**Niksan Shrestha**

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**903-600-0866**

**ISTQB Certified Quality Assurance Analyst / Tester**

**OBJECTIVE**

Around 7 years of experience as Quality Assurance Engineer. Vast knowledge of Software Development Life Cycle & its methodologies, expert in Quality Assurance testing in backend, UI and Client/Server applications using manual and automation tools.

**CARER SUMMARY**

* Expert in Agile/Scrum and Waterfall testing lifecycle Methodologies
* Expertise in Healthcare billing with attention to billing levels, cycles, fee’s, discounts, volume, rating and other features.
* Exposure to Six Sigma and Value Management process.
* Experience in testing various application related domains like– Healthcare and Logistics.
* Experience in documenting and testing the Obama Care and other EDI’s like 834, 835, 270/271, 277, 837
* Good understanding of the applications on Windows, UNIX and Linux environment.
* Detailed knowledge of Software Development Life Cycle (SDLC) with emphasis on the Waterfall, Kanban and Agile Methodology.
* Experienced in various Healthcare areas like Enrollment, Benefits, Claims, Medicare, and implementation of HIPAA key EDI (ANSI X12) transactions.
* Experienced to Validate EDI 837 claim billing (professional, institutional and dental claims) &835 (remittance advice or payment) claims adjudications.
* Experienced in testing HealthCare clinical (Clinical workflows/Insurance billing) and Client-Server applications on different environments.
* Worked in all phases of Software Testing Life Cycle (STLC).
* Skilled in reviewing and creating project related documents like BRD, FRD, Use case and UML Diagram.
* Have a good understanding of various SDLC for Business and Quality analysis Methodologies. Identified gaps and developed improvement projects.
* Experienced in Creating BRD’s, FRD’s, TDD’s, Test Strategy, Test Processes, Test Plans, Test Cases, Test Scripts, Test Scenarios and Test Reports.
* Extensively involved in Black Box Testing with various testing methods like Regression, Functional, Integration, System, Smoke, Usability, Compatibility, Ad hoc, Performance, Security, Database and GUI testing.
* Proficient in different phases of testing like System Integration Testing (SIT), User Acceptance Testing (UAT), Smoke Testing, Functional Testing, GUI Testing, Load Testing, Stress Testing, Unit Testing, Regression Testing and Performance Testing.
* Created test scenarios for UAT testing.
* Experience with both Manual and Automated Testing of applications on Windows and UNIX/ Linux Environment.
* Knowledge in creating test automation scripts in QTP using scripting and using descriptive programming for creating Automation Scripts.
* Excellent Backend Database testing skills with SQL queries for data validation and verification.
* Experienced in tools like HP Quality Center, Clear Quest, Jira, Atlassian and Bugzilla.
* Extensive experience working with onsite/ off site team model, aware of the cultural issues, aware of the issues in terms of planning efforts/ schedules etc.
* Ability to learn new technologies and challenging concepts quickly and implement them.
* Extensively used Desktop Applications like MS word, Excel and Power point.
* Excellent analytical, Problem solving, decision-making and presentation skills with ability to co-ordinate activities in a fast paced environment individually as well as in Team.

**TECHNICAL SKILLS**

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| --- | --- |
| **Defect Tracking** | ALM, Quality Center (Test Director), Bugzilla, Rational Clear Quest |
| **Languages** | SQL, Visual Basic, VBScript, TFS, Facets, Java, .Net |
| **Platforms** | Windows, UNIX, LINUX |
| **Database** | Oracle, MS Access, SQL Server, MySQL |
| **Browsers** | IE, Mozilla Firefox, Google Chrome, Safari, Dolphin, Puffin, Mercury |
| **Web Technologies** | HTML, XML, HTTP, SOAP, Web Services |

**CARER EXPERIENCE**

**UHG/Optum Technologies/State of MA, Baskin Ridge, NJ**

**March 2015- Present**

**Software QA Analyst**

Worked in a project involving Electronic Claims (EDI) Handling and Transaction Processing of Facets records . The project included enhancing applications to include duplicate claim numbers, billing, and Membership and Provider data with EDI Transaction in various systems.

I was also working on the Health Insurance Exchange (HIX) for State of MA. I have tested with Membership Enrollment process with various eligibility requirements. I have performed my positive, negative, Front and Back end testing for End to end process of Enrolling a Member from Health Exchange (Market Place) to validating EDI 834 Transaction.

**Responsibilities:**

* Worked on Agile SDLC approach implementation for the whole testing life cycle.
* Reviewed Functional requirements documents, High level design requirement documents and finalize the testing in scoops and scenarios for Integration testing for each project.
* Gathered requirements and created, executed and documented Test Cases as per requirements in Quality Center/ALM.
* Conducted data analysis and data validation by writing complex SQL queries using TOAD for ORACLE database.
* Performed testing on Rally to support user stories validation.
* Tested HIPAA EDI Transactions and Code Sets Standards such as 837/835 and 834 transactions.
* Sorted claims and member data tables from database using SQL queries.
* Interacted with the team member to ensure meaningful development of the scripts and simulated real time business scenarios.
* Maintained QA lab standards, documentation review assisted in establishing and maintaining best practices for QA.
* Acting as liaison between end user and Facets for user problems, outstanding issues, training needs and new software releases.
* Wrote complex SQL queries to fetch data from database and update values to enable conduct backend testing and validation
* Performed UAT by formally documenting the results of each test and provided error reports and correction requests to the developers
* 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.
* Wrote SQL queries to validate the data integrity of the providers and members database
* Created test scripts for Security, Positive, Negative and System Integration Testing (SIT).
* Worked with team manager in supervising, guiding, and supporting their testing efforts for Integration.
* Worked with Claims, enrollment, eligibility verification for members and providers, benefits setup, and backend payment cycle in facets.
* Executed test cases, records results and reports defects in JIRA.
* Experienced with batch processing system for claims electronic and manual transaction.
* Well known with frontend processing for the Claims, Subscriber/Family and with Providers.
* Experienced with External claim editing system on frontend system of Facets.
* Responsible for writing the Test Cases and Test Scenarios based on the Functional Specification and technical Specification and documented in ALM.
* Worked on Quality Center for bug status tracking and maintained and created status reports for the application.
* Performed Business Process Modeling using Visio and customer data analysis.
* Used select, inner joins, aggregates (SQL) to verify data with expected data.
* Wrote SQL queries to validate actual record with expected record data
* Involved in weekly defect review meetings to review the status of defect fixes and upcoming build releases.
* Identifying Test Cases to be run for Regression Testing and conducting Regression testing as and when new builds were made.
* Documented the test execution summary results and reported the status of assigned test tasks and issues to project manager for approvals.

**Environment:** HP ALM, UAT, SQL Server Query Builder, SharePoint, Agile, UNIX, Flat Files, Citrix Receiver.

**Kaiser Permanente, Falls Church, VA**

**Sept 2013- April 2015**

**QA Analyst**

I was responsible for QA Analyst role on different EDI HIPAA transactions. As a Tester, I was responsible for conducting the overall System Testing to verify operations of key Facets modules involved in the processing of claims (including benefits), providers and members.

**Responsibilities:**

* Worked with Business Analyst and reviewing and analyzing the business requirements Documents and functional requirements. Imported preexisting Microsoft Word and Excel-based requirements and tests for analysis in Quality Center.
* Prepared Test Cases based on business requirements and business rules for HIPPA EDI Transaction 834, 276/277, 270/271, 837/835. Tested all HIPAA transactions for multi-version support and validating the database to file elements.
* Performed extensive UAT and documented the errors and reported them to the developers.
* Created test scripts for Security, Positive, Negative and System Integration Testing (SIT).
* Designed and developed use case and test-case scenarios, conducted root-cause analysis, GAP analysis, developed test plans and conducted System Integration testing (SIT), user acceptance testing (UAT).
* Was involved in configuration and evaluating the impact of proposed changes in rules and regulations.
* Set claim processing data for different Facets Module.
* 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 FACETS Implementation, involved end to end testing of FACETS Billing, Enrollment Claim Processing and Subscriber/Member module.
* Set claim processing data for different Facets Module.
* Performed Positive and Negative Testing Manually
* Actively participated in walkthroughs and enhancement meetings
* Maintained Test Matrix and Requirement Traceability Matrix
* Performed Gap Analysis. Performed Security Testing on the application
* Experiences working in ANSI x12 837-835 EDI Transaction.
* Validate the date from EDI transaction. Tested the HIPPA EDI 834, 270/271, 276/277, 837/835 transactions according to test scenarios and verify the data on different modules.
* Authored test case scenarios in Excel spread sheet and export them into Quality Center.
* Documented the test results and reported the status of assigned test tasks and issues to project QA Lead. Conducted Back-End Testing Using SQL Commands.
* Extensively used SQL statements to query the Oracle Database for Data Validation and Data Integrity.
* Executed test cases found errors reported defects, determined repair priorities, did regression testing and closed by using Quality Center. Responsible for Performing Integration Testing, UAT testing.
* Customized Quality Center to suit the requirements of testing effort.
* Monitored the Defect Tracking Process and generated customized graphs and reports for the client using Quality Center

**Environment:** Oracle, HIPPA, XML, UAT, Agile, HP Quality Center Window XP, SQL, UNIX, UAT**.**

**CNSI/State of MD, Baltimore, MD**

**March 2012- Aug 2013**

**QA Analyst**

CNSI is an implementation partner for State of MD who provides health benefits to people with Medicare. I was responsible for QA Analyst role on different EDI HIPAA transactions. As a Tester, I was responsible for conducting the overall System Testing to verify operations of key Facets modules involved in the processing of claims (including benefits), providers and members.

**Responsibilities:**

* Reviewed the Business requirement, Functional Design Documents and Technical Specification documents
* Created Test Cases and Test data after analyzing the BRD
* Performed Functional and GUI testing on Facets Billing, Customer service and Enrolment application under Facets
* Expertise in Bug reporting tools such as Test Director and Quality Center.
* Did requirement gathering and testing of consumer web portal for the enrollment of Medicare members.
* Validated Load Receipt functionality, Cash Receipt functionality, Group Invoice functionality, and Policy Details extract functionality
* Logged of defects in Quality Center to maintain Test requirements and to communicate the bugs with the Developers.
* Performed Backend testing by writing SQL validation queries in Oracle Toad against the database.
* Validated records, structure of tables, Indexes, Triggers in tables after migration.
* Identified the requirements for accommodating HIPAA standards for 837P transactions and captured these requirements to develop new GUI for the internet based application.
* Extensively worked with EDI transactions such as 837 following the HIPAA compliance EDI standard format of X12
* Executed Performance test procedures to check to time span
* Validated member’s benefits against the benefits matrix
* Analyzed and testing data on different billing and membership functionality manually and writing queries on database for validating data
* Executed test cases found errors reported defects, determined repair priorities, did regression testing and closed by using Quality Center. Responsible for Performing Integration Testing, UAT testing.
* Maintained requirement traceability matrix on daily basis and participating in daily defect triage and status meeting.
* Created input test files as per the business requirements in Ultra edit and processing them in batch server to load data to respective tables in database and to generate the output
* Updated Functional Specs as per the change request received from client

**Environment:** Facets, UAT, HP Quality Center, TOAD for Oracle, MS Excel, MS word, MS Project, Windows XP.

**Wisconsin Health Insurance, Madison, WI**

**June 2010 – Feb 2012**

**Quality Analyst**

Company provides solutions to both individual and groups by providing broadest selection of leading health insurance plans. There were different Phase of the Project that includes Updating Facets, , EDI Transactions. I have also worked on MMIS portal and worked extensively on MMIS UI as well as Back end Database System. I have been working on documenting requirements and provide guidelines for development. I worked on different crosswalk documents and analyzed impact on entire system working with various Mainframe and Oracle tables and utility programs.

**Responsibilities:**

* Tested data and processes through running and scripts using IBM’s Rational Test Manager.
* Analyzed the business requirements and functional requirements to identify test scenarios
* Developed and managed the formal Agile Methodology which includes Configuration Management, Requirements Management, Agile Manifesto, Lean Development
* 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)
* Experienced in Claim Processing such as Submission, Claims inquiry, Remittance, Explanation of Benefits, Discounts, Adjustment, Accumulators, Interest calculations, Split payment, Finalization, COB.
* Tested ICD 10-Diagnosis and Procedural Codes along with CPT and HCPCS codes in Medicare
* Developed the test cases as per the HIPAA regulations (270, 271, 275, 276, 278, 834, and 837)
* Worked on System Testing (functional Testing) of NYS 837I (Institutional Claims and NYS 820 Medicaid Premium Payment).
* Created new and modified existing jobs (Proc) and JCL for test run of application on Mainframe using TSO/ISPF, DB2, and IMS (DB).
* Created Access cross tab by implementing SQL queries
* Created SQL to test source to target data warehouse transforms, using TOAD.
* Verified and modified subscriber/ member’s plan, product and subgroups for eligibility
* Terminated subscribers/members from Facets front end to match the test scenarios
* Developed Test cases from business use cases, Test data and test scripts for testing
* Worked with Medicaid and Medicare claims
* Tracked and reported defects using Quality Center.
* Designed and developed use case and test-case scenarios, conducted root-cause analysis, GAP analysis, developed test plans and conducted System Integration testing (SIT), user acceptance testing (UAT).
* Created test scripts for Security, Positive, Negative and User Acceptance Testing (UAT)
* Was involved in User Acceptance Testing (UAT) for different modules.

**Environment:** FACETS, Quality Center, Oracle, UAT, SQL, ANSI X12, HTML, XML, HIPAA, EDI, MS Office, Windows XP, Agile, DB2, SharePoint, Microsoft Project, Java.

**EDUCATION**

MBA – MIS (Lincoln University)