**PROFESSIONAL SUMMARY:**

* Senior QA professional **6+ years of experience** in Quality Assurance, Manual and Automation Testing.
* Complete understanding of **Software Development Life Cycle (SDLC)** and **Agile** Methodology in the areas of Business Analysis, development, testing, deployment and documentation.
* Hands-on experience in **UAT** and **End to End testing** of Health Care Applications.
* Experience in effectively planning, executing and monitoring the activities as per scheduled timelines and identifying any course corrections needed to ensure adequate coverage and Quality.
* Experience in verifying and validating the system/ application using **Black box testing** technique.
* Experience in performing **System Testing** (Functional & Non-Functional), **Regression**, **Integration**, **Database** and **User Acceptance Testing**.
* Worked extensively with HP/Mercury Interactive tools such as **Quality Center**, **Quick Test Pro**
* Well versed with Systems Requirement Study, Analysis, preparing Test Plans, Test Cases and Test Procedures.
* Hands-on experiencewith**HIPAA** regulations and **EDI** transactions such as **834, 837/835** and **276/277**.
* Extensive experience in **claims adjudication** in compliance with **ICD 9** to **ICD 10**
* Worked with **CPT**, **HCPCS**, and **Claim Modifiers**for the claim processing and routing
* Developed Test Plans and Test Cases for Functional, System, Integration and Performance Testing.
* Automated Test scenarios using HP Quick Test Pro.
* Used HP Quality Center as Bug tracking tool and also used to run the automated test scripts
* Good experience of **Oracle** and **SQL Server databases** and creating complex SQL scripts in RDMS platform.
* Well versed in QA methodologies and Models.
* Proficient in use of MS Office, Microsoft Outlook and Visio.
* Attended and organized conference calls, project review meetings with essential plans and execution reports.
* Strong Interpersonal , Self –Motivation, Team Player, Quick Learner and Coordinating skills to work and interact in Team Environment.

**Technical skills:**

**Testing Tools:** HP ALM/ Quality Center, Quick Test Pro

**Scripting languages:** VB Script, Python, CPLEX

**Operating Systems:** MS Windows 2000/XP/7, UNIX

**Database:** SQL Server, Oracle, DB2, MS Access

**PROFESSIONAL EXPERIENCE:**

**Emblem Health, NY Apr ’13 – Present**

**Sr. QA Analyst**

**Project 1: HCR HIX SSP Membership**

Due to enactment of PPACA, EmblemHealth has made business decision to participate in NYS Public Health Insurance Exchange (HIX). The primary purpose of the project was to review, build/enhance enrollment, billing, claim & customer services process that are required to participated in the exchange.

**Responsibilities:**

* Participated in SDOH and SME meetings to learn/understand business requirements.
* Involved in aggregating and organizing data from various enrollment platforms and automating transfer of data to internal systems (EDI Gateway, QCare, Cognos)
* Leveraged automated enrollment capabilities to reduce the cycle time for welcome kits to be sent to members timely.
* Created and executed test cases for triggering events for a special enrollment using Quality Center.
* Created test scenarios for Membership Accuracy Testing
* Used SQL Queries to perform back-end testing on 834 Medicaid transaction report; validated that the report is produced with the specified data fields and timestamps.
* Performed front-end (Online Data Entry) and back-end testing to ensure that the fields are updated accordingly and check functionalities of online manual data entry.
* Performed database and functionality testing on QCare fields; Validated that QCare fields retain current functionality; Verified Member ID, Mailing/Residential address, HIX Member ID, Martial Status, etc.
* Reviewed test region to determine if member demographic, eligibility information was loaded using business specifications.
* Performed a regression testing using HP QuickTest Pro to validate that AID Category Codes are not flagged in the 834 rejection process.
* Automatically executed and updated the test results in Text Execution Matrix in Microsoft Word using Driver Script (VBScript) for end users.
* Extensively used Quality Center for defect tracking; Generated graphs and reports for requirement with linked defects, tabular defects, defect progress, fixed/rejected defects and defect age/trend.
* Interacted with various departments ( Health Care Reform, CHPlus Enrollment, Medicaid Enrollment, Customer Service, and Billing) to gain in-depth knowledge of State and Federal requirements and other relevant regulations for EDI 834 Claims processing and adjudication.

**Environment:** HIPAA, QCare, EDI, Windows 7, HP ALM / Quality Center, HP Quick Test Pro 11 SharePoint, IBM Cognos, VBScript, Microsoft Office Suites, Oracle 11g

**Well Care Health Plans Inc, FL Jan’12 – Mar’13**

**QA Analyst**

**Project 1: 4010 to 5010 Conversion**

**Project 2: Claims routing & adjudication**

As a QA Analyst, I was involved in testing upgrade in the current process aimed at preparing for transmitting and receiving industry mandated 5010 EDIX12 transactions.

**Responsibilities:**

* Developed and documented QA testing approach/scenarios and QA Test Plan for Functional and Regression Testing using HP Quality Center.
* Participated in meetings and walkthrough for changes in the requirements and reporting progress of the QA team.
* Tested 837, 270/271 transactions (5010)
* Analyzed CMS comparison documentation highlighting changes of 5010 format and ICD 10 diagnosis and procedure codes.
* Established questionnaires and resources leveling required for implementing HIPAA 5010 and upgrading ICD 9 diagnosis codes to ICD 10 codes
* Followed Agile-scrum testing methodology.
* Provided support for maintenance, modification, troubleshooting EDI transactions.
* Performed functional testing, regression testing, integration testing, according to the requirement specification to check if the application is error prone.
* Conducted both the positive and negative tests for functional testing.
* Verified that all the features work as described in the Application documentation provided by the Development Team and as defined through study of screens and underlying application code.
* Translated inbound EDI files into Excel using Excel Macro/VBScript
* Developed Test Suites and conducted Regression Testing on each new build of the Application to verify that the latest version of the software has not affected previous working functionality and that known problems have been fixed.
* Reported decisions based on the results of validation tests performed and provided suggestions to improve quality of the UAT.
* Reported test failures and defects using Quality Center and provided management with Regression Testing reports and Progress reports.

**Environment:** Quality Center 9.5, QTP 9.5,Oracle 9i, MS Office 2003, Windows XP, SharePoint, Internet Explorer, VBScript, EDIdEv Framework EDI 5.6

**Blue Cross Blue Shield of Michigan, MI Jun’10 – Dec’11**

**QA Analyst**

**Project 1: Benefit FocuseBilling (Automation Testing)**

eBilling is an web-based bill presentment and payment tool of Blue Cross Blue Shield of Michigan, Blue Care Network and Blue Advantage. eBilling has following main features: Email notification of new invoices, View/Pay multiple plan and product bills, Payment tracker, Status indicator, Search functionality, Reporting capability, and print invoices.

Project 2: ICD 9 to ICD 10 Conversion (Manual Testing)

Blue Cross Blue Shield has started conversion into ICD 10 from ICD 9 to comply with the U.S. Department of Health and Human Services.

**Responsibilities:**

* Inserted check points to examine broken links, texts, image and other standard properties of webpage using QTP
* Extensive testing efforts were required in Search Engine to support multilevel reporting for customers, company’s decision makers and business owners.
* Performed Cross platform testing of web pages with different browser versions of Internet Explorer and different Operating Systems of Windows Vista/XP/Mac OS 8.
* Performed regression testing by executing the baseline scripts to identify functional issues.
* Parsed and extracted information from EDI file into Excel using VBScript for end users
* Performed functional testing on different features of eBilling as described in the project description above.
* Used Parameterization in QTP to create multiple test cases for different data conditions
* Created test cases and relevant recovery scenarios to handle errors that might occur during the payment process.
* Created and run Test Sets in Quality Center and updated the Test Execution Matrix.
* Participated in defect triage meeting to discuss and resolve the defects found during the test execution.
* Performed back-end testing to verify data integrity in the Oracle Database.
* Studied the enhancements of Facets 4.8 from Facets 4.7
* Involved in crosswalk between the ICD 9 CM and ICD 10 CM/PCS.
* Created EDI 837/835, 834 transactions to perform gap analysis between HIPAA 4010 and 5010.
* Tested inbound EDI 837 (5010) file for members and dependents demographic and benefits information.

**Environment:** Quality Center 10.0, QTP 10, HIPAA standards, ICD 10, Oracle 11g, Windows 7, HTML, Internet Explorer, Mozilla Firefox, Google Chrome, Safari, Facets 4.7/4.8, HIPAA 5010, VBScript

**MVP Healthcare, Rochester, NY Jan 09 – Apr 10**

**QA Analyst**

MVP Healthcare will provide a higher standard of health care coverage and improves the quality of care for every member. It sets the standard for outstanding quality health care, service and value. It is the leader in access, affordability and quality in the competitive health insurance market.

**Responsibilities:**

* Reviewed the Requirements document for 4010 and prepared the test plan and test cases.
* Involved in Manual Testing of the application.
* Conducted functional, system, data and regression testing.
* Interacted with the Developers and BA for defects and problem resolution.
* Generated Bug Reports and Test case coverage reports for status meeting and also involved in resource planning for test cases coverage
* Involved in Bug Review meetings and participated in weekly meetings with management team.
* Provided testing results and weekly status reports to the QA Manager
* Using FTP we upload and download files for testing data
* Tested the web services for Provider and Recipient Portal.
* Designing test scripts for testing of Claims in Development, Integration and production environment.
* Involved in testing HIPAA EDI Transactions (837I/P/D, 270/271, 276/277, 835,834, 820) for 4010
* Involved In loading the flat files into Oracle Database and involved in writing Complex SQL Queries.
* Involved in writing Complex SQL Queries using TOAD to validate the loads.
* Backend testing of the DB by writing SQL queries to test the integrity of the application and Oracle databases using TOAD.
* Maintained Metrics participated in weekly status updates showing the progress of the testing effort and open issues to be resolved.

**Environment:** TOAD, Oracle 11g, Ms Office, Text pad, UNIX, FTP client, Clear case, Clear Quest, Spec builder 6.2/7.0, Quality Center , QTP, Cognos, Informatica