**Rifat Tawhid**

**Professional Summary:**

* Extensive experience in Business Analysis with hands on experience in Requirement Gathering & Analysis, GAP Analysis, Implementing, Software Validation/Testing, and Project Cycle Management in industries like Healthcare, Insurance and Pharmacy and extensively worked on Insurance Claims, Medicare/Medicaid Claims.
* Understanding of SDLC; involved in all phases from Planning to the Implementation stage. In depth knowledge and experience in Classic Waterfall, Rational Unified Process, Agile, Scrum, RAD methodology.
* Expertise in defining Scope of projects based on gathered Business Requirements including Documentation of Constraints, and Project Risks & Scope Exclusions.
* Proficient in developing Data Flow Diagrams, Use Case Diagrams, and Flowchart Behavior Diagrams based on UML methodology using Rational Rose and MS Visio.
* Strong SQL skills with solid understanding of Databases, Data Warehouse, Data Modeling, Business process design, application systems analysis, object oriented analysis.
* Assisted QA team in writing test plans, defining test cases, test scenario and data sets.
* Strong in manual testing, Automated testing in Visual Basic & other protocol of automation tools Experience in testing applications under. Net, Windows.
* Proven skills in data cleansing, data archival, data migration, ad-hoc reporting, and coding using SAS on various environments.
* Knowledge of Medicare Part A, Part B, Part C and Part D.
* Thorough Understanding &EDI X12; 837, 820, 835, 270/271, 276/277, 278, 834, 835, 999 transactions.
* Adjudicated Medical and Pharmacy Claims in Claims adjudication and procedures, pay professionals and members, select Individual claims for payments, change the claims status of an individual payment to hold or release, create, print, or display EOB for a member or EOP for a provider.
* Hands on experience in Claims Adjudication System and Complete Revenue Life Cycle
* Worked with Claims, provider, enrollment, finance, benefits and Vendor Management Business Areas.
* Experience in User Acceptance Testing, Back End and System Level Load and Stress Testing for many types of applications including web and client-server applications.
* Expertise in designing and building Work Flows using MS SharePoint.
* Possess strong business & technical writing skills required for documenting Business Process Documents.
* Excellent communication, business understanding, critical thinking and analytical skills with the ability to communicate appropriately in business and technical situations at all levels.
* Highly motivated, organized and target oriented team player who enjoys working with multi-functional team towards a common goal.
* Excellent verbal, written, interpersonal and communication skills with strong analytical abilities to perform well both independently and as a team player.

**Technical Skills:**

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| --- | --- |
| Operating Systems | Windows 95/98/NT/XP/Vista and Windows 7 |
| Languages | Java, SQL, PL\_SQL, UML,HTML,XML |
| Database | Oracle 10g, MS Access, SQL Server, MySQL, DB2, SAS |
| Methodologies | Rapid Action Development (RAD), Joint Application Development (JAD), Rational Unified Process (RUP), Unified Modeling Language (UML), System Development Life Cycle (SDLC), Agile, Six Sigma and CMM |
| Documentation Tools | MS – Office Suite (Word/Excel/Power Point). |
| Business modeling Tools | Rational Rose, Requisite Pro, MS Visio, MS Project, Clear Quest, Adobe Photoshop |
| Testing | Quick Test Pro (QTP), Test Director, Mercury Quality Center, Bugzilla, HPQC |

**Professional Experience**

**Business Analyst**

**April 2015- Present**

**CVS Caremark, Woonsocket, RI**

CVS Caremark is the largest pharmacy services provider in the US, managing over a billion prescriptions via its network of retail pharmacies including its own house retail health clinics, Minute Clinic. As the leading pharmacy benefit manager, CVS Caremark extends mail order pharmacy services, claims processing, and prescription plan design and administration on behalf of plan sponsors, which include corporations, insurance providers and the government.

**Responsibilities:**

* Gathered Business Requirements in form of high level stories by interacting with the business users, designers and developers, SME's, Project Manager via formal interviews, Live Meetings and JAD sessions to get a better understanding of the Business Processes.
* Facilitated all aspects of the scrum framework, including sprint planning sessions, backlog grooming sessions, daily scrums, product demos, sprint reviews and sprint retrospectives.
* As Scrum Master, supported and consulted product owner in developing, maintaining and grooming product backlog, capacity plan, iteration board, sprint backlog, velocity charts and burn down charts.
* Made business requirements document, change requests, and use cases available to all teams using MS Visio.
* Responsible for the management of two Application portfolios, both central to client business, involving the maintenance and production support within a mainframe environment.
* Assigned tasks among development team monitored and tracked progress of project following agile methodology. Collected business requirements to set rules for proper data transfer from Data Source to Data Target in Data Mapping.
* Planned and defined Use Cases created Use Case diagrams, Scenarios and Use Case Narratives using the UML methodologies.
* Created Mock-up forms in MS word for better visualization and understanding of the software solution.
* Identified various frequently used modules with in the application as well as the peak user volume for load testing purposes.
* Collaborated with Quality Assurance Analyst in Automated and Manual Black box testing.
* Helped in creating end user manuals and procedure manuals.
* Utilized SharePoint for submission, modification, and tracking change requests and defect tracking.
* Document all data mapping and transformation processes in the Functional Design documents based on the business requirements.
* Involved in creation of test plan, test scenarios, test cases for unit, system and system integration testing.
* Created Project management plans for managing on time delivery using Rally along with writing test cases, unit and systems integration test plans in Quality Center.
* Provided analytical solution to the customers for Facets Production Issues.
* Developed and maintained Use Cases, visual models including activity diagrams, logical Business process models, and sequence diagrams using UML.
* Carried out User Acceptance Testing and extensively used SQL to perform Backend Testing in order to verify data integrity and analyzed, and manipulated the SQL database.
* Helped requirement documentation for Data Warehousing needs including Data Extraction, Data Transformation, and Loading processes as part of the ETL process.
* Ran reports using Excel and Business Objects to compare and verify data.

**Environment:** JAD, BRD, FRD, Windows, HP Quality Center, MS Word, MS Excel, MS Visio, Rational Requisite Pro, UML.

**Business Analyst**

**Jan 2014- March 2015**

**Express Scripts, Bloomington, MN**

The project involved requirement gathering, analysis, design and development of the web application. The purpose of this web application was to view and alter the amount of raw materials and products for access from different departments within the organization.

**Responsibilities:**

* Conducted series of meetings, joint sessions, and interviews with the health insurance experts, operations experts, subscribers, and technical people to properly identify and understand the problems with claims management.
* Involved with all the phases of Software Development Life Cycle (SDLC) methodologies throughout the project life cycle.
* Participated in setting up testing environment.
* Reviewed Business Requirement Documents (BRD) and functional requirement documents.
* Was involved in preparing Test Cases based on business requirements.
* Extensively worked on all Regions Inbound and Outbound Interfaces.
* Responsible for gaining a good understanding of User needs and accurately representing them in a well-documented software functional specifications document.
* Was involved in Inception Phase and prepared vision statement and initial business models that contain Business Requirement Documents and supporting documents that contain the essential business elements and detailed definitions.
* Developed and implemented policies for post-production issues management. Working with clients to better understand their needs and present solutions using structured SDLC approach.
* Responsible for gaining a good understanding of User needs and accurately representing them in a well-documented software functional specifications document.
* MySQL.
* Have good knowledge of Pharmacy Benefit Management.
* Worked on the user needs, gathered requirements and represented them accordingly.
* Developed and maintain training materials, reference guides, work instructions, and/or policies and procedures to ensure successful knowledge transfer and mastery of concepts and processes
* Gathered and analyzed data, document business requirements, track action items, testing validation, and provide status reports for projects. Ensure proper processes are met and documented.
* Represented Network Implementation, serving as a subject-matter expert (SME) internally and externally, as needed, for medium sized projects / implementations and specific processes.
* Facilitated JAD sessions with business and technical units to fine tune prioritize and detail requirements and use cases.
* Participated in daily defect meetings with team during UAT testing phase.
* Analyzed Business Requirements, performed gap analysis and segregated them into high level and low level Use Cases, Activity and sequence diagrams (UML Diagrams).
* Experience working with relational databases and writing SQL statements in MySQL.

**Environment:** Oracle, MS Project, MS Office suite, HP ALM, MS SQL, Rational Suite, Citrix, MS SharePoint.

**Business Analyst**

**Jan 2013- Dec 2013**

**Affinity Health Plan, NY**

If system imports bad data into the core database or if system have unsafe access points then the whole system can causes barrage of issues for companies and its customers. The legacy system was causing distraction of operations as well as increases customer complaints. This project was aim to help prevent these issues by providing a secure and efficient integration and file transfer platform. Gateway’s integration center will allow Affinity Health Plan to connect to private and public exchanges with ease, while ensuring that all access points will remain secured. Furthermore this gateway also ensures industry standard file transfer protocol platform that includes HIPAA – certified validation process.

**Responsibilities:**

* Created detailed functional and technical specifications after analyzing various transaction and user profiles.
* Facilitated collection of functional requirements from system users and preparation of business requirement documents that provided appropriate scope of work for technical team to develop and support the overall system.
* Analyzed the requirements as per functional specification and associated them with corresponding test cases.
* Generated on-demand and scheduled reports for business analysis or management decision using SQL Server
* Gathered requirements and supported the technical operation requirements for the health plans and providers by coordinating file exchanges, file format, EDI 835 / 837 Incoming/Outgoing Encounter submission protocol, test plans, analyzing and adjusting data, and ensuring timely and accurate submission of EDI transactions.
* Created SQL Queries using Oracle, SQL Server and DB2 in validating data into Data Warehouse/ETL applications.
* Involved in dimensional modeling, identifying the Facts and Dimensions.
* Implemented Star Schema methodologies in modeling and designing the logical data model into Dimensional Models.
* Worked closely on 834 transaction code for Benefit Enrollment and was involved in Validation of HIPAA for 837, 270/271, 276/277,835, 834 EDI transactions.
* Strong understanding of Affordable Care Act (ACA) and other healthcare regulations.
* Worked on EDI 834,837 and 835
* Conducted user interviews and JAD Sessions with end users, stake holders and developers to gather functional and non-functional requirements of the system, and creation of User Stories.
* Conducted Monthly scorecards for claim processing, Era payments, Premium Payments, Vendor activities and state Encounter submission.
* Collaborate with business partners and developers to create EDI X12, NCPDP and proprietary encounters submission files.
* Conducted Claim/Encounter Management, Claim Data Collection, Claim Quality Check, and filtered claims for Risk Adjustment.
* Created complex SQL queries using SQL Server tools to produce Ad-Hoc reports for data quality validation.
* Experienced and responsible for troubleshooting and resolving errors in 834 and 820 transactions for health insurance exchanges and performing root cause analysis.
* Monitoring encounter submission patterns and identifying potential gap areas that pose risk to compliance.
* Mentored for members of the team and other team members; provided training support, assigned a reduced caseload while mentoring team members and responsible for operations and claims.
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* 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.
* Worked with Claims, enrollment, eligibility verification for members and providers, benefits setup, and backend payment cycle in Facets.

**Environment:** JAD, Oracle 10g/11g, SQL Server, Mainframe, DB2, Facets, Windows, HP ALM, MS Office, MS Visio, SOAP UI.

**Business Analyst**

**Jan 2011- June 2012**

**Wellcare Group, Tampa, FL**

This project dealt with the development of a Medical claim capture system. The system helped to accelerate document input process and eliminate manual entry. Overall the system was meant for the administration team to have a faster and easier way to access to patient's electronic health records. The project also involved implementation of Claims processing module which involved Receipt and Verification of Claim Forms (837), Enrollment Implementation Format (834), and Claims Attachments (275), Claims Enquiry and Response (276/277C), Adjudication, Healthcare Claim Payment/Advice (835) as per HIPAA guidelines.

**Responsibilities:**

* Monitoring and conducting non-supervisory support role will include coordinating team schedules, monitoring event attendance and outcomes, reporting to manager, escalating issues and conduct process improvement.
* Responsible for architecting integrated HIPAA, Medicare solutions, Facets.
* 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)
* Worked on Enrollment and Billing Module through both 834 EDI transactions as well as Facets Online/enrolling members in Facets from Facets front end screens, web portal application and EDI 834 transactions.
* Collaborate with business partners and developers to create EDI X12, NCPDP and proprietary encounter submission files.
* Created standard and adhoc campaign reports as per the defined metrics using SAS base and macros, SQL
* Also made appropriate changes to records by resolving enrollment system rejects. Reconciling our various EDI transactions sets such as 834 enrollment files, 820 payment remittance files, ID card files, and Group XML files.
* Worked with different databases including Oracle, Teradata, DB2 and MS SQL Server.
* Managed reporting process comprising of more than 50 reports that combines SAS, Excel, Excel macros and pivot tables. Also, used MS Excel to identify monthly sales and profit of company by creating graphical reports.
* Validated X-12 files sent by external vendors to ensure that they are passing EDI Gateway level using SpecBuilder.
* Created transaction sets requirements, usually with Microsoft Excel, for transactions such as: HIPAA 270/271, 276/277, 278/278, 820, 834, 271U, 835, 837-(I, P, &D), 835 Remittances and others.
* Proficient in developing and debugging SAS/MACROS to access, extract, modify, merge, and analyze financial data and other SAS application for data updates, data cleansing, and reporting.
* Ran SQL (Oracle based) queries to obtain various data including deductible, copayment and accumulators.
* Implemented and provide support for HIPAA ANSI X12 standard transactions 270, 271, 276, 277 and 278. Maintain and support 834, 835 and 837 HIPAA EDI transactions.
* Improved and documented existing SAS/SQL programs
* Created SQL scripts for different frames of testing.
* Checked the data flow through the front end to backend and used SQL Queries to extract the data from database
* Coordinated with Business Owner, Application Vendor, Business Project Teams, Payers and Clearing houses to bring all processes to a level of execution to mitigate any impact to current revenue flow under the HIPAA 5010 compliance requirements.
* Involved in testing Encounter submission and error reconciliation.
* Joined and sub selected data to retrieve from stated SQL Server Performed a merge into Crystal Reports
* Specifications, Documentation and Construction of systems heavily relied on UML modeling.
* Performed the Gap analysis on the earlier systems, generated a detailed Requirements document describing new system architecture through Use Cases and Activity diagrams.
* Analyzed trading partner specifications and created EDI mapping guidelines.
* Designed the process flow diagrams for flow of information and report creation process.
* Conducted JAD sessions for the report users, requestors, and the developers.
* Developed PL/SQL stored procedures for the end-user report requirements.
* Gathered and analyzed business requirements and developed a Test Plan for UAT testing of claims.
* Developed and executed Test Cases and Test Plan Documents in Quality Center based on the requirement and design.
* Helped with Data Mapping between the data mart and the Source Systems.

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

**Business Analyst**

**Jan 2010- Dec 2010**

**Illinois Department of Insurance, Springfield, IL**

The Illinois Department of Insurance made a contract with CGI to build an insurance exchange system that would interface seamlessly with not only the federal hub, but the state’s current integrated eligibility system (IES) where residents will be able to find quality coverage as mandated by the Federal Affordable Care Act. Exchanges will help individuals and small employers shop for, select, and enroll in high quality, affordable private health plans that fit their needs at competitive prices. Get Covered Illinois is the only official website marketplace where Illinois residents can compare eight different insurance company offerings side by side; determine whether they are eligible for Medicaid under newly expanded qualifications; and apply for financial support to help bring down the cost of insurance for them or their families. The system provides a modest and unified identification of people who qualify for coverage through the exchange, tax credits, cost-sharing reduction and Medicaid.

**Responsibilities:**

* Interacted with client and the Technical Team for requirement gathering and translation of Business Requirement to Technical specifications.
* Create User Manuals for the HIX System for Training and Communications Team Design notices.
* Execute business process maps for Affordable Care Act system implementation.
* Document current business processes, business flows, rules and perform each task of the SDLC process.
* Produce detailed requirements documents, and artifacts to include use cases, wireframes and storyboard for deliverables.
* Coordinated participation and sign-off of various business partners and customers.
* Extensively used SQL statements to query the Oracle Database for Data Validation, Data mapping and Data Integration.
* Responsible for developing maps that checks for valid partners as preliminary check and separates the valid and invalid EDI documents.
* Wrote SQL queries for data validation, analysis and manipulation, and maintaining the integrity of the database.
* Generated on-demand and scheduled reports for business analysis or management decision using SQL Server
* Validated reports with tool Oracle Business Intelligence Enterprise
* Designed and developed Activity Diagrams, Sequence Diagrams, Use Cases and other Process Flow Models using Visio and Rational Rose.
* Extensively worked with EDI transactions such as 835, 837 following the HIPAA compliance EDI standard format of X12.
* Developed, maintained and published project plan & scheduled project deliverables using Clarity resource database as well as MS Project.
* Extensively involved in the modeling and development of Reporting Data Warehousing System.
* Research, Review and update clients and Independent Verification and Validation edits for approval.
* Formulate test strategies, test plans and test data and execute test scripts.
* Maintain accurate documentation in all internal systems and their integration points and define technical solutions.
* Prepare prototyping user interface designs and business process re-engineering activities.

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

**Academic Qualifications:**

* Master of Business Administration in Management Information System and Business Analytics, Ashland University, Ashland, OH