Vasudha Vemula   
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***PROFESSIONAL SUMMARY:***

* *Over 7 years of experience in Information Technology as a Sr Business Analyst with expertise in implementation of full life cycle (SDLC) Cognos Data Warehousing, Data Integration, Business Intelligence(BI)*
* *Extensive experience in business requirement gathering, analysis, modeling and project management.*
* *Successfully conducted interviews, brain storming sessions, group interviews, prototyping, focus group sessions and JAD sessions in order to gather requirements. Proficient in using UML to create Activity diagrams, Sequence diagrams, Use case diagrams.*
* *In depth knowledge of Business process modeling, Business process management and workflow management.*
* *Build and maintain strong relationships with business partners, customers, technology teams and Data Management team to build Business Intelligence (BI) solutions.*
* *Using Facets for various health insurance areas such as enrollment, member, Products and other FACETS related modules*
* *Experienced in various Healthcare areas like Enrollment, Benefits, Claims, Medicare, and implementation of HIPAA key EDI (ANSI X12) transactions.*
* *Dealt with the complexity of migrating from the ICD-9 set of diagnostic codes to ICD-10.*
* *Expert in all phases of Requirement Management, including gathering, analyzing, tracking requirements and quality assurance.*
* *Extensive knowledge of Software Development Life Cycles (SDLC). Thorough understanding Waterfall and Agile methodologies. Expertise in all phases of the software development lifecycle including requirements analysis, design, development, testing, implementation, integration, documentation, configuration management, training, enhancements.*
* *Experience with EDI transactions such as EDI 834 (Benefit Enrollment and Maintenance), 277/275(Health Care Claim Request for Additional Information and Response), 276/277 (Health Care Claim Status Request and Response), 835 (Health Care Claim Payment/Advice), 837P (Health Care Claim: Professional), ICD9, CPT and NDC Codes.*
* *Excellent knowledge of the AS-IS and TO-BE business processes and experience in converting these requirements into technical specifications for preparing test plans.*
* *Excellent communication and Interpersonal Skills, capable of communicating with higher management, and directors. Exceptional mediator between external and internal customers, capable of interpreting their needs and positions to ensure the success of the projects.*
* *Proficient in developing Analysis Model, Use Case Diagrams, Activity Diagrams, Behavior Diagrams, Class Diagrams using MS Visio for business process modeling and designing data flow diagrams (DFD).*
* *Experience in testing Business Intelligence reports generated by various BI Tools like Cognos and Business Objects.*
* *Hands on experience in all major facets of Project management – project planning, execution, milestone monitoring, resource utilization and driving a team with multi vendors and customer.*
* *Assisted the development team throughout the construction process of the software.*
* *Experienced in complete AGILE, RUP, SDLC, Client /server architecture providing a well-balanced understanding of business relationships, business requirements, worked for financial and technical solutions and help the team at all levels until final product release.*
* *Expert in writing UAT test cases, test plan, test strategies based on the process requirements. Proficient in quality control and quality assurance testing techniques.*
* *Highly efficient, demonstrated superior time management and multi-tasking skills by accomplishing full-time studies and employment concurrently*

***TECHNICAL SKILLS:***

***Automated Testing tools****: Rational Unified Process (RUP), UML,*

***Business Intelligence****: Cognos Framework Manager, Cognos Connection, Report Studio, Query Studio, Business intelligence,*

***RDBM****S: SQL Server, MS Access, Teradata, Oracle 8i/9i, MySQL*

***Operating Systems****: MS-DOS, Windows 98/NT/2000, Win XP, UNIX*

***Healthcare Tools****Facets &, EDIFECS, EDI,HIPPA,ICD 10,9*

***Software Tools/Utilities***  *MS Word , MS Excel, MS PowerPoint 5.0, MS Access, IBM*

***DB Tools:***  *Oracle, MS Access, Microsoft SQL server, SAS, Toad, SQL Developer, Transact - SQL (Query Analyzer)*

***Languages/Dev Tools:*** *VB, SQL, PL/SQL, Test Scripting Language, C++, Java, SOAP UI, XML*

***Scripting Language:*** *HTML, XML, VBScript, TSL, UNIX shell scripts, SQA basic*

***Other****: J2EE, Microsoft Office, IIS, Visio 2000, Rational Rose*

***PROFESSIONAL EXPERIENCE:***

***Health Partners Inc. Philadelphia, PA Jan-2013-Aug-2014   
Business Analyst / Cognos BI Analyst*** *As a Business Analyst worked on research department which was currently trying to develop an ODS/Data Warehouse to support its institutional equities research department. The data warehouse was being designed. This project implemented ETL process using Informatics A new Claims Processing system (FACETS), Data warehouse and IBM Cognos reporting application to replace a legacy source system and reporting application (GQL/ BI Query) are critical parts of this initiative, Billing and enrollment for Approval/Declines of applications. The project was also to upgrade and integrate ICD 10 and HIPAA 5010*

***Responsibilities:***

* *Worked with the statisticians and underwriting team to analyze and validate run-time decision models.*
* *Generated weekly reports for the senior management and collaborated between the team lead and development teams for clarification of issues. Applying Business Intelligence concepts to analyze the existing data at clinics and migrating them to the master database. Responsible for overall project development cycle with RUP approach.*
* *Developed and prepared new and enhance existing Cognos applications.*
* *Analyzed and documented the changes in the compliance rules for adverse action redesign.*
* *Analyzed the Interfaces to mainframe application data sources, reviewed and verified the data quality in Business Intelligence Reports*
* *Ensure day-to-day EDI transmission, Reject tracking and Reconciliation.*
* *Involved in up-gradation of HIPAA X12 4010 transaction to HIPAA X12 5010 and ICD 9-CM (Clinical modification) to ICD-10-CM/PCS (Clinical modification/procedure coding system) simultaneously.*
* *Well-versed in developing reporting applications using Cognos Business Intelligence components like Report Studio, Framework Manager, Query Studio, Analysis Studio, Metric Studio and Cognos Connection.*
* *Responsible for data management, data modeling and data mapping, for writing story card and check if they are implemented on time, for mapping EDI X12 data into XML and then to the FACETS system using Extreme translator*
* *Expertise in developing Business Intelligence and Data Warehouse applications. Creating Universes for Adhoc reporting and also for Dashboards. Creating Full Clients and Web Intelligence Reports.*
* *Designed new database tables to meet business information needs. Designed Mapping document, which is a guideline to ETL Coding*
* *Extensive use of Use cases, written business flows, and work flow diagrams for effective plans.*
* *Managed all the requirements, making requirements available to all team members.*
* *Experience with Informatics metadata manager and Business Intelligence tools like Business Objects, Cognos and Defect management tools.*
* *Created requirements analysis and design phase artifacts using Requisite Pro and MS Visio.*
* *Worked extensively with the users and with different levels of management to identify requirements, use cases and to develop functional specifications.*
* *Analyzed the mainframe reports for member/eligibility/claims and mapped the fields with FACETS batch jobs and reports.*
* *Data Analysis using Advanced SQL, SAS, Excel, Access, Business Objects, Queries, Reports, Table and Forms*
* *Conducted Asset Management, Risk Analysis of the Requirements and Traceability focus areas of the various projects and worked with the project team to help them identify the high-risk areas..*
* *Installed and configured Cognos BI and worked with Cognos BI modeling, Report Studio.*
* *Design specifications and Test Case usages for the HIPAA 837, 270/271, 276/277, 835, 824, 275 and others.*
* *Involved in implementation of Business Intelligence Applications using Cognos and Business Objects, building Data Marts and enterprise wide Data Warehousing.*
* *Broad Understanding of Cognos BI tools and ability to translate user requirements into Framework Manager Models and reports.*
* *Analyzed functional requirement documents and data specifications for ETL Process*

***Environment:*** *Facets MS SQL, Windows XP, Requisite Pro, Clear Case, UML, Business Objects, Business Intelligence,Congos , Report Studio,IBM MS Visio, SQL, SAS, ETL MS Project, MS Excel*

***Coventry Health Care, Downers Grove, IL Sep-2011-Dec-2012***

***Business System Analyst***

*Coventry health care is a provider of managed health care services offering members a wide choice of options, high standards of care and affordable rates. Cognos creates a true self-service reporting environment against a number of information systems. the analysis of ICD 9 – ICD 10 Code Set Conversion. I was involved in the analysis and documentation of ICD 9 – 10 Crosswalk using GEM (General Equivalence Mapping).  I was also involved in the HIPAA 4010 – 5010 Requirements Gathering sessions for the EDI Transactions between providers, payers and employer groups.*

***Responsibilities****:*

* *Designed and developed the reports as per the requirements in Cognos*
* *Coordinated with Business Owners, Application Vendor, Payers and Clearinghouses to bring all processes to a level of execution to mitigate any impact to current revenue flow under the 5010-compliancy requirements*
* *Worked with customers, end-users, technical architects, and application designers to definethe data requirements and structure for Business Intelligence (BI) applications.*
* *Performed Analysis of ICD9 Procedure and Diagnosis Codes in accordance with ICD 10 CM and ICD 10 PCS Conversion Compliances.*
* *Organized meetings and led JAD sessions to ensure legal and compliance deadlines of CMS (Centers for Medicare and Medicaid Services) are met.*
* *HIPAA 4010–5010 Conversion Analysis – Involved in the documentation of HIPAA 5010 changes to EDI 837, 834, 835, 276, 277 Transactions.*
* *Knowledge in Business Intelligence, Business Architecture and Data Warehousing including Data Analysis and Data Mapping.*
* *Worked with EDI Mercator Team for Data Mapping, Data mining and Building 837 Maps*
* *Documented the UAT Plan for the project and worked with the UAT Team to ensure every acceptance criteria for the requirements has been included in the UAT task plan.*
* *Worked with Business Owners of IDX, the claims adjudication system, and documented updates and enhancements to the application.*
* *Creating New Jobs using Cognos Connection.*
* *Study the business process and gather the client requirements. Base line the Business Intelligence tools.*
* *Effectively elaborated the Current process and gave a clear picture of the proposed process for the projects in the organization.*
* *Highly experienced in developing decision support applications with Cognos and other Business Intelligence, ETL and database tool suites*
* *Designed and developed LDAP authentication & authorization module Generated weekly, bi weekly, monthly reports with help Oracle, SQL, MS Access, MS Excel, UNIX, SAS.*
* *Involved in Trading Partner Setup for claims coming from FACETS and trading partners.*
* *Analyzed the EDI X12 data elements in the existing system to validate it against the data elements required in new system.*
* *Vendor Management – Worked as a facilitator for Testing Efforts and New Requirements between the Healthcare Company and its various Vendors.*
* *Interacted with ETL team to gather the requirements for the reporting.*
* *Maintained the Traceability Matrix Table to uniquely trace the identified business requirements to general design to testing as proof that requirements requested have been developed into a solution and that it has been tested and tracked.*

***Environment:*** *MS Visio, Word Excel, PowerPoint, Rational Rose, Requisite Pro, Business Intelligence, Cognos, ETL, Report Studio SQL, Quality Center and Teradata, Oracle. Facets,*

***Humana, Louisville, KY Apr-2010-Aug- 2011***

***Business Analyst***

*Humana provides health insurance coverage for more than 1 million people in the United States. The project was focused on the redesign of health insurance claims processing system covering the configuration of existing system with QNXT for Group, benefits, eligibility & claims, compliance check of various transactions according to HIPAA rules (834, 278) and EDI 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)*

***Responsibilities:***

* *Gathered Business Requirements from the Subject Matter Experts (SMEs) and documented the requirements in the BRD.*
* *Gathered and documented functional requirements for testing and verification of HIPAA.*
* *Web Portal Development – Worked as a Business Analyst gathering requirements to develop a referral portal.*
* *Created process flow diagrams describing provider and member access to the web portals. Elicited and documented business, user, functional and non-functional requirements.*
* *Healthcare system implementation including enterprise Electronic Medical Records (EMR) software.*
* *Gathered requirement for HIPAA 4010-HIPAA 5010 and ICD 9 (clinical modification) to ICD10 conversion.*
* *Involved in the EDIFECS claims mapping and Gems mapping of values for the other claim sub systems Slam dunk candidate will have experience testing*
* *Developed, communicated, and validated requirements package with business and developers.*
* *Engaged with clients to understand business processes and determine their specific requirements.*
* *Facilitated Joint Application Development (JAD) Sessions for communicating and managing expectations*
* *Validate EDI Claim Process according to HIPAA compliance.*
* *Tested HIPAA regulations in Facets HIPAA privacy module.*
* *Extensively used Agile Methodology in the process of the project management based on SDLC.*
* *Involved in up-gradation of HIPAA X12 4010 transaction to HIPAA X12 5010 and ICD 9-CM (Clinical modification) to ICD-10-CM/PCS (Clinical modification/procedure coding system) simultaneously.*
* *Conducting business validations, covering the following deliverables: FACETS Providers, Facets Claims and Facets Membership and Operational reports.*
* *Created process flow diagrams describing provider and member access to the portals*
* *Tested the HIPPA EDI, 834, 270/271, 276/277, 837/835 transactions according to test scenarios and verify the data with Facets on different modules.*
* *Participated in frequent Agile team meetings (Scrum planning, daily stand-ups, retrospectives) to provide UX input and guidance to an Agile product development process.*
* *Designed and developed scenarios based on business requirements.*
* *Followed RUP methodology for the entire SDLC.*
* *Designed Test Plans for Manual Testing, System Testing, Integration Testing and Performance Testing, of the applications and used EDIFECS spec builder to look for the severity of HIPAA Edits.*
* *Design, development, implementation and roll-out of Micro Strategy Business Intelligence applications, Rational Unified Process (RUP) was used to implement iterative SDLC.*
* *Used Cognos Connection for organizing, security, scheduling and distributing reports.*
* *Tested the ANSI X12 Version 4010 / EDI transactions (HIPAA) like 270, 271, 276, 277, 278 837P, 837I, 837D, 835 remittances)*

***Environment:****, Report Studio, Analysis Studio, Cognos Prime Suite RUP, UML, HTML, EDIFECS, EDI, Agile, JAVA, MS VISIO, MS OFFICE (Word, Excel, MS Access, PowerPoint, Project), Basel II*

***Oxford Health Plans, CT Sep-2008-Feb-2010   
Business Analyst***

*Oxford Health provides customers with employee benefits and services that improve the health the project involved statistical analysis of Phase II – Phase IV Clinical Trials data extraction, analyzing and reporting. Responsible for analyzing data received; involving in Data Manipulation and Validation; writing and developing SAS reports to display results; performing integrated summaries and electronic submission activities.****Responsibilities***

* *Analysis of the defects related to the reports and various EDI transactions within the HP system*
* *Used the Import and export procedures to transfer data into different formats, several SAS functions, Arrays for manipulating data for producing descriptive statistics. Exported SAS data to Excel to produce reports and graphs.*
* *Create and maintain the Business Requirement Documents for the defects (Defect Resolution Document) Act as a liaison between the ETL developers, QA tester and SME*
* *Wrote standard and complex SQL queries to perform data and graph validation to meet user needs.*
* *Used FACETS Analytics for fast and easy retrieval, display and grouping of information for performing queries and generating reports.*
* *Help in preparing the training material of the providers and insurance companies using the software supporting ICD 10.*
* *Utilized survey assessment results of ICD-10 to create listing constraints, processes, projects and systems, applications and vendor software to be impacted by the ICD-10 Conversion Project.*
* *Participated in Code and Design Reviews for the ODS project for backend Data population and reporting system.*
* *Assisted with Unit, SYT, and SIT testing using HP Quality center, written test plans, defined test cases and performed backend testing using SQL queries*
* *Worked With HIPAA compliant ANSI X12 837 formats for both professional claims and institutional claims.*
* *Created macros to enhance accuracy of analysis and reduce the time to accomplish the weekly tasks*
* *Working through the phases of SDLC using the Agile methodology*
* *Worked on different modules of Facets such as Members/subscriber, commissions, provider, billing, plan and Case management.*
* *Worked on defect related to EDI 837, 835, 277 and 999 transactions*
* *Worked on new requirements (Change Request) and modifications on various reports that were determined as critical by the Client.*
* *Validation of mock screens, wire frame and Graphical User Interface for the project created by technology stakeholders based on approved Functional Requirements.*

***Environment:*** *MS Office, MS Project, UML, RUP, Visio HP UNIX,, UNIX, SQL Developer, MS Access, Windows XP, Agile, Oracle, MS Office tools, HP*

***UNICARE, Minneapolis, MN Jan-2007-Aug-2008***

***Business Analyst***

*Unicare is a national organization dedicated to the delivery of quality health care plans and products to its customers. This project aimed at developing software for auto-adjudication of claims process to improve the efficiency in processing claims. The system primarily aimed at handling Medicare / Medicaid insurance claims and process exceptions.*

***Responsibilities:***

* *Analyzed current business process flow by understanding preset business rules and conditions.*
* *Conducted formal interviews, Live Meetings and JAD sessions with business users Subject Matter Experts (SME’s)*
* *Designed and developed Use Cases, Activity Diagrams and Sequence Diagrams using UML.*
* *Involved in Backend Testing to verify data integrity by using SQL.*
* *Documented, organized and tracked the requirements using Rational Requisite Pro.*
* *Defined project milestones, schedules, and monitored progress using MS-Project and updated plans as required.*
* *Analyzed and tested Data Interface needs with external systems.*
* *Analyzed, manipulated and updated Database using SQL.*
* *Gap Analysis: Analyzed the client’s applications programs to determine the impact of the* *HIPAA rule on EDI Transaction Set and Code List implementation and defined the changes to bring the affected systems into HIPAA compliance.*
* *Assisted with user testing of systems and maintained quality procedures and ensured appropriate documentation is in place.*
* *Maintained Requirement Traceability Matrix (RTM) and Utilized Clear Quest for change requests and defect tracking.*
* *Claim validation and Pend/Denied Claims Analysis for the Health plans Medicaid programs.*
* *Worked closely with the technical team to look up for the best possible solution on requirements by keeping business needs and technical constraints in mind.*
* *Updating, transferring and sharing Files using FTP between Windows and UNIX machines.*

***Environment:*** *UML, MS Word, Rational Requisite Pro, Rational Clear Quest, Quality Center, SQL, FTP, Telnet*