**Ramu Sah**

**Professional Summary:**

* 8+ years of professional experience in Software Industry, Expertise in all kinds of testing (Manual and Automation) with focus on Business Intelligence, ETL, Enterprise Data Warehousing (EDW), DataMart, Databases, Web services, Client-Server applications
* Extensive knowledge on all phases of Software Development Life Cycle (SDLC). Experience in Agile, Scrum and Waterfall models of SDLC.
* Extensive experience in Software Testing Life Cycle (STLC) and Defect Life Cycle (DLC). Participate in complete testing Lifecycle, Test Plan, Test Cases, Test Execution, & Defect Report.
* Worked with Business analysts to understand the business and involved in walkthroughs, and periodical meetings to come up with project plans.
* Wrote complex SQL and PL/SQL queries to validate DataMart and Data warehouse Testing
* In-depth knowledge of all QA Phases that include Manual, Functional, System, Integration, Regression Testing End-to-End testing
* Experienced in Integrating and coordinating testing activities into software development activities
* Worked with different RDBMS Oracle, SQL Server, Teradata, MySQL, IBM DB2 and their GUI utilities like SQL Loader, Oracle SQL developer, Teradata SQL Assistant, WinSQL to do transaction of data
* Experience working in a FACETS environment and I have gained extensive knowledge about various modules of a FACETS system such as claim, membership and pre pricing etc.
* Worked on Autosys for Batch Processing ETL, PL/SQL subprograms and performed backend testing.
* Worked heavily on testing various Data warehouse ETL process with tools includes Informatica, DataStage, Ab Initio, SSIS as well as many reports developed used various BI tools includes Business Objects, Cognos, Micro strategy, OBIEE, SSRS and Crystal Reports
* Served as a Data Warehouse Specialist in testing of an enterprise data warehouse/business intelligence application.
* Well known with flow of EDI transaction processing through trading partner to the core database and also know the process for External database for the facets system.
* Strong ability in developing advanced SQL queries to extract, manipulate, and/or calculate information to fulfill data and reporting requirements including identifying the tables and columns from which data is extracted
* Experienced in programming Database Objects like Tables, Stored Procedures, Views, Rules, Defaults, user defined data types and functions using Oracle, SQL Server and DB2.
* Working knowledge on various types of data feeds like: XML, DB2, Oracle and Flat files.
* Hands-on experience using defect Management Tools Quality Center, HP-ALM and Jira, Rally
* Excellent in writing SQL and PL/SQL queries and UNIX shell scripts to perform Backend testing
* Excellent knowledge of 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
* Strong working experience in the Data Centric Testing, Data Analysis, Design and Development
* Self-starter and ability to present ideas in a concise, logical and well organized format

**Technical Skills**

**Operating Systems:** Windows XP, Linux/Unix.

**Data Warehouse tools:** Data warehouse ETL Tools Informatica 9.6, Data Stage 8.5, Ab Initio,

**Databases:** Teradata V2R5, V12, V13 & Oracle 10g, MicroSoft SQL Management Studi

**Tools & Utilities:**  BTEQ, FASTLOAD, MULTILOAD, TPUMP, FASTEXPORT

**Test Management Tools** **:**HP Quality Center 9.0, JIRA, Team Site, One Note

**Programming Languages:** C, C++, SQL & PL/SQL

**Operating Systems:** IBM AIX 5.1 & 5.3, RHLinux, UNIX, HP UA, HP IA, SuSE 10.4.8, zLinux Windows XP,03

**Scheduling Tools:** Control-M and Autosys

**Professional Work Experience**

**Shutter Health Sacramento, California Feb 2016 - Present**

**QA Test Analyst**

Sutter Health is a pretty big family! Actually, more than 50,000 of us—doctors, employees and volunteers—comprise our network of care. Together, we share a partnership promise to create a more personalized, high-value health care experience for you and your family. It’s called **We plus You.** Take a look at how we’re partnering with you, communities and each other to make a positive difference in more than 100 Northern California cities and towns.As QA Test I was involved with SHIS OLS Digital Ecosystem Build Release11 Project. It allows user to Find Doctor, Find location of the Hospitals, Urgent Care, Emergency and Treatment & Services. Also allows to user to manage the My Health Online

**Responsibilities:**

* Created the Data Dictionary on Various Spot Light to validate the performance issue of the apps
* Perform the end to end testing through the application Sutterhealth.org
* Created the Xpaths on application Sutterhealth.org various Spot Light Like provider Search, Location, Service & Treatment and Wait Time Tool.
* Mange the Wait-Time Admin Tool Modify the Time, Users and Edit location Details.
* Generating the View Report on the Wait-Time Admin Tool and Manage the Top level Organization.
* Work with application programmers to resolve defects identified during the Wait – Time tool
* Performed back end testing on MS-SQL Server Databases using PL/SQL and MS-SQL SERVER Management Studio queries
* Creating Bugs on the Jira Board while testing the various Spot Light like AAE, Health Plan, Media Video, Wait Time, Provider Search.
* Analyzed business requirements, system requirement specifications and responsible for documenting functional requirements in Team Site and Share point
* Worked on Build Kit My Health Online project ability to keep track the information about the health issue.
* Extensively used the WEBADMIN Prod Tool to Manage the Health Plan, Ask an Expert Manage users, and manage location and mange providers.
* Good experience in writing SQL in order to data validation in migration as part of backend testing worked with ETL group for understating mappings for dimensions and facts.
* Export of Google Docs Taxonomy Content Model: Attached “EARLY WORKING-DRAFT\_Taxonomy\_Content\_Model.xlsx” and Modified
* Extract data files updated daily \\dcqwapp337\ExtractDatato see most current folder within the search to validate the xml data on the application

**Environment:** Win Runner, Quality Center, QTP, Load runner, IBM Mainframes, UNIX, Compuware, DB2, PVCS, Java, J2EE, .Net, VBScript, Web Logic, Server 8.1, XML, HTML**,**XSLT

**Blue Cross Blue Shield, Fargo, North Dakota Jan 2015 –Jan 2016**

**QA Test Analyst**

Blue Cross Blue Shield Noridian Headquarter in Fargo North Dakota, is one of the well-known health insurance companies. They provide managed care services targeted to government-sponsored healthcare programs. **Focusing on Medicaid and Medicare. I** was working as Quality Assurance Analyst in the Project "Endeavor" Worked on Noridian Medical Portal(NMP 2.0) Combined External and Internal usersof NMP 1.5 upgrade Project, which included Eligibility, Claim, Appeal, Finance, Same or Similar and Prior to Authorize phase for CMS Database upgrade and Validations, Surrounding Apps. Each Module for NMP 2.0 upgrade and its surrounding Admin, End user, Vender Admin, Vender End User.

**Responsibilities:**

* Perform functional system/integrated testing of software delivered from Applications Development and/or external vendors.
* 508 Compliance Sheriff and Compliance Deputy testing
* Organizing the Defects Triage Meeting everyday assign defects to developers
* Reviewed and Analyzed the Use Case Documents and prepared test plan and test cased based on those.
* Contribute and adhere to Requirements Tractability Matrix ensuring quality delivery
* Work with application programmers to resolve defects identified during the system test
* Execute each script to identify defects prior to delivery of software in a production environment
* Facilitated/Tested review of Eligibility, Claims, Appeal, and Financial, Same or Similar and Prior to Authorize portlets’ designs with architects and developers to ensure that the goals of the Web portal requirements were satisfied.
* Worked on Facets Claims Screens and Facets Tables
* Tested informational messages, general messages and medical records for ITS Claims
* Participated in testing various interfaces (Inbound and Out bound) for Facets.
* Involved in Facets Implementation, involved end-to-end testing of Facets Billing, Claim Processing and Subscriber/Member module.
* Assist in capturing and documentation of metrics in support of software testing
* Assign severity levels to each test issue discovered during the test cycle
* Provide support for User Acceptance Testing
* Created Test data, Input files to ensure it complies with specifications and presents sound recommendations through thorough analysis
* Analyzed business requirements, system requirement specifications and responsible for documenting functional requirements in Project Server and Share point
* Perform System Integration, Regression, Parallel and Security Testing
* Develop Test Strategy, Test Plan, Test Cases (Functional and Non-Functional) and Test Scenarios from Functional Specifications Document (FSD) and Business Requirement Document (BRD) in a reusable state. .
* Performed legacy DB2 Testing to cross check new database entity relations.
* Perform End-to-End Testing of providers
* Tested the HIPAA EDI transactions 834, 837/835, 276/277, 270/271 according to the requirement test scenarios.
* Worked on 834 Direct Enrollment from ICD-9 to ICD-10 codes and qualifiers including Integrity Testing, Requirement Testing, Situational Testing, Specialty or Line of Business Testing and Trading Partner Testing.
* Worked closely with offshore and onshore development teams, Business Analysts on attaining testing goals, defect logging process and UAT support.
* Wrote extensive SQL queries for Back End testing
* Performed back end testing on ORACLE and MS-SQL Server Databases using PL/SQL and MS-SQL SERVER queries.
* Use of tools including Project Server , Share Point and Load Runner center to perform job execution, MTM and TFS for development and execution of test cases.
* Team Foundation Server to monitor, track and report various states of the defects including success rate, failure reports.

**Environment:** Win Runner, Quality Center, QTP, Load runner, IBM Mainframes, UNIX, Compuware, DB2, PVCS, Java, J2EE, .Net, VBScript, Web Logic, Server 8.1, XML, HTML.

**Xerox State Healthcare, West Sacramento, CA Aug 2013 — Dec 2014**

**EDI Test Analyst**

The Department of Health Care Services (DHCS) of California has contracted with Xerox State Healthcare, LLC to deliver a top-notch system called Health Enterprise, which will replace the current Legacy California Medicaid Management Information System (CA-MMIS). As a QA Analyst, I was involved in various test team responsibilities like analyzing requirements, attending meetings with the developers as a team, presenting the in-scope testing to the clients, logging and tracking defects cycle, writing and executing the test cases/test scripts of the various functional areas of the system like Utilization and Management, Operations Management, Provider Eligibility, Member Eligibility and Enrollment etc., for the Department of Health Care Services (DHCS).

**Responsibilities:**

* Participated and was an active contributor in scrum meetings, requirements/story review meetings, and design reviews and preparing release notes for each Sprint.
* Highlighted to test manager and the scrum master about the risks and issues that can impact the test phase.
* Experience with developing HIPAA Companion Guides for 834 Enrollments, 270/271 Eligibility Inquiry/Response & 820- Health Plan premium payments for MMIS.
* Interacted with business analysts to gather the requirements for business and performance testing.
* Analyzed inbound X12 HIPAA 837 transactions and execute Trading partner testing and integration.
* Worked on CMIS-IHO (In-Home Operations) , CMIS-MCM (Medical Case Management )applications as Utilization and Management applications to manage medical services provided to subscriber and assign Case Manager to provide appropriate care options to the case manager.
* Experience with EDI 834 Enrollment and Claims transactions and EDI data movement
* Knowledge of EDI file loop and segment details and various possible scenario and process an EDI file through the enrollment system independently
* Prepared Test Data and executed Test Cases from HP ALM/Quality Center.
* Prepared test data and helped load test data into the test database environment.
* Followed Agile Methodology to emphasize on real time communication over written documentation.
* Used HP ALM/Quality Center for test documentation management and defect tracking.
* Used SQL queries to do backend testing to perform data validation, data migration/data conversion validation.
* Used HP ALM/Quality Center for defect management - adding defects, tracing changes and sending updates through e-mails.
* Generated various reports and graphs from HP ALM/Quality Center and analyzed the testing process overview.
* Created Regression Test cases Suite in HP ALM/Quality Center and performed regression testing to make sure there were no broken functionalities.
* Conducted Back-End Testing manually for the purpose of Database Integrity.
* Responsible for attaining HIPAA EDI validation from Medicare, Medicaid and other payers of government carriers.
* Experience with UML, Use Cases, Flow charts, Clear Case.
* Experienced in XML, HL7, HIPPA 5010 EDI transaction. Experience with writing various test cases for Mainframe interface and tracking/explaining bugs to development teams
* Experience testing MS Biz Talk Server HIPPA transactions and .net programming.
* Expertise in Batch processing, CMC claims submissions, Paper claims submissions, OCR, Mainframe Adjudication system.
* Experienced with EDI transaction sets 834 (benefit enrollment), 835 (payment/remittance advice), 837 (healthcare claim transactions).
* Conducted result analysis and interacted with developers to resolve bugs.
* Bug Reporting and Tracking using HP ALM/Quality Center
* Maintained sprint backlogs and product backlogs based on the development and testing.
* Coordinated with business and development team to develop high level business and technical documents.
* Designed Test Plan, Test Strategies, Test Cases and Test Scripts based on high level business documents.
* Carried out security tests to check that only valid users could access certain sections of the application.
* Participated in walkthroughs and defect report meetings.

**Environment:** HP Quality Center, Load Runner, EdifecsSpecbuilder, Mainframe, Visual SlickEdit, TSA (Test Scenario Application), MS Office Tools, Sharepoint 2013, EDI 837 and 834.

**Leon Medical Centers Health Plans, Doral, FL** April 2011 – Aug 2013

**QA Tester**

Leon Medical Centers Health Plans, Inc. was established to meet the needs of Medicare patients of Leon Medical Centers. A project at Leon Medical Centers Health Plans was undertaken to integrate the newer version Facets 4.71 with the existing system and the entire company’s landscape. I worked as a QA Analyst to work closely with project team to identify user's business requirements, interpret complex business needs and translate them into system requirements, write business specifications and forward to technical staff for system integration.

**Responsibilities:**

* Prepared Test plan based on high- level requirement
* Creation and execution of manual test cases
* Prepared Test Cases based on business requirements and business rules for HIPPA EDI Transaction 834, 837, 835.
* Involved In Testing the EDIs according to HIPPA code set 834 enrolment and disenrollment in a health plan using QTP
* Created Test Cases for Claims Adjudication Process for 837P.
* Tested all edits for Facets Claims module.
* 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
* Performed Positive and Negative Testing Manually
* Documented the test results and reported the status of assigned test tasks and issues to project QA Lead.
* 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.)
* Helped in project testing efforts for doing integration tests, regression tests and user acceptance tests.
* Reported and tracked defects using Quality Center.
* Worked on Data mapping, logical data modeling and used SQL queries to filter data within the Oracle database tables
* Actively participated in walkthroughs and enhancement meetings
* Maintained Test Matrix and Requirement Traceability Matrix.
* Created Status and Test Summary Reports on Weekly basis.
* Used Mercury Quality Center for bug tracking and reporting, also followed up with development team to verify bug fixes, and update bug status.
* Performed Black Box testing, Functional testing, Regression Testing, system testing of the application.
* Participated in weekly walkthrough and inspection meetings, to verify the status of the testing effort and the project as a whole.

Environment: Quality Center, Oracle, MS Office Suite, Agile, Test cases, UAT, Test Plans, HIPAA, ICD, EDI, Test Matrix, SQL, SME’s, SQL Query

Tenet Healthcare Corporation, Dallas, TX **April 2009 - Mar 2011**

QA Tester

Tenet Healthcare Corporation is a healthcare services company whose subsidies and affiliates own and operate acute care hospitals and related ancillary healthcare businesses.  Tenet’s hospitals aim at providing the best possible care to every patient who comes through their doors with a clear focus on quality and service. Facets are a fully integrated ENROLLMENT & CLAIMS data processing and Medicaid and/or Medicare Management information system for managed healthcare. I was involved in testing of various types of EDI ANSI x12 files such as 834, 820, 837 & 835.

Responsibilities:

* Developed detail Test Plans for different benefit packages according to Business requirements documentation.
* Used Process log browser to view different types of log history files to figure out issues with 834 transactions.
* Worked on Batch processing, member, subscriber enrollment module of 834, ID card generation processes and Created business process flow to capture the required data in future, define business rules to determine Medicare (Part C and Part D) Member Coordination of Benefit letters as required by CMS, Medicare Secondary Payer for members with Workers Compensation.
* Prepared GAP documents involved with 834, 820 transactions in collaboration with other team members.
* Experience with developing HIPAA Companion Guides for 834 Enrollments, 270/271 Eligibility Inquiry/Response.
* Involved in discussion with the Subject Matter Experts (SME) during creation of test plans and updating of business requirements.
* Acting as liaison between end user and Facets for user problems, outstanding issues, training needs and new software releases.
* Developed the test cases as per the HIPAA regulations (270, 271, 275, 820, 276, 278, 834, and 837).
* Follow up management on errors made by Data Entry associates.
* Created End-to-End scenarios and scenario variations for the components in the Claims insurance application using MS Visio to reflect the business process
* Prepared custom reports and performed SQL query, data analysis and verification on MS Access.
* Performed UAT Testing Manually in coordination with UAT group to ensure correct business logic.
* Involved in new development, support, enhancement of application.
* Worked with business leaders to translate business requirements and processes into test cases according to Facets package requirements and subsequent effective configuration.
* Set claim processing data for different Facets Module.
* Performed Manual Testing using Quality Center (QC) and User Acceptance Testing (UAT).
* Responsible to work on Medicaid Management Information System which includes two divisions: HIPAA compliance and Maintenance units division and Claim processing division.
* Wrote SQL queries to check for data validation.
* Validated DRG codes, Procedure codes, Accumulators in Facets.
* Created and executed SQL statements manually to perform Backend Testing that ensured data consistency on the Front-end.
* Monitored workflow of the Resolution/Adjustment Unit, delegate tasks accordingly, and ensure that quality, quantity, and efficiency standards are met or exceeded.
* Worked under HIPAA compliance standards.
* Maintained Test Matrix which gives overview of the Testing Effort.
* Tested Claims intake/Logged claims/Failed claims data from Pulse tables to Oracle Financials.
* Monitoring the defect life cycle, generating customized graphs and reports for the client, using Quality Center.
* Used Quality Center to record documenting information useful in debugging process, evaluating test data.
* Used Quality Center for reporting and tracking bug and generating reports.

Environment: Quality Center, Oracle, UNIX, Apache, MS Office Suite, Agile, Test cases, UAT, Test Plans, MS Visio, HIPAA, ICD, EDI, Test Matrix, SQL, Billing Claims, SME’s, SQL Query, Sybase.

**Affinity Health Plan, New York Jan 2008 - Mar 2009**

**QA Analyst**

Affinity Health Plan is an independent, not-for-profit managed care company dedicated to serving the needs of low- and moderate-income residents of the New York area

I worked as a QA on Facets HIPAA Gateway implementation project.

**Responsibilities:**

* Reviewed Business Requirements, Functional and Technical specifications with business analyst and QA manager to learn the functionality and process.
* Documented the test case scenarios in Excel spread sheet based on the technical and functional specification documents.
* Conducted the test cases per review meetings with business analyst’s team to verify requirement coverage in the test cases and got sign off before execution.
* Worked on EDI 837i and 837p to validate that data is processed through new Facets HIPAA Gateway according to the business requirements.
* Worked with other team members and conducted the weekly status meeting to make sure the all team members are on the same page.
* Uploaded test cases in test plan module in Mercury Quality Center.
* Maintained Traceability Matrix to make sure that test plans were written for all the requirements.
* Performed data validation according to data mapping document with data conversion logics from source system and target system.
* Checked the data flow through the frontend to backend and used SQL Queries to extract the data from the database.
* Involved in building the ETL architecture and Source to Target mapping to load data into Data warehouse.
* Extensively use SQL queries for data validation in both source system and target system according to data mapping document and defined data conversion logics.
* Validated the Claims and payments data in FACETS database.
* Executed test cases found errors, reported defects, coordinate with developers and business analyst, determined repair priorities.
* Conducted defect review sessions and discussed the issues with the developers, business analyst and delivery managers.
* Performed regression testing after the defect is resolved and closed defect in Mercury Quality Center.
* Generated test execution reports, get sign off and uploaded validation documents in share point web site for review.
* Performed User Acceptance Testing.

**Environment:** Facets, edi hipaa Gateway, Sql server, HP Quality Center, MS Office, Windows.