## FAYAZ MOHAMAD

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* Over 8 years of diverse experience in the field of **Information Systems** with emphasis on **Business Analysis**, **Healthcare Processes, Strategic Planning**and **Banking** projects focused on Banking, Healthcare Medicare, Medicaid and Pharmaceutical based industries.
* Exposed to diverse business processes, which includes Insurance, Financial, and Banking sectors.
* Good understanding of gap analysis, requirements management, risk analysis and project plans. Proven expertise in creating UML diagrams, flowcharts, screen mockups, systems requirements specifications, and test plans.
* Expertise in using requirements tracking and business modeling tools like, **Rational Rose**, **Rational Enterprise Suite**, **MS Visio**, **Rational requisitepro.**
* In depth knowledge of **Software Development Life Cycle (SDLC) with Waterfall and Agilemethodologies** thorough understanding of various phases like **Requirements Analysis**, **Design, Development and Testing**.
* Excellent knowledge of **CRM software used for healthcare insurance** company to improve operational efficiency.
* Practical knowledge of **Rational Unified Process (RUP**) as iterative SDLC with implementation of all four phases: Inception, Elaboration, Construction and Transition.
* Strong project management skills including planning, scheduling, monitoring and budgeting with experience in **gap analysis**, **risk analysis**, effort estimation etc.
* Experienced on **Batch Processing**&**EDI interfaces** in healthcare domain.
* Working knowledge of requirement gathering by conducting personal interviews, developing questionnaire, brainstorming, conducting **JAD (Joint Application Development) sessions**, or role playing to get a better understanding of client business processes and creating requirements traceability matrix for tracking the requirements.
* Experienced on **Health insurance exchange** programs during the project and worked with many insurance clients and companies for the billing and claiming issues.
* Deep knowledge of **Medicare- Medicaid rules**, **NCPDP**, **HIPAA**, **ICD9/ICD10 codes**, **CPT,EMR**, **EDI transactions (270/271, 276/277, 834, 837/835)**
* Deep knowledge in conversions from **HIPAA 4010 TO 5010**.
* Highly experienced in **ICD9, ICD10** codes.
* Highly experienced in **agile/scrum methodology.**
* Experienced in preparing **requirement specifications, workflow diagrams, wireframes** in the project with stakeholders, subject matter experts.
* Experienced in **product models** and **data flow diagrams** and highly experienced in change request or new solutions during the project.
* Experienced in **data mapping document and functional design document** and worked with stakeholders and helped during the project.
* Had **excellent communication skills, leadership and presentation skills, time and group management skills.**
* Conducting **user acceptance testing (UAT**) with business users and Post production maintenance support once the product is in the use.

**Technical Qualifications**

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| Methodologies | RUP, Agile, Waterfall, , Six Sigma, , UML, Business Process Modeling and Data Modeling |
| Office Tools | MS Word, MS Excel, MS PowerPoint, MS Access, MS Project, M Outlook ,Lotus Notes |
| Process/Modeling tools | MS Visio, Rational Rose, Rational Requisite Pro, Smart Draw, ClearCase, ClearQuest |
| Database | MS Access, SQL Server 2000, Oracle 9i & 10g, Teradata. |
| Testing tools / QA | Test Director, Quality Center, WinRunner. Selenium |
| Quality Management | HIPAA, CMMI, CMM, Six Sigma, TQM |
| Operating System | Windows Vista, NT/2000/2003/ XP/98, MS DOS |
| Languages | C/C++, Java, SQL, PL/SQL, HTML, XML |

**PROFESSIONALEXPERIENCE:**

**AETNA MEDICAID, Phoenix, AZ**

**Sr. Business Analyst Dec 2012 – Present**

Aetna, is an American managed health care company, providing a range of traditional and consumer directed health care insurance products and related services, including medical, pharmaceutical, dental, behavioral health, group life, long-term care, and disability plans, and medical management capabilities. Aetna is a member of the Fortune 100.

* Worked on **EDI transactions** like **275, 276, 277, 834, 835** and **837.**
* Worked on **ICD – 9 & ICD -10** and **HIPAA – 5010** module.
* Experienced in gathering requirements for the project from the stake holders.
* Conduct meeting sessions with the stake holders to know regarding the project.
* Worked on **SQL queries** and highly experienced in different SQL modules and database, server and tables in the **EDI tables and QNXT tables.**
* Participated in the **Requirement Gathering Session** (RGS) with the clients to know the requirements.
* Worked on **Gap Analysis** during the project.
* Worked on **Data mapping document** during the project and helped the stakeholders and business experts.
* Worked on **Production issues, breakage fix issues** during the projects.
* Experienced in Requirements gathering through agile methodology for implementation projects like MMIC, MCRP & Ohio duals (Medicare, Medicaid).
* Worked on **change requests** (CRQ).
* Worked on **clinical care advance configuration and experienced in making configuration changes and implementing those changes**.
* Highly experienced **on Facets 4.71 and higher.**
* Highly experienced in **benefit configuration** and **claim benefit analysis**.
* Worked on several **claims issues and reimbursement** issues and conducted JAD sessions to understand the requirements.
* Experience in **Medicaid and Medicare** bus unit.
* Highly experienced in **Health care domain** like **Medicaid, Medicare.**
* Worked on **Functional design document** and business requirements gathering and change requests throughout the project.
* Highly experienced in **member claim, member eligibility, pharmacy claims**.
* Worked on **hands on analysis** during the project.
* Worked on Electronic health record system as a **CRM** web based application.
* Experienced in MMIS (Medicaid management information system).
* Experienced in **Web development Java** and highly experienced and knowledgeable in **creating HTML pages**.
* Performed **lead role during the project** and had highly experienced in team lead and project lead skills.
* Highly experienced in **CRM** and worked on **CRM** and Medicare and Medicaid.
* Experienced in **Electronic healthcare record (EHR)** and worked on several implementation projects based on EHR.
* Experienced in **Implementation advance planning documents** during the project.
* Worked on large scale projects and experienced **project management skills** during the implementation projects for different states within the Aetna.
* Experienced in working with **government clients and highly experienced in working on ERP (Enterprise resource planning).**
* Worked on **CMS (Center for Medicare & Medicaid system)** and implemented CMS during the project.
* Worked on **scrum methodology** and worked on project plans and **created project chart** and worked efficiently with the stake holders.
* Highly knowledgeable in **scrum master**.
* Worked on several implementation projects **regarding EDI transactions**.
* Implemented **different EDI transactions like 834, 835 & 837** for different state insurance for Aetna **Medicaid& Medicare.**
* Experienced in writing SQL queries and highly knowledgeable on SQL server, database in EDI claim intake process and QNXT process.

**ENGAGEPOINT – State of Missouri, MO Jan 2011 – Nov 2012**

**Sr.Business Analyst**

The project involves developing intranet to view, edit patient’s information, update the consultation information of a patient and also provide reports for the patients. Application also involves finding information about patient scheduling and appointments, health insurance, billings, claim generation, electronic submission and account receivable and report submission to the referral doctors at regular intervals also to perform Cost Analysis, designed to automate internal users Analysis and Sales related functions.

**Roles and Responsibilities:**

* Followed **Agile Software Development Methodology** and through various iterations and storyboarding interviewed stakeholders and end users using user stories in order to create use cases for the development team.
* **Involved** in business analysis and project management; coordinating between the team members and creating **test plans** according to the business requirements.
* Participated in the **Requirement Gathering Session** (RGS) with the clients to know the requirements.
* Knowledge of **Project management** principles and practices, defines and creates schedules, statements of work, directs, and coordinates projects by establishing a work plan, arranging staffing, assigning duties, producing reports, and ensuring the progression and completion of the project.
* Worked on **Facets and experienced working back end and front end with facets** and gathering requirements.
* Worked on **facets module** and **benefit configuration** module and understood the requirements and gathered all requirements from the stakeholders.
* Worked on **care advance configuration and implemented the configuration changes**.
* Worked on **FACETS** during the project.
* Experienced in all EDI transactions and change requests and business process.
* **Managed** project: personnel responsible for implementation of the project tasks (hold and chair regular works meetings, motivate staff, manage conflicts and crises).
* Worked on **Health Exchange program** and **insurance exchange** areas during the project.
* Worked on **data flow diagrams, work flow diagrams** and **requirement specifications and change request** during the project**.**
* worked on **CRM (Customer relationship management)** and highly experienced in dealing with claims and reimbursement issues.
* worked on **Medication therapy management (MTM**) and highly experienced in dealing with nurse practitioners for claim issues and reimbursement.
* Assisted in documenting user steps and put together user manuals of new **CRM** implementations.
* Facilitated **JAR sessions, JAD session,** wrote Status Reports, Oral Presentations, Emails and coordinated extensive communication network through interviews with end users, Tech team and other non-technical team members.
* Worked on **ERP (Enterprise Resource planning)** during the project and worked on CMS for different states and implemented CMS system for different states in U.S.A
* Experienced in claims issues and billing issues.
* Validated the following**: 837 (Health Care Claims or Encounters), 835 (Health Care Claims payment/ Remittance), 270/271 (Eligibility request/Response), and 824.**
* Mentored business analysts in methodology for defining **ICD-10** mapping processes and **documenting business requirements**. Developed additional processes specifically designed to handle Benefits Administration.
* Worked on **SQL database** and servers and **QNXT PROD, QNXTQA** servers during the project.
* Worked on **ICD9, ICD10** transactions.
* Performed data analysis by using **SQL queries using Microsoft SQL Server Studio and PLSQL Developer.**
* Experienced in **relational databases** and **data modeling**.
* Worked on **Data mapping document** during the project and helped the stakeholders and business experts.
* Experienced in **FACETS** and worked on health care domain widely with the help of this software which would be useful in the organization.
* Worked on **Functional design document** and business requirements gathering and change requests throughout the project.
* Worked on FACETS and highly experienced in technical based

**Environment: Rational Suite, NCSS, Ms-Visio, HRA, SAS, SharePoint, Windows, MS Office suite, Java/J2EE, SQL, PeopleSoft, and Congo’s, CRM, Rx-Claim, Ms- SharePoint, Medicaid.**

**ALERE Inc. – Upper saddle river, NJApr 2009 – Dec 2010**

**Sr. Business Analyst**

The project involved the up gradation of the existing health insurance system whereby web-based application and a direct portal was setup to register Insurance Policies for prospective clients. To provide complex health insurance information in an objective, user-friendly format, enabling the research, analysis, comparison and purchase of health insurance products that best meet consumers' needs.

**Roles and Responsibilities:**

* Responsible for all project documentations and served as a liaison between the business team and the IT team by assisting in identifying, understanding and documenting their business needs.
* Interacted closely with the **Subject matter experts (SME)** for the Business Process Modeling.   
  Understood the **AS-ISand TO-BE** Business (current and future flow) and developed the Business Requirement Document (BRD).
* Framed a detailed **JAD session** agenda and facilitated JAD sessions with the SMEs, process owners & stake holders and collected the meeting minutes from the session and identified various action items.
* Worked on **scrum methodology** and experienced in dealing with stakeholders for the project.
* Highly experienced in technical skills like understanding the SQL terms and writing queries during the documentation.
* Worked on **Batch processing** during the project like development stage.
* Experienced in Medicaid Management information systems (MMIS) and worked on Medicaid projects like reimbursement issues, claims processing and billing issues.
* Worked on **Data warehouse tools**, **data modeling tools** during the development stage with developers in the project.
* Recommended changes for system design, method, procedures, policies and workflows affecting **Medicare/Medicaid** claims processing in compliance with government compliant processes like **HIPPA/EDI formats. Performed GAP Analysis for HIPPA 4010 and 5010transactions**.
* Developed an implementation guide for **EDI X12transactions** such as **834, 835,837,270 and271**.
* Experienced in **Pharmacy benefit management** and used to sort out the claiming issues and billing issues during the project.
* Helped in conducting **Gap Analysis, User Acceptance Testing (UAT) and System Integrationtesting (SIT**).
* Worked on **relational databases**, performed **data modeling** tools with developers during the project.
* Gained a good understanding and knowledge of **Medicaid Information Technology Architecture** (**MITA**) system for claim processing and generating patient information..
* Worked on **Facets** and helped in back end and front end during the requirements gathering.
* Worked on **user requirements** and written test plans and coordinated with the testing department and helped in different stages of the project.
* Experienced in evaluating business impacts for all EDI interaction with health benefit changes in the organization.
* Worked on **care advance configuration and implementation** and worked on **enterprise resource planning and ongoing support.**
* Worked with **EMR** team and experienced in several medical records regarding Medicaid and Medicare claiming issues.
* Prepared UML diagrams: **Use Case diagrams and Activity diagrams** to better explain the requirements of the project.
* Validated the following**: 837 (Health Care Claims or Encounters), 835 (Health Care Claims payment/ Remittance), 270/271 (Eligibility request/Response), and 824.**
* Gave suggestions to QA team in designing Test Plans and Test Cases for UAT.
* Participated in meetings with Developers, Project Managers and Quality Analysts to discuss business requirements, test planning, resource utilization and defect tracking.

**Environment: UML, RUP, MS Office, MS- Visio, Quick Test Pro, Rational Requisite Pro, Rational Clear Quest.**

**LCG Systems, Rockville, MD Oct 2007– Mar 2009**

**Business Analyst**

LCG systems, (a division of LCG, Inc) provides innovative technology solutions for health and social services agencies to meet the growing demand for quality Health Information Technology services to the Federal Government. Its areas of core competencies are in application development, information security and networks, network and systems engineering. The company follows an iteration methodology that provides a repeatable process with clear milestones that move the development life-cycle forward while still allowing for rapid deployment, testing and revising of the application.

**Roles and Responsibilities:**

Involved in two application development projects, and an extra mural electronic data repository system enabling extramural budget forecasting and reporting for a federal health agency. Tools were developed from scratch or by using COTS technology components.

* Linked business processes to organizational objectives, performed critical path analysis, and identify opportunities for business process improvement.
* Performed **Feasibility Analysis** and **Gap and Risk Analysis** on certain modules
* Worked on **Digital Marketing** on electronic devices such as **computers, laptop** and other devices and helped the stakeholders throughout the project.
* Participated in **JAD Sessions** for extracting user needs and requirements and generated **Use CaseSpecifications** and **business Use- Case Models.**
* Worked on **life insurance** and **insurance co products and all premium policies**.
* Highly experienced in dealing with **customers and customer satisfaction**.
* Developed, documented requirements and system concepts and maintained then in a standard framework for the collection, storage, validation, and management of system requirements using Rational Requisite Pro.
* Experienced in **Medication therapy management (MTM**).
* Generated **use-case diagrams** and **process workflowsusing MS Visio.**
* Worked closely with the QA/Test Engineers in Conducting Quality Control and creation of test plan strategy and test suite for **User Acceptance Testing (UAT**).
* Prepared training materials for the systems and was a part of the Customer Support team in order to answer customer queries and questions.
* Helped in conducting **Gap Analysis, User Acceptance Testing (UAT) and System Integrationtesting (SIT**).

**Environment: Rational Tools Suite, Windows XP, MS Office Suite, Microsoft .Net framework, Microsoft SQL Server, Internet Information Server 6.0 and Microsoft SharePoint Portal Server.**

**Sun Pharmaceuticals, IndiaOct 2005 – Sept 2007**

**Business Analyst**

Sun Pharmaceutical is one of the leading Pharmaceutical Company in India and one of the largest Indian companies in the US generic market. In India they are the largest specialty prescription company and ranked 6th.

**Roles and Responsibilities:**

* Played a key role in the planning, testing, and implementing system enhancements and conversions.
* Provided key project inputs by working with users in defining the project and system requirements.
* Reviewed **business process and functional requirements**.
* Worked on Pharmaceutical data processing for improving database for storing user files.
* Analyzed business needs, created and developed new functionality to meet real time data integration that facilitated decision.
* Worked on **Pharma sales targeting** issues in pharma industry.
* **Managed** the team of consultants responsible for developing on-demand **Medicaid Management System reports.**
* worked on **Pharmacy benefit management**  portion and all other claiming issues.
* **Analyzed**Requirements andcreated **business requirement document (BRD),** current **business process flow,** future business process flow, use case diagrams, and activity diagrams using Microsoft Visio.
* Worked extensively on **NCPDP D.0, 2.2 and 5.1** version and prepared **BRD, crosswalk and traceability matrix.**
* Experienced of managing multiple stakeholders across the organization and in QA integration of systems.
* Involved in **detailing project mission, data process flow diagrams, and timelines**.
* Assisted in process modeling, conducted and participated in **JAD sessions with system users**, helped with design walkthroughs with stakeholders for base lining architecture.
* Assisted in building a **business analysis process model** using **Requisite Req Pro**and **MS Visio**.

**Environment: Requisite Pro, MS Visio, MS Project, MS Access, MS Office.**

**EDUCATIONAL QUALIFICATIONS**:

* **Bachelors in Pharmacy**