**Jignesh Patel**

**713-775-4885**

**jig2212@yahoo.com**

### SUMMARY

* Over 6+ years of Software Testing, Development and Quality assurance of Client/Server and Web based applications using Win Runner, Load Runner, Test Director, Quality Center , Quick Test pro and Manual testing.
* Proficient experience in Manual and Automated Testing of GUI and functional aspects of the Client-Server and Web based Applications on multiple levels of SDLC and Testing Life Cycle (STLC)
* Experience in writing automated scripts, designing Test procedures ,Manual Test cases
* And preparing Quality feed back to QA team & manager.
* Expertise in testing Enrollment, Billing and claims processing in FACETS.
* Proficient in Testing methodologies ,Test Matrices and Trace matrix
* Performed Testing Life Cycle during the various phases of the application. Involved in converting manual test cases into automated scripts using TSL on Mercury Win runner, QTP.
* Experienced in analyzing Functional Requirement Specifications (FRS) and conversant with System Design Specifications (SDS).
* Experience on Various modules of FACETS system such as claims, membership and pre-pricing etc.
* Experience with TriZettos Facets Application Groups: Claims Processing, Guided Benefit Configuration, Medical Plan, Provider, Subscriber/Member, Utilization Management
* Proven expertise in Testing Informatica Transformations as per requirements.
* Developed Test cases for manual testing and automated them using Win Runner, Silk, Load Runner, Silk performer and QTP.
* Extensively used Load Runner for Performance and Load Testing. The Avg. CPU usage, Response Time, and TPS are analyzed for each scenario
* Extensively used Test Director & Quality Center to write Test Cases and for reporting. All the Scripts are maintained using Test Director & Quality Center.
* Extensively uploaded test cases from MS Excel, MS Word to Test Director & Quality Center.
* Experienced in Bug Tracking System and Process.
* Well conversant with scripting languages like Java Script, VB Script, HTML, DHTML, and XML.

**SOFTWARE SKILLS**

* Operating Systems/Languages - Windows 98/ME/XP, UNIX, C, C++, JAVA, SQL, VB 6.0
* **Quality Standards –** Implementation knowledge of ISO 9001 & ISMS (Info.Security Management System)
* **Testing Tools** - Mercury Interactive Win Runner 7.6/8.0, Load Runner 7.8/8.0, QuickTestPro 6.5/8.0, Test Director 7.6/ 8.2, Quality Center 9.0
* **Conversant with Web Technologies -** HTML, ASP, XML, DHTML, VB script, Java script, Java Servlets, JDBC, Applets
* **Documentation Tools** - MS-Office, MS Visio, MS Project.

### EXPERIENCE

**Kaiser Permanente, Washington DC**

**Nov 13 – Present**

**QA Analyst**

Kaiser Permanente is a leading consumer health services and health insurance provider in North America. They are committed to assisting physicians and hospitals to their members to improve the extraordinary quality of healthcare.

As a Quality Analyst Worked on the Claims processing system within the company for scanning and capturing of data including working on UB-92 claims forms. Involved in using the technology to recognize, validate, and store claims and their attachments using HIPAA compliance interface.

The company serves different individual, corporate and municipal customers hence it needed ease in day-to-day reporting. The company wanted us to develop a data warehouse which would facilitate ease in reporting. I was also involved in designing the end user web-based interface, which involved OLAP reporting system implemented in Business Objects to provide business intelligence capability to Asset Managers.  
**Responsibilities:**

* Debugging and Troubleshooting Informatica Mappings
* Document and analyze business requirements, functional requirements, system capabilities, and detailed design.
* Tested HIPAA Gateway Application Interface for all inbound and outbound messages (Healthcare Eligibility 270 and 271, Healthcare Claim Status request 276 and 277, Healthcare Claim 837 and 835)
* 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.
* Ensure consistent and effective communication among all parties.
* Tested COB claims pricing.
* Tested the Members, Claims, Providers and Services in Facets.
* Worked on projects independently and also managed a Facets testing effort.
* Proactively identify and resolve issues by working with all portfolio teams
* Create and publish periodic executive reports.
* Defined the test criteria, project schedules and base lined the Test Plan with the help of project meetings and walkthroughs.
* Validated the member group, subgroup, class codes and billing entity information in Facets application
* Verified the Informatica mappings and workflows.
* Created the SQL scripts for demonstrating the prototypes and for verifying the result sets
* Involved in decision making of converting manual test cases into automated test scripts and analyzing their life time and time required to update the scripts.
* Validated data at the Backend to ensure that all the Claims related data has been loaded to the corresponding Data Sets in the Backend and the pricing for these Claims is done as per the Standards.
* Written smoke test cases in Quality Center and modified them when they are automated.
* Prepared and executed test cases for Navigational test, Functionality testing and GUI testing using Test Director.
* Utilized corporation developed Agile SDLC methodology. Used ScrumWork Pro and Microsoft Office software to perform required job functions.
* Validated the Subscriber/Member Family Eligibility and Benefits Summary information in Facets applications
* Created requirements analysis and design phase artifacts using, Rational Software Modeler and MS Visio to create DFDs, ER diagrams, Use Case, Activity/State chart, Sequence, Collaboration and Deployment Diagrams.
* Managed Scope and change throughout the SDLC process of the product.
* Data mapping, logical data modeling, created class diagrams and ER diagrams and used SQL queries to filter data within the Oracle database
* Conducted Black Box Testing on the application and validated the dataflow in the application.
* Tested security test and audit test for this particular system. Performed Black Box, functional testing, end to end testing for world points system
* Involved in creating logical and physical model of the database using MS Visio, MS SQL Server 2008.
* Manually tested the whole application before going for the automated testing.
* Involved in testing the conversion of the application into web application using XML web services.
* UAT testing performed along with call center managers to make sure that application meets their requirements.

Environment: Java, Business Object, Quick Test Pro 8.2, Mercury Quality Center, SOAP, J2EE, UNIX, XML, Sybase, SQL, PL/SQL, Oracle9i, MS Vision, MS Office, Quality Center 9.0, QTP, Crystal Report, Quick Test.

**PacifiCare, Cypress, CA**

**Jan 12 – Nov 13**

**QA Analyst**

PacifiCare is committed to an ongoing emergency planning program, PacifiCare merge with United Health Group, The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) creates a prescription drug benefit for Medicare beneficiaries and establishes a new Medicare Advantage program to replace the current Medicare + Choice program. Participation in the new program (MA-PD) is necessary to ensure PacifiCare preserves the $5.5 billion in annual revenue received from CMS for the Secure Horizons product.

**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 Development Test cases and Test plan.
* Wrote detailed test plans based on Business Requirement Document (BRD); System Requirement Specification (SRS)
* Involved in testing HIPAA Database, which incorporates all the HIPAA (Health Insurance Portability and Accountability Act) transaction sets
* Maintaining knowledge of Medicare and Medicaid rules and regulations pertaining to the Facets configuration and evaluating the impact of proposed changes in rules and regulations.
* Involved in HealthEDGE Implementation, involved end-to-end testing of HealthEdge Billing, Enrollment Claim Processing and Subscriber/Member module.
* Wrote complex SQL queries to perform the Back End Testing of the SQL Server e database using PL/SQL and UNIX shell commands.
* Set claim processing data for different HealtRules Module.
* Performed all phases of end-to-end testing which includes User Acceptance testing, Functionality testing, Regression Testing and system testing of the Facets, ITS, ICD9, ICD10 and Claims Application, its interfaces and Client-Server Utilities.
* Validate EDI Claim Process according to HIPAA compliance.
* Tested HIPAA regulations in HealthEdge HIPAA privacy module.
* Written maximum number of test cases in a very detailed for All the modules of Facets Application
* Involved in testing HIPAA Transactions & Code Sets Standards like (820- Premium Payment for enrolled health plan members, 834- Enrollment /Dis-enrollment to a health plan, 835, 837 ...etc.)
* Executed Test Cases, Test Scenarios and followed-up by logging defects in HP Quality Center.
* Select, design, and prioritize test scenarios and test cases that will provide efficient coverage of requirements consistent with acceptable level of risk.
* Responsible for creating and execution of automated test scripts using Quick Test Pro.
* Run the scripts on multiple environments (QA, UAT and Production) to ensure that requirements were still met.
* Wrote test cases using HP Quality Center based upon HIPPA standard IC9-ICD 10 and EDI transactions.
* Performed Functional and Regression Testing of Facets.
* Coordinated User Acceptance Testing with the UAT group to ensure the correct business logic.
* Assisted the business partner in preparing UAT plan/scripts and assured project manager has taken steps for alignment of Operational Quality Checklist.
* Enhanced QTP scripts by inserting Standard Checkpoints, XML Checkpoints, Database Checkpoints, Table Checkpoints and Page Checkpoints.
* Extensively involved in Back-End Testing, database table manipulations of relational database systems by writing complex SQL queries manually.
* Created XML Schemas for different EDI transaction sets as well as ICD 9 to ICD 10 diagnosis codes
* Carried out GUI, Functionality, Integration and Regression testing using Quick Test Pro.
* Filtering and sorting information in Load Runner.
* Identified, analyzed, and documented defects, errors, and inconsistencies in the application using Quality Center.
* Extensive experience working with Dentacom, Webster, Proclaim, Facets and Q-Care claim engines.
* Reported defects according to Defect Life Cycle using MTM and TFS
* Created and Maintained Test Matrix and Traceability Matrix.
* Coordinated with the developers on Defects Status on a regular basis.
* Participate in various meeting and discussed Enhancement and Modification request.
* Involved in testing and reporting of errors of subsequent builds during the process of development and production.

**Environment:** Facets, MS SQL Server 2008, DB2, MTM(Microsoft Test Manager), QTP, Windows 2000, IIS, Pervasive, Quick Test Pro, ASP.Net, C#, TFS(Team Foundation Server),Agile Methodology.

**AmeriChoice, Vienna, VA**

**Sep 09 – Dec 11**

**QA Analyst**

AmeriChoice, a business unit of UnitedHealth Group, serves more than two million beneficiaries of government health care programs in 21 states and the District of Columbia. I worked as a QA / EDI Tester on the CRS (Children Rehabilitative Services) Application. CRS is a state program to provide the quality care through early detection, prevention, comprehensive medical treatment and rehabilitation to enrolled individuals with disabling or potentially disabling conditions for state of Virginia. This application is being used for CRS member’s enrollment from CRS sites. Also is used for CRS eligibilities, claims processing and claim status.

**Responsibilities:**

* Created High Level Test Scenarios, Test Cases and Test Scripts for Data Hub requirements as described in RSD (Requirement Specification Documents) and DSD (Design Specification Documents) as well as HIPAA and HL7 regulations like 834, 835, 837, etc.
* Involved In Testing the EDIs according to HIPPA code set 834 enrolment and disenrollment in a health plan using QTP.
* Responsible for conducting gap analysis as is to be for ICD9 and ICD10. Prepared Data Flow Models for code sets validating in Facets and Claim Process Engine.
* Involved in testing EDIs according to code set X12 835 Claim Payment & Remittance Advice Claims processing and 837 Claim transactions.
* Tested user interface and navigation controls of the application using QTP.
* Created Baseline Database tables to load updated Source Eligibility Data; Created related baseline test scripts in order to test the future releases of the application.
* 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.
* Experienced with standard concepts, practices, and procedures within the healthcare field (preferably with MMIS (Medicaid Management Information System).
* Validated Eligibility Source Systems data, analyze source system testing and if any testing gaps are identified, created and documents tests for demographic and enrollment records
* Gathered Data Hub requirements and responsible for creating test cases and test scripts under Quality Center Test Plan and Test Lab modules, developed automation test scripts in Quality Center
* Assisted SMEs with validation of MIHMS daily error report files and other testing required for User Acceptance Testing
* Tested and delivered Inbound/Outbound Facets interfaces.
* Clear understanding of MMIS (Medicaid Management Information System) for the Medicaid patients Enrollment and their Eligibility
* Responsible for creating Automation Process for Data Hub Reconciliation Testing using Oracle SQL Server; Created Oracle packages and SQL Procedures for Reconciliation Automation Testing
* Involved in Eligibility Source System Testing using Mainframe which includes creating and updating existing source data in Mainframe
* Extensively involved in Data Hub Back-End Testing using Oracle SQL Server; performed daily process testing using SQL scripts execution and logged test results in Quality Center
* Created and executed test scripts for approved Change Requests, logged their test results and related documentations in Quality Center
* Responsible for conducting gap analysis as is to be for ICD9 and ICD10. Prepared Data Flow Models for code sets validating in Facets and Claim Process Engine.
* Responsible for defect tracking and bug reporting using Quality Center; interacted with developers and Business Analysts to discuss and resolve defects
* Created risk analysis reports based on weekly conversion testing progress and provided status update to management in order to make decision for Conversion go-no go decision
* Worked with Development and DBA team as well as System Integration Testing team to collaborate results analysis on Conversion User Acceptance Testing and related issues
* Actively participated in the project meetings and discussed technical issues with the project management team
* Detailed Implementation Plans (Pre and Post) to define roles and responsibilities, efforts, dependencies and facilitated detailed review with all involved parties to ensure a successful carry out of Conversion Testing efforts
* Ensured complete coverage of test cases with the business requirements documents by conducting Inspection sessions with BAs and developers as well as by performing UAT and End-to-End Testing

**Environment:** Windows XP, HIPAA, MMIS, XML, Quality Center, MS SQL Server, Oracle Application Server, QTP, SQL, ASP.NET, C#, UNIX Shell scripts

**University Credit Union, Los Angeles, CA**

**Feb 08 – Sep 09**

**QA Tester**

The project was a web application enabling customers to access their accounts online. The customer can view the account details, enroll in bill pay, add Payees. The account holder also has the ability to change his/her profile, address and add any personal information. The website also has a customer service message center where the customer can report any problem with their accounts.

**Responsibilities:**

* Was involved in developing test scenarios around the business requirements, to validate the web service requests and integration between application modules.
* Involved in creating QA Documents including Test Plans, Test Cases and Test Reports.
* Performed manual testing of the front end application against the functional requirements with positive and negative values.
* Corresponding to Identified test scenarios for automation, created Winrunner actions to simulate user actions.
* Performed Front end GUI testing of the application which includes testing correct error message, color scheme, scroll bar, tool tip, font consistency, spellings, tab index, working of links, correct values in combo box, Help manual, shortcut keys, Boundary Analysis using test director.
* Defined GUI Checkpoints to check text boxes, combo boxes, checkboxes and images in Test Director also created shared object repository in Test Director.
* Performed load testing by using load runner and emulating thousands of users and tracking the system response for the users and generating metrics corresponding to that.
* Performed back end testing by writing SQL queries to ensure that data was updated to various tables in the database.
* Logged Defects/Bugs in Test Director.
* Created regression suites to be run on application builds.
* Participated in user acceptance testing to validate and verify the accuracy of successful completion of functionality features.

**Environment:** Rational Clear Case, Doors, IBM WebSphere, Quality Center, XML, Java, J2EE, JSP, RUP, VoAVPN, Oracle, MS Visio, MS Access, DB2, Sybase, SQL Server Reports, Win Runner, Load Runner, Quick Test Pro