**Ibrahim Mahmoud**

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**PROFESSIONAL SUMMARY:**

Seeking a fast paced dynamic environment to apply my professional skills in the field of **Information Technology**, **Project Management**, **Business/Decision Analysis**, **Software Quality Assurance** and **Testing** with strong work ethic and thereby apply my technical and interpersonal skills. I believe I could play a useful role in implementation of enterprise applications like enterprise resource planning.

# SPECIFIC EXPERTISE:

* Expertise in **Project Planning, Project Design, creating functional specifications and data flow diagrams.**
* A result oriented individual with over 6 **years** of diversified experience in Healthcare, and Finance industry.
* Conducted **User Acceptance Testing (UAT)**
* Performed **planning** and **development** of **Test Plans**, **Test Cases** and **Test Scenario** to meet product’s business requirements.
* **Extensive knowledge** and **experience** in Market Risk Analysis, Risk Management, Portfolio Diversification, Fixed Income Products and Services amongst others.
* Proficiency in translating **user requirements** into technical specifications and mapping the process design, work flows for **SDLC** with documenting and managing business requirements.
* Possess excellent **organizational**, **interpersonal, communication** and **documentation** skills with good **process management** skills along with a remarkable ability to gather requirements to bring out quality product.
* Extensive knowledge of **Rational Unified Process (RUP) methodology**.
* Highly motivated worthy team player capable enough to work and lead within a team environment besides being capable to work independently.
* Excellent knowledge of Health Insurance Portability & Accountability Act **(HIPAA)** standards, **Medicaid** and **Medicare** regulations, **Health Care Reform (HCR), Electronic Medical Record (EMR)** and **Electronic Health Record (EHR**) and Medicaid Management Information Systems **(MMIS).**
* Strong knowledge and experience with claims associated with payers, claims by providers and member/subscriber claims.
* Understanding of HIPAA **EDIinbound** and **outbound** transaction, and **HIPAA 4010-5010** conversion analysis involved in **834** (Enrollment and Maintenance), **837** (claim processing and clam adjudication including COB), **835** (Claim Payment and Remittance), and **276/277** (Claim Status Request and Response).
* Involved in full HIPAA compliance lifecycle from **GAP analysis**, mapping using **General Equivalence Mapping (GEM),** migration of HIPAA ANSI X12 **4010** to ANSI X12 **5010** and translation of ICD-9 codes into **ICD-10** codes.
* **Used Facets Claims and Member/Subscriber modules, and have worked on editing and validating claim.**
* Fairly experienced with SQL and database querying.
* Experienced in **Rational Unified Process (RUP)** software development process using Rational ClearCase and Rational Rose.
* Maintenance of **Test Matrix** and **Traceability Matrix**.
* Skilled as a **Business Analyst** in a role of responsibility encompassing **Requirement Gathering**, **Decomposition and Analysis** besides **Quality Assurance**.
* Ability to **successfully manage multiple deadlines and multiple projects** effectively through a combination of business and technical skills.
* Facilitated JAD **(Joint Application Design)** sessions**.**
* Strong business analysis skills and thorough understanding of software development life cycle.
* Strong ability to understand and document critical data through effective **data collection, data analysis and data interpretation.**

**TECHNICAL SKILLS:**

**Operating Systems**: Windows NT, Windows 95/98/00, UNIX and DOS.

**Bug Reporting Tools**: Test Director, Rational ClearQuest

**RDBMS**: Oracle 7.0/8.0, SQL Server 2000 and MS-Access.

**Web Languages**: ASP, HTML, CSS and JavaScript.

**Web Server Concepts**: IIS 5.0, Apache and Jakarta Tomcat

**PROFESSIONAL EXPERIENCE:**

**Providence Healthcare Plan, Beaverton, OR Jan 2015 – Present**

**Business System Analyst**

The project was to implement the **conversion of 837 P/835** transactions from 4010 to 5010 for the Medicare and Medicaid. I was also responsible for preparing requirements documents for conversion of **834 4010 to HIPAA** compliant **5010**.

**Responsibilities:**

* Analyzed the “As is” and “To be” system documents to show the current and proposed functionalities of the system using MS VISIO.
* Created and Analyzed Business Requirement Document (BRD)
* Defined and documented the vision and scope of the project.
* Provide AGILE project management controls, project plans, timeline schedules, facilitate RAD sessions, and review software defects.
* Responsible for providing business requirements within an AGILE software development SCRUM environment.
* Used requirement elicitation techniques like interviews and JAD sessions to gather and document information regarding upcoming changes.
* Contributing to software process-reengineering efforts aimed at evolving current software development practices to adopt Lean/Agile
* Participated in weekly status meetings to present status and incorporate any digressions from the original scope.
* Worked on analysis of FACETS claims processing system and to gathered requirements to comply with HIPAA 5010 requirements
* Gap Analysis of client requirements, generated workflow process, flow charts and relevant artifacts.
* Worked as a liaison between the business and technical side to convey the business needs to the system architects.
* Worked with SME close to analyze the Claim Adjudication Process setup in Facets.
* Prepared the Business Workflow using MS-Visio with input, output, Pre and Post conditions
* Strong knowledge of FACETS and actively involved in end-to-end implementation of FACETS Billing, Enrollment, Claim Processing and Subscriber/Member module.
* Worked on different EDI healthcare transactions like 837-Institutional, 837-Professional, 837-Dental, 835-Claim Payment/Remittance Advise, 270/271-Eligibility Benefit Inquiry/Response, 276/277-Claim Status Inquiry/Response Transactions.
* Proposed FACETS claims adjudication procedures, standards and editing guidelines.
* Tested the changes for the front end screens in FACETS related to following modules, test the FACETS batches (membership, Billing, Provider, etc).
* Extensively worked on Facets, the claim processing tool used in the project.
* Created Test Scripts, Test Plans, validation Plans and Testing Metrics Reports.

**Environment**: SQL, Windows XP, RUP, Rational Clear Case, UML, MS Visio, Word, Excel, PowerPoint and MS-Access.

**Bravo Health, Baltimore, MD Jan 2014 -Dec 2014**

**Business System Analyst**

Performed business analysis, support and conducted testing and data entry associated with configuration and maintenance of the **Facets** managed care system. Acted as the primary support contact and coordinated all questions and issues that arise with the **Facets** application. I ensured that the **Facets** configuration was created and maintained in a manner that supports the departmental and overall business objectives in coordination with other system vendor products. Additional duties included responsibility for safeguarding the quality and integrity of all systems data and functionality. Adhering to a quality assurance discipline for on-going system operations and ensuring that a continuous testing loop was built for testing, error reporting, correction, and re-testing. Corrected production configuration problems, performed hands-on configuration work and established the change control procedures for the system. Involved in up-gradation of HIPAA ANSI X 12 4010 to HIPAA ANSI X12 5010 and **ICD 9-CM to ICD 10CM/PCS.**

Responsibilities:

* Conducted one on one interviews with high level management team and participated in the JAD session with the SME’s.
* Wide-ranging experience in using methodologies such as UML (Unified Modeling Language), Agile, RUP (Rational Unified Process) & Waterfall using rational tools and Microsoft Suite.
* Worked on Facets Claims Software System, to convert data from their legacy system (LRSP) and add custom applications to satisfy in-house requirements.
* Involved concurrently in enhancement of HIPAA X12 4010 transaction to HIPAA X12 5010 and ICD 9-CM (Clinical modification) to ICD-10-CM/PCS (Clinical modification/procedure coding system).
* Proposed FACETS claims adjudication procedures, standards and editing guidelines.
* Worked closely with developers and a variety of end users to ensure technical compatibility and user satisfaction.
* Conduct JAD sessions to gather and document requirements that enhance a wide range of functionalities including claims processing, eligibility and enrollment, provider networks, and electronic data interchange for our Facets core application.
* Gap Analysis of client requirements, generated workflow process, flow charts and relevant artifacts.
* As Agile Scrum coordinated Sprints, from Iteration Planning thru daily scrum, and Iteration Reviews and Retrospectives.
* Designed Use Cases using UML and managed the entire functional requirements life cycle using RUP.
* Defined and documented the vision and scope of the project.
* Followed the RUP methodology for the entire SDLC
* Used General Equivalence Mapping to convert ICD 9 to ICD 10. Involved in both forward mapping and backward mapping.
* Performed impact analysis for conversion of ICD-10.
* Used GEM for forward and backward mapping to convert ICD 9 codes to ICD 10 codes and vice versa.
* Worked as a liaison between the business and technical side to convey the business needs to the system architects.
* Used SQL Queries in Oracle to pull out data from the databases for the data validation and routine report generation.
* The process included importing claims into Facets that had been adjudicated and setting them in a “PAY” status so that a payment cycle could be run to create checks on Facets.
* Worked in association with RUP mentors to ensure fidelity to the standard RUP practices of the institution.
* Involved in writing and implementation of the test plan, and various test cases.
* Studied existing business application and processes, collected end user requirements and suggested the improvised business process model.
* Initiated, proposed and implemented critical analytical and technical turnkey solutions extensively increasing the quantitative and qualitative value of the application
* Involved in project planning, coordination and implemented QA methodology.
* Developed the matrix, prioritized and determined QRT impact of all applications.
* 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, Pre and Post conditions
* Utilized technical flow charts, Network Diagrams and Gantt Charts to effectively map and manage critical paths and bottlenecks in conjunction with Project Tracking Reports and Project Data Sheets for Senior Management.
* Enhanced test cases and scripts by adding the required functionality as per the new business requirements.
* Defect Tracking and Bug Reporting was performed using Quality Center.
* Participated in weekly status meetings to present status and incorporate any digressions from the original scope.
* Created and managed project templates, Use Case project templates, requirement types and trace-ability relationships in Requisite Pro.
* Carried out a thorough target organization assessment and risk analysis.
* Involved in cross-functional teams, developing new ways to boost efficiency and delivering results in a fast changing environment to achieve company goals.
* Provided the management with test metrics, reports, and schedules as necessary using MS Project and participated in the design walkthroughs and meetings.
* Analyzed the “As is” and “To be” system documents to show the current and proposed functionalities of the system using MS VISIO.

**Environment**: J2EE, Java, UNIX, SQL, Siebel 7.7, Windows XP, MS Project, RUP, Rational ROSE, Req Pro, Rational Clear Case, UML, MS Visio.

**Molina Healthcare, Long Beach, CA  May 2012- Dec 2013**

**Business Systems Analyst**

Molina Healthcare, a fortune 500, multi-state health care organization, arranges for the delivery of health care services and offers health information management solutions to nearly five million individuals and families who receive their care through Medicaid, Medicare and other government-funded programs in fifteen states.

Project 1: The project focused on integrating the Medicare (Part A, Part B, Part C, and Part D) data all in one single system for a smooth flow through the claims processing system named Facets. During this project I worked on Facets modules such as Enrollment, Eligibility, Claims and Billing. The project also aimed at converting the ICD-9 codes to ICD-10 codes.

Project 2: This project focused on designing a data warehouse for collection of data from different operational data sources such as marketing, sales and ERP (Enterprise Resource Planning). The warehouse was designed to create trending reports for senior management such as annual & quarterly comparisons and predict future demands. I was also involved in developing and documenting tests plans, and identifying defects.

**Roles and Responsibilities:**

* JAD sessions with Subject Matter Experts (SME's).
* Analyzed User Business Requirement Document (BRD), Technical Requirement Specification and Functional Requirement Specification (FRS) using Requisite Pro, Rational Rose and MS Visio.
* Proven experience with Agile (Scrum) and Waterfall Development Life Cycles (SDLC) methodologies.
* Did Presentations making Stakeholders understand how the changes would affect different modules w.r.t. Medicare and Medicaid.
* Revised HCFA-1500 and MCS-1500 forms with stakeholders.
* Designed and developed Use Cases, Activity Diagrams and Sequence Diagrams using UML.
* Documented, organized and tracked the requirements using Rational Requisite Pro.
* Conducted User Acceptance Testing (UAT) prior to and after implementation phase.
* Worked on conversion from ICD-9 to ICD-10 with respect to the claims related to Medicare (Part A, Part B, Part C, Part D).
* Worked with Source system Subject Matter Experts (SMEs) to ensure that the extracts are properly mapped. Used SQL for data mapping and querying.
* Tracked and maintained Stakeholder requested enhancements and changes using Requirement Traceability Matrix (RTM).
* Played a key role in planning UAT and implementation of system enhancements and data migration and conversions.
* Integrated Requisite Pro with Rational Rose to provide all teams visibility and maintain tractability among requirements, use cases and change requests.
* Part of the team for migration of HIPAA – EDI X12 4010 series to 5010 series for EDI Transaction code sets: 820, 834, 835, and 837 (I, P and D).
* Performed GAP analysis of 4010 and 5010 EDI transactions 270, 271, 276, 277 and 999 using implementation guide to identify the changes in the segments and data elements.
* Completed a review of existing documentation for orders, referrals and reports and compared it to the clinical details needed for ICD-10.
* Assisted in writing test case scenarios for unit testing, integration testing and compliance testing.
* Involved with ICD-10 implementation testing.
* Extensively worked on Facets, the claim processing tool used in the project.
* Involved in configuration of Facets Subscriber/Member Application group.
* Analyzed the member/eligibility information on claim to that in Facets.
* Worked on Facets to efficiently execute core administrative functions, including claims processing, premium billing and customer service.
* Worked with SME close to analyze the Claim Adjudication Process setup in Facets.
* Worked with Claims, enrollment, eligibility verification for members and providers, benefits setup, and backend payment cycle in Facets.
* Gathered requirements from the user and prepared functional specifications along with data flow diagrams for the Member/Group configuration, Enrolling subscribers and members, Configuring different sections of members like Eligibility, Address, Medicare and Claims data.
* Assisted with user testing of systems and maintained quality procedures and ensured appropriate documentation is in place.
* Proficient in Business Process Modeling for representing processes of an enterprise, so that the current process may be analyzed or improved.
* Created Business Process Modelling workflows for projects using Microsoft Visio.
* Assist end users and IT staff in the use of data to satisfy informational and reporting requirements and implementing and using SQL and DBMS(Data Base Management System).
* Facilitating Sprint planning, Daily Scrum, Sprint Review, Dev validation/ Story estimation, defect prioritization, retrospective as Scrum master for 5 Scrum teams.
* Work with stake holders / product owners to prioritize the User Stories for Sprint.
* Allow the User Stories into the Sprint based on team velocity and individual capacity.
* Coaches and mentors Agile team members coached 5 teams (total of fifty four team members).
* Motivated the team to come up with quality shippable product and meet the product goals.
* Working with Product owner On Artifacts Such as Product Backlog, Spring Backlog, Sprint burn up / Burn-down, and Release Burn up / Burn-down.
* Help the product owners to come up with set of stories for better understanding for estimate and development.
* Co-ordinate with release team to align the UserStories with release schedule.
* Review User Stories written by Junior Business Analysts and provide constructive feedback.
* Lead group of 6 Business Analysts for Profile team and define process around breaking down features into independent User Stories.
* Conduct User Story estimation meetings on epic level as well as story level.
* Creating a story board which will provide the User Stories on which a BA is working for the future projects.
* Assisted in monitoring ancillary data transactions and addressed problems with HL7 messages.
* Performed manual testing, including validation/smoke testing of HL7 interface messages on each new build before delivering to the quality assurance team.

**Environment:** MS-Project, Visio, Rational Rose, Requisite Pro, Clear Quest, QC, QTP, Oracle, Facets, Agile.

**ACS Government HealthCare, Atlanta, GA Jan 2010–Apr 2012**

**Business System Analyst**

Re-engineering suite of Medicaid management products and creation of a core application called Enterprise. Worked for the team that is responsible for receiving, documenting, tracking and addressing the problems encountered by the customers of Flagship software product EPM (Enterprise Practice Management) while generating 837 Professional, Institutional, and Dental claims, Functional Acknowledgement 997, Claim Status Inquiry/Response 276/277 Unsolicited for their destination direct Payers or Clearinghouses such as ProxyMed, WebMD, Per Se, THIN, ViaTrack, NaviCure, McKesson, Champus-TriCare, PayerPath, ViaTrack, Access, etc. The product was also integrated with Trizetto's Facets application for Claims processing.

**Responsibilities:**

* Performed GAP analysis as pertains to membership management and claims processing to evaluate the adaptability of the new application with the existing process
* Gathered and prioritized requirements using 1 to 1 interviews, job shadowing, brainstorming & developing questionnaires
* Worked in an Agile Development Environment fractioning out the functionalities of Electronic Health Record (EHR) and Practice Management and Insurance verification.
* Analyzed User Business Requirement Document (BRD), Technical Requirement Specification and Functional Requirement Specification (FRS) using Requisite Pro, Rational Rose and MS Visio.
* Translated business requirements into functional specifications and documented the work processes and information flows of the organization
* Conducted requirement feasibility analysis with the developers to ensure the project was in scope with the timeline defined in the project plan
* Wrote FRDs for the defects and enhancements and got approval from business for the developers.
* Worked on Technical Design Documentation (TDD) of the claims processing system.
* Worked closely with Enterprise Data Warehouse team and Business Intelligence.
* Performed task estimations and documentation of procedures.
* Designed, prepared and implemented test cases for system testing as well as for User Acceptance testing.
* Created data structures by using SQL in Teradata & TOAD.
* Developed SQLs for Extracting data from database and built data structures, reports
* Designed and developed various Ad hoc, Daily, Weekly, Monthly and year-end reports for the Business Analyst using SQL, Ms Excel, Ms Access and Teradata
* Understood EMEVS, the NY state's electronic Medicaid eligibility verification system & the Medicaid & Medicare intermediary along with their roles in claim processing
* Utilized TriZetto Facets for mapping coordination of EDI Transactions 834 (Membership Enrollment), 835 (Enrollment of Benefits), 270 (Benefits Inquiry), 271 (Benefits Responses), 276 (Claim Status Requests), 277 (Claims Status Notification), 278 (Healthcare Services Review Information), and 837 (Claims Processing).
* Experience with Trizetto Facets System implementation, Claims and Benefits configuration set-up testing, Inbound/Outbound Interfaces and Extensions, Load and extraction programs involving HIPPA 837 and proprietary format files and Reports development.
* Produced Activity diagrams with defined swim lanes as part of claims process analysis
* Developed prototype of new information processing application. Facilitated collection of functional requirements from system users and preparation of business requirement documents using Rational Requisite Pro.
* Worked with all Facets Provider of software development from requirements gathering to testing, configuration and international deployment.
* Used HIPAA Gateway to comply with HIPAA standards (270/271, 276/277 & 837) for EDI transactions
* Worked with FACETS, eBilling and EDI HIPAA Claims (837/835/834) processing.
* Worked on HIPAA X12 claims 837 (Institutional, Professional and dental claims) and also on HIPAA X12N 835 version 4010 A1 electronic remittance advices.
* Coordinated with the developers and IT architects to design the interface of the new system according to the X12 (270, 276, 278, 834, 835, 837 (I,P,D) and 820) standards
* 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
* Wrote specifications that would read an order and generate an enrolment card showing the medical plan and ancillary coverage's such as prescription plans, vision and dental care chosen by a member.
* Worked on enrolment of additional coverage’s like vision and dental care.
* Conducted business validations, covering the following deliverables: FACETS Providers, Facets Claims and Facets Membership and Operational reports.
* Involved in various Facets Data models like Gateway, Claims, Membership, Provider, Billing, Capitation, Invoice, Benefits, Product and Plan.
* Analyzed Facets Provider Data Model to build a new Data Mart for Provider Module.
* Worked with third party vendor in developing a new Member Portal and Provider Search Portal.
* Owned the business rules document which documented the business rules across different systems.
* 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 test plan, test data and conducted manual testing to validate functionality and performed regression testing
* Did data analysis, created data mapping and data interface documents and kept the documents updated with changes in requirements and functional specifications.
* Assisted business users in defining UAT test cases and plans; Established and maintained test cases and test data in Quality Center.
* Performed Risk Analysis based on defect severity and priority.
* Worked within a team to resolve Relational Database problems.
* Created and executed test plans that improved data warehouse report quality using Word, Excel and Access.
* Designed and implemented complex SQL queries for QA testing and data validation
* 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:** ReqPro, Oracle, DB2, Crystal Report, MS Project, MS Office suite, SQL, SQL Server, TOAD,Citrix, MS SharePoint

**Tufts New England Medical Center, Boston, MA Oct 2008 - Dec 2009**

**Business System Analyst**

Tufts New England Medical Center is a world-class medical center located in Boston. They used Facets for managing and

processing healthcare claims. This application helped its Membership and Claims Management, Information Tracking

System, Finance and Utilization Management System modules. As a Business Analyst, I was involved in enhancement

and testing of the Facets application like Enrollment, Membership and Claims.

**Responsibilities:**

* Performed stakeholder analysis to identify key players for project success.
* Identified and involved all key stakeholders, contributors, and technical resources that must participate in a project and ensured that contributors are motivated to complete assigned tasks within the parameters of the project plan.
* Played an active and lead role in Gathering, Analyzing, and writing Business Requirements.
* Followed Agile Development methodology throughout SDLC.
* Collected and documented business and operations processes as well as business rules. Provided key input in working with users in defining project and system requirements.
* Translated the Business Requirements into Functional Requirements and communicated with the business users on a non-technical level.
* Established, documented, and maintained EDI procedures. Tasks include identifying errors and taking corrective action, reconciling EDI transactions through coordinating information with internal and external customers, and working closely with internal departments and external vendors to maintain EDI integrity.
* Involved in gathering requirements, configuration, and data conversion of the Facets application modules like Enrollment, Membership and Claim.
* Documented the System Specifications Document.
* Created and maintained Dashboard and the Requirements Traceability Matrix (RTM).
* Created Use Cases, and Use Case Diagrams and through understanding of Business Process Modeling.
* Interacted with other teams through walkthroughs, teleconferences, meetings, etc. to resolve various issues.
* Conducted JAD and RAD sessions as needed.
* Ensured Use Cases were consistent as well as covered all aspects of the Requirements document.
* Designed and developed scenarios based on Business Requirements.
* Created and managed Project Templates and Used Case Project Templates.
* Worked on Unix Platform and experienced in back end testing by executing SQL Queries.
* Checked the data flow through the front end to backend and using SQL Queries to extract the data from the database.
* Carried out User Acceptance Testing (UAT).
* Conducted reviews with all the stakeholders and Subject Matter Experts to ensure that the Requirements meet their needs.
* Performed Integration and Regression Testing along with testers.
* Assisted with Test Cases and developed strategies with Quality Assurance group to implement them.
* Efficiently responded to client inquiries and resolved discrepancies.
* Collaborated with Quality Assurance Analysts to track defects.
* Maintained Repository for Requirements documents.
* Consolidated status reports of the team for the Project manager.

**Environment:** Windows NT Server,SQL, Oracle, Web Logic, IIS, EDI

**EDUCATION:**

**Master’s in Business Administration.**