**Binod karki**

[**karki3676@gmail.com**](file:///C:\Users\Sairon.XCELTECHDC\Documents\Experienced%20%20Resume\QA\Healthcare\karki3676@gmail.com)

**703 832 2878**

**PROFESSIONAL SUMMARY**

|  |
| --- |
| * 7 years of experience in Client/Server, Web based application testing. * Implemented and experienced in various QA methodologies. * Experienced in every phase of Quality Assurance Life Cycle (QALC) and Software Development Life Cycle (SDLC) * Performed planning and development of Test Plans, Test Strategies, Test Cases and Test Scenario to meet product’s business requirements. * Proficient in Defect Reporting and Tracking throughout the entire defect life cycle. * Possess strong problem solving skills with the ability to adapt to a new environment and meet deadlines. * Strong knowledge of software development methodologies including the Agile methodology, Waterfall, and V-Model and SOA Methodology. * Skilled in bug reporting and tracking using HP Quality Center. * Excellent Understanding in Medical and Dental Claims adjudication in QNXT. * Strong in IT research, software analysis and design skills. * Strong experience of developing, implementing and maintaining application systems under UNIX Operating System using SQL, PL/SQL, Oracle 10g/11g database * Performed backend database testing by writing SQL and PL/SQL scripts to verify data integrity. * Extensive experience in Backend Testing on distributed databases using SQL queries. * Experience in Functional Testing, System Integration Testing, Back End Testing, GUI Testing, configuration Testing, User Acceptance Testing. * Solid understanding of Membership, Claims Processing, Billing, Benefit/Eligibility, Authorization/Referrals, COB, and have experience in HIPAA standards and corresponding EDI transactions. * Knowledge of Medicaid and Medicare Services. * Worked on analyzing the business requirement and writing test cases for QNXT batch process. * Tested different web services using SOAP UI. * Experience in performing functional testing using Quick Test Pro. * Followed Workgroup for Electronic Data Interchange standards for testing that need to comply with the HIPAA guidelines. * Tested the HIPAA EDI transactions 834, 837/835, 276/277, 270/271 according to the requirement test scenarios. * Optimum use of documentation to avoid any form of miscommunication or misinterpretation during the entire software development process * Excellent communication and organizational skills with the ability to adapt to a new environment. * Experience in facilitating meetings with clients to discuss and sign-off on the document. * Conducted User Acceptance Testing (UAT) * Motivated self-starter with exceptional team building, leadership, and interpersonal skills. Good team player with the ability to work in time sensitive environments. * Proficient in working with FACETS, claim processing systems. * Extensive experience in Web services testing using SOAP UI & SOAP UI Pro. * Experience on Web services to combine component based development and Internet standards and protocols that include HTTP, XML, SOAP and Web services Description language. * Proficient in Black Box testing, QA Methodologies and Integration Testing, System Testing and User Acceptance Testing. * Excellent knowledge with Risk Assessment and root cause analysis for System Defects. * Experience in scripting System Test Plans, defining Test Cases, developing and maintaining Test Scripts and documentation\ * Well versed in creating test strategies that ties test plan and test scripts together to enhance the quality assurance process. Good knowledge in Test Matrices, Requirement Traceability Matrix, Agile Methodologies, bug statistics, weekly and daily status reports. * Having Excellent Training and presentation skill. * Excellent verbal, written and analytical skills with ability to work in a team as well as individually. Strong inter-personal communication skills. * Specifically used SQL for Backend testing to validate the data. * Have good knowledge of SQL, Triggers, Stored Procedures and database connectivity for Back-end testing   **TECHNICAL SKILLS**  **Methodologies:** SDLC, RUP, Agile, Waterfall  **Platforms:** Windows, Linux  **Testing tools:** SOAPUI, Quick Test Professional  **Change Management Tools:** Rational ClearQuest, TestDirector, HP Mercury Quality  **Office Tools:** MS Project, MS Office, MS Visio  **Database:** MS SQL Server, Oracle SQL pro, MS Access, Oracle, Toad  **Programming:** Java, C++, JavaScript, HTML, XML, Ruby on Rails |
|  |  |

**WORK EXPERIENCE**

**Cardinal Health, OH Sep 2016 –July 2017**

**QA Analyst**

**Description:** Cardinal Health is a leading provider of products, services, and technologies supporting the healthcare industry. The Medi Pharma online service was designed to deliver refill medication to follow-up, disabled and elderly patients at their homes without the necessity to visit the physician. I was involved in different modules like Claims Adjudication, Claims Payment, Coordination of Benefits (COB) and Adjustments.

**Responsibilities**:

* Reviewed Business Requirements with Business Analyst, Project Manager and Lead Developer to learn the functionality of the application.
* Performed regular verification sessions and walk-through sessions to check the proper functioning of the application
* Involved in preparing Test Plan and Test Cases based on business requirements.
* Created and generated test scripts for different test scenarios covering all aspects of project functionality.
* Mapped claims, payments, and status to back-office database.
* Validate different EDI formats and transactions under HIPAA compliance.
* Tested and Validated Request and Response of XML using SOAP UI.
* Performed testing and implementation of X12 HIPAA standards for 837.
* Analyzed the responses of the web service using SOAP UI and validating the data in backend.
* Developed and executed Data Driven tests using Quick Test Pro.
* Automated execution of multi-user performance tests, used online monitors, real-time output messages Analyze, interpret, and summarize meaningful and relevant results in a complete Performance Test Report.
* Monitor and administrate hardware capacity to ensure the necessary resources are available for all tests.
* Used HP-QC for Test Planning, Test Designing, Test Analysis, Test Execution, Defect Tracking and Reporting
* Used SOAP UI for web service testing like validating the response of claim processing.
* Extensively used PVCS for configuration management.
* Wrote extensive SQL queries for Back End testing.
* Tested the application for cross browser compatibility.

**NHP, Boston MA**  **Jan 2015 - Aug 2016**

**QA Tester**

The project was also involved migration from Diamond software to QNXT including configurations, claims auto adjudication scope and definitions, Membership, Enrollment. EDI 835, 837I, 837P, 276/277, 278 and proprietary conversions utilizing QNXT extensions and development of new scripts and extensions to meet proprietary origination formats and reformat them into HIPAA standardized formats. I also worked as a QA analyst in QNXT 5.1 implementation project from QNXT 4.7. I was involved in implementing HIPAA EDI transactions in the application especially 834, 835. Involved in Claims Adjudication, Claims Payment, and Coordination of Benefits (COB), dental implementation, membership and UAT .

**Responsibilities:**

* Developing Test Plan with a Test Strategy for the System testing. Instrumental in creating design and frame work for testing.
* Identified the impacts the HIPPA 5010 & ICD 10 project had on enrollment Claims, FEP (Medicare and Medicaid program)
* Work with trading partners to update EDI transaction sets as needed.   
  \* EDI transaction sets currently working with include 850, 875, 855, 856, 810, 880, 860, 852, 864, 816, 820, 824, 894, 895 & 943 in ANSI standards.
* Troubleshoot and resolve any technical EDI related issues with Customer Service and EDI customers.
* Worked on QNXT Applications for Claim Submission and Response.
* Defined, analyzed, designed, created, tested and maintained several systems to interface with QNXT health care management software.
* Exposed to most QNXT interface systems, including 837 Claim Routing, 835 Remittance, payment and 834 Membership.
* Work with trading partners to test and approve new maps as part of the EDI on-boarding process.
* Work with a 3rd party provider to create, test and deploy approved EDI maps.
* Averagely on-boarding three new trading partners on EDI per month.
* Work closely with the EDI software provider to install updates and fixes as needed.
* Requirements Elicitation, Analysis, Communication, and Validation according to Six Sigma Standards.
* Experience working with 2 of the Major Application that includes QNXT (For Claim Processing) and e-CW (EMR, Patient Portal, Accounts, Providers.)
* Validated the SQL server data against the QNXT.
* Created Use cases, activity report, logical components and deployment views to extract business process flows and workflows involved in the project. Carried out defect tracking using Clear Quest.
* Provide, maintain and support user access to the EDI application.
* Database Validation (SQL) to check the updated data in the Database using SQL Server
* Tested the portal application to make sure the claims, members are loading to QNXT and Providers can heck the member eligibility and claim status.
* Setup and attend weekly meetings to update Customer Service managers on the EDI on-boarding progress.
* Excellent working knowledge of designing and implementation of all QA test strategy plans
* Worked with SQL queries using MS Access for data manipulations.
* Carried out UAT by developing test plans, test scenarios, test cases, and test data to be used in testing based on business and user requirements, technical specifications of the product.
* Used SDLC (System Development Life Cycle) methodologies like the RUP and the waterfall.
* Responsible for business system analysis of customizing the BPS Risk Management product with involvement through the whole SDLC
* Used Excel and MS-SQL to retrieve data and validate them.
* Actively involved in Source Driven Testing, Target Driven Testing, Business Cycle Testing, Business Scenario Testing and Data Integration Testing.

**Meridian Health Care Management, Woodland Hills, CA April 2013 – Dec 2014**

**QA Tester**

**Description:** Meridian Health Care Management is an outsource company that provides administrative and technology services to healthcare providers and payers.

**Responsibilities:**

* Prepared Test plan based on high- level requirement
* Creation and execution of manual test cases
* Reviewed test assignments, wrote SQL queries, and conducted tests as assigned
* Prepared Test Cases based on business requirements and business rules for HIPPA EDI Transaction 834, 837, 835.
* Created Test Cases for Claims Adjudication Process for 837P.
* Tested all edits for Facets Claims module.
* Performed Positive and Negative Testing Manually
* Performed Security testing on the application.
* Experiences working in ANSI x12 270-271 EDI Transaction .
* Documented the test results and reported the status of assigned test tasks and issues to project QA Lead.
* Extensively used SQL statements to query the Oracle Database for Data Validation and Data Integrity.
* Made sure that the systems complied with the rules of HIPAA.
* Helped in project testing efforts for doing integration tests, regression tests and user acceptance tests.
* Reported and tracked defects using Quality Center.
* Worked on Data mapping, logical data modeling and used SQL queries to filter data within the Oracle database tables
* Actively participated in walkthroughs and enhancement meetings
* Maintained Test Matrix and Requirement Traceability Matrix.
* Created Status and Test Summary Reports on Weekly basis.
* Extensive UAT Testing Manually.
* Used MQC for bug tracking and reporting, also followed up with development team to verify bug fixes, and update bug status.
* Documented bugs found out during the process of testing
* Performed Black Box testing, Functional testing, Regression Testing, system testing of the application.
* Participated in weekly walkthrough and inspection meetings, to verify the status of the testing effort and the project as a whole.

**Aetna Health Care, Blue Bell, PA Dec 2011 - March 2013**

**QA Analyst**

**Description:** Aetna is promoting the health and well-being of the residence of Philadelphia. I worked as a QA Analyst on Medicare Claim Accuracy Project for Provider Reimbursement and various modules like Multiple Surgeries, Late Payment Interest and Coordination of Benefits. I worked with **Facets** as well as EDI HIPAA transactions.

**Responsibilities:**

* Involved in HIPAA/EDI Medical Claims Analysis, Design, Implementation and Documentation
* Involved in HIPPA Complaint X12N837 Transaction testing.
* Developed and implemented EDI applications to process Health Care transactions as per the HIPAA implementation
* 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
* Wrote extensive SQL queries for data validation, analysis and manipulation, and maintaining the integrity of the database.
* Reviewing the Use Case Requirement, Functional Design Documents and Technical Specification documents.
* Creating Test Cases after analyzing the BRD’s.
* Wrote SQL queries extensively to retrieved data from the database
* Performing Functional and GUI testing on Facets.
* Prepared test matrices based through defect status in Quality Center.
* Involve in testing of FACETS Implementation, involve in end to end testing of FACETS Claims Processing module, Membership and benefits.
* Retrieved records from multiple tables from Oracle Database by using joins such as Inner Joins, Outer Joins, and Self Joins.
* Perform Header and Body Testing as a part of Regression Test using SOAP UI
* Extensively used SQL statements to query the Oracle Database for Data Validation and Data Integrity using TOAD
* Planning for and reviewing the Test cases for Functionality, Security, Performance, Database and User Acceptance testing.
* Inspected and worked on HTTP web services application and on SOAP APIs.
* Logged defects in Quality Center and interacted with the developers to resolve technical issues.
* Performing Backend Testing extensively by writing validation queries on DB database.
* Validating member’s benefits against the benefits matrix.
* Analyzed and tested data on claims manually and writing queries on DB database for validating data.
* Validating member’s accumulator track right member’s benefits and making sure that Claims gets paid according to the SEPY’s rule.

**Unicare Corporation WI, Aug 2010 - Dec 2011**

**QA Analyst**

**Description:** Unicare uses FACETS, a fully integrated, intelligent data processing and management information system for managed healthcare. Involved in an application where user can find the status of the member at any instance. This would help health insurance with its Membership and Claims Management Information Tracking System, Finance and Utilization management System modules, which integrate directly with FACETS. Member Status Rewrite system has system components like Activate pending member, close pending member Terminate active member, Reinstate Closed Member, Reinstate Termed member.

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 Smoke and Sanity Testing manually.
* Performed positive testing and negative testing manually.
* Identifying Test Cases to be run for Regression Testing and conducting Regression testing as and when new builds were made.
* Executed Configuration Testing to check if the application was compatible in different environment
* 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.
* 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.

**EDUCATION**

Masters of Science- Information systems