**Rikit Patel**

[Rikit.ba71@gmail.com](mailto:Rikit.ba71@gmail.com)

312-662-3393

**SUMMARY**

* **Overall 5+ years of Lead Quality Analyst experience & 8+ years as a QA** with hands-on expertise in Software Quality Assurance, Software Testing, Validation, Verification & Implementations across the Software testing life cycle of the project.
* **Dataflow analysis** using use cases, **dataflow diagrams**, **state diagrams**, **activity diagrams**, **state chart diagrams**, **communication diagrams**, **behavioral state machine diagrams**, **class diagrams**, **sequence diagrams**, **deployment diagrams**, **data flow diagrams (DFD)**, **entity-relationship diagrams** and **collaboration diagrams** using **Rational Rose** and **MS Visio.**
* Sound knowledge of **HIPAA, HIX, Medicare/Medicaid, EDI Transactions, ICD9/10, HIPAA 4010/5010, Wellness Apps.**
* **Implemented IBM Rational Composer tool, expertise in IBM Rational Requisite Pro, Rational Rose, Rational Test Manager, Quality Center and the associated tools.**
* Performed **several levels of testing of the conversion from 4010 to 5010** which included syntax verification, balancing of the segments, situational cases and verification of the loops as per the guidelines of the implementation guides and companion guides.
* Experience on Web services to combine component based development and Internet standards and protocols that include HTTP, XML, SOAP and Web services Description language.
* Experience in **HIPAAEDItransactions837I/P/D, 835, 270, 271, 275, 276, 277, 278, 997/999, 824 and 277CA**
* Excellent Business writing skills in developing **Business Requirements Document (BRD)**, Use Case Specifications, **Functional Specifications Document (FSD)**, **Systems Design Specification (SDS),Systems Requirements Specification (SRS),** Workflows and Project Plan.
* Logged and reviewed Defects, documented the whole Bug life cycle using Quality Centre. Systematized Claims Processing and Claims Scrubbing in **HMO, PPO, Medicaid** and **Medicare** and proficient in **CPT** and **HCPCS** revised coding convention.
* Performed detailed analysis & testing on Medicaid claims & identified errors like issues with birth dates, diagnostic info etc
* Sound knowledge in data warehousing, data analysis, data validation, data masking, RDBMS & developed, maintained test plans and **executed test scripts from Quality Center.**
* Excellent understanding of industry standard methodologies such as:**SDLC, AGILE, RUP, Six Sigma, IBM Suite, HP Suite etc.**
* Worked on **pharmacy benefit management** systems to make use of our existing web applications that provide **pharmacy/Rx** related member functionality.

**AREAS OF EXPERTISE**

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| --- | --- |
| Methodologies | UML, SDLC, Scrum, RUP, V-shape modeling , Agile, Waterfall, RUP, |
| Change Management Tools | Rational Clear Case, Rational Clear Quest, |
| Business Modeling& Versioning Tools | Visual Paradigm, Rational Rose; Rational Requisite Pro, Rational Composer, MS VISIO |
| MS Office | MS Word, MS Excel, MS PowerPoint, MS Access, MS Project |
| Programming Languages | Structured Query Language (SQL). |
| Operating System | Windows NT/98/2000/XP. |
| Databases | Teradata V2R5.1, DB2, MS SQL Server 7.0/2000, Access, Oracle 8i/9i/10g |
| Other known tools | Informatica, Load Runner, Win Runner, Crystal Ball, Expert Choice, Core, Caliber |
| OLAP Tools | Business Objects XI, Cognos |
| Testing tools | LoadRunner, WinRunner, Test Director, Rational Robot, Rational Clear Quest Test Manager, HP Quality Center, Quick Test Professional, |
| Apps & Webservers | Apache web server, Tomcat, Web logic 8.1, IIS |

**P R O F E S S I O N A L E X P E R I E N C E**

**Blue Cross Blue Shield of North Dakota, Fargo, ND March 2011 - Present**

**Sr. Lead QA test Engineer**

**Health Insurance Exchange, HIPAA 5010 /ICD -10 Project - Quality Analysis**

I worked on HIX project & lead, coordinated & conducted analysis, design, testing & production support work for ensuring that BCBSND is participating in FFM. I also worked on HIPAA 5010 and ICD-10 project including analysis, design & testing for its implementation.

**Responsibilities:**

* **Worked** in AGILE methodology &**wrote** Test Plans, Test Cases & conducted SIT/UAT for 834/820/Member Audit & other scenarios for HIX project using HP QC
* Lead a team of testers & analysts & coordinated SIT/UAT & provided test matrices, defect age, test status reports etc.
* **Resolved** issues pertaining to test-data, test scenarios, 834 change transactions etc. for HIX project.
* Created Test Matrix, Test Scoping, Resource Estimates, Test Schedule, Defect Density related documents for all projects.
* Involved in support of **System testing** when performed on the entire system in the context of a [Functional Requirement](http://en.wikipedia.org/wiki/Functional_requirements) Specification (FRS) and [System Requirement](http://en.wikipedia.org/wiki/Requirements_analysis) Specification (SRS).
* Involved in testing Web services and XML using SOAP UI. Verified the response received by updating the request XML.
* Created test-status reports, defect status reports & conducted testing meetings thrice a week.
* Inspected and worked on HTTP web services application and on SOAP APIs.
* Identified road-blocks, prioritized test items, troubleshoot issues, produced user-stories following SCRUM methodology.
* Did testing meetings with FFM to ensure issue resolution, smooth connectivity and operations for 834/820 etc.
* Developed Functional Specifications, Use-Cases and Activity Diagrams for BCBSND interaction with FFM for HIX
* Provided status updates& monitored/tracked testing throughout the SDLC.
* **Executed SQL queries to test the database** for records that detect and submit functional acknowledgement and remittance advice in the claims application.
* Knowledge and implementation experience of **Quality Assurance**, **Testing Principles**, and Configuration and Change Management Disciplines.
* Involved in testing the EDI transactions 834, 837, 835. 270/271 & 276/277 conversions to Facets
* Medical Claims experience in Process Documentation, Analysis and Implementation in 835/837/834/270/271/277/997(X12 Standards) processes of Medical Claims Industry from the Provider/Payer side.
* Extensively used SQL statements to query the Oracle Database for Data Validation and Data Integrity.
* Worked on **EDI 837** for checking that if receiving claims has all the required information or not.
* Coordinated with Release Manager to ensure smooth operations and provided production support.
* Involved profoundly in the **GAP Analysis of the transition from HIPAA 4010 to 5010(EDI 835 and 837)** focusing on how current transactions and system was going to be effected by the new **5010 compliance.**
* Organized and facilitated meetings with the management and development teams.
* Incorporated HIPAA standards, **EDI** (Electronic data interchange), Implementation and Knowledge of HIPAA code sets, ICD-9, ICD-10 coding.
* Clarified **QA team issues and reviewed test plans** and **test scripts** developed by development team and QA team to make sure all **requirements** have been covered in scripts and tested properly.
* Involved with the **Quality Assurance Team to develop Test plan and drive Test Cases**.
* Also developed a (**UAT) User Acceptance Testing** plan to guide a select group of key end-users in testing the user interface and functionality of the application.
* **Mapped data** sources to targets by the use of Warehouse Builder **Mapping Editor.**
* Used HP ALM synchronizer to sync requirements etc. as required.
* Performed **System testing**, **Regression testing** and **UAT** for several claim types and test scenarios.
* Compared and validated **5010 system test** results with **4010** results for the same test scenarios.
* **Conducted requirement gathering** sessions with the purpose of creating and defining the Business Requirement Document (**BRD**) and the Functional Requirement Document (**FRD**) using **Rational Requisite Pro.**
* Performed Web Portal testing and Web Portal Post Implementation testing for **278,270/271,276/277,837PID**.
* Created system documentation for **278, 270/271,276/277,837I**& reviewed and updated it.
* **Responsible for mapping of ICD9 to ICD10 and also did testing for 270/271, 837I/P/D, 835R transactions to migrate to 5010**
* Lead the impact analysis, scope lockdown, and requirements gathering for company’s transition from **ICD-9 to ICD-10**.
* **Conducted functional requirement reviews and walkthroughs** with the designers, developers, and stakeholders.
* **Conducted JAD sessions** to allow different stakeholders to communicate their perspectives with each other, resolve any issues and come to an agreement quickly.
* **Responsible for Back-End Testing Using SQL.**
* Created mapping documents and also updated Companion Guides for **278, 270/271,276/277,837I**.
* Documented the **Use Cases** and prepared the **Use Case, Activity, Sequence diagrams and Logical views** using **MS Visio**, MS Office and **Rational Rose** for a clear understanding of the requirements by the development team.

**Environment:**Rational Rose, Rational Requisite Pro, UML, XML, XSLT, MS Project, MS Visio, MS Office Suite, PL/SQL Developer, HTML, Visual Basic, SQL, Toad, Windows XP, Unix, HIPAA, Outlook, Test Director, Oracle, Ultra Edit.

**Blue Cross Blue Shield of Wyoming, Cheyenne, WY Sep 2008 – Feb 2011**

**Sr. Lead QA Engineer**

**Claims Record System Enhancement& Wellness Calendar App**

I was involved in working on enhancement of Claims record system to validate patient demographics & verify insurance claims eligibility in real time. Features included Medicare/ Medicaid Eligibility and Billing Verification, Self-Pay/Commercial Eligibility and Billing Validation, Real Time Processing, Billing Address Verification with Address History and Insurance Eligibility Verification and HMO/PPO member verification and provider list. Developed detailed test plans, cases etc. for Calendar App (Private & Public events/reminders etc.)

**Responsibilities:**

* + Developed detailed test plans, test strategy, test matrix, test environment specs for the projects & lead a team of QAs.
  + Involved in Business& Quality Analysis for **Inbound** and **Outbound** Transactions working in AGILE methodology
  + Tested HIPAA Transactions and Code Sets Standards such as 837**/835, 270/271, 276/277** transactions.
  + Created maps & layouts for HIPAA as imposed during Electronic Data Interchange (EDI): **837** – Claims and Encounters, 834 – Benefit Enrollment and Maintenance, **835** - Claim Payment/Advice, **270/271** - Eligibility Benefit Inquiry and Response, 277/275 - Claim Request for additional Information and Response, **276/277** – Claim Status Request / Response.
  + Analyzed and identified gaps/issues in claims, encounters and remittance advice process flow.
  + Monitored revenue cycle process and implemented **ICD 9 & ICD-10** mapping and **crosswalk analysis**.
  + Converted **X12** data to **XML** (using DI) and verify the data by performing schema validations.
  + Created Use Case Diagrams and Test Cases for federal employee program.
  + Gathered and documented doctor company's business requirements and developed, entered and verified test cases.
  + Rendered X12 Syntax Integrated Testing, Balancing Testing, Code Testing, Specialty Testing and Trading Partner Specific Testing when environment is upgraded.
  + Created Access cross tab by implementing SQL queries
  + Performed re-testing in order to verify resolution of defects.
  + Tested web services by generating XML SOAP requests and validated the corresponding XML SOAP responses
  + Created SQL to test source to target data warehouse transforms, using TOAD.
  + Collaborated with project team, project leads, and project managers and fostered with them to review plans, systems testing and overall testing of software.
* Automated Regression Test cases using QTP and writing API and Web Service Test Cases using SOAP UI.
  + Provided support during the integration and **UAT** as well as conducted root-cause analysis.
  + Provided day-to-day EDI translator support as required by the client & also handled production support.
  + Served as primary point of contact to bring new trading partner onboard.
  + Performed gap analysis between partner specs and internal system requirements by matching HIPAA **4010** to **5010** implementation techniques.

**Environment:** NPS, EDIFECS, Requisite Pro, Rational Rose, Clear Case MS Office, MS-Visio, XML, Java, TOAD, Quality Center, MS Project

**Magellan Health Services, Glen Allen, V Aug 2007 – Aug 2008**

**Sr. Quality Analyst**

**Membership Application System:** I worked on doing analysis, design and testing for Membership application to provide new features to our members such as automatic monthly billing, generating ID cards, claims record checks etc.

**Responsibilities:**

* + Involved in requirement gathering phase (Provider, Claim components and HIPAA)
  + Tested and delivered Inbound/Outbound Facets interfaces.
  + Conducted SIT, UAT, and Regression Testing on Medicaid Claims using multiple tools.
  + Worked on Data mapping, logical data modeling used SQL queries to filter data within the Oracle database tables.
  + Assisted Design Team in preparing SSR, Software Design Document **(SDD)**, User Interface Design, Application Architecture and Database Modeling.
  + Used SQL to test various reports and ETL load jobs in development, QA and production environment.
  + Utilized Rational Unified Process (RUP) to configure and develop process, standards and procedures.
* Created **use case narratives** to record Subscription **business** rules. Analyzed the **business** rules for the international user subscription and impact of localization. Implemented **SDLC** which included **requirements** specifications, **designanalysis** and **testing**. Experience with **RUP methodology** and using Rational Test Suite for various phases of **RUP**. Provided technical Expertise on the use of **Rational Clear Case and Requisite pro**, which were used for Data archiving and **Requirements** Management. **Defect Tracking with Clear Quest**, **Configuration Management with Clear Case**.
* Collaborated on the development of user requirements and design specifications using standard UML techniques such as use case, activity, sequence, and class diagrams.
* Create and executed SQL queries using SQL server 2012.
* Performed Backend testing by writing SQL validation queries in Oracle Toad against the database.
* Conducted **JAD sessions**, Focus groups and individual interviews to facilitate elicitation with regards to analysis, specifications, and design of the relevant business processes and systems.
  + Involved in understanding the current business process, defining scope of the project along with position statement.
  + Wrote **BRD, FRD, use cases, test scenarios, test cases** for testing the functional requirement.
  + Implemented automated COB processing of Medicare claims into Facets
  + Validated business rules and all artifacts with users, got approval and sign off.

**Environment:**Java, JSP/Servlet, Oracle 9i, MS Office Tools, Quality Center, Windows XP, MS Project, RequisitePro, Rational Rose, ClearCase, MS Powerpoint, MS-SharePoint, MS-Word, MS-Excel.

**Educational Background:** Masters in Networking & Communications Management from Keller Graduate School Of Management, Chicago, IL