## **Md. Fahd**

## **Professional Summary:**

* 6+ years of extensive experience in Business Analysis with hands on experience in Requirements Gathering &Analysis, GAP Analysis, Implementing, Software Validation/Testing and Project Cycle Management in domain like Healthcare, Insurance and Pharmaceuticals and extensively worked on Insurance Claims, Medicare/Medicaid Claims.
* Well versed with all phases of SDLC, experience in business process redesign, interacting with stakeholders, understanding user requirements and articulating them into User Requirements Specifications.
* Thorough Knowledge of various SDLC methodologies like Waterfall, Agile, Scrum, RAD methodology.
* Extensive experience in gathering requirements by conducting JAD sessions, Interviews, Workshops and Requirement Elicitation sessions with End-users, Clients, Stakeholders and Development team.
* Possess excellent business writing skills required for documenting Business Requirements Document (BRD), Functional Requirement Document (FRD), Non-Functional Requirement Document (NFRD), USE Case Specifications, User stories, Functional Specifications, Systems Design Specification (SDS), Systems Requirements Specification (SRS), Business Continuity Plan (BCP) and Workflows.
* Expert in working with SME’s across each group during entire SDLC with strong experience in conducting GAP Analysis, SWOT Analysis, Cost benefit analysis, Risk Analysis.
* Excellent skills in Unified Modeling Language (UML) diagrams, such as Use Case diagrams, Activity diagrams, Class diagrams and Sequence diagrams.
* Solid understanding of Rational Unified Process(RUP) using Rational Rose, Requisite Pro,Object Modeling Technique(OMT)and Object Oriented Analysis (OOA).
* Understanding of designing and developing SQL queries for Oracle, MySQL and SQL Server database.
* Solid Experience in modeling Relational Databases and Data Warehouses using tools like Erwin and Oracle.
* Hands-on knowledge of enterprise repository tools, data modeling tools, data mapping and data profiling tools.
* Extensive experience with Medicare/Medicaid processing as well asClaims/Billing.
* Excellent knowledge of Electronic Data Interchange (EDI),
* Implementation and Knowledge of HIPAA code sets, HIPAA compliant formats of 837P, 837I, 835, 834, 270/271, 276/277 & 997, hospital coding, reimbursement methodologies, CPT codes, ICD-9, ICD-10 coding and HL7.
* Excellent analytical skills in understanding the business process (AS-IS and TO-BE), understanding the functional requirements and translating them to system requirement specifications.
* Knowledge of EMR/EHR, HMO/PPO/POS, Health Care Reform and Patient Protection and Affordable Care Act (PPACA), Medicare (Part A, B, C, D).
* Strong project management skills and breaking down of complex issues to identify solutions and communicate them to the development and management teams.

**Technical Skills:**

**Packages:** MS Office, MS Visio, MS Project

**MS Office Tools:** MS (Word, Outlook, Excel, Access, PowerPoint) 2003/07, MS

**Tools:** Rational Rose, Rational Requisite Pro, CaliberRM, MS Office, MS SharePoint, HPQC, Team Pulse, JIRA.

**Operating Systems:** Linux, HP UNIX, and Windows 2000/XP/Vista/7/8

**Methodologies:** Rational Unified Process (RUP), Waterfall Model, Agile model, SCRUM

**Business Documentation Skills:** Documented Business Requirement, Use Case Specifications, Functional and Non**-**functional Specification, System Requirement Specification, UML Diagrams (Use case, Class and Sequence), Traceability Matrix, Project Estimate, Master Test Plan Review (Integration, System and Acceptance).

**Work Experience:**

**Coventry Healthcare Inc, Newark, DE Sept’ 2015- Present Business Analyst**

Coventry Health Care, Inc. operates as a managed healthcare company in the United States. The company’s Health Plan and Medical Services segment provides health plan commercial risk, Medicare advantage, and Medicaid products. It also offers commercial risk products, including health maintenance organization, preferred provider organization, and point of service products to individuals and employer groups. National in scope, yet local in focus, Coventry’s Medicaid expertise helps communities around the nation support their Medicaid recipients gain control over their health challenges.

The project was to upgrade the system that currently uses HIPAA 4010 to comply with HIPAA 5010.Gap Analysis was performed and changes were identified in HIPAA 5010 so as to upgrade the Medicaid Management Information System (MMIS) to comply with the new standards mandated by HIPAA.

**Responsibilities:**

* Responsible for the requirement-gathering phase and project plan.
* Responsible for requirements analysis, design and developing technical requirements.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for processing of Medicaid Claims.
* Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS.
* Used HIPAA 4010 transactions to support the analysis of current business processes and work with management to improve and implement enterprise solutions to ensure compliance and got involved in designing future state processes for HIPAA 5010 transaction processing EDI’s 837, 835, and 834 and ICD-10 Code sets.
* Acted as a SME for the application team and the Infrastructure team.
* Analyzed HIPAA 5010 related to 837,835, 834. Transactions and performed gap analysis between the 4010 and 5010.
* Matched the requirements for programs such as Medicare and Medicaid, which are part of the Social Security Act.
* Conducted JAD Sessions with Infrastructure management team, SME, policy holders and stakeholders for issues which were open and pending.
* Analyzed forms and successfully crosswalk details to corresponding ANSI X12 formats.
* Tested the changes for the front-end screens in FACETS related to following modules, test the FACETS batches (membership, Billing, Provider, etc).
* Involved in testing the packages using SSIS (ETL) to verify the data transformation from source to staging and to the target, to maintain the data quality, Functional and Integration testing.
* Took part in verification of session logs to identify the errors occurred during the ETL execution.
* Coordinated with QA team in designing and creating test plan, test scenarios and test cases for Data warehouse and ETL testing.
* Developed the business anomalies workarounds and described them in documentation and presented the matter to the upper management for review.
* Developed non-functional requirements and documented them as Business Rules, Quality attributes and constraint documents.
* Held regular JAD meetings with the system architects, developers, database developers, quality testers during the entire project to assure that the critical as well as the minute details of the project were discussed and issues were resolved beforehand.
* Worked with HIPAA compliant ANSI X12 837 formats for both professional claims and institutional claims.
* Analyzed the mainframe reports for member/eligibility/claims and mapped the fields with FACETS batch jobs and reports.
* Performed configuration/ compatibility and user interface testing manually.
* Worked with QA lead in validating Test Plan and Test Scenarios.
* Used HP ALM for tracking Defects and tracing requirement functionality performances.
* Executed test cases manually. Compared and analyzed actual with expected results and reported all deviations to the appropriate individual(s) for resolution.
* Assisted Business User during deployment in formulating User Acceptance Testing (UAT) for customized application and getting confirmation for product Release
* Review of high-level design document and low level design of classes and sequence diagrams.
* Ensuring that deliverables were delivered on time as scheduled.

**Environments:** Facets, MS Office Suite, JAD, BRD, SQL, HP ALM.

**UNICARE INC., Chicago IL Jan’ 2014- Aug’ 2015**

**Business Analyst**

Unicare Health Insurance Company is one of the health insurers in the United States. In this project our primary objective was to integrated, intelligent solutions designed to modernize the health system and improve the health of individuals and populations. Two of the key aspects of this project was to achieve Administrative Simplification compliance are HIPAA 5010 and ICD-10. The combined changes of HIPAA 5010 and ICD-10 impact the entire payer organization. As a Health Care Business Analyst on a HIPAA assessment project my specific assessment areas are Up-gradation 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).

**Responsibilities:**

* Held daily scrum meeting with the Project team and change management team to discuss the requirement updates, change requests, tasks and assign/re-assign man hours on a daily basis.
* Worked as a Data Modeler/System Analyst to generate Data Models using Erwin and developed relational database system.
* 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.
* Used Requisite Pro for the Requirement Document Preparation and Prepared Business Process Models (BPM) that includes modeling of all the activities of the business from the conceptual to procedural level.
* Conducted weekly meetings for deciding the Policies and Procedures to be followed while constructing new sites.
* Assisted JAD sessions to identify the business flows and determine the EDI X12 Transaction, Code set and Identifier aspects of HIPAA, impacts any current or proposed systems.
* Worked on HIPAA EDI transactions such as 835, 837, 276, 277, 278, 270, 271, 834, 820.
* Identified gaps and performed gap analysis, cost analysis with respect to CMS requirements.
* Performed Impact analysis for readiness of ICD-10 conversion.
* Conducted business-impact assessment and the results were compared with the new HIPAA 5010 standards to determine the current level of compliance and developed an action plan for approval by the project steering committee
* Documented user stories and modeled use case diagrams by utilizing MS Visio.
* Generated periodic reports based on the statistical analysis of the data using SAS/SQL queries and MS Access and Excel.
* Working to uncover the client requirements and identifying the roles and deliverables in the Organization by creating Use Case Models, Data Flow Models.
* 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.
* Prepared and maintain Business Rules Spreadsheets (BRS) identifying Rules, Triggers and corresponding data fields from Legacy to target CRM application.
* Involved in gap analysis and implementation of HIPAA 5010, ICD 10 and Claim Validations.
* Conducted Gap Analysis, and Gathered User Requirements by Interviews, user meeting, JAD session, and Requirement Elicitation Sessions.
* Utilized corporation developed Agile SDLC methodology. Used Scrum Work Pro and Microsoft Office software to perform required job functions.
* Conducted User Acceptance Testing (UAT) and developed the test plans, test scenarios, test cases and test data to be used in testing based on business requirements, technical specifications and product knowledge.
* Prepared graphical depictions of Use Cases, Use Case Diagrams, State Diagrams, Activity Diagrams, Sequence Diagrams, Component Based Diagrams, and Collateral Diagrams and creation of technical design (UI screen) using Microsoft Visio.

**Environment:**Windows 2000/XP, Microsoft Office SharePoint 2007, Agile, MS Office, MS Project, MS FrontPage 2003, MS Access.

**State of Maine, Augusta, ME June’ 2012- Dec’ 2013**

**Business Analyst**

Objective of the project was to develop Medicaid Management Information System (MMIS) for State of Maine following HIPAA standards. The web based Health Care Management System is developed using HIPAA guidelines and regulations which keeps track of Healthcare transactions like Eligibility Request/ Response, Request and Response for Claims Status, Prior Authorization, Claims Vision and Claims Payment. This application also keeps record of all transactions, subscriber's medical history and provides data to other State agencies as required. Involved with Enterprise Data Warehouse (EDW) Project .

**Responsibilities:**

* Performed the requirement analysis, impact analysis and documented the requirements.
* Followed a systematic approach to eliciting, organizing, and documenting requirements of the system.
* Reviewed the Requirements Documents with the cross functional team to analyse the High Level Requirements.
* Performed UAT and exposure to User Certification Testing (UCT) and Operational Readiness Testing (ORT).
* Experience in EDI automated first-pass claim adjudication, requiring thorough understanding of claim processing, both front and backend operations.
* Interacted with stakeholders and the Technical Team for requirement validations and kept track of Requirement Specification Documents.
* Conducted interviews, meetings and JAD sessions during the process of Requirement validation.
* Involved with the requirement validation for Enterprise Data Warehouse (EDW) with the state stakeholders.
* Involved with the Gap Analysis of the State’s Request for Proposal (RFP) and vendor’s responses.
* Worked extensively with the end users team in understanding the business rules and writing requirement specs, technical specs and data mapping documents from staging to data mart, cubes and reporting needs to the end user community.
* Created Data Mapping Document and Metadata for the Enterprise Data Warehouse (EDW).
* Extensively used SQL to retrieve, and manipulate data in the database
* Created SQL Queries using Oracle and SQL Server in validating data into Data Warehouse/ETL applications.
* Created the conceptual model for the data warehouse using Erwin data modeling tool.
* Conducted data model walkthroughs and validation.
* Coordinated with PMO team to provide design input and schedule project deliverables and review progress at defined phases.
* Assisted in the development of training materials for new technology and process improvements
* Managed requirements traceability (RTM) information and track requirements status throughout the project, Prepared and tracked a project plan using Microsoft Projects and Excel.
* Identified/documented data sources and transformation rules required to populate and maintain data warehouse content.
* Created documentation for system requirements for assigned projects, enhancements and defects, including user interface specifications, user workflows, business rules, data capture and validations.
* Ability to interact effectively with the internal and the external parties
* Worked closely with the project manager in handling the whole project

**Environment:** MS Project, ANSI X12- EDI, XML, HTML, .Net, Rational Requisite Pro, MS Word, Sharepoint, Visio, SQL, MS Excel, MS Project, Mercury Quality Center.

**MVP HealthCare, Schenectady, NY Nov’ 2010– May’2012**

**Business Analyst**

MVP HealthCare is a leading insurance organization that caters to the health insurance needs of the residents in NY. Worked on all HIPAA transactions . FACETS have been widely used across their network for the claim adjudication, claim processing and Provider Management. The National Provider Identifier Project’s objective is to comply with the mandate that effective with the federal compliance date, all Providers who conduct electronic business via HIPAA Transactions with Mercy Health will be required to obtain and use an NPI. I was also involved in integration of FACETS with legacy and thirty party vendor applications.

**Responsibilities:**

* Conducted user interviews at both in-house and client locations, gathering and analyzing requirements using Requisite Pro and Requisite Web
* Extensively used Agile Methodology in the process of the project management based on SDLC.
* Designed and developed Use Cases, Activity Diagrams, Sequence Diagrams, Object Oriented Design (OOD) using UML
* Gathered and documented Business Requirements, created Functional specifications and translated them into Software Requirement Specifications.
* Performed Gap analysis by identifying existing technologies, documenting the enhancements to meet the end state requirements
* Responsible for checking member eligibility, provider enrollment, member enrollment for Medicaid and Medicare claims.
* Developed test cases and test scripts and assisted Quality Assurance activities, with system integration testing and user acceptance testing (UAT), developing and maintaining quality procedures and ensuring that appropriate documentation is in place.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for processing of Medicaid Claims.
* Involved in claim adjudication process of FACETS application.
* Responsible for working with the State to review and modify process flows to increase productivity and effectively utilize FACETS features not provided by the legacy systems.
* Responsible to meet the information demands of our business users by delivering timely, accurate, meaningful and standardized data and reporting

**Environment:** Windows, MS Project, MS Office MS Visio, SQL, Facets, Oracle, Informatica, Autosys, Quality Center.