Muhammad Uddin

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Professional Summary

- Skilled professional with proven track record of over **8+ years** as a Business Analyst in the Healthcare industry.
- In-depth knowledge of Software Development Life Cycle **(SDLC)**, having thorough understanding of various phases such as **Requirements gathering**, **Analysis/Design, Development** and **Testing**.
- Expertise in preparing **Business Requirements Document (BRD)**, **Functional Specification Document (FSD)**, **System Requirements Document (SRD)** and **Test Cases**.
- Experience in conducting **JAD** sessions involving the user community to identify, analyze and formalize requirements and establish working relationships with business **functions** and **solution** delivery teams to meet the individual needs of the business functions.
- Efficient in writing **Business Requirements Document**, **Use Case Specifications**, **Functional Specifications** and **Workflows**.
- Proficient in conducting Business process modeling **(BPM)**, **feasibility studies**, **Impact Analysis**, **Cost/Benefit analysis**, **Gap Analysis** and **Risk analysis**.
- Excellent business communication and presentation skills. **Adapt** at **creating**, **editing**, and **coordinating extensive communication networks**, to keep executive staff and team members apprised of **goals**, **project status**, and **resolving issues** and **conflicts**.
- Implemented **Artiva** and consolidated **18 hospitals** into the Shared Service Center; assisted **UAT & QA** for Hyland **Onbase** for an entire Shared Service Center (containing 24 hospitals)
- Utilize Compliance **360 GRC** for **RAC audits** and **denials workflow**, **manage** and **identify compliance gaps**, **prepare audits** for appealing before the **ALJ** by compiling all documents in the **Virtual Evidence Room**.
- Functional Knowledge of **Medicaid** Management Information System MMIS.
- Knowledge and Experience on Membership, Billing, Claims Payment Processing in relation to **HIPAA**, **EDI 4010, 5010 X12, ICD-9 ICD-10, codes 834, 837,835, and 270, 271.**
- Exposed to **Medicare** and **Medicaid** domains of the **healthcare systems** and industry for **inpatients**, **outpatients**, **Reimbursement Methodology**.
- Knowledgeable working with **ETL** process Extract, Transform and Load of data into a **data warehouse**.
- Used different ad-hoc analysis, the Reports assist in defining strategy for each customer category. **Informatics** was used for **ETL** process and Business Objects.
- Strong understanding of management techniques intended to improve business processes like **Six Sigma**.

- Worked with the team on **FACETS** claims processing system and gathered requirements to comply with **HIPAA**.
- In depth Understanding of **HIPAA X12 EDI** transaction **834** for **enrollment** and **eligibility**, **X12 EDI** transaction **820** for Payment **Order/Remittance** Advice, Acknowledgement transactions **999** and **TA1**.
- Performed analysis of enrollment and **eligibility** data in the **XML** format to determine if data is compatible with **X12** data.
- Integrated various systems with **HEDIS** and create design for **HEDIS** and other systems to pull data in **HEDIS**.
- Created Data **Flow Diagrams (DFD's)**, **ER diagrams** for **data modeling** and **web-page mock-ups** using **MS - Visio** for acceptance from end users.
- Generated data, **graphs** and **tables** using **MS Excel**
- Worked on **EDI** transactions: **X12**, **835**, and **837 P.I** to identify key data set elements for designated record set. Interacted with **Claims**, **Payments** and Enrollment hence analyzing and documenting related business processes
- Experience working with **ETL** specifications and **ANSI X-12** data translations
- Conducted **UAT**. Wrote **SQL** queries in **MS Access** and **Oracle** for **data manipulations**.
- Wrote **BRD**, **TSD**, **Mapping doc.**, **test scenarios**, **test cases** for **testing** the **functional** and **non-functional** aspects of both **ETL** and **Reporting jobs**.
- Automated **UAT** {User Acceptance Testing} using **QA** Complete (aka Smart bear; an **HP Quality Center testing** tool) to ensure cash posting and **EDI 835 automation functionality**; built test **cases/scripts/scenarios** for **iterations**
- Extensive Experience in **Functional**, **Integration**, **Regression**, **User Acceptance UAT**, System.
- Assisted in Conducting **UAT** User **Acceptance Testing** to make sure that all the user **requirements** are catered by the application.

Education: Bachelor of Science - Information Technology and Cyber Security.

Working Experience:
Dignity Health – Los Angeles, CA
Sr. Business Analyst
January 2022 – Present

Responsibilities:

- Gathering requirements as well as scheduling a daily scrum meeting to elicit, analyze, verify, and manage the needs of the project stakeholders, customers and end users.

- Organized and facilitated Agile and Scrum meetings, which included Sprint Planning, Daily Scrums or Standups, Sprint Check-In, Sprint Review & Retrospective.
- Worked on Data mapping, logical data modeling used SQL queries to filter data within the Oracle database tables
- Responsible for overall documentation development and editorial cycles for DevOps and other IT Infrastructure groups using Confluence Wiki.
- Involved in all aspects of Agile development through Scrum processes, used JIRA for backlog management, Azure Devops for project management.
- Met with project stakeholders and SMEs across company verticals to elicit and document business process models (BPMN), epics, user stories, acceptance criteria, and priorities.
- Worked with Senior Developers, Architects, Project Managers, DevOps Engineers, Release Managers, SCM Team Leads, and other Infrastructure team members on and offshore.
- 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.
- Responsible for analyzing Eligibility for State Welfare Program, Children's Health Insurance Program (S-CHIP), Food Stamps (SNAP), Child Care and Temporary Assistance to Needy Families (TANF) (CHIP, SNAP, and TANF). Worked on electronic Medicaid eligibility verification system and the Medicaid and Medicare intermediary along with their roles in claim processing.
- Experience in working with CMS and Medicaid Programs. Experience in implementing Healthcare Compliances like ACA, HIPAA, and MOOP.
- Helped lead the transition of Requirements Management in the Business Analyst Team to the agile methodology by creating and managing user stories and Requirements Traceability Matrices in the JIRA toolset.
- Involved in evaluation of designated Medicare Advantage/Part D project documents and processes, to ensure high-quality products throughout the life of the project.
- Preparing the traceability matrix connecting High Level Business Needs, Expanded Business Needs, Epics, and user stories.
- Created detailed Use cases, BPMN flows, Functional Specifications, UML diagrams to remove ambiguity of the requirements communicated by clients or SMEs.
- Translated high level business / data requirements into Process, Workflow, and Data Flow Diagrams using Rational Rose / MS Visio / BPMN towards facilitating clear understanding of the business process.
- Worked on the EDI (Electronic data interchange), Implementation and Knowledge of HIPAA code sets
- Participated in Requirement gathering, Business Analysis, User meetings with both onshore and offshore team, discussing the issues to be resolved and translating user inputs into ETL design documents along with capturing specific data and analysis of the root cause of the problem.

- Worked on troubleshooting performance and connectivity issues in Azure SQL databases, facilitate sprint planning and backlog refinement meetings to refine user stories acceptance criteria.
- Analyzed Service Requests and Change Requests available in JIRA and pertaining to everyday business need.
- Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets or Internet portals. This includes HIPAA 834, 837, 835, and 270/271.
- Mapped all as-is business processes using BPMN standards on MS Visio.
- Performed MIS/Reporting for the operations team to ensure rating/underwriting backlog management as well as KPI tracking.
- Worked on Tested claims adjudication and group and enrollment in for new Medicare advantage members.
- Worked as an active member of the PDP team, interacting with developers, business users and subject matter experts SME to analyze and configure PBM Web-Portal functionality based on Business Requirement.
- Involved in maintain and track deliverables via Azure DevOps (Agile Taskboard - utilizing Epic/Feature/Tasks) format
- Collaborating with the IT Data Modeling team to ensure data model design is consistent and accurate with the business requirements.
- Involved in creating database and normalizing or de-normalizing data according to business requirements and creating snowflake schemas.
- Responsible for Medicaid Claims Resolution/Reimbursement for state healthcare plans using MMIS.
- Managing and Billing Medicare, Commercial HMO/PPO claims daily.
- Responsible for mapping documents, creation of test plan, test scenarios, test cases for unit, system and system integration testing.

Atlantic HealthCare System – Morristown, NJ
November 2018 to February 2021
Business Analyst

Responsibilities:

- Involved in preparing project plans and identifying major milestones for each stage as per the SDLC model (RUP Methodology).
- Interacted with client and the Technical Team for requirement gathering and translation of Business Requirement to Technical specifications.
- Reviewed the Joint Requirement Documents (JRD) with the cross functional team to analyze the High-Level Requirements.
- Prepared functional requirements to define the system rules by creating Use cases, interface design and data dictionaries.

- Gathered analyzed and documented business and technical requirements from both formal and informal sessions and validate the needs of the business stakeholders.
- Elicited, analyzed, documented, and communicated requirements for implementation of the trading system in the Agile Environment.
- Technologies utilized on this project include JIRA Scrum BPMN, Salesforce and Salesforce Knowledge, CQ5 Content Management, IVR, and others.
- Developed work products and deliverable for Business processing modeling (BPM) for new Child Welfare and Eligibility Payments/Claims system.
- Studied established Trading System to understand the processes and challenges in STP, which helped define project scope.
- Gathered Business Requirements, interacted with the Users, Designers and Developers, Project Manager to get a better understanding of the Business Processes.
- Responsible for the full HIPAA compliance lifecycle from Gap Analysis, mapping, implementation and testing for TennCare processing of Medicaid Claims.
- Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS.
- Developed gap analysis document, logical and physical design, and remediation plan for State.
- Responsible for mapping documents, creation of test plan, test scenarios, test cases for unit, system, and system integration testing.
- Developed documentation used to create the AS-IS and TO-BE Process models for new Child Welfare and Eligibility Payments/Claims system.
- Used the Rational Unified Process (RUP) to build the different phases of Software development life cycle
- Created Project management plans for managing on time delivery using MS Project along with writing test cases, unit and systems integration test plans in Quality Center.
- Create and maintain Use Cases, visual models including activity diagrams, logical Business process models, and sequence diagrams using UML.
- Provided business process modeling and re-engineering (UML, BPMN) documentation of application and integration business process activity and sequence diagrams.
- Managed individual mini-system projects for Day Care Authorizations, Child Fatality, Supervised Independent Living and Unaccompanied Refugee Minors.
- Designed and implemented a Child Welfare reporting system (Foster Care Case Plans) for the Administration of the Courts (Court Improvement Project).
- Conducted gap analysis and made As-is-to-be diagrams to understand new business requirements and challenges in implementing new modules.
- Designed and developed Activity Diagrams, and Sequence Diagrams utilizing MS Visio.
- Documented the server farm requirements and requirements related to security within Share Point.
- Followed a systematic approach to eliciting, organizing, and documenting requirements of the system.

- Rewrite, Add and Define, rewrite existing requirements, breakout into new requirements, and create additional documentation where appropriate.
- Developed policies and procedures training curriculum for Child Welfare case managers.
- Worked with a team of 5 quality analyst/testers within Agile Methodology.
- Defined and delivered test strategy, plans, and systems scripts.
- Conducted through testing to make sure the application is developed as per the business requirements.
- Created UAT test plans and test scenarios & cases.
- Actively facilitated complete UAT process - creating UAT schedules, testing guidelines, managing feedback, follow-up, and resolving open issues.

Amida Care – New York, NY
January 2017 to October 2018
Business Analyst

Responsibilities:

- Collaborated in the refinement of Medicaid, Medicare, Behavioral Health, and LTSS requirements, translating them into Epics, Major Features, User Stories, and tasks, while addressing additional details and clarifications as requested by teams.
- Actively participated in requirements gathering from various stakeholders through JAD/JAR sessions.
- Engaged in all phases of the Software Development Life Cycle (SDLC), encompassing requirements gathering, analysis, design, implementation, testing, and deployment.
- Exposed to Medicare and Medicaid domains of the healthcare systems and industry for inpatients, outpatients, Reimbursement Methodology.
- Managed HIPAA EDI transactions, including 835, 837, 276, 277, 278, 270, and 271, ensuring compliance with standards.
- I am also placing additional emphasis on identifying, capturing and modeling business rules as part of the BPMN 2.0 effort using Enterprise Architect, for the Confidential Nuclear Merger group of projects.
- Developed diverse report types, such as graphs and pie charts, using SSRS based on user specifications.
- Ensured compliance mapping of transactions to ANSI-X12 EDI standards and compared results with Data Mart Oracle.
- Contributed to Microsoft Dynamics 365 processes involving data capture, integration, auditing, mapping, and interface creation.
- Collaborated with business users to update Business Process Requirements for healthcare tools and prioritize defects, meeting accuracy and deadline goals.
- Developed Power BI Reports and Dashboards, resolving integration and mapping issues from distributed data sources.

- Conducted data mapping, logical data modeling, and utilized SQL queries for data filtering.
- Developed PL/SQL statements and stored procedures in Oracle for data extraction and writing.
- Collected business and functional requirements through interviews, analysis, use cases, and Agile/Waterfall methodologies.
- Utilized Informatica Power Center tools like Mapping Designer, Workflow Manager, and Repository Manager.
- Designed data quality mappings in Informatica Data Quality (IDQ) and imported them into PowerCenter.
- Assisted in aligning EDW physical design with MicroStrategy architectures for reporting purposes.
- Contributed to metadata standards, data governance, master data management, ETL, data warehousing, reporting, and analytics.
- Defined data requirements for tracking IPA, ACO Capitation fee, and Managed Care - Bundled Payments.
- Created dynamic BI presentations in Tableau and PowerPoint using customer data.
- Managed user stories in JIRA, facilitating clear communication with the development team and bug tracking.
- Supported QA department in creating and executing test plans and test cases, contributing to UAT testing.
- Tracked Agile and Safe metrics for product and sprint backlogs transparency.
- Achieved HIPAA EDI validation from government payers, followed up on rejected/denied claims, and reviewed data models with DW/ETL and Reporting teams.
- Developed comprehensive Business Process Models, covering conceptual to procedural business activities.
- Contributed to BRD documents and translated FRS into system use case diagrams.

Medical City Dallas Hospital
June 2015 – December 2016
Business Analyst

Responsibilities:

- Providing required training sessions to the team on QMS standards, polices and Agile/Scrum principles and techniques by playing an Agile coach role as needed.
- Worked on FACET claim processing system and gathered and documented functional requirements in the Functional Requirements Document (FRD).

- Worked with the SMEs (Subject Matter Experts), IT managers, software architects to identify the key changes pertaining to HIPAA, and participated in Health Management to communicate effectively with them.
- Experienced in business process flows, business process modelling, case tools, business analysis, gap analysis and organizational change management, experienced in conducting sessions and worked with executives, developers, and end-users to define the exact requirements.
- Performed Feasibility Study and Risk Analysis to identify the critical requirements from the user's perspective.
- Wrote documentation for all aspects of the computer systems validation lifecycle, in accordance with FDA regulations, particularly CFR 21, part 11, Installation Qualification (IQ), Operation Qualification (OQ), and Performance Qualification (PQ).
- Used SQL for extracting data from the Oracle database and performed data analysis.
- Maintained and updated reports, templates extract from business intelligence tools (databases, dashboards, Oracle, SAP eLedger)
- Performed stakeholder analysis through RACI matrix. Also worked in XML, SQL Server, JIRA, Salesforce, Transformations in XML.
- Worked with business stakeholders and R&D team to define project scope, gather requirements, define & improve processes, and implement global Clinical and Medical Affairs solutions for handling research data and patient records.
- Used LCM for migration and version control of Reports and Dashboards between environments DEV/QUAL/PROD. Managed upgrades for Pharma R&D IM's O/S (AIX, UNIX, and Windows) environments and oversee the successful migration of system data migration requirements.
- Involved in designing and implementing statistical report processes for regular data collection and clinical data analysis. Analyzed Phase I, II and III Clinical Trials.
- Create User Requirements Specifications document for CTMS and for Investigator database component of CTMS
- Gathering and documenting business requirements; going above and beyond to understand the client's complete business needs for Labware LIMS and Emerson Syncade (MES) Integration project.
- Addressing remote DBA support using remote connection, chat support & ticketing support (L3/L4).
- Involved in overseeing the Oracle installation on UNIX environment and Oracle internals as L3/L4 support.
- Worked on receiving Encounter files from their PBM Pharmacy Benefit Manager, verifying the data content by transactional analysis.
- Uploading the documents to the ECM SharePoint site for maintaining records, for future changes and for easy traceability for the team members.
- Involved in PBM incorporate complete Member Enrollment and Eligibility check, Drugs Prescription, Plan design, claim adjudication and Verification, Call chain, Rx enquiry, Clinical requests handling etc.

- Involved in developing SOPs for archival and retrieval procedures from RX claim to CRx claim (Catalyst Rx Library) and also deployed documents and reports on server using MS Share Point.
- Providing required training sessions to the team on QMS standards, polices and Agile/Scrum principles and techniques by playing an Agile coach role as needed.
- Implemented the Quality Audit to verify the check list whether we met the QMS standards and procedures.
- Responsibilities in this position involved the successful conversion of acquired company ERP systems with Confidential custom platform and Confidential MES custom system.
- Involved in conducting User Acceptance Testing (UAT) by managing identified issues and ensured all issues were resolved.

Methodist Hospital of Chicago
July 2014 – April 2015
Business Analyst

Responsibilities:

- Perform technical business analysis; create logic for PrimeSuite (clinical) programming, & documenting of AR reporting for process improvements, automation, project planning & (agile) implementations.
- Utilize Compliance 360 GRC for RAC audits and denials workflow, manage and identify compliance gaps, prepare audits for appealing before the ALJ by compiling all documents in the Virtual Evidence Room.
- Train hospital staff &/or corporate new hires on HMS, & billing/collection follow up procedures according to Confidential Corporate standards.
- Reviewing if payment was rendered according to contract; all collection activities & billing involved. Traveling involved, up to 100%.
- Interpret payer contracts to reconcile questionable charges within the charge master, ensuring CPT/HCPCS, DRG weights & all other charges match according to contract terms and agreements.
- Revenue integrity - managed financial audits & liaise with payers of high volume in payment recoupments; verify CDM matches charges and compare overcharges vs undercharges against actual billed vs reimbursed
- Perform Electronic Data Interchange corrections on 835 & 837 data (ANSI 5010 format) in C360 software to provide financial support for RAC denial appeals, primarily for Medicare & Medicaid payers.
- Proficiently implement (Claim Master & its add-on products) billing, denial management, ERA posting, claims status (for Medicare, all Medicaid, Managed MCO, HMO/PPO, Commercial, BCBS, Tricare, & all other payers)
- Eligibility, Medicare Manager {ensuring proper postings for Parts: A,B,C,D}, Automated Secondary billing, Accelerated Secondary billing, & high level management reporting software for clients

- Worked with Confidential, 835/837 ERA files, 276/277 EDI responses, McKesson Star, McKesson Series, Meditech, Med Series IV (Siemens), and Med Assets (Accuro); Passport, WinSQL, Microsoft Project, Microsoft Office: Word, Excel
- Utilizes software such as: WinSQL, Siebel-Oracle, Concur, Microsoft Office, and Microsoft PowerPoint & Kronos.
- Submit custom programming requests using algorithm logic, performed data extractions to create crosswalks, & payer mapping.
- UAT testing of software for accuracy and functionality in staging environment. Tested system interface with McKesson, Cerner, Medhost, Epic, & Healthland.