**Hamoud Soud**

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**Professional Summary**

* 7 years experiences as Business Analyst with extensive experience in healthcare and insurance industries
* Sound knowledge of Health Insurance and Portability and Accountability Act (HIPAA)
* Well versed with FDA guidelines, rules and regulations
* Strong knowledge and experience in Healthcare industry. Functional knowledge of Medicaid Management Information System (MMIS).
* Worked with HL7, EDI ANSI 4010 and 5010 Standards. Involved in a 4010 to 5010 migration process and respective GAP Analysis.
* Prepared accurate and detailed requirement specifications documents, user interface guides, and functional specification documents.
* Expertise in EDI HIPAA 4010 - 5010 Project to convert EDI X12 Healthcare 4010 transactions into 5010 Complaint transactions.
* Knowledge of MMIS (Medicaid Management Information System), HIX (Health Insurance Exchange), EMR (Electronic Medical Record), EHR (Electronic Health Record) and healthcare reforms like the Patient Protection and Affordable Care Act (PPACA), Emergency Medical Treatment and Active Labor Act (EMTALA).
* Worked on 837 (I, P, D), 834, 835, 820, 270, 271, 276, 277, 278 transactions and BRCs of the transactions.
* Exposed to using ICD 9/ICD 10/ANSI/HL7 coding standards in Medicare and Medicaid domains of the healthcare systems and industry for both inpatients, outpatients, Reimbursement methodology.
* Implemented various HIPAA codes (270 and 276) used for Billing and Eligibility purposes of patient records.
* Have develop and design interfaces between Argus and other drug safety systems.
* Have Process documentation creation experience and ability to facilitate requirement sessions and proof of concept sessions
* Have strong experience in requirements gathering by conducting interviews with end users
* Comprehensive knowledge of Software Development Life Cycle (SDLC), having thorough understanding of various phases like Requirements, Analysis/Design, Development and Testing
* Exposure in Forward Mapping and Backward Mapping analysis of ICD 9 – ICD 10 Conversion for CM (Diagnosis Codes) and PCS (Procedure Codes).
* Have exposure to EDI, Web Portal, DSS and System documentation
* Experience in conducting UAT (User Acceptance Testing) and documentation of test cases, ability to communicate both on a business and technical level and experience in coordination with business and technical resource
* Good control on MS Office suite, MS Visio and MS Project.
* Adept at creating and transforming business requirements into functional requirements and designing business models using UML diagrams – Context, Use Case, Sequence, Activity diagrams in MS Visio and Rational Rose.
* Validated EDI (X12/XML) files such as Inbound 270s in Eligibility Verification System (EVS) and Outbound 270s in Third Party Liability (TPL) subsystems.
* Organized many Joint Application Developments (JAD) sessions, scrum meetings and Joint Requirement Planning sessions (JRP), walkthrough, Interviews, Workshops and Rapid Application Development (RAD) sessions with end-user/clients/stake holders and the IT group
* Excellent presentation skills with MS Power Point, which was extensively used in different JAD sessions and to track progress. Communication ability with prospective vendors
* Writing Complex SQL queries and optimizing SQL Queries. Familiar with COBOL technologies and DB2. Good understanding of Mainframe environment.
* Assisted the project manager with activities like development of business processes, effort estimation, resource management, issue/risk analysis, milestone tracking and associated documentation
* Comprehensive knowledge of RUP, Agile, Scrum, FDD, Waterfall Methodologies
* Extensive experience in gathering, managing and documenting business requirements and functional requirements, communicating effectively with upper management, senior BAs, developers and QA engineers
* Excellent track record for meeting deadlines and submitting deliverables on time
* Excellent documentation, communication and interpersonal skills

**Technical Skills**

Operating System Window 2000 / XP / Vista / Unix / Dos

Languages SQL, HMTL, SAS

Application Management Tools Rational Rose, Rational Requisite Pro, Clear quest, Clear case,

Databases MS Access, DB2, Oracle 8i, MS SQL Server, Java

Microsoft Applications Word, Excel, PowerPoint, SharePoint

Workflow Tools MS Visio, MS Project

**Professional Experience**

**CNSI, Baltimore, MD  Nov 13 - Present**

**Sr. Business Analyst**

Objective of the project was to develop the To-Be process flows and aligning them to MITA business process areas. The job was to learn and analyze the current As-is process and develop the To-Be processes for Provider Management, Finance, Reporting and Enroll Provider through EDI and Non EDI transactions. The Maryland’s MMIS system is developed using HIPAA guidelines and regulations which keeps track of Healthcare transactions Provider Eligibility, Request and Response for Claims Status, Prior Authorization, EDI and Non EDI transactions.

**Responsibilities**

* Researching, Analyzing and striving to gain thorough understanding of Maryland Medical Assistance Program processes based on the dated AS IS processes. Demonstrating and quench the thirst for capturing the GAPS in the AS IS processes by annotating the AS IS processes.
* Conducted user interviews and documented business and functional requirements.
* Performed Requirement Analysis and Activity Diagrams using Rational Rose.
* Gathered and developed specs for federal reporting specific to Medicare Advantage.
* Served as a liaison between the internal and external business community (EDI, Finance, Reporting, Provider management, advanced Healthcare management, Prior Authorization) and the project team.
* Upgraded MERP Medicare EDI and reporting.
* Developed multiple web applications, systems and automation tools using a ColdFusion front end.
* Utilized the existing eCAMS design and collaborate with existing Business Analysts and Technical Leads in bridging the GAPS to avoid seeking duplicate information from DHMH staff
* ExperienceinColdfusionandASP.NETdevelopment
* Profound knowledge of Oracle, tuning, creating tables and stored procedures
* In-depth knowledge of Cold fusion coding, designing and optimizing
* Familiarity with Object Orientated ColdFusion MX applications
* Presenting the understanding and capturing the Operational Process flows with CSC Fiscal Agent Operations Staff.
* Organizing JAD sessions, personal interviews and surveys in the process of collecting requirements including that of G.M.’s and other higher management
* Documenting the To-BE in alignment with MITA, presenting the To-BE flows to Business Analysts, technical Leads and CSC FA Ops Staff. Seeking feedback from them and incorporating the changes.
* Seeking guidance and feedback from Enterprise Business Process Architect in escalating the GAPS and seeking inputs and suggesting the possible options in addressing the GAPS
* To-BE flows were documented using a visual representation tool such as Enterprise Architect toolkit or Visio process flowcharting using industry standard BPM process notation.
* Completed tasks as assigned during the course of the project within or across business areas.
* Reported to the Business Process Leads on daily stand-ups, measures progress and supplies metrics to quantify the progress, identifies and reports   risk/issues and suggests possible mitigations and resolutions.
* In depth knowledge of Medicare/Medicaid Claims processes from Admin/Provider/Payer side which were later part of the training program to vendors.
* Responsible for creating test scenarios, scripting test cases using testing tool and defect management for Policy Management Systems, Payables/Receivables and Claims processing.
* Used rational clear quest for defect management.

**Environment:** Windows XP Professional, Enterprise Architect, Cold fusion, MS Access 2000, MS Excel, RUP, Oracle, UML, Rational Rose, Requisite Pro, Clear Case 2002, Java, Rational Clear Quest 2002, Oracle, MS Office suite, MS Visio 2003

**O.U Medical Center, OKC, OK Jan 12 – Nov 13**

**Business Analyst**

A Physician Support System was built to capture out patients clinical data using an Electronic Medical Record Management System. The purpose of this system was to have a Paperless Medical Record and instant retrieval of data by doctors. The patient’s medical record contains information such as physical examination and information specific to the medical discipline. The system also captures information about the patient’s appointments, medical summary and flow of medical activities of his/her throughout the clinic visits.

**Responsibilities**

* Gathered Business Requirements and managed them using Requisite Pro.
* Interacted with the Users, Designers and Developers, SMEs, Project Manager to get a better understanding of the Business Processes.
* Designed the project development plan based on agile methodology of SDLC.
* Helped Project Manager in Project Management Documentation and got MS Project experience.
* Used Excel to create the Data Mapping documents which is used by the Development & Testing team. Worked very closely with the latter in order to make sure the correct Data Element is being passed from one system to another
* Responsible for creating UML modeling plans, Use cases, process flows, and business requirements documentation using MS Visio, Requisite Pro and Clear Case tools.
* Analyzed and modeled the system using Data flow Diagrams, Functional Hierarchy Diagram, Process Development Diagram, CRUD (Create, Read, Update and Delete) Matrix
* Performed underwriting tasks and analyzed and optimized the online application for the insurance agents
* Experience with documenting Claims processing lifecycle and got good exposure of X12 837 transactions for HIPAA 4010.
* Used Query Analyzer to optimize SQL Queries.
* Maintaining SQL Script for creation of Database Objects.
* Responsible to meet the information demands of our business users by delivering timely, accurate, meaningful and standardized data and reporting.
* Developed standards-based web applications for various clients using ColdFusion, SQL, XHTML, DHTML, JavaScript, jQuery, AJAX, CSS, and relational databases (MS SQL Server and MySQL).
* Developed tables, Views, Stored Procedures and Triggers using SQL Scripting.
* Established Inner Join, Outer Join and created Indexes whenever necessary.
* Used RUP iterative process to conduct Data Analysis on the client profile data to find missing data fields in the database and customize them
* Assisted in the development of the project by creating a standards-based web application using ColdFusion, MySQL, XHTML, JavaScript, jQuery, AJAX, and CSS.
* Created Supplemental Specifications in Requisite Pro and updated the Requisite Pro Global Glossary.
* Systems Documentation included Business Requirements Document (BRD), Systems Requirement Specification (SRS) and test plans using Requisite Pro. Worked as Liaison between users and technical team for BRD and SRS.
* Created AS-IS and TO-BE business process flow diagrams, integrated process flow diagrams to show one end-to-end business model and process mapping including swim lanes.
* Performed Data cleansing to detect and correct corrupt data. Responsible for creating and maintaining end-to-end Data Mapping and Data conversion spreadsheet
* Helped in creating of Data-Mapping best practices document including visual processes and trained team members on Data Mapping process and tools and got good exposure of RDBMS of different databases of the organization.
* Used Rational Clear Quest to maintain and track the requested enhancements and changes.
* Used Rational Clear Case to maintain different builds of the application with description about all changes and versions.
* Created Project management plans for managing on time delivery using MS Project along with writing test cases, test scripts and systems integration test and user acceptance test plans

**State Division of Medicaid, Alabama Jul 10 – Dec 11**

**Business Analyst**

Alabama Division of Medicaid’s Medicaid Management Information System (MMIS) has to comply with Health Insurance Portability and Accountability Act (HIPAA) and ICD 10 requirements. Purpose of the project is to analyze GAP between current HIPAA 4010 / ICD 9 and compliance HIPAA 5010 / ICD 10 for state Medicaid Management Information System.

**Responsibilities:**

* Involved in requirements gathering sessions with Business Analysts and Architects to understand requirements in terms of business change.
* Actively worked on Business requirement analysis and Data analysis.
* Analyzed System Impact including MMIS Tables, Windows, Reports and Interfaces to external entities.
* Interacted with different trading partners, TPL, Medicaid Subrogation and worked on solutions for EDI application integration into legacy Mainframe systems
* Created Business Rule Comparison (BRC) documents and Side-By-Side (SBS) comparison documents using 4010 / 5010 implementation guides for X12 transactions in Excel spreadsheet.
* Got hands on experience on analysis of GAP analysis between current HIPAA 4010 and HIPAA 5010 requirements.
* Interface with client, EDI submitters, and state personnel. Direct EDI Analyst in the changes to requirement analysis on new and existing projects
* Quality and Productivity Tools Lead - Developed and maintained several internal Quality and Productivity tools for state division, using ColdFusion, SQL, HTML, XHTML, DHTML, JavaScript, CSS, and relational databases (MS SQL Server 2000).
* Train Unisys Alabama Medicaid staff on software and the EDI process. Interface with Systems staff throughout full life cycle of project. Develop price estimates and change requests
* Analyzed HIPAA 4010 and 5010 standards for 837P EDI X12 transactions, related to providers, payers, subscribers and other related entities.
* TLE Implementation and Configuration for Windows NT and Unix for various customers. XML interface for some trading partners who are not EDI compliant.
* Got exposure of IBM mainframe environment for Medicaid Management Information System impact assessment. Dealt with the EDI transaction-835 claims payments and remittance advice, which deals the payment from payer to provider.
* Analyzed HIPAA 5010 impact on external Data Warehouse and data warehouse extract process and mapping of MMIS database and data warehouse.
* Got exposure of EDI, Web Portal, DSS and System documentation.
* Analyzed MMIS system impact for Windows and Interfaces.
* Gathered all the needed data (table names, column names, field names, notes) from the Windows and Interfaces documents
* Analyzed RRI/Viking Subsystem (an external system off the state, dealing with conversion of paper claims to electronic claims) and recommended changes for HIPAA 5010.
* Responsible to meet the information demands of business users by delivering timely, accurate, meaningful and standardized data and reporting.
* Documented analysis, observations and recommendations.
* Attended daily meetings and dealt with day-to-day deadlines.
* Experience in Forward Mapping and Backward mapping analysis of ICD 9 – ICD 10 Conversion for CM (Diagnosis Codes) and PCS (Procedure Codes).

**Newton Wellesley, MA  Apr 09 – Jul 10  
Business Analyst**

Partners healthcare has initiated a project called COMPASS. Partner wants to have a centralized Revenue Cycle Management across all their hospitals in the new Compass Project .Within the compass project they wanted to migrate existing Meditech software with Siemen's Soarian products.

**Responsibilities:**

* Analyzing the existing policies and procedures and providing the inputs to Executive Management Team to fit into the compass project goals.
* Expanded existing and created new technical and non-technical documentation in Microsoft Word, Power Point, and Visio for the in-house support team.
* Optimized and tuned the various ColdFusion Applications to maintain a high degree of availability and uptime for these mission-critical reporting processes.
* Conducting JAD sessions with different Business Users to develop new policies and procedures for the Service Catalogue, Charge Capture and Service Worklist /Charge Router, Hospital billing, coding, special coding requirements for BCBS and Claim processing.
* Responsible for the general day-to-day maintenance of an existing suite of Web-Based Applications for the) Application Development / BI (Business Intelligence) Team. These applications were developed using a custom-built "framework" that utilizes ColdFusion 8 & 9, MS SQL Server, XHTML, CSS, AJAX, and the Sencha Ext JS JavaScript Library.
* Performing GAP analysis between Meditech and Soarian application for the Data Migration and Conversion.
* Build and maintain processes surrounding the use and updating of knowledge base repository in SharePoint
* Conducted JAD sessions with management, SME, vendors, users and other stakeholders for open and pending issues.
* Transfer customer documentation into SharePoint document management infrastructure
* Responsible for gathering requirements from users in operations group and performing data mapping for the application, confirm and vacillating the requirement at time of BA testing.
* Incorporated Rational Unified Process (RUP) to create Business Requirement Document Specifications using MS Visio and MS Word.
* Performed testing for Medicare, Medicaid and X-Over claims for Medicaid Management Information System (MMIS).
* Developed and published SharePoint site template for Service Management department.
* Developed shell SharePoint sites for various IT groups and provided training on how to use and update them with any information they wanted to publish there.
* Research and prepare technical documents, based on comments returned from city analysts
* Identifying the impacts and training the users on new policies /procedures changes.
* Developed Use cases, Test Cases for the Business users and QA team.
* Performing Impact analysis for readiness of ICD-10 conversion.
* Identifying the Security Risks in the application that being built and address them in the requirement document to avoid the security breaches.
* Improved the new revenue cycle management and Electronic Medical Record (EMR) for PARTNERS.
* Developed an implementation guide for Partners for EDI X12 transactions such as 834, 835,837,270 and 271.
* Designed the flexible solution for patient treatment plan and patient care plan.
* Designed the tight user authentication and application security.
* Modified Existing policies and procedures for patient access such as Enterprise Scheduling, Patient Check-in/Out and Encounter automation.
* Supporting the Business Users after go live.

**Environment:** MS Project, MS Visio, RUP, Rational Suite (Requisite Pro, Clear Quest, Clear case), Blueprint, SharePoint, ETS and EDI ANSI X12/HIPAA Meditech, Soarian.

**Michigan Community Health Dept., Lansing, MI Feb08–Apr09  
Business Analyst**

The Michigan Department of community Health is currently in the process of replacing its Bull Mainframe Medicaid Management Information System (MMIS) with a web based Community Health Automated Medicaid Payment System (CHAMPS). Currently, eleven (11) DCH applications interface and share information with the Medicaid and Medicare System. These interfaces are replaced by implementing web services to accomplish the interactions as the most efficient way possible. The system provided a complete set of rules, computations, business definitions and underlying data structures to help Investment achieve Compliance to the Internal Rating Based Approach.Responsible for creation of the Physical Data Model for Program Management Module of Medicaid Management Information System (MMIS), MMIS is an Enterprise Medical Management System that is responsible for processing Medicare Part D, Medicaid and Pharmacy Claims.

**Responsibilities:**  
Performed Requirement Gathering & Analysis by actively soliciting, analyzing and negotiating customer requirements and prepared the requirements specification document for the application using MS Word.

* Identified opportunities for business process improvement through various meetings with business users and developers and initiated efforts to make improvements.
* Developed the project plan with assistance from the management, and included provisions for project scope changes and issues and initiated efforts to make improvements.
* Created GUI specifications with Page flows, page business actions and screen mock-ups
* Involved in creating sample mappings for the conversion of EDI X12 transactions code sets version 4010 to 5010 and translation of ICD 9 codes into ICD 10 codes.
* Responsible for establishing new requirements for administrative transactions to improve the utility of the existing HIPAA transactions and reduce administrative costs.
* Experience in Claims Processing per Medicaid Management Information Systems (MMIS) 42 CFR 433.
* Created RUP activity diagrams and sequence diagrams to analyze the requirements and recommend solutions.
* Develop Logical and Physical data models that capture current state/future state data elements and data flows using Erwin.
* Performed testing for Medicare, Medicaid and X-Over claims for Medicaid Management Information System (MMIS)
* Worked extensively with MS Excel and MS access
* Prepared scenarios, Use Cases & UML State Diagram for scenarios using Rational Rose.
* Prepare presentation slides in MS Project, which was extensively used in different JAD sessions and to track progress.
* Experience in EDI automated first-pass claim adjudication, requiring thorough understanding of claim processing, both front and backend operations.
* Prepared and documented System Requirements and workflows for the Content Management Application tool.
* Aware of the various Operating rule mandates along with the EFT and ERA operating rules as per Section 1104.
* Involved in generating various reports using the SQL Server Reporting Services (SSRS).
* Used Test Director, PL/SQL for testing the application
* The Addenda version of the ANSI ASC X12 834 transaction set was selected as the HIPAA-mandated format for electronic enrolment and disenrollment in a Health Plan.
* Understand the Business/Technical requirement and prepare high level Design document for various projects in Child care enhancements like Benefit Calculation, Eligibility Determination rules, Cash Programs, MMIS etc.
* Assisted JAD sessions to identify the business flows and determine whether the EDI X12 Transaction, Code set and Identifier aspects of HIPAA, impacts any current or proposed systems.
* Involved in the project for implementing Best Practices for Business Analysis in the organization and instrumental in the transition plan for Agile Development methodology using SCRUM.
* Involved in the full HIPAA compliance lifecycle from GAP analysis, mapping, implementation, and testing for processing of Medicaid Claims.
* Tested HIPAA Gateway Application Interface for all inbound and outbound messages (Healthcare Eligibility 270 and 271, Healthcare Claim Status request 276 and 277, Healthcare Claim 837 and 835)
* Participated in the bug review meetings, updated requirement document as per business user feedback and changes in the functionality of the application.
* Clarified QA team issues and reviewed test plans and test scripts developed by QA team to make sure that all requirements will be covered in scripts and tested properly.
* Organized meetings to discuss outstanding issues with QA and developers.
* Wrote test scripts for User Acceptance Testing (UAT).

**Environment:** Rational Suite (Rose, Requisite Pro), Dreamweaver, Rational Unified Process (RUP), Windows NT/XP/2000, UML, Java, UNIX, MS-Project, MS-Office Suite, Case wise Corporate Modeler, Win Runner, Test Director