**Ola Olajutemu**

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**(424) 999 5138**

**CSM, PMP Certified**

**Summary**

* Over 7 years of IT industry experience with a proven skill in the field System Analyst Software Testing and Business Analysis.
* Solid Experience in documentation of User Requirements, as well as organizing interviews, User meetings, workshops, JAD sessions and requirement elicitation sessions.
* Possess strong knowledge of healthcare terminology and extensive experience working on healthcare projects. Specialized experience in healthcare insurance domain. 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)
* Using Facets for various health insurance areas such as enrollment, member, Products and other FACETS related modules
* Performed data stage designing, extracting data packages, transforming and loading data packages, stored procedures, process design and implementation.
* Experience in testing Facets applications and EDI transactions
* Experienced working with x12 version 5010 transactions and ICD -10-CM and ICD-10-PCS Code set changes analysis, design and migration strategy.
* Have excellent knowledge of **HIPPA 4010 /5010** versions.
* Strong experience in Mainframe Batch Cycles & Online Real-time Processing.
* Expertise technically with database development and data warehousing concept/tools.
* Worked in the performance tuning of the programs, **ETL** Procedures and processes.
* In depth knowledge Rational Unified Process **(RUP)** methodology, Use Cases, Software Development Life Cycle **(SDLC)** processes, Object Oriented Analysis and Design **(OOA/D).**
* Experienced in conducting training sessions for users.
* Experienced in conducting GAP analysis, User Acceptance Testing (UAT), SWOT analysis, Cost benefit analysis and ROI analysis
* Sound knowledge of test management tool **HP Quality Center, HP Application Lifecycle Management** and Rational Clear Quest tools.
* Expertise in writing **SQL scripts** used in manual testing both front-end and back-end
* Expertise in TOAD, SQL Server Management Studio.
* Experienced in testing applications developed using PL/SQL, Java, J2EE, HTML, XML, ASP, Visual basic and C/C++.
* Facets support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Experienced in writing test queries/scripts for data analysis and QA report testing
* Extensive experience in writing and executing complex SQL queries using TOAD 9.0.1 to validate data within SQL **Server 2007 database.**
* Ability to organize, document and track changes and defects by Traceability Matrix, using Rational Requisite Pro, Clear Quest, Clear Case
* Expertise in Claims, Subscriber/Member, Plan/Product, Claims, Provider, Commissions and Billing Modules of Facets.

**Professional Experience:**

**Xerox, El Segundo, CA System Analyst Apr 2015-Aug 2017**

**Responsibilities:**

* Conducted user interviews, gathered requirements to help create Business Requirement Documentation, using MS Word and MS Visio
* Extensively used Agile Methodology in the process of the project management based on SDLC.
* Performed Use-Case analysis using UML. Worked on the Flowchart and process diagram along with sequence diagram using Microsoft Visio.
* Conducted JAD sessions with Stakeholders, Project directors and Subject Matter Experts and developed business requirements.
* Worked with Claims, enrollment, eligibility verification for members and providers, benefits setup, and backend payment cycle in Facets.
* Prepared business documents like User Requirements Specification, Functional Requirement Specifications Document, System Impact Specifications, Process Flow diagrams Requirement, and Traceability Matrices etc.
* Provided key initiatives in working with users in defining business and system requirements.
* Extensively worked with HIPAA Privacy Facets application groups
* Researched and understood the claims adjudication and reimbursement systems based on HIPAA X12 4010 and 5010 standards
* Coordinated management responsibility and information requirements for member enrollment, claims, and encounters.
* In depth knowledge of Medicare/Medicaid Claims processes.
* Worked on 837, 835, 276 and 277 Institutional and Professional EDI Gateways.
* Validated X-12 files sent by external vendors to ensure that they are passing EDI Gateway level using Spec Builder.
* Worked on multiple 837 and multiple Eligibility (270/271) and healthcare claim status (276/277).
* Worked extensively with CPT/ ICD Codes, ICD-9 and ICD-10
* Performed Impact and Gap analysis pertaining to 4010 – 5010 conversion to accommodate the ICD-10-CM and ICD-10-PCS code sets.

**Health Springs Nashville, TN System Analyst Aug 2013- Mar 2015**

**Responsibilities:**

* Involved in HIPAA/EDI Medical Claims , Design and Documentation
* Monitor and Analyzed activity report and transaction monitoring.
* Creating document and diagrams for membership enrollment according to HIPAA 834 compliance standard for membership enrollment.
* Created various database objects like views, tables, and procedures to extract data and support the end user reporting data ware house requirements.
* Conduct meeting with the development team to discuss any requirement changes.
* Checked inbound/outbound HIPPA regulated EDI transactions facets
* Conducting business validations, covering the following deliverables FACETS Providers, Facets Claims and Facets Membership and Operational reports
* Wrote standard and complex SQL queries using MS SQL Server and also in Mainframe for data validation process.
* Prepared BRDs (Business Requirement Documents) supporting documents containing the essential business elements, detailed definitions, and descriptions of the relationships between the actors to analyze and document business data requirements from Data ware house.
* Performed GAP analysis of business rules, business and system process
* Worked on solving the errors of EDI 834 load to Facets through MMIS.
* The project involves creation of custom tables, developing custom forms to load data into the custom tables and creation of a XML report to compare sales values against the data in oracle. The custom tables are populated from a third party data ware house on a regular basis.
* Performed Data Analysis using procedures and functions in PL/SQL.
* Designed Activity, Sequence and process flow diagrams using MS Visio to simplify and elaborate certain selection and filter condition.
* Documented requirement using Use Case analysis
* Involve in testing the applications to carry out data validation

**WellPoint, Richmond, VA System Analyst Feb 2010-Jul 2013**

**Responsibilities:**

* Analyzed the current software used to manage health claims.
* Designed requirement specification document. Bridged the gap between development team and end users.
* Responsible for business analysis, requirement specifications, project planning and identifying the resources and implementation of the project.
* Performed impact analysis and gap analysis for ICD 10.
* Developed business scenarios and acceptance criteria to analyze roles and processes of the departments,.
* Analyzed and translated business requirements into system specifications utilizing UML and RUP methodology
* Worked on the EDI 834-file load to Facets through MMS (Membership maintenance sub-system)
* Performed Data analysis, Data Warehousing, Data Modeling, Data Mapping and Reports analysis.
* Created Source to target Mapping Matrix for the ETL developers.
* Performed Data Analysis using procedures and functions in PL/SQL.
* Prepared report templates and reports using SSRS and Crystal Reports
* Developed Use cases, Use case models, Activity models, sequence diagrams and other UML’s to define the functioning and desirability of the application.
* Assisted with building the EDI 837, 835, 270/271, 276/277, 278, 820 and 834 transactions processing flow from the Trading Partners to the translator.
* Maintained a requirement traceability matrix throughout the project.
* Facilitated review of Enrolment, Claims, Commissions, and membership port designs with architects.
* Conducted working sessions to gather and document high level business requirements and detailed level business requirements for different business units impacted by ICD 10 such as EDI Claims Intake, FACETS- Claims Adjudication, Medical Management- Utilization Management, Case management and Provider Reimbursement- Provider Payment.
* Created SQL tables with referential integrity and developed queries using SQL and SQL\*PLUS.
* Sourced procedure codes and medications from the data store of FACETS claims.