**Zainab Chippa**

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**615-997-0687**

**Sr. Business Analyst**

* 7 years of extensive experience in the field of Business Analysis working with the technical staff to implement management and staff's business requirements into the software application in Healthcare Industry.
* Highly motivated team player with excellent communication, presentation and interpersonal skills, always willing to work in challenging and cross-platform environment.
* 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).
* Used Query Analyzer, Execution Plan to optimize SQL Queries.
* Strong understanding of project life cycle and SDLC methodologies including RUP, RAD, Waterfall and Agile.
* Expertise in broad range of technologies, including business process tools such as Microsoft Project, Primavera, MS Access, MS Visio, technical assessment tools, Data Warehousing concepts and web design and development.
* Interviewed SMEs and Stakeholders to get a better understanding of client business processes and gather business requirements.
* Conducted JAD sessions, created Use Cases, work flows, screen shots and Power Point presentations for the Web Applications
* In depth knowledge of SDLC and implementation of the Rational Unified Process (RUP) in all four phases of a project: Inception, Elaboration, Construction and Transition.
* Performed UAT and exposure to User Certification Testing (UCT) and Operational Readiness Testing (ORT)
* Experienced in SQL ServerReporting Service (SSRS), Executing Queries and Running Store Procedures.
* Expertise in understanding and supporting the client with Project Planning, Project Definition, Requirements Definition, Analysis, Design, Testing , System documentation and user training.
* Used Rational ClearQuest for tracking and prioritizing defects and for enhancements after base lining the requirements.
* Used Rational ClearCase for Version Control of requirement documents.
* Well versed in writing queries/Scripts for Data Analysis and QA reporting and testing.

**TECHNICAL SKILLS:**

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| **Skill Sets** | **Description** |
| Programming Languages | C, C++, HTML, XML, SQL. |
| Data Base | MS Access, Oracle (SQL Series), DB2 |
| Reporting Tools | Crystal Reports 8.0 |
| Operating Systems | MS-DOS, Windows95/98/NT/2000/XP, Apple McIntosh, Linux |
| Software | MS Office Suite(Word, Excel, Access, PowerPoint & Outlook), MS Visio, Rational Rose, Rational Requisite Pro, Adobe Acrobat, MS Office FrontPage, Lotus Notes |
| Performance Testing Tools | Virtual User Generator, Load Runner |
| Processes/Technologies | Rational Unified Process (RUP), Waterfall, UML & Microsoft Office SharePoint 2007 |
| Automation Tools | Requisite Pro, Win runner, QTP, Test Director, Quality Center |

**PROFESSIONAL EXPERIENCE:**

**Cigna , Portland, Oregan Apr 2013 – Present**

**Sr. Business Analyst–(Clinical Individual*)***

CIGNA is a global health service company. This project was to calculate the rate and set the premium based on the input data from the Data file. Premium will change depending on the agent code, classification code, zipcode and policy term. Activate directory was extensively used to secure the information.

**Responsibilities:**

* Gathered business requirements by driving user-group meetings and working with various global, cross-functional and virtual teams
* Managed the team of consultants responsible for developing on-demand Medicaid Management System reports.
* Worked Closed with Business Analysts in analyzing the changes in the requirements document
* Developed and enhanced scripts using Load Runner VuGen and designed scenarios using Performance Center to generate realistic load on application under test.
* Gathering the information for new HL7 interface from client.
* Produced Gap Analysis documents for HIPAA 5010 and ICD-10
* Involved in process analysis and defined executed data migration plans for local data for global applications.
* Ensured that the ikaSytems had proper provisions for accepting ICD-10 Diagnosis Codes as well as ICD-9 Diagnosis Codes.
* Developed data conversion programs for membership, claims, and benefit accumulator data - converted thirteen corporate acquisitions. Developed data field mappings. Provided.
* Performed GAP Analysis for HIPAA 4010 to 5010 Migration. Also carried out gap analysis for the various loop, segments, elements like ICD 9, ICD 10 diagnostic codes, mapping of NPIs under the NM108 segment and removal of REF\*IG segment were performed under the latest addenda versions of 5010X223A2 and 5010X222A1 and documenting the BRD for the same.
* Developed and implemented risk based products and low cost pharmacy solutions applicable to healthcare exchange environments.
* Validated the following: 837 (Health Care Claims or Encounters), 835 (Health Care Claims payment/ Remittance) & 834 (Enrollment/Dis-enrollment to a health plan.
* Consulted with healthcare insurance company to develop conversion specifications for other insurance Coordination of Benefits (including Medicare).
* Responsible for coordinating pharmacy benefit with contracted PBM.
* Used the Eddifecs tool to verify the EDI transactions 837I, 837P.
* Designed a claim processing system for the healthcare management client system. It allowed the user to inexpensively capture information regarding patient, summary of medical history, symptoms (ICD-9 codes), and treatment (CPT).
* Validated the mapping for incoming claim 837 in Eddifecs.
* Captured business requirements using Business Process Modeling Notation (BPMN) format
* Analyzed test results traced and troubleshoot performance bottlenecks
* Identified risks, problems, requirements and concerns of the Hospital in order to comply with ICD-10 changes. Actively worked on Data analysis and Report analysis with respect to ICD-10 impact.
* Worked closely on 834 transaction code for Benefit Enrollment and was involved in Validation of HIPAA for 837, 270/271, 276/277,835, 834 EDI transactions for Medicaid members (MMIS).
* Defined Functional Test Cases, documented, Executed test script in Facets system.
* Performance data parameterization in order to facilitate the Data-driven tests
* Developed and executed SQL Queries for data transaction and database integrity

**ODM (Ohio Department of Medicaid) , Columbus, Ohio Feb 2012 –Mar 2013**

**BusinessAnalyst– Prior Authorization (Claim Processing)**

Objective of the project was to develop Medicaid Management Information System for State of Washington following HIPAA standards. The web based Health Care Management System is developed using HIPAA guidelines and regulations which keeps track of Healthcare transactions like Eligibility Request/ Response, Request and Response for Claims Status, Prior Authorization, Claims Vision and Claims Payment. This application also keeps record of all transactions, subscriber's medical history and provides data to other State agencies as required.

**Responsibilities:**

* Gathered business requirements by driving user-group meetings and working with various global, cross-functional and virtual teams
* Managed the team of consultants responsible for developing on-demand Medicaid Management System reports.
* Propose strategies to implement HIPAA 4010 in the new MMIS system & eventually move to HIPAA5010
* Established questionnaires and resource leveling required for implementing HIPAA 5010 and upgrading ICD-9 diagnosis codes to ICD-10 codes.
* Designed the online screens and reports for the Medicaid Online Electronic Claims Submission System.
* Expertise in SQL Server Analysis Services (SSAS)
* Expertise in SQL Server Reporting Services(SSRS)
* Monitoring SQL server performance using profiler to find performance and dead locks
* ICD-9CM, CPT& HCPCS coding, collection of insurance co- payments. Scheduling, insurance denials, corrected invalid claims. Worked in Crener power chart.
* Developed and conducted statewide HIPAA 5010 and ICD-10 awareness program for all IDS staff in the client.
* Provide business analysis support for the execution of an upgrade of Facets 4.71 to 5.01, based on an execution plan developed during the assessment phase of the project.
* Responsible for architecting integrated HIPAA , Medicare solutions, Facets.
* Identify Member, Provider, Coverage, Medicare, and Medicaid.
* Analyzed, designed, and coded several online subsystems for the Medicaid System.
* Documented and supported functional requirements for design of the user-interface as part of Dental Migration of Insurance Plans project for Java based applications
* Handled the Dental Migration Implementation with Siebel EAI CRM applications.
* Responsible for business system analysis of customizing the BPS Risk Management product with involvement through the whole SDLC
* Involved in creating automated Test Scripts representing various Transactions, Documenting the Load Testing Process and Methodology. Created meaningful reports for analysis and integrated the Performance Testing in the SDLC.
* Responsible for creating test scenarios, scripting test cases using testing tool and defect management for Policy Management Systems, Payables/Receivables and Claims processing.
* Defined, developed specs for federal reporting specific to Medicare Advantage
* Requirements Elicitation, Analysis, Communication, and Validation according to Six Sigma Standards.
* Designed and developed Use Cases, Activity Diagrams, Sequence Diagrams, OOD using UML
* Involved in all phases of software development life cycle in RUP framework.
* Used Rational Rose to model the process using UML to create behavioral and structural diagrams.
* Performed data analysis by using SQL queries using the DB Artisan tool
* Developed business process models in RUP to document existing and future business processes.
* Participated in the creation of a Test Planning, Test Scripts, Testing, Defect Reporting and Management
* Provided management support to the off-shore End to End Integration / Regression Test Team
* Prepared UAT Materials UAT Test Cases to include various steps involved for UAT and to have proper coverage of requirements

**Environment:** Microsoft Word, Microsoft Visio, Microsoft Excel, MS Access, Mainframe 9, Rational Rose, Rational Requisite Pro, Rational clear quest, Plan View, SnagIT and MS Share Point, QC

**Aetna, (Infosys Limited) Hartford CT​Feb 2011- Jan 2012**

**Business Analyst**

This project will enable to Aetna to identify, store and manage gaps in care for Medicare member using Medical Management suite of applications and associated up-stream and down-stream applications. The project will allow Healthy outcome program to be administered by staff in member-centric manner.

Another project was to allow business earlier identification of medically fragile members in need of end of life care and decision support.

**Responsibilities:**

* Interacted with the SME’s to gather information about the project related requirements.
* Created power point presentation for business SME for making effective requirements sessions.
* Created user flow, UI design and design specifications for client applications.
* Performed testing for Medicare, Medicaid and X-Over claims for Medicaid Management Information System (MMIS)
* Wrote use cases and requirements specification documents for user flow and requirements and technical specifications
* Designed the online screens and reports for the Aetna clinicial System.
* Created configuration module for new configuration tables with instructions and rules.
* The Affordable Care Act actually refers to two separate pieces of legislation — the Patient Protection and Affordable Care Act (P.L. 111-148) and the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152) — that, together expand Medicaid coverage to millions of low-income Americans and makes numerous improvements to both [Medicaid and the Children's Health Insurance Program (CHIP)](http://www.medicaid.gov/Medicaid-CHIP-Program-Information/Medicaid-and-CHIP-Program-Information.html).
* Develop MITA Maturity Model (MMM) & Business Capability Matrix (BCM) to identify the maturity level of SD Medicaid Enterprise.
* Pharmacy Benefit Management division - Accounting Specialist- PBM Billing/Payments.
* Conducted ICD 10 Impact Assessment of the various streams such as Health Care Management systems, including HEDIS Specifications; Benefits, Mandates and Medical Policy; Claim Processing & Data Storage; Provider Contracting; and Reimbursement.
* 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.
* Defined Use cases for Group, Claims and Enrollment process, required for suspect management.
* Facilitated JAD sessions for Requirement Validation to gather requirements for the new MMIS
* Developed plan for data feeds and data mappings for integration between various systems, including XML, to follow ICD 10 Code set and ANSI X12 5010 format
* Created Test Scripts & Test Scenarios to check report content, layout, and parameters
* Designed and developed project document templates based on SDLC methodology
* Performed daily tasks including backup and restore by using SQL Server 2008 tools like SQL Server Management Studio, SQL Server Profiler, SQL Server Agent
* Interacted with developers to go over requirements and technical specification documents.
* Worked with DBA (Database Administrator) to finalized physical data model from logical data model.
* Prepared Business Context Diagram, Use Case diagrams and corresponding Activity Diagrams using Rational Rose to depict the workflows to be incorporated into the development of Pega Business Process Management (BPM) tool
* 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.
* Created mapping documents for source system data into the data warehouse.
* Used Sterling Commerce’s NDM (Connect: Direct) software for shipping files between MMIS and EDI Gateway where the Translation would take place between the Legacy file and the X12 format
* Reviewed and approved Quality assurance Test plans, Test Cases and Test strategy documents using Rational Clear **quest.**

**Environment:** Microsoft Word, Microsoft Visio, Microsoft Excel, MS Access, Mainframe 9, Rational Rose, Rational Requisite Pro, Rational clear quest, Plan View, SnagIT and MS Share Point

**CNSI, Washington State DSHS, Marlton NJ  Nov 2009 – Jan 2011**

**Business Analyst - Prior Authorization (Claim Processing)**

**Description**: Objective of the project was to develop Medicaid Management Information System for State of Washington following HIPAA standards. The web based Health Care Management System is developed using HIPAA guidelines and regulations which keeps track of Healthcare transactions like Eligibility Request/ Response, Request and Response for Claims Status, Prior Authorization, Claims Vision and Claims Payment. This application also keeps record of all transactions, subscriber's medical history and provides data to other State agencies as required.

**Responsibilities:**

* Gathered business requirements by driving user-group meetings and working with various global, cross-functional and virtual teams
* Managed the team of consultants responsible for developing on-demand Medicaid Management System reports.
* Develop Conceptual Data Model & Logical Data Model in alignment with MITA Information Architecture
* Produced Gap Analysis documents for HIPAA 5010 and ICD-10.
* Established questionnaires and resource leveling required for implementing HIPAA 5010 and upgrading ICD-9 diagnosis codes to ICD-10 codes.
* A specific description of all of the major Medicaid and CHIP-related provisions of the Affordable Care Act as well as related policy guidance can be found under [ACA Provisions](http://www.medicaid.gov/AffordableCareAct/Provisions/Provisions.html).
* Designed the online screens and reports for the Medicaid Online Electronic Claims Submission System.
* Expertise in SQL Server Analysis Services (SSAS)
* Expertise in SQL Server Reporting Services(SSRS)
* Monitoring SQL server performance using profiler to find performance and dead locks
* Recommend system/process solution approaches to minimize risk and workflow impacts while capitalize strategic goals
* Developed and conducted statewide HIPAA 5010 and ICD-10 awareness program for all IDS staff in the client.
* Conducted Functional Walkthroughs, User Acceptance Testing (UAT), and supervised the development of User Manuals for customers.
* Responsible for architecting integrated HIPAA , Medicare solutions, Facets.
* Identify Member, Provider, Coverage, Medicare, and Medicaid.
* Analyzed, designed, and coded several online subsystems for the Medicaid System.
* Responsible for business system analysis of customizing the BPS Risk Management product with involvement through the whole SDLC
* Involved in creating automated Test Scripts representing various Transactions, Documenting the Load Testing Process and Methodology. Created meaningful reports for analysis and integrated the Performance Testing in the SDLC.
* Defined, developed specs for federal reporting specific to Medicare Advantage
* Teamed up with both internal and external software development groups to provide functional requirements specifications in form of use cases, business process flows, and prototypes and management reporting requirements
* Requirements Elicitation, Analysis, Communication, and Validation according to Six Sigma Standards.
* Designed and developed Use Cases, Activity Diagrams, Sequence Diagrams, OOD using UML
* Involved in all phases of software development life cycle in RUP framework.
* Used Rational Rose to model the process using UML to create behavioral and structural diagrams.
* Managed the transition to new development standards, procedures and processes including the introduction of UML, Rational Products including Rational Software Architect, ClearCase and ClearQuest as well as the Mercury Test Suite
* Developed detailed Developer specification to reflect technical details of the business requirements
* Performed data analysis by using SQL queries using the DB Artisan tool
* Extensive experience in using collaborative tools like Mercury Quality Center to facilitate development across disparate teams
* Designed and developed Use Cases, Activity Diagrams, Sequence Diagrams, OOAD using UML and Business Process Modeling.
* Developed business process models in RUP to document existing and future business processes.
* Participated in the creation of a SONAR application’s Test Planning, Test Scripts, Testing, Defect Reporting and Management
* Provided management support to the off-shore End to End Integration / Regression Test Team
* Prepared UAT Materials UAT Test Cases to include various steps involved for UAT and to have proper coverage of requirements
* Interacted with the users and logged any defects, enhancements from the UAT and communicated them to the development team
* Acted as a Subject Matter Expert on Application knowledge for preparing training presentation, Quick Reference Guides and assisting with any issues/questions that arose from training
* Managed various release cycles starting from enhancements to production for the RADAR application
* Provided production support on both SONAR and RADAR including any communications for the development team and to log defects/enhancements in order to plan future releases

**Environment:**

RUP, UAT, GAD (Gap Analysis Document), Microsoft Office 2003 Professional (Outlook, Word, Excel, Visio, Access), Microsoft SharePoint 2003.Mainframe

**Department of Health and Human Services, State of Virginia, VA April 2008 – Oct 2009**

**Business Analyst**

### Member of team that supports the financial portion of the claim payment System for the state of VA Medicaid program. Facilitate meetings with state of VA Medicaid representatives to determine requirements for changes to the financial portion of the claim system that pays over $100 million dollars a week in Medicaid claims.

**Responsibilities:**

* Gathered business requirements by driving user-group meetings and working with various global, cross-functional and virtual teams
* Managed the team of consultants responsible for developing on-demand Medicaid Management System reports.
* Developed and conducted statewide HIPAA 5010 and ICD-10 awareness program for all IDS staff in Tenet.
* Analyzed the changes made to different EDI ANSI X12 transactions (837 I and P, 278, 270 and 271) under HIPAA 5010.
* Defined Functional Test Cases, documented, Executed test script in Facets system.
* Produced Gap Analysis documents for HIPAA 5010 and ICD-10
* Designed the online screens and reports for the Medicaid Online Electronic Claims Submission System.
* Responsible for architecting integrated HIPAA, Medicare solutions, Facets.
* Identify Member, Provider, Coverage, Medicare, and Medicaid.
* Analyzed, designed, and coded several online subsystems for the Medicaid System.
* Responsible for business system analysis of customizing the BPS Risk Management product with involvement through the whole SDLC
* Defined, developed specs for federal reporting specific to Medicare Advantage
* Teamed up with both internal and external software development groups to provide functional requirements specifications in form of use cases, business process flows, and prototypes and management reporting requirements
* Conducted user requirement analysis for the web-based application using IBM RequisitePro
* Requirements Elicitation, Analysis, Communication, and Validation according to Six Sigma Standards.
* Designed and developed Use Cases, Activity Diagrams, Sequence Diagrams, OOD using UML
* Performed data analysis by using SQL queries using the DB Artisan tool
* Designed and developed Use Cases, Activity Diagrams, Sequence Diagrams, OOAD using UML and Business Process Modeling.
* Developed business process models in RUP to document existing and future business processes.
* Participated in the creation of a SONAR application’s Test Planning, Test Scripts, Testing, Defect Reporting and Management
* Provided management support to the off-shore End to End Integration / Regression Test Team
* Prepared UAT Materials UAT Test Cases to include various steps involved for UAT and to have proper coverage of requirements
* Interacted with the users and logged any defects, enhancements from the UAT and communicated them to the development team

**Environment:**Rational Enterprise Suite (Rose, RequisitePro, ClearCase, ClearQuest) UAT, RUP, WinRunner, LoadRunner, MSOffice2000,Main frame, SQL,

**Texas Medicaid Healthcare Partnership, Austin, TX  July 2007 –Mar 2008**

**Business Analyst**

Member of team that supports the financial portion of the claim payment System for the state of Texas Medicaid program. Facilitate meetings with state of Texas Medicaid representatives to determine requirements for changes to the financial portion of the claim system that pays over $100 million dollars a week in Medicaid claims.Also responsible for the successful implementation of an IBM mainframe state of Texas Medicaid Management Information System (MMIS). Interfaced closely with the Texas executive Medicaid Management committee while defining system and reporting requirements.

**Responsibilities**

* Worked with the account managers, managements, and report requestors to gather requirements, get report requests.
* Wrote Business Requirements, analyzed them and tested them.
* Analyze requirements utilizing various methods. (E.g. sample data from SQL queries, Screen Shots, reports, prototype screens, sourcing information, and other data models.)
* Created an enterprise workflow application based on CRUD rules for Customer Data that would allow for future integration of data infrastructure across various business areas into a single UI.
* Extensive work with various Rational tools like IBM RequisitePro- Requirement gathering/maintenance, Use Case document maintenance, ClearCase- version control and ClearQuest/TestDirector for bug tracking, Rational Rose for Use case diagrams, Sequence diagrams and activity diagrams.
* Used Rational Rose to model the process using UML to create behavioral and structural diagrams.
* Designed Functional Specification Documents for the reports.
* Conducted meetings with insurance brokers
* Defining test cases, creating test scripts, analyzing bugs, interacting with QA / dev teams in fixing errors, SIT and (UAT)
* Analyzed trading partner specifications and created EDI mapping guidelines.
* Conducted RAD sessions for the report users, requestors, and the developers.
* Prepared Need Analysis Documents of the requirements gathered through JAD sessions.
* Documented all the changes in the initial templates and was responsible for Release Management.
* Reviewed Requirements & deliverables for delivery timeline.
* Developed BRD, FRD, use cases, test scenarios, test cases for testing the functional and non-functional using RequisitePro and IBM Rational Rose to create/maintain: Use Cases, Activity Diagrams, Sequence Diagrams, and Collaboration Diagrams.
* Used MS Visio to create Flow diagrams and Use Case Diagrams.
* Created presentations explaining the entire report development process, while drawing a comparison between the legacy & the new report.
* Involved in manual testing and UAT with the development team and QA team.
* Created Test Scripts & Test Scenarios to check report content, layout, and parameters.
* Worked on Report Re-engineering Project and made enhancements to the system flow.
* Modified System flow diagrams using SDLC.
* Reviewed Stored Procedures for reports and wrote test queries against the source system (SQL Server) to match the results with the actual report against the Data mart (Oracle).
* Responsible for writing Test cases to cover overall quality assurance using Test Director
* Created various checkpoints in the script using Win Runner
* Created reports using Mercury Interactive Test Director
* Application and network performance testing analysis

**Environment:** SQL Server 2000, Windows, HL7 v2.X,Crystal Reports, Oracle, Mantis Defect Tracking, UML, MS Office, MS Visio

**Keystone Mercy Health Insurance (KMHP), PA Aug 2006 –June 2007**

**Business Analyst- NPI Remediation for HIPAA Compliance (Cross-walk)**

My role at KMHP was of a Sr. Business Analyst for the National Provider Identification (NPI) for the providers.  Coordinated with subcontractors of IS & Business units, also performed as point of contact for Offshore team associated with KMHP towards implementing the new Guidelines for HIPPA 837 & 835.

The Department of Health and Human Services published 45 CFR Part 162 HIPAA Administrative Simplification: Standard Unique Health Identifier for Health Care Providers; Final Rule. This document mandated that all covered health care providers and health care plans as described in the document begin using a single, assigned National Provider Identifier (referred as the NPI). The National Plan and Provider Enumeration System (hereafter referred to as NPPES) would begin assigning these NPIS to health care providers upon request. All covered health care providers and health care plans will need to completely transition from the use of older legacy provider ID numbers to the new NPI numbers, wherever the Provider ID is used in standard HIPPA transactions.

**Responsibilities:**

* Gathered business requirements by driving user-group meetings and working with various global, cross-functional and virtual teams
* Managed the team of consultants responsible for developing on-demand Medicaid Management System reports.
* Modeled Business requirements into workflows to depict various scenarios of system to request RFI and RFP responses from major vendors
* Designed the online screens and reports for the Medicaid Online Electronic Claims Submission System.
* Conducted Functional Walkthroughs, User Acceptance Testing (UAT), and supervised the development of User Manuals for customers.
* Responsible for architecting integrated HIPAA, Medicare solutions, Facets.
* Identify Member, Provider, Coverage, Medicare, and Medicaid.
* Analyzed, designed, and coded several online subsystems for the Medicaid System.
* Responsible for business system analysis of customizing the BPS Risk Management product with involvement through the whole SDLC
* Defined, developed specs for federal reporting specific to Medicare Advantage
* Teamed up with both internal and external software development groups to provide functional requirements specifications in form of use cases, business process flows, and prototypes and management reporting requirements
* Involved in 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.
* Requirements Elicitation, Analysis, Communication, and Validation according to Six Sigma Standards.
* Designed and developed Use Cases, Activity Diagrams, Sequence Diagrams, OOD using UML
* Involved in all phases of software development life cycle in RUP framework.
* Used Rational Rose to model the process using UML to create behavioral and structural diagrams.
* Managed the transition to new development standards, procedures and processes including the introduction of UML, Rational Products including Rational Software Architect, ClearCase and ClearQuest as well as the Mercury Test Suite
* Designed and developed Use Cases, Activity Diagrams, Sequence Diagrams, OOAD using UML and Business Process Modeling.
* Developed business process models in RUP to document existing and future business processes.
* Participated in the creation of a SONAR application’s Test Planning, Test Scripts, Testing, Defect Reporting and Management
* Provided management support to the off-shore End to End Integration / Regression Test Team
* Prepared UAT Materials UAT Test Cases to include various steps involved for UAT and to have proper coverage of requirements

# EDUCATION:

**Bachelors in International Relations &Political Science**