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**PROFESSIONAL SUMMARY**

* Business Analyst with 7 years of experience including an understanding of Business Process Flows, Case Tools, and Business Analysis.
* Good understanding of SDLC and have worked on different methodology such as Agile, waterfall and RUP.
* Use Cases, Object Oriented Analysis and Design (OOAD).
* Have tested on client server and web based server application
* Created documents like test scenarios, test cases and assisted in creating test plan
* Wrote and executed test cases manually and using automated tools.
* Familiar with UNIX commands.
* Facets support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Build and maintain strong relationships with business partners, customers, technology teams and Data Management team to build Business Intelligence solutions.
* Proficient in different phases of testing like System Testing, User Acceptance Testing (UAT), etc.
* Created RTM to map requirement to test cases to validate all required requirements
* Have extensive knowledge of gap analysis and bug life cycle.
* Used QC extensively to handle bugs.
* Familiarity with numerous data warehousing concepts like pivoting, data slicing/dicing, data cleaning/scrubbing, metadata, data mart, fact table, dimension table, star schema, snowflake schema, fact less fact table, etc.
* Utilized complicated SQL queries to analyze and validate test databases for data integrity
* Used SQL extensively to perform back end testing using inner and outer join
* Generated different kinds of reports
* Expertise in EDI and HIPAA Testing Privacy with multiple transactions
* Performed forward mapping, backward mapping and cross word table on the conversion of ICD9 to ICD10
* Have good understanding of 4010 to 5010 conversion.
* Have full understanding of claim processing (COB, Medicare, Medicaid).
* Team player, result-oriented, fast learner, excellent written and verbal communication skills with strong research capability.

**TECHNICAL SKILLS**

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| --- | --- |
| **Databases** | Oracle, SQL Server |
| **Change Management** | Rational Clear Quest |
| **Testing Tools** | HP Quality Center, Jira, Bugzilla |
| **Other Tools** | Toad, SQL**+**, Squirrel, Notepad++/EditPlus, FileZilla/WinSCP |

**WORK EXPERIENCE**

**Client: CareSource, Dayton, OH**

**NOV 2015- Present**

**Position: Business Analyst**

Care source is one of the leading health insurance providers in US. Application such as Facets has been widely used across their network for the claim adjudication and claim processing. Facets are a fully integrated CLAIMS data processing and Medicaid and/or Medicare Management information system for managed healthcare. Facets uses the data feed for the claims adjudication, claims error processing and to prepare the auto- generated reports and correspondence using the Batch Cycle. As Business Analyst, I was involved in various kinds of Requirement Gathering, analyzing and UAT testing of the Facets application modules like Membership, Providers, Finance and Claims.

**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.
* Act as liaison between business users and IT development team and work closely with Subject Matter Experts (SMEs) to help create Project Requirement Documents (PRDs), Functional Specification Document (FSD) and use cases.
* Create customize reports and graph in ALM.
* Edit/update business requirements, functional requirement and use case in HP ALM
* Design test cases in for VCS using HP ALM
* Involve in mapping/tracing Requirements to the Test Cases in ALM
* Using HP ALM Generate Traceability Matrix and Document-Generator.
* Document and track defects using ALM (Application Lifecycle Management.
* Facilitate meetings and focused groups to identify optimal solutions that create and enhance business value.
* Independently lead various phases of the software development life cycle (SDLC), with focuses on validating conceptual solutions and creating quality requirements artifacts.
* Provided leadership and direction to lesser experienced Business Analysts.
* Developed and analyze business and user requirements for clarity, completeness, scope, and technical feasibility.
* Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS.
* To create a single point of contact for all Medicare related communications between CareSource and CMS through the application MBE designed using off the shelf product Market Prominence (MP)
* 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.
* Monitor and distribute status reports on the performance including key performance indicators using HP ALM
* Designed enhancements and workflows for a Market Prominence system.
* Create named provider groupings for various business purposes using Market Prominence system.
* 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.
* 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.
* Performed Integration, System, Regression and User Acceptance testing (UAT).
* Perform incident identification, notifications, ticket generation, recording, classification, and investigation in HP ALM
* Worked With HIPAA compliant ANSI X12 837 formats for both professional claims and institutional claims.

**Environments:** HP ALM, UML, RUP, UAT, Facets, Excel, SQL, HTML, MS Office, Agile, JAD.

**Client: Celtic Health Insurance, Chicago, IL**

**Nov 2013- Oct 2015**

**Position: Business Analyst**

Celtic Insurance Company is one of the leading health insurance providers in Chicago. The company currently runs its business on Facets for claims adjudication and billing and provides medical plans.

**RESPONSIBILITIES:**

* Worked as a liaison between the business client and development team for the in compliance with HIPAA standards.
* Identified the business functions and processes, and prepared system scope and objectives based on user needs and industry regulations.
* Defined terms, conducted stakeholder analysis, elicited business needs, conducted business process modeling, and facilitated JAD sessions. Elicited, documented requirements and use cases. Analyzed, validated & prioritized requirements; traced requirements to related project documentation (process models, designs, test scenarios & scripts).
* Responsible for architecting integrated HIPAA, Medicare solutions, Facets.
* Documented the Requirements and circulated them to Business & Technical teams for Signoffs.
* Participated and led daily stand-up meetings in line with Agile Scrum methodology.
* Used agile methodology for gathering requirements and testing them.
* Involved in creating the UI design for the mobile applications for member portal.
* Created User Interface for displaying various information related to providers and claims.
* Gathered, documented and analyzed requirements on implementation of Obama Care Affordable ACT on ELIGIBITY, COVERAGE And PROCEDURE AUTHORIZATIONS.
* Gathered and documented Requirements on New Obama Care Health Insurance exchange pool and Laws governing the implementation.
* Created 837 I & 837 P claims using macro enabled claim spreadsheets.
* Order Process Management – Designed techniques to implement a new Billing and Inventory Management Tool to better track the expanding business' products.
* Processed EDI 837P, 837I, 834 and 837D transactions, verified 837 transactions were converted correctly to XML file format and verified the claims data loaded to Facets for further processing.
* Worked on analysis of FACETS claims processing system and gathered requirements to comply with HIPAA
* 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 for our Facets core application.
* Created a new project using SoapUI and run request with input XML to receive a response XML for the request sent
* Identified testing scenarios and defined Test Cases for detailed functional testing and UAT.
* Facilitated claims processing while passing 837 claims for a compliance check and running through load processing.
* Worked with ANSI X12 HIPAA EDI Transactions 270, 271, 276, 277, 837, 835 and 997
* Created and maintained data mapping document(s) in reference to the HIPAA transactions: 270/271, 276/277, 837, and 835.
* Involved in forward mapping of ICD 9 to ICD 10 and backward mapping of ICD 10 to ICD 9 using General Equivalence Mappings (GEM).
* Developed a Schedule and identified project milestones.
* Reported project progress to the team, senior management and all stakeholders periodically.
* Performed testing of the health benefit claims receiving and processing system to ensure that the system adheres to project standards, performance criteria, and functional specifications.
* Created test scripts in Quality Center and executed load cycles during UAT phase with end users.
* Identified risk and project impact and performed risk assessment and mitigation.

**Environment:** SQL, MS Access, Software/Tools Micro-Strategy, UAT, Visio, agile, Rational Rose, HTML, .NET, HIPPA, 5010, Quality Center, MS Project.

**Client: CNSI/State of MD, Rockville, MD**

**Jan 2012- Oct 2013**

**Position: Business Analyst**

Re-engineering suite of Medicaid management products and creation of a core application called Enterprise. Worked for the team that is responsible for receiving, documenting, tracking and addressing the problems encountered by the customers of Flagship software product EPM (Enterprise Practice Management) while generating 837 Professional, Institutional, and Dental claims, Functional Acknowledgement 997, Claim Status Inquiry/Response 276/277 Unsolicited for their destination direct Payers or Clearinghouses such as ProxyMed, WebMD, Per Se, THIN, ViaTrack, NaviCure, McKesson, Champus-TriCare, PayerPath, ViaTrack, Access, etc. The product was also integrated with Trizetto's Facets application for Claims processing.

**Responsibilities:**

* Facilitated JAD sessions to collect requirements from system users and prepared business requirement that provided appropriate scope of work for technical team to develop prototype and overall system.
* Involved in gathering, documenting and verifying business requirements.
* Involved in requirement gathering phase (Provider, Claim components and HIPAA)
* Met with report users and stakeholders to understand the problem domain, gathered customer requirements through surveys, interviews (group and one-on-one) along with JAD sessions.
* Involved in understanding the current business process, defining scope of the project along with position statement.
* Created a new project using SoapUI and run request with input XML to receive a response XML for the request sent.
* Wrote BRD, FRD, use cases, test scenarios, test cases for testing the functional requirement.
* Implemented automated COB processing of Medicare claims into Facets
* Validated business rules and all artifacts with users, got approval and sign off.
* Experience with Trizetto Facets System implementation, Claims and Benefits configuration set-up testing, Inbound/Outbound Interfaces and Extensions, Load and extraction programs involving HIPPA 837 and proprietary format files and Reports development.
* Set claim processing data for different Facets Module.
* Involved HIPAA regulations in Facets HIPAA privacy module
* Involved EDI Claim Process according to HIPAA compliance.
* Coordinated with the Release Management Team in order to complete the overall release plan.
* Used Requisite Pro for writing/analyzing project vision, goals, specifications and requirements.
* Compiled Vision and Scope documents to better define the rationale for the project. Gathered requirements from business to determine the functionality that should be provided to the users.
* Created business requirement documents as well as system requirement specification after the JAD session.
* Extensively worked with ANSI X12 HIPAA EDI Transactions 270, 271, 276, 277, 837, 835 and 997
* Involved in testing the Medical and Hospital claims in Facets based on Service, Agreement and Pricing Id's
* Tested the Web interfaces and Web Service Applications
* Worked with ANSI X12 (835, 837, 834) EDI Transactions
* Extensively used UNIX shell scripts
* Responsible in providing regular test reports to the management
* Reported the defects to the developers using Quality Center
* Tested and delivered Inbound/Outbound Facets UI interfaces.
* Developed a detail project plan and helped manage the data conversion migration from the legacy mainframe system to the target SQL Server database.
* Responsible for architecting integrated HIPAA, Medicare solutions, Facets
* Helped in project testing efforts for doing integration tests, regression tests and user acceptance tests(UAT).
* Worked on Data mapping, logical data modeling used SQL queries to filter data within the Oracle database tables.
* Made sure that the systems complied with the rules of HIPAA.

**Environment:** Java, MS Office Tools, MS Project, UAT, RequisitePro, Rational Rose, ClearCase, PowerPoint, SharePoint, MS-Word, MS-Excel, Facets

**CIGNA Healthcare, Raleigh, NC**

**April 2010– Dec 2011**

**Position: Business System Analyst**

CIGNA Healthcare provides quality health insurance at affordable prices. I worked particularly on analyzing Facets interfaces involving a new feature for SPP (Strategic Partnership program). My duties included working with claims module and processing them for various scenarios. I had responsibility of testing mainframe systems for CBoR (Claim Book of Records). As an analyst, worked on ETL projects to construct and verify data requirements. Experienced working on ANSI X12 270-271 EDI Transaction. Involved in documenting EDIs according to code set X12 835 Claim Payment & Remittance Advice Claims processing and 837 Claim transactions .

**RESPONSIBILITIES:**

* Responsible for the requirement-gathering phase and project plan.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for processing of Medicaid Claims.
* 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 involved in designing future state processes transaction processing EDI’s 837, 835, and 834.
* Created Use Cases diagram and Activity diagram to depict the interaction between the various actors and the system in Rational Rose for the Business Use Case and System Use Case.
* Tested the changes for the front-end screens in FACETS related to following modules, test the FACETS batches (membership, Billing, Provider, etc.).
* Interacted with database developers for formulating the ER diagrams and data flow diagrams.
* Worked with a QA lead in validating Test Plan and Test Scenarios.
* Assisted Business User during deployment in formulating User Acceptance Testing (UAT) for customized application and getting confirmation for product Release

**Environment:** SQL, MS Visio, MS Office Suite, UAT, MS BizTalk Rules Engine Deployment Wizard, .NET, Oracle and Windows NT, Visio, Requisite Pro

**Education:** Bachelor in Mechanical Engg.