**Waheed Hadi**

**PROFESSIONAL SUMMARY:**

* 7 years of experience as a Business Analyst with IT knowledge and have complete knowledge on all phases of the Software Development Life Cycle (SDLC) gained over working on various project for different Clients.
* Comprehensive knowledge on Waterfall, Hybrid, RUP and Agile methodologies.
* Hands on experience in analyzing and documenting BRD, FRD, FSD, TRD, Use Cases, User story, Requirements Traceability Matrix (RTM).
* Excellent analytical skills in understanding the business process Gap Analysis (AS-IS and TO-BE),understanding the functional requirements and translating them to system requirement specifications.
* Extensive experience in creating business process flow diagrams,UML (Unified Modeling Language) tools to create Activity, Sequence, Use Case, Class, and Collaboration diagrams.
* Proficient in Rational Suite including Rational Rose, Requisite Pro and Clear Quest.
* Strong experience in writing SQL queries for Data Analysis and QA report testing.
* Good understanding of using testing tools, such as JIRA,QTPand 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.
* Experienced in Bug Tracking System and Process.
* Excellent Knowledge in Electronic Medical Record (EMR) / Electronic Health Records (EHR) modules and process flow.
* Strong Experience in Medicaid and Medicare claims and reimbursements, Health insurance plans like Indemnity plans, Managed Care plans (HMO, PPO & POS)
* Strong knowledge on HIPAA standards 4010 & 5010, ICD-10, CMS, EDI, EMR and NASCO,HL7, HIX (Health Insurance Exchange), Health Care Reform and Patient Protection and Affordable Care Act (PPACA),
* Worked on different EDI healthcare transactions like837, 835, 834, 270, 271, 276, 277, and 278.
* Expert working knowledge on the extraction, interpretation, and preparation of both quantitative and qualitative data.
* Extensively worked on all phases of Data Warehousing project like Data Cleansing, Data modeling for data staging &Data Mart, ETL, Indexing, Quality Assurance, Data updating plan, and Data presentation to business users.
* Strong project management skills, ability to capture and manage action items, excellent time management skills, ability to manage multiple details and deadlines in a multi-tasked environment, good oral and written presentation skills.
* Demonstrated an exceptional ability to adapt to new developments in the world of technology and working environment. Ability to prioritize and schedule multiple tasks on a day-to-day basis.
* Well experienced in working on MS Office Suite and MS Project.
* Excellent verbal, written, interpersonal and communication skills with strong analytical abilities to perform well both independently and as a team player.

**Technical Skills:**

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| **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 |
| **Methodologies** | Rapid Action Development (RAD), Joint Application Development (JAD), Rational Unified Process (RUP), Unified Modeling Language (UML), System Development Life Cycle (SDLC), Agile |
| **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:**

**\Well Care Health, Tampa, FL**

**Jan ’16– Present**

**Business System Analyst**

Well Care Health Plans, Inc. provides managed care services exclusively for government-sponsored health care programs, focusing on Medicaid and Medicare. Headquartered in Tampa, Florida, Well Care offers a variety of health plans for families, children, and the aged, blind and disabled, as well as prescription drug, material management and medical billing applications plans. The project dealt with CMS content provider in the healthcare industry. The BHS Business rules are used to transform the raw Medicare database into useful, easy to use data sets which are then made available to our customers for additional customization or simply to research an issue. The project was on Healthcare system specifically designed to incorporate with clinicalneeds of the users. The system was also easy to integrate with most patient accounting and clinical healthcare software solutions. Supported Medicare and Medicaid through the internal software system within the company were also responsible for the successful implementation Medicaid Management Information System.

**Responsibilities**:

* Involved in Inception phase of SDLC process to gather requirements and document them.
* Gathered user and business requirements through open-ended discussions, brainstorming sessions and prototyping.
* Applied Business Rules and met with the different pharmaceutical departments to understand and obtain necessary regulatory information to construct quality requirement documentation
* Create Data Mapping Reports for different EDI Transactions including Eligibility, Enrollment, Provider, Managed Care, TPL and Claims (LT,OT, IP 837) Files
* These reports were submitted to Stakeholders like CPI, CMMI and FMG by CMS.
* Compiled technical requirements specifications, mapping documents, SQL Server programs (functions and stored procedures) to extract and transform data, and test case scenarios
* Wrote user stories, maintaining product backlog, planning release backlog and sprint backlog, prioritizing the PBI, and planned on how to execute user stories.
* Assisted JAD sessions to identify the business flows and determine whether any current or proposed systems are impacted by the EDI X12 Transaction, Code set and Identifier aspects of HIPAA.
* Provided weekly project status report to project manager and project presentation to the high level management on monthly basis.
* Compiled data requirements and source to target data maps; performed data profiling and analysis.
* Worked on RTM (requirement traceability matrix) to manage the changes to such specifications; track the life of a requirement both forwards and backwards.
* Projects like IRMS and Publication Management part of Electronic Document Management System (EDMS) and documented the validation plan.
* Working within a growing knowledge of X12 4010 HIPAA 837 I, P, D, 835, 834, 820, 270, 271, 276, 277, 278, EDI, Privacy, Security, and Medicaid.
* Responsible for architecting integrated HIPAA, Medicare solutions, Facets.
* Participated in various meetings and discussed enhancement and modification request issues.
* Created data flow diagrams, data mapping from Source to stage and Stage to Target mapping documents indicating the source tables, columns, data types, transformations required and business rules to be applied.
* Facilitated Joint Application Development (JAD) Sessions for communicating and managing expectations.
* Performed data profiling, gap analysis, and source to target data mapping.
* Involved in analysis of requirements for Medicaid and Commercial line of businesses.
* Scheduled the meetings with domain leads to determine the mapping parameters for each field.
* Followed agile methodology to gather the Business Requirements and designed Functional specifications.
* Highly involved in Gap Analysis to identify the deficiencies of the current system and to identify the requirements for the change in the proposed system.
* Played major role to create the Business Requirement Documentation (BRDs), using MS Word and MS Visio that provided appropriate scope of work for technical team to develop prototype and overall system.
* Identified the crosswalk table schema to persist the mapping of new system to existing system codes.

**Environment:** HIPAA, EDI, Data Analysis, JAD sessions, Rational Requisite Pro, Use cases, Test cases, Quality Center, XML, UML, BRD, SRS, MS Share Point, MS Office

**Assurant Health, Milwaukee, WI**

**Nov ’14 - Oct ‘15**

**Sr. Business Analyst**

Assurant health is one of the oldest companies that provide health insurance at a very minimal rate. The project involves building a better health insurance marketplace via synthesis of requirements for an effective HIX (Health Insurance Exchange) solution that can quickly adapt to and comply with evolving federal/state laws and regulations. The project also entailed researching the Concept of Operations (ConOps) for Health Insurance Exchanges, Patient Protection and Affordable Care Act (PPACA), while supporting an Agile approach for capturing business requirements and application development for a Federally-Facilitated Exchange (FFE). Initially, I also worked on web-based application that is known as AHI - “Affordable Health Insurance”.

**Responsibilities:**

* Worked as a liaison between the Business and Technology Department.
* Worked with the managers, management and report requestors to gather requirements.
* 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)
* Gathered requirements, analyzed them and created formal Business Requirement Document (BRD) & Functional Requirement Document (FRD)
* Constantly researching best practices for health insurance issuer accreditation, reinsurance, and risk adjustment.
* Analyzed, designed, and developed data warehousing solutions to bring healthcare data from multiple sources into dimensional data warehouse.
* Worked on HIPAA 4010 Rules and ASC-X12N Transactions.
* Creating of Business Process Workflow Diagrams with Stakeholders throughout the Business System Development Life Cycle (SDLC), to create the provider portal which allows providers to access patient information to increase convenience.
* Involved in requirements gathering sessions with Business Analysts and Architects to understand requirements in terms of business change.
* Served as a resource for 837 mapping and HIPAA Gateway changes needed for Provider Data Enhancement PDE project using MS Excel.
* Developed various Mappings, and Transformations for data marts and Data warehouse.
* Involved in the entire reporting process and interacted with the ETL team, developer(s), management, and account holders to get the requirements, document them, design templates, and write specifications.
* Designed Functional Specification Documents for the reports and worked in RUP environment using Rational Requisite Pro
* Helped with Data Mapping between the data mart and the Source Systems.
* Participated in workshops and update meetings with Insurance carriers
* Conducted Claim/Encounter Management, claim data collection, claim quality check, and filtered claims for Risk Adjustment.
* Performed Data Mapping to map the EDI 834 data to XML.
* Enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Involved in Validation of HIPAA/EDI for 270/271, 276/277, 837, 837i and 835 claims used for professional, Institutional and Dental billings by Writing Test cases, Test Plans.
* Wrote and maintained project requirements, facilitated meetings, built business and system flows, managed defects and wrote test scripts and use cases.
* Involved in communicating with the software development team for the online application.
* Wrote PL/SQL statement and stored procedures in Oracle for extracting as well as writing data
* Migrated Data from MS Excel to SQL Server Reporting ServiceUsing DTS and SQL loader utilities.
* Modified System flow diagrams using Visio.
* Created Wireframes, UI Mockups using Mockup screen and maintained Requirement traceability Matrix (RTM) by using MS Visio based on UML.
* Reviewed Stored Procedures for reports and wrote test queries against the source system (SQL Server) to match the results with the actual report against the Data mart (Oracle).

**Environment**: HTML, Agile, SQL Server, Quality Center, QTP, MS Excel, Windows XP, UNIX

**Coventry Health Care, Roanoke, VA**

**Feb ‘14 – Sep ‘14**

**Business Analyst**

Coventry Health Care is a managed health care company. It operates health plans, insurance companies, network rental/managed care service companies, and worker’s compensation services companies. This project aimed at integrating elements of a patient’s health history, medication information, test results and treatment plans in an electronic format by creating electronic medical record (EMR).

**Responsibilities:**

* Gathered requirements from Business Managers, Supervisors, stakeholders, Data Governance Team and the subject matter experts through meetings to understand needs of the system.
* Completed a Business and Technical Requirement Document (BTRD).
* Analyzed the laws and regulations (HIPAA, HL7) before implementing the electronic medical record software.
* Developed current and ‘to be’ business processes and use case documents in compliance with HIPAA policies and procedures using MS Visio.
* Involved with project management team in developing project plan.
* Written business flow and work flow diagrams to develop software.
* Involved in Blackbox testing using decision testing and use case testing.
* Created Use case diagrams, Activity, Sequence and Collaboration diagrams using UML.
* Worked directly with quality resources to ensure testing activities are in line with the defined business requirements.
* Defined Quality Assurance Checklist using Oracle Service Contract.
* Coordinated with QA and user acceptance testing.
* Maintained a record of recommendations, communications, activities, and schedules to monitor the progress of project in real time using MS Project.
* Interacted with Subject Matter Experts (SME) and end users and established a business analysis around AGILE methodology.
* Intensively involved in project testing efforts by doing Integration Testing, Regression Testing and by helping UAT team in User Acceptance Testing.
* Effectively communicated user acceptance test (UAT) results between users and development team and provided recommendations for Application change requests (ACR).
* Dealt with HIPAA 4010/HIPAA 5010 transactions.
* Documented various key elements of HIPAA compliance and made sure that they are understood by the development teams. Test cases written for the project were HIPAA complaint.
* Worked on Application Change Request(ACR) by Creating HLR, DBR for the ACR and working with developer to develop the functionality, and working with UAT team for testing within the time and budget
* Worked with EDI Mercator team for data mapping.
* Worked with Claims, enrollment, eligibility verification for members and providers, benefits setup, and backend payment cycle in Facets.
* Understood EMR capabilities, Created User manual, and provided one-on-one training to end users.

**Environment:**HP ALM, MS-Visio, Oracle, SQL, MS Access, Test Manager, MS Visio, MS Project, MS Office (PowerPoint, MS Word, MS Excel, MS Access), Requisite Pro, Agile.

**Centene Corp. St. Louis, MO**

**May ‘11 – Dec ‘13**

**Business Analyst**

Centene provides managed care programs and related services to individuals and families enrolled in government-assisted health programs. The company operates under the names Managed Health Services in Wisconsin and Indiana, Superior Health Plan in Texas, Buckeye Community Health Plan in Ohio, and Peach State Health Plan in Georgia, among others. Application was an Electronics Claims Processing (ECP) system designed to accept the electronic claims coming from the various providers (doctors and hospitals) and process them. The project was an integrated application of different set of rules and processes like HIPAA compliant, EDI 837 and 835 compliant.

**Responsibilities:**

* Performed SWOT and Gap analysis for the new functionality requirements
* Worked with HIPAA rules and regulations to draft business rules and claim processes.
* Interacted with the client and the Technical Team for requirement gathering and translation of Business Requirements to Technical specifications.
* Conducted JAD sessions.
* Hosted the application online using Microsoft share point excluding some functionality those were developed to use by employees only.
* Identified and documented the dependencies between the business processes.
* Documented the Use Cases and prepared the Use Case, Activity, Sequence diagrams and Logical views using MS Visio, MS Office and Rational Rose for a clear understanding of the requirements by the development team.
* Responsible for Medicaid Claims Resolution/Reimbursement for peach state health plan using MMIS.
* Responsible for checking NPI and approval of claim payment.
* Data modeling using UML.
* Worked on Lotus notes for getting feedback, web based requests and bill approval.
* Working with Medicare operational management to monitor, trend, and report on operational metrics such as timeliness, workload, and staff trending, customer satisfaction, and other key measures to facilitate performance excellence.
* Create and maintain Use Cases, visual models including activity diagrams, logical Business process models, and sequence diagrams using UML.
* Well versed with HIPAA, claim adjustments, claim processing from point of entry to finalizing, claim review, identifying claims processing problems, their source and providing alternative solutions using best practice model and principles.
* Involved in preparing project plans and identifying major milestones for each stage as per the SDLC model (RUP Methodology).
* Implemented the HIPAA privacy and security regulations to enhance the capabilities of the systems to process new products.
* Responsible for teaching sessions for end user to tell how to use tools.
* Used MS Project for various planning and budgeting activities.

**Environment:**RUP, Rational RequisitePro, Rational Rose, Rational Clear Case, Rational Clear quest, Java, VISIO, Oracle 9, Sybase, UNIX, XML SPY, GOXML, LINUX, HTML.

**Health Markets, Irving, TX**

**Jan’10– Mar‘11**

**Business Analyst**

The Health Markets group of Insurance Companies is one of America’s leading providers of affordable health insurance for the self-employed, individuals and families, as well as small businesses. It’s underwriting companies - The MEGA Life and Health Insurance Company, Mid-West National Life Insurance Company of Tennessee and The Chesapeake Life Insurance Company. This project involved creating the medical claims processing system. It consisted of different modules like provider enrollment, member enrollment, programs and coverage. This project also involved the maintenance of claims workstation that automatically handles the entire claims life cycle.

**Responsibilities:**

* Researched problem items and made the necessary adjustments to avoid buy-ins.
* Conducted interviews with the clients for gathering requirements and evaluation/analysis of their data. Converted the business requirements into IT specifications.
* Performed the requirement analysis and documented the requirements.
* Gathering and documenting the requirements that are critical to the business mission and using those requirements to design application software using a Use Case in Requisite Pro.
* Created Use Cases, Workflows, and Screen Shots for the Application.
* Developed the business and functional requirement specification describing and prioritizing of the requirements.
* Identified and documented issues, risk and gaps, their descriptions, their impact and provided recommendation and alternatives to develop the application to meet the user requirements.
* Developed Project Status metrics for weekly evaluation of Project Status and impact of the Change Request on the Time line.
* Conducted JAD Sessions to develop an architectural solution that the application meets the business requirements, resolve open issues, and change requests.
* Performed feasibility, adaptability study and risk analysis to identify the business critical areas from USER perspective.
* Wrote test cases and test scripts for the User Acceptance Testing.
* Updated and maintain customer database.
* Initiated customer contact in order to investigate unclear Breakpoint Claim information.
* Conducted detailed reviews and analysis to determine if clients account activity warranted additional investigation to determine if clients are eligible for a Breakpoint refund.

**Environment:** MS Visio, Word, Excel, PowerPoint, CMMI, Rational Rose, Quality center, Requisite Pro, SQL Server

**Education:** MBA in MIS and Supply Chain Management from Ashland University, Ohio.