**Amrit Pradhan**

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**PROFFESSIONAL SUMMARY:**

* Over 7 years of experience in creating innovative and cost effective Quality Assurance solutions with expertise in Healthcare processes, applications using manual testing procedures.
* Expertise in performing Manual Testing and experience in Automated Testing using Interactive Test Suite such as Quality center and QTP.
* Extensive knowledge of SDLC (Software Development Life Cycle).
* Experienced in creating Test Plans, through hands on experience with designing test cases covering all test conditions and eliminating redundancy and duplications.
* Excellent Experience in C#, ASP.NET, SQL Server2012/ 2008/2005, .Net Framework 4.5/4.0/3.5/3.0, WCF, LINQ, ADO.NET, Ajax, JQuery, Web Forms, REST Web services (API), ASP.NET MVC3 with Razor Engine.
* Experienced in White Box testing by authoring python Codes in Selenium WebDriver.
* Experienced in different types of testing like Black box testing, positive testing, negative testing, functional, GUI testing, regression, integration, and performance testing.
* Tested software applications including Client-Server and Web based applications.
* Hands on experience running SQL queries for data validation and comparison to perform back end testing.
* Created and Maintained Server side Integration Test using Python and Selenium Webdriver.
* Have extensively worked in developing ETL program for supporting Data Extraction, transformations and loading using Informatica Power Center.
* Experience working in a FACET environment and have gained extensive knowledge about various modules of a FACET system such as claims, membership and pre-pricing 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.
* Tested the HIPAA EDI transactions 834, 837/835, 276/277, 270/271 according to the requirement test scenarios.
* Experience with the health rules.
* Experience in identifying Bottlenecks in ETL Processes and Performance tuning of the production applications using Database Tuning, Partitioning, Index Usage, Aggregate Tables, Session partitioning, Load strategies, commit intervals and transformation tuning.
* Experience with TriZetto Facets Application Groups: Claims Processing, Guided Benefit Configuration, Medical Plan, Provider, Subscriber/Member, Utilization Management. Strong Knowledge and working experience on ICD-9 and ICD-10 conversion and expertise in forward and backward mapping using GEM.
* Resolving data issues, complete unit testing and complete system documentation for ETL processes.
* Knowledge and working experience on ICD-9 and ICD-10 conversion and experience in forward and backward mapping.

TECHNICAL SKILLS

* Business Methodology : Waterfall, Agile.
* Business Modelling Tools : Microsoft Visio, Rational Rose, Balsamiq.
* Project Management Software : MS Project.
* Testing tools : ALM, HPQC, QTP, Load Runner, Clear

Quest, and JIRA, Selenium Web Driver

* Database : MS Access, SQL-Server, Oracle.
* Other tools : TOAD, DB Visualizer, Squirrel. Putty, Synchrony

Notepad ++.

* .NET Technologies : C#, ASP.NET, ADO.NET.
* ETL Tools : Informatica Power Center, Power Exchange

9.5/9.1/8.6/8.1/7., IDQ, MSBI

WORK EXPERIENCE

### Humana Inc, Louisville, KY May 2012-Till date

### Sr. QA Analyst

Humana Inc used FACETS for managing and processing healthcare claims. This application helps its Membership and Claims Management Information Tracking System, Finance and Utilization management System modules. As a, QA Analyst, I was involved in various kinds of testing of the FACETS application modules like Enrollment, Membership and Claims. I was involved in End – End testing of thenew Enrollment system that was used for the Affordable care Act (ACA) State Based Marketplace (SBM) Health insurance Exchange (HIX)

Responsibilities:

* Reviewed Business, ACA and HIX related requirements, Functional Design Documents, Technical Specification documents, to develop Test Cases for Member Enrollment Services (EDI 834/820).
* Participated in Focus Group sessions for FFM/FFE data exchange and got familiarized about different purposes of data used by CMS such as 1095-A.
* Analyzed system requirements and developed detailed Test Plan.
* Involved in FACETS Implementation, involved end-to-end testing of FACETS Billing, Claim Processing and Subscriber/Member module.
* Developed and modified UNIX shell scripts as part of the ETL process.
* Involved in Back-End Testing to check database integrity by writing SQL queries.
* Worked on Selenium GUI Object / element verification is done through XPath, CSSLocators.
* Extensive experience in Healthcare/Claims adjudication with knowledge of industry compliance standards like HIPAA and EDI X12 transactions (834, 837, 835, 270/271, 276/277)
* Implementation and knowledge of HIPAA code set ICD-9, ICD-10.
* Created Traceability Matrix to ensure implementation of all functionalities, identify all test conditions and test data needs.
* Developing and consuming Web Services and n-tier web applications using ASP.NET, C# and Humana proprietary frameworks like Humana UIP architecture.
* Logging of defects in Quality center to maintain test requirement and to communicate the Bugs with the Developers.
* Built a 3.tier architecture ASP.NET application -presentation layer, the Business and Data access layer using C#.
* Created and Documented ETL Test Plans, Test Cases, Test Scripts, Expected Results, Assumptions and Validations.
* Participated in release meetings and also participate in Retrospective session.

### Environment:Oracle, Quality Center, JAVA, FACETS 4.81,C#,ASP.Net, Selenium WebDriver, MS Office Suite, SQL.

**Molina HealthCare, UT June2010–April 2012**

**QA Analyst**

As an EDI QA Analyst performed functional, regression, smoke test, performance and supported UAT testing of various functionalities on 5010 Transactions. This application is implemented using Service Oriented Architecture (SOA) on J2EE Platform and Agile methodology. HIPAA rules were strictly adhered to design the system.

Responsibilities:

* Coordinated with different teams and prepared Test Plans and Test Strategy documents and helped other QA members with Business Requirements.
* Extensively worked with 837 I and 837 P Claim files.
* Reviewing Test plans, Test conditions, Test scripts, and Test results.
* Involved in black box testing, data driven testing, security testing, performance testing.
* Translated Use Cases into Test Cases and Test procedures and actively participated in brainstorming and walkthrough sessions.
* Developed automated scripts using Selenium Web Driver and Implemented Frame work using Java.
* Created documents for data flow and ETL process using Informatica mappings to support the project.
* Supporting Team members in Preparation of Test Plan, Scenarios and the Testing procedures.
* Developed in ASP.NET Web Forms using Web Controls, User Controls in C#, ASP.NET state Management, ASP.NET caching features, securing ASP.NET web application.
* Conducted Backend test using SQL queries to verify the Integrity of the Database.
* Responsible for creating and uploading the project artifacts in Share point site and providing release support.
* Expertise in Claims, Subscriber/Member, Plan/Product, Provider, Commissions and Billing Modules of FACETS.
* Involved in Automation of the test cases using Selenium Web Driver, Junit and Ant.
* Co-developed as a senior Functional Analyst a test data creation tool that auto generates 5010 HIPAA transaction datasets such as 837 P/I/D, 835, 820,834, and 2XX from 4010A1 and vice versa.
* Designed and developed UNIX shell scripts as part of the ETL process, automate the process of loading, pulling the data.
* Implementation and knowledge of HIPAA code set ICD-9, ICD-10.
* Ensured that EDI files were in compliance with ICD-10 standards.
* Performed analysis of ICD 9 Procedure and Diagnosis Codes in accordance with ICD 10 CM and ICD 10 PCS conversion compliances.
* Assisted in User Acceptance Testing (UAT), developing and maintaining quality procedures, and ensuring that appropriate documentation is in place.
* Extensively used Parameterization of data from Excel as well as using MS SQL Server Database for Data Driven testing.

**Environment:**QC, Teradata, XML, SQL, UNIX, ASP.NET, C#, Selenium Web Driver ,Windows 2000/XP,TOAD, Facets, Win SCP, MS Office suite, SharePoint.

**Methodist Healthcare, Memphis, TN Jan 08–May10**

**QA Analyst**

The objective of this project was to conduct testing of all the three modules: Billing, Policy and Claims. As a QA Analyst my job was to conduct extensive functional and system testing of Billing module.

Responsibilities:

* Reviewing the Use Case Requirement, Functional Design Documents and Technical Specification documents.
* Interacting with users for verifying user requirements, managing change control process, updating existing documentation.
* Involved in preparing the Test Plan based on business Requirements.
* Design and execute Test Cases, Generate Test Scripts and Test Scenarios.
* Developed test cases both manually and using Automated Tools.
* Performed Regression Testing.
* Facets support systems were used to enable inbound/outbound HIPAA EDI X12 transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Conducted Functionality, GUI, and Back-End testing during the various phases of the application.
* Created ASP.Net pages coded in C#, create multiple layers with defined roles .
* Developed base line scripts using QTP.
* Extensively involved in writing and executing SQL queries for Back end Testing.
* Execution of test cases and reporting bugs using Quality Center
* Conducted Backend testing using QTP.
* Tracked and reported bugs using Quality Center.

**Environment:**QC, QTP, Java, SQL, Oracle, Windows 2000, MS Office suite.

**EDUCATION:**

Masters in Strategic leadership, Mountain state University, West Virginia.

Masters in economics from Kanpur University, Kanpur India.