**Rifat Tawhid**

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**Professional Summary**

* Extensive experience in Data 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 Pharmaceuticals 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.
* Extensive experience in gathering requirements by conduction of JAD sessions (Joint Application Development),Interviews, Workshops and Requirement Elicitation sessions with end-users, clients, stakeholders and development team and converting them in to BRDs (Business Requirement Documents) and FRDs (Functional Requirement Documents) or NRFD (Non-Functional Requirement Document).
* Expertise in defining Scope of projects based on gathered Business Requirements including Documentation of Constraints, and Project Risks & Scope Exclusions.
* Expert in working with SME’s across each group during entire SDLC with strong experience in conducting GAPAnalysis, SWOT Analysis.
* 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.
* Expert level skills in SAS/GRAPH, SAS/STAT, SAS/ACCESS, SAS/SQL and MACRO.
* Expertise in SAS/Base, SAS/SQL, SAS/Macros, SAS/Stat, SAS/Graph and Output delivery system.
* Experienced in using company SAS Macros to expedite daily work and created new macros to analyze, calculate, produce summarized report.
* Debugging programs and taking care of these errors, notes and warnings to make sure produced expected output from the SAS program.
* Proven skills in data cleansing, data archival, data migration, ad-hoc reporting, and coding using SAS on various environments.
* Good understanding of using testing tools, such as QTPand Test Director and performing a variety of software testing including User Acceptance, Performance, Load, Stress, Sanity, Parallel, Black Box, Grey Box, White Box, Positive, and Negative Testing.
* Good knowledge and extensively used RDBMS, Oracle, SQL, and PL/SQL along with MS SQL administration, SQL Enterprise Manager, Data analysis and reporting.
* Strong knowledge of testing methodologies at all stages of Software Development Life Cycle (SDLC)   
  Preparation of SAS datasets, Tables, Listings, Graphs, Reports, and summaries according to requirements and Standard Operating Procedures (SOPs)
* Strong experience in Extraction, Transformation and Loading (ETL) data from various sources into Data Warehouses and Data Marts using Informatica Power center.
* Strong skillset in SAS Enterprise Guide for analyzing, interpreting and technical reporting big data and projects – Regression Analysis, Multiple regression analysis, HP Liner Regression, Non Liner Regression, Principal component, Factor Analysis, Discriminant Analysis, Logistic Analysis, Cluster Analysis, Missing data Analysis.
* Experienced with HIX, PPACA, Plan Management, Eligibility and Enrollment process.
* In depth understanding of the HIPAA 4010 and 5010 compliance standards, HIPAA insurance regulations and claims processing,ICD-9,ICD-10 coding and HL7.
* Responsible for EDI map testing and development.
* Profound understanding of insurance policies like HMO and PPO and proven experience with HIPAA 4010 EDI X12 transaction codes such as 270/271(inquiry/response health care benefits), 276/277(Claim status), 834(Benefit enrollment), 835(Payment/remittance advice), 837(Health care claim), 820(Payment order/Remittance advice)
* Extensively worked on Care management applications (Enterprise Medical Management Application and Clinical Care Advance).
* 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. Experience with conducting assessments and impact/gap analysis concerning State Medical Management Information System.
* 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, 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**

**Data Analyst**

**Nov’15-Current**

**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.
* Conducted **JAD** sessions with **Subject Matter Experts** to obtain domain level information.
* 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.
* Utilizing SAS Procedures, Macros and other SAS applications for data updates, data cleansing and reporting.
* Followed a structured approach to organize requirements into logical groupings of essential business processes, business rules, and information needs, and ensure that critical requirements are not missed.
* Building web reports, dashboards and Portlets using SAS BI tools.
* 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.
* Worked across multiple projects as a business intelligence specialist specifically in SAS.
* Created SQL Queries using Oracle, SQL Server and DB2 in validating data into Data Warehouse/ETL applications.
* Querying databases using SQL to validate data.
* Used SAS Enterprise Guide in developing stored processes and performing statistical analysis.
* Worked with SAS Enterprise Guide Software for reporting and analytical tasks.
* 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**.
* Extracted sources from flat-files, Oracle, SQL Server and load them into Oracle
* Documented user stories and modeled use case diagrams by utilizing MS Visio.
* Strong understanding of **Affordable Care Act (ACA)** and other healthcare regulations.
* Worked on EDI 834,837 and 835
* Used SAS to read, import, and export to other data file formats, including delimited files
* 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.
* Created SQL Queries using Oracle, SQL Server and DB2 in validating data into Data Warehouse/ETL applications.
* 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.
* Developed plan for **data feeds** and **data mappings** for integration between various systems, including **XML**, to follow **ICD 10 Code set and ANSI X12 5010 formats**.
* Involved in gap analysis and implementation of **HIPAA 5010, ICD 10 and Claim Validations.**
* 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.
* 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.
* Actively participated in the pre-testing that included review of the requirement documents, studying the **Use Cases** for developing test plans and collection of test data and installation/configuration of the required Rational tools.
* Was involved in **Functional System Testing, Integration Testing, Regression Testing, and User Acceptance Testing** before releasing the application.
* 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 F**acets.**

**Data Analyst**

**Aug’14-Sep’ 15**

**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.
* Utilize, Unix, Excel, and RTC to track, report, and analyse encounter submission and processing issues
* Performed analysis on various project types and solutions including but not limited to: **EDI** analysis supporting standard and non-standard transaction, Data analysis, trading partner analysis and mapping, etc.
* 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.
* Coordinated data profiling/data mapping with business subject matter experts **(SMEs)**, **data architects, ETL developers, and data modelers**.
* 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.
* Develop and maintain sales reporting using in **MS Excel queries, SQL in Teradata, and MS Access**. Produce performance reports and implement changes for improved reporting.
* Helped with **Data Mapping** between the **data mart** and the **Source Systems**.

**Data Analyst Jun’12-Jul’14**

**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.
* Wrote Test Cases and Test Scenarios based on Technical and Functional Specifications for EDI 834, and FFM and uploaded them in Quality Center.
* Data mapping, logical data modeling, created class diagrams and ER diagrams and used SQL queries to filter data within the Oracle database.
* 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 and performed ETL (Data warehouse/Data marts) testing using ETL tools and SQL Queries on Relational Database Management System (RDBMS).
* 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.

**Data Analyst**

**Dec’10-Apr’12**

**Valley Medical Group, Amherst, MA**

The project was to implement Athena Collector into their existing billing system to make their service more efficient, faster and profit driven while focusing their patients. The new billing system keeps claims error free, five stages workflow system enables management to work faster that reduces hassles. Moreover the system is ICD-10 compatible that enhances the claim resolving upon the first submission. Furthermore, the new system is capable of adopting the industry changes.

**Responsibilities:**

* Conducted workshops to gather requirements from site and internal Subject Matter Experts **(SMEs).**
* Conducted meetings with SMEs of various departments to understand their requirements and help the design and development team to modify the **Athena Collector** in accordance to satisfy SMEs need.
* Acted as a liaison between stakeholders: system users, clients and managers, who have a business problem and software development team to gather requirements.
* Conducted JAD session to elicit requirements for various attributes of **Athena Collector with** SMEs, PMO, Design and Development Team.
* Performed data analysis and data profiling using complex SQL on various sources systems including Oracle
* Understanding the business process **(AS-IS and TO-BE),** understanding the requirements and translating to **System Requirement Specifications**.
* Involved in implementation of **Athena Collector** in claim process, claim history, claim status.
* Involved in centralizing claim and encounter information through **Athena Collector.**
* Participated in meetings to have better understanding of **Athena Collector** in connecting the different departments of the organization especially with finance and accounts department in accordance with accounts payable/accounts receivable and expense principle.
* Extracted data from various sources like Oracle, flat files and SQL Server
* Involved in updating project plans and also ensured the project documents were uploaded on SharePoint and submitted to **PMO** for final review.
* Worked with Approval Workflow Engine (**AWE**) to keep track on transaction event, transaction approval process, email templates etc.
* Involved with Data team to extract data from Data Warehouse and generate report.
* Involved in report generation through **SQL** statement.
* Involved in integration **Athena Collector** with **Enterprise Data Warehouse**.
* Created use case diagrams using **UML**diagram module in **MS Visio.**
* Defined functional and non-functional requirements to Use Case narrative using the UML diagrams
* Used SQL, Toad, Data Warehousing and Data Cleansing for the arrangement of customer data.
* Created Requirement **Traceability Matrix (RTM)** to trace requirements and manage Change Requests.
* Designed and developed Activity Diagrams, UML Diagrams, Use Cases and other Process Flow Models using Visio.
* Used SharePoint for proper document management including document upload and download.
* Prepared the **Process flows, Activity Diagram, Business Requirement Documents.**
* Involved in dealing with the **Customer Interface, Data and different functionalities of Athena Billing.**
* Closely worked with **QA** on organizing Test Plans and training rollout, preparing Test Cases and **UAT** scripts, actively participated in testing like unit testing, automated testing, integration testing to ensure successful implementation and project sign-off.

**Academic Qualifications:**

* Master of Business Administration in Management Information System and Business Analytics, Ashland University, Ashland, OH
* Bachelors of Business Administration in Finance and Management Information System, BRACU, Dhaka, Bangladesh