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**Summary**

* Over 8+ years of IT industry experience with a proven skill in the field Business Systems Analyst, Software Testing and Business Analysis.
* Solid Experience in documentation of User Requirements, as well as organizing interviews, User meetings, workshops, JAD sessions and requirement elicitation sessions.
* Possess strong knowledge of healthcare terminology and extensive experience working on healthcare projects. Specialized experience in healthcare insurance domain. Profound understanding of insurance policies like HMO and PPO and proven experience with **HIPPA** 4010 EDI transaction codes such as 270/271(inquire/response health care benefits),276/277(Claim status), 834(Benefit enrollment), 835(Payment/remittance advice),837(Health care claim)
* Using Facets for various health insurance areas such as enrollment, member, Products and other FACETS related modules
* Performed data stage designing, extracting data packages, transforming and loading data packages, stored procedures, process design and implementation.
* Experience in testing Facets applications and EDI transactions
* Experienced working with x12 version 5010 transactions and ICD -10-CM and ICD-10-PCS Code set changes analysis, design and migration strategy.
* Have excellent knowledge of **HIPPA 4010 /5010** versions.
* Experience working and testing mapping for X-12 transactions using Integration tools like **SYBASE**, **TIBCO, EDIFECS** and **Sterling GIS suites.**
* Strong experience in Mainframe Batch Cycles & Online Real-time Processing.
* Expertise technically with database development and data warehousing concept/tools.
* Worked in the performance tuning of the programs, **ETL** Procedures and processes.
* In depth knowledge Rational Unified Process **(RUP)** methodology, Use Cases, Software Development Life Cycle **(SDLC)** processes, Object Oriented Analysis and Design **(OOA/D).**
* Experienced in conducting training sessions for users.
* Experienced in conducting GAP analysis, User Acceptance Testing (UAT), SWOT analysis, Cost benefit analysis and ROI analysis
* Sound knowledge of test management tool **HP Quality Center, HP Application Lifecycle Management** and Rational Clear Quest tools.
* Expertise in writing **SQL scripts** used in manual testing both front-end and back-end
* Expertise in TOAD, SQL Server Management Studio.
* Experienced in testing applications developed using PL/SQL, Java, J2EE, HTML, XML, ASP, Visual basic and C/C++.
* Facets support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Experienced in writing test queries/scripts for data analysis and QA report testing
* Extensive experience in writing and executing complex SQL queries using TOAD 9.0.1 to validate data within SQL **Server 2007 database.**
* Experienced in Object Oriented Analysis, Data Analysis, Requirement Analysis, Business Modeling and Use Case development using UML methodology
* Expertise in developing QA Test Plan, Test Conditions, and Test Cases; ensuring adequate testing of software both before and after completion; conducting and documenting UAT.
* Expertise in the management of User Request Change, and handle User Conflicts
* Ability to organize, document and track changes and defects by Traceability Matrix, using Rational Requisite Pro, Clear Quest, Clear Case
* Expertise in Claims, Subscriber/Member, Plan/Product, Claims, Provider, Commissions and Billing Modules of Facets.

**Technical Skills Inventory**

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| --- | --- |
| **Methodologies** | Waterfall, RUP, Agile, UML |
| **Modeling Tools** | Rational Rose, MS Visio |
| **Requirement Management Tool** | Rational Requisite Pro |
| **Testing and defect tracking Tools** | Rational Robot, Rational Clear Quest, Rational Clear Case, Quality Center**,** Win Runner, Load Runner, and Quick Test Pro (QTP) |
| **Project Management Tool** | MS Project |
| **Operating System** | Windows Vista/XP/2000/98/95, Dos, Unix |
| **Integration/ Middleware Tools** | TIBCO, STERLING-GIS, PERVASSIVE |
| **Languages** | JAVA, JAVA Script, .Net, VB, COBOL, C, C++ |
| **DBMS** | MS SQL Server 2005/2000/2008/2012, Oracle, MS Access 7.x, PL/SQL |
| **Web Technologies** | ASP, .CSS, HTML, DHTML, XML |

**Professional Experience:**

**Assurant Health Foundation, Inc, Milwaukee, WI Mar-2013-Aug-2014**

**Business Systems Analyst**

It provides individual, group health, and specialty insurance plans for more than 1 million people in 45 states. Assurant Health is the brand name for products underwritten and issued by Time Insurance, John Alden Life Insurance, and Union Security Insurance. The company's products include individual medical, small business, and short-term health insurance products. 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:**

* Conducted formal interviews, Live Meetings and JAD sessions with business users and matter experts.
* Designed and developed Use Cases, Activity Diagrams and Sequence Diagrams using UML.
* Involved in Backend Testing to verify data integrity by using T-SQL.
* Documented, identified, organized and tracked the requirements using Rational Requisite Pro.
* Created Data Flow Diagrams (DFDs), ER diagrams for data modeling and Web-page mock-ups using MS Visio for acceptance from end users.
* Defined project milestones, schedules, and monitored progress using MS-Project, creative pro office and modified, updated the project scheduled plans as required.
* Analyzed and tested Data Interface needs.
* 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.
* Worked extensively on both inbound and outbound transactions, creating test cases for multiple transaction types including 837, 835, 276, 277, 270 271
* Got involved in designing future state processes for HIPAA 5010 transaction processing EDI’s 837,835, 270, and 271.
* , assisting and leading various teams by complying with already going works in the health care domain and work with the conversion.
* Worked on new Pharmacy Benefit Management System Medical Claim Data feed, Data Dictionary layout and definition, Eligibility files and various File Transfer Specifications
* Gap Analysis: Analyzed the client’s applications programs to determine the impact of the HIPAA final rule on EDI Transaction Set and Code List implementation and defined the changes to bring the affected systems into HIPAA compliance.
* Worked with FACETS Team for HIPAA Claims Validation and Verification Process (Pre-Adjudication).
* Worked intensively on FACETS for audit trails made on the used account and check and store information related to the HIPPA authorizations.
* Worked with FACETS to port the system from and check the system responds equally fast and also is complying with the standards of the institution all the time.
* 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

**Mega Life Health Insurance, North Richland Hills, TX  Oct-2011-Feb-2013   
Business Systems Analyst**

Mega Life Health Insurance Company provides different types of care plans such as PPO, HMO, indemnity, and hybrid plans to employers and, individuals. The project at Mega life Health insurance was the development of a state of the art web-based technology re-engineered from a legacy database technology, encompassing the business functions. The first phase involved re-engineering of the existing billing system along with achieving HIPAA compliance. . Also, using different ad-hoc analysis, the Reports assist in defining strategy for each customer category. The deliverables in this phase included core billing functionality, centralized dictionaries and standard reports. The second phase included System migration along with document imaging and integration of appointment schedulingclaims more accurately the first time, which saves costly follow up and mistaken payments.

**Responsibilities:**

* Gathered analyzed, documented business and technical requirements from both formal and informal sessions and validate the needs of the business stakeholders.
* Conducted user interviews and documented business and functional requirements.
* Performed Requirement Analysis and developed Use Cases, Activity Diagrams using Rational Rose
* 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.
* Worked on health information exchange (HIE).
* Worked on Health Insurance Packaged Application like QNXT. Providing US Health Insurance domain and TriZetto’s QNXT training & mentoring to other internal Business Analysts and Entry level fresher’s including knowledge of conversation from earlier versions of QNXT. Extensively worked with QConnect.
* Worked on Facets to help payers efficiently execute core administrative functions, including claims processing, premium billing and customer service.
* Set up and configure HP ALM (QC) management tool to organize user groups, set standards for requirements, testing and defects reporting.
* Experience with TriZetto Facets and TriZetto HIPAA Gateway supported new business requirements by extending the functionality of the core Facets system using the Facets extensibility architecture feature.
* Experience with TriZettos Facets Application Groups: Claims Processing, Guided Benefit Configuration, Medical Plan, Provider, Subscriber/Member, Utilization Management
* Involved in HIPAA EDI transactions such as 270, 271,837 (P, D, I), 276, 277, 834, 820, 278,999/TA1, and 277 CA.
* Designed Medical and Behavioral Health test scenarios for different phases of QA and UAT testing cycles using various parameters like; Member’s information - from different LOB’s (Line of Business) – Medicare, Medicaid, HMO, PPO, EPO, and POS; Different POS/TOS combination - with corresponding ICD and CPT codes; and  Vendor / Provider Status - for both
* Worked on modules related to Providers, Contract & Claims and worked with Claims, Provider attributes, enabling EOB & Remit rules associated with Provider configuration process in QNXT.
* QNXT Configuration and Maintenance/QA Activities included: Addition/Removal of CPT/HCPCS/Rev/ICD 9/Procedue codes/Custom fees/Restriction and Service Groups in a Benefit/Contract term. Also, addition and updating of Contract Terms (Change in reimbursement fees like daily rates) with the state specific revised rates of fee schedules.
* Experience with Trizetto Facets System implementation, Claims and Benefits configuration set-up testing, Inbound/Outbound Interfaces and Extensions, Load and extraction programs involving HIPPA 837 and proprietary format files and Reports development.
* Worked with Facilities to get the correct count on number of Members/ Eligibility and Demographic information to set  Groups/Subgroups/Subscribers/Members accurately in facets.
* Managed the product backlog and change request log for B2B applications using Excel.
* Created requirement documents for the development of the new HIX connector product that would integrate the exchange enrollment data with the existing core applications.
* Created HP ALM Quality center Training document.
* Introduced Agile to the product team and organized releases into SCRUM sprints, incorporated elements of XP
* Requirements Gathering/Documentation – Designed and documented detailed business requirements, functional requirements utilizing PMO & Governance approved templates.
* Created Test data and test cases in MS Excel to test numerous  scenarios, for setting up Providers in FACETS.
* Worked with Facets Architects to get in-depth knowledge on Providers life cycle and how can Members and Claims get affected with Providers Network setups.
* Participated in HIX (Health Information Exchange) with State Business Leaders, for defining broader scope which will offer a mechanism by which patients, physicians, public health officials and researchers will be able to access data and actionable information, to allow them to demonstrate measurable improvements in health care quality, safety, efficiency and population health.
* Created a Mapping document to map Codes provided by Vendor/Roster/Government owned Facilities to match the codes that are acceptable in Facets.
* Identified the requirements that go in each sprint, collect them in the sprint backlog and collecting and managing the requirements that are not part of the current sprint into the product backlog.
* Utilize MKS Integrity 2009 for Software Lifecycle Management (SSLM) and Application Lifecycle Management (ALM).
* Led JAD session with IBM and IT System staff to include the EDI transaction sets; and quote to cash sales process into the ERP claims process. The system upgrades were implemented.
* Played key role in System Development Life Cycle Process consisting of: Design and Gap Analysis, Business Requirements, Systems Requirements, Test Criteria, and Implementation to have the outputs of project dealt with the automation of correspondence directed to Insurance policy owners.
* Designed High level design, for New process, integrating with legacy and Facets
* Involved in creating business processes and modeling diagrams using Rational Unified Process (RUP).
* Created use case scenarios and documented work flow and business process using Rational Rose
* Wrote test cases and test scripts for the User Acceptance Testing (UAT).
* Identified/documented data sources and transformation rules required populating and maintaining data warehouse content.
* Responsible for creating test scenarios, scripting test cases using testing tool and defect management for Policy Management Systems, Payables/Receivables and Claims processing.
* Queried database using SQL for backend testing
* Used Rational clear quest for defect management

**Environment:** Visual C++, SQL Server, UML, Facets, Agile / Srum Sprint, Sprint Backlog, MS Office Suite, Test Director, Visio, Rational Clear Case, Clear Quest

**Mercy Health Systems, CA Feb-2010-Aug-2011**

**Business Systems Analyst**

This project is for enhancing portal build for automated reporting. Information Management system has direct interface with the hospital management. The claims and insurance details are processed at the health care facility for preferred insurance company and providing them in EHS – Environmental health and safety system. Project is implemented in accordance with the HIPAA guidelines in Facets platform.

**Responsibilities:**

* Implemented business optimization projects that reduced the cost, improved efficiency and quality.
* Involved in monthly business reviews with the program/project managers and management teams.
* Involved in tracking business goals, performance and status across the projects.
* Developed Business Requirement Documents (BRD) and Functional Requirements Document resulting from JAD sessions and translated requirements to development teams.
* Developed Implementation Plan.
* Having cross functional review where in required for setup.
* Participated in ICD 9 to ICD 10 codes mapping sessions.
* Designed Use Cases, Use Case diagrams, Sequence diagrams in UML methodology using MS Visio.
* Well versed with HIPAA, Facets System, claim adjustments, claim processing from point of entry to finalizing, claim review, identifying claims processing problems, their source and providing corresponding solutions.
* Tracked Business requirement traceability matrix (RTM).
* Assisted the QA team, by testing web applications using Quality Center.
* Defined Functional Test Cases, documented, Executed test script in Facets system.
* Maintained a good working relationship with departments such as, Research, Clinical Trial, and Regulatory departments and often communicated with them and provided technical support throughout the product development.
* Worked with the management for improving and giving new ideas for designing future processes of the HIPPA transactions dealing out with EDI’S 271, 276 and 270, 470, 835, 837, 834, HIPAA 4010, 5010, claim adjustments, claim processing from point of entry to finalizing, claim review, identifying claims processing problems, their source and providing alternative solutions using best practice model and principles and also well versed with ICD10, Facets
* Liaised and Coordinated in resolving EDI mapping issues arising from the third party systems.
* Customized an off the shelf supplemental Billing software that generated HIPAA compliant claims.
* Design specifications and Test Case usages for the HIPAA 837, 270/271, 276/277, 835, 824, 275 and others.
* Responsible for updating weekly status to the Project Manager.

**Environment:** UML, Facets, MS Visio, MS Office, MS SharePoint.

**Computer Science Corp, NY Jun-2008-Dec-2009**

**Business Analyst**

Eligibility efforts. 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 EDI transactions such as 835, 837 (P, D, I) 276, 277, 278. The Inbound and Outbound is run through JCL in batch mode

**Responsibilities:**

* Responsible for defining the scope and implementing business rules of the project, gathering business requirements and documentation.
* Responsible for writing Functional Requirement Specifications (FRS) and User Requirement Specification (URS).
* Analyzed Business Requirements and segregated them into high level and low level Use Cases, Activity Diagrams / State Chart Diagrams using Rational Rose according to UML methodology thus defining the Data Process Models.
* Understand the As Is system and develop the To Be system concept and also prepare the System Process Maps
* Assigned to the HIPAA 5010 project
* Developed the systems implementation project management plan with milestones and steps from procurement of vendors to project implementation and maintenance
* Gathered requirements for procurement of vendor applications for specific modules
* 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.
* Created Web-based reports using SSRS
* Conducted presentations of the Q/A test results with analysis to the stakeholders and users and documented modifications and requirements.
* Coordinating and Developing QA activities.
* Worked with SQL Server 2005 Analysis Services (SSAS) for reporting and online analytical processing analysis
* Performed Data Mapping around HIPAA EDI transactions
* Created Process Flow diagrams, Use Case Diagrams, Class Diagrams and Interaction Diagrams using Microsoft Visio and Rational Rose.
* Wrote Test Cases and performed User Acceptance Testing, documented the in detail defects using the Defect Tracking report.
* Used Test Case distribution and development reports to track the progress of test case planning, implementation and execution results.
* Wrote PL/SQL statement and stored procedures in Oracle for extracting as well as writing data.
* Created Use cases, activity report, logical components and deployment views to extract business process flows and workflows involved in the project. Carried out defect tracking using Clear Quest
* Worked extensively with the HIPAA EDI transaction sets- 270, 835 and 837
* Maintained proper communication with the developers ensuring that the modifications and requirements were addressed and also monitored these revisions.
* Involved in compatibility testing with other software programs, hardware, Operating systems and network environments.

**Environment:** Windows /XP, Microsoft Office SharePoint 2007, Rational Requisite Pro, MS Office, SQL Server, Oracle, PL/SQL, Agile, MS Project, MS FrontPage, MS Access, EDI, Documentum.,UML.

**Tufts Health Plan, Boston, MA Jul-2006-May-2008**

**Business Analyst**

Tufts Health Plan is an Insurance provider for all the different kinds of memberships. It currently has a total membership of 735,000 members and is ranked as #3 in Commercial Policies and #4 in Medicare Preferred Policies.

**Responsibilities:**

* Coordinated with different teams and prepared **Test Plans** and **Test Strategy** documents and helped other QA members with Business Requirements.
* Reviewing **Test plans, Test conditions, Test scripts**, and **Test results**.
* Involved in both black box and white box testing
* Providing **Test Case walkthrough** with Business and obtaining **business approvals**.
* Supporting Team members in **Preparation of Test Plan, Scenarios and the Testing procedures.**
* Prepared **Traceability Matrix** and **mapping Requirements and Test cases**
* Performed **regression, integration and functional testing** on the builds of the application
* Conducted **Backend test using SQL queries** to verify the Integrity of the Database.
* Involved in preparation of **Traceability Metrics, software metrics**.
* Responsible for creating and uploading the project artifacts in **Share point site** and **providing release support**.
* Developed Test plans and scripts using **Quality Center** and utilized use cases as a basis for performing **Integration** and **System testing**.
* Reported defects and bugs to development team using HP **Quality center**.
* Assisted in user testing of systems **User Acceptance Testing (UAT),** developing and maintaining quality procedures, and ensuring that appropriate documentation is in place.
* Experienced and understanding of different types of performance testing, functional and nonfunctional testing
* Experienced in Health Informatics and **HL7** standards
* Created SOAP UI test cases for web service testing.
* Worked on many **WSDLS** to test SOAP UI web services.
* Experience working with both versions of HIPAA i.e. **4010 vs. 5010**
* Defined business requirements and **X12 mapping** requirements for several conventional and internet-based medical and claims products
* Involved in Testing **Out-Bound** Transactions **(835 Health care claims Payment, 277 Claim Status Response)**.
* Extensively worked with **837 I** and **837 P** Claim files.
* Analyzed current production data to create real time simulation performance tests using SOAP UI.

**Environment:** Oracle v9i/8i, Visual Basic, VB Script, JAVA, J2EE, XML, SQL, UNIX, Windows /XP, HP Quality Center, Eclipse, XML,SQL,TOAD,MS SQL Server Management Studio, Oracle , MS Office,Sharepoint.