**BijayPandey**

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**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.

**PROFESSIONAL SUMMARY**

* Results-driven, versatile consultant with over 7+ years experience as a Quality Analyst in HealthCare.
* Strong understanding of requirements for the project and UI testing related to the creation of software supporting handheld mobile devices.
* 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).
* Expertise in Bug tracking and reporting using Quality Center, Test Director and Rational Clear Quest. And experience of Bug life cycle system.
* Expertise in different types of testing such as black box, sanity, smoke, details, positive, negative, integration, configuration, and regression testing as well as involved in UAT(User Acceptance Testing).3
* Experience in testing Client-Server and Web-Based Application. Front end and backend tests.
* Validates professional, Institutional and dentist claims in FACETS, verify codes with description and requirements verify adjudication process of claim in FACETS.
* Experience in using TIBCO Tools such as Graphical EMS (GEMS) Spotfire TLM Dashboard.
* Expertise on back end testing using SQL on oracle, MS SQL server environments running on UNIX or Window platform to verify data integrity and knowledge of ETL testing.
* Strong understanding of SDLC methodologies like Agile, Scrum, and Rational Unified Process (RUP).
* Strong understanding on identifying what is in-scope and out of scope for the project.
* Experience on FACETS 4.5-4.71.and used different modules (application): claim, provider, utility managements, member/subscriber and others.
* Experience working with databases like MS SQL Server 2000, MS SQL Server 2010, MS Access, Oracle, DB2
* Extracting data from multiple data sources and conducting data analysis using SQL queries.
* Good understanding of Health Insurance portability and accountability act (HIPAA).
* Medical Claims experience in Process Documentation, Analysis and Implementation in 835/837/834/820/270/271/277/997(X12 Standards) processes of Medical Claims Industry from the Provider/Payer side
* Experience with FACETS Application Groups: Claims Processing, Guided Benefit Configuration, Medical Plan, Provider, Subscriber/Member, Utilization Management.
* Strong experience and understanding of health care industry, claims management process, knowledge of Medicaid and Medicare Services.
* Experience in participating inJoint Application Development (JAD) sessions.
* Experienced in creating Test Plans.
* Thorough hands on experience with designing test cases covering all test conditions and eliminating redundancy and duplications.
* Strong work ethics, able to take ownership of all duties and responsibilities and efficient time management skills.
* Group and individual based problem solving and decision making skills.
* Excellent knowledge of MS Office especially MS Excel, Power Point, Word, and Project etc.

**TECHNICAL EXPERTISE**

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| **Testing Tools** | *HPALM, Quality Center, Quick Test Professional, SOAPUI* |
| **Databases** | *Oracle, Microsoft SQL Server, TLM* |
| **Database Tools** | *SQL \* Plus, SQL Server , Toad* |
| **Operating System** | *Windows (XP, Vista, Win 7, Win 8), Unix* |
| **Other Application** | *MMIS,MIS,MS Office Suite* |

**PROFESSIONAL EXPERIENCE**

**CareSource, Dayton, OH**

**Nov 2015– Present**

**Sr. Software Quality Analyst**

CareSource is one of the nonprofit organization which provides health care programs including Medicaid, Medicare, and marketplace. I worked as Software Quality analyst in multiple projects for HIE (Health Information Exchange), Enhancement 360. HIE is the exchange of information which allows doctors, nurses, pharmacists and other health care providers and patients to access and securely share patients vital medical information electronically. It also provides a vehicle for improving quality and safety of patient care by reducing medication and medical errors. As a Quality analyst I was responsible for gathering requirements with business, validating the HL7 messages which are sent by different providers and vendors.

**Responsibilities:**

* Review and analyze HL7 Messages.
* Being a part of ESB (Enterprise Service Bus) team, I was working on multiple projects, checking whether everything has processed through downstream.
* I had to check that the HL7 messages which comes from different vendors are valid and successfully translated into canonical XML without missing any required values.
* Co-ordinate with other teams whether the messages sent were successfully consumed.
* Extensive use of SOAP UI for testing purposes.
* Keep up with the changing policies and management directives.
* Extensive use of Trello and TFS (Team Foundation Server) to keep track of all the stories.
* Create meetings and attend the meeting actively with full participation.
* Create JAD sessions.
* Keep knowledge of BW5 and BW6 TIBCO process.
* Extensive use of Quality center in running test cases and creating execution report.
* Extensive use of Graphical EMS (GEMS) tool in verification and monitoring of the HL7 messages.
* Performed TLM testing using SQL queries checking the events and activities.
* Administer all system performance and analyze the routine processes of HL7 Messages.
* Keep knowledge on working of all different ADT and LAB messages.
* Requirements gathering with business and explained to developer as per business needs.
* Use of SDE (Service Desk Express) to create RFC (Request For Change) for the change management.
* Worked on providing/testing different pass through service as per business needs.
* Creation of RFC for new services/enhancements.
* Create Test case, Test plans and Test Scenarios based on projects.
* Worked on the Indiana/Ohio ADT and Lab HL7messages.
* Prepared Test Cases based on business requirements and business rules for HIPAA EDI Transaction 834, 276/277, 270/271, 837/835.
* Validated the date from EDI transaction. Tested the HIPAA EDI 834, 270/271, 276/277, 837/835 transactions according to test scenarios and verify the data on different modules.
* Wrote Test scenarios and test cases for testing the 5010 and the processing of member enrollment and benefits, (834) batch jobs corresponding to the claims (837).
* Was involved in creating transaction sets requirements, usually with Microsoft Excel, for transactions such as: HIPAA 270/271, 276/277, 278/278, 820, 834, 271U, 835, 837-(I, P, &D), 835 Remittances and others.
* Implemented and provided support for HIPAA ANSI X12 standard transactions 270, 271, 276, 277 and 278.
* Kept track record for incoming messages and performed daily report.
* Writing user stories breaking down as per business/technical needs.
* Worked with the Streamline/CTS/SIS team to help them solve the issues.
* Work with the technical and development team to resolve identified issues in a timely manner.
* Use of Spotfire for data visualization and presenting it to the business.
* Perform other responsibilities and duties as assigned.

**Environment:** Microsoft Lync, Daptiv, SOAPUI, GEMS, TIBCO, MS Excel, MS Word, Team Foundation Server, Trello, Service Now, Service Desk Express, Spotfire, ALM.

**Aetna Health Care, Chantilly, VA**

**Sept 2014- Oct 2015**

**QA Analyst**

Aetna is promoting the health and wellbeing of the residence of Virginia. Worked as QA Tester on multiple projects including testing and validation of data for various EDI transactions as per HIPAA compliance . I worked on Medicare and Medicaid systems, Medicaid Long Term Care, and Client Services for Medicaid/Health Choice application areas and monitored the flow of information with state MMIS system. Also, I worked on Trizetto Facets Claim processing and Testing Project for Membership, Claim and EDI Transaction (834/835/834/276/277) modules. One of the main objectives of the project was to work with providers and medical entities to validate EDI transaction sets.

**Responsibilities:**

* Involved in testing Web Services with "SOAP UI".
* Involved in Facets implementation, end-to-end testing of Facets applications like Claims Processing, Provider, Subscriber/Member, Utilization Management, Pricing Profile, etc.
* Performed manual and automated test procedures for functional testing of Web services using SoapUI.
* Used SOAP UI to test web services and validated all operations in WSDL.
* Tested web services by generating XML SOAP requests and validated the corresponding XML SOAP responses.
* Executed test cases for the new market as well as existing market’s various line of business.
* Performed positive testing and negative testing manually.
* Wrote many SQL queries in order to retrieve data/check data from different tables.
* Execute test scenarios to verify the data transfer and standard formats (XML), Web Service requests and data processing
* Executed Configuration Testing to check if the application was compatible in different environment.
* Conducted Back-End Testing manually for the purpose of Database Integrity.
* Clear understanding of MMIS for the Medicaid patients Enrollment and their Eligibility.
* Involved in 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.
* Validated various EDI transactions like 270/271,276/277,834,835,837 and claim adjudication using Facets.
* Tested all edits for Facets for Claims.
* Involved in testing various healthcare applications and migration of plans from legacy system to Facets application.
* Tested the changes for the front end screens in Facets related to following modules, test the Facets batches(membership, Billing, Provider, etc.
* Involved in writing test cases using ALM based on the requirements.
* Experience in Bag tracking tools ALM, HP Quality Center (QC), Clear Quest, Bugzilla, with excellent Defect Management skill.
* Technical environment included: JIRA, Web Services, UNIX, and Windows.
* Involved in member’s accumulator conversion data testing, accumulator sync testing.
* Written multiple Test Cases (System, Integration) for multiple transactions include 837I, 837P, 835, 834 (both inbound and outbound) transactions
* Defect tracking using ALM.
* Extensively performed manual testing and defect reporting using TFS.
* Validated Claims process using Facets.
* Involved in testing HIPAA Transactions & Code Sets Standards like 834-Enrollment to a health plan, 837-Claim, etc.)
* Involved in writing SQL queries using SQL Server Management Studio for back end testing.
* Tested/Validation EDI 820 Payment Order/Remittance Advice Transaction
* Logged errors and reported defects using Mercury Quality Center.
* Generated test plans in MTM in order to ensure testing coverage for each delivered build. Managed the distribution of test cases to each member of the team.
* Participated in weekly QA team meeting and DRM.
* Involved in providing technical expertise on how to resolve the issues

**Environment:** MS Office Suite, Facets, SQL, XML, Agile, EDI, SOAP UI, HIPAA, ICD, HP ALM, XML, EDI, Test Cases, Test Plans, Visual Studio.

**State of California, Sacramento, CA**

**March 2013– Aug 2014**

**QA Analyst**

I was extensively involved in gathering requirements regarding the integration of State Insurance Exchange (HIX) application with Membership Application portal Membership enrollment and maintenance. I have also drive the efforts for UAT/UI/UX Test planning, Test Execution and Test Result.

As a FACETS Tester, I was involved in various kinds of testing of the FACETS application modules like Enrollment, Membership and Claims.

**Responsibilities:**

* Created and maintained documents for Business Process Testing, Usability Testing, UI Testing, and Web Portal Testing.
* Involved in setting up the review meetings for sign off and approvals.
* Participated in setting up testing environment for UI /UX testing.
* Conducted the UI/UX Test planning walkthroughs and Set up the Test data for Test execution.
* Involved in preparing Test Cases based on business requirements.
* Tested HIPAA Transactions and Code Sets Standards such as 834, 837/835, 270/271, 276/277 transactions.
* Wrote complex SQL queries FACETS support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Involved in FACETS Implementation, involved end-to-end testing of FACETS Billing, Enrollment, Claim Processing and Subscriber/Member module.
* Performed Back-End Testing to check database integrity by writing SQL queries.
* SQLs are written to query the DB2 database on Mainframe environment.
* Retrieved files using SQL statements and UNIX commands.
* Worked with FACETS Team for HIPAA Claims Validation and Verification Process (Pre-Adjudication)
* Wrote complex SQL queries to extract and validate the data from the Facets database
* Involved in writing extensive SQL Queries for back end testing oracle database.
* Checked the data flow through the frontend to backend and used SQL Queries to extract the data from the database.
* Developed and executed SQL queries for verifying backend data integration with health care finance application data captured in UI.
* Conducted database testing for the application by writing and executing SQL queries
* Set claim processing data for different FACETS Module.
* Gathered requirements and developed process flows diagrams in accordance with Medicare and Medicaid rules and regulations pertaining to the FACETS configuration and evaluated the impact of proposed changes.
* Retrieved files using SQL statements and UNIX commands.
* Maintained Traceability matrix and Test Matrix
* Extensively worked with Member/Subscriber and HIPAA Privacy FACETS application groups.
* Tested 834, 837/ 835, 270/271, 276/277 transactions with File Aid.
* Created and maintained SQL Queries for back-end testing
* Performed manual back-end testing using PL/SQL to connect to an Oracle 9i database on a UNIX server
* Maintained various versions of Test Scripts
* Worked on Data Mapping to map FACETS data to outbound eligibility extracts.
* Investigating software bugs and reporting to the developers using Quality Center Defect Module
* Analyzed system requirements and developed detailed test plan for 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.
* Responsible for performing System and integration testing for release.
* Identified, analyzed and documented defects, error and inconsistencies in the application using Quality Center.
* Performed User Acceptance Testing (UAT).
* Generated defect reports using Quality Center for the developers.

**Environments:** ALM/Quality Center, UAT, AGILE, SCRUM, Windows, SQL Server.

**Horizon Blue Cross Blue Shield, Newark, NJ**

**Sept 2011– Feb 2013**

**QA Analyst**

I worked as Quality analyst in multi projects for Provider and Pricing. I am involved in integration of source system to the target system, in order to create one source of information for validation, claim adjudication and stream line efficiency of the process. As a Tester, I was responsible for conducting the overall System Testing to verify operations of key FACETS modules involved in the processing of claims (including benefits), providers and members.

**Responsibilities:**

* Developed Test Plans, Test Cases for the FACETS Modules
* Worked on HIPAA Transactions and Code Sets Standards according to the test scenarios such as 270/271, 276/277, 834, 837/835 transactions.
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets or Internet portals. This includes 834, 835, 820, 270/271, and others.
* Tested the ANSI X12 EDI transactions (HIPAA) like (834, 837P, 837I, 835 remittances).
* Recommend ways and workarounds for HIPAA (EDI X12 837,834,278,270) upgrades.
* Tested the interface between database and the application
* Participated in requirement walkthroughs and creation of test plan
* Involved in FACETS Implementation, involved end-to-end testing of FACETS Billing, Claim Processing and Subscriber/Member module.
* Worked on Unix Platform and experienced in back end testing by executing SQL Queries.
* Checked the data flow through the frontend to backend and used SQL Queries to extract the data from the database.
* Configuration and evaluating the impact of proposed changes in rules and regulations.
* Worked with business leaders to translate business requirements and processes into test cases according to FACETS package requirements and subsequent effective configuration.
* Involved in writing extensive SQL Queries for back end testing oracle database.
* Authored and executed Test cases for Claims and Customer Service Workflow by manually.
* Responsible for writing the Test Cases and Test Scenarios based on the Functional Specification and technical Specification and documented in Mercury Quality Center.
* Responsible for Back-End Testing Using SQL Commands using TOAD.
* Perform functional, exception and scenario testing
* Performed Usability Testing
* Supporting and Handling the UAT co-ordination with the Business and preparing the valid business scenarios for testing thru out application versions
* Working very closely with Production Support team in testing all the Emergency Change Requests/Tickets opened by the developers to validate the code change which was tested and verified in UAT environment before pushing the code in Production..
* Tracked and reported defects using Quality Center.
* Generated defect reports using Quality Center for the developers.

**Environment**: Quality Center, HIPAA, EDI, QTP, Windows 2000, SQL Server, SQL, PL/SQL, Oracle 9i.

**Kaiser Permanente, Falls Church, VA**

**Jan 2010– Aug 2011**

**QA Analyst**

I was responsible for QA Analyst role on different EDI HIPAA transactions. As another project in Provider module, I am creating Business Requirement Document for migration of pricing contract to the new system, from front end prospective.

**Responsibilities:**

* Worked with Business Analyst and reviewing and analyzing the business requirements Documents and functional requirements. Imported preexisting Microsoft Word and Excel-based requirements and tests for analysis in Quality Center.
* Thorough experience of HIPAA compliance like 837,834,835,270,271 etc.
* Prepared Test Cases based on business requirements and business rules for HIPPA EDI Transaction 834, 276/277, 270/271, 837/835. Tested all HIPAA transactions for multi version support and validating the database to file elements.
* Tested the HIPPA EDI 834, 270/271, 837/835 transactions according to test scenarios and verify the data on different modules.
* Validated the date from EDI transaction. Tested the HIPPA EDI 834, 270/271, 276/277, 837/835 transactions according to test scenarios and verify the data on different modules.
* Configuration and evaluating the impact of proposed changes in rules and regulations.
* Set claim processing data for different FACETS Module.
* Performed Positive and Negative Testing Manually
* Created and maintained SQL Queries for back-end testing
* Actively participated in walkthroughs and enhancement meetings
* Maintained Test Matrix and Requirement Traceability Matrix
* Ad hoc analysis of various FACETS of EDI
* Performed Gap Analysis. Performed Security Testing on the application
* Tested user interface and navigation controls of the application using QTP.
* Performed Back-End Testing to check database integrity by writing SQL queries.
* Experiences working in ANSI x12 837-835 EDI Transaction.
* Worked in FACETS environment for processing claims.
* Authored test case scenarios in Excel spread sheet and export them into Quality Center.
* Documented the test results and reported the status of assigned test tasks and issues to project QA Lead. Conducted Back-End Testing Using SQL Commands.
* Extensively used SQL statements to query the Oracle Database for Data Validation and Data Integrity.
* Executed test cases found errors reported defects, determined repair priorities, did regression testing and closed by using Quality Center. Responsible for Performing Integration Testing, UAT testing.
* Customized Quality Center to suit the requirements of testing effort.
* Monitored the Defect Tracking Process and generated customized graphs and reports for the client using Quality Center

**Environment**: Oracle, HIPPA, XML, QTP, Agile, HP Quality Center Window XP, SQL, UNIX, UAT.

**EDUCATION:**

Bachelor’s in Business Administration