# Waheed Hadi

# SUMMARY

* Comprehensive knowledge of Business Analysis methodologies, Software Development Life Cycle (SDLC) using Rational Unified Process (RUP), Waterfall and Agile (Scrum)
* Experience in gathering system requirements, defining business processes, UML modeling, sequence diagram and activity diagram.
* Assisted the Project Manager in the development of SDLC methodology and documentation strategy.
* Experience in developing project plans, identifying documents, validating requirements and re-engineering process.
* Experienced in complete AGILE, RUP, SDLC, Client /server architecture providing a balanced understanding of business relationships, business requirements, worked for financial and technical solutions and helped the teams at all levels until final product release.
* Experience in Medicare and Medicaid.
* Worked extensively with professional User Interactive (UI) web applications using with the help of HTML, HTML, XML, XHTML and CSS.
* In-depth knowledge of payer operations including claims, enrollment, eligibility, underwriting, etc.
* Expertise in the full cycle of software development including Requirements Analysis, Program Design, Development, Unit testing, System Testing, Integrated Testing, Maintenance and Documentation with Strong programming skills with and Sound analytical and problem solving skills.
* Knowledge and expertise in working with Claims, Provider, Enrollment, Finance, Benefits, and Vendor Management Business Areas.
* Strong working knowledge of data warehousing concepts and ETL tools.
* Experience with QNXT Application Groups: Claims Processing, Guided Benefit Configuration, Medical Plan, Provider, Subscriber/Member, Utilization Management.
* Conducted JAD Session and communicated with Stakeholders, Development team, SMEs, System Analyst, Business Analyst and Project Manager.
* Excellent analytical skills for understanding the business requirements, business rules, business process and detailed design of the application.
* EDI 835, 837I, 837P, 278 and proprietary conversions utilizing Facets extensions and development of new scripts and extensions to meet proprietary origination formats and reformat them into HIPAA standardized formats.
* Utilized web content management system (WCMS) and authoring tool to optimally manage and publish content
* Create wireframes and mockups for customer facing user interface (UI) changes.
* Design, program, and implement software application packages customized to meet specific client needs.
* Excellent skills in Business Analysis, (OO) object oriented analysis, requirement analysis, Business modeling and Use Case development using UML Methodology.
* Created wireframes and UI Mockup Screens using MS Visio.
* Experienced in manual testing, recreating errors and provide support to programmers to correct defects in the system. Facilitated UAT with the stakeholders and the business users
* Facilitated JAD sessions with business owners, IT team & Users to drive out detailed business requirements. Experienced in Systems Testing, Integration, Testing, and Software Quality Standards, Training, Documentation and implementation in a business environment.
* Worked on solving the errors of EDI 834 load to Facets through MMS. Created keyword files to have member data bulk loaded into the FACETS system through the MMS batch.
* Knowledge of SQL and experience of writing SQL commands.
* Ensured the Business Requirements Document and Technical design documents were accurate, meaningful and in line with Business requirements. The Site followed a structured SDLC methodology.

# TECHNICAL SKILLS

Methodologies: UML, Agile, Waterfall

Testing tools: HP Quality Center, ALM, QTP

Change Management Tools: Rational Clear Quest, TriZettos

Office Tools:   MS Project, MS Word, Excel, PowerPoint

Operating Systems: UNIX, Windows NT/2000/XP/Vista/7

Business Modeling Tools: Microsoft Visio, Axure, PowerPoint

Database: MS SQL Server, Oracle, Teradata

# EXPERIENCE

**LA Care Health Plan, Los Angeles, CA**

**Nov 2015– Feb 2017**

**Business Analyst**

**Description:**

L.A. Care Health Plan is the nation’s largest publicly operated health plan. L.A. Care’s mission is to provide access to quality health care for Los Angeles County's vulnerable and low-income communities and residents and to support the safety net required to achieve that purpose.

**Responsibilities:**

* Tester, Test lead, business analyst and project management responsibilities for all projects related to medical management, health services, Case management, Disease management, Utilization management
* Participated and led the project from start to finish - Participated in JAD sessions, Requirements GAP analysis, Test planning, Test execution, Defect management and conducted UAT
* Managed and led a team of 7 analysts as a lead with daily follow-ups for test execution and defect management with QA team, development team and UAT team for multiple projects.
* Extensive and intensive knowledge and testing experience in Clinical care Advance(CCA) which is a Health services management tool for Case management, Disease management and Utilization management.
* Conducted numerous business interviews and JAD session to gather requirements for QNXT surround systems
* Performed End-to-End testing for all systems including QNXT and surround systems during the Core system migration project.
* Prepared scenarios for END-TO-END systems testing for the Core system migration project from Legacy system (MHC) to Core system (QNXT) for Medi-Cal line of business. All paid claims were selected from the legacy system and the 837 file was run through the new systems and the payments were compared with the original.
* Worked on UMBRS (utilization management business rules server) implementation as a systems analyst and QA lead and tester to gather requirements, prepare a project schedule, test planning, execution, and UAT for Auto auth approval rules, auth not required rules and auto letter generation rules in CCA.
* Expertise in all workflows related to Case management and Disease management like ICT forms, assessments, referral forms, referral workflows, individualized care plans, HRA stratification, stratification algorithm based on IP and ER visits, queue population automation and letter generation.
* Worked on Provider auth portal as an analyst for requirement analysis, test planning, test execution and UAT, which lets providers submit authorizations electronically which previously were submitted by fax and were entered by Auth techs into CCA.
* Worked as a UAT tester on ELDA(Electronic load of delegated authorization) where delegated PPGs sent finalized authorizations to LA Care and are loaded into the CCA and QNXT databases in an automated process called ELDA
* Performed QNXT provider configuration testing on QNXT provider module and QNXT claim module by creating test members through the QNXT member module and running test claims with different created scenarios for the new provider and member configurations
* Expertise in QNXT plan data testing (back end).
* Performed extensive Gap Analysis identifying the functional gap between AS-IS and TO-BE processes for ICD-10 project for all QNXT surround systems
* Performed numerous smoke testing and Regression testing for both QNXT and CCA upgrades.
* Built a regression and smoke testing suites in HP ALM for all projects and systems.
* Performed ICD-10 testing and validation for all QNXT surround systems
* Intensive knowledge on 837 and 834 EDI testing for all loops and segments for both Inbound and Outbound files. Also created mock 837 files for claims testing and created test claims directly in the QNXT claims module.
* Developed UAT Test Plan to guide select group of key end-users in testing the business processes on the application.
* Web services validation between CCA and QNXT (frontend and backend) for data migration in a daily automated job
* Assisted in Data Mapping of inbound data to the outbound data through various downstream systems.
* Facilitated communication between Business, Developers and Enterprise Architect for any outstanding issues and questions.
* Also tested numerous small Provider and member applications, daily, monthly and quarterly reports using BI publisher, resolved numerous production issues.
* Involved in testing efforts in partnership with external vendors confirming the coordination between two cross functional team concludes efficiently and effectively.
* Used COTS product(HP ALM) as a test management and defect tracking tool.
* Maintained a daily Defects Log in HP ALM for keeping track of the open and closed defects.
* Conducted UAT Test Plan and BRD walkthroughs with business to review the testing strategy and lockdown the requirements respectively.

**Environment:** MS Office Tools, HP ALM, SOAP UI, Oracle, QNXT, web services, SQL server.

**Kaiser Permanente, Falls Church, VA**

**May 2014 –Oct 2015**

**Business Analyst**

I worked for the Kaiser Permanente 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 834, 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.

**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.
* Conducted JAD sessions with business users, SMEs, and stakeholders to understand requirements in detail.
* Developed inbound load and outbound extract programs, data sweeps, etc.
* Compliance check of various transactions (270/271, 834, 835, and 837).
* Ongoing membership maintenance load programs, input files being both Proprietary and HIPAA 834 file formats.
* PCP (Primary Care Provider) assignment conversion and maintenance programs.
* Vendor outbound extract programs, files being in both Proprietary and HIPAA 834 formats.
* Worked with HIPAA Team for RIMS Companion Guide of X12 ANSI 270/271 and 276/277 Companion guides for Professional and Dental claims. Cross-functional team member in the implementation of the ANSI X12 involving 837 HIPAA compliance and 835 Remittance Advice.
* 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, HP ALM/Quality Center.

**Well Care, Tampa, FL**

**Nov 2012– April 2014**

**Business System Analyst**

Well Care Health Plans, Inc. is an organization that provides managed care services exclusively for n Medicaid and Medicare. I was involved in enhancement for working on claims process, coordination of benefit & pricing process. The organization offers plans for children, aged, families with more than 2.23 million members.

**Responsibilities:**

* Helped to communicate business priorities to the organization to effect business solutions
* Created and maintained BRD to assist PM close basis while managing multiple projects
* Converted Business Requirements to the Functional Specification
* Involved in gathering clinical data and supported application development. Data includes patient’s admission status, discharge details and transfers. Also tested claims and diagnosis reports of the patient
* Used Requisite Pro for the Requirement Documents Preparation
* Prepared Business Process Models that includes modeling of all the activities of business from the conceptual to procedural level
* Participated in process of preparing verification master plan to describe clearly and concisely the company’s philosophy, expectations, and approach to be followed. Met with users to generate and review business test cases
* Created Use Cases / Activity Diagrams / State Chart Diagrams, Sequence Diagrams thus defining the Data Process Model and Business Process Model.
* Conducted JAD Sessions to develop an architectural solution that the application meets the business requirements, resolve open issues, and change requests. Implemented and monitored Individual Development Plans focusing on total performance, including both quality and productivity.
* Monitored client expectations through client involvement and communication throughout the lifecycle of the project; educate clients and stakeholders on the benefits and risks associated with the project.
* Worked with the Quality Management team to ensure that requirements documentation can be easily translated into test plans, and ensure that the proper testing plans have been completed.

**Environment:** Rational Unified Process, Rational Rose, SQL, UML, Visio, Office, MS Project 2002, Windows.

**State of Delaware Health and Social Services, New Castle, DE**

**Jan 2011– Oct 2012**

**Business System Analyst**

State of Delaware Health and Social Services Health Plan and Medical Services segment provides health plan commercial risk, Medicare advantage, and Medicaid for Resident. State of Delaware Health and Social Services’ 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.
* Involved in discussion with the Subject Matter Experts (SME) during creation of test plans and updating of business requirements.
* Acting as liaison between end user and Facets for user problems, outstanding issues, training needs and new software releases
* Created and maintained different Diagrams using MS Visio.
* Worked in Business Process for ‘AS-IS’ and ‘To-BE’ Business Functionality.
* 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.
* Profound understanding of insurance policies like HMO and PPO and proven experience with HIPPA 4010 EDI transaction codes such as 270/271(inquire/response health care benefits),276/277(Claim status), 834(Benefit enrollment), 835(Payment/remittance advice), 837(Health care claim).
* Upgraded HMO Medicare EDI and reporting.
* Managing and Billing Medicare, Commercial HMO/PPO claims on a daily basis.
* Created BRD and FRD for Medicaid managed care requirements and documenting them.
* 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.
* Gathered managed care specific business requirements from several different managed care programs.
* Used RequisitePro for writing/analyzing project vision, goals, specifications and requirements.
* Involved in the testing of web portal of New MMIS system.
* Performed Back-end Testing using PL/SQL for Database Validation.
* Performed Manual Testing using ALM (Application Lifecycle Management) and User Acceptance Testing (UAT).
* Performed gap analysis by matching the requirements for managed care programs.
* Matched the requirements for programs such as Medicare and Medicaid, which are part of the Social Security Act.
* 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.

**Environment**: UML, RUP, Rational Requisite Pro, Rational Rose, Facets, Excel, SQL, DB2, Crystal Report, HP Quality Center