**OBJECTIVE**

To take a challenging role on business operations as Quality Analyst and give an efficient and effective solution that would help the organization to achieve the best solution in business which would increase its quality in market.

**Career Summary**

* Results-driven, versatile consultant with over 7 years’ experience as a Quality Analyst in HealthCare Industries.
* Expertise in **RTM** (Requirement Traceability Matrix) and **Gap Analysis**.
* Extensive experience in **Manual** testing using **QC** and **ALM** and create a repots (**standard, tabular and test summary**).
* Experienced in developing **Test Plans**, **Test Cases** and **Test Script.**
* Experienced in every phase of Quality Assurance Life Cycle (**QALC**) and Software Development Life Cycle **(SDLC)**
* Performed planning and development of Test **Plans, Test Cases and Test Scenario** to meet product’s business requirements.
* Proficient in Defect Reporting and Tracking throughout the entire defect life cycle.
* Possess strong problem solving skills with the ability to adapt to a new environment and meet deadlines.
* Expertise in Testing of Client/Server and Web based applications.
* 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.
* Wrote **SQL Statements** to extract Data from Tables to verify the output Data of the reports.
* Performed **Back End Testing** by executing **SQL queries**.
* Proficient in unit testing, system testing, configuration testing, regression and end to end testing.
* Skilled in bug reporting and tracking using **HP’s Application Life Cycle Management** **(ALM), Quality Center, Test Director, TFS and MTM**
* Strong IT research, software analysis and design skills
* Extensive experience in Backend Testing on distributed databases using **SQL** queries.
* Experience in working with the databases such as **SQL Server, MS Access and Oracle** and wrote **SQL** queries for **Backend Testing.**
* 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.
* Solid understanding of **Membership, Claims Processing, Benefit/Eligibility, COB, Authorization/Referrals,** and have experience in HIPAA standards and corresponding **EDI** transactions.
* Knowledge of **Medicaid and Medicare Services.**
* Followed Workgroup for Electronic Data Interchange standards for testing that need to comply with the HIPAA guidelines.
* Knowledge of health information and health care services regulatory environment including **HIPAA 4010/5010, Medicaid/Medicare, ICD -9 and ICD-10**
* Tested the **HIPAA EDI** **(X12)** transactions **834, 837/835, 276/277, 270/271** according to the requirement test scenarios.
* Optimum use of documentation to avoid any form of miscommunication or misinterpretation during the entire software development process
* Excellent communication and organizational skills with the ability to adapt to a new environment.
* Experience in facilitating meetings with clients to discuss and sign-off on the document.
* Conducted **User Acceptance Testing (UAT)**
* Motivated self-starter with exceptional team building, leadership, and interpersonal skills. Good team player with the ability to work in time sensitive environments.

**TECHNICAL SKILLS:**

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| --- | --- |
| **Testing Tools** | HP ALM, Quality Center, Test Director, Team Foundation Server, Microsoft Test Manager, Serena Business Manager |
| **Databases** | Oracle, MS SQL Server, MS Access |
| **Office Tools** | MS Project, MS Office, MS Visio, Filezilla |
| **Operating System** | Windows (XP, Vista, Win 7, Win 8), Unix |
| **Other Application** | MMIS, MIS, MS Office Suite |

**Blue Cross Blue Shield, Fargo, North Dakota Jan 2015 - Present**

**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.** Iwas working as Quality Assurance Analyst in the Project "Endeavor" Worked on Noridian Medical Portal(NMP 2.0) Combined External and Internal users of 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:**

* Performed functional system/integrated testing of software delivered from Applications Development and/or external vendors.
* Worked on 508 Compliance Sheriff and Compliance Deputy testing
* Organized the Defects Triage Meeting everyday assign defects to developers
* Reviewed and Analyzed the Use Case Documents and prepared test plan and test cases based on those.
* Contributed and adhered to Requirements Traceability Matrix ensuring quality delivery
* Worked with application programmers to resolve defects identified during the system test
* Executed each script to identified 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.
* Assisted in capturing and documentation of metrics in support of software testing
* Assigned severity levels to each test issue discovered during the test cycle
* Provided 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
* Performed System Integration, Regression, Parallel and Security Testing
* Developed 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, DB2, Java, J2EE, .Net, VBScript, Web Logic, XML, HTML.

**WPS Health Insurance, Madison, WI Sept 2014 – March 2015**

**QA Analyst**

WPS is Wisconsin's leading not-for-profit health insurer, offering affordable individual health insurance, family health insurance, high-deductible health plans, and short-term health insurance, as well as flexible and affordable group plans and cost-effective benefit plan administration for businesses. As a QA Analyst, I was involved in various kinds of testing of the Facets application modules like Membership Enrollment and Claims for the Intellicare QM project.

**Responsibilities:**

* Analyzed system requirements and developed detailed Test Plan.
* Performed Manual Testing for the EDI transactions.
* Involved in FACETS Implementation, involved end-to-end testing of FACETS Billing, Claim Processing and Subscriber/Member module.
* Elicit requirement to be able to generate the tools and info needed to process the ICD-10.
* Tested the HIPPA EDI 834, 270/271, 837/835 transactions according to test scenarios and verify the data on different modules.
* Performed cross browser testing on web based application using (IE7, IE8, IE9, Firefox, Safari, and Chrome)
* Experiences working in ANSI x12 837-835 EDI Transaction.
* Work on coordination of benefits (COB) in a claim processing.
* 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 GAP analysis for HIPAA 4010 to 5010.
* Tested HIPAA regulations in Facets HIPAA privacy module.
* Analyzed the responses of the web service using SOAP UI and validating the data in backend
* 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).
* Set claim processing data for different Facets Modules.
* Performed Back-End Testing to check database integrity by writing SQL queries.
* Extensively used **MS SQL Server 2008** to access and manipulate Data for Validation and Integrity.
* Wrote test cases in **ALM** derived from the Design documents and generated a Traceability Matrix for testing purposes.
* Created Traceability Matrix to ensure implementation of all functionalities, identify all test conditions and test data needs.
* Used **ALM** to record documenting information useful in debugging process, evaluating test data.
* 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:** Waterfall, **MS SQL Server, ALM, Facets**, SOAP UI, Web service, MS Office, Windows

**MVP HealthCare, Schenectady, NY Aug 2013 – Sept 2014**

**QA Analyst**

**MVP HealthCare** is a leading insurance organization that caters to the health insurance needs of the residents in NY. Worked on all HIPAA transactions. **FACETS** have been widely used across their network for the claim adjudication, claim processing and Provider Management. The National Provider Identifier Project’s objective is to comply with the mandate that effective with the federal compliance date, all Providers who conduct electronic business via HIPAA Transactions with Mercy Health will be required to obtain and use an NPI. I was also involved in integration of **FACETS** with legacy and thirty party vendor applications.

**Responsibilities:**

* Participated in setting up testing environment.
* Reviewed **Business Requirement Documents** and **Functional requirements**.
* Involved in preparing **Test Cases** based on business requirements.
* Assisted JAD sessions to identify the business flows and determine whether any current or proposed systems are impacted by the EDI X12 Transaction, Code set and Identifier aspects of HIPAA.
* Extensively worked on all Regions Inbound and Outbound Interfaces.
* Tested **HIPAA** Transactions and Code Sets Standards such as **837/835, 270/271, 276/277** transactions.
* Used Third Party Citrix Web to use and access the IFACETS and Rational Testing Tools.
* Conducted Value Analysis, Regression Analysis, and Risk Management.
* Designed and development of test cases based on functional requirements for Institutional and Professional claims for EDI and HIPAA Transactions 837/835, 834, 276/277, 270/271 testing.
* Authored and executed Test cases for Claims and Customer Service Workflow by manually.
* Entering Claims and Customer Service Tasks into the **FACETS**.
* Responsible for writing the **Test Cases** and **Test Scenarios** based on the Functional Specification and technical Specification and documented in **Mercury** **Quality Center**.
* Utilized survey assessment results of **ICD-10** to create listing constraints, processes, projects and systems, applications and vendor software to be impacted by the **ICD-10** Conversion Project.
* Prepared **GAP** documents involved with **EDI 837** transaction in collaboration with other team members.
* Development of test case scenarios for Functional testing of web application developed in HTML and XML.
* Extensively used **MS** **SQL Server 2008** to query the **Database** for Data Validation and Data Integrity.
* Development of **SQL** queries as per the request from the business team in **SQL server.**
* Worked with Claims, enrollment, eligibility verification for members and providers, benefits setup and backend payment cycle in **FACETS**.
* Logged the errors, reported defects, determined repair priorities and tracked the defects until resolution using **Mercury** **Quality Center**.
* Extensive knowledge on **Test Matrix, Requirement Traceability Matrix.**
* Responsible for performing System and integration testing for release.

**Environment**: Windows, **Facets, Oracle, MS SQL**, **Mercury Quality Center**, MS Office, MS-Visio, Toad

**Health Now Inc. (Blue Cross Blue Shield of West New York). Buffalo, NY Feb 2012 – Aug 2013**

**QA Analyst**

Health Now New York Inc. is the leading healthcare company in Western New York. Since 1936, it has been a pioneer in providing quality healthcare services to companies and individuals in the region. Health Now New York provides the full spectrum of healthcare services and innovative funding arrangements. The assignment @ this company is all about installing new version of Facets, integrating with company’s landscape and making sure that claims get processed as per the business needs. As a QA Analyst i am responsible for validation of claims workflow in to FACETS, Members Enrollment, validating Members benefits against different products and working in member’s accumulator.

**Responsibilities:**

* Reviewing the Use Case Requirement, Functional Design Documents and Technical Specification documents.
* Creating Test Cases after analyzing the BRD’s.
* Performing Functional and GUI testing on Facets.
* Logging of defects in CTM to maintain Test Requirements and to communicate the bugs with the Developers.
* Involve in FACETS Implementation, end to end testing of FACETS Claims Processing module, Membership and benefits.
* Creating claims in Tiger for validating members benefits against different Medicare and non-Medicare products.
* Developed Traceability Matrix between the Use Cases and the Test Scripts
* Developed detailed Test plan, Test Cases, Test scripts for testing the functionality
* Supported the testers to create, process and evaluate claims in Facets
* Wrote Test plan and Test cases for the Integration testing and system testing.
* Did Integration Testing, GUI testing, Smoke and Sanity Testing, and Acceptance testing in the new builds for Basic Functionality Checking.
* Provide implementation assessment, strategy, and mentoring services for Rational Rose, UML and RUP.
* Performing Backend Testing extensively by using Tiger.
* Involved in Testing Web Interfaces on Internet and also on Intranet
* Validating member’s benefits against the benefits matrix.

**Environment:** Configuration and Testing Management (In house Tool), Tiger, Facets, Sybase, Interactive SQL, MS Word, MS Project, MS Excel

**Denver Health & Hospital, Denver, CO Aug 2010 – Dec 2011**

**QA Analyst**

Denver Health is Colorado's primary “safety net” institution. The project was undertaken as part of Statistical and Financial Analysis of Colorado Access (CA) for (Medicaid) line of business to Increase Medicaid HMO reinsurance reimbursements. The various parts of project consisted of Preparation of summary and detail worksheets regarding claim activity and utilization, Accumulation of data regarding claim payments, denials and denial reasons out of MMIS extract for Medicaid FFS and Medicaid HMO product, Redesign comprehensive business processes for capturing and analyzing Medicaid/CHP Plus financial data.

**Responsibilities:**

* Participated in technical reviews of components developed and analyzed functionalities, interacted and communicated with the customers, project managers, and other technical team members and passed the customer expectation to the technical team, development team and testing team.
* Experience in backend testing using SQL Queries.
* Has worked on Medicaid and Medicare enrollment for Colorado Health and Hospital.
* Developed high level test plan and test script execution process documents and documented the entire QA process and did knowledge transfer to the maintenance team for the future releases.
* Prepared ETL and Reporting test cases for requirements.
* Performed GUI/ Usability testing manually.
* Worked on UNIX shell scripts and executed UNIX commands
* Extensive use of SQL queries to develop mock data for testing, contributed for UI navigation testing, testing the functionalities.
* Wrote SQL scripts to do the data integrity testing.
* Wrote **SQL** queries and performed Back-End Testing for data validation to check the data integrity during migration from back-end to front end.
* Prepared Test Scenarios based on business requirements and business
* Maintained Requirement Traceability Matrix.
* Managed requirements, test cases and test scripts using Quality Center.
* Reported directly to the QA manager and informed on issues and the status of work by submitting weekly status reports.
* Prepared ETL and Reporting test cases for requirements
* Involved in testing of EHR from the various systems.
* Extensive use of SQL queries to develop mock data for testing, contributed for UI navigation testing, testing the functionalities.
* Used Unix commands to view and extract reports from Unix to Excel.
* Used Mercury Quality Center for tracking and reporting defects found during the functional and regression testing and followed up on the bug life cycle
* Responsible for smoke testing during the release and testing the UI navigation and managed the application version using Clear Case.
* Written SQL queries for testing ETL and Reports.
* Worked with the development and testing teams to accomplish timely release objectives.
* Prepared project related Presentations and provided Reports to Higher Management.
* Facilitated User Acceptance Testing (UAT) with the stakeholders and the business users. The errors that were discovered were fixed and then verified via Regression Testing.
* Interlaced with the Users for the User Acceptance Testing (UAT)
* Conducted Alpha, Beta and UAT testing.
* Responsible for User Acceptance Testing before the final phase out.
* Participated in development of Training Materials for the new technology and organizing User Training.

**Environment**: Mainframe, Oracle 10g, **SQL,** Mercury Quality Center, MS Office Suites, Unix

**CDPHP, Albany, NY** **May 2009 – July 2010**

**QA Analyst**

CDPHP is the largest Health Maintenance organization in New York. There are nine different regions and a single common website linking all the regions. CDPHP is a consortium of three distinct groups of entities: the Kaiser Foundation Health Plan, Inc and its regional operating organizations, Kaiser Foundation Hospitals, and the Permanente Medical Groups. I worked as QA Analyst in FACETS. I was involved in implementing HIPAA EDI transactions in the application especially 834 membership also worked on claims 837 and 835.

**Responsibilities:**

* Participated in setting up testing environment.
* Reviewed Business requirement Documents and functional requirements.
* Involved in preparing Test Cases based on business requirements.
* Extensively worked all Regions Inbound and Outbound Interfaces.
* Tested HIPAA EDI Transactions and Code Sets Standards such as 837/835, 270/271, 276/277 transactions.
* Conducted Value Analysis, Regression Analysis, and Risk Management.
* Tested 837/ 835, 270/271, 276/277 transactions.
* Involved in testing various healthcare application and migration of plans from legacy system to FACETS application.
* Authored and executed Test cases for Claims and Customer Service Workflow by manually.
* Entering Claims and Customer Service Tasks into the FACETS.
* Involved in ETL data verification after successful loading of data in the database
* Performed GUI/ Usability testing manually.
* Completed several HIPAA 4010 and 5010 Projects, included Medicaid and Commercial entities. Projects include claims and enrollment testing as well as NPI and medical coding and ICD-9 EDI testing
* Responsible for writing the Test Cases and Test Scenarios based on the Functional Specification and technical Specification and documented in Mercury Quality Center.
* Used FACETS Analytics for fast and easy retrieval, display and grouping of information for performing queries and generating reports.
* Tested the changes for the front end screens in FACETS related to following modules, test the FACETS batches (membership, Billing, Providers).
* Responsible for Back-End Testing Using SQL Commands using TOAD.
* Developed SQL queries, functions, stored procedures and triggers to perform the backend testing of the data
* Involved in data setup for all the test cases used for ETL testing
* Queried the DB2 database in Mainframes for the Proper validating the claims into the Database.
* Perform functional, exception and scenario testing.
* Logged the errors, reported defects, determined repair priorities and tracked the defects until resolution using Mercury Quality Center.
* Extensively used SQL statements to query the Oracle Database for Data Validation and Data Integrity.
* Prepared ETL and Reporting test cases for requirements
* Extensive knowledge of Test Matrix, Traceability Matrix.
* Quality Center was used to create the test plan, store test cases and run the test sets.
* Provides feedback concerning completeness and accuracy of AUT.
* Worked on uploading all the Test cases to the Quality Center for the current and prior releases.
* Responsible for performing System and integration testing for release.

**Environment: FACETS,** Windows**, PL/SQL**, UML, MS Office and Mercury Quality Center.

**Education**: **Master’s in Science**