**Jitesh joshi**

**jitesh\_3@hotmail.com**

**609-992-9229**

* 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
* Specialized in system study and testing Health Care and Insurance applications developed on various technologies such as FACETS, QNEXT and SharePoint, Oracle and SQL Server on Windows NT/2000/XP and UNIX environments.
* Experience working in a FACET environment and I have gained extensive knowledge about various modules of a FACET system such as claims, membership and pre-pricing etc.
* Involved in testing QNXT Member, Provider, Claims Processing, and Utilization Management, Contracts, and Benefits modules.
* Remarkable claims testing experience in a managed care environment
* 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, 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 expedience in HTTP, HTML, XML and Web Services environment.
* Experience in preparing test summary reports for manual testing based on User Requirement, and System Requirement documents.
* Involved in FACET configuration, Customization, reporting, analysis and enhancement. Extensively worked on EDI transaction like 837, […] 820, 270, 271, 276, 277 and 278.
* 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.
* Excellent knowledge of HIPAA standards, EDI (Electronic data interchange), transaction syntax like ANSI X12, Implementation and Knowledge of HIPAA code sets, ICD-9, ICD-10 coding and HL7
* Experience worked on any requirement upgrade and/or change request while doing UAT.
* Skilled knowledge on different modules within Healthcare Claims Adjudication Process(Membership process, Billing process and enrollment and claims processing).
* Experience providing primary analysis for business processes running on the EDI (Electronic Data Interchange) standard.

## Technical Skills:

|  |  |
| --- | --- |
| Programming Languages | C, C++, Java, VB.NET, ASP.NET, VB 6.0 |
| Operating Systems | Windows NT 4.0/XP/2000/ME/95/98, UNIX, Linux |
| RDBMS | SQL Server 2000, MS Access 2000, Oracle 9i, IBM 6000, MQ Series (IBM and MS) |
| Servers | IIS 5.0, Web sphere6.0, Windows 2000 Advanced Server |
| Scripting Languages | TSL, 4Test scripts, JavaScript, VBScript |
| Networking | TCP/IP, UDP, SOAP |
| Version Control | Visual Source Safe, PVCS Version Manager |
| QA Testing / Modeling/  Defect Tracking Tools | WinRunner, LoadRunner, Test Director, QTP, Quality Center, Clear Case  and Clear Quest, IBM Mainframes |

**Humana Inc Louisville, KY Nov 2012 Till Present**

**Sr. Quality Analyst**

Humana Inc., headquartered in Louisville, KY, is one of the nation's largest publicly traded health benefits companies, with approximately 9 million medical members. The project was also involved migration from Facets software to QNXT configurations. QNXT offers the flexibility and functionality that payers need in order to achieve optimal growth and efficiency-with the lowest total cost of ownership. As a QA Analyst, I was involved in various kinds of testing of QNXT Member, Provider, Claims Processing, Contracts, and Benefits modules.

**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 QNXT Implementation, involved end to end testing of QNXT Billing, Claim Processing and Subscriber/Member module.
* Designed such a processing with inclusion of the configuration of existing system with QNXT for group, benefits, eligibility & claims, compliance check of various HIPAA mandates was maintained.
* Worked on modules related to Providers, Contract & Claims in QNXT 3.4.
* Work on coordination of benefit (COB) in a claim processing.
* Developed Test Script for Integration, Functionality, Security, and Regression testing.
* Involved in QNXT configuration, Customization, reporting, analysis and enhancement. Extensively worked on EDI transaction like 837, 835,834, 820, 270, 271, 276, 277 and 278.
* 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.
* Tested HIPAA regulations in QNXT HIPAA privacy module.
* Wrote test cases in Quality Center derived from the Design documents and generated a Traceability Matrix for testing purposes.
* Created Traceability Matrix to ensure implementation of all functionalities, identified all test conditions and test data needs.
* Used Quality Center 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**: Oracle, QNXT, Windows 2000, IIS, Quality Center, SQL, Facets, MS-Suit.

**Client: Amerigroup Virginia Beach, VA Jan 2011 Till Sep 2012**

**QA Analyst**

Amerigroup Corporation is a multi-state managed healthcare insurance company focused on serving people who receive healthcare benefits through publicly sponsored programs, including Medicaid, Medicare, State Children's Health Insurance Program (SCHIP), Family Care and Special Needs Plans (SNP). Amerigroup collaborated with the third party to offer OTC benefit card for real-time healthcare transactions to its Medicare members. The objective of the project was to create standardized eligibility extracts from FACETS and securely transmit them to the corresponding vendor.

***Responsibilities***

* In discussion with the Subject Matter Experts (SME) during creation of test plans and updating of business requirements.
* Follow up management on errors made by Data Entry Associates.
* Performed both manual and automation testing.
* Involved in developing detail Test Plans for different benefit packages according to Business Requirement Documents.
* Involved in new development, support and enhancement of application.
* Set claims processing data for different FACETS Module.
* Checked the data flow from front end to backend and used SQL queries to extract the data from the database.
* Performed Black BoxTesting based on the functional requirements and product specifications of the application including smoke, regression and functionaltesting using QTP and Quality Center.
* Performed Manual Testing using Mercury Quality Centre.
* Worked under HIPAA compliance standards.
* Involved in FACETS implementation and transactions.
* Performed Front-End, Functionality and Data Driven Testing using QTP.
* Developed SOL Queries for backend testing.
* Maintained Test Matrix which gives overview of the Testing Efforts.
* Developed SOL Queries to retrieve or create test data.
* Involved in maintaining the test matrix and RTM.
* Used Quality Centre to record documenting information useful in debugging process and evaluating test data.
* Used Quality Centre for reporting and tracking bug and generating reports.
* Worked closely with production support team to generate test data.

**Environment:** SQL Server 2000,MS Project,,Quality Center, UML, XML, MS Office, MS Visio,Toad,QTP,UNIX.

**Cigna, Chattanooga, TN Oct 2009 Till Dec 2010**

**Quality Analyst**

I worked in the Enrollment department coordinating with business and other Insurance companies IT team to implement file intake processes for incoming groups. Generated reports and audits for business and management to make sure that implementation has been a success or not. I also worked in Claims area as Quality Analyst to develop applications which accept different claims like Medical claims, Dental claims, and vision claims from different vendors and route the claims into Batch Adjudication System and Online Adjudication

**Responsibilities**:

* Being the QA Analyst my responsibilities included documenting and developing Test Plans for the Product using several SDLC methodologies.
* Assisted in writing efficient and effective Master Test Plan, Test Strategy, System Testing, End-to-End Test and User Acceptance Test Plan.
* Performed end-to-end System Integration testing which covered the entire business process flow to all the downstream systems and XML output files, including apps interfaces.
* Participated in the planning, development, coordination and presentation of specific testing needs as appropriate to the quality assurance needs of the end user.
* Assisted business users in defining test plans and UAT test cases.
* Established and maintained test cases and test data in Quality Center.
* Coordinated with the QA Offshore team for testing activities across multiple systems and managed test execution.
* Used MS Visio for flow-charting, process model and architectural design of the application.
* Strong experience in conducting Gap Analysis (GAP), Functional testing, User Acceptance Testing (UAT), and System Integration testing (SIT).
* Involved in implementation of HIPAA EDI Transactions ( 835,837,820,276)
* Facilitated Electronic Data Interchange.
* Performed GAP Analysis for HIPAA 4010.
* Used EDI tools to verify mapping to X12 format.
* Participated in changes for system design, methods, procedures, policies and workflows affecting Medicare/Medicaid claims processing in compliance with government compliant processes like HIPAA/ EDI formats and accredited standards ANSI.
* Analyzed HIPAA EDI transactions in XML and X12 responses and of 270 and looked for defects.
* Tested the enhanced FACETS, evaluating claims adjudication needs and creating HIPAA-compliant business rules configuration.
* Involved in assessment of tools for use in future HIPAA 4010/5010 migration and compliance by performing GAP Analysis. Provided business and technical process flow recommendations
* Performed comparative analysis and gap analysis to identify variation in the process as per HIPAA X12 4010 and 5010 guidelines to incorporate updates as per 5010 guidelines
* Mapped EDI 4010 835/837 from clearinghouse sources to ASC X12 formats.
* Extensive testing of EDI Eligibility/Inquiry/Response (270/271) transactions via reports generated by the Gateway.
* Logged the defects in Quality Center and maintained track of the defects throughout the life cycle.
* Participated in QA Team meetings and bug tracking meetings.

**Environment**: MS-Visio, MS Office, MS Project, Quality Center, HIPAA/ EDI X12, FACETS, Load runner, Edifecs, Edge, Transaction Manager, Transaction Restarter, FTP

**MVP Healthcare, Rochester, NY Jun 2008 till Aug 2009**

**Quality Analyst**

MVP Healthcare will provide a higher standard of health care coverage and improves the quality of carefor every member. It sets the standard for outstanding quality health care, service and value. It is the leader in access, affordability and quality in the competitive health insurance market.

Responsibilities:

* Reviewed the Requirements documents for 4010 ANSI X12 Transactions and created the Test plan and test cases for 837I/P/D,835,276/277,270/271,834,820 HIPAA EDI Transactions for Iteration Testing, Integration Testing and System Testing.
* Involved in Manual Testing of the application.
* Interacted with the Developers and BA for defects and problem resolution.
* Wrote SQL statements to extract data from Tables
* Worked with transactions and validated the data by using SQL.
* Generated Bug Reports and Test case coverage reports for status meeting and also involved in resource planning for test cases coverag
* Provided testing results and weekly status reports to the QA Manager
* Using FTP we upload and download files for testing data
* Using Text pad to validate the data
* Tested the web services for Provider and Recipient Portal.
* Involved in testing HIPAA EDI Transactions (837I/P/D, 270/271, 276/277, 835,834, 820) for 4010
* Involved In loading the flat files into Oracle Database and involved in writing Complex SQL Queries.
* Involved in writing Complex SQL Queries using TOAD to validate the loads.
* Validated the data on web screens against the data points and database.
* Created QTP scripts for provider portal, Member Portal
* Validated the data on screens against the database
* Wrote the SQL queries on EDW tables and Data Mart Staging Tables to validate the data results.
* Record Count Verification DWH backend/Reporting queries against source and target as an initial check and incremental loading check.
* Assists in the confirmation of problems reported from outside sources, and assists system development staff in understanding problems and desired resolution.
* Backend testing of the DB by writing SQL queries to test the integrity of the application and Oracle databases using TOAD.
* Responsible for writing version release notes as well as maintenance of the defect tracking system
* Maintained Metrics participated in weekly status updates showing the progress of the testing effort and open issues to be resolved.

Environment: TOAD, Oracle 11g, Ms Office, Text pad, UNIX, FTP client, Clear case, Clear Quest, Spec builder 6.2/7.0, Quality Center , QTP, Cognos, Informatica.