**Varun Verma**

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**Professional Summary**

* 7+ years experiences as Business Analyst with extensive experience in healthcare, pharmaceutical and health insurance industries
* Sound knowledge of Health Insurance and Portability and Accountability Act (HIPAA)
* Well versed with FDA guidelines, rules and regulations
* Strong knowledge and experience in Healthcare industry. Functional knowledge of Medicaid Management Information System (MMIS).
* Worked with HL7, EDI ANSI 4010 and 5010 Standards. Involved in a 4010 to 5010 migration process and respective GAP Analysis.
* Prepared accurate and detailed requirement specifications documents, user interface guides, and functional specification documents.
* Validated the test data in DB2 tables on Mainframes and on Teradatausing SQL queries.
* Experience with Facets Application Groups: Claims Processing, Guided Benefit Configuration, Medical Plan, Provider, Subscriber/Member, Utilization Management
* Expertise in EDI HIPAA 4010 - 5010 Project to convert EDI X12 Healthcare 4010 transactions into 5010 Complaint transactions.
* Worked in ETL environment involving DataStage and Business Intelligence tools like Cognos, Business Objects.
* Worked on 837 (I, P, D), 834, 835, 820, 270, 271, 276, 277, 278 transactions and BRCs of the transactions.
* Exposed to using ICD 9/ICD 10/ANSI/HL7 coding standards in Medicare and Medicaid domains of the healthcare systems and industry for both inpatients, outpatients, Reimbursement methodology.
* Implemented various HIPAA codes (270 and 276) used for Billing and Eligibility purposes of patient records.
* Interacted with Managed Care Organizations (MCOs) and a few third party state agencies while implementing key functionality such as BlueCross, Blue Cross and Blue Shield (BCBS), United Care, MCOs, PBM, DBM, DHS, CMS, DIDD that interface with core TennCare system.
* Have develop and design interfaces between Argus and other drug safety systems.
* Have Process documentation creation experience and ability to facilitate requirement sessions and proof of concept sessions
* Experience with TriZettos Facets Modules: Claim Processing, Benefits & Contracting, Capitation and Membership.
* Have strong experience in requirements gathering by conducting interviews with end users
* Hands on experience in all **facets** of User Acceptance Test (UAT): UAT scheduling, walkthrough sessions, UAT test plan and cases, creating data set, user manual, rollout plan, release note, smoke test etc
* Exposure in Forward Mapping and Backward Mapping analysis of ICD 9 – ICD 10 Conversion for CM (Diagnosis Codes) and PCS (Procedure Codes).
* Worked in ETL environment involving DataStage and Business Intelligence tools like Cognos, Business Objects.
* Have exposure to EDI, Web Portal, DSS and System documentation
* Experience in conducting UAT (User Acceptance Testing) and documentation of test cases, ability to communicate both on a business and technical level and experience in coordination with business and technical resource
* Good knowledge of Data warehousing concepts like ETL using various methodologies and tools like Data Stage, Informatica Data Quality and Power Center.
* Good control on MS Office suite, MS Visio and MS Project.
* Adept at creating and transforming business requirements into functional requirements and designing business models using UML diagrams – Context, Use Case, Sequence, Activity diagrams in MS Visio and Rational Rose.
* Validated EDI (X12/XML) files such as Inbound 270s in Eligibility Verification System (EVS) and Outbound 270s in Third Party Liability (TPL) subsystems.
* Organized many Joint Application Developments (JAD) sessions, scrum meetings 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
* Excellent presentation skills with MS Power Point, which was extensively used in different JAD sessions and to track progress. Communication ability with prospective vendors
* Writing Complex SQL queries and optimizing SQL Queries. Familiar with COBOL technologies and DB2. Good understanding of Mainframe environment.
* Comprehensive knowledge of RUP, Agile, Scrum, FDD, Waterfall Methodologies
* Extensive experience in gathering, managing and documenting business requirements and functional requirements, communicating effectively with upper management, senior BAs, developers and QA engineers
* Excellent track record for meeting deadlines and submitting deliverables on time
* Excellent documentation, communication and interpersonal skills

**Technical Skills**

Operating System Window 2000 / XP / Vista / Unix / Dos

Languages SQL, HMTL, SAS

Application Management Tools Rational Rose, Rational Requisite Pro, Clear quest, Clear case,

Databases MS Access, DB2, Oracle 8i, MS SQL Server, Java

Microsoft Applications Word, Excel, PowerPoint, SharePoint

Workflow Tools MS Visio, MS Project

**Professional Experience**

**CNSI, Baltimore, MD  March 2014 - Present**

**Sr. Business Systems Analyst**

Objective of the project was to develop the To-Be process flows and aligning them to MITA business process areas. The job was to learn and analyze the current As-is process and develop the To-Be processes for Provider Management, Finance, Reporting and Enroll Provider through EDI and Non EDI transactions. The Maryland Medicaid Information System is developed using HIPAA guidelines and regulations which keeps track of Healthcare transactions Provider Eligibility, Request and Response for Claims Status, Prior Authorization, EDI and Non EDI Interfaces.

**Responsibilities**

* Researching, Analyzing and striving to gain thorough understanding of Maryland Medical Assistance Program processes based on the dated AS IS processes. Demonstrating and quench the thirst for capturing the GAPS in the AS IS processes by annotating the AS IS processes.
* Working on problem solving skills to recognize and reduce redundancies in testing efforts, minimize complexity and created efficiency without compromising effectiveness.
* Updated and remediate existing Business Intelligence scripts and Teradata applications to reflect changing business data requirements.
* Gathered Business Requirements for datastage and cognos development and migration.
* Acted as a peer leader for the testing efforts of Facets configured solutions for Projects.
* Designed High level design, for New process, integrating with legacy and Facets.
* Conducted user interviews and documented business and functional requirements.
* Performed Requirement Analysis and Activity Diagrams using Rational Rose.
* Gathered Business Requirements for datastage and cognos development and migration.
* Gathered and developed specs for federal reporting specific to Medicare Advantage.
* Worked in ETL environment involving DataStage and Business Intelligence tools like Cognos, Business Objects.
* Served as a liaison between the internal and external business community (EDI, Finance, Reporting, Provider management, advanced Healthcare management, Prior Authorization) and the project team.
* Upgraded MERP Medicare EDI and reporting.
* Tuned DataStage transformations and jobs to enhance their performance.
* Worked in ETL environment involving DataStage and Business Intelligence tools like Cognos, Business Objects.
* Utilized the existing eCAMS design and collaborate with existing Business Analysts and Technical Leads in bridging the GAPS to avoid seeking duplicate information from DHMH staff
* Presenting the understanding and capturing the Operational Process flows with CSC Fiscal Agent Operations Staff.
* Organizing JAD sessions, personal interviews and surveys in the process of collecting requirements including that of G.M.’s and other higher management
* Identify business rules for data migration and Perform data administration through data models and metadata. Loading staging tables on Teradataand further loading target tables on SQL server via DTS transformation Package.
* Responsible for architecting integrated HIPAA, Medicare solutions, Facets..
* Seeking guidance and feedback from Enterprise Business Process Architect in escalating the GAPS and seeking inputs and suggesting the possible options in addressing the GAPS
* To-BE flows were documented using a visual representation tool such as Enterprise Architect toolkit or Visio process flowcharting using industry standard BPM process notation.
* Completed tasks as assigned during the course of the project within or across business areas.
* Reported to the Business Process Leads on daily stand-ups, measures progress and supplies metrics to quantify the progress, identifies and reports   risk/issues and suggests possible mitigations and resolutions.
* In depth knowledge of Medicare/Medicaid Claims processes from Admin/Provider/Payer side which were later part of the training program to vendors.
* Responsible for creating test scenarios, scripting test cases using testing tool and defect management for Policy Management Systems, Payables/Receivables and Claims processing.
* Used Rational clear quest for defect management.

**Environment:**

Windows XP Professional, Enterprise Architect, DataStage ,MS Access 2000, Cognos, MS Excel, RUP, Oracle, UML, Rational Rose, Requisite Pro, Clear Case 2002, Java, Rational Clear Quest 2002, Teradata ,Oracle, MS Office suite, MS Visio 2003

**State Division of Medicaid, Alabama (May 2012 – Mar 2014)  
Business Systems Analyst**

Alabama Division of Medicaid’s Medicaid Management Information System (MMIS) has to comply with Health Insurance Portability and Accountability Act (HIPAA) and ICD 10 requirements. Purpose of the project is to analyze GAP between current HIPAA 4010 / ICD 9 and compliance HIPAA 5010 / ICD 10 for state Medicaid Management Information System.

**Responsibilities**

* Involved in requirements gathering sessions with Business Analysts and Architects to understand requirements in terms of business change.
* Analyzed and tested various Common Eligibility Outbound Interface Process and other Inbound/Outbound Facets interfaces.
* Actively worked on Business requirement analysis and Data analysis.
* Analyzed System Impact including MMIS Tables, Windows, Reports and Interfaces to external entities.
* Interacted with different trading partners, TPL, Medicaid Subrogation and worked on solutions for EDI application integration into legacy Mainframe systems
* Created Business Rule Comparison (BRC) documents and Side-By-Side (SBS) comparison documents using 4010 / 5010 implementation guides for X12 transactions in Excel spreadsheet.
* Got hands on experience on analysis of GAP analysis between current HIPAA 4010 and HIPAA 5010 requirements.
* Created source table definitions in the DataStage Repository by studying the data sources.
* Installed and trained IT staff on Cognos and Hummingbird Business Intelligence tools.
* Analyzed and tested various Common Eligibility Outbound Interface Process and other Inbound/Outbound Facets interfaces.
* Analyzed the change detection process on Facets database tables to capture the daily changes done by Users through Online Facets Application
* Interface with client, EDI submitters, and state personnel. Direct EDI Analyst in the changes to requirement analysis on new and existing projects
* Installed and trained IT staff on Cognos and Hummingbird Business Intelligence tools.
* Train Unisys Alabama Medicaid staff on software and the EDI process. Interface with Systems staff throughout full life cycle of project. Develop price estimates and change requests
* Analyzed HIPAA 4010 and 5010 standards for 837P EDI X12 transactions, related to providers, payers, subscribers and other related entities.
* TLE Implementation and Configuration for Windows NT and Unix for various customers. XML interface for some trading partners who are not EDI compliant.
* Got exposure of IBM mainframe environment for Medicaid Management Information System impact assessment. Dealt with the EDI transaction-835 claims payments and remittance advice, which deals the payment from payer to provider.
* Analyzed HIPAA 5010 impact on external Data Warehouse and data warehouse extract process and mapping of MMIS database and data warehouse.
* Got exposure of EDI, Web Portal, DSS and System documentation.
* Analyzed MMIS system impact for Windows and Interfaces.
* Gathered all the needed data (table names, column names, field names, notes) from the Windows and Interfaces documents
* Analyzed RRI/Viking Subsystem (an external system off the state, dealing with conversion of paper claims to electronic claims) and recommended changes for HIPAA 5010.
* Responsible to meet the information demands of business users by delivering timely, accurate, meaningful and standardized data and reporting.
* Documented analysis, observations and recommendations.
* Attended daily meetings and dealt with day-to-day deadlines.
* Experience in Forward Mapping and Backward mapping analysis of ICD 9 – ICD 10 Conversion for CM (Diagnosis Codes) and PCS (Procedure Codes).

**Environment:**

Windows XP Professional, Enterprise Architect, DataStage ,MS Access 2000, Cognos, MS Excel, RUP, Oracle, UML, Rational Rose, Requisite Pro, Clear Case 2002, Java, Rational Clear Quest 2002, Teradata ,Oracle, MS Office suite, MS Visio 2003

**Mercy Health Plans, MO Jan 2011 to Apr 2012**

**Business Systems Analyst**

Mercy is an organization dedicated to the delivery of quality health care plans and products working together with its customers, consultants, brokers, providers and employers. As a EDI Coordinator/Analyst in I performed pivotal role in multiple projects & handling three releases at the same time. Release 1 & 2 was web-based service application developed for streamlining office workflow processes involved in Electronic Data Interchange (EDI) transactions and benefits in claims management cycle based on HIPAA Guidelines. Release three was based on reporting the policy premium. There were seven reports, which were generated in Brio portal.

**Responsibilities:**

* Extensively involved in maintaining requirements traceability and communicating any changes to these requirements to different business groups and programmers.
* Experience in EDI automated first-pass claim adjudication, requiring thorough understanding of claim processing, both front and backend operations.
* Gained understanding of Medicaid policy and billing requirements and documented needed changes to policies and billing manuals related to ICD10 through facilitation with internal KMHP program areas.
* Defined Functional Test Cases, documented, Executed test script in Facets system.
* Designed High level design, for New process, integrating with legacy and Facets
* Responsible for integrating with Facets .Designing test scripts for testing of Claims in Development, Integration and production environment.
* Extensively used Microsoft office suite of products and Cognos 8 for documentation and data interpretation for reporting test status.
* Analyzed and tested various Common Eligibility Outbound Interface Process and other Inbound/Outbound Facets interfaces
* Prepared Business Process Models that includes modeling of all the activities of the business from the conceptual to procedural level. Followed top down, leveled technique for building Business Process Models.
* Involved in HIPAA EDI transactions such as 270, 271,837 (P, D, I), 276, 277, 834, 820, 278,999/TA1, and 277 CA.
* As EDI Coordinator helped the coordinators’ to create resource plan, daily MI’s, feedback forms to monitor the progress of the delegates,
* Performed Requirement Analysis by gathering both functional and non functional requirements based on interactions with the process owners & stake holders and document analysis, represented them in Requirements Traceability Matrix (RTM).
* Involved in the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for processing of Medicaid Claims.
* Designed and documented test plan, test strategies, test cases in EDI Test Manager by evaluating the requirement document in Requisite Pro and performed hands-on testing for complex test conditions, scenarios and scripts so HIPPA transactions in EDI formats are verified.
* Validated all the incoming/Outgoing data from EDI 837/835 interfaces.
* Involved in Testing Various EDI transactions like 837 ,835,834,276,278.
* Acted as User Acceptance Testing coordinator and monitored business testing and interfaced with the development team regarding defect status and fixes on a daily basis.
* Utilized corporation developed Agile SDLC methodology. Used ScrumWork Pro and Microsoft Office software to perform required job functions.
* Developed and conducted statewide HIPAA 5010 and ICD-10 awareness program for all IDS staff in Tenet.
* Tested claims adjudication and group and enrollment in Amisys for New Medicare advantage members.
* Incorporated HIPAA standards, EDI (Electronic data interchange), transaction syntax like ANSI X12, Implementation and Knowledge of HIPAA code sets, ICD-9 ICD-10 coding and HL7.
* Generated test data using X12 generator for transactions 837P/I/D. Conducted Gap Researched and understood the claims adjudication and reimbursement systems based on HIPAA X12 4010 standards.
* Appreciated for mastering a Claims management product called Curam and providing the team with guidance on the application.
* Assisted JAD sessions to identify the business flows and determine whether any current or proposed systems are impacted by the EDI X12 Transaction, Code set and Identifier aspects of HIPAA.
* Involved in the full HIPAA compliance lifecycle from GAP analysis, mapping, implementation, and testing for processing of Medicaid Claims.
* Worked closely with the QA Team Lead in Creation, Preparation, and Implementation of quality assurance reviews and the development and execution of test plans Manually
* Involved in creation and execution of manual test cases in Mercury Test Director and automated Test Cases in QTP and analyzed the Test Results.
* Performed after Action/Post Milestone Reviews and quality reviews to ensure that developed software products met the business needs and are in compliance with RUP and CMMi 3.

**Environment:**

J2EE, .Net, UML, PDS, Share Point, NET, UML, MS Visio, DataStage **,**Teradata, RDBMS, Cognos, SQL, SQL Server, HTML, Dreamweaver, Informatica, Mercury Quality Center, Test Director, MS Suite.

**Client: WellCare Health Plans Inc, Tampa, FL Apr 2010 – Dec 2010**

**Business Systems Analyst**

This project was focused on the redesign of health insurance claims processing system covering the configuration of existing system with WellCare for Group, benefits, eligibility & claims, compliance check of various transactions according to HIPAA rules (834, 278) and X12 standards, re-engineering and capturing of transactions with legacy systems [Enrollment -834, Health Plan Premium-820, Eligibility Transaction (270/271), Service request for review and response (278), Claims (837) Claim Status Request and Response (276/277), Remittance (835)]

**Roles & Responsibilities:**

* Work on 834 and 835 projects, including syntax and business rules for X12 HIPAA 4010 validation for loops, segments, elements, qualifiers and code sets. Create export and XML processes for Lotus Notes. Create EDI Export and Import processes and work with EDI Trading Partners, Payers or Vendors
* Analyzed the security implementation of the application with respect to users perspective
* Worked on HIPAA Transactions and Code Sets Standards according to the test scenarios such as 270/271, 276/277,837/835 transactions
* Documented the business requirements into high-level requirements document.
* Gathered the requirements and transformed them into high-level Process-Flow Diagram using PowerPoint.
* Involved in Managing Data modeling project from Logical design and implementation of Sybase Database
* Identified source systems, their connectivity, related tables and fields and ensure data suitably for mapping.
* Performed extensive requirement analysis including data analysis and gap analysis.
* Worked on project life cycle and SDLC methodologies including RUP, RAD, Waterfall and Agile.
* Created Error Files and Log Tables containing data with discrepancies to analyze and re-process the data.
* Developed business process models in RUP to document existing and future business processe.
* Troubleshot the designed jobs using the DataStage Debugger
* Created a task plan for the team identifying the key deliverables and the respective deadlines.
* Supported users with word processing, spreadsheets, relational databases and presentation software. Created and developed the TO-BE system presentations using PowerPoint.
* Analyzed the business requirement as per the HIPAA rules and regulations.
* Adhered data transition of the payment and remittance advice as per the EDI standard 835.
* Created mapping/crosswalk documents for mapping data flow between systems.
* Generated SoDa report from the Sequence diagrams to show the sequence of interactions between the actor, boundary and the system using RationalRose and created Use Case Realization.

**Environment:**

J2EE, .Net, UML, PDS, Share Point, NET, UML, MS Visio, Teradata**,** RDBMS, Cognos, SQL, SQL Server, HTML, Dreamweaver, Informatica, Mercury Quality Center, Test Director, MS Suite.

**Matria Healthcare, GA Jan 2009 to Mar 2010**

**Business Systems Analyst**

Matria healthcare aids various government and private owned health care programs in order to make the customers more educated, motivated and self-educated. The organization provides various disease management and high-risk pregnancy management programs geared for health enhancement.

The web based loan application system keeps a record of the customer’s medical history and provides them with other health related benefits.

**Responsibilities:**

* Gathered and documented business requirements for existing and future business systems.
* Acted as a liaison between business staff and technical staff to articulate needs, issues and concerns.
* Lead multiple project teams of technical professionals through all phases of the SDLC using technologies including Oracle, Erwin, Data Stage, Data Warehousing, Websphere and Cognos.
* Performed testing for Medicare, Medicaid and X-Over claims for Medicaid Management Information System (MMIS)
* Performed extensive data modelling to differentiate between the OLTP and Data Warehouse data models
* Defined Functional Test Cases, documented , Executed test script in Facets system.
* Analyzed trading partner specifications and created EDI mapping guidelines.
* Healthcare system implementation including enterprise Electronic Medical Records (EMR) software.
* Created Data Stage jobs to extract, transform and load data into data warehouses from various sources like relational databases, application systems, temp tables, flat files etc.
* Designed and developed use cases, activity diagrams, and sequence diagrams using UML.
* Used the DataStage Designer to develop processes for extracting, cleansing, transforms, integrating and loading data into data warehouse database.
* Troubleshooted file transmission problems and assisted customers in a call center environment with EDI and Medicaid Insurance claim related inquiries explained and enforced guidelines in the X12 Implementation guides (837P, 837I, 837D, 270/271).
* Converted various SQL statements into stored procedures thereby reducing the Number of database accesses.
* Responsible for integrating with Facets .Designing test scripts for testing of Claims in Development, Integration and production environment.
* Developed estimates, project plans (Microsoft project), training material, BI reports using Microstrategy
* Used Query Analyzer, Execution Plan to optimize SQL Queries
* Ensured that all Lines of Business specifications were consistent in form and function to the Diamond Base System.
* Worked closely with the Enterprise Data Warehouse team and Business Intelligence Architecture team to understand repository objects that support the business requirement and process.
* Ensured that project requirements are properly tracked and documented.
* Used MS-Visio for flow-charting, Use- Case process model and architectural design of the application.
* Assisted in monitoring ancillary data transactions and addressed problems with HL7 messages.
* Successfully conducted JAD sessions, which helped synchronize the different stakeholders on their objectives and helped the developers to have a clear-cut picture of the project.
* Analyzed the change detection process on Facets database tables to capture the daily changes done by Users through Online Facets Application.
* Worked in mainframe environment and used SQL to query various reporting databases
* Lead Business Intelligence reports development efforts by working closely with Microstrategy, Teradata, and ETL teams
* Used different ad-hoc analysis, the Reports assist in defining strategy for each customer category.Informatica was used for ETL process and Business Objects 6.5.1 & XI R2 are used for Reporting duties.
* Responsible for cost estimation and timelines for various BusinessIntelligence reports
* Designed and Developed the Business Objects Universes which suit the standard, analytical and ad-hoc reporting requirements of the Business Objects users.

**Environment:**

Microsoft Office 2003 Professional (Outlook, Word, Excel, Visio, Access, etc.),Teradata, Microsoft SharePoint 2003,UML, RUP, UAT, db2, Peoplesoft GL,Mercury Test Director, SQL, .NET, Clear Case

**O.U Medical Center, OKC, OK (Sep 2007 – Dec 2008)**

**Business Analyst**

A Physician Support System was built to capture out patients clinical data using an Electronic Medical Record Management System. The purpose of this system was to have a Paperless Medical Record and instant retrieval of data by doctors. The patient’s medical record contains information such as physical examination and information specific to the medical discipline. The system also captures information about the patient’s appointments, medical summary and flow of medical activities

of his/her throughout the clinic visits.

**Responsibilities**

* Gathered Business Requirements and managed them using Requisite Pro.
* Interacted with the Users, Designers and Developers, SMEs, Project Manager to get a better understanding of the Business Processes.
* Designed the project development plan based on agile methodology of SDLC.
* Helped Project Manager in Project Management Documentation and got MS Project experience.
* Used Excel to create the Data Mapping documents which is used by the Development & Testing team. Worked very closely with the latter in order to make sure the correct Data Element is being passed from one system to another
* Responsible for creating UML modeling plans, Use cases, process flows, and business requirements documentation using MS Visio, RequisitePro and ClearCase tools.
* Analyzed and modeled the system using Data flow Diagrams, Functional Hierarchy Diagram, Process Development Diagram, CRUD (Create, Read, Update and Delete) Matrix
* Performed underwriting tasks and analyzed and optimized the online application for the insurance agents
* Experience with documenting Claims processing lifecycle and got good exposure of X12 837 transactions for HIPAA 4010.
* Used Query Analyzer to optimize SQL Queries.
* Maintaining SQL Script for creation of Database Objects.
* Responsible to meet the information demands of our business users by delivering timely, accurate, meaningful and standardized data and reporting.
* Developed tables, Views, Stored Procedures and Triggers using SQL Scripting.
* Established Inner Join, Outer Join and created Indexes whenever necessary.
* Used RUP iterative process to conduct Data Analysis on the client profile data to find missing data fields in the database and customize them
* Created Supplemental Specifications in RequisitePro and updated the RequisitePro Global Glossary.
* Systems Documentation included Business Requirements Document (BRD), Systems Requirement Specification (SRS) and test plans using RequisitePro. Worked as Liaison between users and technical team for BRD and SRS.
* Created AS-IS and TO-BE business process flow diagrams, integrated process flow diagrams to show one end-to-end business model and process mapping including swim lanes.
* Performed Data cleansing to detect and correct corrupt data. Responsible for creating and maintaining end-to-end Data Mapping and Data conversion spreadsheet
* Helped in creating of Data-Mapping best practices document including visual processes and trained team members on Data Mapping process and tools and got good exposure of RDBMS of different databases of the organization.
* Used Rational Clear Quest to maintain and track the requested enhancements and changes.
* Used Rational Clear Case to maintain different builds of the application with description about all changes and versions.
* Created Project management plans for managing on time delivery using MS Project along with writing test cases, test scripts and systems integration test and user acceptance test plans

**Environment:**

J2EE, .Net, UML, PDS, Share Point, NET, UML, MS Visio, Teradata, RDBMS, Cognos, SQL, SQL Server, HTML, Dreamweaver, Informatica, Mercury Quality Center, Test Director, MS Suite.