Deepa Lekhak

727-871-1044

[deepa.lekhak@gmail.com](mailto:deepa.lekhak@gmail.com)

**BACKGROUND SUMMARY**

* **6+ years** of extensive experience as **QA** on various platforms.
* Hand on experience on all phases of **Software Development Life Cycle (SDLC),** including requirements gathering, risk analysis, scheduling, testing, defect tracking, management, and reporting.
* Extensive experience in **Healthcare domain.**
* Proficiency in **Unit Testing, Smoke Testing, Functionality Testing, Integration Testing, GUI Testing, System Testing, Regression Testing, Sanity Testing, Performance Testing, Database Testing, User acceptance testing (UAT), Compatibility Testing** and **Product Assurance Testing** for Web based and Client/Server applications
* Highly skilled in **Manual** and **Automated testing Techniques** using **Interactive Tools: Load Runner and Quick Test Professional (QTP).**
* Experience with **Medicare, Medicaid**, and **commercial insurances** in **HIPAA ANSI X12** formats.
* Strong HIPAA EDI 4010 and 5010 with **ICD-9 and ICD-10**, analysis & compliance experience from, payers, providers and exchanges perspective, with primary focus on Coordination of benefits.
* Expertise in Claims, Subscriber/Member, Plan/Product, Claims, Provider, Commissions and Billing Modules of Facets.
* Expertise in Automation Testing including proficiency for J**ava web services, Reports, Payment process** & validation testing (Database).
* Extensively worked on EDI transaction like 837, 835,834, 820, 270, 271, 276, 277 and 278.
* Experience in testing EDI X12, HIPAA 4010 and 5010 standards and ICD-9 to ICD-10 conversion.
* Extensively worked on **Quality Center** to write **Test Cases, Execute Test Cases, Log Defects, Track Defects** and **Prioritize Defects.**
* Experience executing **manual/automated test** and doing **Ad Hoc testing, Black Box testing.**
* Validates professional, Institutional and dentist claims in FACETS, verify codes with description and requirements verify adjudication process of claim in FACETS.
* Hands on experience in **Data Manipulation**, **Defining Components** and in writing **SQL** queries
* Proficient in writing **Test** **Plans, Test Scripts, Test Scenarios and Test Cases** for both Manual and Automated Testing.
* Comprehensive experience with **Rational Unified Process** (**RUP**), **Waterfall**, **Agile methodology**.
* Expertise in performing **software bug** tracking using Bug Tracking Tools – **Quality center, Test Director, and Rational Clear Quest.**
* Prioritize and execute tasks in a high pressure environment.
* Reliable, responsible, hard working and good team player.

**SKILLED WITH THE FOLLOWING TOOLS AND TECHNOLOGIES**

Product Methodology: **SDLC, RUP, Agile, UML, Spiral, and Prototyping**

Testing Tools: **Load Runner, Quick Test Professional**

Bug Reporting Tools: **Test Director, Quality Center, Clear Quest**

Databases: **MS Access, MS SQL Server**

Languages: **Java, XML, HTML, Visual Basic, UNIX shell Scripting**

OS/Platforms: **Linux, UNIX, Windows 2000/XP/Vista/7 Macintosh OS/OSX**

Others: **Microsoft Word, Excel, Outlook, Visio**

**PROFESSIONAL ENGAGEMENTS**

**CLIENT NAME: Magellan Health Services Inc. Avon, CT**

**March2013-Present**

**Position: QUALITY ANALYST**

Magellan Health Services Inc. provides managed behavioral healthcare, radiology benefits management, specialty pharmaceutical management and Medicaid administration products and services in the United States. The company provides services to the health plans, insurance companies, employers, labor unions and various governmental agencies. This project involved the addition of Authorization functionality to the existing corporate website Provider Portal, where provider can check eligibility, claims, and other provider related matters. In summary, this project was intended to reduce call volumes on Call center for Manual entry of Authorizations and Authorization Inquiries.

**RESPOSIBILITIES:**

* Reviewed the test requirements and developed detailed **Test Plan**.
* Developed standardized **FACETS** testing, implementation.
* Performed **test** on both inbound and outbound **XML files** and prepared Analysis document with the various results.
* Involved in system testing on EDI transaction 270/271/276/277/835/837 for both inbound and out bound.
* Created **Test Scenarios, Test cases** and **Test data** for claim and member module.
* Performed **functionality tests** of the applications for the **Test cases**.
* Captured all **HIPAA-related EDI data in the repository using FACETS**.
* Supported integrated EDI batch processing and real-time EDI using FACETS.
* Recommend on implementation of HIPAA 4010 ( **EDI X12 837,834, 835, 278,270**) in the new System
* **HIPAA 4010 – 5010 Conversion Analysis** – Involved in the documentation of HIPAA 5010 changes to EDI **837, 834, 835, 276, 277** Transactions.
* **ICD 9- ICD 10 Conversion Analysis** –Worked in the analysis of the **ICD 9 - ICD10** codes.
* Wrote the test cases from use cases and FRD for **ICD9 - ICD10** upgrade.
* Verified the test cases after the codes changes in different tables associate with **ICD9 - ICD10** changes.
* Uploaded the diagnosis codes, procedure codes to the related tables in test environment to verify the changes related to **ICD9 - ICD10** changes.
* Modified the existing claims with new **ICD10** codes and ran through the changes to ensure that claims are getting paid as expected.
* Verified the field length & character which was impacted by **ICD9 - ICD10** changes.
* Verified the mapping for **ICD10** codes.
* **Troubleshot** problems found within FACETS and when **testing the SQL data database** while validating against the business rules.
* Performed **Back End testing** using **SQL queries** to verify the integrity of database.
* Intensively involved in project testing efforts by doing **Integration Testing**, **Regression Testing**.
* Responsible for coordinating and performing **System Integration**, functional and data-related testing.
* Conducted **performance testing** using Load Runner.
* Conducted **Load Testing** to generate the load on the server by creating V user Scripts in the V user generator.
* Maintained **Test matrix** with the test results obtained.
* **Defect Tracking** and **Bug Reporting** were performed using Quality Center.
* Used Test Director as an **error reporting** and communicating tool between the SDLC team.
* Performed User Acceptance Test (UAT) to ensure that developers met the user expectations.
* Participated in **QA Team meetings** and weekly **QA testing reviews**.

**Environment**: Java, HTML/CSS, My-SQL, QTP, MS Office, Facets, MS Project, Quality Center, Load Runner

**CLIENT NAME: AFFINITY HEATH PLAN, Bronx- NY**

**July2011-Jan2013**

**POSITION: QUALITY ANALYST**

Affinity Health plan is an independent, nonprofit managed care plan that serves the needs of over 210,000 residents of New York area and provides health care coverage through its family health plus, Medicare and Medicaid programs. Affinity Health plan implemented Facets Enterprise administrative system, a new core system built by TriZetto, with updated technology to allow for more efficient claims processing, membership enrollment and provider data maintenance and getting access to customer records, X12 EDI and HIPAA standards were followed through the project.As a QA for the Project “All Payer Repository Consolidation”, I was part of testing the different payer formats to standard X12 format.

**RESPONSIBILITIES:**

* Discussed enhancements and modifications with the Project Team
* Involved in developing **Test Plan** and created **Test Cases** as per the business requirements in **Quality center** for Patient Registration Module
* Involved in preparation of **Test cases, Test data** in Quality Center for Report Repository upgrade.
* Developed, maintained and executed **Test scripts** and **Test scenarios** on assigned products to assure product quality from a functional and qualitative perspective.
* Performed **data integrity testing** by executing SQL statements.
* Validated 835, 837, 276, 277, **Institutional and Professional HIPAA Transaction** and X12 format messages.
* Troubleshoot any problems found within FACETS and when testing the SQL data database while validating the business rule.
* Performed **Table, GUI, Database**, and **XML Check Points** in **Quick Test Professional** scripts to check the validity of the data.
* Involved in claims submission and payment (remittance) retrievals by using ASCX12N 820 for the In- bound premium payments; ASC x12N 834 for the Inbound Enrollment and Maintenance; ASCX12 276/277 for the claims status enquiry and response; and ASC X12 835 for the **Health care Claim Payments**.
* Responsible for **customer interface, requirements definition**, general and detailed design, testing, maintenance and training programs and managed requirements using Rational Requisite Pro.
* Negotiated and managed multiple priorities, project plans, time frames and trade-offs while ensuring the clinical and administrative staff understood the final results of the projects, sharing detailed vision of cost-benefit analysis
* Writing Test Plans/Test Scenarios/Test Cases/Test Matrix.Fine-tuning of the database queries for better performance plans.
* Developed **System Integration** and **regression test plans**.
* Performed **User Accepted Testing (UAT)** and Production client support.
* Documented, tracked, and verified defects and enhancements by using **Quality Center**.
* Reported **Bugs** using Quality Center.
* Regularly **troubleshoot** unexpected circumstances.
* Worked on developing the business requirement and use cases for FACETS batch process, automating the billing entities and commission process.
* Analyzed results for **validity** and **clarity.**
* Involved in configuration of Member and Provider Module in FACETS.
* Completed tasks within duration and effort commitments.
* Reported the project status and activities to the Lead on weekly basis.
* Worked with the Developers, Infrastructure teams to resolve the issues.

**Environment**: Windows 2000/XP, Java, Eclipse, UNIX, Oracle, Facets, MS office, SQL, QTP, Mercury Quality Center.

**CLIENT NAME: KINDRED HEALTHCARE, LOUISVILLE, KY**

**Jan2009-June2011**

**POSITION: QUALITY ANALYST**

Kindred Healthcare Inc. is a healthcare services company that through its subsidiaries operates hospitals and nursing centers across the United States. Health Alliance Plans was in the middle of coordinated series of projects, designed to improve their competitive positioning in market. HAP selected to enhance the capability of Customer Contact Representatives (CCR) to efficiently and effectively serve their customers. So they decided to deploy Integration Collaboration Solution (ICS).

**RESPONSIBILITIES:**

* Assisted informational needs in **mapping of Test Cases**.
* Supported the business and the technical team in the product development and delivery process and successfully managed cross- departmental relationships.
* Wrote **Test Cases** in excel sheet and executed Test Cases.
* Mapped Test Cases to Requirements.
* Executed **test cases manually** to verify test data with the expected results.
* Analyzed and worked with HIPAA specific EDI transactions for claims, member enrollment, billing transactions. Worked specifically with 837, 835, 834, and 270/271.
* Extensively participated in functional and technical meetings for designing the architecture of ETL load process (mappings, sessions, workflows from source systems to target systems).
* Worked with FACETS Team for HIPAA Claims Validation and Verification Process (Pre-Adjudication).
* Used XML for building and parsing of Application Configuration file.
* Analyzed and helped in modifying the **Use Cases** and created the Test cases based on them.
* Organized meetings with business users and walk-though developed HLDs for final business approval.
* Prepared **technical document** (report detail design) based on approved HLD by business.
* Set claim processing data for different Facets Modules.
* Tested HIPAA regulations in Facets HIPAA privacy module.
* Interacted with developers for requirement, design and code changes.
* Executed Detailed and Risk Based testing for New Functionality.
* **Retested** fixed defects and approved code fixes.
* Used **SQL Plus to query** the oracle database
* Performed **GUI testing, Integration testing, Regression testing, Ad -hoc testing**, **UAT testing.**
* Created appropriate **test plan, test cases, test scenarios** and ran them up to the Users Satisfaction in the development cycle.
* Documented and **tracked Defects** in Test Director.
* Worked closely with project team members, including developers to prevent report and resolve product defects

**Environment:** MS Access, SQL, Windows XP, MS office, Facets, Test Director, QTP

**CLIENT NAME: McKesson Health Solutions, Auburndale, MA**.

**August2007-Nov2008**

**POSITION: QUALITY ANALYST**

McKesson is the nation’s leading health care services company, with a unique vision for its future, which has been recognized globally. The project involved cost-effective and fully customizable business management solution designed to meet the specific need of the client. It included integrated functionality for financial management, supply chain collaboration, CRM, and e-commerce

**RESPONSIBILITIES:**

* Performed **GUI Front End Test** to validate the User interface as per the Client Requirement.
* Design and Developed **Test Plan** and **Test Cases** according to Functional Requirements and design specifications of the application Prepared **test plans** and **test cases** and executed them.
* Worked with **RUP & Agile Methodologies.**
* Cross checked of data in database by writing and executing **SQL & PL/SQL** statements.
* Performed **back-end/ database queries** for data verification.
* Performed **manual testing - functional testing**, **extensive regression, integration, system** and **acceptance testing**.
* Performed **Regression testing** on different builds deployed on a weekly basis.
* Worked closely with Development and other Testing groups (**Functional Testing, Automation**).
* Reported the defects in Quality Center and documented the report.

**Environment:** SQL Server, QTP, Quality Center, SQL, PL SQL, MS Word, Windows XP.

**EDUCATION:**

* Master in Business Administration.
* Bachelor in Science.