**Neeraj Sharma**

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**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
* 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, 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
* 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 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 | Facets, Quick Test Pro, SoapUI, HP ALM / Quality Center, |
| Bug Reporting Tools | Quality Center, IBM Rational clear Quest |
| Programming Languages | Java, C++, HTML, HTTP, MS FrontPage, XML JavaScript, SQL |
| Software Packages | MS Office XP Suite |
| Data Bases | Oracle, MS SQL Server |
| Operating Systems | Windows, Unix and Linux. |

**Professional Experience:**

**CareSource, Dayton, OH Jan 2014 – Present**

**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 project was creating the application where customers can compare individual health insurance plans by providing zip code, date of birth and gender. I was involved in testing the application that was used for checking the eligibilities, **claim processing and claim status**. My responsibility was to test the EDI (Electronic Data Interchange) database.

**Responsibilities:**

* Analyzed the objectives and scope of each stage of testing process from the Test plan.
* Interacted with business analysts to gather the requirements for business and performance testing.
* Participated in the Manual Vs Automated testing decision-making process.
* Responsible for testing the Navigation Flow, Functionality Testing, System Testing and User Acceptance Testing.
* Interacted with users and vendors for full life cycle of project.
* Written Medicare COB functional Requirements, Test steps and **Test Cases** in Quality Center
* Prepared test data and helped load test data into the test database environment.
* Analyzed all types of the workers compensation, Disability insurance and provider **Claims**.
* Stimulate financial calculations for a given formula for a given period.
* Life cycle test for various products contracts.
* Worked with **FACETS** Team for HIPAA Claims Validation and Verification Process (Pre-Adjudication)
* Involved in testing **Facets** front end applications: Subscriber/Member, Utilization Management, Provider, Accumulators and claims to validate that the converted data displayed on the screens is accurate
* Data mapping, logical data modeling, created class diagrams and ER diagrams and used SQL queries to filter data within the Oracle database.
* Good experience working with **Claims Processing, Subscriber/Member and Provider** applications.
* Created various suites of enrollment process, claim process in Claims Test Pro by creating a keyword file and loading them to **FACETS** for testing.
* Conducted Functionality testing during various phases of the application.
* Extensively performed manual testing using Quality Center.
* Defect reporting and bug tracking using Quality Center.
* Created **Test Cases** and automated them for the purpose of regression testing and functional testing with check points using Quick Test Professional.
* Analyzed the functional requirement documents, system requirement documents and business requirement documents.
* Assisted in developing **Test Plans** for testing the functionality, GUI, and security.
* Performed manual testing, considering the base line of developed test plan and **Test Cases** considering both positive and negative scenarios.
* Performed Integration, Functional, GUI and **UAT** testing
* Interacted with developers to resolve defects.
* I was responsible to create test data for functional testing and UAT.
* Performed functional testing for new release enhancements.
* Participated actively in the team meetings with the developers for bug reviews.

**Environment: Facets,** Quality Center, Html, XML, Web Sphere, Oracle, SQL, UNIX, Windows XP

**Cigna Healthcare, Raleigh, NC Dec 2011 – Dec 2013**

**QA Analyst**

Cigna Healthcare is a global health services organization. Its insurance subsidiaries are major providers of medical, dental, disability, life and accident insurance and related products and services.

**Responsibilities**:

* Responsible for testing the Navigation Flow, Functionality Testing, System Testing and User Acceptance Testing.
* Prepare Test Data, Test scenarios, Test Scripts and executed Test Cases from Quality Center.
* Creating **SQL queries** for data validation.
* Performing manual **Back-end** testing on the application by writing complex **SQL queries**.
* Involved in reviewing complex **SQL queries**, **views**, **functions** and **stored procedures** and spotting issues before/during code migration.
* Worked with providers and **Medicare or Medicaid entities to validate EDI transaction sets or Internet web portals**.
* Involved in coordinating with SMEs to discuss different scenarios at the time of scripting Test Cases.
* Have good exposure to modern **Agile** Methodologies such as **SCRUM** and **TDD**.
* Participating/Facilitating **Defect Triage meetings** with developers and SMEs.
* Creating several Test Cases and Test Conditions for testing various **Claims**, **Enrollment**, Billing and Provider reports.
* Worked on **EDI X12** transaction set 837 I/P/D, 276/277 feeds to allow for change in the claim number.
* Involved in End to End testing of **FACETS Billing, Claim Processing and Subscriber/Member module.**
* Extensive experience in testing **FACETS applications** mainly in **Provider, Group, subscriber/Family, membership and billing.**
* Analyzing and making specific recommendations on improvements that can be integrated into business processes.
* Participating in reviews throughout the development lifecycle.
* Facilitating User Acceptance Testing by providing the necessary support to the business users.
* Extensively performing manual testing and defect reporting using HP Quality Center/ALM.
* Performing manual testing, considering the base line of developed test plan and test cases considering both positive and negative scenarios.
* Test scenario identification and alignment of service oriented architecture implemented within the organization.
* Creating different pricing rules and verified whether the adjudication system is using the rules while adjudicating the **Claims.**
* Tested the ability to accept and send **834 electronic transactions** and validate completed transactions.
* Tested the ability to store Identification number received from the Exchange and create a unique identifier for members received through the Exchange.
* Responsible for testing of different Benefit terms and contract terms, according to Configuration library.
* Development of **SQL queries** as per the request of the business team in SQL server.
* Conducting Validations for different **FACETS** modules like **Providers, Claims** and **Enrollment**.
* Extensively involved in managing defects using Clear Quest and interacted with the DEV team in resolving critical and high defects.
* Extensively involved in **UAT support** for their execution and **Defect Triage**.

**Environment**: HP **Quality Center, QTP**, Trizetto **FACETS,** Trizetto **MDE**, Tidal, SQL Server, SQL Server Reporting Tool, TOAD, **MS-Office,** MS SharePoint**.**

**Humana Inc - Louisville, KY Apr 2010 – Nov 2011**

**QA Analyst / Tester**

Humana Inc. is a Louisville, Kentucky -based for-profit American managed healthcare company that markets and administers health insurance in the United States. Humana has over 13 million customers in the U.S. Worked as a member of the team of QA testers, involved in designing test cases, writing test cases, execution of test cases and documenting the findings.

**Responsibilities:**

* Internal & External review of Test plan and Test cases.
* Build setup on Test environment and installation Testing.
* Analyzed research on operational procedures and recommend changes for improvement with an emphasis on automation and efficiency.
* Created Test Plan, Test Scenarios, Test Strategy documents based on BRDs, TRDs and Use cases that were developed by Business Analysts.
* Participating in White box testing of the Structural units/components of the software
* Tested the application by writing SQL Queries and creating pivot views as to perform back-end testing.
* Responsible writing Test Plans, Test Cases and Test Scripts using manual and automated testing tools such as QC and QTP..
* Involved in writing Test Plans and Test Scripts for Manual and Automation Testing.
* Automated Test Cases for Functional and Regression Testing using QTP.
* Wrote Test Cases in MS Excel for user registration, access to training material, and activity log-in, reviewed the test cases and finalized
* Involved in writing and implementation of the Test Cases.
* Developed test related documents including Test Plans, Test Procedures, Test Cases and Test Scripts.
* Utilized test Methodologies and automated the functional testing.
* Documented the outcomes of all the testing in MS Word and MS PowerPoint

**Environment:** Windows Xp, MS Office,QTP, Win Runner, Test Director, MS Visio, MS project, Quality Center, SQL, SQL Server, XML

**Medco Health Solutions, Inc., Franklin Lakes, NJ Jun 2009 – April 2010**

**QA Analyst**

Medco is a leading Pharmacy Benefit Manager (PBM), helping millions of Americans having access to affordable, high-quality prescription healthcare.

I worked as a consultant from AppLabs (a CSC Company), which is one of the world’s largest software and testing and quality management company. The project was to understand the Medicare Claims Adjudication System, end to end, to fill the gaps in the system and incorporate the new CMS directives. Made test scenarios and helped with test cases to test the functionality of the system.

**Responsibilities:**

* Developed Manual test scenarios and test cases from Business Requirements and Design Documents
* Performed end to end scenarios by validating from front end application to DB2 database.
* Executed test cases found errors reported defects, determined repair priorities, did regression testing and closed by using **Quality Center**.
* Attended scrum meetings as per Agile methodology
* Prepared Manual Test Scenarios and Test Cases for the Application under test.
* Was responsible for tracking and writing the Traceability Matrix.
* Analyzed the laws and regulations **(HIPAA, HL7, and EDI X 12)** before implementing the electronic medical record software.
* Participated in co-ordination and implementation of QA methodology.
* Executed test cases manually and verified actual results against expected results.
* Drafted test strategies, test cases and test plan based on functional specification.
* Customized  **Quality Center** to suit the requirements of testing effort
* Performed manual testing at initial stages followed by majority of automated testing
* Performed negative and positive testing manually, along with functionality testing
* Interacted with developers and the Business on a regular basis for enhancing the requirements.
* Validate EDI Claim process according to **HIPPA** compliance.
* Developed and executed various test cases for testing HIPAA 837I/P (4010)
* Wrote test cases based on decomposition document to execute testing.
* Used **Quality Center** to run test scripts and log defects.
* Reviewed Business Requirement Documents and the Technical Specification.
* Conducted result analysis and interacted with developers to resolve bugs.
* Interacted with developers, business analysts and discussed technical problems and reported bugs.
* Met with the developers and technical content writers on a daily basis to update the test documents

**Environment:** Windows, **Quality Center**, Oracle, UNIX, HIPAA regulations, Manual Testing, MS Office Suite

**Education**

Master’s in Science