**Ibrahim Mahmoud 347-676-0763** [**Mahmoudibra84@gmail.com**](mailto:Mahmoudibra84@gmail.com)

**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.
* 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 EDI inbound 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 Sr. System Analyst Jan 2015 – Present**

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.
* Identifying Business rules and specifications for Enrollment files, Medical Claim Files and Pharmacy files for the ACA Edge Server project.
* 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 System Analyst Jan 2014 -Dec 2014**

System Analyst, 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
* 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  Business Systems Analyst  May 2012- Dec 2013**

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 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.
* 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.
* 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
* 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.
* Assisted in writing test case scenarios for unit testing, integration testing and compliance 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.

**Nebraska Medicaid, LINCOLN, NE Business System Analyst Jan 2010–Apr 2012**

Nebraska Medicaid covers many medically necessary services from health providers who participate in the Nebraska Medicaid program. The Medicaid Management Information System of DHHS is a 30 year old legacy system which processes payments for covered medical services for eligible Nebraskans. The MMIS Legacy team handles all Business Analysis functions required to modify and enhance the current Medicaid Management Information System (MMIS) to meet State and Federal requirements. Hands on experience on various subsystems (Provider, Member, Managed Care, TPL-Third Party Liability, Claims, And Prior Authorization) in MMIS.

ICD-9 to ICD-10:The scope of the project was to identify the areas impacted by the transition from ICD-9 to ICD-10 for different subsystems of MMIS.

837 Encounter Project: The scope of the project was for MMIS to be able to accept and process Managed Care Organization encounter data through the submission of X12 compliant 837 claim transactions as mandated by HIPAA.

**Responsibilities:**

* Performed Gap analysis for the modules in production, conducted feasibility study and performed impact analysis for proposed enhancements and also worked on reporting skill set.
* Produced complete data mappings and data conversion documents needed for the Claims application.
* Good knowledge about automated business process (Sterling B2B integration)
* Compiled the BRD, FRD and composed detailed Use Case Specification Documents in Rational RequisitePro.
* Created UML class diagrams, use case diagrams and sequence diagrams to view the system from different perspectives.
* Contributed in the database section of the technical design document.
* Performed Functional and GUI Testing to ensure that the user acceptance criteria are met.
* Co-coordinated the UAT with the SME’s to make sure that all the Business Requirements are addressed in the application.
* Professional experience in writing Test Scenarios, Test Conditions, Test Cases and Test Scripts for Functional and non-functional requirements and mapping validation.
* Experienced with Rational tools like Rational Requisite Pro, Clear quest, Clear Case, JIRA, Rational Rose.
* Experience in claim processing system
* Good knowledge about the Patient Protection and Affordable Care Act (PPACA).
* Worked collaboratively with top management and senior team members to discuss project strategies and deliverables.
* Extensively worked on SQL queries and good experience on data transformation and data mapping from source to target database schema.
* Created test cases and testing strategies for System Testing (Development Environment), Integration Testing (UAT) and Production in Agile/Scrum environment.
* Implemented the concepts of HTTPS, SSL, and SOAP + MIME functionality to address the security concerns for real time system in Xengine environment (EDIFECS).
* Worked extensively with the users and with different levels of management to identify requirements, use cases and to develop functional specifications.
* Documented Requirement Traceability Matrix (RTM) for requirement elicitation and linkup to deliverables.

**Environment:** ReqPro, Oracle, DB2, Crystal Report, MS Project, MS Office suite, SQL, SQL Server, TOAD,Citrix, MS SharePoint

**Aurora Medical Center, WI Business Analyst Apr- 2008 - Dec 2009**

Aurora Medical is the largest health care insurer in the Mid-Atlantic region with over 3 million members. Aurora delivers a number of leading health benefit solutions through a broad portfolio of integrated health care plans and related services, as life and disability insurance benefits, pharmacy benefit management, consumer driven health plans (CDHC), dental, vision, behavioral health benefit services, as well as long term care insurance and flexible spending accounts. The project involved consolidating the medical, dental and pharmaceutical insurance registration, which Aurora offers to various insurance plan types. The project also involved in planning to offer new plan types to Care First members.

**Responsibilities:**

* Played an instrumental role in defining the initial common terminology to be used throughout the product lifecycle.
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* Analyzed the client data and gathered requirements by conducting interviews with the clients.
* Acted as a liaison between the business users, stakeholders and the team to perform requirements, quality and risk analysis.
* Performed GAP analysis, conducted walkthroughs and set up internal/external status meetings and postmortem meetings.
* Documented and reported the progress to the management on an ongoing basis. Conducted extensive analysis on migration and conversion of Provider and Member data, Group configurations, plan codes, benefit set-ups, fee schedules, provider pricing, capitation and set-ups.
* Defined roles and responsibilities of participants in the business process.
* Recommend system/process solution approaches to minimize risk and workflow impacts while capitalize strategic goals.
* Automation of test scripts was done using QTP for test re-usability of different online transaction modules.
* Gathered requirements from users of the Clear Quest (CQ) tool for any Enhancements or change requests for any defects.
* Planned and defined system requirements to Wire Frame with Use Case, Use Case Scenario and Use Case Narrative using the UML (Unified Modeling Language) methodologies.
* Led and conducted JAD sessions for requirements gathering, analysis and design of the system.
* Created context and workflow models, information and business rule models, Use Case and Object Models during the analysis using Rational tools.
* Designed and developed project document templates based on SDLC methodology
* Established RUP (Rational Unified Process) methodology and provided assistance in developing Use cases and project plans.
* Assisted in Regression Test, System Test and UAT.
* Facilitated Change Control Board and Governance Board meetings and acted as a liaison between parties impacted by the change requests.

**Environment:** UML MS Office Suite, MS Share Point 2007, Rational Requisite Pro, MS Exchange Server, Oracle 10g(SQL and PL/SQL), TOAD, MS Team Server-Test Edition, Fiddler