**Varshith Tangirala**

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**SUMMARYOF EXPERTISE:**   
Business Analyst with 7 years industry experience in software requirement analysis, process modeling, process flow and quality assurance skills using different methodologies,mainly OOA, OOAD and UML

* Experience in Medicaid Management Information System (MMIS). Expertise in various subsystems of MMIS- Claims, Provider, Recipient, Procedure Drug and Diagnosis (PDD), Explanation of Benefits (EOB).
* Extensive hands-on and HealthCare management experience in a variety of projects involving the customization, design, development, implementation, and testing of automated systems to support the Medical Management Information System (MMIS) as well as day-to-day business operations.
* Demonstrated strong analytical skills in combining workflow needs with existing EPIC Medical software application. Strong understanding of information technology capabilities and dependencies, including platforms, content management, e-document strategies and process mapping.
* Experience in Clinical Data Management and Clinical Trial Management.
* Demonstrated strong analytical skills in combining workflow needs with existing EPIC Medical software application. Strong understanding of information technology capabilities and dependencies, including platforms, content management, e-document strategies and process mapping.
* Experience working with HIPAA EDI 837 transactions which include Medical (Institutional), Professional and Dental claims for both 4010A1 and 5010 versions.
* Experienced in testing EDI and HIPAATransactions 837, 835, 820, 276, 277, 278 code sets testing in Health Insurance.
* Experience with data mappings including ANSI 4010A1 835, 837I, P, 276/277, 278, 270, 997, 850, 834 for institutional, professional, and commercial.
* Extensive knowledge of all phases of the software development life cycle (SDLC) and the iterative Rational Unified Process (RUP).
* Strong knowledge of HIPAA (EDI), ICD, OIR, CMS, Claims, Under Writing, Membership / Billing, Medicare, Medicaid, Claims and Medical management systems.
* Organized many Joint Application Developments (JAD) sessions and Joint Requirement Planning sessions (JRP), walkthrough, Interviews,Workshops and Rapid Application Development (RAD) sessions with end-user/clients/stake holders and the IT group.
* Worked on CS90 system-examining claims, used verbal and written skills in making daily decisions on approving and denying claims
* Experience with data mappings including ANSI 4010A1 835, 837I, P, 276/277, 278, 270, 997, 850, 834 for institutional, professional, and commercial.
* Knowledge of 837, 835, 277, 270, 271, NCPDP, 4010, 5010 and ICD-9/ICD-10.
* Design and review of various documents including the Software Requirement Specifications(SRS), Business requirements document (BRD), Use Case Specifications, Functional Specifications(FSD), Systems Design Specification (SDS), Requirement Traceability Matrix (RTM) and testing documents.
* Proficient in creating Risk Analysis documents, Risk Management Plan, User Requirement Specification, Functional Requirement Specification and Business Process Flows.
* Proficient in using UML in behavioral, structural and architectural modeling – in creatingUse Case, State, Activity, Class and Sequencediagrams using Rational Rose.
* Used Microsoft Visio for Business Process Modeling and Data flow diagrams.
* Used Erwin 4.0 to capture data by creating Entity-Relationship and Use Case diagrams.
* Worked with Rational Suite of tools to create requirements documents (Requisite Pro), visual data models (Rose), manage and track defects(Clear Quest).
* Worked on various mark-up and web-based technologies such as HTML, DHTML, XML, CSS, JavaScript
* Exposure to Web Services and XML related technologies such as XSL, XSLT, and parsers such as Java API for XML Processing (JAXP), Simple API for XML (SAX) and Document Object Model (DOM), and Java Architecture for XML Binding (JAXB)
* Well versed in project management tool (MS Project) for status reporting, planning and resource allocation.
* Experience in working with HHS, CMS or Medicaid Programs, RHIOs, IHDNs.
* Experience in conducting GAP analysis, User Acceptance Testing (UAT). SWOT analysis, Cost benefit analysis and ROI analysis.
* Successful as a team player to work in conjunction with other DBA’s, testers, developers and other team members in validation and testing complex scenarios and projects and in the maintenance of Quality Standards in Projects especially with Test Director.
* Expertise in Analysis of Problem Severity, Defect tracking and reporting system.
* Strong communication, problem solving, organizational, interpersonal, and presentation skills.

**TECHNICAL SKILLS:**  
Business Tools:    Rational Suite (Requisite Pro, Rose, Clear Quest, Clear Case), MS Visio,MS Project, MS Access, MS Office Suite, Visual Paradigm, Doors Erwin Data Modeler 4x, Business Object (Crystal Reports)  
Business Skills: Business Definition Requirements, Business Process Analysis, Gap Analysis, Use Case Modeling & Analysis, Business Environment and Market Research Analysis.  
Methodologies: RUP, OOAD, UML & Business/Data Modeling  
Testing Tools:    Win Runner, Load Runner, Test Director, Quick Test Pro, PR Tracker  
Operating Systems: WindowsXP/95/98/NT/2000, Mac OS X, DOS, UNIX, Linux  
Databases:   Oracle 8i/9i; SQL Server 7.0 & 2000; Access 2000, MS SQL Server, DB2  
Languages:  UML, C, C++, HTML, Java, SQL, PL/SQL, [ASP.NET](http://ASP.NET)

**PROFESSIONAL ACCOMPLISHMENTS:**

**ACS Government Health, Atlanta, GA                                                          Jan 14 – Present  
Business Analyst**  
Re-engineering suite of Medicaid management products and creation of a core application called Enterprise. Worked for the team that is 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, Functional Acknowledgement 997, Claim Status Inquiry/Response 276/277 Unsolicited for their destination direct Payors or Clearinghouses such as ProxyMed, WebMD, Per Se, THIN, ViaTrack, NaviCure, McKesson, Champus-TriCare, PayerPath, ViaTrack, Access, etc.

**Responsibilities:**

* Evaluated business process requirements to ensure proper system configuration (i.e. identifying key decisions, process changes, pain points, interface issues, training considerations, etc.)
* Understood EMEVS, the State’s Electronic Medicaid Eligibility Verification System; HIPAA compliant ePACES (Electronic Provider Assisted Claim Entry System) and Computer Sciences Corporation, State’s Medicaid and Medicare Intermediary, and their roles in Medicaid Claims processing
* Assigned to Medicare project for Testing, verifying, documenting, and implementing application system software corrections/enhancements as released by AMISYS 6.0 for Providers as needed per Contract change and Maintenance.
* Recognized for significant contributions/achievements for leading the data conversion, monitoring, troubleshooting, and successful migration from PICK to **AMISYS** with immediate system efficiency.
* Conducted extensive analysis on migration and conversion of Provider and Member data, Group configurations, plan codes, benefit set-ups, fee schedules, provider pricing, capitation set-ups, etc from Legacy system (AIM) to QNXT.
* Responded to inquiries regarding plan benefits, claim payment and provider information.
* Verified thru reference and controls that code sets were **configured** correctly
* Responsible for gathering requirements from users in operations group and performing data mapping for the application, confirm and vacillating the requirement at time of BA testing.
* Designed and developed Use Cases, Activity Diagrams, Sequence Diagrams, OOD using UML
* Coordinated defects routing in the team and created Excel macros to generate daily defects report status from HP Quality Center across multiple teams.
* Used Rational Rose to model the process using UML to create behavioral and structural diagrams.
* Responsibilities included configuration and troubleshooting on MCS upgrade to **AMISYS** testing.
* Extensive experience in using collaborative tools like Mercury Quality Center to facilitate development across disparate teams
* Managed the Application Development efforts in support of the **Amisys** Claims and Billing system, in addition to Electronic Data Interchange processes.
* Successfully handled the testing of health care products like Epic Systems and EHR (Electronic Health Record).
* Performed Requirement Gathering & Analysis by actively soliciting, analyzing and negotiating customer requirements and prepared the requirements specification document for the application using MS Word.
* Identified opportunities for business process improvement through various meetings with business users and developers and initiated efforts to make improvements.
* Developed the project plan with assistance from the management, and included provisions for project scope changes and issues and initiated efforts to make improvements
* Created GUI specifications with Page flows, page business actions and screen mock-ups
* Involved in creating sample mappings for the conversion of EDI X12 transactions code sets version 4010 to 5010 and translation of ICD 9 codes into ICD 10 codes.
* Responsible for establishing new requirements for administrative transactions to improve the utility of the existing HIPAA transactions and reduce administrative costs.
* Experience in Claims Processing per Medicaid Management Information Systems (MMIS) 42 CFR 433.
* The Addenda version of the ANSI ASC X12 834 transaction set was selected as the HIPAA-mandated format for electronic enrolment and disenrollment in a Health Plan.
* Set up Standard & Non-Standard Contracts in **Amisys**, including new practitioner profiles, billing group practice numbers and provider affiliations.
* Plan documentation loading that included configuration of providers, contracts, and pricing on the **AMISYS** system
* Analyzed HL7 messages to track necessary information pertinent to solving Epic and Heat cases.
* Created RUP activity diagrams and sequence diagrams to analyze the requirements and recommend solutions.
* Develop Logical and Physical data models that capture current state/future state data elements and data flows using Erwin.
* Performed testing for Medicare, Medicaid and X-Over claims for Medicaid Management Information System (MMIS)
* Worked extensively with MS Excel and MS access
* Prepared scenarios, Use Cases & UML State Diagram for scenarios using Rational Rose.
* Prepare presentation slides in MS Project, which was extensively used in different JAD sessions and to track progress.  
  Experience in EDI automated first-pass claim adjudication, requiring thorough understanding of claim processing, both front and backend operations.
* Prepared and documented System Requirements and workflows for the Content Management Application tool.
* Extensively worked on data preparation for the defects that came up during the transition to 5010 on all the Medical, Professional, Dental claims including Medicare claims.
* Aware of the various Operating rule mandates along with the EFT and ERA operating rules as per Section 1104.
* Involved in generating various reports using theSQL Server Reporting Services (SSRS).
* Used Test Director, PL/SQL for testing the application
* The Addenda version of the ANSI ASC X12 834 transaction set was selected as the HIPAA-mandated format for electronic enrolment and disenrollment in a Health Plan.
* Multitasking in all phases of medical and dental service procedures. ICD9, CPT, CDT coding and HIPAA guidelines.
* Streamlined 3rd party business processes for Medicaid Subrogation and Medicare Secondary Payor for both the Medical and Hospital Claims processing platforms.
* Testing of different types of ICD 9 as per requirements
* 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.
* Tested HIPAA Gateway Application Interface for all inbound and outbound messages (Healthcare Eligibility 270 and 271, Healthcare Claim Status request 276 and 277, Healthcare Claim 837 and 835)
* Involved in gap analysis and implementation of HIPAA 5010, ICD 10 and Claim Validations
* Working within a growing knowledge of X12 F4010 HIPAA 837 I, P, D, 835, 834, 820, 270, 271, 276, 277, and 278, EDI, Privacy, Security, and Medicaid.
* Identified the impacts the HIPPA 5010 & ICD 10 project had on enrollment Claims, FEP (Medicare and Medicaid program).
* Participated in the bug review meetings, updated requirement document as per business user feedback and changes in the functionality of the application.
* Clarified QA team issues and reviewed test plans and test scripts developed by QA team to make sure that all requirements will be covered in scripts and tested properly.
* Organized meetings to discuss outstanding issues with QA and developers.
* Wrote test scripts for User Acceptance Testing (UAT).

**Environment:** Rational Suite (Rose, Requisite Pro), Dreamweaver, Rational Unified Process (RUP), Windows NT/XP/2000, UML, UNIX, MS-Project, MS-Office Suite, Case wise Corporate Modeler, Win Runner, Test Director

**State of Nebraska, Lincoln, NE Oct 12 - Dec 13  
Business Analyst**  
The core data is in MMIS Legacy system and can handle the processing of different Claims within POS in MVS Site D and AIX Box. The MMIS can handle the HIPAA transactions such as 835, 837 (P, D, I) 276, 277, 278. The Inbound and Outbound is run through JCL in batch mode.

**Responsibilities:**

* Gathered requirements and modeled the data warehouse and the underlying transactional database.
* Imported external data from external source into excel to calculate different parameters involved in manufacturing and displayed the facts in charts for the project manager.
* Meticulously assessed data from various sources and generated conceptual and logical database designs using ERwin data modeling tool.
* Organize, analyze, and report data to support Care Management Center.
* Coordinated between healthcare insurance companies and my company to implement payor qualification guideline changes and updates to ensure compliance with all regulatory agencies.
* Establishes client baseline metrics, and performs troubleshooting of complex Payor / Provider reimbursement issues.
* Worked in mainframe environment and used SQL to query various reporting databases
* Part of team conducting logical data analysis and data modeling JAD sessions, communicated data-related standards.
* Create SQL scripts to query, cleanse and prep data for conversion.
* Develop SQL queries for data-mining delimited text file or Excel file to SQL Server table columns and verify data transfer success, and support internal and external customer needs.
* Review managed care provider contracts to ensure terms meet client-specific needs
* Create Data Analyst workgroup to better coordinate processes, workflow, open communication and share knowledge across DA team.
* Identified authoritative data sources; specified business rules for data feeds utilizing HL7 protocol.
* Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS.
* Responsible for conducting gap analysis as is to be for ICD9 and ICD10. Prepared Data Flow Models for code sets validating in the Claims Process Engine.
* Responsible for architecting integrated HIPAA, Medicare solutions
* Used Rational Rose to model the process using UML to create behavioral and structural diagrams.
* Was responsible for data mapping of HL7 messages into relational database.
* Used knowledge of Health Care Information Systems EMR model to develop proposed workflow in MS Visio.
* Build and maintain processes surrounding the use and updating of knowledge base repository in SharePoint
* Conducted JAD sessions with management, SME, vendors, users and other stakeholders for open and pending issues.
* Transfer customer documentation into SharePoint document management infrastructure
* Responsible for gathering requirements from users in operations group and performing data mapping for the application, confirm and vacillating the requirement at time of BA testing.
* Incorporated Rational Unified Process (RUP) to create Business Requirement Document Specifications using MS Visio and MS Word.
* Expertise in the EPIC Medical software application (EMR).
* Developed and published SharePoint site template for Service Management department.
* Developed shell SharePoint sites for various IT groups and provided training on how to use and update them with any information they wanted to publish there.
* Research and prepare technical documents, based on comments returned from city analysts
* Identifying the impacts and training the users on new policies /procedures changes.
* Developed Use cases, Test Cases for the Business users and QA team.
* Performing Impact analysis for readiness of ICD-10 conversion.
* Identifying the Security Risks in the application that being built and address them in the requirement document to avoid the security breaches.
* Improved the new revenue cycle management and Electronic Medical Record (EMR) for PARTNERS.
* Developed an implementation guide for Partners for EDI X12 transactions such as 834, 835,837,270 and 271.
* Expertise in the EPIC Medical software application (EMR, HER) as it relates to hospital workflows and setting up the infrastructure for a software implementation in a clinic environment.
* Designed the flexible solution for patient treatment plan and patient care plan.
* Designed the tight user authentication and application security.
* Modified Existing policies and procedures for patient access such as Enterprise Scheduling, Patient Check-in/Out and Encounter automation.
* Supporting the Business Users after go live.

**Environment:** MS Project, MS Visio, RUP, Rational Suite (Requisite Pro, Clear Quest, Clear case), Blueprint, Sharepoint, ETS and EDI ANSI X12/HIPAA Meditech, Soarian.

**CIGNA Healthcare, Greenwood Village, CO Aug 11 – Oct 12**

**Business Systems Analyst**

I worked under the project CAQH (Proclaim, CDB, EPRO, Facets) and also working on couple of more facets related projects like CDHP etc. We created functional requirements document for CAQH project. Once FRD was created then did analysis on Functional Requirements and create as well as update the mapping document. Currently the project is in testing phase and I am helping the Testing team for testing scenarios and writing queries for testing specific fields in the oracle database.

**Responsibilities:**

* Conducted weekly meetings for deciding the Policies and Procedures to be followed while gathering Functional Requirements.
* Extracted the Functional Requirements from the end users keeping in mind their need for the application and prepared Functional Requirement Documents (FRD) includes information of Functional Specification Document (FSD).
* Investigate to resolution extraordinary claim, eligibility, pricing, provider, **benefit**, third party liability, medical management/authorization and correspondence issues
* Preferred work experience as a Systems or Business Analyst. System knowledge of **Amisys** (Reflections) software.
* Identify process, workflow, **configuration** and system-related issues requiring improvements
* Performed the requirement analysis, impact analysis and documented the Analysis Result into mapping document.
* Wrote Test scenarios and test cases for testing the migration of EDI 4010 to 5010 and the processing of member enrollment and benefits, batch jobs corresponding to the claims (837) and real time transactions like 270/271/276/277.
* Participate with internal and external committees and **Amisys** user groups in collaboration with manager.
* Involved in requirement gathering and testing of consumer web portal for the enrollment of Medicare members.
* Develop and maintain long term projects to increase **Amisys** efficiency and accuracy**.**
* Worked on billing system a cash management module and enhanced the encrypting standards that are required for the application.
* Work closely with Business Owners and Subject matter expert to outline Functional Requirements and Requirement Analysis.
* Worked as QA analyst testing**AMISYS**claims processing system. This included manual testing of processing totaling several hundred per day.
* Reviewed and analyzed data from various internal sources.
* Ability to analyze data and Business Process Flow across multiple platforms like Oracle Database and Mainframe.
* Identified the impacts the HIPPA 5010 & ICD 10 project had on enrolment Claims, FEP (Medicare and Medicaid program)
* Identified gaps and performed gap analysis.
* Tested claims adjudication and group and enrollment in **Amisys** for New Medicare advantage members.
* Created Mapping Documents, Report Mock-ups and modified existing report mock-ups and finalized for development.
* Discuss with Business Team and Update the BRD to expand the functionality for the Claim Processing.
* Updated and resolved claim projects involving payment issues on**AMISYS system**
* Gather the requirements for 270/271 (Generate the 271 response as per Clients Requests on 270)
* Designed and development of test cases based on functional requirements for Institutional and Professional claims for EDI (Electronic data interchange) and HIPAA Transactions 837/835, 834, 270/271 testing.
* Thoroughly analyzed impacts to the system components (DB2 tables, copybook, and the data warehouse) in order to support the current functions, as well as prepare for updated or changed functions identified in the Business Rules Comparison.
* Created a fast track mapping document for the defects filed which help the developing team to fix those defects.
* Created Functional Requirements for the 834 enrolment files with their changed benefits in the Medicare program.
* Understand the flow of data, Reviewed and analyzed data from various sources.
* Conducting session with developing teams for the coding of functional requirement for projects.
* Studied previously created mapping document and updating them according to the new requirement.
* Assist in the research, audit, and resolve **Amisys** setup issues reported by the claims department, provider assistance center, enrollment department, PNM Coordinators and System Configuration.
* Work with testing team to create the testing scenarios, Queries, helping them to understand the logic.
* Work with developing team to solve the defects generated by the Testing team.
* Conducted UAT to confirm that all derivative products can be successfully processed through stages of the trade life cycle.
* Worked with Testing Team to solve the defects identifying during the regression testing, System testing and UAT testing.
* Uploading and Modifying document on SharePoint Site.

**Environment:** Windows XP (SP-3), Caliber, Toad-11,Toad-Data Modeler, HP Quality Center, MS Excel, MS Word, Visio, MS Power Point, SQL, DB2, SharePoint 2010.

**Liberty Mutual, Portsmouth, NH May 10 – Aug 11**

**Business Analyst**

Liberty Mutual Home provides Auto and Home Insurance in various parts of USA. The RPW application is to get the online Quote & Purchase for Auto and Home Property. It deals with both Commercial and Personal lines of Insurances. It enables the customer to get Quick and Full Quotes of new Businesses for Auto and Home (Home owners, Renters, Condominiums), with enhancements. The Auto Insurance deals with all details of the Drivers history and Vehicle history. This is complete online e-transaction application service involving Customers, Agents and Call centers through direct or mutual interactions.

**Responsibilities:**

* The project was developed under the Java/J2ee platform. Agile Methodology was followed to implement the project.
* Analyzed the business requirements, wrote and implemented the Test Plan, Various Test cases and Test Scripts using the automated tool QTP
* Tested the business logic implemented in Spring 2.0, form fields populated by Action Form Bean, and tested the persistence layer Hibernate 2.0 to validate the data extracted from the database.
* Used XML Spy during the testing of Web Service's so as to understand the WSDL file and also for making use of several XML related technologies such as XSLT, Xpath, XQuery, XML Schema
* Designed and developed Use Cases and UML models using Microsoft Visio.
* Utilized corporation developed Agile SDLC methodology. Used Scrum Work Pro and Microsoft Office software to perform required job functions.
* Wrote PL/SQL statement and stored procedures in Oracle for extracting as well as writing data.
* Developed and provided formal training and presentations/lectures to all DWH users ensuring an understanding of the dimensional model, metadata, and effective usage.
* Gathered requirements and modelled the data warehouse and the underlying transactional database
* Designing and customizing data models for Data warehouse supporting data from multiple sources
* Perform Gap Analysis of the processes to identify and validate requirements.
* Interacted with the business users in knowing the business views and gathered the reporting requirements to design the universes and business objects.
* Involved in full life cycle of Business Objects reporting Application.
* Extensive use of Excel to create Functional Specification Documents & Templates
* Designed and Developed the Business Objects Universes which suit the standard, analytical and ad-hoc reporting requirements of the Business Objects users.
* Utilized Agile/ SCRUM and PMI methodologies to monitor, steer and develop project objectives.
* Assured that all Artifacts are in compliance with corporate AGILE Policies and guidelines.
* Design, development, implementation and roll-out of Micro strategy Business Intelligence applications
* Organize requirements into high level Use Cases and low level Use Case Specifications and modeled them into UC, Activity and Sequence Diagrams using Rational Rose and MS Visio.
* Apply UML notations and methodology in developing models that accurately represent the business process and workflows and clearly communicate them to the stakeholders.
* Facilitate JAD sessions involving the management, development and user teams for clarifying requirements and facilitating better communication.
* Assure that all Artifacts are in compliance with corporate SDLC Policies and guidelines.
* Review the Test Plan developed by the testing team for testing the application.

**Environment:** HTML, XML, JSP, JAVA, JAVASCRIPT, AJAX, Web Services, Load Runner, QTP, Test Director, VBScript, MS Office, SQL Server 2000.

**Suncoast center Mental Health, St Petersburg, FL Feb 08–May 10**

**Business Analyst**

The project was to develop applications which accept different claims like Medical claims, Dental claims, Pharmacy claims and vision claims from different vendors and route the claims into Batch Adjudication System and Online Adjudication. Here the Batch Adjudication System automatically adjudicates the claims and sends the files to Payment department. In the Online Adjudication system examiners will check the files and then they will move the claims to Payment department.

**Responsibilities:**

* Conducted user interviews, gathered requirements, analyzed the requirements using RUP methodology and documented the requirements using Rational Requisite Pro.
* Worked with the SME’s (Financial Analysts, Risk Managers, and Project Managers) to define business critical needs and analyze the possible technical solutions.
* Created Business Requirement Document (BRD), Functional Requirement Specification (FRS) document, User Requirement Specification (URS) and Change Request (CR) document for system application development.
* Conducted joint requirements planning (JRP) sessions as a facilitator to gather requirements from the business area and to discuss different critical success factors of the project like Operational Feasibility Analysis, Technical Feasibility Analysis, Cost Benefit Analysis & etc.
* Developed budget planning report & timelines of the project by conducting walk-through sessions and meetings involving various leads from Development, QA and Technical Support teams.
* Authored various Use Cases and Activity diagrams, Sequence diagrams using Rational Requisite Pro and used UML methodology to define the Data Flow Diagrams (DFD).
* Conducted user interviews, gathered requirements, analyzed the requirements by using Rational Rose, Visio and Requisite pro - RUP
* Performed GAP analysis for the modules in production, conducted feasibility study and performed impact analysis for proposed enhancements.
* Coordinated JAD session with system analysts, development team, project manager for application development and Pre-validation specifications.
* Developed and managed project plans, schedules, issues log created and business-technical conflicts.
* Coordinated various kinds of User Acceptance Testing (UAT) including regression testing, system testing, integration testing, functional testing, alpha & beta testing.
* Authored test plans, test cases for various test scenarios and helped testing team to better understand the test scripts.
* Used Test Director which is a Mercury tool to help manage defects and issues log during the testing phase.
* Involved in the creating the User Interface Specification Document and User Training Manual as per project specification with the help of development team
* Participated in Bug-Review meetings with software developers, QA engineers, managers, and suggested enhancements and solution to the existing application problem from business perspectives.
* Worked as a User/Customer advocate and negotiated with user as well as the technical team and management staff to resolve any outstanding requirement conflict during the whole SDLC process.

**Environment:** Rational Suite (Rose, Requisite Pro),Windows XP/2000, SQL, XML, HTTP, MS-Project, MS-Office Suite, MS Visio, Win Runner, Load Runner, Test Director (Mercury Interactive), Java, Oracle