**Summary:**

* Extensive experience in Software Development Life Cycle (SDLC) and Project Life Cycle working as Quality Assurance Analyst mainly in **Insurance, Healthcare**.
* Excellent skills in writing **Test Plans** and **Test Cases**
* Extensive experience in testing **Client/Server and Web-based Applications**
* Expertise in **Automated** testing tools such as **WinRunner** and **QTP**
* Expertise in Bug reporting tools such as **Test Director and Quality Centre**
* Proficient in **manual** and **automated testing** of applications on **Windows** and **Unix** environment
* Very good experience in Back-End Testing using SQL on **UNIX** and Windows platform to validate the consistency of data
* Experienced working   with x12 version **5010 transactions**   changes analysis, design and migration strategy.
* Profound understanding of insurance policies like HMO and PPO and proven experience with **HIPPA 4010 EDI** transaction codes such as 270/271(inquire/response health care benefits), 276/277(Claim status), 834(Benefit enrolment), 835(Payment/remittance advice), 837(Health care claim).
* Maintained Test Matrix and Requirement Traceability Matrix.
* Performed ICD9 to ICD10 impact analysis.
* Experience with **HIPAA** compliance and Healthcare systems, Claims, Enrolment, Eligibility verification for Members and Providers, benefits setup, and backend payment cycle.
* Experience providing primary analysis for business processes running on the EDI (Electronic Data Interchange) standard.
* Experience with CPT and ICD 9 encoding for defining proper disease codes on Claims and to identify diagnoses, symptoms, conditions, problems, complaints or other reason(s) for the encounter/visit.
* Good understanding of POS system, Medical **Claim** processing, **Health Care plans**, HIPAA, PPO, Retails. Experience with healthcare system, Medicaid and with prime focus on claims adjudication, provider, eligibility and prior authorization.
* Highly analytical in developing the methods and measures to meet requirements and solve any issues that arise during the project.
* Experienced with various Business Analysis SDLC Methodologies, such as RAD, RUP, JAD, and Spiral Methodologies.
* Knowledge of 837, 835, 277, 270, 271, NCPDP, 4010, 5010 and ICD-9/**ICD-10.**
* Established questionnaires and resource leveling required for implementing HIPAA 5010 and upgrading **ICD-9** diagnosis codes to ICD-10 codes.
* Produced Gap Analysis documents for HIPAA 5010 and **ICD-10.**
* Experience in conducting/facilitating Focus Groups Sessions, Stakeholder Interviews, Joint Application Development **(JAD)** and Joint Requirement Planning (JRP) Sessions for effective requirement gathering.
* Good understanding of POS system, Medical **Claim** processing, **Health Care plans**, HIPAA, PPO, **COPAY**, Retails. Experience with healthcare system, Medicaid and with prime focus on claims adjudication, provider, eligibility and prior authorization.
* Strong hands on ability to use SQL in RDBMS (SQL Server, Oracle) for verifying source data preparation and assisting of data design input and trouble-shooting. Strong knowledge of Business Intelligence, Data Warehousing and Business Architecture.
* Expertise in Gray Box, Functional Testing, Structural Testing, White Box Testing, Black Box Testing, Unit Testing, System Integration Testing, System Testing, Regression Testing, Load Testing, Stress Testing, Volume Testing and User Acceptance Testing.
* Expertise in using Quality Center and TestDirector to write test cases, test procedures, test execution and for reporting and defect logging.

**TECHNICAL SKILLS:**

**Software/Hardware:** RUP, UML, SDLC, Agile, Waterfall, QA, MS Access, SQL Server, MySQL, PL/SQL, Oracle DBA, Java, Windows 98/2000/XP, basic UNIX, HTML, basic DHTML, basic XML, MS Office Suite-Excel Macros, MS Project, MS Visio, Adobe Photoshop, Flash, Rational- Rational Rose, Clear Quest, Requisite Pro, CaliberRM, Omniture, Crystal Reports, various NIKU products, C, C++, SharePoint, Docushare, BASIC, Intermediate level-Visual Basic

**CNSI- 702 King Farm Blvd, Rockville, MD Nov 2013- Present**

**Quality Analyst**

CNSI was established in 1994 and is in the business of providing information technology development services including customized software and system application designs, development, implementation, integration, installation, support and maintenance services for networks and database computing systems. This project was on Affordable Care Act (ACA), facilitated by federal government where we played a role of HUB between Center of Medicare and Medicaid (CMS) and Insurer. As a Quality Analyst in CNSI, I performed pivotal role to ensure reliable, standardized service to Exchange, Medicaid, Medicare and CHIP programs and in recognition that it is inefficient for state Exchange and other coverage program to organize a multiplicity of point interface for the exchange of data and routing of queries.

**Responsibilities:**

* Developed Test Cases bases on Requirement Specifications and Design Documents.
* Responsible for modification and executing of the Test Scripts.
* Involved in testing QNXT Member, Provider, Claims Processing, Utilization Management, Accumulators, Contracts and Benefits.
* Involved in manual claims Adjudication process.
* Creating, Approving and Modifying PA in both Portal and QNXT.
* Involved in Adding Contracts to the Provider in QNXT and associating Providers in Portal while creating claims.
* Involved in processing Claims, EE, and CM Subsystem as part of UAT.
* Involved in Functional, Integration, and Regression testing of the application.
* Processed Medical claims and applied edits to the claims for testing purposes
* Tested the HIPPA EDI 834, transactions according to test scenarios and verify the data on different modules.
* Worked in utilization management module for to create and test PA.
* Involved in uploading and processing of **EDI 834** in Portal.
* Coordinated with offshore people and updated the tasks to manager.
* Worked with stakeholders in UAT environment to ensure Business requirements are tested properly
* Logged defects in Clear quest and worked with the developers to resolve any issues.
* Conducted Regression Test for the fixes of the application
* Used RMT for running the tasks like uploading, modifying, executing and taking logs accordingly
* Updated status report on weekly Basis and submitted to the team prior to weekly meeting
* Participated actively in conference calls, project meetings and delivered input.

**Enviroment:**RUP,UML,SDLC,Agile,Waterfsll,QA,MSOfficeSuite-ExcelMacros,MS Project,MSVisio,AdobePhotoshop,Flash,RationalRationalRose,ClearQuest,ASP.NET, VB.NET,QNXT,DB2,Oracle,SQL,QNXT,UNIX,RequisitePro,CaliberRM,Omniture,CrystalReports,variousNIKUproducts,C,C++,Sharepoint,Docushare,BASIC and Intermediate level-Visual Basic among others.

**CIGNA Health-Care Insurance, Blue Bell, PA Apr 12 –Oct 13**

**Quality Analyst**

Cigna major service lines include workers compensationclaims administration and healthcare management services, property and casualty claims management, class action services and risk management information services. As a Business Analyst in Cigna I performed pivotal role in multiple projects & handling three releases at the same time. Release 1 & 2 was web-based service application developed for streamlining office workflow processes involved in Electronic Data Interchange (EDI) transactions and benefits in claims management cycle based on HIPAA Guidelines. Release three was based on reporting the policy premium. There were seven reports, which were generated in Brio portal.

**Responsibilities:**

* Worked with Business Analyst and QA Lead in reviewing and analysing the business requirements Documents and functional requirements.
* Imported pre-existing Microsoft Word and Excel-based requirements and tests for analysis in MQC.
* 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 (**4010 and 5010)** and validating the database to file elements.
* Analysed**HIPAA 4010 and 5010 standards** for 837P EDI X12 transactions, related to providers, payers, subscribers and other related entities.
* **ICD 9- ICD 10 Conversion Analysis** –Worked in the analysis of the **ICD 9 - ICD10** codes.
* Wrote the test cases from use cases and FRD for **ICD9 - ICD10** upgrade.
* Verified the test cases after the codes changes in different tables associate with **ICD9 - ICD10** changes.
* Uploaded the diagnosis codes, procedure codes to the related tables in test environment to verify the changes related to **ICD9 - ICD10** changes.
* Modified the existing claims with new **ICD10** codes and ran through the changes to ensure that claims are getting paid as expected.
* Verified the fields length & character which was impacted by **ICD9 - ICD10** changes.
* 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.
* Involved in **FACETS Implementation**, involved end-to-end testing of **FACETS Billing**, Enrollment Claim Processing and Subscriber/Member module.
* Set claim processing data for different **Facets Module.**
* Performed Positive and Negative Testing Manually
* Actively participated in **walkthroughs**and enhancement meetings
* Maintained **Test Matrix** and **Requirement Traceability Matrix**
* Performed **Gap Analysis**
* Performed Security Testing on the application
* Tested user interface and navigation controls of the application using QTP.
* **Experiences working in ANSI x12 837-835 EDI Transaction.**
* Validate 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.

**Environment: UML, RUP, Microsoft Office Suite, Microsoft Visio, Unix, Documentum, Windows NT/XP, Oracle, SQL, SQL Server, Sybase, VBScript, C#. DOORS, C++, NET, ASP.NET, Business Objects, TestDirector,FACETS 4.41/4.51**

**Presbyterian Health Care System, Washington DC Oct 10 – Mar 12**

**Quality Analyst**

Uniprise Technologies is a part of Presbyterian healthcare System, a Fortune 500 company and a leading player in the Health Insurance and services market. UHCI specializes in Network based care co-ordination health care services for small groups, government and specialized groups and commercial employers. The system streamlined patient registration, patient scheduling, and medical insurance checking, claims processing, and reporting. The purpose of this project involves population of the Enterprise Data Warehouse (EDW), which is used in critical reporting and analysis. The data is pulled together from multiple, disparate systems. I was also involved in certain modifications to the claims processing system.

**Responsibilities:**

* Involved in writing Test Plan and making sure that the development process is according to the requirements
* Involved in Back End Testing by extracting flat files from the server, which were generated by a Batch process to verify data against expected results.
* 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.
* Involved in **FACETS Implementation**, involved end-to-end testing of **FACETS Billing, Enrolment, Claims**processing and Subscriber/Member module.
* Set claim processing data for different **Facets Module.**
* Reviewed test assignments, developed test plans and scripts, and conducted test as assigned.
* Used Microsoft excels to write test case and exported to Quality Centre.
* Validate EDI Claim Process according to HIPAA compliance.
* Involved in testing HIPAA Database, which incorporates all the HIPAA (Health Insurance Portability and Accountability Act) transaction sets
* Validated the translated HIPAA files with the proprietary CCR (Common Claim Record) implementations
* Tested data to check HIPPA- eligible & participation check for individual coverage
* Involved in creating test scripts and test data files for the HIPAA transaction based on the ANSI X12N HIPAA standards.
* Conducted result analysis and interacted with developers to resolve bugs
* Assisted in UAT (User acceptance testing) testing.
* Performed Smoke Testing.
* Perform Integration Testing.
* Performed regression, system testing and end-to-end testing of the application.
* Involved in GUI and functional testing of the application
* Created Complex SQL Scripts and embedded them into Unix Shell Scripts to perform the back end testing.
* Tested and validated the database tables using SQL queries and Stored Procedures and performed Data Validation and Data Integration.
* Documented problems found during test using Quality Centre and communicated recorded problems to the responsible QA or development personnel.
* Participated in Status Review Meetings.

**Environment: J2EE technology, Test Director, Windows 2000 Advanced Server, XML, UNIX / Oracle Platform, MS Visio, RUP 2002, Rational RequisitePro**

**All State Insurance, Northbrook, IL         Feb 08- Sep 10**

**Quality Analyst**

All state is the world's leading international insurance and financial services organization, with operations in more than 100 countries and jurisdictions. Its member companies serve commercial, institutional and individual customers through the most extensive worldwide property-casualty and life insurance networks of any insurer. I worked to build a solution, which integrates All States five existing policy management systems and extends their functionality for web-based access by the company’s countrywide network of independent producers.

**Responsibilities:**

* Analyzed clients systems and business processes.
* Prepared the Test Plan and Test Cases based on the functional specifications
* Tested User Interface and navigation controls of the application using WinRunner
* Inserted Checkpoints to check for standard properties of an object using WinRunner
* Tested the properties of the tables by inserting table checkpoints using WinRunner
* Conducted Back-End and regression testing during the various phases of the application
* Participated in walkthroughs and project meetings
* Inserted Transaction Points to test for performance and Rendezvous Points to emulate heavy load on server
* Created Projects using Test Director Administrator
* Investigated Software bugs and interacted with developers to resolve technical issues using Test Director
* Involved in all stages of testing the Auto & Home Insurance application.
* Responsible for testing the Quote & Purchase for both Auto and Home Property Insurance of the customers.
* Conducted user interviews, gathered requirements, analyzed the requirements by using Rational Rose, Visio and Requisite pro - RUP
* Established a Business Analysis methodology around the Rational Unified Process.
* Developed UML Use Cases using Rational Rose and developed a detailed project plan with emphasis on deliverables.
* Researched the various steps in the lifecycle and then constructed the system in a way that the high-risk customers would be easily identified and monitored.
* Streamlined clerical work processes and mapped then into the new system.
* Developed project plans and managed project scope.
* Assigned tasks among development team, monitored and tracked progress of project following Agile methodology
* Track and manage all Change Requests, using Rational ClearQuest.
* Used SDLC (System Development Life Cycle) methodologies like the RUP and the waterfall.
* Coordinating and Developing QA activities.
* Conducted presentations of the QA test results with analysis to the stakeholders and users and documented modifications and requirements.
* Responsible for creating the Business Process Model for the Global New Account Opening utilizing the BPM methodology and notations.
* Conducted UAT; facilitated discussion between business team and QA team on determine the test requirements and pass/fail criteria; documented and reported user feedbacks to management team.
* Involved in Inception Phase and prepared vision statement and initial data models that contain Business Requirement Documents and supporting a document that contains the essential business elements and detailed definitions.
* Designed and Customized data models for Data warehouse
* Worked extensively with MS Excel and MS access
* Assisted in building a Business Analysis Process Model using Rational Rose and Visio.
* Performed extensive Requirement analysis and developed use cases and workflows.
* Implement and maintain Property &Casualty (e.g. bug-fix, data integration, version release) systems of assigned customers.

**Environment: UML, RUP, Mainframes, COBOL, JCL, Db2, Oracle, Rose, MS Word, MS Excel, MS Visio,LoadRunner, WinRunner.**

**Group Health Incorporated, New York, NY Sep06- Jan 08**

**Quality Assurance Analyst**

Group Health Incorporated is a federal Health Care Financing Administration (HCFA) Program. Medicare Coordination of Benefits is the process for ensuring that payment of Medicare beneficiaries' claims is properly shared among insurers when the beneficiary is covered by private insurance in addition to Medicare. By coordinating benefits, it assists Medicare in paying claims more accurately the first time, which saves costly follow up and mistaken payments.

**Responsibilities:**

* Verified various transactions according to HIPAA rules (834) and EDI X12 standards.
* Captured and re-engineered transactions with legacy systems for Medicare/Medicaid members (MMIS); Enrollment-834, Health Plan Premium-820, Eligibility Transaction (270/271), Claims (837), Claim Status Report and Response (276/277), and Remittance (835).
* Analyzed and identified issues in claims, encounters and remittance advice process flow.
* Formulated detailed Test Plan, Test Cases and Testing Procedures, which included Test Cases/Scripts, capturing Test Results and capturing and resolving Test Anomalies.
* Performed configuration/ compatibility and user interface testing manually.
* Have experience designing and writing training manual templates, design formatting, project planning and writing technical documents.
* Performed automated testing using WinRunner.
* Performed Data Driven Testing using WinRunner.
* Conducted GUI/Usability Testing and Black Box Testing according to specifications.
* Involved in writing complex SQL queries to check the data integrity
* Ensure that products and changes are fully documented.
* Analysing and documenting detailed program information working and interacting with software developers and members of various other dependent departments
* Analysing User and Functional requirements to point out gaps between used SQL queries to extract the data from the database.
* Performed Smoke and Sanity testing.
* Performed Positive and Negative Testing
* Performed Security testing and Backend testing Manually.
* Participated in conducting System testing and End-to-End testing Manually.
* Extensive UAT Testing Manually.
* Performed Usability and Integration testing Manually.
* Used Quality Centre for bug tracking and reporting, also followed up with development team to verify bug fixes, and update bug status.
* Documented bugs found out during the process of testing.

**Environments: MS SQL Server, UML, Mercury Quality Center, MSOffice Tools, MS Outlook.**