**Name: Richard Olatunde**

**E-mail:** [richardolatunde1@gmail.com](mailto:richardolatunde1@gmail.com)

**Contact: 240-788-2307**

**CAREER OBJECTIVE**

To obtain a challenging position as a business analyst in a fast paced, dynamic environment, that would enable me to utilize my technical/analytical skills, greater inter-personal skills, and strong ethic to enhance a company’s quality goals.

**PROFESSIONAL SUMMARY**

* An IT professional with 5+ years of experience as a Business Analyst in the field of Healthcare.
* Strong understanding of Business Analyst’s role and responsibilities in the team. Excellent analytical skills of bridging business user and technical team.
* Excellent understanding in all phases of the Software Development Life Cycle (SDLC) and Software Testing Life Cycle (STLC)
* Understanding of SDLC’s modeling techniques like Waterfall, Agile/SCRUM
* Extensive experience working closely with project stakeholders, Subject Matter Experts (SME) and other user staff to understand the requirements and specifications for new applications along with re-engineering the existing applications
* Tested HIPAA regulations in Facets HIPAA privacy module.
* Conducting business validations, covering the following deliverables: FACETS Providers, Facets Claims and Facets Membership and Operational reports.
* Experience in methodologies like Rational Unified Process (RUP), Agile, Waterfall Model and Data Modeling; Creating Process mapping, Use Cases, Sequence diagrams, Collaboration diagrams, Activity diagrams
* Proficient in interacting with stakeholders, gathering requirements through interviews, workshops, and existing system documentation or procedures, and defining business processes.
* Effectively coordinated with the Onsite, Offsite and Onshore teams during my projects.
* Performed Gap Analysis to check the compatibility of the existing system infrastructure with the new business requirements.
* Actively used Joint Requirement Planning (JRP), Joint Application Development (JAD) sessions for requirements gathering and brainstorming ideas and understanding of the business process.
* Documented the objectives, constraints and scope of the system keeping in mind the changing business requirements.
* Experienced in creating Use Case Models, Process Flows, Workflow Analysis and Unified Modeling Language (UML) Diagrams
* Expertise in creating Test Plans, Test Scripts and Test Cases from the Requirements documents for distinguished testing efforts like Regression, Performance and User Acceptance Testing (UAT)
* Proficient in coordination of defect management and monitoring the status using HP Quality Center
* Extensive experience in HIPAA Standards Conversion 4010A1 to 5010X12and ICD-9toICD-10conversion – Analysis & compliance experience for Provider and Payer exchanges perspective, with the primary focus in Coordination of benefits.
* Extensive experience in the Documentation, Analysis, and Implementation of HIPAA EDI transactions 834, 270/271, 837/835, 276/277 processes of Medical Claims Industry from Provider to Payer.

**TECHNICAL TOOLS:**

|  |  |
| --- | --- |
| **Test Management** | HP ALM, Quality Center, Quick Test Pro, IBM Rational Clear Case, Clear Quest, |
| **Databases** | SQL Server , MS Access, |
| **Process Methodology** | UML, RAD, RUP, Waterfall and Agile/Scrum frameworks. |
| **Business tools** | Microsoft Office Suite (PPT, Word, Excel, Power Point, Project, Visio and Outlook). |

**PROFESSIONAL EXPERIENCE**

**Blue Cross Blue Shield of Louisiana** **September 14 – Till date**

**Data Business Analyst**

The Health Insurance Portability and Accountability Act (HIPAA) requires that all health insurance payers in the United States comply with the electronic data interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services

**Responsibilities**

* Streamlined Claims (837, 820 EDI X12) Migration project by gathering functional specifications.
* Successfully used Agile/Scrum Method for gathering requirements and facilitated user stores workshop. Documented User stories and facilitated Story Point discussions to analyze the level of effort on project specifications performed unit/integration testing and production migration for 5010 changes.
* Wrote SQL queries to validate data in database and Facets.
* Worked with QA team and UAT team to go over the various test scenarios for different types of loads in the datamarts.
* Performed QA Acceptance testing for test workflows with business users and performed data encryption testing as per HIPAA guidelines to ensure the privacy, security and confidentiality.
* Created the data models for the data ware house using the star schemas and validated data models.
* Extensively used SQL statements to query the Oracle Database for Data Validation and Data Integrity.
* Played major role in 24/7 production support for transactions like 834, 837I, 837D, 837P, 270, 271, 276, 277.
* 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
* **Responsible for Back-End Testing Using SQL**
* Used SYBASE to view tables, indexes, stored procedures. Triggers etc.
* Communicated with business and development teams to resolve issues during test execution and ensured enhancements meet established quality and end user needs.
* Quality Center was used to create the test plan, store test cases and run the test sets.

**United Health Group, Phoenix, AZ June 2013 – August 2014**

**Quality Assurance Analyst**

Performed Quality Assurance analysis, support and conducted testing and data entry associated with configuration and maintenance of the Facets managed care system. Acted as the primary support contact and coordinated all questions and issues that arise with the Facets application.

**Responsibilities**

* Responsible for writing Functional Requirement Specifications (FRS) and User Requirement Specification (URS).
* Analyzed Business Requirements and segregated them into high level and low level Use Cases, Activity Diagrams / State Chart Diagrams using Rational Rose according to UML methodology thus defining the Data Process Models.
* Designed a claim processing system for the healthcare management client system. It allowed the user to inexpensively capture information regarding patient, summary of medical history, symptoms (ICD-9 codes), and treatment (CPT).
* Assisted JAD sessions to identify the business flows and determine whether the EDI X12 Transaction, Code set and Identifier aspects of HIPAA, impacts any current or proposed systems.
* Involved in the full HIPAA compliance lifecycle from GAP analysis, mapping, implementation, and testing for processing of Medicaid Claims.
* Created various database objects like views, tables, and procedures to extract data and support the end user reporting data ware house requirements.
* Created Access cross tab by implementing SQL queries
* Worked on EDI transactions: 270, 271, 834, 835, and 837 (P.I.D) to identify key data set elements for designated record set. Interacted with Claims, Payments and Enrollment hence analyzing and documenting related business processes.
* Used MS-Team Foundation Server (TFS) for categorizing business requirements and testing documents.
* Responsible for architecting integrated HIPAA, Medicare solutions, Facets.
* Created SQL to test source to target data warehouse transforms, using TOAD.
* Performed extensive requirement analysis including Data analysis and Gap analysis.
* Successfully conducted JAD sessions, which helped synchronize the different stakeholders on their objectives and helped the developers to have a clear-cut picture of the project.
* Created Process Flow diagrams, Use Case Diagrams, Class Diagrams and Interaction Diagrams using Microsoft Visio and Rational Rose.
* Created Use cases, activity report, logical components and deployment views to extract business process flows and workflows involved in the project. Carried out defect tracking using Clear Quest

**Texas Medicaid and Healthcare Partnership, Austin, TX December 2011 – April 2013**

# Business Analyst

**Texas Medicaid and Healthcare Partnership –** Texas state developed New MMIS system for centralizing the all-Healthcare related transactions all over the state. The New MMIS project is a large IT project replacing the Medicaid claims payment system. Participated in all aspects of testing the New MMIS. Primary responsibilities were to ensure that the system functions as designed met the requirements of the business community, and conformed to all applicable Federal and state laws. Worked on the claims and provider modules of the New MMIS.

**Responsibilities**

* Closely interacted with designers and software developers to understand application functionality, navigational flow, and updated them on end-user sentiments.
* Worked closely with Developers, User Representatives, and participated in the product design process including specifications and other document reviews.
* Created and maintained the Requirement Traceability Matrix between the requirements and other products such as design documents and test plans.
* Created the data models for the data ware house using the star schemas and validated data models.
* Create and executed SQL queries using SQL server 2012.
* Conducted User acceptance testing (UAT), System testing, and Integration testing. Validated and helped verify defects to weed out cosmetic problems and keep the project on schedule.
* Worked on the MMIS (Medicaid Management Information Systems) for the State government.
* Data mapping, logical data modeling, used SQL queries to filter data within the Oracle database tables.
* Performed Backend testing by writing SQL validation queries in Oracle Toad against the database.
* Coordinated with Project Managers to resolve risk issues and ensure compliance of Security System-Related to the HIPAA.
* Implemented HIPAA standards, EDI (Electronic data interchange), Implementation and Knowledge of HIPAA code sets, ICD-9, ICD-10 coding.
* Oversaw and maintained the EDI Inquiry Problem database including the evaluation of problems or issues through to resolution.
* Worked on the various web based projects for the department and was responsible for updating the current system.

**ACS Government HealthCare, Atlanta, GA April 2010 – October 2011**

**Business Analyst**

The purpose of the project was to re-engineersuite of Medicaid management products and creation of a core application called Enterprise. Worked for the team that was 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.

**Responsibilities**

* Involved in business analysis and project management, coordinating between the team members according to the business requirements.
* Responsible for gathering the functional requirements for the health benefit claims receiving and processing system.
* Provided overall project management to multiple projects successfully completing them on-schedule and on-budget. Managed scope and deadlines.
* Analyzed and tested various Common Eligibility Outbound Interface Process and other Inbound/Outbound Facets interfaces.
* Involved in requirement gathering phase (Provider, Claim components and HIPAA).
* Created and maintained procedures and documentation.
* Resolved conflicts and negotiated changes in project priorities.
* Prepared the Business Workflow using MS-Visio with input, output, Pre and Post conditions.
* Involved in project status meetings, QA review meeting, and System Test meeting.
* Helped in project testing efforts for doing integration tests, regression tests and user acceptance tests.
* Worked with the clients on the final signing process in the User Acceptance stages.
* Developed recommendations and designed solutions for process improvements.
* Provided guidance and recommendations on process improvements and “best practices.”
* Contributed in improving the overall customer experience through customer focused business processes.

**Education**: University of Ado Ekiti – ( BSc Banking & Finance )

University of Lagos – ( MSc Finance )