**Overview**

* MMIS/MMISR Medicaid Professional, experienced in Business Support Project Management in large IT applications, multi-system, multi-platform projects, private sector and government agencies.
* Leadership and support roles in requirements development, use-cases, design, development, testing, and implementation; facilitating meetings and focus group sessions.
* SDLC project experience leading functional teams through all MMISR project phases.
* System and Business Analysis experience includes Business Support to include, Quality Assurance, IV&V, process assessment reviews.
* Experienced in coordinating multi-team efforts and functioning as liaison between senior client staff and stakeholders with the various enterprise divisions, teams, and individual developers and analysts.
* Demonstrated abilities leading business analysts and subject matter experts the following disciplines:
  + MMIS/MMISR, legacy replacement, SDLC
  + Independent Verification and Validation (IV&V)
  + Waterfall, RUP, AGILE methodologies
  + Technical Writing
  + Technical/Business Presentations
  + Phase Gate Development Process Reviews; Findings and Recommendations
  + Requirements Management
  + Gap Analysis
  + Joint Application Design/Development (JAD)
  + Use Cases
  + Testing
  + MITA
  + Preparing responses to RFP's
  + Unsolicited value-added proposals
  + Use-case development
  + Risk Management
* Demonstrated abilities in legacy mainframe and Web-centric as-is and to-be work-flow diagramming, and data mapping.
* Experienced in Functional and Technical Architectural Design; Business Process Flows
* Demonstrated advanced ability in technical systems analysis in a mainframe environment to include knowledge of TSO/ISPF, COBOL, CICS, JCL, IBM Utilities, Panvalet, VSAM, IDCAMS, DB2, File-AID, File-AID for DB2, Comparex, ChangeMan, etc.
* Demonstrated ability, using automated tools or manual processes, to manage requirements across multiple business areas; e.g., Claims Editing, Adjudication and Payment, Provider Cost Reporting & Reimbursement Rate Setting, Reference Data Management, Benefits Packages, TPL.
* Ability to perform leadership and hands-on duties in on-site and remote office scenarios; able to travel as needed.
* Experienced in ACA/HIX/Eligibility; Architecture, Functionality, Interface Control, Source to Target Data Mapping.
* Subject Matter Expert in Legacy Systems, with an understanding of operational management areas as they relate to replacement systems to include, but not limited to:
* Claims
* Reference Data Management
* Benefits
* Provider Cost Reporting
* Rate Setting
* Provider Maintenance
* Contact Maintenance
* Third Party Liability

Current/Recent Engagements

**MMIS Manager, State of New Mexico, Santa Fe, New Mexico**

MMIS/MMISR Consultant

January 2017 – Present

Consultant to the System Bureau Director and Manager within the State’s HSD, Medical Assistance Division, participating in various operations functions in order to develop internal procedures and user guides, responsible for assisting the Bureau Director during the MMIS Replacement (MMISR) project. Other responsibilities include assuming oversight of current vendor projects, such as CMS’s SSNRI project to replace the Medicare ID with a Medicare Beneficiary Identifier. Under a provision in the current fiscal agent’s (Conduent, LLC) contract to transition eligibility and enrollment processes from the legacy system, Omnicaid, to the new Automated System Program and Eligibility Network (ASPEN) Areas of responsibility during MMISR will include Provider/Client Enrollments and Management, as well as assisting in State projects oversight.

**Senior Consultant/US-CMS-CCIIO ERR, Cognosante**

Consumer Information and Insurance Oversight (CCIIO)

September 2014 – January 2017

As part of the Affordable Care Act, the CCIIO ER&R project provides integrated support to ensure eligible individuals selecting Qualified Health Plan are enrolled in the right QHP, in a timely manner, with appropriate amounts of Advanced Premium Tax Credits (APTCs) and Cost-Sharing Reductions (CSRs).

Specific project tasks involve addressing and reconciling discrepancies in enrollment transactions between the Federally Facilitated Marketplace (FFM) data repositories and Insurance Issuers. The Cognosante ER&R team works with analytics contractor, Opera, and CMS to resolve discrepancies in error reports provided the Health Insurance Consumer System (HICS), and to develop the baseline-enrollment process to ensure consistent enrollee information across the FMM and Issuer data systems.

Specific duties include:

* Review Electronic Data Interchange (EDI) X-12 834 transactions within error reports and determine which portions of each transaction that are in error, and then to reconcile the divergent transactions.
* Use HICS reports to review enrollee history and previous issues and resolutions.
* Use Transaction Manager, X-12 transaction analyzer tool, to review EDI data
* Use CMS Collaborative Application Lifecycle Tool
* Update CCIO ER&R System (CERRS) with reconciled data.
* Document/summarize reconciliation actions

**Senior Consultant/Lead QA Analyst, Cognosante,**

Delaware DMES Quality Assurance/Business Support; MMIS Replacement Project

February 2014 – September 2014

* Current responsibilities as Senior Consultant/Team Lead are to provide quality assurance and business support on the State of Delaware’s Medicaid Enterprise System (DMES) MMIS Replacement Project.
* Responsible for leading a team of Cognosante business analysts and State subject matter experts (SME’s) through the process of replacing the State’s legacy Medicaid Management Information System (MMIS) with Hewlett Packard’s ‘interChange’ MMIS.
* Project duties include reviewing project RFP, Technical Proposal, Project Schedule, as they affect legacy MMIS sub-systems; review project deliverables, assessing for adherence to RFP and Technical Proposal, and making recommendations according to industry best practice options and standards for the transition of the legacy MMIS to the replacement system.
* Duties also include leading State SME’s through SDLC phases; Requirements Management, Detailed System Design and Development, Integration Testing, User Acceptance Testing, Implementation and Turnover.

**Senior Consultant/Lead IV&V Analyst, Cognosante,**

New Mexico IV&V; Centennial Care Project

July 2013 – February 2014

* As project Senior Consultant, provided IV&V support for the New Mexico Medical Assistance Division’s Medicaid Centennial Care Project, a modernization project of the State’s Medicaid Management Information System (MMIS), with services in the new system to be provided by four managed care organizations (MCOs), which include physical health, behavioral health, long-term care and community benefits.
* Responsible for authoring and presenting Phase Gate Reviews during the Centennial Care Project. Phase Gate Reviews included the assessment of 1) Project’s Management, 2) Requirements Management, 3) Coding and Testing, 4) User Acceptance Testing, and 4) Implementation & Turnover.
* Duties included reviewing SDLC work performed by Xerox, the State Fiscal Agent (SFA) for the State of New Mexico’s Medical Assistance Division, interviewing Xerox’s project management staff, business analysts, and technical staff, assessing completed work for compliance with detailed criteria established by the State Department of Information Technology (DoIT), in the authoring of the Phase Gate Reviews, presenting findings and recommendations for State Project Management Office (PMO), State Medicaid policy officers and senior State Medical Assistance Division staff.

**Functional Manager/Senior Consultant, CGI/KPMG, Honolulu**

Hawaii Integrated Eligibility/KOLEA Project

March 2013 – May 2013

* As a Functional Manager/Senior Consultant for Hawaii's Integrated Eligibility project, known as the Kauwale On-Line Eligibility Assistance (KOLEA) system, in compliance with the Affordable Care Act requirements, brought on to oversee transition tasks from the HAWI legacy eligibility system to the replacement, KOLEA system.
* Responsibilities included reviewing project RFP and Technical Proposal, Project Schedule, and affected legacy components; providing gap analysis and best practice options for modernizing the State’s Integrated Eligibility System.
* Specific duties while on the project included reviewing legacy system interfaces and developing updated Interface Control Documentation (ICD), based on Affordable Care Act (ACA) requirements. ICD's were required to define technical specifications for data exchange between the State MMIS and trading partner systems. Specifically, ICD's provided detailed request file information from various State and Federal agencies such as SSA, IRS, DOD; develop data transformation requirements, and response file layouts. As Team Lead, other responsibilities included:
* Recommending support resources
* Interviewing team candidates
* Reviewing inter-agency data exchange requirements
* Participating in establishing functional architecture models.
* Tools used while working on-site and remotely include MS Office Suite, MS Project, SharePoint, Excel, Visio, MS Project, LiveMeeting, Messaging (GTalk).

**Technical Architect, First Data Corporation**

South Dakota Medicaid/CHIP

October 2012 – March 2013

* As the Technical Architect on Phase I of the Eligibility and Enrollment processes for South Dakota's Affordable Care Act, Children's Health Insurance Program, assigned to perform an assessment and gap analysis on the current processes.
* Responsible for establishing contact and interacting with the Federal Center for Medicare and Medicaid Services (CMS), other vendors, and State Medicaid staff, using CMS's Collaborative Application Life-cycle Tool (CALT), coordinating South Dakota's CHIP Eligibility & Enrollment program to be in line with other State programs and in compliance with the 7 Conditions & Standards and Critical Success Factors as established by CMS.
* Responsible for delivering recommendations in establishing data exchanges between the State's Medicaid Management Information System (MMIS) and the Federally Facilitated Exchange (FFE) via the Federal Health Information Exchange (HIX) Hub.
* Responsible for preparing the Technical Architecture model to support the Functional Architecture, using Visio and PowerPoint of As-Is and To-Be  infrastructures
* Prepared materials for Phase II of the project which will be to deliver technical system requirements to facilitate development RFP, and vendor selection.
* Tools used while working on-site and remotely include MS Office Suite, MS Project, SharePoint, Excel, Visio, MS Project, LiveMeeting.

**Sr. Business Analyst; QA/IV&V Contract Consultant**

SLI Global Solutions, North Dakota Medicaid (MMIS); June 2012 - October 2012

* As a Sr. Business Quality Assurance (QA) and IV&V Consultant, brought on project to complete work when previous contractor was removed from project. Participated in review of UAT processes for North Dakota's MMIS replacement project, and to assist client in implementing and performing UAT procedures.  Quality Assurance responsibilities also include performing independent review of SDLC processes to ensure vendor performs according to best practices as defined by accepted industry standards, such as IEEE, ISO-IEC and PMBOK guidelines.
* As project enters User Acceptance Test (UAT) phase, specific responsibilities include coordinating with the 16 functional areas such as Architecture, Claims Processing, Data Management, Provider Management, Member Management, Prior Authorization, Finance Management, Third Party Liability, etc., to determine test readiness and implement test processes.  UAT areas under review include:
* Planning
* Design
* Data Management
* Execution
* Metrics
* Reporting
* During tenure, completed metrics reporting system requirements and worked with Visual Basic programmer to successfully develop macro-enabled Excel defect history and aging reports.
* Tools used while working on-site and remotely include MS Office Suite, SharePoint, Rational ClearQuest and RequisitePro, Excel, Visio, MS Project, WebEx.

**Sr. Business Analyst, contractor**

Affiliated Computer Services (ACS/Xerox); Medicaid (MMIS)

May 2011 – June 2012

* As a Sr. Business Analyst, provided functional analysis and testing support for ACS/Xerox's New Hampshire Medicaid project's Acuity Rate Setting (ARS) Process and functional analysis support for ACS/Xerox's Alaska Medicaid Project's Third Party Liability (TPL) System.
* The New Hampshire ARS is a value-added enhancement to the NHMMIS which allows the State to collect patient census data, apply Resource Utilization Group (RUG) weighting, inflation and budget neutralization factors, as well as other factors that affect provider reimbursement payment schedules.  It allows the State to control the Medicaid provider re-imbursements process from end-to-end, from providing a Web portal user interface for providers to enter cost reports, to establishing re-imbursement rates which are used in the payment processes within the New Hampshire State Medicaid System, and issuing reports for, and correspondence with providers.
* Responsibilities while attached to the New Hampshire ARS were to provide business analysis and process expertise, user interface testing (UI), and addressing system defects and coordinating efforts between ACS/Xerox Technical Staff and the State Medicaid Staff
* The Alaska Third Party Liability System ensures that the State Medicaid Health Insurance program is the 'payer of last resort'.  When Medicaid Beneficiaries are enrolled in other insurance programs, the State is able to enforce its subrogation interest in beneficiaries' third party resources, such Workers Compensation, other insurance payments, trusts and estates.  Through a system of business rules within the claims processing system, the TPL unit maintains beneficiary medical insurance information and is able to exchange insurance policy information with Medicaid providers and other information trading partners.
* Responsibilities while attached to the Alaska TPL functional support team are to address design and development issues through various use-case and interface artifacts. Duties include participation in managing development processes, balancing resources and prioritizing development tasks, technical and business documentation, defect and change request management, ensuring compliance to requirements, use-cases and established business scenarios; ensuring a thorough understanding of business process issues, performing system walk-through's and demonstrations, coordinating efforts between technical and functional teams, and ensuring technical and business documentation, meets or exceeds client's standards.
* Tools used while working on-site and remotely include MS Office Suite, SharePoint, Rational ClearQuest and RequisitePro, Excel, Visio, MS Project, WebEx.

**Sr. Business Analyst**

Coventry Health Care; Medicaid

November 2010 - January 2011

* Assigned as a Senior Business Analyst to support Coventry Healthcare’s Provider Enrollment project for the state of Louisiana’s Medicaid program.
* The State postponed its project for a period of 90 days and eventually cancelled the project. During the postponement period, participated in the testing of COTS Web-centric product, Ingenix Impact Suite of tools, Impact Intelligence 1.3, Impact Pro 6.0, and Impact Provider 5.0. Effort was in support of improving operations in four Coventry business area; Medical Management, Medical Home/ACO, Provider Network Management, and Actuarial/Underwriting.
* Activities included reviewing product documentation, independently exercising all installed features of the tool suite, developing test cases for validation testing from the project scope document and requirements.
* Onsite training has included Coventry claims processing and support via online IDX mainframe system.

Sr. Lead Business Analyst

CNSI South Dakota SD MEDX (Medicaid)

June 2008 - October 2010

* Performed project management and lead business analysis for 10+ team members on the South Dakota SD MEDX project, a project to replace the State’s legacy Medicaid claims processing system with a COTS Web-centric solution, eCAMS, working in a matrix organization within geographically dispersed areas, composed of business-area subject matter experts, business analysts, programmers, training staff, technical writers, and testers. During the course of the project, performed oversight in various enterprise business areas including Claims Processing, Rate Setting, Reference Data Management, Benefits Packages, Provider Reimbursement, Third Party Liability, and Program Integrity Management.
* General responsibilities included advising and counseling client in IT best practices approaches, ensuring client objectives and needs were met by balancing technical and business resources, and activities for assigned areas, providing coordination and leadership for business analysts, working with Medicaid and Medicare subject matter experts, client business-area owners, and other department leadership to identify, discuss and document operational objectives, current ‘as-is’ and proposed ‘to-be’ system processes, impediments and risks to progress, and problem resolution.
* Specific responsibilities and duties included oversight on business analysis support on South Dakota’s MMIS replacement project through an understanding of MMIS and SDLC processes; guiding senior South Dakota state staff in understanding business and data practices, and industry accepted policies that affect, or will be affect how the state deals with information interchange; 5010 and ICD-10 upgrades, MITA Maturity Model, and other standardization initiatives such HIT, HL7, etc. Performed initial requirements mapping for Third Party Liability (TPL) system and presented system demonstrations for client sign-off of proposed functionality of TPL processing, Reference Data Management, Benefits Packages, and Provider Cost Reporting & Reimbursement processing. Maintained closeness between executive and analysis staff as development proceeded by coordinating demonstration presentations to include interactive system sessions and PowerPoint slide presentations, status reporting, and ensuring that technical documentation of the delivered product was accurate and current; conveying policy decisions and directions from executive management to operations and development analyst teams.
* Activities toward effecting successful accomplishment of tasks and goals included written and verbal collaboration with senior client staff throughout the life cycle of the project to ensure a high level of control and quality of work using SharePoint for activity and status coordination, ClearQuest for defects tracking, ClearCase for documentation maintenance, and ReqTrace, a proprietary COTS Web-centric product for requirements management, managing and ensuring client expectations were met or exceeded; providing support and leadership during all project phases; participating in requirements elicitation, requirements validation, developing current and proposed process flow-charts according to validated requirements, developing use-cases, tracking defects and managing risks, initiating and monitoring action items and system change requests, and supporting user acceptance testing, and implementation.
* Activities also included supporting team’s assigned functions, ensuring members understand individual assignments, monitoring and reporting on team’s progress, providing appropriate additional resources when necessary to meet assignment due dates, using MS Office Suite, and other standard OA products, such as iLinc and Cisco ‘TelePresence’ for remote collaboration.
* Served in advisory capacity and provided research for management in preparing resource and costing information in preparation for company responses to other state MMIS project RFP’s.
* Provided support in aligning SD MDEX project requirements with MITA Maturity Model, System Review Criteria (SRC).

Sr. Business Analyst, S2Tech Inc.

Colorado and Missouri Medicaid Programs

July 2007 - June 2008

* Performed project management duties using PMBOK and IEEE based approach in support for Medicaid enhancement and maintenance projects in Colorado and Missouri such as incorporating Medicare Part D coverage, Claims form standardization, Point of Sale (POS) claims correspondence and tracking, etc.
* Responsible for directing efforts to determination of best practices for SDLC of assigned projects; approach to solutions, development of requirements and use-cases, facilitating requirements validation sessions with senior client staff and stakeholders, subject matter experts, business analysis and development staff; coordinating with department(s) responsible for quality assurance to deliver high-quality phased deliverables; team responsiveness to scheduled and non-scheduled activities.
* Activities included participating in, or facilitating joint application design (JAD) sessions, ensuring assigned area’s milestones were met, preparing teams’ status reports, participating and overseeing teams’ documents preparation, performing or directing research and analysis in Windows/LAN based environments using standard OA products such as MS Office Suite, Visio, etc.; performing or directing research and analysis in an IBM MVS mainframe environments, using TSO/ISPF, IBM Utilities, File-Aid, Platinum, and ENDEVOR.

Sr. Programmer Analyst, Contractor

CA Department of Health Services (CDHS)

October 2006 - January 2007

* Assigned to California Department of Health Services (DHS) ‘Medicare (Part-D) Prescription Drug, Improvement and Modernization Act of 2003, Phase III’ project. Assignments included enhancing trading partner, MAXIMUS, files with additional information from CDHS Medical Eligibility Database System (MEDS) to aid in eligibility profiling, and optimization of CDHS internal data handling procedures. Specific responsibilities included analysis of general requirements to determine specific, detailed coding requirements, construction, and implementation of changed programs.
* Analysis involved performing mainframe queries to create test data, interviews with business analysts and CDHS staff to determine best practices approach.
* Testing functions included coordinating promotion of modified programs to system test and acceptance test libraries, coordinating user acceptance testing (UAT) for DHS client.
* System is supported in an MVS, TSO/ISPF, CICS, COBOL, CHANGEMAN batch and on-line processing environment.
* Technical writing included presentation of specific functional design from general requirements, test procedures and test results. Contract was curtailed due to a reduction in force.

Systems Engineer/Lead Analyst, EDS Contractor

California MMIS project

January 2006 – October 2006

* As a consultant for EDS on the CAMMIS ‘National Provider Identifier’ NPI project, functioned as team lead and systems engineer on project to convert Medicaid provider ID’s to a National Provider Identifier (NPI) standard format, where various teams performed requirements analysis, functional design documentation.
* Participated in joint application design (JAD) sessions with developers, analysts, and section managers to determine best practices approach for developing project requirements, developing specific functional, and technical design documents for modifying system processes; managed team resources, assigning team member tasks. Created and maintained project schedules, work breakdown structures, sequencing tasks, allocating human resources to minimize ‘bottleneck’ and ‘downtime’ situations, preparing status reports for management. Other functions included overseeing and mentoring team analysts’ research, coordinating group’s activities to ensure consistency of analysis results, reviewing material for technical viability and preparing progress reports for team’s area of responsibility, the Daily Claims Processing System.
* Systems Engineer functions: Performed research on mainframe systems, preparing reports and narratives describing current program functions, prescribed changes, describing old versus new input and output file relationships on changed internal program sub-modules, and on new sort procedures & utilities, and modified job execution control language (JCL). Research and materials were performed using available mainframe tools such as COBOL programs, IBM utilities, and File-Aid.

Sr. Programmer Analyst, Contractor

CA Dept. of Transportation (CALTRANS)

August 2005 – January 2006

* As a Programmer Analyst, provided support for CALTANS Enterprise Applications Development Department, performing maintenance on the Contractors Accounting System (CAS), an online CICS and batch MVS application. Responsibilities including modifying systems, and implementing programming solutions, working either from pre-determined sets of requirements, or from requirements determined through interviews with the user community and business analysts. Also responsible for modifying COBOL and DYL280 programs whose functions were to provide reports and prepare data files for an Oracle conversion project.
* Technical writing for COBOL support, included descriptions of test use-cases and preparing validation test procedures; also responsible for performing and documentation of on-going development and system maintenance, and providing assistance in resolving production problems. Development and maintenance performed on both VM and MVS platforms; on MVS, using TSO/ISPF, CICS COBOL, JCL, IBM Utilities, File-AID, and INTERTEST. Deliverables documentation was prepared using MS Office Suite, and Visio.

CEO/Owner

InfoTech Integrators, Inc. (ITII)

June 2003 – July 2005

* As Project Manager for ITII, a California Small Business Corporation, performed oversight in the preparation of responses to California State project RFP’s per California Multiple Award Schedule (CMAS) policies; managed end-to-end project processes using Waterfall and RUP iterative project methodologies; ensured timely completion of project milestones by coordinating technical development and functional documentation activities. Performed liaison duties between client and development staff.
* As Project Account Manager for ITII, performed marketing for staff augmentation assignments, managed vendor consultant/client relations, project partner relations, project time & materials costing, budgeting, invoicing, staff payroll and accounting.
* As Staff Technical Consultant for ITII, designed and developed office network solutions with Microsoft Small Business Server 2000/2003; managed local area network (LAN) using SBS 2003; maintained company website using MS FrontPage and HTML.
* As Staff Business Consultant, prepared an responses to State RFP’s. Most recent project was for CA Health and Human Services Data Center to develop a mainframe software tracking system to be used in making informed decisions by the software procurement staff when purchasing mainframe software or renewing current software contracts. The proposal was accepted for the project valued at over 2 million dollars. Also responded to CA State Department of Motor Vehicles to develop the Spanish language version of the DMV website, and CA Department of Transportation (CALTRANS) to perform a study for transportation routes of liquid fuels.

Sr. Programmer Analyst, Contractor

CA Department of Consumer Affairs

July 2003 – August 2003

* As a programmer analyst, assigned to DCA’s Bureau of Automotive Repair conversion project, which was subsequently postponed one month after start date; performed maintenance on batch and online programs.
* Maintenance programming was performed within DCA’s Accounting System, using COBOL, TSO/ISPF, JES2, JCL, PEEK Adabas file browsing utility, and IBM Utilities in an MVS, multi-platform SUPERSESSION environment.
* Documentation was performed using MS Office Suite, Lotus Notes Suite, and Visio. Contract was curtailed to do budgetary cut-back.

Sr. Programmer, Analyst, Contractor

CA Secretary of State

October 2002 – January 2003

* As a Programmer Analyst, assigned to review current business entity regulation guidelines, and change system processes per requirements as detailed in 2002 Senate Bill SB 399.
* Performed interviews with system users and supervisory personnel and recommended best practices approach to implementing programming changes.
* Prior to constructing code, developed test plans, use-cases, and test scripts for analysis of test results and validation of delivered code.
* Coordinated and documented the acceptance testing phase.
* Prepared and presented project deliverables; performed issues & resolution, prepared progress status reports, and a end-project write-up of all work performed using MS Office products, including Word, Excel, Visio.

**Programmer Analyst, 1980 – 2002**

Computer Sciences Corporation, CAMMIS, Sacramento, CA

Wells Fargo Bank Corporation – San Francisco, CA

**Education**

Bachelors Degree Candidate in Business Administration/MIS, National University, California State University, American River College; Minor in Organizational Communication Studies, Web Application Development - CSUS Regional Continuation Education (RCE)

**Technical/Business Training**

* COBOL, CICS, DB2 Development – National University, Sacramento, CA
* Business Administration – National University, Sacramento, CA
* Web Application Development – California State University Sacramento, CA; Regional Continuation Education (RCE)
* Automatic Digital Network Communication (AUTODIN), USAF
* Business Organizational Communications, California State University Sacramento, CA

**Technical Expertise**

IBM, Amdahl, MVS, OS370/90, TSO/ISPF, 3270 Terminals & Remote TCPIP Emulators Extra Passport, JCL and catalogued procedures, COBOL & COBOL II, CICS, VSAM, IBM Utilities, File-access methods using IDCAMS, SyncSort, Abend-Aid, Expeditor, ENDEVOR, CHANGEMAN, Panvalet, Librarian, DYL280, Easytrieve, FTP, File-Aid, File-Aid for DB2, Comparex, DB2, SQL, Platinum, QMF, SPUFI, SoftAudit/ONE, Hourglass

MSOffice Suite, SharePoint, ClearQuest, ClearCase, Adobe Acrobat, Crystal Reports, Micro Focus COBOL/Workbench, MS FrontPage, HTML, and training in Visual Basic, Oracle SQL,

Waterfall, Agile, RUP, SOA System Development Life Cycle (SDLC)