**Rifat Tawhid**

**Professional Summary**

* Over 6 years of 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 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 **GAP**Analysis, **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.
* 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 **QTP**and 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 **MSSharePoint**.
* 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:**

|  |  |
| --- | --- |
| 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**

**Affinity Health Plan, NY Nov’15-Current**

**Sr. Business Analyst/Data Analyst**

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
* Applied Master Data Management (MDM) concepts for data alignment, maximizing analytics and business intelligence promoting corporate objectives and initiatives.
* Supported technical/administrative leadership on TQM projects
* Extensively used SQL and performed ETL (Data warehouse/Data marts) testing using ETL tools and SQL Queries on Relational Database Management System (RDBMS).
* Responsible for defining, recommending and delivering Business Intelligence strategies and roadmaps
* Actively involved in Project planning, updates, org charts, Status report.
* Coordinated data profiling/data mapping with business subject matter experts (SMEs), data architects, ETL developers, and data modelers.
* Analyze the data model and suggest changes to the model to support the presentation layer in Cognos.
* 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 Facets.

**Wellcare Group, Tampa, FL Aug’14-Sep’ 15**

**Sr. Business Analyst/Data Analyst**

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.
* Responsible for defining, recommending and delivering Business Intelligence strategies and roadmaps.
* Actively involved in Project planning, updates, org charts, Status report.
* 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.

**Utah Department Of Health, Salt Lake City, UT Jun’12-Jul’14**

**Business Analyst/Data Analyst**

I worked for the Utah Department of Health as a Business Analyst. I have participated in full software development life cycle implementations (SDLC) from project initiation to final deployment. I have worked with various Business Areas like Enrollment, Claims, Finance, Providers, and Benefits Admin.

The project involved gathering Business Requirements for the Claims Business Area and updating EDI Transactions like EDI 837, 835, 276 and 277 with the HIPAA 5010 Changes. I have experience in development of Web Portals in the Healthcare Industry. I developed a Referral Web Portal that was used by providers and members to view their referral information.

I was also involved in the documentation of ICD 9 – 10 Conversion's Impact Analysis of the Diagnosis and Procedure Codes.

**Responsibilities:**

* Gathered Business Requirements from the Subject Matter Experts (SMEs) and documented the requirements in the BRD.
* Expert in ICD 9 – 10Conversion Analysis.
* Documented complex Business requirements and made process flow diagram for the 837, 270/271, 276/277 & 835Remittance transactions as per the 4010 to 5010 implementation for the Medicaid claim processing system enhancement.
* Full knowledge of the Diagnosis and Procedural Code changes for Healthcare Entities like Payers, Employer Groups, and Providers. Worked on ICD 9 codes and gathered future requirements based on ICD 10 codes. Managed creation of sample mappings for the conversion of EDI X12 transactions code sets version 4010 to 5010 and translation of ICD 9 codes into ICD 10 codes.
* Analyzed the impacts of HIPPA 5010 project on inbound 837 claims
* Gathered requirements from the users and analyzed the requirements for RQ System, Facets etc.
* Extensively worked with FACETS Implementation, FACETS Billing, Claim Processing and Subscriber/Member module.
* Gathered and documented functional requirements for testing and verification of HIPAA.
* Web Portal Development – Worked as a Business Analyst gathering requirements to develop a referral portal.
* Performed statistical analysis on data related to product development, customer preferences, population diversity and labor markets in different environments. Knowledge using SAS (statistical software) on both Windows and UNIX environment.
* Executed SQL queries for data analysis and documented them as part of validating the Business Intelligence reports and for testing purposes.
* Applied Master Data Management (MDM) concepts for data alignment, maximizing analytics and business intelligence promoting corporate objectives and initiatives.
* Extensively used SQL and performed ETL (Data warehouse/Data marts) testing using ETL tools and SQL Queries on Relational Database Management System (RDBMS).
* Responsible for defining, recommending and delivering Business Intelligence strategies and roadmaps
* Actively involved in Project planning, updates, org charts, Status report.
* Coordinated data profiling/data mapping with business subject matter experts (SMEs), data architects, ETL developers, and data modelers.
* Worked on As-Is To-Be analysis of ICD9 to ICD 10 conversion for the new qualifiers used in the 837 claims for the diagnosis and procedure/HCPCS codes.
* Performed manual testing by building 837 claims, converting them into EDI file, uploading them into mainframe region and doing error resolution & testing for 5010 requirements& NPI crosswalk.
* Created process flow diagrams describing provider and member access to the web portals.
* Analyzed and evaluated User Interface Designs, Technical Design Documents and the performance of the application from various dimensions.
* EDI file testing for checking the HIPAA 5010 (X12) compliance of the inbound 837 claims.
* Created Business Requirement Documents as a result of meetings with the Business Areas. Obtained business sign offs on the documents after reviewing the final documents with them.
* Assisted in creation of the Functional Design Document from the Business Requirements Document which was used as the reference by the development team while preparing the design and held the responsibility of the required data setup for unit testing.
* Documented the UAT Plan for the project and worked with the UAT Team to ensure every acceptance criteria for the requirements has been included in the UAT task plan.
* Maintained the Traceability Matrix Table to uniquely trace the identified business requirements to general design to testing as proof that requirements requested have been developed into a solution and that it has been tested and tracked.
* Involved in daily scrum meeting to discuss any roadblocks or impediments in the project path.
* Involved in sprint planning session to identify the features and functionalities that should be achieved by the new application.
* Identified various points of integration among the new and existing applications and required integration with other IT components.
* Worked closely with the business team, development team and the quality assurance team to ensure that desired functionalities will be achieved by the application.
* Provided business and technical suggestions and recommendations during the project life cycle.

**Valley Medical Group, Amherst, MA Dec’10-Apr’12**

**Business Analyst/Data Analyst**

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.
* Performed statistical analysis on data related to product development, customer preferences, population diversity and labor markets in different environments. Knowledge using SAS (statistical software) on both Windows and UNIX environment.
* Executed SQL queries for data analysis and documented them as part of validating the Business Intelligence reports and for testing purposes.
* Perform user acceptance and production release testing process for Central Reservation System, GDS Interface, Reservation Delivery Systems and Cognos system, eliminating interruptions in production upon release of system development upgrades
* Involved with Data team to extract data from Data Warehouse and generate report.
* 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