**Sindhu Sarepa E-mail: sindhu.srba@gmail.com Sr. Business Analyst/Solution Consultant Mobile:** **407-745-0639**



Over **8+ years** of experience as a **Business Analyst** with expertise in **Requirements Gathering, Elicitation, Mining, System Analysis, Data Analysis, Documentation, Testing, Reporting, Planning, Implementation** and **Support** of large scale applications,with Vast experience in **Health care**, **Insurance** and **Finance** Domains. Moreover, holds different certifications.

* + - * Professional Scrum Master
      * ISTQB
      * ITIL

**PROFESSIONAL SUMMARY**

* Excellent track record in **Requirements Gathering, Elicitation, System Analysis, Data Analysis, Design, Documentation, Testing, Implementation** and **Support** of software applications.
* Extensive knowledge of SDLC methodologies and exposure to **Waterfall** and **Agile/Scrum.**
* Excellent knowledge of **Healthcare, Insurance** and **Finance** domains.
* Extensive knowledge on the various types of health insurance programs such as: **Medicaid, Medicare (Part A, B, C and D).**
* Well versed in **Health Insurance Portability & Accountability Act (HIPAA)** standards.
* Strong knowledge on **MMIS** (Medicaid Management Information systems) and **KEES**.
* Excellent working experience with **Billing, Claims, Commission, Finance** and **CRM** applications**.**
* Experience on **KEES Eligibility Application, Member Eligibility,** **Chrono Notes,** Provider Enrollment, **Beneficiary Web Portal (KMAP Portal).**
* Documentation of **Test Plans, Test Cases, Test Scripts, Test Procedures** based on the Design Document and performing **System testing, System Integration testing(SIT), User Acceptance Testing (UAT), Regression** and **Smoke Testing.**
* Very good knowledge of **Healthcare/Insurance policy life cycle-New Product development** (Market Analysis, Policy Premium determination by actuaries etc.), **Enrollment/Policy issue**( Underwriting, risk assessment and classification, certificate issue), **Administration**( Billing, rate increases, Benefit upgrade/ downgrade, plan upgrade/ downgrade, policy exchange, member addition/ deletion, rate quote, etc.), **Claims Processing** (paper and electronic claims), **Marketing**(Agent management- admin activities).
* Extensive experience with **claim transactions**, **HIPPA Batch transactions**, Provider Enrollment subsystem, Beneficiary subsystem, **trading partner** and managed care.
* Expert communicator (written, verbal and presentation) involved in high level interaction and influence with variety of audiences (Senior Executives, Clients PMs, developers, SME) as well as **PMO.**
* Implementation of CRM projects and/or business applications based on **Medicaid** System.
* Extensive knowledge using **UML diagrams** (Use Case, Activity, Sequence) using **MS Visio** and **IBM Rational Rose.**
* Created operating instructions, how-to manuals, assembly instructions, and “frequently asked questions" pages to help technical support staff, customers, and other users within a company or an industry as needed.
* Proficient in Requirements Analysis working with techniques such as User Stories, Use Cases, Prototypes, Interviews and Storyboards with a strong ability to facilitate JAD sessions.
* Extensive experience in organizing and facilitating workshops, especially JAD sessions, with subject matter experts, users and business stakeholders.
* Expert in creating project artifacts like Business Requirements Documentation (**BRD**), Functional Requirements Documentation (**FRD**), Requirements Traceability Matrix (**RTM**), Business Rules Spreadsheet (**BRS**), Data Mapping document, technical design document and User Acceptance Test Plan.
* Familiar with Software **Quality Assurance** concepts, practices, and procedures.
* Proficient with Microsoft tools like **Word, Excel, Visio** including working with pivot tables and v-lookups.
* Ability to manage workload with in time sensitive deadlines in addition to handling multiple projects or tasks under minimal supervision.
* Strong Excel, and data mining skills. Analyzes and performs data mining of business data to identify patterns and correlations among the various data points
* Exceptional understanding of the **QA life cycle**, from **test plan**, **test scripts**, **issue** **resolution** to **User Acceptance (UAT), System Integration (SIT)** and **end-to-end testing.**
* Adept in **Team Management, Problem Resolution, Conflict Management, People Management** and **Interpersonal Skills.**

**TECHNICAL SKILLS**

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| **Domain** | Health care, Insurance, Finance |
| **Operating Systems** | Windows XP/7/2008/10, Mac OS, Unix |
| **Project Methodology** | Agile(Scrum), Hybrid, Waterfall |
| **Business modeling and requirement management Tools** | MS Visio, MS Office Suite, Power Builder Tool, JIRA, CONFLUENCE, UML, IBM Rational Rose, TABLEAU |
| **Project Tracking tools** | JIRA, Rally, Microsoft Project, IBM DOORS |
| **Programming Languages** | Java, HTML, CSS, C |
| **Database System** | Oracle, SQL Server, IBM DB2, MS Access, SQL Server 2008, MySQL, DB2, Legacy file systems, Oracle |
| **Data Modeling** | Erwin |
| **Languages** | SQL, XML, SAS, JAVA, .NET, COBOL, JCL |
| **Web Services** | REST, SOAP UI |
| **Build Tools:** | Ant, Maven, IVY, Jenkins. |
| **Integration Tools:** | Mule Soft ESB, Informatica, IBM Message Broker. |
| **Testing:** | JUNIT, MUnit, Mockito |
| **Other Tools** | HP - Quality Center (ALM), Microsoft Office (Word, Excel, Visio), Gherkin |

**WORK EXPERIENCE**

**Project Profile 1**

**[Aug 2016 – Present]**

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| --- | --- |
| **Client and Location** | DXC Technology, Topeka, KS |
| **Domain** | Healthcare |
| **Role** | Senior Business Analyst |
| **Project Name** | KMMS (Kansas Medicaid Modular System)-CRM MS Dynanics. |

**Description:**

The Kansas Department of Health and Environment, Division of Health Care Finance (herein referred to as KDHE) serves as the designated Medicaid single state agency for Kansas. Implementation of a modernized MMIS is an important cornerstone of KDHE’s overall vision of accessible quality health care services for Kansans at an affordable cost to the State. The modernized MMIS will support KDHE’s strategic plans for the increased use of health information technologies and emerging health care initiatives that will improve health care quality, effectiveness, and efficiencies in Kansas. The strategy will include modernizing the current MMIS functionality into modules that will interoperate to deliver enhanced capabilities that align with Medicaid Information Technology Architecture (MITA) goals.

**Responsibilities:**

* Reviewed business requirements (User Stories) with Senior Business Analyst and Project manager, Team lead, technical architects and developers.
* Participate in requirement and design reviews to ensure test plans are traceable to requirements.
* Work with team to coordinate, monitor, execute and document all test activities.
* Hold and facilitate test plan/case reviews with cross-functional team members.
* Performed manual testing by entering positive values, negative values, and boundary values to the application.
* **Managed Care Department functionalities like Good Cause Request, Fair Hearing, Grievance, Member Eligibility Check and Chrono Notes**.
* Performed **Systems, Integration (SIT), Backend testing, Regression, User Acceptance Testing(UAT)**
* Performed **UAT testing** on **CRM MS Dynamics** for Customer Self Service Portal.
* Checked Managed Care, Grievance, Fair Hearings functionalities are working with all Users in CRM MS Dynamics/ Customer Self-service Portal.
* Created, maintained and updated regression suites upon receiving new build.
* Performed load, stress, performance and volume tests to ensure the application can handle production environment.
* Performed data validation testing writing SQL queries.
* Worked in Agile environment attended daily stand up meetings, SCRUM meetings.
* Executed SQL queries and joins using SQL developer to validate the data.
* Tested Web Services (**SOAP and RESTful services**), Validated **XML request** and response **using SOAP UI tool**.
* Managed test case, defects and reports in HP Quality Center (ALM).  Reviewed business requirements (**User Stories**) with Project manager, Team lead, technical architects and developers.
* Develop, review and approve detailed test plan outlining the testing approach.
* Creation of all test cases (cross functional/transactional flows) in ALM.
* Verify data picked up by or processed by batch cycles are correct within the file, on the panel, or within the letter or report.
* Involved in Process data and verify data captured in new or updated panels is correct based on what is in the database and/or being pulled from the correct database table.
* Worked on verifying transactions as they pass through multiple functional areas and/or external interfaces.
* Resolution of defects.
* Performed regression testing throughout for defect fixes and small subset of cases toward the end of the test level.

**Environment:** XML, Web Services SOAPUI tool, **HP ALM**, JIRA, Microsoft Word, Excel, PowerPoint, **SQL developer**, **MS Visio**, CRM MS Dynamics, C & Unix, **.Net**, SharePoint, Power Builder Tool, AVRS/ IVR System, AVAYA One-X Communicator, CCT CTI system, Single Sign on.

**Project Profile 2**

**[Aug 2015 – Jul 2016]**

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| **Client & Location** | HPE, Topeka, KS |
| **Domain** | Healthcare |
| **Role** | Senior Business Analyst |
| **Project Name** | MMIS (Medicaid Management Information Systems)-Provider Enrollment. |

**Description:**

Kansas department of health 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 with 8 modules in place. This project is responsible for the design and development of the reporting datasets which includes creating and validating input files and formats as per the data mapping artifacts, architecting output datasets and validating data based on the requirements; quality assurance of data and interaction with division/federal staff, vendors and stakeholders to resolve data quality issues and manage all data extracts based on the policies and standards. The state also requires sending monthly files to the center for Medicaid and Medicare division (CMS) under Transformed Medical Statistical Information System (T-MSIS) which is mandated by the CMS and the Affordable Care Act (ACA) to support improved program integrity, financial management and more robust evaluations of demonstration of the healthcare programs currently available.

**Responsibilities:**

* Perform business analysis and systems analysis functions by consulting with users to define business and technical processes, define data, system and field relations for Medicaid Management Information Systems.
* Researched and analyzed complex healthcare data from variety of sources to evaluate, define, design, develop, test and implement technical solutions to produce accurate data extracts/reports in the required file layout based on the Federal requirements.
* Performed healthcare data mapping utilizing data and information from data warehouse, Medicaid claims processing system (**MMIS - Claims, Eligibility, provider, Trading Partner etc**.) and other division data sources using various SAS Business Intelligence tools.
* Tested a Web portal which includes real time access for **X12 transactions.**
* Created and reviewed source to target data mapping documents from crosswalk analysis to MMIS healthcare systems.
* Partnered with stakeholders to plan and execute strategies regarding reports generation sent to CMS.
* Worked on **KEES Eligibility Functionalities** and **Beneficiary Web Portal.**
* Manage/update requirements documents as needed throughout the development process.
* Ensured that project requirements meet all applicable regulations by CMS and the state.
* Collaborated with project managers on overall customer relationship management activities from both CMS and the State.
* Established appropriate testing metrics/targets to validate that business requirement are being met.
* Conducted and supported testing activities, as appropriate.
* Managing test preparation and execution.
* Reviewing test specifications with the business representatives and the Test Manager.
* Ensuring requirements and design documents are reviewed and issues are raised and managed **in HP ALM**.
* Tracing test specifications back to the business requirements.
* Presenting the actual results of the test runs by capturing and storing documentation (test script results, reports, file dumps) or by demonstration (captured screens, panel displays), or both
* Identifying and tracking defects to resolution.
* Producing a summary defect report to determine testable defects (defects that have been promoted, fixed, or reopened).

**Environment:** **XML, HP ALM,** Microsoft Word, Excel, PowerPoint, **SQL developer, MS Visio**, Power builder tool, **.Net**, C & Unix, SharePoint

**Project Profile 3**

**[Aug 2013 – Jul 2015]**

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| **Client & Location** | SE2 Inc, Topeka, KS |
| **Domain** | Insurance |
| **Role** | Business Analyst |

**Description:**

SE2 Insurance is the company that provides solutions for property, life insurance, banking products and mutual funds. This project is primarily responsible for data profiling, analysis and mapping work related to creating and maintaining se2 insurance product data and reference data.

**Responsibilities:**

* Interfaced with business users to prepare and update Business Process Requirements for the new release of life insurance tools.
* Performed GAP analysis of business rules, business and system flows, user administration and requirements.
* Conducted extensive data analysis to evaluate data sources, determined best sources for business information and recommended Data Quality improvements. Understood business requirements and business data flow, analyzed insurance data and documented rules for transforming source data to meet target data requirements.
* Performed system design, database design, application development, testing, implementation, documentation and support of software applications, predictive modeling, and/or data mining solutions addressing management information, business planning, statistical analysis, litigation support, and other decision-making analytical needs of various insurance clients.
* Gathered requirements from user to ensure integrity of a process or system and developed Business Requirements Documents (BRD) and Functional Requirements Documents (FRD) for processes.
* Solicited requirements through meetings, and from previous system documentation or procedures.
* Coordinating development, enhancements, change requests, support & maintenance for their Navisys Life project.
* Elicited requirements for workgroup application platform data conversion.
* Responsible for creating the Test Plan and Test Cases based on the requirement documents.
* Responsible for importing the test cases from MS-Excel to Quality Center.

**Environment:** TABLEAU, Quality Center, Microsoft Word, Excel, PowerPoint, SQL developer, JIRA, TFS, SharePoint, MS Visio and Navisys.

**Project Profile 4**

**[Jul 2010 – Jul 2013]**

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| **Client & Location** | Huntington Bank, Mount Arlington, NJ |
| **Domain** | Finance |
| **Role** | Business Analyst |

**Description:**

Huntington bank is a diversified bank that provides a broad range of financial operations. Their online service allowed customers to carry out a standard banking operation such as bill payment, funds transfer between accounts, and balance checks. Their Online Mortgage Loan Processing system underwent enhancements, systems were defined and connected it to the credit history agencies, appraisal team, underwriters and proposed different options for approval of loans.

**Responsibilities:**

* Expertise in documenting the business requirements as explained by subject matter experts in Agile story format.
* Translated the business needs into system requirements, communicating with the business on a broader scale.
* Analyzed the as-is study and to-be business processes using BPMN standards and performed Gap and impact analysis.
* Good Knowledge in maintaining documentation of overall system functionality.
* Performed weekly interaction with stakeholders to understand the requirements, explain them the process of the project and for sign offs.
* Constituted User stories with Acceptance criteria for technical implementation.
* Worked with the Project lead using MS Project to manage schedules, deadlines and resources and collaborate on the project.
* Designed Use Cases, Activity Diagrams, and Sequence Diagrams using Unified Modeling Language (UML), and with MS Visio.
* Facilitated the process of decision making on the number of sprints and the story points that should be accomplished in each sprint.
* Generated a streamline process to understand various steps in the loan lifecycle and desired functionality of the new system by interacting with Users, Management, SME (Subject Matter Expert), Lenders and Underwriters
* Assisted in performing User Acceptance Testing (UAT), performance testing and validated test plans.
* Maintained requirements traceability matrix in Jira.
* Involved in Integrating the user experience and conceptual user frameworks with the user interface design using wireframes through Balsamic.
* Conduct extensive analysis on security trading cycles; provide consulting on financial disclosure, regulatory and compliance issues.
* Followed a structured approach to organize Requirements into logical groupings of essential Business Processes, Business Rules, and Information needs that insures any Critical Requirements are not missed
* Worked with the development team during the Design, Build and Test phase of system projects to clarify business requirements as required.
* Elicited the MicroStrategy reports and created rich dashboards using Tableau Dashboard and prepared user stories to create compelling dashboards to deliver actionable insights.
* Processes business Rules, and Information needs that ensures any Critical Requirements are not missed.
* Monitored project execution/ change control/ release management.
* Developed detail class diagrams and sequence diagrams.
* Communicated data and quality issues to the development and business team during regular status meetings.
* The system supported fixed rates, ARM, GPM, GEM, interest only, deferred payments, home equity, home mortgage, second mortgage, Loan programs etc.
* Wrote SQL statement and stored procedures in SQL for extracting as well as writing data
* Developed and executed test cases and test scenarios for smoke and systems testing.

Environment: Agile methodologies, , Oracle11g, MS Access 2000, MS Project, UML, MS Visio, MS Office suite, Tableau, Pencil, Jira, Test director, Share Point.

**Project Profile 5**

**[March 2009 -Jun 2010]**

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| **Client & Location** | Cigna, India |
| **Domain** | Healthcare and Finance |
| **Role** | Data Verification Analyst |

**Description:**

**Cigna** is the most diversified health care company in the United States. The Cigna offers the integration of short term and long-term disability with workers compensation. project that I worked is to provide” Workers Compensation Benefit" to employees provided in the event of injury.

**Responsibilities:**

* Responsible for defining the scope of the project, gathering business requirements, and documenting them.
* Conducted weekly meetings and Daily Stand Up meetings with Project team, Business, SMEs and vendor.
* Followed a systematic approach in eliciting, organizing, and documenting requirements of the system.
* Interacted with client and the technical team for requirements gathering and translation of business requirements to technical specifications.
* Documented JAD Minutes and incorporated business requirements.
* Followed the standards of PMO which included getting approvals for SOX (Sarbanes–Oxley) compliance at various gates.
* Interfaced with internal clients and technical vendors on new feature requirements and conducted a thorough analysis of the system features to assist project team with implementation of new features.
* Customized tables with MS Dynamics to ascertain custom reporting needs.
* Maintained contracts with Centers for Medic1are and Medicaid Services to provide quick and easy affordable access to the health care service of their choice of line of health insurance system like PPO, HMO, POS and CHIP.
* Reviewed examined, calculated and authorized insurance claims investigated by insurance adjusters.
* Ensured that all the claims are valid, and settlements are made according to company practices and procedures.
* Designed workflows and allocated permissions within SharePoint.
* Documented Test Cases and assisted the QA Team with the Test Plans.
* Documented the Traceability Matrix for tracing the Test Cases.
* Performed user acceptance testing and documented detailed results.

**Environment:** Agile**,** JIRA**,** Windows 7, Microsoft Office SharePoint 2010, MS Office, MS Dynamics, SQL Server,UML.