SUMMARY

* Over 6 years of experience as a Quality Assurance Tester in Healthcare good knowledge of Medicaid and Medicare services.
* Expertise in various SDLC methodologies like Waterfall, Agile and RUP.
* Extensive experience on working with ICD 9 and ICD 10 and adept understanding of professional, institutional, PX/DX relationships.
* Experienced in manual as well as automation testing both web based and client based applications (Windows and UNIX environments).
* Requirements gathering in compliance with HIPAA 4010 and 5010 formats.
* Thorough understanding of HIPAA standards, compliance issues, privacy policy, opts in/opt out policy.
* Hands-on experience with various modules of Facets like membership management, premium billing, enrollment, claims processing & adjudication, coordination of benefits administration.
* Experience in writing Test Cases and Test Plans.
* Experience in testing the HIPAA EDI transactions 834, 837/835, 276/277, 273, 270/271 according to the requirement test scenarios.
* Experienced in using applications testing tools like QTP, HP Quality Center and HP ALM.
* Hands on experience on Quality Centre, Quality Professional Testing, Clear Quest and Load Runner.
* Experience with both Web-Based and Client-Server applications in various environments.
* Expertise in various types of software testing such as regression testing, integrated testing, black box testing, positive testing, negative testing, backend testing, stress testing, load testing, volume testing, functional testing and user acceptance testing.
* Good Knowledge of Web Service Testing using Soap UI
* Tested different web services using SOAP UI
* Experience in maintaining test matrix and RTM.
* Expertise in test management and defect management tools such as HP Quality Centre and Clear Quest.
* Proficient in writing and executing SQL queries to define, manipulate, query and control data on the databases running on windows or UNIX platforms.
* Extensive knowledge of writing complex SQL queries for doing backend testing.
* Excellent communication and writing skills with the ability to adapt in a new and dynamic environments.
* Ability to multi-task, prioritize and can work alone with minimal and no supervision.
* Extensive experience in working with in-house and off shore teams.

EXPERIENCE

**Blue Cross Blue Shield, Chattanooga, Tennessee**

**Sr. QA AnalystAug2013- Present**

In BCBS I was working on Medicare Revenue Realization project. The objective of the Medicare Revenue Realization (MRR) project was to develop and modify integrated application, processes and implement tools that facilitate the identification of payment discrepancies and reconciliation of Medicare revenue.

I have also worked on the implementation of the new processing system for Benefit Enrollment files (834) and Payer and Claims (837) along with review, design and reconfigure of the following **FACETS** functional areas:

**Responsibilities:**

* Analyzed system requirements and developed detailed Test Plan.
* Performed Manual Testing for the EDI transactions.
* Worked closely with development team to ensure the application performance and stability and also ensure the application completes the whole end-to-end process.
* Participated in weekly status meeting with Development and Management Teams.
* Involved in testing methodologies throughout the Software Development Life Cycle.
* Assisted in writing Test Plan, Test Strategy, System Testing and End-to-End Test.
* Worked on migrating ICD-10 codes and mapping ICD-9 and ICD 10 codes
* Processed claims in **Facets** and verified 835X12's are generated and sent to Provider.
* Involved in testing the EDI transactions 834, 837, 835. 270/271 & 276/277 conversion to Facets.
* Performed functional testing using Quality Centre.
* Developed SOL Queries for backend testing.
* Analysis of Business and Requirement Specifications. Designing Test Lab and formulation of Test Strategy, Test Plans and Test Cases in HP ALM for the Functional, Integration, end-to-end, stability, Security and smoke testing.
* Experience with developing HIPAA Companion Guides for 834 Enrollments, 270/271 Eligibility Inquiry/Response & 820 - **Health Plan premium payments for MMIS.**
* Evaluated and implemented QA process improvements for ongoing testing.
* Worked on UNIX platform and experience in backend testing by executing SQL Queries.
* Involved in maintaining the test matrix and RTM.
* Participated in QA meetings and defect tracking meetings.
* Conducted GAP analysis and filling gap according to the format set by HIPAA.
* Involved in **FACETS** Implementation, involved end-to-end testing of **FACETS** Billing, Claim Processing and Subscriber/Member module.
* Elicit requirement to be able to generate the tools and info needed to process the ICD-10.
* Tested the HIPPA EDI 834, 270/271, 837/835 transactions according to test scenarios and verify the data on different modules.
* While working on requirements of the 835 HIPAA project, jumped half way in the 820 report project, continued working on 835, 276 / 277 and HIPAA EDI Transactions across enterprise, meanwhile new project initiation of 4010 to 5010 migration began.
* Experiences working in ANSI x12 837-835 EDI Transaction.
* Developed Test Script for Functionality, Security, and Regression testing.
* Ran the scripts on multiple environments (QA, UAT and Production) to ensure that requirements were still met.
* Performed GAP analysis for HIPAA 4010 to 5010.
* Wrote Test scenarios and test cases for testing the migration of EDI4010 to 5010 and the processing of member enrollment and benefits, (834) batch jobs corresponding to the claims (837).
* Performed Back-End Testing to check database integrity by writing SQL queries.
* Involved in **FACETS** Implementation Testing, involved end to end testing of
* F**ACETS** Billing, Claim Processing and Subscriber/Member module.
* Set claim processing data for different **Facets** Modules.
* Wrote test cases in Quality Center derived from the Design documents and generated a Traceability Matrix for testing purposes.
* Uploaded the diagnosis codes, procedure codes to the related tables in test environment to verify the changes related to ICD9 – ICD-10 changes.
* Used Quality Center to record documenting information useful in debugging process, evaluating test data.
* Participated in release meetings and also participate in Retrospective session.
* Extensively worked on any requirement upgrade and/or change request while doing UAT.

**Environment:SQL Server 2000, Oracle, MS Project, HP ALM/Quality Center, UML, MS Office, DB2, Toad, SOAP UI, QTP, UNIX.**

**Qual Choice Inc, Little Rock, AR**

**Quality Analyst Nov2011 – Aug 2013**

One of the leading company and has the best group insurance plans for business and second largest managed care provider in the state, Qual Choice offers group health insurance plans for multi-million dollar companies. As a, QA Analyst, I was involved in various kinds of testing of the Facets application modules like **Enrollment, Membership and Claims.**

**Responsibilities:**

* Analyzed system requirements and developed detailed Test Plan.
* Performed Manual Testing for the EDI transactions.
* Conducted GAP analysis and filling gap according to the format set by HIPAA.
* Involved in FACETS Implementation, involved end-to-end testing of FACETS Billing, Claim Processing and Subscriber/Member module.
* Elicit requirement to be able to generate the tools and info needed to process the ICD-10.
* Tested the HIPPA EDI 834, 270/271, 837/835 transactions according to test scenarios and verify the data on different modules.
* Experiences working in ANSI x12 837-835 EDI Transaction.
* Work on coordination of benefits (COB) in a claim processing.
* Developed Test Script for Functionality, Security, and Regression testing.
* Ran the scripts on multiple environments (QA, UAT and Production) to ensure that requirements were still met.
* Performed GAP analysis for HIPAA 4010 to 5010.
* Wrote Test scenarios and test cases for testing the migration of EDI4010 to 5010 and the processing of member enrollment and benefits, (834) batch jobs corresponding to the claims (837).
* Performed Back-End Testing to check database integrity by writing SQL queries.
* Set claim processing data for different Facets Modules.
* Tested HIPAA regulations in Facets HIPAA privacy module.
* Wrote test cases in Quality Center derived from the Design documents 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.
* ICD 9- ICD-10 Conversion Analysis –Worked in the analysis of the ICD 9 – ICD-10 codes.
* Uploaded the diagnosis codes, procedure codes to the related tables in test environment to verify the changes related to ICD9 – ICD-10 changes.
* Logged the defects using HP Quality center/ALM and participated in everyday Defects meeting.
* Used Quality Center to record documenting information useful in debugging process, evaluating test data.
* Prepared and maintained the Test Matrix, Requirements Traceability Matrix.
* Participated in release meetings and also participate in Retrospective session.
* Extensively worked on any requirement upgrade and/or change request while doing UAT.
* Worked closely with development team to ensure the application performance and stability and also ensure the application completes the whole end-to-end process.
* Participated in weekly status meeting with Development and Management Teams.

**Environment: Agile/Waterfall, MS Office Tools, Windows XP, ALM, Quality Center, Facets, MS SQL, UNIX.**

**UNICARE, Chicago, IL**

**QA Tester April2009 – Oct 2011**

UniCare is a national organization dedicated to the delivery of quality health care plans and products to its customers. This project aimed at developing software for auto-adjudication of claims process to improve the efficiency in processing claims. A legacy conversion system, which initiated all the necessary procedures, standardized and validated the data according to HIPAA regulations, and provided error free processing for the transactions that could not be fully processed through the existing system. Also, performed upgrades from HIPAA X12 4010 to HIPAA X12 5010.

**Responsibilities:**

* Wrote test cases manually and using automation tools to validate the functional and non-functional part of the application.
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets or Internet portals. This includes HIPAA 4010; 837, 835, 270/271, 273, 278, and others.
* Performed configuration Testing, end to end testing, regression testing.
* Authorized Test Cases for HIPAA EDI transactions specifically 837.
* Tested HIPAA Transactions and code sets standards.
* Worked with FACETS Team for HIPAA Claims Validation and Verification Process (Pre-Adjudication).
* Logged the errors, reported defects, determined repair priorities, did regression testing and closed bugs using Quality Centre.
* Maintaining and executing automation scripts using ALMComplete during different releases.
* Tested HIPAA Transactions and Code Sets Standards such as 837/835, 270/271, 276/277 transactions.
* Tested 837/ 835, 270/271, 273, 276/277,278, transactions with File Aid.
* Documented XML file processing use case as well as identified XML file level processing errors.
* Extensively worked on different kinds of joins and operators to fetch data from multiple tables.
* Conducted data integrated and data validation.
* Involved in testing **HIPAA Transactions**&**Code Sets Standards like (820- Premium Payment for enrolled health plan members, 834(X12) - Enrollment /Dis-enrollment to a health plan, 835, 837 ...etc.)**
* Perform Header and Body Testing as a part of Regression Test using SOAP UI
* Used SOAP over HTTP as the transportation protocol to create a test SOAP request very quickly.
* Functional Testing of Member Portal UI for Accident forms and Admin screen which are developed on Grails to handle Human intervention workflow process.
* Planning for and reviewing the Test cases for Functionality, Security, Performance, Database and User Acceptance testing.
* Checked the data flow from front end to backend and used SQL queries to extract the data from database.
* Performed Functionality and GUI testing using QTP.
* Identified Test cases to perform Regression Testing.
* Set claim processing data for different **FACETS** Module.
* Involved in maintaining the test matrix and RTM.
* Participated in QA meetings and defect tracking meetings.

**Environment: SQL Server, Oracle, MS Project, Quality Center, UML, DB2, MS Visio, Toad, SOAP UI, UNIX**

**WellCare Health Plan Inc.**

**QA ANALYST May 2008 – April 2009**

Because Medicare and Medicaid require date-sensitive claims auditing, ineffective clinical edits can lead to expensive problems that include high error rates, inaccurate and inconsistent assessment of claims, penalties for regulatory noncompliance, unnecessary overhead, and other costs. The project’s objective is to implement a new rules engine claims editing system to provide clinical edits based on date-appropriate Medicare and Medicaid rules and policies. Participated in the implementation of Claims Processing, member enrollment, and Billing modules in the system.

**Responsibilities:**

* Analyzed system requirements and developed detailed Test plans.
* Performed Manual as well as Automation Testing.
* Wrote Test Cases and Test Strategies on business requirements.
* Performed Smoke, System, Integration, Unit, Regression Testing and User Acceptance Testing.
* Conducted manual testing to verify expected results.
* Uploading the test results in the Quality Center according to test acceptance criteria.
* Verified whether the environment is up or not by checking web services using Soap UI.
* Performed Web Services testing and Validated XML request/response data using SOAP UI.
* Participate in weekly meetings for reviewing progress and future testing efforts.
* Participated in walkthrough meetings and inspection meetings to review.
* Performed manual testing for screen navigation.
* Tested using automated tools like QTP,ALM
* Extensively worked on different kinds of joins and operators to fetch data from multiple tables.
* Analyzed the performance based on the reports generated.
* Reported defects using defect management tools such as Quality Centre.
* Worked closely with the production development team to ensure stability.
* Worked under waterfall model during the entire project.
* Worked on UNIX platform and experience in backend testing by executing SQL Queries.
* Developed SQL Queries for backend testing.

**Environment: SQL Server 2000, Oracle, Quality Center, ALM, UML, MS Office, Toad, Clear Quest, UNIX.**

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Reference available upon request