***Objective***

A self-starter with a strong entrepreneurial attitude combined with sound knowledge of the Healthcare Industry, Quality Assurance. Strong communication, interpersonal, organizational, time management, problem solving and analytical skills. Reliable and dedicated with the ability to grasp and apply new procedures quickly; organize and prioritize tasks to meet deadlines and adapt readily to new challenges.

***EDUCATION***

**City University of New York-Brooklyn College**

Master of Science in Business Economics; Global Business and Finance

***Professional Summary***

* Strong knowledge and understanding of the **Software Development Life Cycle (SDLC).**
* Extensive knowledge of software development principles like Agile**, waterfall and Scrum**.
* Highly analytical in developing the methods and measures to meet requirements and solve any issues that arise during the project.
* **X12 transactions-5 years**
* **EDI Analyst-5 years**
* **Wrote SQL queries** for Data Analysis. Also verified business rules during data analysis
* Conducted **Joint Application Development (JAD**) sessions and interviewed Business Owner, Subject Matter Experts (SMEs), DBA, BAT, IBAT to get detail functionality aspects of business process and restructured the information to the requirements in an explicable format.
* Thorough knowledge in Requirement analysis, Planning, Scheduling & Tracking projects.
* Formulation of **Business Requirements Document (BRD)**
* Acted as a liaison between business owner, Subject matter experts and development teams.
* Involved in review and **Gap Analysis** of Functional Requirement documents and the creation of technical documents and related test case documents.
* Involved in business analysis and designing solutions, coordinating between the team members, addressing budget issues and creating test plans according to the business requirements in standard applications.
* Performed **planning** and **development** of **Test Plans**, **Test Cases** and **Test Scenario** to meet product’s business requirements.
* Excellent knowledge of **claim processing** and **EDI transactions including834, 820,**& 837.
* Well versed experience in all **EDI** transactions like**820**,**834, 835, X12** and conversion of **4010 to 5010**
* Specialize in **HIPAA 5010** implementation including **GAP analysis.**
* Experience in working for call center applications such as CTI, **IVR**, ACD, and IMS.
* Detailed understanding of overall **IVR process, validations**, and **exceptions**.
* Skills in developing **Use Case diagrams, Process flow diagrams, Data Flow Diagrams and Activity Diagrams.**
* Extensive use of **UML/RUP** for modeling views in **Microsoft Visio.**
* Experience in **customer/client interaction**, deep understanding of business systems functionality and technicality.
* Experience in performing **reconciliation of enrollment and premium payment transactions.**
* Expertise in creating detailed **mapping document** highlighting the source applications & the target application.
* Involved in maintaining **Test Matrix** and **Traceability Matrix** and performing **GAPanalysis.**
* Expertise with **QA Methodology** to ensure robust functionality.
* Motivated self-starter with exceptional team building**,** leadership**,** and interpersonal skills.
* Knowledge in**User Acceptance Testing** (UAT).
* Possess excellent organizational, interpersonal, communication and documentation skills with good process management skills along with a remarkable ability to gather requirements to bring out quality product.
* Ability to excel and succeed in diverse environment and projects with strong determination, dedication, and inclination towards customer satisfaction.
* Expertise in **Project Planning, Project Design, creating functional specifications and data flow diagrams.**
* Experience in design, development and implementation of an **Enrolment Resolution and Reconciliation** process for health insurance exchange.

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| **PROFESSIONAL EXPERIENCE** |
| **McKesson, Atlanta, GA** |
| Role: QA Testing Analyst Jul’12-Dec’14 |

This project involved validating and testing **Business Requirements** for the **Claims Business Area** and updating **EDI Transactions** with the **HIPAA 4010** to **HIPAA 5010** changes. The project involved upgrade of the MMIS system that currently uses HIPAA 4010 to comply with HIPAA 5010. Testing was performed and changes were identified in HIPAA 4010 so as to upgrade the Medicaid Management information System (MMIS) to comply with the new standards mandated by HIPAA and implemented Vendor Delegation Model.

**Responsibilities:**

* Worked with **QA lead in validating Test Plan and Test Scenarios**.
* Performed configuration/ compatibility and user interface testing manually.
* Used HP Quality Center for tracking Defects and Test Cases.
* Executed test cases manually. **Compared and analyzed actual with expected results** and reported all deviations to the appropriate individual(s) for resolution.
* Actively involved **in UAT Testing.**
* Carried out **Regression, Unit, and Smoke testing** for various builds.
* Wrote **SQL queries for data analysis. Also verified business rules during data analysis**.
* Created QA exist report for each release.
* Also created detailed **Test Scenarios and Test Cases for UAT**
* Responsible for the **HIPAA compliance lifecycle** from gap analysis, mapping, implementation and testing for processing of Medicaid Claims.
* Performed in-depth investigation, analysis, and evaluation to determine project feasibility.
* Used **HIPAA 4010** transactions to support the analysis of current business processes and work with management to improve and implement enterprise solutions to ensure compliance.
* Involved in designing future state processes for **HIPAA 5010** transaction processing **EDI’s 837/835, 270/271 and 834.**
* Analyzed HIPAA 5010 related to **820,835, 834, 270/271**. Transactions and performed gap analysis between the 4010 and 5010.
* Performed analysis of **discrepancies in the eligibility reconciliation** process for multiple stakeholders.
* Used Requisite Pro for writing/analyzing project vision, goals, specifications and requirements.
* Conduced **Joint Application Development (JAD)** sessions and walk in interview with the business users to gather requirements.
* Verified correct **ICD-9** and CPT codes for a variety of specialties
* Assigned **ICD-9** to physicians diagnosis and insured correct level of service and various other CPT codes
* Matched the requirements for programs such as Medicare and Medicaid, which are part of the Social Security Act.
* Performed **reconciliation of enrollment and premium payment transactions**.
* Created **Use Cases diagrams** and **Activity diagrams** to depict the interaction between the various actors (system users) and the system in Rational Rose for the Business Use Case and System Use Case.
* Actively involved in UAT Testing. Created detailed **UAT Test Plan** document as a road map for UAT Testers.

**Environment:** HIPAA X12, Quality center, QTP, Informatics, SOAP UI, MS Office Suite, SQL, QTP**.**

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| **Coventry Health Care, San Diego CA.** |
| Role :QA Analyst Nov’10-Apr’12 |

The project involved working on Electronic Administration of 834-membership enrollment system and Eligibility. CHC was involved in setting up an automated 834 processing system in partnership with vendor Benefit Focus (BF). I have worked on converting the 834, 820, 4010 to **HIPAA compliance** 5010.

**Responsibilities:**

* Worked on conversion of 4010 to 5010.
* Worked on EDI 270/271
* Assigned **ICD-9** to physicians diagnosis and insured correct level of service and various other CPT codes
* Worked on verifying and validating**Business Requirements Document**, **Test Plan**, &**Test Strategy** documents.
* Daily **Status reports** to the Business owner, Project executives & Team.
* Performed analysis of **discrepancies in the eligibility reconciliation** process for multiple stakeholders.
* Worked on solving the issues with vendor on Daily basis, on live meetings.
* Conducted **testing** on data & release, versatile in working with the EPO program manager.
* Quality Center used for **uploading the requirements**, and extensively worked on traceability documents.
* Participated in weekly status meetings to present status and incorporate any deviations from the original scope.
* Performed **reconciliation of enrollment and premium payment transactions**
* Carried out **Regression**, **Unit**, and **Smoke** testing for various builds.
* Wrote **SQL** queries for **data analysis**. Also verified business rules during data analysis.
* Created QA exist report for each release.
* Also created detailed **Test Scenarios** and **Test Cases** for **UAT**
* Worked with the clients on the final signing process in the User Acceptance stages.
* Managed UAT testing effort with the Business users.

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| **Texas Medicaid and Healthcare Partnership, Austin, TX** |
| Role :QA Analyst Nov’09- Oct’ 10 |

Texas Medicaid and Healthcare partnership developed New MMIS system for centralizing the all-Healthcare related transactions. The project was a large IT project replacing the Medicaid claims payment system. Participated in all aspects of testing the New MMIS; Primary responsibilities is to ensure that the system functions as designed, meets the requirements of the business users and conforms to all applicable Federal and state laws. I also worked on the claims and provider modules of the New MMIS system.

**Responsibilities:**

* Responsible for requirement and design documentation review, test plans, identifying and reporting software anomalies and test results.
* As part of validation process for EDI 820, validated and outlined the discrepancies in eligibility
* Involved in migration of HIPPAA ANSI X12 4010 to 5010 transactions
* Utilized **Agile Methodology** to configure and develop process, standards and procedures.
* Facilitated Provider Enrollment, Setting up Provider profile & Trading Partner Agreement.
* Set up Provider's Access to the System.
* Performed **reconciliation of enrollment and premium payment transactions.**
* Performed **eligibility reconciliation**.
* Helped creating Provider Reports i.e. Financial, **Claims processing**.
* Conducted integration testing and regression testing with developers in development and **QA**, also conducted **user acceptance testing** with UAT team. Safety reporting on system-based projects, acted as a liaison, documentation, and project coordinator.
* Worked on converting the 834, 820, 4010 to **HIPAA compliance** 5010
* Analyzed and documented system release/deployment issues according to version management, backward compatibility, load balancing of components in production environment.
* Did impact analysis for changing requirements and coordinated with business users for prioritizing the **testing/release** of the changes.
* Did data analysis, created data mapping and data interface documents and kept the documents updated with changes in requirements and functional specifications.
* Performed Risk Analysis based on defect severity and priority.
* Tested User Interface inconsistency and application functionality.
* Developed Reports and Graphs to present the Stress **Test results** to the management

***Technical Proficiency***

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| **Documentation Tools/Operation Systems** | Microsoft Office – Word, Excel, PowerPoint, Visio, Share point; Mac OS X |
| **Requirement/Document Management Tools** | HP Quality Center, Application Life Cycle Management (ALM) |
| **Database** | MS SQL Server |
| **Software Development Methodologies** | Waterfall, Agile, SCRUM, Enterprise Unified Process |
| **Documentation** | Business Requirements Document, Functional Requirements Document, Use Cases, Business Rules, Glossary, Test Cases, Requirements Traceability Matrix (RTM), Business Process Maps/Flows- AS-IS (current) and TO-BE (future), User Stories, UAT Test Plan |