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| **Rupesh Gautam** | | | | | | | | |
| **Contact #** | **Alternative contact #** | | **Email Address** | | **Skype** | | | **LinkedIn** |
| 7036461611 | N/A | | [rupeshgautam814@gmail.com](mailto:rupeshgautam814@gmail.com) | | gautam.rupesh51 | | | N/A |
| **Current Location:** | | | Chantilly, Virginia | | | | | |
| **Willing to relocate? If so, please provide the preferred location:** | | | Yes | | | | | |
| **Willing to attend in-person interview?** | | | No | | | | | |
| **INTERVIEW AVAILABILITY**  **(Dates listed must be 48 hours after candidate submission)** | | | | | | | | |
| **Time Slot 1 (Date/Time)** | | | | **Time Slot 2 (Date/Time)** | | **Time Slot 3 (Date/Time)** | | |
| Monday(09-30-2019)  10:00 AM to 4:00 PM(EST) | | | | Tuesday(10-01-2019)  10:00 AM to 4:00 PM(EST) | | Wednesday(10-02-2019)  10:00 AM to 4:00 PM(EST) | | |
| **Time Slot 4 (Date/Time)** | | | | **Time Slot 5 (Date/Time)** | |  | | |
| Thursday(10-03-2019)  10:00 AM to 4:00 PM(EST) | | | | Friday(10-04-2019  10:00AM to 4:00 PM(EST) | |  | | |
| Availability for new Project: | | | | 2weeks | |  | | |
| **Notice Period/ LWD on last project** | | | | 2 weeks | |  | | |
| **Interviews/ Offers in Pipeline** | | | | NO | |  | | |
| **LIST ALL EMPLOYMENT FOR THE PAST 7 YEARS** | | | | | | | | |
| **Dates of Employment**  **(Month/Year – Month/Year)** | | **Parent Employer Name /Project Company Name**  **i.e. ABC Staffing / Project at XYZ Client Name** | | | | | **Location** | |
| **July 2017 – Present** | | **HUMANA** **July 2017 – Present** | | | | | **Louisville, KY** | |
| **Nov 2015 – May 2017** | | **CIGNA - Health Spring, Nov 2015 – May 2017** | | | | | **Nashville, TN** | |
| **Jan 2014 – Sept 2015** | | **Orbit Healthcare Inc** | | | | | **East Brunswick, NJ** | |
| **May 2012 - Dec 2013** | | **Novant Health, May 2012 - Dec 2013** | | | | | **Charlotte, NC** | |
| **Supplier Synopsis** | | | | | | | | |
| **Mandatory Skills**  **(As listed in JD)** | | **# of Years Experience** | | | **Candidate’s relevant hands-on experience** | | | |
| Healthcare | | 7 Year | | | * Expertise working in Healthcare industry with Insurance, Claim Processing, etc. Medicaid and Medicare modules as well as Interface Testing and Data Conversion | | | |
| QNXT | | 2 Years | | | * Performed CCR (Configuration Change Request) UAT Testing in QNXT. | | | |
|  | | **# of Years Experience** | | | **Candidate’s relevant hands-on experience** | | | |
| N/A | | N/A | | | N/A | | | |
|  | |  | | |  | | | |
| **Additional comments:** | |  | | | | | | |

**PROFESSIONAL SUMMARY**

* Over7+ years of experience in analysis, design, development, web and client based applications testing using the Software Development Life Cycle (SDLC), Software Testing Life Cycle (STLC) methodologies
* Extensive test experience covering all aspects of the software lifecycle from conception to post-release support
* Expertise in Manual and Automation testing using Black Box and White Box approaches (Selenium WebDriver and TestNG)
* Experienced in retrieving database information writing SQL Queries and transforming data to information as needed. Performed extensive Backend Testing of the applications using SQL Queries.
* Extensive knowledge of SDLC and STLC
* Excellent skills in writing Test Plans and Test Cases
* Strong experience in Backend testing on Relational Databases (RDBMS).
* Extensive experience in testing Client/Server and Web-based Applications
* Expertise in Bug reporting tools such as ALM, Quality Center and JIRA
* Experience in testing Business Report developed in Business Objects XIR2 & Cognos 8 series, OBIEE, Hyperion reports
* Proficient knowledge in Software Testing such as System Testing, Positive Testing, Negative testing, Data Driven Testing, Back end Testing and Regression Testing
* Maintained Test Matrix and Requirement Traceability Matrix
* Experience in designing, developing and normalizing database and conducting Backend testing by executing SQL queries
* Strong Knowledge on MS Office suite (Word, Excel, PowerPoint), MS Project, and MS Access
* Knowledge of Medicaid and Medicare Services
* Expertise working in Healthcare industry with Insurance, Claim Processing, etc. Medicaid and Medicare modules as well as Interface Testing and Data Conversion
* Good knowledge of Medicaid/Medicare claim processing
* Extensive experience in gathering Medicaid and Medicare plan requirements from the client
* Profound understanding of insurance policies like HMO and PPO and proven experience with HIPAA EDI transaction codes such as 834 (Enrollment & Maintenance), 820 (Premium Payment), 270/271 (inquire/response health care benefits), 276/277 (claim status), 834
* (Benefit enrollment), 835 (Payment/remittance advice), 837 (Health care claim)
* Solid understanding of ANSI X12 5010
* Excellent communication and writing skills with the ability to adapt to new and dynamic environments.
* Ability to multi-task, prioritize and work with time constraints while paying attention to details.
* Fast learner with good problem-solving, judgment, and decision-making skills.

**TECHNICAL SKILLS**

|  |  |
| --- | --- |
| **WEB TECHNOLOGIES** | J2EE, JAVA, HTML, XML, .NET, |
| **BUG REPORTING** | HP ALM/Quality center, JIRA, Rally |
| **TESTING TOOLS** | QTP, Web Services, API, UAT, SOAP |
| **OFFICE SOFTWARE** | MS Office (Outlook, Word, Excel, PowerPoint) |
| **OPERATING SYSTEM** | Windows, UNIX/LINUX |
| **DATABASE** | MS Access, My SQL, PL/SQL, Oracle DB, TOAD, OBIEE  **EDUCATION**  Master of Science in Information System Technology  Bachlor In science Global University 2013 |
|  |  |

**PROFESSIONAL EXPERIENCE**

**HUMANA, Louisville, KY**  **July 2017 – Present**

**Sr. QA Automation Tester**

Humana Inc. used Facets for managing and processing healthcare claims. As a QA Tester I was involved in testing Facets application modules like Enrollment, Membership and Claims.

**Responsibilities:**

* Involved in gathering requirements and document the proposed processes to the existing system.
* Involved in developing test plans, test cases, test schedules and test harnesses based on high level and detailed designs.
* Developed and implemented EDI applications to process Health Care transactions as per the HIPAA implementation
* Worked closely on 834 transaction code for Benefit Enrollment and was involved in Validation of HIPAA for 837, 270/271, 276/277,835,834 EDI transactions
* Worked on the EDI 834-file load to Facets through MMS (Membership maintenance sub-system)
* Worked on EDI 834, 835,837 as per HIPPA guidelines.
* Analyzed, Tracked and report defects using HP ALM/Quality Center
* Conducted Black Box Testing on the application and validated the dataflow in the application.
* Involved in preparing the Test Scenarios for Health Care Claim Payment/Advice
* Written multiple Test Cases (System, Integration) for multiple transactions include 837I, 837P, 835, (both inbound and outbound) transactions
* Reviewing the Use Case Requirement, Functional Design Documents and Technical Specification documents.
* Creating Test Cases after analyzing the BRD’s.
* Performing Functional and GUI testing on Facets.
* Conducted Back-End testing manually for Database Integrity.
* Involved in Data mapping specifications to create and execute detailed system test plans. The data mapping specifies what data will be extracted from an internal data warehouse, transformed and sent to an external entity
* Used SQL developer to connect to Oracle Database to validate data that was populated by ETL team
* Prepared test matrix based through defect status using ALM.
* Involved in Facets implementation, end-to-end testing of modules like Billing, Payment, and Provider and Claim of Facets applications.
* Executed test cases for the new market as well as existing market’s various line of business.
* Performed positive testing and negative testing manually.
* Used select, inner joins, aggregates (SQL) to verify data with expected data.
* Wrote SQL queries to validate actual record with expected record data
* Performed Back End Testing-using SQL queries, generating reports to ensure data integrity and validate the inserted and updated data
* Analyzed the responses of the web service using SOAP UI and validating the data in backend.
* Performed Functional, Regression, and system testing of various Facets modules involved in claims processing, members and providers.
* Retrieved records from multiple tables from Oracle Database by using joins such as Inner Joins, Outer Joins, and Self Joins.
* Tested and Validated Request and Response of XML using SOAP UI.
* Logged errors and reported defects using Quality Center.

**Environment:** Selenium Web Driver, TestNG, Cucumber, SOAP UI, Junit, JavaScript, HTML, Postman, Eclipse, XPATH, Java, Collection Framework, OOP’s Concepts, REST API, SOAP, WSDL, HTML, Agile, GIT, SQL, Oracle, ATDD, Jira,TDD, Jenkins, Maven, BDD, Tomcat Server, Oracle, SQL Developer

**CIGNA - Health Spring, Nashville, TN Nov 2015 – May 2017**

**Sr. QA Tester**

IT Enterprise Quality Assurance (EQA) Team. EQA team is working with business groups for enterprise wise impacted programs/projects and perform functional IT testing before handling over to Business users. As part of the EQA Team effort one of our testing program is Annual Enrollment Period (AEP). Worked with business to identify critical testing pain points and identified AEP reporting from ODS.

For AEP testing we would want to test not just rate codes and headers but all items that are impacted such as crosswalk. We have tested QNXT functionality and do full regression testing. E.g. enrollment is received and keyed into MRDE, Enrollment is then imported to QNXT, QNXT triggers accretion files to send to CMS and OEV file to send to vendors and TRRS are then supplied from CMS to confirm enrollment.

**Responsibilities:**

* Reviewed Business Requirement Documents and functional requirements.
* Maintained Requirement Traceability Matrix (RTM) to make sure that test plans were written for all the requirements.
* Analyzed system requirements and developed detailed test plan for testing.
* Performed Functionality, GUI, Regression, and Security testing using Win Runner.
* Conducted Data driven testing in Win Runner and data were read from Excel spreadsheets.
* Performed Smoke and Sanity Testing manually.
* Performed positive testing and negative testing manually.
* Detected and reported defects using Quality Center.
* Identifying Test Cases to be run for Regression Testing and conducting Regression testing as and when new builds were made.
* Processed EDI/X12 (834, 820, and 837) test files and verified system can validate certified and non-certified trading partners. Reconciliation calls for 834 files for the discrepancy.
* Tested the HIPPA EDI, 834, 837/835 transactions according to test scenarios and verify the data with FACETS on different modules.
* Executed Configuration Testing to check if the application was compatible in different environment
* Administration of Test Director for Bug Tracking and Reporting, Generating customized graphs and reports
* Performed configuration/ compatibility and user interface testing manually.
* Used IP Spoofing to simulate multiple users from different machines trying to access the website.
* Documented the test results and reported the status of assigned test tasks and issues to project manager.
* Performed CCR (Configuration Change Request) UAT Testing in QNXT.
* Verified HIPAA rules
* Involved in testing HIPAA Transactions & Code Sets Standards like (820- Premium Payment for enrolled health plan members, 834 Enrollment to a health plan, 835, 837 ...etc.)
* Organized and participated in weekly QA team meetings.
* Coordinated with developers and Project Manager.

**Environment:** Selenium WebDriver, Eclipse,Jenkins, Cucumber, SOAP UI, Jira, Java, SQL Server, TOAD, UNIX, HTML, TestNG, JUnit, Ruby, sCucumber

**Orbit Healthcare Inc, East Brunswick, NJ Jan 2014 – Sept 2015**

**Quality Analyst**

I was involved in Orbit Health Care product enhancement project. OHMS is a web-based practice management system that integrates multiple partners in the healthcare billing life cycle. System designed as patient centric web-based application that consists of Practice Management, claim management and EMR modules with built in interfaces to clearing houses using EDI X12 transactions and HL7 interface to other systems.

**Responsibilities:**

* Extensively used Quality Center preparing the Claim, Member, Provider test data and test cases for Product Acceptance testing.
* Created test cases for 837/835, 834, 270/271, 276/277 and 999 X\_12 Consolidated files.
* Authored test case scenarios in Excel spread sheet and export them into Quality Center.
* Documented the test results and reported the status of assigned test tasks and issues to project QA Lead. Conducted Back-End Testing Using SQL Commands.
* Extensively used SQL statements to query the Oracle Database for Data Validation and Data Integrity.
* Involved in testing Membership enrollment, Claim submission Management modules and Practice.
* Responsible for the creation and maintenance of Traceability Matrix.
* Worked for Claims Processing, EDI X12 834 files processing.
* Assisted extensively on HIPAA EDI 837(I & P), 835, 834 and 820, 820s, 270/271 for different business users.
* Worked with various EDI transactions like 834,835,837,276,277in accordance with HIPPA standards.
* Reviewed extensive SQL Queries with multi-table joins and nested queries.
* Extensively performed manual testing using ALM/Quality Center.
* Defect reported and bug tracked using ALM/Quality Center.
* Developed detailed test scenarios as documented in business requirements documents and wrote test plans and test cases.
* Involved in Test Planning and Test Strategy activities.
* Extensive work experience working with healthcare billing transactions including 837p, 835, Benefits inquiry transactions 270, 271 & benefits enrollment 835 transactions.
* Tested various functionalities like benefits enrollment, claims processing and payment, provider credentialing and packages in orbit.
* Validated X12 transmissions in clearing house web-based applications for verifying the data integrity between the source and destination systems.
* Reported and maintained application bugs and errors, verified solved defects by using Quality Center.
* Worked on Defect Prevention activities and participated in status meetings.
* Validated 837/835, 270/271, 276/277 and 999 Transaction files data with backend data.

**Environment:** Selenium WebDriver, Eclipse, Jenkins, Cucumber, SOAP UI, Jira, Java, SQL Server, TOAD, UNIX, HTML, TestNG, JUnit, Ruby, sCucumber

**Novant Health, Charlotte, NC May 2012 - Dec 2013**

**Quality Analyst**

The scope of project was into conversion of 14 applications and 47 business facilities from 4010 to 5010.The scope of the project included updates pertaining to regulatory compliance related to X12 837 (I/P) and 835, and during the later phases to enable readiness for the next phase of regulatory change ICD-9 to ICD-10.

**Responsibilities:**

* Worked with Business Analyst and QA Lead in reviewing and analyzing the business requirements Documents and functional requirements.
* Imported preexisting 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.
* Analyzed HIPAA 4010 and 5010 standards for 837P EDI X12 transactions, related to providers, payers, subscribers and other related entities.
* 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.
* Authored test case scenarios in Excel spread sheet and export them into Quality Center.
* Documented the test results and reported the status of assigned test tasks and issues to project QA Lead.
* Conducted Back-End Testing Using SQL Commands.
* Extensively used SQL statements to query the Oracle Database for Data Validation and Data Integrity

**Environment:** Selenium WebDriver, Eclipse, Jenkins, Cucumber, SOAP UI, Jira, Java, SQL Server, TOAD, UNIX, HTML, TestNG, JUnit, Ruby, sCucumber

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