**Haritha**

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**PROFESSIONAL SUMMMARY**

* Over 4 year’s expertise as a QA Tester/Analyst with hands on experience in Healthcare Insurance sectors.
* Highly motivated team player with excellent communication, presentation and interpersonal skills, always willing to work in challenging and cross-platform environment.
* 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).
* Extensively used rational tools for UML, tracking and reporting and applied the Rational Unified Process in all areas of a software development life cycle.
* Strong Testing Experience in HIPAA X-12 EDI (Insurance/Health Series (INS) such as 270/271, 274, 276/277, 278, 820, 834, 835, 837, and Version 5010 of this transactions
* Interviewed SMEs and Stakeholders to get a better understanding of client business processes and gather business requirements.
* Familiar with HIPAA EDI transactions such as 835, 837 (P, D, I) 276, 277, 278 etc.
* Conducted JAD sessions, created Use Cases, work flows, screen shots and Power Point presentations for the Web Applications
* Strong knowledge of Software Development Life Cycle (SDLC), QA Methodologies like CMM.
* Expertise in creating Test Strategy, Test Plan, Test Reports, Test Cases and Test Scripts for Manual and Automated testing based on the functional specification for the Functional, System, Performance, Integration, Regression, compatibility, end-to-end testing, system testing, GUI, UAT, Security, Load, Smoke/Sanity and Usability testing. Creating efficient and effective Test Scripts to implement. Execution of Test Cases and Automating Tests.
* Interviewed SMEs and Stakeholders to get a better understanding of client business processes and gather business requirements. Expertise in System Integration (X12 EDI-HIPAA-835) with Health plans eligibility and claim (CPT, ICD 9 codes).
* Gathered and documented Non-functional requirements.
* Experienced in preparing Business Process Re-engineering Models
* In depth knowledge of SDLC and implementation of the Rational Unified Process (RUP) in all four phases of a project: Inception, Elaboration, Construction and Transition.
* Utilized a fusion of industry knowledge and technical programming to provide executive management the development and implementation of interactive business tools, and strategic analysis, vital for use in mission-critical decision-making.
* Competent in Creating Unified Modeling Language (UML) diagrams such as Use Case Diagrams, Activity Diagrams, Class Diagrams and Sequence Diagrams.
* Conducting requirement gathering sessions, feasibility studies and Impact Analysis and organizing the software requirements in a structured way using Rational RequisitePro to track development.
* Interacting regularly with the development team, creative services, database designer, system administrator and the higher management to meet the deadlines of Project milestones.
* Worked in close co-ordination with the testing team in developing test plan and test cases from functional and business requirements.

**TECHNICAL SKILLS:**

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| **Skill Sets** | **Description** |
| Programming Languages | C, C++, HTML, XML, SQL. |
| Data Base | MS Access, Oracle (SQL Series), SQL Developer ,Toad,DB2 |
| Reporting Tools | Crystal Reports 8.0 |
| Operating Systems | MS-DOS, Windows95/98/NT/2000/XP, 2007, 2010, MAC, Apple McIntosh, Linux |
| Software | MS Office Suite (Word, Excel, Access, PowerPoint & Outlook), MS Visio, MS Project, Rational Rose, Rational Requisite Pro, Adobe Acrobat, MS Office FrontPage, Lotus Notes |
| Performance Testing Tools | Virtual User Generator, Load Runner, Microsoft Test Manager,Test Director, Change Management Tools |
| Processes/Technologies | Rational Unified Process (RUP), Waterfall, UML & Microsoft Office SharePoint 2007, IMB Business Modeler |
| Automation Tools | Requisite Pro, Win runner, QTP, Test Director, Quality Center |

**PROFESSIONAL EXPERIENCE:**

**Molina HealthCare, Boise, ID Mar 2015- Aug 2017**

**Sr. QA Tester**

Idaho Base MMIS project is to provide the Base component of the MMIS, which receives and processes prior authorizations, referrals, claims, and remittance advices for medical and dental services. The project also manages provider enrollment for all Idaho Medicaid providers along with Idaho Medicaid Member. This includes the files and data conversion and migration of all application functionality from the legacy MMIS system to the client-server application (Health PAS system). Ensures call quality and data quality through auditing, monitoring and measuring data as directed by the program Standard Operating Procedures (SOPs). The scope of this project included HIPPA 4010 conversion to HIPPA 5010. The change affected all the major EDI transactions including 270/271, 276/277,820, 834, 835 and 837.

**Responsibilities:**

* Worked with a cross functional and diverse team of business users and developers to enable accurate communication of requirements and ensure consensus.
* Involved in Service Oriented Architecture (SOA) of the claims processing system
* Participated in review and analysis of business requirements, adding additional cases as needed, insuring they are complete and testable.
* Analyzed the data warehouse project database requirements from the users in terms of the dimensions they want to measure and the facts for which the dimensions need to be analysed.
* While working on requirements of the 835 HIPAA project, jumped half way in the 820 report project, continued working on 835, 276 / 277 and HIPAA EDI Transactions across enterprise, meanwhile new project initiation of 4010 to 5010 migration began.
* Worked on Claims Processing per Medicaid Management Information Systems (MMIS) 42 CFR 433.
* Involved in generating Business Requirements, User Requirements, Functional Specifications, Use Cases and \* Conducted Analysis of the potential fallouts and rejects on daily basis for 834 and 820 transactions and traced the corrections required for successful replay of the 834s and 837 claims.
* Implemented SDLC which included requirements, specifications, design, analysis and testing utilizing RUP methodology.
* Sustains the quality assurance and regulatory compliance of healthcare professionals
* Tested the ANSI X12 Version 4010 / EDI transactions (HIPAA) like 270, 271, 276, 277, 837P, 837I, 837D, 835 remittances).
* Dealt with the EDI transaction -837 claims payments and remittance advice, which deals the payment from payer to provider.
* Involved in creating automated Test Scripts representing various Transactions, Documenting the Load Testing Process and Methodology. Created meaningful reports for analysis and integrated the Performance Testing in the SDLC.
* Created/Reviewed data flow diagram to illustrate where data originates and how data flows within the Enterprise Data warehouse (EDW).
* Wrote Test scenarios and test cases for testing the migration of EDI 4010 to 5010 and the processing of member enrollment and benefits, batch jobs corresponding to the claims (837) and real time transactions like 270/271/276/277
* Managed Scope and change throughout the SDLC process of the product.
* Conducting JAD Sessions and Scrum Meetings for data feeds and data mappings for integration between various systems, to follow ICD 9/ICD 10 Code set and ANSI X12 5010 formats 837 and 835 formats.
* Exposure towards the DSS to analyzing the system impacts for the DSS included determining the impact of 5010 and ICD 10 on extract files produced from the MMIS system and loaded in the DSS.
* Managed requirements throughout project lifecycle leveraging links and multilevel traceability using DOORS
* Did the forward and reverse data mapping between the fields in mainframe and QNXT.
* Developed SQL-based data warehouse environments and created multiple custom database applications for data archiving, analysis, and reporting purposes.
* Worked with HIPAA Team for RIMS Companion Guide of X12 ANSI 270/271 and 276/277 Companion guides for Professional and Dental claims. Cross-functional team member in the implementation of the ANSI X12 involving 837 HIPAA compliance and 835 Remittance Advice.
* Transferred data (ETL) to Data ware house Environment using SSIS and SSAS.
* Did gap analysis for HIPAA 4010 837P and 835 transactions and HIPAA 5010 837P and 835
* Involved in impact analysis of HIPAA 5010 835 and 837P transaction sets on different systems
* Performed GUI testing, Integration testing, Regression testing, Ad -hoc testing, Negative testing, End to End testing, Smoke testing Load testing, User Acceptance testing (UAT) and Pilot testing.

**Environment:** Application Lifecycle Management, Quick Test Pro 11.0, Java, SQL Server 2008, SQL Server Management Studio, Team Foundation Server, VBScript, XML, T-SQL, PL/SQL, UNIX, MS Excel, MS Word.

**Department of Health and Human Services, State of Virginia, VA Jul 2014 – Feb 2015**

**Quality Analyst / Tester**

Virginia’s state wide automated system for the welfare programs under title IV of the Social Security Act (Child/Spousal Support, Medical support, Foster Care etc.) and is federally certified. It has interfaces with other welfare systems like AFDC, Medicaid, Food Stamps, Comprehensive Claims Systems, etc. The project is to design, develop and implement extensive software changes in TANF (Temporary Assistance for Needy Families) program and mandated by the Provisions of the federal Welfare Reform Enactment's (PRWORA) that are to be audited and certified by DHHS in a time bound manner. Also involved in creating the medical claims processing system for DHHS. It consisted of different modules like provider enrollment, member enrollment, programs and coverage. This project also involved the maintenance of claims workstation that automatically handles the entire claims life cycle.

**Responsibilities**

* Performed Requirement Analysis by gathering both functional and non-functional requirements based on interactions with the process owners & stake holders and document analysis, represented them in Requirements Traceability Matrix (RTM).
* Prepared Test Plans for each release, written Test Cases and executed them as part of Functional Testing. Prepared Test Reports and Deliverables and submitted for version releases.
* Throughout the project, was involved in giving clarifications on domain and product functionality for the team.
* Regular interaction with the core developers helped us in fixing the defects in less time.
* Played key role in defining test automation procedure and standards, creating Win Runner and Quick Test Professional scripts for all the modules, which reduced the regression cycle drastically and improved the testing efforts for daily builds.
* Facilitated four-hour long round table discussion with most HR directors, managers and analysts along with QA manager to get their input [ad-hoc UAT] in the project
* Reviewed Technical Specs together with the team of two developers
* Wrote Test Plans in MS Word for Manual Testing, System Testing, Integration Testing, Performance Testing, Regression Testing & reviewed their consistency with the business requirements.
* Involved in development phase meetings for business analysis and requirements gathering for the Common Claim Layout (CCL).
* Led projects to develop and enhance claims adjudication, eligibility, formulary, prior authorization and reporting applications internal user experience as well as expanding client product offerings
* Developed a comprehensive object oriented data model for healthcare eligibility, claim and accounts for the entire product suite.
* Performed White Box, Black Box, and Usability Testing
* Wrote Test Cases in MS Excel for user registration, access to training material, and activity log-in, reviewed the test cases and finalized
* Reviewed colleagues’ test cases for testing the development of online resume, uploading users’ documents [such as application and resume], browsing through jobs, selecting and applying for the jobs
* Documented the outcomes of all the testing in MS Word and MS PowerPoint
* Developed automated Test Scripts in Win Runner using Test Script Language (TSL) for Functional Testing, Regression Testing, Data Driven Testing, Usability Testing, and Verifying Specific content through using Checkpoints
* Prepared PowerPoint slides of all the outcomes [with the focus on defects] and presented to the team of Business Analyst, VP of Human Resources, and the Developers
* Involved in creation and execution of manual test cases in Mercury Test Director and automated Test Cases in QTP and analyzed the Test Results.
* Involved with the QA team to conceptualize, determine and develop test approaches and methods for unit testing, integration and functional testing, load and usability testing according to the application complexity and test requirements.

**Environment:** Load Runner, Windows, SQL Server 2005, Sybase, MS Word, MS Excel, MS PowerPoint, Ms-Visio, Cognos BI, MS Project, PowerBuilder, Clear-Quest, Rational Test Manager, LabView, Teststand, GIS Tools, Lotus Notes R6 client, HTML, XML, Notes SAS.

**Blue Cross Blue Shield GA Oct 2013 – Jun 2014**

**Business Analyst /QA Tester**

Blue Cross Blue Shield is a leading Health Insurance Company. Its products and services include managed and indemnity health care coverage, group life, accident and disability insurance, retirement services and investment management. Blue Cross Blue Shield offers wide variety of products in Medical, Dental, Behavioral and Health & Wellness

Responsible for Integration/System testing various healthcare’s, life, and supplemental products via client and Web architecture coded in .NET technologies Executed and modified scripts using Quick Test Professional. Create and modify data tables used to derive automation. Report defects and track throughout the project using Quality Center. Escalate potential problems to Test Coordinators and Test Managers. Serve as liaison between automation testing team and manual testing team. Worked closely with developers and validated the Issues. Worked on the MMIS Overpayments Modifications, Error code updates and correct the processing error codes on the deleted claims.

**Responsibilities:**

* Acquired the business requirements document and created functional test plans.
* Managed requirements, Test Cases and Test Scripts using Quality Center.
* Tracked, reviewed, analyzed, and compared defects using Quality Center.
* Execution of the Manual /Automation Test Scripts from Quality Center, analysis and reports.
* Involved in Integration and user Acceptance testing.
* Developed test cases after analyzing the specifications document
* Tracked bugs using Quality Center and performed regression testing of the entire application once the bugs are fixed.
* Tested the website for all the functionalities.
* Organized and managed planning and execution of Test Cases and tracking and fixation of the errors/defects using Quality Center.
* Performed end-to-end testing on the release version of the software application and detected GUI bugs.
* Understand the As Is system and develop the To Be system concept and also prepare the System Process Maps.
* Performed testing for Medicare, Medicaid and X-Over claims for Medicaid Management Information System (MMIS)
* Involved with all the phases of Software Development Life Cycle (SDLC) methodologies throughout the project life cycle.
* Experience with various EDI healthcare transaction like 837 for submitting claims, 835 for payment, 834 for benefit enrollment, 820 for premium payments to insurance products
* Participated in and represented plan at community, health department, collaborative and other organizational meetings focusing on quality improvement, member education, and disparity programs, as assigned.
* Performed Functional testing for the MMIS Reference and Claims.
* Worked on project life cycle and SDLC methodologies including RUP, RAD, Waterfall and Agile.
* Managed changing requirements which included establishing a baseline, keeping track of the history, determining dependencies that are important to trace, tracing relationship between related requirements and maintaining version control.
* Responsible for developing routes in XEServer for processing Inbound 837 and Outbound 835. Creating Artifacts for 276 and 277 claim processing.
* Created and managed project templates, use case templates, requirement types and tractability matrix in Requisite Pro.
* Conducted presentations of the Q/A test results with analysis to the stakeholders and users and documented modifications and requirements.
* Helped in writing Training manuals and helped business with the Training on a one to one sessions.
* Employed Rational Clear Quest for effective Change Management (Requirements Creep) and bug tracking during the testing lifecycle.

**Environment:** Java, Business Object, Quick Test Pro, Mercury Quality Center, J2EE, UNIX, XML, Sybase, SQL, PL/SQL, Oracle9i, MS Vision. MS Office, Quality Center, QTP, Crystal Report, Quick Test.