**KEN TALIBDJANOV  
PH# (571)-279-8967**[**Talibdjanovk@gmail.com**](mailto:Talibdjanovk@gmail.com)

**Sr. QA Analyst**

**SUMMARY:**

* 6+ years of Software Testing, Development and Quality assurance of Client/Server and Web based applications using Win Runner, Load Runner, Quality center, 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
* Experience with Medicare and Medicaid: Claims processing, Membership, and Eligibility Verification and care management.
* Proficient in Testing methodologies ,Test Matrices and Trace matrix
* Knowledge on Electronic data interchange (EDI) transaction, Allscripts Electronic Health Record (EHR) and Health Information Technology (HIT)
* Extensive experience in testing Facets applications mainly in Provider, Group, Subscriber/Family, membership and billing.
* Familiar with HIPAA EDI transactions such as 835, 837 (P, D, I) 276, 277, 278 etc
* Extensive experience in Functional testing, , Integration testing, Regression testing, GUI testing, Back-end testing, Browser Compatibility testing, Ad-hoc testing, Black Box Testing, White Box Testing, System Testing, Build Verification Testing, User Acceptance Testing.
* Well versed with Enrollment System and experience enrolling Test Members in Trizetto FACETS.
* Performed Testing Life Cycle during the various phases of the application. Involved in converting manual test cases into automated scripts using TSL on Win runner, QTP.
* Experienced in analyzing Functional Requirement Specifications (FRS) and conversant with System Design Specifications (SDS).
* Expertise in Defect management, Bug tracking, Bug Reports and generating the Graphs using Bug tracking tools such as HP Quality Center, Quality center, Jira, HP ALM 11.0, Smart bear ALM and Team Foundation Server (TFS).
* Strong Expertise in SDLC, Test Management and Testing Lifecycle Methodologies like Agile Models, Rational Unified Process (RUP).
* Familiar with HIPAA EDI transactions such as 835, 837 (P, D, I) 276, 277, 278 etc
* Developed Test cases for manual testing and automated them using Win Runner, Silk, Load Runner, Silk performer and QTP.
* Proficient in Database (Oracle, SQL Server) testing skills using advanced SQL, PL/SQL
* Experience designing and developing SQL statements and queries for Oracle Sybase and SQL Server 2000 database.
* Extensively used Load Runner for Performance and Load Testing. The Avg. CPU usage, Response Time, and TPS are analyzed for each scenario
* Extensively uploaded test cases from MS Excel, MS Word to Quality center & Quality Center.
* Experienced in Bug Tracking System and Process.
* Well conversant with scripting languages like Java Script, VB Script, HTML, DHTML, and XML.

**TECHNICAL SKILLS:**

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| Testing Tools | Quick Test Pro 10.0/9.x/8.2, SoapUI 4.0.1,3.0, Quality Center 10.0/9.x/8.2, LoadRunner, HP ALM |
| Bug Reporting Tools | Quality Center, IBM Rational clear Quest 6.2 |
| Programming Languages | Java, C++, HTML, HTTP, MS FrontPage, XML JavaScript, SQL, Shell, Perl, Python |
| Software Packages | MS Office XP Suite |
| Data Bases | Oracle, MS SQL Server |
| Operating Systems | Windows NT/2000/XP/Vista/7, Unix and Linux. |

**PROFESSIONAL EXPERIENCE:**

**Amerigroup, Virginia Beach, VA January 2014 – Present**

**Sr. QA Analyst**

## Amerigroup Corporation is a leading multi state managed healthcare company serving people, who receive healthcare benefits through publicly sponsored programs, such as Medicaid, State Children's Health Insurance Program (SCHIP), Family Care, and Special Needs Plans (SNP). It provides services to more than 12 states.

## The project involved the upgrade of their Claims Processing system at Amerigroup across the LOB’s. My job responsibilities included member and provider conversion using MDE Claim Test Pro. I also use to work on Trizetto Facets 4.71 to process claims, check claims status and many more of the Facets functions.

## Responsibilities:

* Created 837 I & P X12 files Electronic and Paper claims for test data
* Viewed, edited and modified 837 transactions to fit testing scenarios.
* Requested the batch jobs to load the claims to the Facets.
* Worked on Facets Claims payment and adjustments (up adjusted and down adjusted).
* Executed SQL Query through MDE and then performed manual testing on Facets to verify claims/bill.
* Analyzed and rectified both 835 and 837 error claims failed in productions.
* Work extensively on coordination of benefits in Medicare.
* Performed data mapping and corrected the errors encountered in the Medicare files.
* Analyzed HIPAA EDI transactions in XML and X12 responses and amended the errors manually by data mapping.
* Testing inbound XML files and prepare analysis document with various results.
* Analyzing EDI transaction Claims, Remittance, Claims Status, Member Eligibility, Functional acknowledgement, and Claim acknowledgement.
* Tested Service Oriented Architecture (SOA) web based applications and web services that allowed different applications to exchange data.
* Verified the Contractual Sections of Agreement for Inpatient and Outpatient in NetworX medical agreement configurator.
* Used analytical tools like Edifecs, Quality Center, Facets 4.71 Ultra Edit, and Sybase.
* Mapped provider data from source to target Facets 4.71 data layout for the claims and benefit configuration.
* Logged defects in Quality Center, re-tested defects, analyzed defect with users and developers.
* Tracked and re-tested defect in Quality Center.
* Verified the Broad Casted Fee Schedules in NetworX Application.
* Created and linked multiple defects to one in Quality Center.
* Performed backend testing with extensive use of SQL queries by writing Stored Procedures, views, triggers to check the validity of ETL process.
* Effectively communicate with internal technical and non-technical staff regarding requirements to map data elements.
* Analyzing analytically and critically to solve daily system operations and compliance map the correct EDI information.

**Environment**: FACETS 4.71, Windows XP/2000/NT, Team Foundation Server (TFS), DOORS, NetworX Modeler, Java, UNIX, IIS, SQL, HTML, ASP.NET

**CareSource, Dayton, Ohio Jan 2012 – Nov 2013**

**QA Analyst**

CareSource is a nonprofit managed health care plan headquartered in Dayton, Ohio. It is the largest Medicaid plan in Ohio and one of the largest in the United States. The company is contracted with the Ohio Department of Job and Family Services.

The project involved upgrade of Facets, their claims processing system to include the EDI coming changes from 4010 to 5010. I performed extensive EDI testing to make sure the system meets CMS compliance of 5010 EDI format.

**Responsibilities:**

* Participated in Business Analysis, Requirement review and Technical Specs Inspection.
* Developed (Test scenarios, Test Scripts and Test cases) based on the Requirements.
* Involved in coordinating with developers and business owners.
* Performed rigorous manual testing such smoke testing, Integration testing and System Testing.
* Reported difference when confirmed as issues in MQC from SME’s.
* Tested 4010/5010 conversion EDI transactions, 834, 837, 835, 270/271, 276/277, etc.
* Good knowledge of the Members, Providers, Claims, Configuration and Payment Modules of Facets 4.71.
* Analyzed the Facets Requirements/BRD’s/Gap analysis, then prepared test scenarios and test cases.
* Conducted Validations for different FACETS modules Providers, Claims and Membership
* Followed the Agile Methodology to emphasize on real time communication over written Documentation
* Tested the Case Management and Prior Authorization in Facets.
* Involved in Member creation using Facets and assigning them to different Maine Medicaid Programs.
* Created different providers and members through Facets.
* Also worked on 837 and 835 projects, including syntax and business rules for X12 HIPAA 4010 and 5010 validation for loops, segments, elements, qualifiers and code sets.
* Testing for HIPAA 4010 and 5010 projects including legacy testing and HIPAA requirements and compliance mandates.
* Used Networx Modeler for Verify the updated Agreements Contracts.
* Completed HIPAA 4010 and 5010 Project, included Medicaid including claims and enrollment testing as well as NPI and medical coding and ICD-9 EDI.
* Detected, reported and tracked defects using HP Quality Center.
* Conducted the defect report in HP Quality Center.
* Interacted with the developers to report and using HP Quality Center.

**Environment:** RUP, Rational Requisite Pro, SQL, Oracle 8i, Networx Pricer & Modeler, UNIX and Windows NT, Team Track, QTP, Business Objects, Facets.

**MVP Healthcare, Schenectady, NY Apr 2010 – Dec 2011**

**QA Analyst**

Worked as a QA Analyst in Enhancement and reengineering Data Warehouse and related Reporting Tools Project. The project was also involved migration from Diamond software to Facets 4.31 including configurations, claims auto adjudication scope and definitions, financial transactions ID cards, Membership, Enrollment. EDI 835, 837I, 837P, 276/277, 278 and proprietary conversions utilizing Facets extensions and development of new scripts and extensions to meet proprietary origination formats and reformat them into HIPAA standardized formats. The purpose of this project involves population of the Enterprise Data Warehouse (EDW) which is used in critical reporting and analysis.

**Responsibilities:**

* Hands-on QA Analyst responsible for coordinating and performing functional and data-related testing.
* Responsible for writing the Test Cases and Test Scenarios based on the Functional Specification and technical Specification and documented in HP Quality center
* The application supports HIPAA Healthcare transactions including 270/271(Eligibility), 276/276(Claim Status), and 278(Referral).
  + - Participated in all stages of agile test-driven software development lifecycle while maintaining existing code for Policy Center product and adding new features. Actively participated in SCRUM development process.
* Analyzed business requirements and functional documents
* Performed Analysis of ICD 9 Procedure and Diagnosis Codes in accordance with ICD 10 CM and ICD 10 PCS Conversion Compliances.
* Inserted Checkpoints to check for broken links, Text and standard properties of an object using Quick Test Pro
* Involved in the review and allocation of requirements to hardware, software, and manual operations
* Evaluated incoming project request for UAT support in order to determine the impacted systems, programs and/or downstream jobs or distributed applications, which will need to be included in the project scope.
* Created and implemented test cases for EDI files generated for various transactions as 834 /837/835/276/278
* Participated in the test environment setup and in ensuring that the facilities, test tools and scripts are in place to successful perform the required testing effort
  + - Monitored and tracked progress of project following agile methodology
* Developed test cases and scripts for Functionality, Security and GUI Testing.
* Conducted Load testing to generate the load on the server by creating Database User scripts
* Database integrity testing by executing SQL statements.
* Involved in testing of new Allscripts EHR modules, and the addition of a new facilities or clinics.
* Performed extensive Regression Testing for subsequent versions of the application using QTP.
* Served as liaison between IT and Medicare/Medicaid programs to support functionality of FACETS application
* Enhanced test scripts using various utilities provided in Quick Test Pro like check points, Data driver wizard for testing multiple data input.
* Developed Requirements Traceability Matrix for managing and tracking requirements with test coverage using HP ALM
* Enhanced Test Scripts using various utilities provided in Quick Test Pro like check points.
* Performed felid-by-field mapping of interface between parent EMR system and downstream system.
* Developed automation test scripts for performing regression testing on the application using QTP.
* Tested user interface and navigation controls of the application using Quick Test Pro.
* Analyzed user requirements into technical specifications and mapping the process design, work flows for Software Development Life Cycle (SDLC) with documenting and managing business requirements and later on worked on AGILE methodology
* Executed test cases manually to verify the expected results.
* Used HP Quality center to track, analyze and document the Test Plan.
* Participated in various meetings and discussed Enhancement and Modification Request issues.
* Created an end-to-end integrated test script that meets business functionality.

**Environment**: UNIX, FACETS , Agile, Oracle, MS IIS Server, Microsoft Visio 2000, TSO, JCL, File-aid, JavaScript, HTML, XML, HIPAA, EDI, UML, MS Office, HP ALM, Windows XP/2000, Java/J2EE, DOORS , Web logic, , SDLC, Java .

**Coventry Health Care, Downers Grove, IL Aug 2008 – Feb 2010**

**QA Analyst**

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.

**Responsibilities:**

* Reviewed requirements together with QA Manager ,Vice President of Human Resources & Business Analyst
* Facilitated four-hour long round table discussion with most HR directors, managers and analysts along with QA manager to get their input [ad-hoc UAT] in the project
* Converted various SQL statements into stored procedures thereby reducing the Number of database accesses.
* Prepared Use cases and Activity flow diagrams and Work flow diagrams, considering the scope of the project with MS VISIO 2003.
* Reviewed projects in application of the new SDLC based on the Agile
* Wrote PL/SQL statement and stored procedures in Oracle for extracting as well as writing data.
* Reviewed Technical Specs together with the team of two developers
* Wrote Test Plans in MS Word for Manual Testing, System Testing, Integration Testing, Performance Testing, Regression Testing & reviewed their consistency with the business requirements.
* Designed Data Stage ETL jobs for extracting data from heterogeneous source systems, transform and finally load into the Data Marts.
* Performed White Box, Black Box, and Usability Testing
* Played key role in defining test automation procedure and standards, creating Win Runner and Quick Test Professional scripts for all the modules, which reduced the regression cycle drastically and improved the testing efforts for daily builds.
* Wrote Test Cases in MS Excel for user registration, access to training material, and activity log-in, reviewed the test cases and finalized
* Reviewed colleagues’ test cases for testing the development of online resume, uploading users’ documents [such as application and resume], browsing through jobs, selecting and applying for the jobs
* Used SQL to test various reports and ETL load jobs in development, QA and production environment
* Documented the outcomes of all the testing in MS Word and MS PowerPoint
* Prepared PowerPoint slides of all the outcomes [with the focus on defects] and presented to the team of Business Analyst, VP of Human Resources, and the Developer

**Environment:** Win Runner, Quality center, MS Office, MS Visio, MS project, Load Runner, Quick Test Pro, Agile, NT/00, SQL, SQL Server, XML