**BOLAJI ADELOWO**

**#312-483-0149**

**adelowobolajio@gmail.com**

**PROFESSIONAL SUMMARY:**

* 7 years of diverse experience as a Business Analyst in developing and implementing innovative business processes.
* Experienced in gathering and documenting business requirements. Proficient in writing User Stories, Use Case Specification, Functional Requirement Document (FRD), Interface Control Document (ICD) and detailing into System Requirement Specification (SRS).
* Exceptional ability to maintain and build client relationships with business owners to identify, prioritize and document business requirements.
* Strong experience and understanding of health care industry, enrolment, eligibility, claims management process, Knowledge of Medicaid and Medicare Services.
* In-depth knowledge and experience in full SDLC with agile and waterfall methodologies.
* Experience in conducting Gap Analysis between “as is” and “to be” systems and Requirements gathering in compliance with HIPAA standards.
* Experienced in using Data Analytics and Data Mining Strategies for Business Analysis.
* Facets support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Experience working with various Data analytics tools.
* Medical Claims experience in Process Documentation, Analysis and Implementation in 835/837/834/270/271/277/997(X12 Standards) processes of Medical Claims Industry from the Provider/Payer side.
* Expert in organizing and managing all phases of the application testing process using Quality Center.
* Strong understanding of test plans, test cases, test scripts and defects tracking/reporting.
* Extensive knowledge of SQL queries and back end system integration testing.
* Conducted User Acceptance Testing (UAT) and verification of performance, reliability and fault tolerance issues for web based and client/server applications.
* Strong understanding of Functional, Integration, System, and Regression testing
* Specialized in creating UML Diagrams like Use Case, Activity and data flow diagrams using Rational Rose and MS-Visio and consistently translate business requirement into IT solutions.
* Extensive knowledge of reporting tools such as SQL and ACCESS for underlying database tables and resolve data issues.
* Performed Back-End testing by using SQL commands to verify the database integrity.
* Excellent communication and writing skills with the ability to adapt to new and dynamic environments.
* Ability to multi-task, prioritize and work with time constraints while paying attention to details.

**TECHNICAL SKILLS:**

**Databases:** SQL Server, MongoDB

**Office Tools:** MS Word, Excel, Project, Outlook, Visio, SharePoint

**Methodologies:** SDLC, Agile/Scrum, Waterfall

**UML Diagram Tools:** Microsoft Visio, Rational Rose

**Defect Management Tools:** HP ALM

**WORK EXPERIENCE:**

**Fidelis Care, New York City, NY Nov 2016- Dec 2017  
 Sr Business System Analyst**

Fidelis Care is working on the Facets application for claims and enrollment of members and providers. I worked as a Business Analyst on Medicare Claim Accuracy Project for Provider Reimbursement and various modules like Multiple Surgeries, Late Payment Interest and Coordination of Benefits. I worked with Facets as well as EDI HIPAA transactions.

**Responsibilities:**

* Knowledgeable on the Claims, Membership & Provider modules along with Facets functionalities & Data Model
* Involved in HIPAA EDI transactions such as 270, 271,837 (P, D, I), 276, 277, 834, 820, 278,999/TA1, and 277 CA
* Drafted the Physical Data Mapping document for the data flow from Facets to the data warehouse
* Involved in the integration of Facets Communication module to other sub modules for inbound and outbound communication
* Worked in Agile methodology of system development. Worked with the Product Owner and Scrum Master and helped create the Product Backlog.
* I was involved in gathering requirements, Facets Configuration, perform various analysis according to the business needs, co-ordinate meeting and maintain effective communication between stake holders, and facilitate various kinds of testing of the Facets application modules like Enrollment, Membership and Claims.
* Wrote technical requirements for the interface between Facets and other modules within the system
* Checked the data flow through the frontend to backend and used SQL queries to extract the data from the database.
* Actively participated in Scrum Planning Meetings and helped clarify user requirements to the team and assisted the product owner in prioritizing user stories.
* Performed Backend Testing-using SQL queries, generating reports to ensure data integrity and validate business rules.
* Involved in monitoring of the communication between interfaces setup within the Facets Communication Management module.
* Performed business analysis using Monarch data mining and data analytics for issue finding.
* Worked in FACETS Reconfiguration of member/subscriber, Data Element Definition and Usage with values and completed configuring FACETS Applications like Related Entity, Parent Group, Group, and Subgroup using Data Toolset.
* Documented the communication protocols to be used in the backend during the two-way communication between sub modules
* Involved in writing extensive SQL queries for back end testing oracle database.
* Retrieved data using SQL statements.
* Managed EDI for business partners worldwide and was Responsible for new trading partner implementation including mapping and testing of various EDI transactions in ASCI-X12 and EDIFACT standards, to/from various internal processes and platforms
* Developed User Stories and Use Cases to capture the high-level objectives of applications during the initial phase of development.
* Facilitated the process for requirements validation that follows the MITA process/sub F process business model
* Analyzed HIPAA 4010 and 5010 standards for 837P EDI X12 transactions, related to providers, payers, subscribers and other related entities
* Dealt with the EDI transaction-835 claims payments and remittance advice, which deals the payment from payer to provider
* Developed Software Requirement Specification (SRS) document using Visio and MS Office
* Worked into Healthcare claims process, EDI transactions, EMR (Electronic Medical Records), DSM (Direct Source Messaging) HIPAA (Health Insurance Portability Accountability Act), EOB, ANSI 837 UB92, 5010, HIX
* Developed internal algorithms, condition-action tables and decision trees and tables that incorporate members personal and medical information
* Conduct Business, Functional, User Acceptance Testing (UAT) and Usability testing.
* Involved in creation and maintenance of Test Matrix and Traceability Matrix.
* Run the SQL queries for backend testing.
* Perform Backend testing by extensively using complex SQL queries to verify the integrity of the database.
* Used HP ALM for the reporting and tracking of defects.
* Performed data mapping for eligibility, claims and provider extracts
* Participated in Agile process – planned iterations, created tasks, assigned tasks to quality assurance team based on the priorities and estimated capabilities of quality assurance team for every iteration
* Prepared high level business use case and developed it into multiple system use cases and Activity diagrams

**Molina Healthcare Inc.-Wilmington, CA    Jul 2014 – Oct2016**

**Business System Analyst**

Molina Healthcare has grown into one of the leaders in providing quality healthcare for financially vulnerable individuals and families. Currently, Molina Healthcare arranges for the delivery of healthcare services or offers health information management solutions for nearly 4.3 million individuals and families who receive their care through [Medicaid](http://www.molinahealthcare.com/Common/Pages/Select.aspx), [Medicare](http://www.molinamedicare.com/) and other government funded programs in 16 states. I was involved in updating an existing quoting and enrolling program based on the business requirements and also integrated eligibility check application so application can check before offering plans like Medicare.

**Responsibilities:**

* Coordinated with the stakeholders and project key personnel to gather functional and non-functional requirements during JAD sessions.
* Participated in Daily Agile Scrum “Stand-up”, Biweekly Sprint Planning and Retrospective Sessions and update the team on status of upcoming User Stories.
* Studied the existing business process and created AS-IS workflow to illustrate the existing system.
* Recorded requirements in the Requirement Traceability Matrix (RTM) defining each technical requirement in detail from areas like: main hardware, application software, networks, servers, internet and desktop configuration.
* Experience with AGILE Tool and methodology.
* Worked with EDI HIPAA Claims (837/835/834/820) processing.
* Analyzed data, data analytics, and created reports using SQL queries for all issued Action Items.
* Tested the billing and rendering provider, member subscriber, and payment modules in the UI as well as in terms of database validation through SQL Queries
* Experience in reporting tool such as Cognos, Interactive Report Designer (IRD) and created complex report based on the specification provided.
* Interacted with the development team during Sprint Planning Meetings and helped the product owner prioritize the Product Backlog Items that should be focused on.
* Worked with Source System Subject Matter Experts (SMEs) to ensure that the extracts are properly mapped. Used SQL for data mapping and querying.
* Worked extensively on 837i (Institutional Claim), 837p (Professional Claims), 837D (Dental) and 834 (Enrollments), and 820 (Payroll Deducted and Other Group Premium Payment for Insurance Products).
* Extensively worked on the ETL mappings, analysis and documentation of OLAP reports requirements.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for Medicaid Claims.
* Gathered requirements and documented the proposed additional extensions to the existing Facets application.
* Validated EDI Claim Process according to HIPAA compliance.
* Involved in data warehouse testing by checking ETL procedures/mappings
* Served as a liaison between the internal and external business community (Claims, Billing, Membership, Capitation, Customer service, membership management, provider management, advanced Healthcare management, provider agreement management) and the project team.
* Work with business representatives to understand data marts requirements and priorities and ensure that IT works is appropriately aligned.
* Involved in gathering and creating functional and non-functional requirement documents, IRD’s, Use Cases, Wire Frames, end to end system work flows, interface diagrams, mapping documents, presentations, message specifications, test scripts for enrolling and maintaining groups and individuals.
* Conducted Back-End Testing Using SQL Commands to extract information from Oracle database.
* Extensively used SQL statements to query the Oracle Database for Data Validation and Data Integrity.
* Executed test cases found errors reported defects, determined repair priorities, did regression testing and closed by using HP ALM.
* UAT Test Case Review and responsible for training plan, validation review and training material creation
* Used retrieved databases and created Pivot Table reports every two weeks using QlikView and/or Tableau.
* Followed the UML based methods using Rational rose to create Use Cases, Activity Diagram, Sequence Diagram, Collaboration Diagram that include Functional and Non-Functional specifications to hand off to development teams.
* Participated in Validating ETL process by creating various simple and complex SQL queries.
* Checked all inbound/outbound HIPPA regulated EDI transactions facets.
* Proficient in BI Reporting Tools like SSRS & QlikView. Defined and managed several views on the Tableau server
* Defects and bug testing by using Rational Clear-Quest, Configuration management and Version control with Clear-Case.

**Keystone Mercy Health, Philadelphia, PA Jun 2012 – April2014**

**Business Analyst**

The AmeriHealth Mercy Family of Companies provides healthcare solutions (Medicaid) for the underserved. The company owns, operates, and administers Medicaid managed care plans and related businesses throughout the United States. The project goal was to identify the changes required in the HIPAA Transactions and implement the federal mandate HIPAA rules. HIPAA required covered entities to use mandated standards in the electronic transmission of healthcare transactions, including claims, remittance, eligibility, claims status requests, their related responses, and privacy and security standards.

**Responsibilities:**

* Worked on analysis of FACETS claims processing system and gathered requirements to comply with HIPAA 5010 requirements.
* Use Agile systems and strategies to provide quick and feasible solutions, based on Agile system, to the organization.
* Work in Agile, scrum, and sprint environment in order to change the requirements and features set.
* Work closely SCRUM team to create test scripts and test cases to ensure coverage of all areas of the product/feature(s)
* Documented, coached, and elicited business requirements from subject matter experts by writing user stories resulting in a clearer, more detailed and more complete understanding of project deliverables.
* Developed and conducted statewide HIPAA 5010 and ICD-10 awareness program for all AMFC staff in the Philadelphia Campus.
* Analyzed “AS IS” and “TO BE” scenarios, designed new process flows and documented the business process and various business scenarios.
* Presented the process improvement solutions to the client, performed Project Management Office (PMO) activities.
* Authoredhigh level and low-level business requirements for the project.
* Created and modified queries utilizing Facets data tables.
* Analyzed data analytics and created reports using SQL queries.
* Perform troubleshooting and testing to resolve reported Facets software and/or data issues while providing status to internal and external clients on a timely basis with limited supervision.
* Assist with implementing and upgrading customer Facets software.
* Produced clear user manuals & training guides for User Acceptance Testing (UAT) and deployment for end-clients with step-by-step instructions and appropriate GUI screenshots.
* Create internal reports using Dashboard and basic SQL queries in the tool to track activities of the teams.
* Conducted meeting with the EDI team and other stakeholders team members to discuss the requirements
* Worked closely with the business team, development team and the quality assurance team to ensure that requirements are understood as intended in order to achieve the desired output.
* Facilitated Joint Application Development (JAD) Sessions for communication and managed Net Meetings.
* Wrote use cases and relevant UML diagrams such as Use Cases, Activity and Sequence diagrams
* Participating in all facets of the standard project life cycle and ensured smooth transition of projects to production support.
* Prepared test matrices based through defect status in Quality Center.
* Interacted with the Test Team and reviewed Test Plans and Cases.
* Analyzed data and created reports using SQL queries for all issued Action Items.
* Maintained clear understanding of project goals among stakeholders by conducting walkthroughs and meetings involving various leads from BA, Development, QA and Technical Support teams.

**South Shore Health Care & PT,Long Island, NY May2010 – May 2012**

**Business Analyst**

Located in Long Island, South Shore Health Care is leading provider of healthcare services and PT services including skilled nursing services, physical, occupational, neurological and speech therapy, home health aides and personal care assistants.I was also involved in the analysis and documentation of ICD 9(Clinical modification) to ICD 10 CM/PCS (Clinical modification/procedure coding system) Crosswalk using GEM (General Equivalence Mapping) to ensure the successful migration of data and compatibility with upgraded EDI transactions.

**Responsibilities:**

* Performed GAP analysis of 4010 and 5010 EDI transaction using implementation guide to identify the changes in the segments and data elements.
* Conducted data analytics.
* 270/271 – Eligibility benefit inquiry and response
* 277 / 276 – Claim request for additional information and response
* Created Functional Documentation, reviews, analysis, and evaluations of business systems for end user needs, including Companion Guides,
* Worked in Agile Testing and participated meetings every day in iterative environment Created and maintained detailed test cases to perform various types of testing.
* Using Agile methodology and engage in an iterative workflow and incremental delivery of working.
* Worked in the dynamic agile methodology environment.
* Performed Back-end Testing using SQL for Database Validation
* Documented, coached, and elicited business requirements from subject matter experts by writing user stories resulting in a clearer, more detailed and more complete understanding of project deliverables.
* Conducted and Participated JAD sessions to gain consensus on various issues related to the project. Acted as a facilitator on different occasions.
* Held regular meetings with the Business users and SME’S to priorities the business Requirements.
* Developed Incident documents and portrayed the “As is” reporting structures versus “To be” Reporting needs for data integrity and accuracy.
* Identified the scope, business objective and documented the functional requirements for each release.
* Directly involved in process improvement Plans and implementing business change.
* Interacted with the development team on regular basis to ensure and balance practicalities with innovative and efficient business systems solutions.
* Assisted in Regression Test, System Test, and UAT.
* Including reporting and custom applications for analyzing flat files as well as HIPAA EDI files.
* Worked as an EDI Coordinator, working with Trading Partners / Providers.
* Worked on the information system, doing EDI claim testing and EDI processing functions.
* Performed Negative and Positive testing manually.
* Created use cases specifications, use case diagrams, swim lane diagrams, component diagram and context diagrams to define the workflow and segregate high-level and low-level requirements using MS Visio.
* Created Reports usingQuality Center.
* Facilitated the resolution of project-related issues and risks and mitigation steps to manage risk using SQL in RDBMS.