##### Career Objective

I have over 8 years of diverse experience in Information Technology with an emphasis on Software Quality Assurance. My ambition is to take up a challenging position in the area of Software Quality Assurance and Testing in a progressive, fast-paced dynamic environment that will allow me to align my skills in the organization in the most efficient manner.

##### Career Summary

* Over 8 years of diverse experience in Information Technology spanning 5 projects with an emphasis on Software Quality Assurance, performing Manual and Automated Testing of stand alone, client/server and web applications
* Understanding of Healthcare **Insurance Exchange Plan Management HIX**
* Extensive knowledge of various phases of **different Software Development Life Cycle (SDLC)**; models like Waterfall, Agile, SCRUM, RUP, et
* Experience in testing integrated software **Web Services through SOA UI and XML**
* Adequate knowledge in Health Administration – Claims processing (auto adjudication), COB, EOB/Drafts, Claims pricing and testing, **HIPAA, enrollment, EDI, Medicare, Medicaid, CDHP** (consumer driven health plans)
* Actively involve with major Clearing Houses to support **their EDI transactions**
* Experienced in **Full life cycle Manual and Automated Testing** in a Web-based Applications (JAVA, .NET etc), Client/Server Applications, andmainframe applications in Multi-Tier environments
* Extensive knowledge of different kinds of testing like Back-End Testing, Positive/Negative Testing, Black/White box Testing, Configuration Testing, Data Driven Testing, Black-box/White-Box Testing, End to End Testing, Unit Testing, Functional, Integration Testing, System Testing and Regression Testing
* Expertise in problem solving and bug tracking using **Mercury tools like Quality Center, Doors, Rational Clear Quest and Test Director**
* Expertise in querying and testing using RDBMS tools like **Oracle, MS SQL server, PL/SQL, DB2, QMF, TOAD, and MS Access** for Data integrity
* Thorough understanding of Software Development with various programming languages such as, C, C++, Java, .Net, HTML, XML, etc
* Well versed in the Internet technologies and Object Oriented Programs
* Experienced in working with wide range of projects including CMM Level 2 Certified projects by following industry standards and Agile methodologies for Web based, Client/Server, Legacy Mainframe, SOA (SAP , TIBCO) and CRM Siebel applications on Windows, Mac, LINUX, UNIX, etc environments
* Huger exposure to variousbanking, financial, health, retail and data warehouse modules
* Expertise working in **Healthcare industry with Insurance, Loans, Claim Processing, etc. Medicaid and Medicare modules as well as Interface Testing and Data Conversion**
* Worked with **ANSI X12 5010 as well as ANSI X12 4010 in**cluding medical transactions such as **837 (medical claims), 835 (medical claim payments), 270 (eligibility inquiry), 271 (eligibility response), 276 (claim status), 277 (claims status response) and 278.**
* **Involved in exception handling testing using SOA and Security of Mule endpoint.**
* Strong experience with SOA architecture which include Soap Web Service and RestFul Web Service Testing
* Extensive knowledge of gap **between HIPAA 4010 and 5010.**
* Fluency in web services standards, technologies and tools (e.g. XML, RESTful, etc).
* 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
* **Involved in various HIPAA and HL7 testing and validation for EDI transactions using 820, 834, 835, 837, 270/271, 267/277, 278**
* Expert in analyzing system and functional specifications used cases, Business Requirements and business rules to prepare Test Plans and design Test Cases from business requirements
* Excellent understanding of Expertise in **ETL process**, Rational Unified Process (RUP), Unified Modeling Languages (UML) diagrams including Use Case-diagrams, Activity Diagrams, State Diagrams, Sequence Diagrams, Physical Diagram, etc
* Strong working experience in the data analysis, design and development, implementation and testing of data warehousing using data conversions, extraction, transformation and loading (ETL), Informatica, Business Objects, MS SQL server and Oracle

##### Educational Background

##### Technical Skills

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| --- | --- |
| **Testing Tool** | WinRunner, LoadRunner, Quick Test Pro, Rational Team Test |
| **Test Reporting Tool** | Quality Center, Test Director, Rational Clear Quest, DOORS |
| **Operating System** | Windows 98/2000/XP/NT, UNIX, LINUX |
| **Database** | Oracle, MS SQL Server 2005/2008, MS Access, DB2, TOAD, QMF |
| **Testing Language** | TSL, SQA Basic, VB Scripting |
| **Programming Language** | C, C++, SQL, Java/J2EE |
| **Web Technology** | JSP, ASP, XML, HTML, .Net |
| **Other** | MS Office (Word, Excel, PowerPoint), IBM AS/400, Business Objects, Infomatica, Cybermation, Tortoise SVN, HIPAA, EDI, HL7, MMIS (Medicaid Management Information System), Trizetto Facets, UNIX Nile Server, Networking protocols and fundamentals |

##### Professional Work Experience

Unicare Corporation., Cleveland, OH Jan 2015 – Oct 2016

Position: Lead Healthcare Tester,

**Environment: QTP, Quality Center, VB, Windows XP, Oracle 9i, IIS server, XML, EDI, SOAP UI, UNIX**

Worked as a Sr.EDI Tester at Unicare Corporation on a behavioral HealthCare Administration Project for inpatients and outpatients, psychiatric, other specialized services, employee assistance programs and performed testing on various modules like eQuote, eEnroll, and eService, eBill to automate the process by providing Customer Management, Product Management, Provider Management, Revenue Management, Customer Service and Financial Risk Management. Performed Functionality Testing and Security testing of the various modules.

I was involved in the Testing system of EDI transactions including **837P, 837I,834** and **835** based on **HIPAA 4010** and mapping them in order to comply with **HIPAA 5010** standards.

**Responsibilities**:

* Created High Level Test Scenarios, Test Cases and Test Scripts as described in RSD (Requirement Specification Documents) and DSD (Design Specification Documents) as well as **HIPAA** and **EDI Transactions** like **834, 835, 837**, etc
* Good knowledge in implementing Web Services **using Apache AXIS, WSDL,UDDI and SOAP.**
* **Experienced with HIX Health insurance Exchange** , PPACA Patient Protection and Affordable Care Act ,Plan
* Experience with **TriZetto Facets 4.51/4.71 and** TriZetto **HIPAA Gateway** 4.11 - supported new business requirements by extending the functionality of the core Facets system using the **Facets extensibility architecture feature.**
* Coordinated with various IT teams related to various backend (WGS, Facets, Nasco etc) for **Test Data Setup** in SIT & UAT environments
* Analysis and Design of HIPAA X12 834 and 820 EDI Transactions **for Health Insurance Exchange HIX.**
* 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.
* **Experience in Medicaid Management Information System (MMIS).** Expertise in various subsystems of MMIS- Claims, Provider, Recipient, Procedure Drug and Diagnosis (PDD), Explanation of Benefits (EOB).
* Participated in setting up testing environment.
* Design process flows of **EDI Transactions Portal HIX** Carriers using MS Visio 2010.
* Used SQL statements to check data integrity and data validation
* Created Text area Checkpoints to test the properties of the text in the application using Quick test pro.
* Analyzed HIPAA **4010 and 5010 standards for 837P EDI X12 transactions,** related to providers, payers, subscribers and other related entities.
* Developed Web Services (SOAP, WSDL, and UDDI) **for exchanging the data following SOA architecture** principles.
* Experience with Medicare and Medicaid: Claims processing, **Medicaid billing**, Membership, and Eligibility Verification and Care management.
* Conducted and performed analysis of **EDI transactions**, document and produced metric reports.
* Responsible for **defect tracking and bug reporting using Quality Center;** interacted with developers and Business Analysts to discuss and resolve defects
* Exposed to using ICD 9/ICD 10/HL7 coding standards in **Medicare and Medicaid domains of the**
* Gathered Data Hub requirements and **responsible for creating test cases and test scripts under Quality Center** Test Plan and Test Lab modules, developed automation test scripts in **Quality Center**
* Tested the properties of the tables using table checkpoints, page check points using Quick test pro.
* Conducted Parameterization, multiple actions to data tables using quick test pro.
* Conducted Back-end and Regression testing during the various phases of the application.
* Involved in writing and executing test cases using Mercury Quality Center based on the requirements.
* Involved reporting and tracking the defects using Quality Center.
* Involved in testing Web services and XML using SOAP UI. Verified the response received by updating the request XML.
* Used Quality Center to run manual and automated tests, report execution results.
* Involved in creating functions (VB Scripts) as they can be called as and when required in the Scripts.
* Worked with Development and DBA team as well as System Integration Testing team to collaborate results analysis on **Conversion User Acceptance** **Testing** and related issues
* Involved in testing the functionalities of the application and validated against the requirements using Test result analysis and Database testing by performing **SQL Queries and Commands**
* Create and executed **complex SQL scripts** for Data conversion validation using **Source to Target Database mapping** details.
* Used XML for building and parsing of Application Configuration file.
* Automated Regression Test cases using QTP and Writing API and Web Service Test Cases using Soap UI.
* Conducted result analysis and interacted with developers to resolve bugs.
* Worked with XML validation java with web services
* Participates in the QA process to review Test Cases

**APS Healthcare, Baltimore, MD. Oct 2012 - Nov 2014**

**Position: Lead QA/Sr. QA Healthcare**

APS Healthcare is one of the largest healthcare service companies in the public programs area. It is serving more than 40 percent clients, responsible for the nation's Medicaid population through nearly 40 programs in more than 20 states. I worked on Multi-Client Care Connection Platform system with modules configured to support Utilization Management, Disease Management, Care Management, Maternity Management and Health & Wellness for multiple clients in a single, scalable application instance. Also, I have worked on application related to Medicare and Medicaid.

**Environment: JSP Servlets, JDBC, MS-Project, MS-Visio, ClearCase, Requisite Pro, Clear Quest, QTP, QC, SQL Server, XML, JIRA, Toad, EDI ANSI X12/HIPAA, FACETS, SOAP UI, SharePoint, Business Objects.**

**Responsibilities:**

* Involved in Data Hub Testing which included testing Data Exchange (Demographic & Enrollment Segments) Requirements, Data Management (Reconciliation & Information Management) Requirements and Architecture (Performance, Security & Standards) Requirements
* Involved in creation of web **services, WSDL based on SOAP protocols using XML**
* **HIX Health Insurance Exchanges: HIX** is a set of government-regulated and standardized health care plans in the United States, from which individuals may purchase health insurance eligible for federal subsidies.
* Identify Member, Provider, **Coverage, Medicare, and Medicaid**
* Created High Level Test Scenarios, Test Cases and Test Scripts for Data Hub requirements as described in RSD (Requirement Specification Documents) and DSD (Design Specification Documents) as well as **HIPAA** and **HL7 regulations** like **834, 835, 837**, etc
* Gathered requirements for enrollment, eligibility **and claims side in the NY HIX system.**
* Developed and prepared **EDI documentation for** 834 (Benefit & Enrollment Maintenance) for client processing the 834 transaction.
* **Created Baseline Database tables** to load updated Source Eligibility Data; Created related baseline test scripts in order to test the future releases of the application
* Performed and monitored Daily Data Run process in Cybermation; **validated data load using complex SQL scripts** execution in Oracle SQL Server
* **Validated Eligibility Source Systems data**, analyze source system testing and if any testing gaps are identified, created and documents tests for demographic and enrollment records.
* Testing both inbound and outbound, and XML files converted by Biz Talk that were in EDI format and prepare analysis document with various results
* Analyzed and worked with HIPAA specific EDI transactions for claims, member enrollment, and benefit enrollment, claims processing, and billing transactions. Worked specifically with **270/271,276/277,837, 834/835**.
* Gathered Data Hub requirements and **responsible for creating test cases and test scripts under Quality Center** Test Plan and Test Lab modules, developed automation test scripts in Quality Center
* Used SOAP UI tool to test SOA based architecture application to test SOAP services and REST API
* **Converted entire Data Hub manual daily process to automation process** **using Oracle Packages**
* Responsible for creating Automation Process for Data Hub Reconciliation Testing using **Oracle SQL Server**; **Created Oracle packages and SQL Procedures for Reconciliation Automation Testing**
* Extensively involved in **Data Hub Back-End Testing using Oracle SQL Server;** performed daily process testing using SQL scripts execution and logged test results in **Quality Center**
* Created and executed test scripts for approved **Change Requests**, logged their test results and related documentations in Quality Center
* Responsible for **defect tracking and bug reporting using Quality Center;** interacted with developers and Business Analysts to discuss and resolve defects
* Validated Web Services XML response with Database and UI.
* Verified and validated all the build or release related issues and resolve then through discussion with business analysts with the users approval

**United Health Group, Phoenix, AZ Jan 2011 - Sep 2012**

**QA Analyst**

United Health Group is migrating NHP (Neighborhood Health Plan), Amisys based claims management system to RiverVally IT, to Facets based Claims processing system. This migration project is a substantial project for United Health Group IT team. Migrating to new system requires generating new reports which will use Crystal Reports, more advanced technology.

**Environment:** Windows XP, VB, **SQL, UNIX Shell scripts**, Health Level 7 (HL7), FACETS, HIPAA, EDI, XML, SOAP UI, **Quick Test Pro, Quality Center**.

**Responsibilities:**

* Translation of the requirements into functional design
* Participated in setting up testing environment, including network, configuration, and system set up
* Involved in writing and implementation of the test plan, various test cases and test scripts in **Quality Center**
* Participated in sessions to define the solution approaches, and identifying assumptions, constraints, Risk Management and issues. Maintained and systematized the documentation process for the Performance Testing Plan
* Gathered requirements and created, executed and documented Test Cases as per requirements in **Quality Center**
* Tested the Web-services of the SOA using SOAP-UI.
* Interacted with developers, discussed the Business Specifications/Requirements and also the changes and the discrepancies in the application
* Extensively involved for **Back-End Testing** and related database issues
* Met with the developers and technical content writers on a daily basis to update the test documents
* Worked on XML tools with various documents for further processing and worked on XML API's.
* Worked with business leaders to translate business requirements and processes into test cases according to **FACETS** package requirements and subsequent effective **FACETS configuration**
* Prepared Test Plans and Test Cases based on the functional requirements, **HIPAA** and **HL7 regulations** like **834, 835, 837,** etc
* Involved in testing Web services with a tool called 'SOAP UI'.
* Developed Automation Test Scripts to perform Functionality, Security, **UAT** and Regression Testing using Quick Test Pro
* Used **HL7** and **FACETS** to receive, store and send HIPAA-standard transactions
* Involved in **TriCare programs specification** related requirements review meetings and related testing status meetings
* Involved in testing the functionalities of the application and validated against the requirements using Test result analysis and Database testing by performing **SQL Queries and Commands**
* Worked on **EDI request transactions (270, 276, 278) and response transactions (271, 277)**
* Also, conducted different Functionality and Data Testing for the extracted data using **FACETS**
* Conducted Back-End Testingmanuallyalso or the purpose of Database Integrity. Also, involved in Back-End Testing using **SQL** and **UNIX scripting**
* Defect tracking and bug reporting using **Quality Center**
* Conducted result analysis and interacted with developers to resolve bugs
* Interacted with developers, business analysts and discussed technical problems and reported bugs

**Cigna Healthcare, Raleigh, NC Dec 2009 - Nov 2010**

**QA Tester**

**Environment: Windows, Facets, Oracle, SQL, RUP, SQL, DB2, MS Office, MS-Project, MS Visio, Quality Center.**

CIGNA Healthcare provides quality health insurance at affordable prices. I worked particularly on analyzing Facets interfaces. My duties included working with claims module and processing them for various scenarios. As an analyst, worked on ETL projects to construct and verify data requirements. Experiences working in ANSI x12 270-271 EDI Transaction.

Involved In EDIs according to HIPPA code set 834 enrolment and disenrollment in a health plan using QTP. Involved in Documenting EDIs according to code set X12 835 Claim Payment & Remittance Advice Claims processing and 837 Claim transactions.

**Responsibilities:**

* Created Use Case diagrams using UML and Business Process Models using MS-Visio.
* Facilitated Joint Application Development (JAD) Sessions for communicating and managing expectations and to discuss the different ways and means for the integration of Rational tools with the current system using an "adoption through execution" strategy.
* Responsible for Business Process Management (BPM) for development of various projects.
* Participated in providing implementation assessment for Rational Requisite Pro, Rational Clear Quest using Unified Modeling Language (UML) and Rational Unified Process (RUP).
* Developed Use Cases, Sequence Diagrams, Activity Diagrams and Class Diagrams.
* Assisting the project manager in creating detailed project plans and scheduling and tracking project timelines.
* Analyzed HIPAA 5010 standards for 837P transactions, related to providers, payers, subscribers and other related entities
* Identified the requirements for accommodating HIPAA 5010 standards for 837P transactions and captured these requirements to develop new GUI for the internet based application
* Involved in FACETS Implementation, involved end to end testing of FACETS Billing, Claim Processing and Subscriber/Member module.
* Test Restful Web Service with manual and automation process.
* Developing Test Scripts using SOAP UI and SOA Test Automation tools.
* Set claim processing data for different Facets Module.
* Worked as the primary liaison between the business user and the developers throughout the project cycle.
* Worked with various Business Intelligence tools for reporting and decision making.
* Performed Gap Analysis to identify the deficiencies of the current system and to identify the requirements for the change in the proposed system.
* Handled changes at each stage of project development.
* Documented Requirement Traceability Matrix in Requisite Pro for traceability of requirements.
* Scheduled meetings with developers, System Analyst's (SA) and testers to identify resource allocation and project completion using MS Project.
* Assisted the Project Manager in setting realistic project expectations, in evaluating the impact of changes on the organization and plans accordingly, and conducted project related presentations.
* Provided technical assistance in identifying, evaluating, and developing systems and procedures that were cost effective and met business requirements.

**Fresenius Medical Care, Boston, MA May 2007 – Nov 2008**

**QA Analyst**

Fresenius Medical Care North America is a wholly owned subsidiary of Fresenius Medical Care AG & Co. Through the dialysis services entity, Fresenius Medical Services operates more than 1,500 outpatient dialysis clinics in the U.S. The products and Hospital Group is responsible for the manufacture and distribution of a variety of dialysis products and equipment, including dialysis machines, dialyzers and other dialysis-related supplies. The organization provides the highest quality standards in dialysis care and products in the industry to meet the needs of patients and affiliated physicians.

The eCube clinical support system at FMCNA supports more than 100 clinics a day with different issues they have for immediate solution with the different description of problems like user error, machine interface, manufacture guidance, and many more.

**Environment:** Windows XP, Oracle on UNIX Nile Server, **SQL, UNIX scripting, TOAD**, Test Director, Remedy Call Tracking System, Chairside-Proton diagnostic tool, Lotus Notes

**Responsibilities:**

* Review database design and other related documents for better understanding of the application
* Worked on Agile **SCRUM approach** implementation for the whole testing life cycle for Performance Test
* Fully engaged and mentored the development and management teams in the **Agile/Scrum process**
* Maintained QA lab standards, documentation review assisted in establishing and maintaining best practices for QA and created requirements, test cases, test scripts with specified schedules in **Test Director**
* Responsible for performing computer system validation for new and legacy systems
* Assist clients in the computer systems usage best practices to avoid non-compliance. Also helped in the documentation for the same
* Created templates to be used in assessments of the system
* Conducted **Back-End Testing** manually for the purpose of Database Integrity
* Used **UNIX Nile server** to track the problem if the issue occurred in **Chairside** or **proton**
* Wrote complex **SQL queries in TOAD** (Relational DB) to perform Back-End testing. Participated in **data analysis** for verification purposes using **SQL queries, views and procedures**
* Written and maintained **SQL scripts** to accelerate the testing process
* Interacted with programmers to identify and resolve technical issues
* Responsible to take appropriate action using **Chairside-proton diagnostic tool** when a clinic reports to the help desk any issues with the **Chairside application**
* Initiate meetings concerning different clients at regular intervals to update them on the progress of the project
* Performed User Acceptance Testing (UAT) with all business users and interacted with developers for any bugs found while UAT
* Involved in compliance audits of systems, general assessments and risk assessments
* Maintained and systematized the documentation process
* Participated in various meetings, which are done for Enhancement Request and Modification Request of applications, following the client requirements
* Participated in walkthroughs with the management team and developer team
* Trained the team members, presented demos in team meetings and participation in business requirement meetings
* Coordinated with developers to fix the bugs and maintained bug status up-to-date in **Test Director**

**EDUCAITON:**

**Bachelors of engineering (Information Technology)**

**University of Rajasthan - 2007**