**Kritika**

**Professional Summary**

* Over **6+ years** of extensive experience as **Quality Analyst** and **EDI QA** in namely health care domain.
* Proficient experience in **Manual testing** of GUI and functional aspect of Client-Server and web based Application on multiple level of **SDLC** and **STLC**.
* Extensive experience in **Functional Testing**, **Regression Testing**, **System Testing**, **User Acceptance Testing** and **Black Box Testing**.
* Extensive experience in **Test Plan** development, writing and executing **Test Cases**.
* Extensive experience in **Agile Methodology** and **Waterfall Methodology** in handling **SDLC**.
* Experience in planning, documenting and coordinating **End to End Testing**, User Acceptance Testing (**UAT**) and **Client Testing**.
* Experience in working **version control tools** like Clear Case and **SVN**.
* Hands on experience in Project change control mechanisms, Impact Analysis, Risk Analysis, Defect Management, End to End Testing and Production issues/defects ad-hoc and regression Testing & support Having expert level experience with **Functional testing** in Functional System Integration testing, User Acceptance Testing, End to End Test Management, **Running Automation scripts in Regression Suites and Non - functional security testing areas.**
* Worked on the scripting languages like **VB Script, Java Script.**
* Strong skills in **Back-End Testing** on **Relational Database**. Writing **SQL** queries, generating **reports** to ensure data integrity and validating business rules.
* Attended **JAD** sessions and **SCRUM** meeting to go over the progress of the project.
* Profound understanding of Insurance policies like **HMO** and **PPO** and experience with HIPAA EDI transaction codes such as **834**(Enrollment and Maintenance), **820**(Premium Payment), **270/271**(Inquiry/response health care benefits), **276/277**(Claim status request and response), **835**(Remittance), **837**(Health care claim).
* Good knowledge of **Medicaid**/**Medicare** claim processing.
* Proficiency in **Defect management** including Defect creating, modification, tracking and reporting using Industry Standard tools like **Quality Center**, **Clear Quest, TFS (Team Foundation Server).**
* Performed **Testing Life Cycle** during various phase of application.
* Strong knowledge of **Business Intelligence** and **Data Warehousing**.
* Analyzed **Gap Analysis** documents to write **Test cases** and **Test plans**.
* Hands-on experience in Project change control mechanism, **Impact Analysis**, **Risk Analysis.**
* Worked on different modules of **FACETS** application like **Membership**, **Claims** and **Providers**.
* Having excellent experience working **EDI HIPAA Medicare**, **Medicaid**, (**837I**/**P**/**D**, **270/271,276/277,278**,**820,834,835**) X12 transaction for both version (**4010A**, **5010**).
* An excellent communicator, having a strong sense of organization and being able to manage time efficiently. Ability to lead the team, to work as an efficient team player, to learn the new technologies, handle the job responsibilities and easy adjust to local company’s disciplines and requirements.

**Technical Skills/Tools**

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| --- | --- |
| **Operating System** | **Windows, Linux, Mac** |
| **Database** | **MS Access, ORACLE (SQL Series), SQL Server, Sybase, TOAD, Informatica, Server Management Studio.** |
| **Web Technologies** | **C, C++, SQL, XML, HTML** |
| **Testing software** | **HP ALM, Rational Manual Tester (RMT), Clear Quest, QTP** |
| **Requirement tools** | **BluePrint, Requisite Pro, RTM.** |
| **Product Evaluation** | **Trizetto FACETS application.** |
| **Project Methodologies** | **SDLC, Agile, Waterfall, RUP.** |
| **EDI ANSI X12 Files** | **834, 837I/P/D, 820, 835, 270/271, 276/277, 278** |
| **Other software** | **MS Office Suite, Adobe Acrobat.** |

**Professional Experience**

**Client: Independent Health, Buffalo, NY Mar 2017 – Present**

**Position: Quality Analyst**

**Description:** Independent Health plan has been one of the leading health care providers in Buffalo, NY. It offered patients with online access to their practice using interactive web pages. Patients could schedule appointments, request prescriptions, manage account statements, maintain personal records, and receive email notifications. The system also facilitated the health care providers to place claims request, which is processed with the aid of the Claims Processing System.

**Responsibilities:**

* Involved in writing Test plans, Test cases and responsible for executing the Test Scripts.
* Responsible for designing, developing test plans use cases and executing test scripts.
* Processing of member enrollment and benefits (**834**) batch jobs corresponding to the claims (**837**).
* Used **QTP** to perform **Functional Testing** and **Regression Testing**.
* Conducted Frontend and GUI Testing manually as per the requirement for the end client.
* Resolved issues with member attributes, enabling multiple rules associated with member lookup process in **FACETS**.
* Involved in all phases of SDLC and implemented Test management best practices through **Agile** method working with Globally spread teams.
* The ECM (Enterprise Content Management) System Analyst supports the firm’s effort to manage both structured and unstructured data using **HP Exstream**.
* Created the SVN Repository and managed the central file repository.
* Worked with providers to **Validate EDI** transaction sets. This includes gap, impact and business rule validation for all 12 standard **HIPAA 5010** transactions: **270/271, 276/277, 278/278, 820, 834, 835, 837 (IPD)**.
* Documented Functional Specifications for Enrollment (**834**), Customer Service Interface, Claim (**837**) including Encounter Claim and Capitation Payment (**820**) and Authorized Representative for Medicaid Members.
* Performed front-end validation using Java Script.
* Formulated reusable test cases using HP QC for functional, Integration, GUI/UI, end-to-end, usability, **security,** **smoke, black-box and regression testing.**
* Tested the **Medicare** and **Medicaid** preferred Eligibility and **EOB** claims extract files.
* Managed defect tracking process, which include prioritize bugs, assign bugs and verifying bugs using **ALM.**
* Coordinated with concerned developer/developer teams for design reviews per the business requirements for both **UAT** and **Production Testing.**
* Performed **test management** and **defect management** using **HP ALM.**
* Performed **Back End Testing** running **SQL queries** in **Oracle database** using **TOAD**, generating reports to ensure data integrity and validate the inserted and updated data.
* Worked on different Modules like **Membership**, **Claim** and **Provider** in **FACETS** application.
* Worked on **HIPAA** Transactions and Code Sets Standards according to the test scenarios such as **270/271, 276/277,837/835** transactions.

**Environment:** FACETS 5.3, SQL, Oracle 12c, HIPPA 5010, XML, QTP, Agile, HP Exstream, Java Script, SVN, TOAD, HP ALM, MS Office, EDI 834, 820, 835, 837, 270/271

**Client: Molina HealthCare, Long Beach, CA Jan 2015 – Jan 2017**

**Position: Quality Analyst**

**Description:** Molina health plan is a Health payer organization which enrolls members through government web portal using Federal Exchange program by processing 834 EDI transactions for Individual and Small Group Enrollments using TriZetto Facets. As a BA Analyst, I am responsible for creating user stories, processing 834 Files and verifying the standards and complete the Membership Enrollment Process in TriZetto FACETS using Agile/Scrum Methodology.

**Responsibilities:**

* Defined **Test plan, Test strategies, Test cases** based on the requirements outlined in the test plan as part of the development cycle.
* Execute Functional Testing, Regression Testing, Security Testing, Database and Usability Testing. Support User Acceptance Testing phase of the life cycle.
* Converted most of the **manual test cases** into Quick Test Pro automated scripts.
* Participated in developing test plans templates and guidelines to be used by the project team with detailed screen layouts with regards to various types of corporate actions.
* The **834** transactions were broken down into several components depending upon the functionality achieved from each component and the integrity of these components.
* Worked to assess and respond with corrective actions for control gaps found in the **UAT**.
* Performed **Front End Testing**, **Regression Testing**, **Functionality Testing** using **QTP**
* Involved in the development of **Test Plans** and **Test Cases**.
* Involved in **FACETS** Implementation, involved in **End to End testing** of **FACETS Claim Processing**, **Subscriber/Member** module and **Claim adjudication** process.
* Creating claims for validating members benefits against different **Medicare** and **Non-Medicare** products.
* Performed **Positive Testing** and **Negative Testing Manually.**
* Extensively worked on all kind of **Joints** and **Operators** to fetch data from multiple tables.
* Tested and validated the database tables using **SQL queries** and stored procedures and performed **Data Validation** and **Data Integration**.
* Provided Efforts Estimate and coordinated the test schedule using **Agile Testing** methodology in **UAT** phase.
* Used **Java Script** for client validations.
* Followed Agile/Scrum Process throughout the SDLC.
* Create **ALM Quick Test Professional** Template to create new script in Test Suite Script.
* Conducted **Data integrity** and **Data validation** test manually.
* Checked the data flow from **Front end** to **Backend** and used **SQL queries** to extract the data from the database.
* Extensively used **SQL** statements to query the **Oracle Database** for **Data Validation** and **Data Integrity**.
* Used **QTP** to perform **Functional Testing** and **Regression testing** for monthly releases.
* Performed test execution and wrote and executed **Test scenarios**/**Test scripts**.
* Developed design specification writing **Test Reports** and documenting **Test Results**.
* Identified customer requirements besides reviewing test plans and documented the development of these plans.
* Interacted with the technical team for the claims transactions design
* Logged and tracked defects using Application Lifecycle Management (**ALM**).

**Environment:** Windows, Toad, QTP, Oracle 11g, HP ALM, FACETS 4.8, Java Script, MS Office, Agile, EDI 834, 837, 820.

**Client: Genesis Healthcare, Kennett Square, PA Jun 2012 – Nov 2014**

**Position: Quality Analyst**

**Description:** Genesis healthcare is Pennsylvania’s Medicaid program. This is a public health insurance program, which provides needed health care services for low-income individuals including families with children, seniors, persons with disabilities. Genesis healthcare is financed equally by the State and federal government. Health Care Business Analyst on a HIPAA assessment project for a State government. My specific assessment areas 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).

**Responsibilities:**

* Development of test scenarios, test cases, execution of test cases and documentation of test results occurs as per the defined program schedule for each implementation event
* Maintaining knowledge of **Medicare** and **Medicaid** rules and regulations pertaining to the **FACETS** configuration and evaluating the impact of proposed changes in rules and regulations.
* Upgrading the system from **HIPAA 4010** to **HIPAA 5010** converting **ICD-9** to **ICD-10**.
* Involved in **FACETS** Implementation, involved end to end testing of **FACETS** Membership and Enrollment, Provider and Claim Processing.
* Worked on **EDI** Transactions (**837/834/835/276/277**) for Verification and Validation as part of System Testing.
* Use Subversion **(SVN)** version control system to maintain current and historical versions of files such as source code, web pages, and documentation.
* Worked in fast paced agile environment.
* Performed **Java Script** Testing, Functional testing to validate how better and feasible is the application to be used by the End-user.
* Identified the bugs and kept track of the defect report using **Quality Center**, and also performed **Root cause analysis** for defects.
* Involved in Unit Testing, System Testing, Regression Testing, Security Testing and Usability Testing.
* Played primary role as QA in analyzing requirements by interacting with client and business analysts and discuss with Development team separately to identify the testing scope as well as development (Coding) scope for those requirements.
* Wrote **Test cases** and developed **Test scenarios** based on **BRD**, **FRD** and **Use Case** Documents.
* Wrote **SQL queries** in **Toad** for **Backend testing**, **Verification** and **Validation**.
* Worked on **HIPAAEDI834** use cases and collaboration templates according business requirements.
* Implemented the **ANSI X12** Version **5010** EDI transactions (**HIPAA**) like (**834**, **837P**, **837I**, **835** remittances).
* Responsible for designing **Test Steps**, **Requirement Mapping** to Tests, Executing Tests manually, **Defect Logging** and **Defect Reporting**.
* Performed **Cross platform** and **Cross Browser Testing**.
* Raised defects and assigned to Development teams with appropriate severity levels.
* Worked closely with developers to resolve the technical issues to meet the dead lines.   
  Tested user interface and navigation controls of the application using **QTP**.
* Experiences working in **ANSI X12 837-835 EDI** Transaction.
* Tested the **HIPAAEDI834, 837/835** transactions according to test scenarios and verify the data on different modules.
* Conducted **Back End Testing** Using **SQL Commands**.

**Environment:** Toad, HIPAA, EDI 4010, EDI 5010, XML, QTP, FACETS 4.8, Java Script, Agile, SVN, Quality Center, ICD-9, ICD-10, MS SQL, MS Office.

**Client: Tufts Health Plan, Boston, MA Feb 2011 – Apr 2012**

**Position: Quality Analyst**

**Description:** Tuftscontracted with the Medicare Centers and Medicaid Services (CMS) to provide quick, easy, and affordable access to the health care service of their choice. Project involved integrating Market Prominence, Member enrollment and the Claims Processing System with the data warehouse to support the reporting requirements.

**Responsibilities:**

* Participated in setting up testing environment.
* Involved in preparing **Test Cases** based on business requirement documents.
* Tested **HIPAA** Transactions and Code Sets Standards such as **837/835**, **270/271**, **276/277** transactions.
* Tested **837**, **835**, **270/271**, **276/277** transactions.
* Authored and executed **Test cases** for Claims and Customer Service Workflow manually.
* Responsible for writing the Test Cases and Test Scenarios based on the Functional Specification and technical Specification and documented in **Quality Center**.
* Executed Test scripts using **QTP**.
* Created **VB Script** files to automate file downloading and file opening for users.
* Worked closely with **Agile** Scrum team from several domains to ensure product testability while running Regression tests.
* Worked on configuration management tool **SVN.**
* Tested business integration between internal and external systems in a Service-Oriented Architecture **SOA**. Defects found during testing were logged in **Quality Center**.
* Worked on claims, Claims adjudication, Membership, Eligibility in different managed care products like **HMO** and **PPO**.
* Recorded scripts in **Quick Test Pro** to perform **Functionality testing**.
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets or Internet portals. This includes **HIPAA4010**,**834**, **820**,**837**, **835**, **270/271**.
* Intensively involved in project testing efforts by doing **Regression Testing** and by helping **UAT** team in User Acceptance Testing
* Logged the errors, reported defects, determined repair priorities and tracked the defects until resolution using **Quality Center**.
* Extensively used **SQL** statements to query the **Oracle Database** for **Data Validation** and **Data Integrity**.
* Responsible for performing **System testing** and **Integration testing** for release.
* Identified, analyzed and documented defects, error and inconsistencies in the application using **Quality Center.**

**Environment:** MS Word, Excel, PowerPoint, FACETS 4.7/4.8, QTP, SQL, VB Script, Oracle, EDI,SVN, Agile, Quality Center

**Education**

Bachelor in Business Administration (BBA).

**References**

Available upon request.