Sant Shah

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**Objective**

Willing to contribute in any IT environment and use my skills to help in the production of a bug-free application and also ensure a work process that meets modern technology and standards.

**Summary**

* 6+ years of experience in the field of Information Technology with emphasis on Software Quality Assurance performing Manual and Automated Testing of client/web based server applications.
* Solution oriented software QA Tester, willing to contribute for a bug-free and quality product.
* Experienced in writing Test Plan and Test Cases for applications for client/web by using different Automation tool and manually.
* Experience with all phases of SDLC (Software Development Life Cycle) and Quality Assurance methodologies (Waterfall and Agile).
* Experience with Quality Center, ALM, Rational quest and Test Director Defect tracking systems.
* Experienced in functionality testing, system testing, integration, regression testing, Black-Box, Security testing, Back-end, Sanity, Smoke and performance testing.
* Strong working experience in **HTTP, HTML, XML, SOAP, Backend and Mainframe environment**.
* Experience in preparing test summary reports for manual testing based on User Requirement, and System Requirement documents.
* Expert in writing complex SQL queries in order to extract the data from multiple tables and perform data validations in the process of back-end testing.
* Worked with various EDI files, understanding of how to Drop, translate and Load them using various EDI editors and web tools.
* Experience with Medicare Advantage Programs, HIPAA 4010 EDI transaction codes such as 270/271(inquire/response health care benefits), 276/277(Claim status), 820/835(Benefit enrollment, 835(Premium Payment) 837(Health care claim).
* Experience in validation of **EDI 837** claim process (**Professional, Institutional**) & **835** (**Remittance advice or Payment**) and **Claims Adjudications** using **Facets 4.7.1**.
* Experience worked on any requirement upgrade and/or change request while doing UAT.
* Skilled knowledge on different modules within **Healthcare Claims Adjudication Process(Enrollment and Membership process and claims processing**).
* Documented and uploaded the testing processes across the **Facets**, including **weekly Status Reports**, **Test** and **Defect Metrics Report**, **Requirement traceability Matrix,** **Master Test Plan**, **Test Evaluation Summary** Document.
* ­Experience providing primary analysis for business processes running on the **EDI (Electronic Data Interchange)** standard.
* Experienced in **Healthcare** domain with various kinds Real time service tools and as well as backend tool.
* Experienced in the implementation of different projects under Obama care policies regulated by Affordable Care Act.

**Technical skills**

* **Testing Tools**: Quick Test Professional, Soap UI
* **Bug Reporting Tools:** ALM, Quality Center, Test Director, Rational Quest
* **Databases**: Oracle, MS SQL Server,DB2
* **Scripting Languages:** VB Script and SQL
* **Front End Tools:** MS-Word, MS- Excel, MS- PPT, MS- Visio, MS- Outlook, MS Share Point.
* **Methodology:** Water fall and Agile
* **Operating Systems:** UNIX, 2000, XP/NT, Vista, Windows 7
* **Programming Languages:** .Net, JAVA, C++

**Professional Work Experience**

**Department of Health and Hospitals, Baton Rouge, LA**

**Mar’ 13 – Apr’ 15**

**Quality Analyst**

**Description:** The Louisiana Medicaid Program provides health services to low income individuals, has an annual budget of 7.2 billion dollars and provides services to more than 1 million recipients annually. MMIS processes 51 million Medical claims annually for more than 30,000 Medicaid providers. The focus of the project was the replacement of 22 year old Medicaid Management information System (MMIS). It included technical and professional services related to analysis and assessment of the current MMIS and EDI claims, documentation of business and technical requirements, preparation of cost analysis and implementation of new MMIS automation system.

**Responsibilities:**

* Reviewed business requirement document (BRD) and participates with the business people and developers to understand the scope.
* Analyzed high level scenarios and break down into Low level scenarios.
* Prepared test cases on the basis of Crosswalk Mapping documents which were according to the business and Vendor.
* Prepared test cases in ALM derived from the BRD and Use case.
* Preparing Mockups data involved **EDI 834** Enrollments and Maintenance for Members.
* Wrote Test scenarios and test cases for testing the migration of **ICD 9 to ICD 10** and the processing of member enrollment and benefits, (834) batch jobs corresponding to the claims (837).
* Ensured billing and premium collection are modified to support 820 HIPAA transactions set.
* Test batch files by using **IBM Mainframe** tool and validate all inbound and outbound files according to business requirement
* Conducted Black Box Testing on the application and validated the dataflow in the application.
* Involved in Functional testing includes System Testing, Regression testing with manually and Automation tool.
* Experienced working in ANSI x12 834 and 837- EDI Transaction.
* Involved in Web services by using **SOAP UI** and Tested **SOAP** request and response and mocking up of XML’s.
* Test real time service and batch processing files by using Siebel and Mainframe.
* Involved in conversion of ICD 9 to ICD 10 codes and Cloning of the ICD9 Production claims.
* Wrote many SQL queries in IBM DB2 in order to retrieve data/validate data from the different tables and using different schemas.
* Wrote so many SQL Queries including SQL functions like updates, multiple joins include, Right, Left and Full.
* Dealt with the 835 claims payments and remittance advice, which deals the payment from payer to provider.
* Performed Analysis to check if EDI Type trees for transaction sets 834, 837,   835 are HIPAA Complaint.
* Executed test Cases and Procedures for Functionality Testing, White Box, Black Box Testing, Regression Testing, Positive Testing, Negative Testing, and And User Acceptance Testing.
* Testing of EDI X12 820, 834, 835 and 837 Transaction sets for claims processing
* Participated in pre –UAT and UAT testing.
* Worked extensively on inbound transaction set 834(Benefit Enrollment & Maintenance) Claims Adjudication EDI (837), Remittance (835), Claims Status (276/277), Eligibility enquiry (270/271)
* Managed defect tracking process, which include prioritize defects, assign defects and verifying defects using ALM.
* Conducted and participated in defect status call and discussing about the outstanding defects and allowing sufficient time frame to resolve defect.
* Involved in User Acceptance Testing with the business users and walkthrough all the functionalities of the system.
* Performed Black Box Manual testing using Agile (Scrum) methodology.
* Handling production related issues with the developer’s and finding out the best possible ways to resolved issues on time.

**Environment:** Waterfall and Agile, MS Office Tools, UAT, IBM DB2,SOAP UI, Windows XP, ALM, Web services, Mojo, Diamond and IBM Mainframes.

**AmeriChoice, Vienna, VA**

**Nov’11 – Jan’ 13**

**ICD Tester /Quality Analyst**

**Description:** AmeriChoice, a business unit of UnitedHealth Group, is one of the leading providers of medical, dental and life insurance services. Company provides solutions to both individual and groups by providing broadest selection of leading health insurance plans.

I was also assigned to up gradation of HIPAA X12 4010 transaction to HIPAA X12 5010 and ICD 9-CM (Clinical modification) to ICD 10-CM/PCS (Clinical modification/procedure coding system) simultaneously.

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 database based on ICD9 standards.

**Responsibilities:**

* Did gap analysis for**HIPAA4010 to 5010** and **837** transactions, and analyzed error.
* Wrote Test scenarios and test cases for testing the migration of **EDI4010** to **5010** and the processing of member enrollment and benefits, (834) batch jobs corresponding to the claims (837).
* Tested the ANSI X12 Version **4010 /5010** EDI transactions **(HIPAA)** like **(834, 837P, 837I, 835 remittances).**
* Involved in forward mapping from **ICD 9 to ICD10** and backward mapping from **ICD10 to ICD9** using **General equivalence Mappings (GEM**).
* Reviewed EDI 837 claims and flagged HIPPA non-compliant claims received from the Payer side
* Involved in testing HIPAA Database, which incorporates all the HIPAA (Health Insurance Portability and Accountability Act) transaction sets.
* Automated Web Service tests using HP Service Test.
* Performed black-box testing of the application and GUI.
* Involved in end-to-end testing of **FACETS Enrollment Claim Processing and Subscriber/Member module.**
* Write many SQL queries in order to retrieve data/check data from different tables.
* Wrote test cases in Quality Center derived from the BRD and generated a Traceability Matrix for testing purposes.
* Involved in FACET configuration, Customization, reporting, analysis and enhancement. Extensively worked on EDI transaction like 837, 835,834, 820, 270, 271, 276, 277 and 278.
* Involved in **Facets implementations and end-to-end testing of Facets Billing, Claim Processing and Subscriber/Member module.**
* Tested SOAP request and response using SOAP UI.
* Used Black Box, Grey Box, and White Box techniques to help ensure test coverage and the quality of the exchange
* Performed Load testing for XML request-response using SOAP UI.
* Created Traceability Matrix to ensure implementation of all functionalities, identify all test conditions and test data needs.
* Tested the **HIPPA EDI 834, 270/271, 276/277, 837/835** transactions according to test scenarios and verify the data on different modules.
* Involved in System testing, Regression Testing and User Acceptance Testing (UAT) manually and Automation tool.
* **Experiences working in ANSI x12 837-835 EDI Transaction.**
* Validate the date from **EDI transaction.**
* Managed defect tracking process, which include prioritize bugs, assign bugs and verifying bugs using QC.
* Execute test scripts by using different test check points, break points.
* Handling/Tracking defect in the Quality center and export in to Excel by using filter.

**Environment:** Agile, MS Office Tools, SOAP UI, Windows XP, Facets, Mercury Quality Center, we services, MS SQL and UNIX.

### Humana Inc. Louisville, KY

### Aug’10 - Sep’11

### QA ANALYST

**Description:** Humana Inc., headquartered in Louisville, KY, is one of the nation's largest publicly traded health benefits companies, with approximately 9 million medical members. They used Facets for managing and processing healthcare claims. As a, QA Analyst, I was involved in various kinds of testing of the Facets application modules like **Enrollment, Membership and Claims.**

**Responsibilities:**

* Analyzed system requirements and developed detailed Test Plan.
* Performed Manual Testing as well as Automation Testing for the **EDI** transactions.
* Conducted GAP analysis and filling gap according to the format set by **HIPAA**.
* Involved in FACETS Implementation, involved end to end testing of **FACETS Billing, Claim Processing** and **Subscriber/Member module.**
* Developed Test Script for Functionality, Security, and Regression testing.
* Ran the scripts on multiple environments (QA, UAT and Production) to ensure that requirements were still met.
* Performed Back-End Testing to check database integrity by writing SQL queries.
* Set claim processing data for different Facets Module.
* Created EDI Export and Import processes and work with EDI Trading Partners, Payers or Vendors.
* Tested XML request and responses using SOAP UI and HP Service Test
* Tested HIPAA regulations in **Facets HIPAA** privacy module.
* Wrote test cases in Quality Center derived from the Design documents and generated a Traceability Matrix for testing purposes.
* Performed Black box, Gray box, and assisted Developers with White box testing.
* Created Traceability Matrix to ensure implementation of all functionalities, identify all test conditions and test data needs.
* Used Quality Center to record documenting information useful in debugging process, evaluating test data.
* Performed extensive functional/black box and regression testing through automation.
* Prepared and maintained the Test Matrix, Requirements Traceability Matrix.
* Participated in release meetings and also participate in Retrospective session.
* Extensively worked on any requirement upgrade and/or change request while doing UAT.
* Worked closely with development team to ensure the application performance and stability and also ensure the application completes the whole end to end process.
* Participated in weekly status meeting with Development and Management Teams.

### Environment: Oracle, Windows 2000, IIS, Quality Center, SOAP UI, JAVA, and MS-Suit.

**Highmark, Pittsburgh PA**

**July’08 – June’10**

**QA Analyst**

**Description:** Highmark is one of the largest health Insurance Company in Unites States. This is a web-based application mainly used by the Administrative Department of Highmark. The application is developed to assign health care programs to employers, add new employers, view employee dependents and all other related information.

**Responsibilities:**

* Thoroughly analyzed the business requirement documents and create test cases according to it.
* Implemented Standardized and Unified process throughout the Software Development Life Cycle (SDLC).
* Actively participated in all the phases of the testing Life cycle (Planning, Designing, Development and Reporting and Results).
* Extensively used SQL in order to retrieve data from the databases by writing Stored Procedures, views, triggers etc.
* Used Complex SQL queries using joins and sub-queries to test the reports generated by the different modules as a part of back-end testing.
* Extensive Web Testing & Black box Testing.
* Designed, updated and reviewed the Test Cases for member’s information, Providers according to HIPAA.
* Worked using Black box, Gray box & White box techniques.
* Developed and maintained the test scripts, test data and test cases.
* Involved with other team members to set up testing tools, implementation and other testing environments.
* Performed various types of testing, such as functional, regression, user acceptance testing manually.
* Created the test scripts for both positive and negative testing.
* Defect Identification and created defect tracking reports till the close of the defect.
* Preparing Test Metrics using Quality Center.
* Attended various Functional Walkthroughs and writing high level testing scenarios.

**Environment:** HTML, Waterfall, SQL Server, Quality Center, QTP, MS Excel, Windows XP, UNIX.