**Bibek Pathak**

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**Summary:**

Excellent IT Experience in complete SDLC. Experience in Automation and Manual testing of Client/Server, Web based and Microsoft Office applications . Experience in Documentation for QA Testing, Planning and Implementation. Motivated and industrious with sound business judgment and solid work ethics along with excellent understanding of Healthcare domain. I am interested in continual learning, and quickly absorb new skills.

**Expertise:**

6+ years of experience as a Quality Assurance Analyst with extensive knowledge and experience across the project life cycle in Systems Development Life Cycle (SDLC) in the fields of Insurance, HealthCare .

* Experience in HIPAA EDI Transactions and code sets: 835, 270/271, and 276/277.
* Expertise in Project Planning, Project Design, Gathering requirements, creating Functional specifications, and data flow diagrams
* Executed End to End testing.
* Experience on Web services to combine component based development and Internet standards and protocols that include HTTP, XML, SOAP and Web services Description language.
* Knowledge of Software Quality Assurance models such as ISO 9000 and CMMI
* Understanding of translating user requirements into Technical specifications and mapping the process design, work flows for SDLC with documenting, managing business requirements.
* Experience in Designing Test plans, Test Cases, and Test Scripts.
* Substantial experience in Sanity and Smoke Testing of applications before testing effort of UAT and Regression Testing of applications.
* Strong working expedience in HTTP, HTML, XML, SOAP and Web Services environment.
* Worked on Claims Transactions (Institutional/Professional)
* Maintained the Requirements Traceability Matrix (RTM)
* Excellent Understanding in Medical and Dental Claims adjudication in Facets as well as QNXT.
* Strong knowledge of Medical Claims experience in Process Documentation, Analysis and Implementation in 835/837/834/820/270/271/277/997(X12 Standards) processes of Medical Claims Industry from the Provider/Payer side.
* Strong skills in performing Acceptance, Regression, Performance, Functionality, Front End and Back End Testing
* Participation in requirement reviews.
* Performed acceptance testing on membership and claims module.
* Possesses excellent skills in Bug Reporting using Test Director
* Extensive experience in Client/Server by performing Smoke Testing, System Testing, Functionality Testing, Integration Testing, Regression Testing and GUI Testing.
* Knowledge of SDLC (Software Development Life Cycle) including Agile, Waterfall, V model.
* Involved in preparing the Test plan and Test cases.
* Integration Testing, Module Testing and Regression Testing.
* Backend Testing, Database table manipulation using SQL.
* Ability to master new technologies quickly.

**Technical Skills:**

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| Operation Systems | UNIX, Windows 7/8/10, MS-DOS |
| Testing Tools | Jira, HP Quality Center, Maven, Cucumber, Junit, TestNG, REST, Soap UI, Selenium WebDriver, Selenium Grid, SeleniumIDE |
| Bug Reporting Tools | ALM, Clear Quest, HP Quality Center, Jira |
| Language | Java, CSS, Shell Script, HTML, XML,XSLT |
| Databases | SQL Server, Toad, Oracle, My SQL |
| QA Methodologies | Agile, Water Fall, SCRUM |
| Web Technologies | HTML, XML |

# Professional Experience:

**Molina Healthcare, VA July 2016 – Present**

**QA Analyst**

Molina Healthcare's mission is to provide quality health services to financially vulnerable families and individuals covered by government programs. Molina Healthcare has health plans, medical clinics and a health information management solution. No other organization of its kind does all three. Medicaid Molina Healthcare contracts with state governments and serves as a health plan, providing a wide range of quality health care services to families and individuals who qualify for government-sponsored programs, including Medicaid and the State Children's Health Insurance Program (SCHIP). Molina Healthcare offers Medicaid plans in California, Florida, Illinois, Michigan, Ohio, New Mexico, Texas, Utah, Washington and Wisconsin. As a QA, I was responsible for working on the large data conversion from Legacy MMIS to Health PAS.

**Responsibilities**:

* Review the test environments that will support the various testing capabilities, highlighted testing schedule across all testing capabilities.
* Involved in Health PAS-Administrator - QNXT Implementation testing, involved end-to-end testing of QNXT Billing, Claim Processing and Member module under Administration area.
* Set claim processing data for different QNXT Module.
* Performed web applications testing such as functionality, usability, interface, compatibility, performance and security testing.
* Implemented full functional and infrastructure testing.
* Responsible for creating status for daily stand up meeting with testing team.
* Involved in Walkthrough session and KT session with Team lead.
* Ensure all system and business process meets all NJ requirements for replacement MMIS production solutions.
* Development of SQL queries as per the request of the business team in SQL server.
* Test HIPPA regulations in QNXT HIPPA privacy module.
* Create and maintain SQL Scripts to perform back-end testing on the oracle database.
* Perform Backend testing by extensively using SQL queries to verify the integrity of the database.
* Did LMS training to work with configuration SME/test lead on finding any NJ specific documentation to review and create test scenarios.
* Completed ISO training (adding new costumer, creating a new terms rule, creating an account, entering a receivable invoice, financials overview, how to post cash) successfully.
* Prepared weekly status report and submitted to the manager.
* Worked on reusing West Virginia test steps on New Jersey test for migration.
* Performed manual testing, considering the base line of developed test plan and test cases considering both positive and negative scenarios.

**Environment:** QNXT, SQL Server, Oracle, MS Office Suite, HP ALM, Microsoft Office (Word, Excel, Access).

**LA Care Health Plan, Los Angeles, CA May 2015- June 2016**

**QA Analyst**

**Description:**

L.A. Care Health Plan is the nation’s largest publicly operated health plan. L.A. Care’s mission is to provide access to quality health care for Los Angeles County's vulnerable and low-income communities and residents and to support the safety net required to achieve that purpose.

**Responsibilities:**

* Worked in HP ALM Admin role; granting access to users, troubleshooting issues.
* Involved in testing efforts in partnership with external vendors confirming the coordination between two cross functional team concludes efficiently and effectively.
* Identified scope systems that will be modified by the ICD-10 project to accommodate ICD-10 code and /or downstream impacts steaming from ICD-10 codes.
* Set claim processing data for different QNXT Module.
* Involved in end-to-end testing of QNXT Enrollment Claim Processing and Member and Provider module.
* Involved in backend testing, wrote SQL queries in order to retrieve data/validate data from different tables.
* Also worked on QNXT member’s implementation.
* Worked on developing the business requirement and use cases for QNXT batch process, automating the billing entities and commission process.
* Wrote test cases in HP ALM derived from the BRD and generated a Traceability Matrix for testing purposes.
* Created Traceability Matrix to ensure implementation of all functionalities, identify all test conditions and test data needs.
* Tested the HIPPA EDI 834 enrollment transactions and EDI 837 Claims according to test scenarios based on companion guide and business requirement and verified the data.
* Manipulated test data to create retro scenarios for testing making sure the scripts are changing and assigning correct provider.
* Involved in System testing, Regression Testing and User Acceptance Testing (UAT) manually and Automation tool.
* Resolved issues with member attributes, enabling multiple rules associated with member lookup process in Facets.
* Managed defect tracking process, which include prioritize bugs, assign bugs and verifying bugs using ALM.
* Executed test scripts by using different test check points, break points.
* Supported change control and other testing efforts for business continuity to manage technology risks
* Handling/Tracking defect reports in the Quality center and exporting in to Excel by using filter

**Environment:** MS Office Tools, HP ALM, SOAP UI, Oracle, QNXT, Claim Test Pro, CareAdvance, web services, SQL server 2012, TOAD, UNIX.

### Bravo Health, Baltimore, MD May 2014- April 2015

### QA Analyst

I worked as a QA Analyst at Bravo Health on their Common Process Single System (CP-SS) Project for implementing their online web application called E-Business which was comprised of web portals: Employer, Provider, ESOS, Web Trends Reporting and Agent Center. I performed extensive documentation that included writing test cases. Used Live Link to upload, make changes, fix errors and manage all the test cases and test documents. I was also involved in creating Unit Test Design and SIT Design Documents for the Functional and Technical Factory. Provided myself as a back-up for another analyst to work on Facets middleware Health Web and Member Registration and Enrollment modules of Facets to feed in made up data into the Facets DB using the GUI for data validation.

**Responsibilities:**

* Designed and developed test plans and test scripts for manual and automated testing of the application under different environments.
* Performed GUI testing and Regression testing using Test Partner automation tool.
* Performed Functional, Integration Testing using Test Partner.
* Performed data integrity testing by passing dummy data and writing complex SQL queries.
* Created User Defined functions and imported to Test Partner when needed.
* Extensively involved in Stress testing for replication of business environment.
* Generated scripts for Security testing of the application to avoid unauthorized access.
* QA Load was used to check the reliability and performance of the web site under peak loads.
* Interacted with development team to assist in build/version control as a part of configuration management responsibilities.
* Responsible for maintaining relevant documents with regard to requirements.
* Used QA Director for interaction with developers, bug reporting, tracking and analysis.
* Involved in Back End Testing by extracting flat files from the server, which were generated by a Batch process to verify data against expected results
* Reviewed test assignments, developed test plans and scripts, and conducted test as assigned.
* Wrote SQL Statements to extract Data from Tables to verify the output Data of the reports
* Set claim processing data for different Facets Module.
* Validate EDI Claim Process according to HIPAA compliance.
* Tested HIPAA regulations in Facets HIPAA privacy module.
* Involved in testing HIPAA Database, which incorporates all the HIPAA (Health Insurance Portability and Accountability Act) transaction sets
* Involved in HIPAA standard transactions, and EDI messages (837), COB -Claim payment and remittance advice 835 - Healthcare claim status (276/277), Eligibility for a health plan (270/271).
* Tested and validated for facility affiliations, facility addresses and facility network in Facets.
* Validated the translated HIPAA files with the proprietary CCR (Common Claim Record) implementations
* Involved in creating test scripts and test data files for the HIPAA transaction based on the ANSI X12N HIPAA standards.
* Assisted in UAT (User acceptance testing) testing.
* Participated in Status Review Meetings.

**Environment:** Oracle, FACETS, HP QC/ALM, MS Office Suite, Windows, SQL.

**Davita Health Care, Nashville, TN Sept 2012- April 2014**

**QA Analyst**

I worked as a Test lead on Medicaid Claims Processing, which includes prioritization of claims, creating Medicaid reports and checking the status of claims. I also worked with Facets application where the implementation of Facet newest applications was involved to help healthcare payers improve productivity, enhance service and improve service.

**Responsibilities:**

* As a QA lead I defined test plan, test strategies, test cases based on the requirements outlined in the test plan as part of the development cycle.
* Participated in developing test plans templates and guidelines to be used by the project team with detailed screen layouts with regards to various types of corporate actions.
* Involved in the development of Test Plans and Test Cases and coordinated the tests with the QA team to verify implementation of new features and enhancements.
* Performed Gap Analysis in ICD-9 and ICD 10 codes.
* Design, analyze and performed Integration and wrote System requirements on different leading health care software’s such as FACETS.
* Writing Test Plans/Test Scenarios/Test Cases/Test Matrix.
* Followed the Agile methodology for the entire SDLC
* Involved in writing and executing test cases using MQC based on the requirements
* Performed Back-End testing using SQL Query.
* Developed design Specification writing Test report s and documenting Test results
* Identified customer requirements besides reviewing test plans and documented the development of these plans
* Reviewing the defects and Reporting the Defects through TFS
* Responsible for Performing Integration Testing, UAT testing.
* Used Soap UI to check the status of environment
* Analyzed the system requirements specification and developed appropriate test plans, test cases, test scripts and executed testing
* Worked on claim processing module which involved Receipt, Enrolment (834), Verification of Claims Form (837) and Claims Adjudication, Health Claim Payment/Advice (835) as per HIPAA guidelines.
* Automated web services using Soap UI
* Tested EDI 837,835,834 files in compliance with HIPPA 5010 and ICD10
* Coordinate with reforms operations group to build new marketing strategies for exchange products on portals; designing exchange products with addition of exchange specific attributes to SBCs
* Mapped the Bloodhound tool (clinical editing tool) related data elements to the internal XML elements.
* Created the data dictionary for the clinical aberrancy rules
* Performed Health Care Reform audit for multiple Health Care Reform provisions. Provided recommendations for systems being developed to support the audit.
* Developed automation test scripts for performing regression testing on the application using Quick Test Pro
* Conducted interviews and workshops for soliciting customer requirements
* Performed Test execution and wrote and executed Test scenarios /Test Scripts
* Interacted with the technical team for the 837 claims transactions design
* Manage the Requirements (Business as well as System requirements), performed requirements analysis along with the creation of Test Scenarios.
* Worked with the development team to make sure that they understood the user requirements and that the system developed met those requirements.
* Worked with the Project Manager on various Project Management activities like keeping track of Project Status and Deadlines/Milestones.

**Environment:** Oracle E-Business (Oracle Federal Financial), MS Access, MS Visio, MS Office, MS Project, Quality

Center, SQL, Facets.

**Wellmark BCBS, Des Moines IA Jan 2011- Aug 2012**

**QA Analyst**

Wellmark BlueCross and Blue Shield and its subsidiaries provide health coverage to more than 2 million members in Iowa and South Dakota. And through the Blue Cross Blue Shield Association, Wellmark is part of a trusted national network that covers more than 100 million people. That's nearly 1/3 of all Americans.

**Responsibilities:**

* Responsible for decomposition of the requirements based on the functional specifications, design, development, coding, testing, debugging and documentation of applications to satisfy requirements.
* Prepared Test plan and Test cases based on the functional specifications.
* Involved in writing UAT test cases.
* Performed Positive and Negative Testing manually.
* Extensive work as a claims adjuster and configuration professional, cleaning up errors with claims, benefits, provider contracts, and making modifications in a cleanup effort.
* Verified the different Product Benefit Configuration for different Members.
* Tested HIPAA regulations in Facets HIPAA privacy module
* Executed SQL queries for searching, creating and updating test data
* Made use of Ramp Up and Ramp Down options in scenarios for simulating real time scenarios.
* Worked on different modules of Facets such as Members/subscriber, commissions, provider, billing.
* Identified, analyzed, and documented defects, errors, and inconsistencies in the application using Mercury Quality Center.
* Reported defects according to Defect Life Cycle.
* Membership/enrollment and billing-entered information on Facets to ensure correct eligibility, etc
* Created and Maintained Test Matrix and Traceability Matrix and performed GAP Analysis.
* Coordinated with the developers on Defects Status on a regular basis.
* Involved in User Acceptance Testing.
* Performed feedback concerning completeness and accuracy of AUT.
* Involved in documenting the defects found during AUT.
* Participate in various meeting and discussed Enhancement and Modification request

**Environment:**  Oracle, HIPPA, XML, HP Quality Center, Facets.

**Education:**

Bachelors in Information Management