**OBJECTIVE**

Advanced professional with experience in Information Technology as a **Software Development Engineer/Business System Analyst** with emphasis on Manual/Automated testing tools with the ability to gather, analyze and document business requirements to deliver a successful IT project by working as a liaison between business users and technical area.

**CAREER SUMMARY**

* Diversified experience in **Software Quality Assurance** and **Software Testing** with in-depth knowledge of **Software Development Life Cycle (SDLC),** having thorough understanding of various phases of **SDLC** such as **Requirements gathering**, **Analysis/Design**, **Technical writing, Development** and **Testing.**
* Highly Proficient in interacting with business users and gathering user requirements to develop necessary **Test Plans, Test Cases and Test Scripts**.
* Involved in using FACETS I various health insurance areas such as products, enrollment, members, and other modules related to **FACETS,** For Executing Scripts manually, involved in preparing data in **FACETS**, **TriZetto, TriZetto FACETS 5.3 & 4.71 Module** in **Claims, Billing** and Pricing Modules, Implementation experience in Eligibility System, **Facets Data model**, Configuration Implementation of **Facets** module.
* Transactions focused on HIPAA EDI Transactions **270, 271, 276, 278,834, 835, and 837.**
* Experienced in **Backend**, **Frontend**, **Black Box**, **Positive**, **Negative**, **Data-driven**, **Unit**, **Integration**, **System Testing, Regression, Functional Testing, UAT Testing, Sanity Testing**, **Smoke Testing**, **Usability Testing**, **Security Testing, GUI, Web APP & HIPPAA Gateway Testing.**
* Performed **Back-End Testing** manually and using automated testing tool by executing **SQL Queries**.
* Expertise in using **Team Foundation Server (TFS)** to open bugs, create tasks and user stories, initiate change requests.
* Extensive knowledge of **Test Matrix** and **Traceability Matrix** and performing **Gap Analysis**
* Experienced **HP ALM/Quality Center** for **Bugs reporting** and **communicating** to developers, **Product Support** and **Test Team Members**.
* Assisted in preparing **UAT plan**/scripts and assured project manager has taken steps for alignment of Operational Quality Checklist.
* Possess strong business & technical writing skills required for **Documentation** and **Process Management skills** with an ability to effectively understand the business requirements to develop a quality product.

###### TECHNICAL SKILLS

**Testing Tools:** WinRunner, LoadRunner, QTP, ALM/QC, MTM

**Bug Reporting Tools:** Test Director, Quality Center, HP ALM, TFS

**Operating Systems:** LINUX, UNIX, Windows XP/NT/98/2000/7/8/10

**Databases:** MS SQL Server, Oracle, MS Access

**Languages:** C, C++, JAVA, C#, Visual Basic, HTML, XML, SQL, PL/SQL

**Other Tools:** MS (word, Excel, Power point, Visio), FACETS, JIRAA

**PROFESSIONAL EXPERIENCE**

**DHS/DMAHS Medicaid Services, Hamilton NJ April 2019 - December 2024**

**Sr. EDI Quality Analyst/Technical Architect**

**Responsibilities:**

* Presented the benefits and advantages to the State of NJ of utilizing Agile SDLC methodology in their SDLC process and the associated weekly/daily activities (Scrum/Daily Stand-up/, Grooming Backlog, etc..), as opposed to existing Waterfall methodology. Resulted in utilizing the latest technologies in the market and a 60% reduction of staff with significant cost saving to the State of NJ.
* Collaborated and engaged with NJ State team to develop a detailed transition plan to decommission all NJ Medicaid Legacy (AS-IS) Systems.
* Integrate various Medicaid sub-systems by utilizing SOAP/REST (Reusable Web-Services) & Messaging Queue - MQ (Reusable Integration Services) all seamlessly integrated in a Service Oriented Architecture (SOA) framework which will integrate all required components in a coherent de-centralized (To BE) system utilizing ESB as a central hub for all data integrations over the cloud (Private/Public/Hybrid)

**Environment**: ICD, Agile, Scrum, TFS, MTM, ANSI X12, JavaScript, HTML, XML, HIPAA, EDI, UML, MS Office, Windows XP/2000, Java/J2EE, IIB Broker Tool, Ultra-Edit, Altova XML Spy, Notepad ++.

**Bureau of Workers Compensation, Columbus, OH June 2017 - April 2019**

**Sr. EDI Quality Analyst**

**Responsibilities:**

* Ensure that products and changes are fully documented.
* Analyzing User and Functional requirements & leveraged SQL queries to extract the data from the database.
* Utilized Test Director & Team Foundation Server (TFS) to open bugs, create tasks and user stories, initiate change requests. Followed up with development team to verify bug fixes, and update bug status.
* Analyzed Functional requirements/Use Case analysis, risk analysis and configuration management.
* Tested HIPAA EDI Transactions and focused on 148 (First Report of Injury) and 824 EDI Transactions for Injured Workers Compensation.
* Performed Manual Testing using Microsoft Test Manager (MTM) and User Acceptance Testing (UAT)
* Maintained Test Matrix which gives overview of the Testing Effort.
* Tested Medical EDI claims (Medical Only/Lost Time)
* Provided a project test plan to be executed by team members following best practices in SDLC (Evaluate/Plan/Asses/Design/develop/Deploy/Deliver/Maintenance)

**Environment**: ICD, Agile, Scrum, TFS, MTM, ANSI X12, JavaScript, HTML, XML, HIPAA, EDI, UML, MS Office, Windows XP/2000, Java/J2EE, IIB Broker Tool, Ultra-Edit, Altova XML Spy, Notepad ++.

**United Health Group, Basking Ridge, NJ May 2015 – May 2017**

**Sr. Systems Analyst**

**Responsibilities:**

* Gathered Requirements from various business areas like Claims, Provider Relations, Enrollment, Finance, Billing.
* Created Process Flow Diagrams, Use Case Diagrams, Class Diagrams, and Interaction Diagrams using Microsoft Visio and Rational Rose.
* Created Business Requirements Documents (**BRD**), Functional Requirement Document (**FRD**) and maintained the Traceability Matrix.
* Collaborated with team members to build OIL as middleware integration service layer that would bound Cirrus HealthCare Management Platform and would be responsible of performing (transformation/routing/aggregation/pagination and orchestration) logics to be implemented and executed for the required services to be deployed. The primary objective to build Polaris program is to avoid point to point integration and would be able to aggregate/orchestrate multiple services/data from various back-ends (**CDB/NDB/Facets/MDM**)
* Provided a project plan which consists of various activities to be executed by team members following best practices in SDLC (Evaluate/Plan/Asses/Design/develop/Deploy/Deliver/Maintenance)
* Collaborated with all stakeholders to obtain all requirements (Functional/Non-Functional/Security)
* Worked with development team in implementing and executing Retry mechanism, Circuit breaker, and creating Global Parameter Database for routing purposes.
* Maintained all different types of errors in error category list pertaining to (Technical Errors/General business Errors/Domain specific Errors)
* Worked regularly on required mapping exercise from source system (**Cirrus**) to different target systems.
* Built Input/output parameters response for different consumers/producers while developing composite services.
* Worked with IBM team using IIB tool on various technologies/communication protocols implemented and executed in production environment (**REST/SOAP/MQ)**

**Environment**: ICD, Agile, Scrum, FACETS, TFS, HP Quality Center, ANSI X12, JavaScript, HTML, XML, HIPAA, EDI, UML, MS Office, Windows XP/2000, Java/J2EE, IIB Broker Tool, Ultra-Edit, Altova XML Spy.

**BSC (Blue Shield of California) Dec 2014 - May 2015**

**San Francisco, CA**

**EDI Analyst/Tester**

**Responsibilities**

* Involved in FACETS Implementation Testing, involved end to end testing of FACETS Billing, Claim Processing and Subscriber/Member module, Transactions focused on were 270, 271, 276, 278, 834, 835, and 837.
* Analyzed business needs, created, and developed new functionality to meet real time data integration that facilitated decision making.
* Conducted individual and group (**JAD**) sessions with business stakeholders and technical units.
* Worked to translate EDI transactions to Facets Data Tables.
* Possessed solid knowledge of FACETS, especially around the enrollment and claims processing modules.
* Leveraged JIRAA tool as Project management tool to document SDLC progress during development/implementation phases per Agile sprint/Iteration in a Scrum fashion.

**Environment**: ICD, Agile, FACETS, Quality Center, ANSI X12, JavaScript, HTML, XML, HIPAA, EDI, UML, MS Office, Windows XP/2000, Java/J2EE, Selenium.

**UHG/Optum/State of VT, Basking Ridge, NJ Jan 2014 – Dec 2014**

**QA Analyst**

**Project 1: NY/NJ 837 Claims Adjudication, Project 2: VT HIX Project**

**Responsibilities:**

* Involved in FACETS Implementation Testing, involved end to end testing of FACETS Billing, Claim Processing and Subscriber/Member module.
* Set claim processing data for different Facets Module.
* Data mocking for different Claim file formats.
* Validated the reports and files according to HIPAA X12 enforced standards.
* Tested the Members, Claims, Providers and Services in Facets.
* Tested the subscriber and Member enrollment in association with class, plan, and product.
* Tested the Registration process of common practitioner in Facets.
* Tested the Network, Network area, Network group in Facets.
* Monitored workflow of the Resolution/Adjustment Unit, delegate tasks accordingly, and ensure that quality, quantity, and efficiency standards are met or exceeded.

**Environment**: ICD, Agile, FACETS, Quality Center, ANSI X12, JavaScript, HTML, XML, HIPAA, EDI, UML, MS Office, Windows XP/2000, Java/J2EE, Selenium.

**EDUCATION**

Master of Science in Management (Organizational Leadership)

Bachelors in Electronics & Communication Engineering