# Amrit

# Professional Summary

* IT professional with over Eight years of experience as a Quality Analyst with an emphasis in the **healthcare** industry.
* Hands on experience gathering requirements, interviewing senior level company officials to gather requirements for documenting project functional specification.
* Wrote test scripts, technical specification documents, and worked on application’s input / output data definitions.
* Experienced in customer/client interaction, deep understanding of business systems functionality and technicality.
* Good knowledge of Health Insurance Plans (Medicare, managed care concepts (**Medicaid and Medicare**) and experienced in determining the membership eligibility, billing experience in health plans.
* **Expertise** in HIPAA based on the rules/regulations of CMS and reflected the same changes in RTM for tracking purpose.
* **Provided healthcare provider problem resolution, including ICD-10, HCPCS; Procedures and diagnosis testing.**
* Used MS Excel spread sheet, PowerPoint, MS Visio, and MS Project.
* Expert in Agile software development and release management.
* Used **MDE Claims Test Pro** to create new suite of **Enrollments, Claims by extracting existing member data** from the **FACETS (Production Environment)**
* Skills in developing use case diagrams, sequence diagrams, state chart diagrams, and class diagrams.
* Expertise in **Claims, Subscriber/Member, Plan/Product, Claims, Provider and Billing Modules of Facets.**
* Worked with EDI X12 5010 as well as ANSI X12 4010 including medical transactions such as 837 (medical claims), 835 (medical claim payments), 270 (eligibility inquiry), 271 (eligibility response), 276 (claim status), 277 (claims status response).
* Experience in developing XML requests for Web Service Testing and validate response XML.
* Prepared unit test cases and performed unit testing.
* Extensive experience in Functional, Integration, Regression, User Acceptance (UAT), System, Load and Black Box testing.
* Extensively worked on writing test cases for Xcelys applications like Enrollment, Claims and Provider.
* Good Management, Execution and Documentation skills.
* Expertise in all areas of software development including client interaction, analysis and tele-conferencing with the client during the progress of the project.
* Efficient in MS Project/MS Excel for planning/status reporting/writing test scenarios.

**Technical Skills**

Operating System: Windows Server, Windows, UNIX

Testing Tools: ALM/ Quality Center, Quick Test Professional, Rational Team Test

Bug Tracking Tools: ALM/Quality Center, Rational Clear Quest

Front - End Tools: Adobe Photoshop, MS Office, MS Project, MS Visio

Languages: C, C++, SQL, TSL, Visual Basic.NET, PL/SQL

Web Technologies: HTML, XML, .NET

Database: Oracle, MS SQL Server

**PROFESSIONAL EXPERIENCE**

**Health Now, Buffalo, NY Mar 2015 – Present**

**Sr. QA /Facets Tester**

As a QA Analyst, I worked closely with project team to identify and interpret user’s business requirements, create test data for various test scenarios, develop and execute Test cases to validate whether different modules such as Provider, enrollment, claims and customer service are integrated successfully as per business requirements to the latest version of **FACETS**.

**Responsibilities**:

* Responsible for testing the Navigation Flow, Functionality Testing, System Testing and User Acceptance Testing.
* Prepare Test Data, Test scenarios, Test Scripts and executed Test Cases from Quality Center/ALM.
* Creating **SQL queries** for data validation.
* Performing manual **Back-end** testing on the application by writing complex **SQL queries**.
* Involved in reviewing complex **SQL queries**, **views**, **functions** and **stored procedures** and spotting issues before/during code migration.
* Validate the date from EDI transaction in the front end as well as back end.
* Testing of EDI 834, 837I ,837D and 835 Transaction sets for claims processing
* Tested 4010/5010 conversion EDI transactions, **834**, **837**, **835** etc.
* Involved in Processing **FACETS** 834 member enrollment EDI X12 Healthcare files in member PORTAL to validate enrolments and COC’s.
* Worked with providers and **Medicare or Medicaid entities to validate EDI transaction sets or Internet web portals**. This includes HIPAA 4010; 837, 835, 270/271, ACHA1104 (Affordable Healthcare Act)
* Involved in coordinating with SMEs to discuss different scenarios at the time of scripting Test Cases.
* Have good exposure to modern **Agile** Methodologies such as **SCRUM** and **TDD**.
* Participating/Facilitating **Defect Triage meetings** with developers and SMEs.
* Extensively involved in **Grooming sessions** within the team to discuss the complexity of the projects and **Sprint planning** to determine the time frame for the accomplishment of each task in that specific sprint.
* Creating several Test Cases and Test Conditions for testing various **Claims**, Enrollment, Billing and Provider reports.
* Worked on **EDI X12** transaction set 837 I/P/D, 276/277 feeds to allow for change in the claim number.
* Worked on **Members, Providers, Claims, Configuration and Payment Modules of FACETS.**
* Analyzed the **FACETS Requirements/BRD’s/Gap analysis**, then prepared test scenarios and test cases.
* Conducted Validations for different **FACETS modules Providers, Claims and Membership**
* Member and Provider Conversion, Created Keyword and EDI File and Modify the Member Data as per the Business Requirement Document and as per the test case.
* Extensively performing manual testing and defect reporting using HP Quality Center/ALM.
* Performing manual testing, considering the base line of developed test pl an and test cases considering both positive and negative scenarios.
* Test scenario identification and alignment of service oriented architecture implemented within the organization.
* Creating different pricing rules and verified whether the adjudication system is using the rules while adjudicating the **Claims.**
* Processed EDI/X12 (834, 820, and 837) test files and verified system is able to validate certified and non-certified trading partners.  Reconciliation calls for 834 files for the discrepancy.
* Involved in System and Regression testing for **278, 837 inbound** and **outbound** process**, 834 and 835** files for **Medical** and **Institutional Claims.**
* Responsible for testing of different Benefit terms and contract terms, according to Configuration library.
* Development of **SQL queries** as per the request of the business team in SQL server.
* Conducting Validations for different **FACETS** modules like **Providers, Claims** and **Enrollment**.
* Extensively involved in managing defects using Clear Quest and interacted with the DEV team in resolving critical and high defects.
* Extensively involved in **UAT support** for their execution and **Defect Triage**.

**Environment**: HP **ALM /Quality Center**, Trizetto **FACETS,** Trizetto **MDE**, Tidal, EncoderPro (OPTUM), SQL Server, SQL Server Reporting Tool, TOAD, **MS-Office,** MS SharePoint**.**

**Premera Blue Cross, Mountlake Terrace, WA May 2013 – Feb 2015**

**QA /Facets Tester**

I was working in Obama health insurance Exchange project that was implemented by Premera. As per contract between Premera and State/Government, Premera developed this web based application.I worked on Facets Subscriber/Member Enrollment Application system. Worked on **FACETS** claims processing system and worked on its different applications like enroll subscriber/member.

Premera was also enrolling members from Health Exchange as required by the Patient Protection and Affordable Care Act (PPACA). I worked as a Senior Quality Assurance Analyst and tested various systems and processes of this health exchange membership enrollment, account implementation and billing project.

**Responsibilities:**

* Review and analyze Business Requirement Documents (BRDs), Technical Requirement Documents (TRDs), and Conceptual Specification Design Documents (CSDs).
* Write Test Scenarios and Test Cases based on the BRDs, TRDs, CSDs, process flows, architectural diagrams and business needs. This activity included Individual and Group Setup in Members Edge; Health Exchange Payment (820); Health Exchange Enrollment (834), UCSW; IVR; Invoice & Billing activities.
* Execute Test Cases for Individual and Group Setup in Health Exchange Enrollment **(834),** Health Exchange Payment **(820);** UCSW; IVR; Invoice & Billing activities.
* Analyzed User stories and developed test case negative and positive scenario and wrote the test cases.
* Involved in performing Functional, integration, and regression testing.
* Validate  **EDI 834** enrollment process according to **HIPAA** compliance
* Created various suites of enrollment process, claim process in Claims Test Pro by creating a keyword file and loading them to FACETS for testing.
* Prepared Test Plans and Test Cases based on the functional requirements and **HIPAA** regulations like 834, **837, etc.**
* Participated in the management of testing project with the help of QTP.
* Performed Manual Testing to check the usability of the application.
* Executed Configuration Testing to check if the application was compatible in different environment for each module of the application.
* Created test cases manually to perform different types of testing such as positive/negative, functional/regression, interface, black box, white box, performance testing, smoke/sanity testing, etc.
* Part of a team for testing **FACETS** Accumulators
* Involved in **FACETS** Implementation, involved end to end testing of **FACETS Billing, Claim Processing and Subscriber/Member module.**
* Set claim processing data for different **FACETS** Module.
* Tested **HIPAA** regulations in **FACETS HIPAA** privacy module.
* Conducted Back-End Testing manually for the purpose of Database Integrity.
* Developed test scripts in SQL to check the data integrity from the databases
* Bug Reporting and Tracking using **Quality Center**
* Performed User Acceptance Testing (UAT)
* Generated defect reports using **Quality Center** and presented using MS Office tools

**Environment: FACETS**, SQL plus, VB Script, MS Visio, XML, MS Outlook, Test Director, **Quality Center**, QTP

**Wellcare Health plans, Inc., Tampa, Florida**

**Dec 2011 – March 2013**

**QA Tester**

Wellcare Health Plans, Inc. is one of the well-known health insurance companies. They provide managed care services targeted to government-sponsored healthcare programs. Focusing on Medicaid and Medicare. I was working as Quality Assurance Analyst in the Project "Encounter End to End".Worked in Combined Effort of ICD-10 Remediation and Xcelys upgrade Project, which included EDI Phase for HIPAA Database upgrade and SNIP Validations, Surrounding Apps Phase for Xcelys upgrade and its surrounding EDI apps. EDW Phase for ETL validation of Vendor Extracts.

**Responsibilities:**

* Perform functional system/integrated testing of software delivered from Applications Development and/or external vendors.
* Reviewed and Analyzed the Use Case Documents and prepared test plan and test cased based on those.
* Used HP Quality Center9.0 for defect management- adding defect, tracing changes and sending defect e-mail messages
* Contribute and adhere to Requirements Tractability Matrix ensuring quality delivery
* Work with application programmers to resolve defects identified during the system test
* Execute each script to identify defects prior to delivery of software in a production environment
* Performing Functional Testing and GUI testing manually and using Win Runner.
* Facilitated/Tested review of Enrollment, Claims, Commissions, and membership portlets’ designs with architects and developers to ensure that the goals of the Web portal requirements were satisfied.
* Assist in capturing and documentation of metrics in support of software testing
* Assign severity levels to each test issue discovered during the test cycle
* Provide support for User Acceptance Testing
* Created Test data, Input files to ensure it complies with specifications and presents sound recommendations through thorough analysis
* Performed Integration testing, system testing, Regression testing using QTP 9.5.
* Analyzed business requirements, system requirement specifications and responsible for documenting functional requirements in ALM
* Perform System Integration, Regression, Parallel and Security Testing
* Develop Test Strategy, Test Plan, Test Cases (Functional and Non-Functional) and Test Scenarios from Functional Specifications Document (FSD) and Business Requirement Document (BRD) in a reusable state.
* Inspected and worked on HTTP web services application on SOAP APIs.
* Used SOAP UI for web service testing like validating the response of claim processing.
* Perform header and body testing as a part of regression test using SOAP UI
* Perform extensive 5010 837 (Institutional, Professional, Dental, Professional 2 Institutional) End-to-End testing, ACK 999 and 277U Reconciliation process, Trigger, Audit Update and Generic Update Processes.
* Performed legacy DB2 Testing to cross check new database entity relations.
* Perform End-to-End Testing of Pharmacy (Rx) claims.
* Involved in System & Integration User Acceptance Testing (UAT) and Production testing on existing 4010A and Xcelys 3.0.
* Tested the HIPAA EDI transactions 834, 837/835, 276/277, 270/271 according to the requirement test scenarios.
* Created automation code using both VB scripting and Descriptive Programming in QTP for Data Driven and functionality testing, imported them in Database using Perl and executed them on client server application.
* Prepared High Level Test Strategies for the both the 5010 Compliance and Xcelys 6.0.
* Validated the process with the business requirements logic by writing and executing automated SQL and Unix Shell Scripts.
* Conversion and validation of 837 claims from ICD-9 to ICD-10 codes and qualifiers including Integrity Testing, Requirement Testing, Balancing, Situational Testing, Specialty or Line of Business Testing and Trading Partner Testing.
* XML validations of ICD-9 and ICD-10 codes and qualifiers created by Xengine.
* Generate X-12, NCPDP 2.0 and flat flies for different states and Validation of X-12, NCPDP 2.0 and flat files with HIPPA Compliance and companion guides.
* Work in Various projects including 5010 Encounters Continuation, RTB-Encounters, TN-MIPPA, Kentucky (I, P&D), Phase 3A and Phase 4.
* Performed manual testing to conduct backend testing using UNIX shell scripts and SQL Queries.
* Worked closely with offshore and onshore development teams, Business Analysts on attaining testing goals, defect logging process and UAT support.
* Wrote extensive SQL queries for Back End testing
* Performed extensive back end testing on ORACLE and MS-SQL Server Databases using PL/SQL and MS-SQL SERVER queries.
* Use of tools including Autosys Scheduler and Work Load control center to perform job execution, ALM and Quality center for development and execution of test cases.
* Using Informatica 9.1.0 and Informatica 8.6.1 to monitor, track and report various states of the code including success rate, failure reports and performance issues.

**Environment: Quality Center, Xcelys ,Test manager, Clear Quest web,** SQL Server, MS Office

**Baptist Memorial Hospital,** **Oxford, MS**

**Aug 2009 to Sep 2011**

**Quality Analyst**

Baptist Memorial Hospital MS is chain of hospitals located at multiple locations in U.S. Worked on claims management system. Worked particularly on analyzing Facets interfaces. Duties included working with claims module and processing them for various scenarios. Experiences working in ANSI x12 270-271 EDI transactions. Involved in EDIs according to HIPAA code set 834 enrollment and disenrollment in a health plan using QTP. Involved in documenting EDIs according to code set X12 835 Claim Payment and Remittance Advice Claims processing and 837 Claim transactions.

**Responsibilities:**

* Created testing documentation as needed such as test plan/ test strategy and how to setup manual or automated test cases.
* Worked with both and provide training for any new users using Mercury Quality Center and Quick Test Professional.
* Created Use Case diagrams using UML and Business Process Models using MS-Visio.
* Created Host Claims in Medical Claim Processing (camps) and Hospital Claim.
* Responsible for Business Process Management (BPM) for development of various projects.
* Participated in providing implementation assessment for Rational RequisitePro, Rational ClearQuest using Unified Modeling Language (UML) and Rational Unified Process (RUP).
* Developed Use Cases, Sequence Diagrams, Activity Diagrams and Class Diagrams.
* Assisting the project manager in creating detailed project plans and scheduling and tracking project timelines.
* Also worked on implementation of Patient Protection and Affordable Care Act for Medicaid.
* Recommended changes for system design, methods, procedures, policies and workflows affecting Medicare/Medicaid claims processing in compliance with government compliant processes like HIPAA/ EDI formats and accredited standards ANSI.
* Involved in **Facets** implementation, involved end to end testing of Facets Billing, Claim Processing and Subscriber/Member module.
* Set claim processing data for different **Facets** modules.
* Worked as the primary liaison between the business user and the developers throughout the project cycle.
* Worked with various Business Intelligence tools for reporting and decision making.
* Performed Gap Analysis to identify the deficiencies of the current system and to identify the requirements for the change in the proposed system.
* Handled changes at each stage of project development.
* Documented Requirement Traceability Matrix in Requisite Pro for traceability of requirements.
* Scheduled meetings with developers, System Analyst's (SA) and Testers to identify resource allocation and project completion using MS Project.
* Assisted the Project Manager in setting realistic project expectations, in evaluating the impact of changes on the organization and plans accordingly, and conducted project related presentations.
* Provided technical assistance in identifying, evaluating, and developing systems and procedures that were cost effective and met business requirements.

**Environment:** Rational Requisite-Pro, **Facets**, Rational Clear-Quest, RUP, MS Office, MS-Project, MS Visio, QTP, Quality Center.