microsoft TFS, XML Notepad,Tortoise SVN, MS Visio, Pivot Tables.**

**DHHS IOWA, Des Moines, IA June'12 - Dec’15**

**Position: Senior Business Analyst**

The delivery of the 5010 transactions executed in multiple integrated releases along with system upgrade from ICD 9-10 in MMIS.

**Job Responsibilities:**

* Developed and participated in **business functional requirements planning** and enhance IT’s business knowledge base.
* **Managedrequirements organization**, **prioritization and their lifecycle/traceability** through technical solution delivery and transition to support and operations.
* Worked with client to gather Business/Technical Requirements, Approval of CR (Change request), Design and Implementations for State MMIS.
* Responsible for designing future state processes for ICD 9-10 Crosswalk Table and drafted High Level Business Requirements for ICD 9-10 conversion mapping.
* Worked on creating State based Rule requirement document with Rule ID (CFR number).
* Researched on state based rules, configuration to be implemented in integrated eligibility system.
* Gained extensive experience in designing/modifying the CICS screens for various areas such as Enrollment, Billing, Provider Record and Reimbursement Status in MMIS..
* Wrote clear, concise detailed System Requirements Specification(SRS) documents and user documentation in accordance to guidelines and standards of a level where developers can interpret, design and develop the application with minimum guidance
* Experience in implementation of ICD-9-CM codes and ICD-10-CM codes changes in the current claim processing modules in MMIS.
* Worked on HP Quality Center 10.0 which include Defects Management, Test Plan and Dashboard.
* Talking to the client based on requirements of that particular defect, uploading document required, checking history, status notes, setting up resources to handle and fix it.
* Worked on Rational Requisite Pro application to handle various requirements including Functional requirements, High-level requirements, Non-functional requirements, Scope statement and User requirements.
* Createdstandard business process models as well as conceptual prototypes and mock-ups when necessary.
* ManagedSystem Integration testing for delivery teams and User Acceptance Testing.
* Managed and documented business, functional and non-functional requirements.
* Assisted in designing and implementing solutions for storing documents from Onbase repository.
* Implemented **Unified Modeling Language (UML)** methodologies for process modeling and developing use cases.

**Environment**: **Mainframe System, SAS, Quality center, SQL Server, MS Access, Excel and Macros.**

**The Ohio Casualty Insurance Company, Columbus, OH September'11 - May'12**

**Position: Business Analyst**

The Ohio Casualty Insurance Company is one of America’s private insurance providers.The project was to give the payers the clear vision of claim life cycle from submission to Ohio Casualty Insurance through payer adjunction. The project is to implement a web based claims processing and application health insurance claims automatically. It connected the organization to the largest all-payer network of commercial and government health plans nationwide to provide a wealth of real-time patient benefit information.

**Responsibilities:**

* Implemented the **SDLC** for the developing life cycle and followed the standards process in the application.
* Translated business requirements into functional requirements and approaches for developers.
* Provided management support to the **off-shore End to End integration/ Regression Test Team.**
* Workflow documentation and comprehensive training to the healthcare clients.
* Analyzed corporate healthcare business processes to develop customized solutions.
* Working 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.
* Interacted with healthcare clients to gather requirements, objectives, and input and output requirements.
* Developed **Use case, Functional, Object diagrams using Rational Rose**.
* Supported in collecting **HIPAA** related **EDI** transactional data from **data warehouse.**
* Worked on changes of implementation, expected of **HIPAA X12** transactions **EDI 837,835, 270/271,278,834** in future upgraded system.
* Responsible for architecting integrated **HIPAA, HL7 messages, Medicare solutions, Facets.**
* Assisted in planning and test process for **Pharmacy Claims**.
* Developed test cases and scripts for **front end testing**.Performed execution of test cases manually to verify expected results.
* Ensured the accuracy and consistency of the data during the data loading process.
* Assisted indocumentation of the **Onbase** solutionsusing Microsoft Visio and Project**.**
* Developed a detailed test plan and test cases to cover all the requirements.
* Used **Rational Rose** to create **UML diagrams** such as **use case, activity, sequence, class and component diagrams.**
* Developed **Flowchart and process diagram** using **Microsoft Visio**.
* Analyzed data architecture, documented and delivered data mapping, performed risk analysis.
* Frequently communicated with developers to resolve technical issues.

**Environment:** **SQL, Test Director, MS Office, UML, Rational Rose, Jira, Windows XP.**

**Indus Services(Healthcare), Hyderabad, India June'07 - August'10**

**Position: Business Analyst**

Project Description: The HI-Exchange Project dealt with development of an online health information exchange (HIE) and a secure web portal to enable authorized Hospital providers to have fast and easy access to patient's electronic health record. The HI-Exchange web portal features EMR functions and Integrated Clinical decision Support tools for better care management. The project dealt with development of a Health Care Cost Containment System and implementation of an automated inter-operable web application that tracks patient medical history and health care plans via Viewer application and Electronic health records. The Viewer/ system provided online access to mobile patient records and improved communication in public health.

**Job Responsibilities:**

* Assist with creation and maintenance all necessary documentation and training materials for **Epic Ambulatory application**.
* Performed analysis, design, development and maintenance of the Epic Ambulatory applications and other clinical information systems.
* Experience with EPIC user and provider record provisioning, including the development of **role-based, security classes, and user profiles**.
* Experience in Epic Resolute product implementation and deployment.
* Hands on experience with **Epic Hospital Billing and Ambulatory**.
* Experience with **Epic Healthcare Information Systems.**
* Conducted user interviews, gathered requirements, and analyzed the requirements.
* Worked with the business team to collect the business requirements, security and service level requirements and documented them.
* Analyzed set behavior and contribution to business performance, critical business metrics & tracking underlying business trends using Business Objects.
* **Warehouse and/or Data Marts** for different projects.
* Participated in the logical and physical design sessions and developed design documents.
* Performed collection, coding, and assessment and reporting of adverse event data using **ARISg.**
* Worked in the **ARISg Implementation** of the EHR-Pharmacy Module.
* Captured all **HIPAA-related EDI data** in the repository using **FACETS.**
* Accepted inbound transactions from multiple sources using FACETS.
* Supported integrated EDI batch processing and **real-time EDI using FACETS**.
* Recommend tactic to implement **HIPAA 4010 (EDI X12 837,834,278,270)** in the new System.
* Worked on **Electronic health record system as a CRM web based application**.
* Working Experience in Electronic Submissions in standard format **E2B.**
* Knowledge of regulatory issues including **State, Federal, AABB, CAP, CLIA, and JCAHO.**

**Environment:MS Project, Microsoft Visio, EPIC, FACETS, and Business Objects.**