**Fahad Rahman**

**Professional Summary:**

* Around seven years of professional experience in Business Analysis with exposure to Healthcare and Insurance Domains.
* Excellent understanding of Software Development Life Cycle (SDLC) methodologies like Waterfall, Agile (SCRUM, RAD and RUP).
* Experienced in communicating directly with Stakeholders, SME’s and end users to gather and translate requirements into detailed project development strategies for effective deployments.
* Excellent analytical skills in understanding the business process (AS-IS and TO-BE), understanding the functional requirements and translating them to system requirement specifications.
* Used elicitation techniques like interviewing, questionnaires, brainstorming, focus groups, prototyping, cost/benefit analysis and risk analysis. LeadedJAD sessions to reduce time spent in moving information between stakeholders and team member.
* Extensive skills in developing Use Case diagrams, Sequence diagrams and Class diagrams.
* Proficient in writing Business Requirement Documents (BRD), Functional Requirement Documents (FRD) and Requirement Traceability Matrix (RTM).
* Strong knowledge on HIPAA standards 4010 & 5010, ICD-9,ICD-10, , CMS, EDI, FACETS, HL7, HIX (Health Insurance Exchange), EMR/EHR, Health Care Reform and Patient Protection and Affordable Care Act (PPACA).
* Strong knowledge of Health Insurance Plans (Medicare Part A, B, C and D), managed care concepts (Medicaid and Medicare), billing experience within life and disability in health plans with thorough understanding of CPT coding, CMS-1500 claim forms and reimbursement forms.
* Strong knowledge of HIPAA standards, EDI (Electronic data interchange) Transaction syntax such as ANSI X12.
* Worked on different EDI healthcare transactions like 837 for submitting Claims, 835 for Payments, 834 for Enrollment and Benefits, 270/271 for HealthcareBenefits and Enrollment Eligibility, 276/ 277 for Claim Status and 278 for Referral.
* Experienced in User Acceptance Testing, Back End and System Level Load and Stress Testing for many types of applications including web and client-server applications.
* Experienced in documenting test requirements, test cases and Batch interface documents.
* Performed Data Analysis by studying Data migration, Process mapping, Data integration, Data quality.
* Strong SQL skills with solid understanding of Databases, Data Warehouse, Data Modeling, Business process design, application systems analysis, object oriented analysis.
* Strong knowledge on Data Mart development using developing strategies for extraction, transformation and loading(ETL) in Informatica Power Center, 9.6.1/8.6.1/8.5/8.1/7.1 Power Center Client tools - Power Center Designer, Repository Manager, Workflow Manager/Monitor and Server tools, etc.
* Experienced in using various types of transformations like Aggregator, Rank, Router, Normalizer, Sorter, Lookup, Update Strategy, Stored Procedure, Joiner, Filter, Sequence Generator and Source qualifier etc.
* Knowledge on Ad-Hoc analysis and writing technical reports.
* Strong knowledge on SAS Enterprise Guide7.1 for analyzing, interpreting and technically reporting big data.

**Technical Skills:**

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| --- | --- |
| Operating System | Windows and Unix |
| Languages | HTML, Java, XML, SQL. |
| Tools | Rational Rose, Rational Requisite Pro, MS Office, MS SharePoint, SAS Enterprise Guide 7.1, Informatica Power Center 9.6.1/8.6.1/8.5/8.1/7.1, Cognos |
| Database | MS SQL Server, MS Access, Oracle and DB2 |
| Testing Software | HP Quality Center, JIRA |
| Software Packages | MS Office - Word, Excel, PowerPoint, Outlook, Visio, Project, Access, Lotus Notes |

**Professional Experience:**

**Assurant Health, Milwaukee, WI**

**Sept’15 - Present**

**Business Analyst**

**HIX Business Consultant/ Business Analyst**

Assurant health is one of the oldest companies that provide health insurance at a very minimal rate. The project involves building a better health insurance marketplace via synthesis of requirements for an effective HIX (Health Insurance Exchange) solution that can quickly adapt to and comply with evolving federal/state laws and regulations. The project also entailed researching the Concept of Operations (ConOps) for Health Insurance Exchanges, Patient Protection and Affordable Care Act (PPACA), while supporting an Agile approach for capturing business requirements and application development for a Federally-Facilitated Exchange (FFE). Initially, I also worked on web-based application that is known as AHI - “Affordable Health Insurance”. It is an online feature made with a combination of JSP (Java Server Pages) and Oracle database server that finds valuable low cost health insurance plans. As this is an online system, you can get instant quotes, check benefits, apply online, be approved and be issued online right from the website.

Responsibilities:

* Worked as a liaison between the Business and Technology Department.
* Worked with the managers, management and report requestors to gather requirements.
* Validated the following Transaction Processing: 837 (Health Care Claims or Encounters), 835 (Health Care Claims payment/ Remittance), 270/271 (Eligibility request/Response), 834 (Enrollment/Dis-enrollment to a health plan)
* Gathered requirements, analyzed them and created formal Business Requirement Document (BRD) & Functional Requirement Document (FRD)
* Constantly researching best practices for health insurance issuer accreditation, reinsurance, and risk adjustment.
* Creating of Business Process Workflow Diagrams with Stakeholders throughout the Business System Development Life Cycle (SDLC), to create the provider portal which allows providers to access patient information to increase convenience.
* Involved in requirements gathering sessions with Business Analysts and Architects to understand requirements in terms of business change.
* Created and maintained the Requirements Traceability Matrix (RTM)
* Owned the entire reporting process and interacted with the ETL team, developer(s), management, and account holders to get the requirements, document them, design templates, and write specifications.
* Designed Functional Specification Documents for the reports and worked in RUP environment using Rational Requisite Pro
* Analyzed trading partner specifications and EDI mapping guidelines.
* Conducted JAD sessions for the report users, requestors, developers and prepared Need Analysis Documents of the requirements gathered through JAD sessions. .
* Created presentations explaining the entire report development process, while drawing a comparison between the legacy & the new report.
* Coordinated with the developer, on day-to-day basis, during the development process.
* Helped with Data Mapping between the data mart and the Source Systems.
* Participated in workshops and update meetings with Insurance carriers
* Conducted Claim/Encounter Management, claim data collection, claim quality check, and filtered claims for Risk Adjustment.
* Conducted Stakeholder Analysis.
* Facilitated Health Insurance Form Filing requirement sessions.
* Developed Preliminary Business Object Model for Health Insurance Form Filing, Requirement Document for Health Insurance Form Filing.
* Wrote and maintained project requirements, facilitated meetings, built business and system flows, managed defects and wrote test scripts and use cases.
* Successfully used Scrum Analysis Model (Agile) for gathering requirements by facilitating Use Case Workshops and sessions.
* Involved with the subject matter expertise for the implementation of Health Exchange Business Process with a special focus on Medicaid Integrated Eligibility, Plan Management, SHOP/SHOPPING, and Financial Management Business domains.
* Followed the Agile Scrum SDLC (System Development Lifecycle) methodology,
* Validated System requirements for the Certifications, Accreditations and Attestations of Insurance Carriers
* Involved in communicating with the software development team for the online application.
* Created Test Scripts&Test Scenarios to validate report content, layout, and parameters using VBScript and JavaScript and Conducted weekly meetings to validate and verify the testing process
* Wrote PL/SQL statement and stored procedures in Oracle for extracting as well as writing data
* Migrated Data from MS Excel to SQL Server Reporting Service Using DTS and SQL loader utilities.
* Created Wireframes, UI Mockups using Mockup screen and maintained Requirement traceability Matrix (RTM) by using MS Visio based on UML.
* Reviewed Stored Procedures for reports and wrote test queries against the source system (SQL Server) to match the results with the actual report against the Data mart (Oracle).

Environment: Agile, SharePoint, MS Visio, MS project, XML, UML, Oracle 10g/11g, SQL Server, MS Office.

**AmerUs Group, Des Moines, IA**

**July’14- Aug’15**

**Business SystemAnalyst**

AmerUs Group is a national provider of life insurance and annuity products. AmerUs group is composed of two business segments a) protection products by AmerUs Life Insurance Group (ALIG), ALIG is the nation’s number one provider of fixed indexed life insurance; and b) accumulated products by AmerUs Annuity Group (AAG), AAG is one of the top five providers of fixed indexed annuities. The aim of the project was to enhance the existing claims processing system to improve efficiency

**Responsibilities:**

* Single handedly gathered business requirements from stakeholders. Documented and managed functional requirements in use case specification document.
* Created Project Plan, Risk Mitigation Plan, Project Scope Document, Software requirement Specification, Project Glossary.
* Translated business requirements into high-level and detailed functional specifications
* Walked through use cases to business and technical groups.
* Using MS Office suite components for documenting, traceability, project tracking, documentation, and presentation to senior management.
* Gathered requirements and modeled the data warehouse and the underlying transactional database.
* Understood the functionality of Vantage One Platform.
* Collected & documented the requirement of Business team for Policy Admin.
* Worked extensively with Life Insurance and Annuities.
* This automation is achieved using Automated Workflow Distributor (AWD), a workflow based product, by defining and regulating the workflow involved in processing Insurance/Annuity application.
* Actors to analyze and document business data requirements from Data ware house.
* Coordinated participation and sign-off of various business partners and customers.
* Created business requirement documents and integrated the requirements and underlying platform functionality.
* Developed the testing strategy, test plans, test cases, test scenarios and used Mercury Quality Center as a test management tool.
* Validated the test data in DB2 tables on Mainframes and on Teradata using SQL queries.
* Analyzed clients systems and business process for Group and Credit Life Insurance lines.
* Used MS Visio for Process modeling and Business Process flow diagrams
* Analyzed and updated more than 50 brokerage work flows in AmerUs Group’s BPM application AWD (Automated Workflow Distributor) in order to support image transmission process of brokerage applications to National Financial Services.
* Hosted weekly status calls with LOB business senior management to provide project status, and highlight risks and issues.
* Conducted User Acceptance Testing (UAT) and collaborated with the QA team to develop the test plans, test scenarios, test cases, test data to be used in testing based on business requirements, technical specifications and/or product knowledge.
* Performed UAT and conducted training sessions
* Designing the Functional flow of the Policy Admin Functionalities.
* Interfaced between Business new product builders and System platform builders.
* Worked with systems area to translate business needs into system requirements.
* Made sure the test cases and test process guarantee accountability to business and systems requirements.
* Managed UAT, Integration and Performance testing. Developed the test cases, test scenarios and strategies for the same.
* Involved in the testing phase right from the Unit testing to the User Acceptance testing.
* Used SDLC (System Development Life Cycle) methodologies like the RUP and the waterfall.
* Coordinated with Team lead, project manager, BA, LOB, CDT, MST, on boarding Team, Tech team and Vendor
* Use Cases and other Process Flow Models were designed using Visio and Rational Rose.

**Environment:** RUP, UML, MS Visio, MS Project, AWD, MS Word, MS Excel, UAT, MS PowerPoint, BizTalk.

**Fallon Community Health Plan, Worcester, MA**

**Jan’13– June’14**

**Business Analyst**

Fallon Community Health Plan provides a variety of health plan options as well as Medicaid and Medicare Advantage plans. The project involved analysis and enhancement of thein house healthcare application in order to be able to accept and execute EDI transaction sets 834 (Enrollment and Maintenance), 837 (Professional, Institutional and Dental Claims) and 835 (Claim Payment/Advice) as per HIPAA (ASC) X12 5010. The project scope also involves laying the foundation for broader transformational change from ICD-9 to ICD-10 while also implementing new initiatives such as value-based reimbursement on their EMR/EHR platforms.   
   
**Responsibilities:**

* Created EDI documents for EDI maps to generate requirement documents and Project Charter, and logical design documents for EDI transactions and code sets.
* Involved in the full HIPAA compliance lifecycle from GAP analysis, mapping, implementation, and testing for processing of Medicaid Claims.
* Knowledge of mapping of provider data from source to target Facets 4.31 data layout for the claims and benefit configuration.
* Used Facets 4.31 to receive, store and send HIPAA-standard transactions (835, 837, 276, 277) and to administer HIPAA privacy rights.
* Designed and development of test cases based on functional requirements for Institutional and Professional claims for EDI and HIPAA Transactions 837/835, 834, 276/277, 270/271 testing.
* Created test scenarios for 837P, 837 I & D, 835, 834, 820, 270/271 and 278 transactions.
* Involved in GAP analysis of 270/271,837 P & I and 834 transactions from EDI X12 4010 to EDI X12 5010.
* Monitored and validated daily claims processing of EDI 837 and 820 EDI x12 files to Providers and trading partners; ensuring that the acknowledgements are sent to the Providers.
* Performed transmission troubleshooting problems for the following ANSI X12 formatted EDI transaction types: 837P, 837I, 837D, 834, 270, 271, 276, 820, 835, NCPDP Encounters.
* Involved in Trizetto Facets System implementation, Electronic Claims and Benefits configuration set-up testing, Inbound/Outbound Interfaces and Extensions, Load and extraction programs involving HIPAA 835 and proprietary format files and Reports development.
* Responsible for creating test scenarios, scripting test cases using testing tool and defect management for Policy Management Systems, Payables/Receivables and Claims processing.
* Created EDI files for test cases and verified these files, debugged the errors and corrected them according to the agenda for respective HIPAA implementations.
* Analyzed all aspects of the software development life cycle including business requirement analysis, application Logical & Physical design, development milestone determination, code implementation and all various levels of testing (unit, integration & UAT) along with end user training for ICD-9, 10 applications.
* Facilitated and managed Joint Application Development (JAD) sessions with committee of SMEs (Subject Matter Experts) from various business areas.
* Performed backend testing using SQL queries and analyzed the server performance on UNIX OS.
* Loading staging tables on Teradata and further loading target tables on SQL server via DTS transformation Package.
* Utilized PL/SQL (stored procedures, functions, packages and triggers) and SQL (queries) programming to create business logic.

**Environment:** JAD, Oracle, SQL Server, Mainframe, DB2, Facets, Windows, HP ALM, MS Office, MS Visio, SOAP UI.

**Apollo Healthcare, Buffalo, NY**

**April’11- Dec’12**

**Business Analyst**

Apollo Healthcare is a part of the National Insurance network. It provides a range of health care services including full range hospitals, family clinics, physician services, home-based care and emergency services. The project involved enhancement of a web based claims processing and management application, to manage health insurance claims electronically. The existing application was customized to include six new modules such as Auto PCP Assignment, Claims Redirect, Point of Service, Encounter Claims and Service Area. Data is automatically translated to meet HIPAA compliance standards and the privacy of transactions is protected with the highest level of internet-based security. Also involved with the HIPAA compliance project - making a business assessment to determine the readiness of Group Health to comply with the new HIPAA standards .

**Responsibilities:**

* Worked on HIPAA 4010 & 5010 ANSI X12, EDI series (Insurance/Health Series) (INS) such as 270/271, 276/277, 278, 834, 835, 837.
* Worked on insurance data related to Medicare, Medicaid claims and reimbursement and other Insurance claims.
* Worked on HL7 to provide framework to carry out transfer of electronic healthcare information.
* Analyzed the detailed user needs, gathered requirements during inception phase, documented and delivered Functional Specification Documents (FSD) and assisted architecture analysis and design using UML and Rational tools.
* Designed and developed Use Cases, Activity Diagrams, Sequence Diagrams using UML and Visio.
* Identified, researched, investigated, analyzed, documented business processes and use case scenarios.
* Performed gap analysis to identify and document the gaps between the existing system 4010 and new 5010 compliant systems.
* Functioned as a liaison between the business line, operations and the technical areas throughout the project cycle.
* Participated in JAD sessions, product presentations and conducted interview sessions to collect information.
* Used SQL queries for the retrieval and management of data.
* Assisted the QA team in developing the test plan, test conditions and test cases to be used in testing based on business requirements, technical specifications and/or product knowledge.
* Used Test Director with QA team for testing.
* Interfaced with Subject matter experts (SMEs) to prepare the Business Process Re-engineering (BPR) documents for the ongoing project.
* Assisted in the development of training materials for new technology and process improvements.
* Worked closely with the project manager in handling the whole project.

**Environment:** JAD, Oracle, SQL Server, Mainframe, DB2, Facets, Windows, HP QC, MS Office, MS Visio, SOAP UI.

**El Camino Hospital, Mountain View ,CA Oct’09- March’11**

**Business Analyst**

El Camino hospital is a non-profit hospital/community in the south bay area. It provides a wide range of health services including hospital, emergency and community services. The project was aimed at meeting HIPAA requirements along with upgrading the EDI for basic healthcare business process which includes patient management, pharmacy, laboratory, billing, general stores and insurance.

**Responsibilities:**

* Gathered information on the inherent systems (clinical, administrative, laboratory, pharmacy) to have understanding of the business processes and EDI.
* Conducted Gap analysis to understand new business model and additional functionalities including security feature to be incorporated into the new EDI application in compliance with HIPAA.
* Conducted JAD sessions for understanding and refining of requirements in coordination with multiple teams, defined scope, financial projections and Cost / benefit analysis.
* Progressed from problem statement to well documented design, created Mockups for business and end users.
* Worked on HIPAA 4010 & 5010 ANSI X12, EDI series (Insurance/Health Series) (INS) such as 270/271, 276/277, 278, 834, 835, 837.
* Created and maintained the RTM to trace the progress throughout the project.
* Organized reports created by data team by verifying the associated EDI data from repository using FACETS.
* Drafted the End to End flow of transactions along with the Functional specifications and Use cases.
* Conducted walkthroughs, assisted in change and defect management.
* Assisted QA team by reviewing test cases and identifying issues, clarifying requirements to ensure complete coverage of analysis according to EDI implementation guide.
* Provided training to users, and involved in conducting UAT sessions to gain user confidence and approval.

**Environment:** JAD, Oracle, SQL Server, Mainframe, DB2, Facets, Windows, HP QC, MS Office, MS Visio, SOAP UI.

**Academic Qualifications:** MBA in Management Information System and Business Analytics.