Tej Bajwa

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| Summary |  |

* Total over 10+ years of IT experience , with 8 + years’ experience as a **Business Analyst using** the software development lifecycle principles to manage **Business analysis**, **business re-engineering, requirement gathering/analysis**, Pharma experience with Regulations and change control reviews.
* Highly experienced in both Agile and Waterfall methodologies.
* Industries worked in include **health, insurance sector.**
* Familiarity with **current healthcare industry standards** such as CMS and MMA Guidelines, HIPPA guidelines.
* Highly proficient in working with users to gather requirements, analyze them and subsequently use Rational Product and design tools to document the requirements.
* In-depth knowledge of creating use cases, activity, logical, component and deployment views to extract business process flows and workflows.
* Used Tableau extensively for reporting and data analysis.
* Functional experience in health Care Industry with vast knowledge on Medicare and Medicaid.
* Expertise in validating the companion guides on various EDI transactions.
* Proficiency in Defect management, including Defect creation, modification, tracking, and reporting using Industry standard Tools like HP Quality Center/ALM, Clear Quest, TFS – Team Foundation Server.
* Ability to create business and functional specifications for data warehousing/ BI projects according to business needs and to coordinate with technical team for any clarifications.
* Extensively used Rational tools for creating use cases, version control, and defect tracking & reporting and applied the Rational Unified Process in all areas of the Software Development Life Cycle.
* Worked with technical teams (in-house and off shore) to develop the solution and get user acceptance, through excellent communication and detailed documentation skills.
* **Extensive experience in Healthcare/Claims adjudication with knowledge of industry compliance standards like HIPAA and EDI X12 transactions (834, 837, 835, 270/271, 276/277).**
* Requirement Analysis, Use Case development, and UML Modeling using Visio**.**
* Experienced in **RUP, Agile**, Water fall Methodologies and **in conducting Joint Application Development/Design (JAD) sessions**.
* Experienced with **Requirements Gathering**, Data Modeling, Data Flow Diagrams (DFD) and Flowcharts, System Architecture, Feasibility studies, Scope Documents & Requests for Proposals (RFP).
* **Strong Knowledge**/**familiarity with data projects, ETL processes, databases, data warehouse, and reporting concept sand Healthcare experience in managing Project.**

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| Education |  |

* **2003-2005**-**Masters of Management Information Systems(MIS)** –University of Nebraska (UNO), Omaha, NE, USA and Bellevue University, Bellevue NE, USA.
* **1998-2000-Masters of Microbiology.**(Honors)- PU campus University, Chandigarh, India.
* **1995-1998**-**Bachelors of Microbiology.**(Honors)-PU campus University, Chandigarh, India.

**Certifications:**

2016 Aetna: Certified Business Analysis Professional (CBAP)-BABOK V2.0 aligned.

2016 Aetna: BA techniques and tools. Oracle 12c SQL, ICD10, Agile/Scrum process, Medicare.

2010 Aetna: Medicare fraud and Investigation.

2004: Scholarship holder in Masters of Management Information Systems (MIS): University of Nebraska (UNO) Omaha, Nebraska USA.

2000: 1st position at National Level in medical human genetics, paper reading seminar, India .

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| Technical sKILLS |  |

* **Methodologies**: UML, Waterfall, RUP, **Agile/Scrum**, OOAD
* **Requirement Management Tool**: Rational Requisite Pro, SharePoint, Caliber, Documentum, DOORS
* **Testing and defect tracking Tools**: Rational Clear Quest, Rational Clear Case, **Quality Center, ALM, TFS**
* **Front-End Tools**: Microsoft Front Page, **MS Office**, MS Project, **MS Visio**
* **Project Management :** Oracle Primavera P6
* **Claim handling:** IBM AS400
* **Web Development:** HTML, XML
* **Programming Languages**: PL/SQL, SPSS, SAS
* **Data Bases**: Informatica ,Erwin data modeler, DAISE(Aetna’s in build ) , Oracle 10g, Microsoft Access, MS SQL Server 2005
* **Business Intelligence (BI) :** Cognos 8.3, Tableau
* **Operating Systems**: Windows NT/2000/XP/9x, DOS, UNIX,LINUX

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| Experience |  |

# Sr. Business Analyst BCBS NC, Durham, NC 6/2017-Present

**Responsibilities:**

* Requirement Elicitation and documentation related to Large Group Migration process.
* Documenting the work flows related to migration process.
* Identify any gaps in the process of Migration from small group to large group.
* Prioritize the features and worked the user stories by completing the acceptance criteria.
* Attending daily meetings and documenting meeting minutes in OneNote to share with team.
* Gathered, documents, and communicates requirements effectively to ensure appropriate implementation of business intelligence and reporting solutions.
* Analyzed and documented the flow of information between applications, databases, and third party (vendors) systems for data and reporting.

Analyzed & elucidated requirements for 834 file-member enrollment and developed user stories with acceptance criteria.

Captured Requirements for vendor regarding 834 file-member enrollment, inbound and outbound file data transmission requirements.

**Environment**: Facets 7.2, SQL developer, Selenium, Business Intelligence (BI**)-**OBIEE, Crystal Reports. Scrum, Oracle 11g

# Sr. Business Analyst /Data Analyst CVS, Woonsocket, RI 9/2016-5/2017

**Responsibilities:**

* Worked on CVS’s data warehouse projects- RxDW and RxConnect as CVS’s Internal Pharmacy retail tool. Worked on Business Requirements (BR) doc’s on fast SDLC approved projects, Requirements Traceability Matrix (RTM) updates and Solution Requirements (SRP).
* Performed Pharma Regulations data profiling exercises for new and existing data areas
* Performed high level data extraction and manipulation from various healthcare databases and files to support organizational quality, utilization initiatives and other information needs.
* Strong knowledge of data modeling principles and development best practices, plus Business Intelligence (BI) analysis experience.
* Filtered and "cleaned" data; reviewed reports, printouts and performance indicators to locate and correct code problems
* Performed business analysis, data analysis and translate business requirements into data/technical specifications.
* Knowledgeable in traditional data warehouse concepts, including Kimball methodologies.
* Created and maintained Data Warehouse data model following set standards, utilizing both Relational and Dimensional Modeling techniques.

Wrote Test cases and Defect report generation using TFS (Team Foundation Server).

* Assisted in designing conceptual and/or logical data models.
* Developed SQL queries, reports, and dashboards as needed for Business Intelligence (BI) team.
* Gathered, documents, and communicates requirements effectively to ensure appropriate implementation of business intelligence and reporting solutions.
* Analyzed and documented the flow of information between applications, databases, and third party (vendors) systems for data and reporting
* Prepared test cases and perform functional, acceptance, and regression testing
* Prepared ad hoc and regularly scheduled reports, and did analysis on extracted reports, maintained sales tracking system, referral reporting in Business Intelligence (BI) sub project.
* Used Tableau extensively for reporting, BI Business Intelligence and data analysis.

**Environment**: SQL developer, Toad, Business Intelligence (BI**)-**Tableau, TFS, OBIEE, Crystal Reports. Scrum, Oracle 11g

# Sr. Business System Analyst Aetna, Hartford, CT 2/2015-9/2016

**Responsibilities:**

* Worked on Aetna’s internal tool on member domain of Member Payment Estimator (MPE) for new enhancements and up gradation, using Agile/Scrum methodology.
* Performed daily scrum meetings and evaluated the status of the agile team.
* Tracked the requirements and extended business needs (EBN’s) using rational tools in the agile environment.
* Managed the project risks and co-ordinate with the project manager about the agile project on regular basis.
* Demonstrated the agile/scrum project deliverables on regular intervals to the stakeholders and the whole team.
* Worked on the work break down structure of the agile/scrum project as a Scrum Master and assigned the tasks to the whole team.
* Performed Data Mapping to map the EDI 834 data to XML.
* Created ANSI test files for the 837 (for Medicare Part A and B), 834 and 820 Transaction Sets.
* Developed Data Mapping and Crosswalk documents.
* Responsible for checking member eligibility, provider enrollment, member enrollment for Medicaid and Medicare claims.

Involved in creating test plan, test cases and test scripts using TFS for Functional and Integration testing.

* Worked on different EDI healthcare transactions like 837-Institutional, 837-Professional, 837-Dental, 835-Claim Payment/Remittance Advise, 270/271-Eligibility Benefit Inquiry/Response, 276/277-Claim Status Inquiry/Response Transactions.
* Expertise on Eligibility and Enrollment Member Management Project.
* Participated in developing and implementing End-End testing.

Used TFS to write the Test plan, Test Cases and raise the Defects and to see the status and progress of every Test and projects.

* Wrote SQL queries for validating data. Any broken SQL query would be tuned using a data cleaning/ data scrubbing techniques.
* Extensively used SQL statements to query the Oracle Database for Data Validation and Data Integrity.
* Worked with the Provider data comparison and Pharma Regulation Publishing project too in provider domain and used automation tools (like Strenuus Network 360 for reporting) to cater the needs of the provider team and it’s downstream.
* Used Tableau extensively for reporting and data analysis.
* These reporting tools, mentioned in above point, were used to help provider domain managers to update data in provider database.
* Generated various comparison reports at multi county level of provider’s data for data validation at audit level.
* Medicare data analysis at county level was also done, along with comparison of Aetna’s data with multiple providers of other counties.

**Environment**: Oracle 12c SQL, Rations suites, Business Intelligence (BI**)** OBII, Strenuus Network 360, TFS, Crystal Reports. Scrum/Agile, Waterfall both

# Sr. Business Analyst Health Edge, Burlington, MA 2/2014- -12/2014

Project: Employment domain under registration as sub domain. Health Edge handles **unemployment insurances** for various business clients within MA Sate, along with Fraud and Investigation, collections, rating, account & receivable, and benefits.

* Prepared **requirements documents** and assisted lead BA in efforts to prepare documents for ongoing requirements gathering efforts along with other team BAs.
* Participated in discussions with technical team to clarify existing **business processes** and identify opportunities for improvements. Translated **business processes to flow diagrams**.

Conducted ongoing Employer Profile Maintenance (EPM**) requirements gathering** sessions by Interacting with Business team, Subject Matte Experts (SME’s) and IT team.

Helped other BAs onboard as new state staff analyst.

Experience in managing stakeholders from multiple teams and tracking activities

Worked on **Clear Case**, Visio **Process Flows**, developed **Business Rules** Documents, **Business Requirement Documents (BRD), Task Specifications** Documents, and **Use Cases**.

Tested Schemas of **EDI ANSI X12 Claims (837-**HealthCare Claim and **267-**Individual life, Annuity and Disability Application) and Eligibility forms in XML.

Discussed all documents with Subject Matter Experts (SMEs) on **SharePoint** in requirement sessions, **Joint Application Development JAD** sessions (for brainstorming), root cause analysis and approval sessions were done. Involved in HIPAA assessment and HIPAA X12 EDI **transaction mapping** for X12 267 with long-term disability (LTD) and short-term disability (STD).

Used Tableau extensively for reporting, BI Business Intelligence and data analysis.

* Act as a support to Project Manager, worked on **Project definition** by documenting high level Project Scope and Timeline. Obtain Project Sponsor’s approval and **sign-off** for the Project Definition. Identified Project Stakeholders, their Roles and Responsibilities in project initiation stage.
* As a support to Project Manager-created **Project Plan** by creating task list and **work breakdown structure (WBS)**.Indent or out dent tasks to finalize the WBS. Entered task durations or work estimates. **Created dependencies** between tasks and assigned resources.

Conducted Unit Acceptance Testing (**UAT)**, System Integration Testing (**SIT**), **regression** testing of unemployment Insurance registration domain. Experience of working through complete **SDLC** process of registration domain of unemployment insurance.

In-depth exposure to **System Development Life Cycle (SDLC)** on each project phase.

**Environment**: Oracle 12c SQL, Rations suites, Business Intelligence (BI**)** OBII, Crystal Reports. Scrum/Agile, Waterfall

# Sr. Business Analyst Dept. of Labor and Training (DLT-RI), Cranston, RI 5/2012 – 12/2013

## Project: Un-Employment Insurance claim domain sub-domain Benefits (Monetary & Non-Monetary).

Worked on **Requirement gathering sessions** with RI client for Unemployment Insurance (UI) claims processing.

* Once daily requirements session was done, on daily basis **Minutes Of Meeting** (MOM) of requirement sessions were refined in **Clear Quest** along with logging of **GAPS** and **open items** related to that session were entered. Later on previously entered open items and GAPS were tracked to change their status in case they are resolved or need further discussion.

Documentation was done with detailed requirements on **Rational Requite Pro (Req. Pro).**

* On daily basis, client **Meeting Of Minutes** (MOM) were written and updated in Clear Quest. **Open action items** were created and also verified in **Clear Quest**. Client meeting session topics were clarified through MS remote team on phone, with all doubts and root cause analysis, all previous documents related to in hand discussion were gathered from MS shared server. Gaps were logged daily and open items were attached in **Clear Quest**.
* Requirement templates were created and reference was done in **Requite Pro** for **Correspondences, Reports** & **System Use Cases** (reference was added for business rules where applicable in system use case documents in Req. Pro).
* Description, **Parameter list**, Attribute sheet**, Generation Logic**, internal template, **Pre and Post conditions** were prepared for the documents while doing documentation.
* Requirement Sessions were completed for Benefits part which further included sections as Claims Intake, Monetary, Weekly Certs. (i.e**. weekly certification**) Non-Monetary and Appeals. Calculations were performed in monetary sub- section of UI claims processing.

Conducted Unit Acceptance Testing (**UAT)**, System Integration Testing (**SIT**), **regression** testing of Unemployment Insurance sub part monetary and non-monetary section of benefits domain. Exposure to **SDLC** process of benefits domain for monetary & non-monetary sub domain.

Requirements were gathered for topics like **Federal Emergency Unemployment (EUC**) and **State Extended Benefits (EB),Trade Adjustment Act (TRA), Military (UCX)** and **Federal (UCFE) claims**, Returning to work, TeleServe/payments, and **Disaster Unemployment Assistance (DUA**). **Calculations of WBA and MBA** were done. **Combined claim wages** (CWC) IB4 outgoing is send to Transferring state, which send back IB14 ( i.e. **Missing wages or Incorrect wages**) and claim is concerned then for **reconsideration**, once reconsideration is done, **re-determinations** is done on regular base period or on alternate base period in RI if not eligible on regular base period. Once redetermination of WBA and MBA is done for claim, decision is send back to claimant; claimant can **appeal** that **adjudication** decision back.

1. MS Office Suite 2003 and 2010,Business Modeler, Rational (ClearCase, Clear Quest, Req Pro 7.1.1.5), UML, DB2, Java, Visio, MS( SharePoint 2010, Access 2000, Project, Outlook 2010, Visio 2007), UML, IBM AS400, Squirrel SQL client, Windows NT

# Business Analyst Emblem Health, Inc., New York, NY 7/2011 – 4/2012

## Project: Pharmacy Domain involving EMR (Electronic Medical Records), EHR (Electronic Health Records), H&HS (Health and Human Services) and HHS systems.

Worked with **Medicaid** Reimbursement Program (MRT) for homeless individuals and SSI infants (i.e. infants with low weight and underline disease) for gathering business requirements, including functional and non-functional requirements. Handled **JAD** sessions and root cause analysis for IT department .Documents were prepared as **BRD, SRD, FRD** and **technical specifications**.

Facilitated coordination with vendors involved in **ICD 10** to gain agreement on Requirements, Testing, and manage the resolution of issues/risks that will arise during those phases including defect management.

Worked on **Business Process decomposition** to create hierarchy of processes in form of process work flow diagrams using Visio.

Experience in data integration involving ERP/CRM (SAP/Veeva/SFDC/Concur)

* Worked with QA and Department of Health and Human Services (**DHHS) ACA ICD 10** Program to develop a process for documenting defects identified when testing with impacted agency functional areas and external partners and the resolution of such defects
* Worked with **DHHS ACA/ICD 10** Program to develop and distribute a general public notification of testing timelines to any impacted agency functional areas and external partners.
* Worked with assessment, remediation and implementation of the **ICD 10** initiatives. Sample work done, along with achievement applause can be provided in or before interview.
* Working with **Medicaid** Long Term Care (MLTC) project team reporting meeting minutes and action items in **daily status** meeting for project modules. Shared and managed information on **SharePoint** and **Project Portfolio Management (PPM)** web portal tool for IT department.

Worked on Medicaid **State Transportation** Reimbursement System Access 2000 database through queries, tables, forms and reports by importing, appending, updating staff data and EC file. Created tables before updating EC file to maintain and update Medicaid **Transportation Ledgers** on weekly basis needed to pay provider claims.

Developed process flows in MS Visio, including ID card generation process and Restricted Recipient Program (RRP) **Work Flow Diagrams**, using **Swim Lane Diagram** approach.

Major work performed around **Pharmacy claim table** (Rx\_Claim table) in Pharmacy Management Claim Adjudication System.

**Complex History** analyzed in Pharmacy domain through Dispense Date. Data cut of date checked and analyzed in monthly (IWH) and daily views (IWH\_D). Adjustments to complex history checked in every load month on each monthly load.

Data Warehouse Pharmacy Member ID of each record analyzed and mapped back to **cumb\_id\_no** (field) assigned by data migrator feeding from Pharmacy claim information.

Conducted Unit Acceptance Testing (**UAT)**, System Integration Testing (**SIT**), **regression** testing of Emblem’s Medicaid Long Term Care module under Medicaid Reimbursement Program. Gone through whole **SDLC** process of **Medicaid** Reimbursement Program (MRT) for homeless individuals and SSI infants.

Worked in supporting production and post Go Live support of **Medicaid** Reimbursement Program (MRT) Emblem Health project . Worked with cross solutions tech leads and managed the production support by analyzing the technical issues, prioritizing, and triaging the production support tickets of **Medicaid** Long Term Care (MLTC) and **State Transportation** Reimbursement System.

1. MS Office Suite, MS Access 2000, Oracle 10g,Informatica PC8, UML, Facets v 2.81, SQL Server, Java, SQL, PL/SQL, Windows NT

# Business Analyst Aetna Health Insurance, Inc., Hartford, CT 4/2010 – 5/2011

## Project: Improve quality of healthcare, including case management, disease management and patient safety programs. Integrated medical, dental, pharmaceutical, behavioral health and disability information

Multiple Projects and Service requests were assigned. One of the Pharmacy project assigned was for creating the drug claims processing system and work on different modules like provider enrollment, member enrollment and coverage.

Other part of **Pharmacy project** was to provide 50MDP discount for particular drugs which involves the new fields from source system and generating new tables into **Enterprise Data ware house** and their effects on downstream applications plus **Business Intelligence (BI)** analysis.

Another project assigned was for **4010 5010 indicator** for the incoming claims effecting transactions 277, 820 and 834 (X12 transaction containing enrollment information such as member name, contact information, coverage information, etc.).Indicator field (electronic standard code) was added and moved to the enterprise data warehouse to be stored on the **claim line table**.

* Served as a backup of subject matter expert (SME) and worked with senior level management to identify impacts, analyze issues and drive solutions for the **ICD 10** initiatives.

Under the guidance of the Project Manager, provided business and technical consulting services to for **ICD 10** remediation and other concurrent business requirements as a result of the **ICD 10.**

Tested Schemas of **EDI ANSI X12 Claims (835-**Payment and Remittance advice, **276/277-Claim status request and response, 270/271-Eligibility Inquiry**) and Eligibility forms in XML.

**Service Requests (SR)** was assigned which are extensions of the main projects as a result of any major change in the business requirements. One of the Service Request was to work on **Member Eligibility table** and **Group Eligibility Program** table to change to logic on back related to **Behavioral Health Case Management (BHCM)** and **Medical Case Management (MCM)** indicators.

* **Facilitate meetings** with Aetna's internal and business team for ongoing business analysis and to communicate multiple projects status to respective project managers.
* Responsible for Projects on 4010 and 5010 translation by adding **4010 5010 indicator** and **Pharma domain** for 50MDP discount on Medicare drugs for Low Income Cost & Subsity (LICS) group.
* Analyzed **workflow process** to derive requirements for existing system enhancements and **Business Process Modeling (BPM)** efforts using WebSphere **Business Modeler in Business Intelligence (BI)** analysis**.**

Worked **on Logical Data Model (LDM)** designed by DBA to gather and match new fields and respective data types with source file from Architecture team and made simple to complex **translation rules** (psedo code with if else statements) in costume-build **technical specification** tool, DAISE for developers and Cognos for **Business Intelligence (BI)** team.

* **JAD sessions** were done with business and business requirements were gathered before working on requirements document as an analyst from Enterprise data warehouse team for Healthcare Claim processing.
* **Work Product Inspection (WPI)** first by team lead and then **Work Product Review (WPR)** by whole team including key business team were part of responsibilities to be performed after every requirements document, translation rules report (using Aetna's **Enterprise Data ware**(**EDW**)house's inbuild tool-DAISE).
* **Main Frame** (**MF**) **and Extract Transformation Load (ETL) technical specification** documents were made with Source to Target mapping information added to it. Experience with Coordination of Benefits (COB) rules.
* Worked on **Logical Data Model** (**LDM**) designed by DBA to gather and match new fields and their respective data types with Source file from team Architecture (IA) and make simple to complex translation rules (psedo code with if else statements) in Aetna's in build technical specification tool called DAISE for the developers.

Conducted Unit Acceptance Testing (**UAT)**, System Integration Testing (**SIT**), **and regression** testing of Aetna member eligibility system. Analyzed Claim Data and checked the Data Quality Report to determine if there is any Data Issues.

1. MS Office Suite, Rational RequisitePro, Rational ClearCase, Rational ClearQuest, ERwin, UML, DAISE (In build tool for ETL specifications),Informatica PC8, Facets v 2.80, SQL Server, Oracle, DB2, Java, Siebel 8, UNIX

# Clinical Quality/Business Analyst NYS-DOH (Department of Health), Albany, NY 10/2008 – 2/2010

## Projects: Clinical projects based on Clinical Laboratory Information Management System **(CLIMS),**Epidemiology Department, Newborn Screening Department, Outbreak Management System (OMS), NYS Medicaid Department, Claims Processing using 4010 **HIPAA EDI Transactions**

* Liaison between internal and external business community of CLIMS Remote Order Entry (ROE) project and ECLRS Outbreak Management System.

Applied guidelines for decomposing claim processing business functions and processes.

Worked with **SQL queries** and joined clinical lab tables on DB2 using test environment on Clinical Lab Management Information Systems (CLIMS) database.

Performed BA production check out using SQL queries and commands on DB2, along with data on **Look Up tables** for all projects in-hand before respective projects releases.

Analyzed Claim Data and checked Data Quality Report to determine data issues.

Completed documentation of claim scenarios for **source system**.

**Facilitated meetings** with internal and external groups and communicated project status to upper management. Conducted user interviews, **GAP Analysis**, root cause analysis, facilitated **JAD sessions** related to lab configurations for multiple clinical labs, created agendas and documented analysis in requirements gathering for both CLIMS ROE and ECLRS project.

Identified, researched, investigated, analyzed, defined and documented business processes and **Use Case** scenarios.

Documented user requirements into Functional Requirements Document(**FRD**) and Non-Functional Requirements Document **(N-FRD**) for development team to better understand application requirements and managed changes to specifications. Active role in project SDLC process.

Created Data Flow Diagrams (**DFD**s), Entity Relationship (**ER**) Diagrams for database modeling and web-page **mock-ups** using MS Visio for acceptance from analysts, surveyors and stakeholders.

Generated reports using **Crystal Reports**.

Used Rational **ClearQuest** for defect tracking and managed defect assignment reminders to team.

Created **Work Flow Diagrams** to explain business user about new system functionalities using **Erwin** Data Modeler and took sign-off from management.

Demonstrated good expertise in triaging , analyzing the technical issues and prioritizing the tickets in production support environment related to Remote Order Entry (ROI) of CLIMS.

Used Rational Unified Process (**RUP**) Framework in combination with Model Driven Systems Development (MDSD) reducing risk for development of Medical Labs SOA components.

Conducted Unit Acceptance Testing (**UAT)**, System Integration Testing (**SIT**), **regression** testing, end-to-end testing and user training pertaining to old and new CLIMS ROE and test catalog (new CLIMS module). Build the whole project by going through **SDLC** process and finally completing the **Remote Order Entry** (ROI) reference guide for CLIMS by configuring the whole clinical labs.

Provided Testing services in support of the **CLIMS** and related systems supporting the DOL Services including Interfaces to other clinical lab systems and **ICD 9**, related testing.

Contributed to compliance analysis of HCR-HealthCare Reform and its role in **Medicaid** claims processing through EMEVS (NYS Electronic Medicaid Eligibility Verification System), HIPAA compliant ePACES (Electronic Provider Assisted Claim Entry System) and NYS Medicaid and **Medicare** Intermediary.

1. Rational ClearQuest, MS Office Suite, Erwin, MS Project, Java, Erwin Data Modeler, PowerBuilder, SQL, Windows NT, Oracle Primavera P6, Citrix Server, UML, Test Director. IBM LotusNotes 8.5 (Team Room)

# Quality Analyst Multiple Clients 02/2006 –06/2008

W.R. Berkley Health Corp., Des Moines, IA

TD Ameritrade, Omaha, NE

University of Michigan, Ann Arbor, MI

Met Life Health Insurance, Convent Station, NJ

1. Rational (Test Manager, Clear Case, Rose, ClearQuest, Req Pro), MS Office 2003, MS Project, Java, SQL, IIS, Windows NT 4.0, XML, Oracle, QTP, ERwin 7.0.1, WebSphere, Test Director, COBOL/CICS, DB2,