**Summary**

* Over 6+ years QA Analyst and Testing Client/server application.
* Strong Knowledge in Software Development Lifecycle (SDLC) and test methodologies.
* Proficient in writing & executing Test requirements, Test Plans, Test Scenarios, Test Cases and Test Scripts.
* Experience in reviewing User requirements, User Interface Specifications and Design Documents.
* Extensive experience in performing Automated and Manual Testing using different testing tools.
* In-depth experience in performing Functionality testing, Integration testing, Back end testing, Black Box testing and User Acceptance Testing and Regression testing.
* Hands on experience incorporating the modifications based on the change requests and data validation using SQL queries.
* Experience in maintaining Requirements Traceability Matrix (RTM) and working with GAP Analysis.
* Attended JAD sessions and SCRUM meetings during various phases of the project.
* Proficiency in Defect management, including Defect creation, modification, tracking, and reporting using Industry standard Tools like Quality Center, Clear Quest, TFS – Team Foundation Server.
* Participated in Gap Analysis between the HIPAA Transactions (837P and 837I) and Facets system.
* Extensively used Quality Center (QC), ALM, and Microsoft Team Foundation Server (TFS) for Test Cases, Test Execution and Defect tracking.
* Excellent experience working with EDI HIPAA Medicare, Medicaid, (837I/P/D, 270/ 271, 276/ 277, 278, 820,834,835) X12 Transactions for both versions (4010A1 and 5010)
* Strong experience in conducting User Acceptance Testing (UAT).

**Technical Skills**

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| --- | --- |
| Operating Systems | Windows, Linux, Mac |
| Databases | MS Access, ORACLE (SQL Series), SQL Server, Sybase, TOAD, Informatica |
| Programming Languages | C, C++, C#, SQL, Python |
| Testing Software | QTP, HP ALM, Quality Center, RMT, ClearQuest, Claim Test Pro, Jira |
| Requirement Tools | Requisite Pro, RTM |
| Product Evaluation | Trizetto FACETS Applications, FACETS 4.71 to 5.01, MMIS, iC |
| Project Methodologies | SDLC, Agile (JIRA, Version 1, Rally), Waterfall, RUP |
| Other Software | MS Office Suite, Adobe Acrobat |

**Experience**

**Company: Hewlett Packard Enterprise**

**Nov 2016 - Present**

**Client: TennCare Account, State of Tennessee**

**Position: QA Specialist**

**Description:**

HPE has contacted with the State of Tennessee to manage their Medicaid Information Systems (MIS) and all the related IT needs. Working for HPE, I was involved in various projects like TEDS (TennCare Eligibility Determination System), Master Data Management (MDM), Test Data Management (TDM), etc. Under TEDS, I was involved in testing the generation and format of all the letters and reports generated by the State to be sent to its some 4 million Medicaid and Medicare covered residents. Under MDM, I was involved in testing the generation, format and proper processing of various kinds of files which were to be sent to a third party vendor, so that they can handle all the recipients and providers information through IBM’s InfoSphere MDM Inspector. Under TDM, I was involved in testing the proper masking of different letters, reports, TN Anytime website, 271 and 834 EDI files. Similarly, I was involved in few other projects that involved various kinds of testing to be performed in MMIS windows, edi files, ACCENT files and TennCare official websites.

**Responsibilities:**

* Under general direction, utilizing an appropriate testing methodology, analyzed testing requirements as the basis for developing testing scenarios for a test level to be executed on a project.
* Designed testing scenarios and test cases that would demonstrate conformance to all functional and non-functional requirements, relative to the test level, as defined in business or technical specifications.
* Executed tasks related to the production of the Test Plan, test cases, test scripts, and test data.
* Analyzed the results of the testing process and recommended solutions.
* Defined, identified, collected, and organized detailed information relating to testing requirements.
* Interacted with the project team to gain an understanding of the business environment, technical context, and conformance criteria.
* Maintained security, integrity, and business continuity controls and documents.
* Under general direction, performed quality reviews of software to measure performance against requirements and procedures.
* Reviewed group and individual outputs on a scheduled and random basis to ensure that proper procedures were followed.
* Identified and researched inefficiencies or inaccuracies in methods and procedures. Proposed and implemented procedural/systems solutions to meet needs and improve overall performance.
* Used tools like HP ALM, Toad, UltraEdit, CA Tools, MMIS, iC, IBM InfoSphere MDM Inspector
* Planned, coordinated, and executed quality reviews.
* Advised SQA Manager in preparing action plan following each quality review.
* Oversee implementation of procedural/system solutions to improve quality.
* Tested software prior to installation in a production environment.
* Tested and approved applications for operation within an existing infrastructure.
* Identified and/or evaluated new technologies as to their effects on servers and networks.
* Documented all test results and stored them in Team Track, ALM and PWB, so that they are easily accessible for future use and/or further analysis.
* Reported to the project’s SQA Manager for both project-level and administrative purposes.

**Environment:** HP ALM, EDI, SharePoint, MDM, MS Office, UFT, VB Script, Test scripts, Test Case, IBM InfoSphere MDM Inspector, MMIS, iC (interchange), Toad, Oracle,UltraEdit, Siebel, CMOD, UNIX, Putty, TDM, CA Tools

**Client: Affinity Health Plan, NYC, NY**

**Feb 2015 – Nov 2016**

**Position: QA Analyst**

**Description:** Affinity Health Plan is an independent, non-profit managed care plan that serves the needs of over 210,000 underserved residents of the New York Metropolitan Area (New York City, Long Island, Westchester, Rockland and Orange counties). Affinity provides healthcare coverage through its Child Health Plus, Family Health Plus and Medicaid programs. Affinity Health Plan implemented Facets Extended Enterprise™ administrative system, a new core system, with updated technology to allow for more efficient claims processing, membership enrolment and provider data maintenance. Facets was highly efficient, automated, customizable and flexible to help Affinity tackle new business opportunities and compete successfully in a dynamic healthcare industry.

**Responsibilities:**

* Involved in FACETS Implementation, involved in end-to-end testing of FACETS Provider, Claim Processing and Subscriber/Member module.
* Involved in the testing of claims module and claims adjudication process of FACETS.
* Created and reviewed test scripts in MTM along with rest of the team members and provided QA check.
* Responsible for testing Claim Test Pro process workflows as per business requirements.
* Created different pricing rules and verified whether the adjudication system is using the rules while adjudicating the claims.
* Written test cases and validated them against functional specifications.
* Worked with Legal/Compliancy and showed diligence while working with HIPAA and PHI protocol standards.
* Worked with providers to validate EDI transaction sets. This includes gap, impact and business rules validation for all 12 standard HIPAA 5010 transactions like 270/271, 276/277, 278/278, 820, 834, 835, 837 (I, P, D).
* Generated database monitoring and data validation reports in SQL Server Reporting Service (SSRS 2012).
* Tested all types of SNIP Testing for HIPAA including integrity testing, requirement testing, load testing, situational testing and guide-specific testing.
* Involved in migration testing of FACETS and good understating on different domains.
* Used Microsoft team foundation server (MS TFS) for defect management tracking purposes and logging defects.
* Recorded the Test cases using Claim Test Pro for web based application and performed regression testing.
* Responsible for claims and enrollment testing as well as NPI and medical coding and ICD EDI testing.
* Executed scripts and generated the defect reports using MS TFS for ADT.
* Wrote User Define scalar Functions for use in SQL scripts.

**Environment:** HP ALM, EDI, Claim Test Pro (CTP), TFS. MTM, Rational Rose, Requisite Pro, Clear Case, Rational Clear Quest, MS Office, Quality Centre, QTP, Test scripts, Test Case, SQL Server 2008/2012, FACETS 5.01

**Client: Regence BCBS Portland, OR**

**Jul 2013 – Jan 2015**

**Position: QA Analyst**

**Description:** This project involved testing the different claims like HCFA, ASO, Dental claims, Pharmacy claims and Vision claims from different vendors and route the claims into Batch Adjudication System and Online Adjudication. Here the Batch Adjudication System automatically adjudicates the claims and sends the files to Payment department. In the Online Adjudication system examiners will check the files and then they will move the claims to Payment department.

**Responsibilities:**

* Developed test scenarios and scripts based on business functional requirements and technical specifications.
* Involved in writing Draft Test plan based on Business Requirement Documents and System Requirements Specifications.
* Involved in writing test scripts on Hospital billing and professional billings.
* Participated in test script review and approval sessions along with concern BSA.
* Validated the reports and files according to HIPAA X12 enforced standards.
* Performed Functionality Testing, GUI Testing, Regression Testing.
* Participated in Execution of UAT Test Cases.
* Involved in HIPAA/EDI Medical Claim Test Pro Analysis, Design, Implementation and Documentation.
* Created Traceability Matrix and worked with Gap Analysis.
* Designed, analyzed and performed Integration and System testing on FACETS to test all the different software components under one complete system.
* Worked independently and Co-ordinated well with development team and business team.
* Extensive analytical skills used to analyze back end logic and ran test script execution.
* Participated in bugs and enhancement review meetings.
* Executed test cases manually as well as using Automation tool Quick Test Pro.
* Performed positive and negative testing of the application for identification of bugs after fixing of errors in each subsequent build during the process of development.
* Created SQL joins, sub queries, tracing and performance tuning for better running of queries.
* Logged the defects using Quality Center and TFS and used Agile/Scrum methodology.
* Manipulated EDI X 12 270, 271, 276,277 files as per HIPAA guidelines.
* Tracked task and hours in TFS (Visual Studio). Wrote Manual and Automated Test cases in TFS and linked them to MTM. Logged and tracked the defects in Share Point and SBM (Team track).
* Hands on experience in extensive SQL queries and populating tables according to the functional specifications.
* Written SQL statements to retrieve the data from one or multiple tables using Toad.
* Reporting of the defects through Defect Management using Clear Quest, Defect logging and tracking using TFS.
* Acted as a liaison between end user and Facets for user problems, outstanding issues, training needs and new software releases.
* Used Test Director and Mercury Quality Center for updating the status of all the Test Cases & Test Scripts that are executed during testing process.
* Established traceability matrix using Rational Requisite Pro to trace completeness of requirements in different SDLC stages.

**Environment:** Claim Test Pro, Facets (Trizetto), TFS, Share Point, MTM, Oracle, TOAD, Clear Quest, Rational Test Manager, Windows NT, MS-Project, SAS, MS-Word, MS-Excel

**Client: Tufts Health Plan, MA**

**Aug 2011 – Jun 2013**

**Position: QA Analyst**

**Description:** Tufts contracted with the Medicare Centres and Medicaid Services (CMS) to provide quick, easy, and affordable access to the health care service of their choice. Project involved integrating Market Prominence and the Claims processing System with the data warehouse to support the reporting requirements.

**Responsibilities:**

* Responsible for decomposition of the requirements based on the functional specifications, design, development, coding, testing, debugging and documentation of applications to satisfy requirements.
* Involved in FACETS Implementation, involved in end-to-end testing of FACETS Billing, Claim Processing, and Subscriber/Member module and claims adjudication process.
* Assisted EDI team with the testing of maps for HIPAA transactions 835 and 837.
* Performed Functional and GUI testing on Facets.
* Wrote Structured Query Language (SQL) statement against Claims, Claim Status and updated Personal Information modules by Joins, Unions and Aggregate Functions.
* Developed the Test Data for different Inpatient, Outpatient, Ancillary, and Physicians Claim Test Pro with relevant agreements in FACETS.
* Created test scripts and test cases for approved business use cases and requirements for System and UAT testing.
* XML and SQL Server package configuration to make package dynamic using SSIS package Configuration Wizard and deploy packages to production Server.
* Prepared test matrices based through defect status in Quality Center.
* Responsible for creating UAT, SIT & Regression Test cases in the test plan module of Quality Center.
* Executed test cases manually.
* Logged defects in Quality Center & interacted with the developers to resolve technical issues.
* Involved in HIPAA/EDI Medical Claims Analysis, Design, Implementation and Documentation.
* Built ad-hoc reports using SQL Server Reporting Services (SSRS), Excel.
* Prepared different kinds of test claims based on the nature of test requirement.
* Participated in various kinds of testing like (UAT) User Acceptance Testing, Functional Integration, System, Regression and Black Box.
* Logged the defects using Quality Center and TFS and used Agile/Scrum methodology.
* Involved in writing extensive SQL Queries for back end testing oracle database.
* Designed and implemented HIPAA 835 Payment Advice Transaction, 837 Health Care Claim Transaction.

**Environment:** EDIX12N 5010, EDIX12N 4010, FACETS, Claim Test Pro, Cognos Report Studio, SSRS, SSIS SQL Server, HIPAA, XML, Windows, Toad, Quality Centre, Agile, XP, UNIX.

**Education**

Bachelors of Science in Electrical Engineering