**Jiban Sedai**

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**CAREER HIGHLIGHTS**

**Over 6 years** of IT and Management experience in **Software Development Life Cycle (SDLC)** and Project Life Cycle working as **Quality Assurance Analyst** in Healthcare domain with prime focus on claims adjudication, provider, eligibility and prior authorization for Medicaid and Blue Programs.

* 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).
* Knowledge of claims adjudication systems, i.e., Facets, QNXT.
* 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 Automation Testing including proficiency for Java web services, Reports, Payment process& validation testing (Database).
* 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.
* 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, hardworking and good team player.

**Technical Skills:**

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| Process Methodology / Modeling Tool | Software Development Life Cycle (SDLC), MS Visio, Main frame/CICS/DB2 (Client Server Applications), Edifecs Specbuilder, TSA, Rational Quality Manager, Rational Clear Quest, Visual Slick Edit, Share Point, Load runner, Data Warehouse. |
| Databases | MS Access, MS SQL Server, Oracle |
| Operating systems | MS-DOS, WINDOWS 98/2000/2007/NT/XP |
| Office tools | MS Office 2003/2000, Word, Excel, PowerPoint, Access, Outlook |
| Project management | MS Project 2003/2007 |

**PROFESSIONAL EXPERIENCE**

**Xerox, Sacramento, CA**

**Position: Test Analyst July 2013 – May 2015**

**Project Description:**

Xerox health care is a Financial Intermediary to operate the CA-MMIS (California version of Medicaid Management Information Systems). The project deals in testing the ICD-10 Crosswalk System. The ICD-9 code (which is required to report medical diagnoses and inpatient procedures for everyone) would be replaced by ICD-10 code sets from October 01-2014. Xerox implemented a backward crosswalk solution for Department of Health Care Services (DHCS), CA to process ICD-10 Diagnosis and Procedure Codes through CA-MMIS.

**Responsibilities:**

* Analysis of Business Requirement Specifications
* Prepared Test Conditions on each scenarios based on the Business Requirement Documents
* Created Test Plans and Test Cases in Rational Quality Manager for the Functional, Integration, end-to-end testing
* Reviewed Prepared Test Conditions, Test Cases, Test Scripts, Test Steps and made appropriate suggestions to meet the Business Requirements
* Worked on CA-MMIS Mainframe legacy system for claims processing
* Extensive knowledge of California Medicaid Management Information System (CA-MMIS).
* Extensively worked with EDI transactions such as 837I and 837P following the HIPAA compliance EDI standard format of X12
* Extensively worked on ICD-10 Enhancement project. Crosswalk of ICD-10 to ICD-9 Diagnosis and Surgical Procedure Codes
* Created EDI standard format of X12 using Edifecs SpecBuilder, Test Scenario Application, and SlickEdit.
* Reviewed and analyzed the created medical claims for sanity check prior to the submission
* Submitted medical claims through multiple entry point such as EDI, Paper, POS, and Real Time
* Executed test cases found errors reported defects, determined repair priorities, did regression testing and closed through Rational Clear Quest
* Documenting defects and participating in defect management meetings (construction, reproduction, and solution)
* Responsible for performing System and UAT Testing
* Categorized defects based on the severity and interacted with developers to resolve them
* Responsible for performing various types of process evaluations during each phase of the software development life cycle, including audit, review, walk through and hands on system testing
* Prepared reports and correspondence concerning project specifications, activities and status
* Extensively used Microsoft Office for documentation and data interpretation

**Environment and Tools: Windows 7, Mainframe, Rational Quality Manager, Rational Clear Quest, Agile, HIPPA, EDI, CAMMIS, SharePoint, Edifecs SpecBuilder, SlickEdit, and Test Scenario Application, Data Warehouse.**

**Client: MVP Healthcare, Syracuse, NY May 2011- June 2013**

**Position: QA Analyst**

MVP Healthcare is a wellness-focused company with personalized solutions to help members and organizations improve their health. MVP’s integrated wellness programs in partnership with providers and employers, empower our members-encouraging and rewarding healthy choices and activities. MVP is currently working on HIPAA 5010 implementation.

5010 is an updated set of ANSI X12 Standards under the HIPAA law being implemented by the U.S. Department of Health and Human Services for the electronic exchange of health related transactions between companies (health plans) and providers and vendors. The electronic exchange of transactions is referred to as EDI or Electronic Data Interchange; the new version of standards required for these transactions is referred to as version 5010.

**Responsibilities:**

* Involved in the impact analysis, scope lockdown, and requirements gathering phases of the company's transition and development phase management of transition from **HIPPA 4010 to HIPPA 5010.**
* Medicaid claims extracted from Facets to generate outbound 837 I &P for NYS submission
* Assisted in creation of Test Plan, Test Strategy and estimation of test duration.
* Facilitated to support for UAT testing.
* Manual Test case preparation for **EDI 837 I and P ,277CA,820** in **Mercury Quality center/ALM (Version 11.0)**
* Performed End to End testing on **EDI 837 I** and **P, 277CA** based on **HIPAA 5010** guidelines
* Experience in Database testing using **Oracle, MS SQL Server**, **SQL** and **PL/SQL** queries in **TOAD** and **SQL developer.**
* Extensive use of **SQL** to test within Facets core system, **PCS EDI database**, on **Oracle, SQL** and **Sybase** platforms.
* Performed **System, Integration, Regression and Smoke** test and assisted in **UAT** Test.
* Internal creation of test data by converting 4010 EDI files into 5010 format.
* Mocked up **5010 837I and P** test data to meet various Test Scenarios.
* Regression Tested **4010 837I and P** test claims in different environments.
* Performed compliance testing on **837** **I** and **P**, **834** and **820** EDI transactions.
* Analyzed **Edit and Confirmation Reports, 999** **and 277CA** transactions to find the status of submitted claims or issues in the claims.
* Worked on NYS 837 Medicaid claims
* Provide weekly and daily status on testing directly to the Test lead and Project manager
* Extensive usage of Quality center in preparation of test cases and test scenarios
* Performed Functional, Transaction, Integration, End to End, **Positive testing, Black Box** **testing, and Regression testing.**
* Reviewed and analyzed Requirement and Technical Documents
* **Recorded, maintained & tracked defects, assigned type & priority/severity levels**.
* Created **manual test cases** in Quality Center.
* Executed test scripts using **HP Quality center** for manual testing.
* Detected Defects, communicated to the developers using **Bug Reporting Tool** and tracking the Defects using Quality Center.
* Logged the bugs in Defects tab in Quality center.
* Participated in Walkthroughs and Defect report meetings periodically.
* Worked hand in hand with the Trading partners , SME’s and developers to identify the test needs
* **Data Seeding** for fresh enrollments from front end facets for more than 19 product types
* Member Enrollment in Facets/Intranet based on different product types PPO/HMO/EPO/Government products (Medicare/Medicaid)
* Added dependents/terminated dependents to existing members.
* End to end testing with Clarity the third party vendor.

**(HIPAA 5010 implementation/5010 Medicaid Claim submission to NY State/ID Cards and Packets Migration)**

**Environment:** FACETS 4.71, TOAD/SQL Developer, Mercury Quality Center/ Application Lifecycle Management (Version 11.0), Oracle, Edifecs.

**Client: Unisys Corporation, Boise, ID (Jun 2010 – April 2011)**

**Position: Quality Assurance Analyst**

**Project Description:** Idaho Base MMIS project is to provide the Base component of the MMIS, which receives and processes prior authorizations, referrals, claims, and remittance advices for medical and dental services. The project also manages provider enrollment for all Idaho Medicaid providers along with Idaho Medicaid Member. This includes the files and data conversion and migration of all application functionality from the legacy MMIS system to the client-server application (Health PAS system).

**Responsibilities:**

* Worked on standardized **QNXT** testing, implementation and **QA** processes.
* **Integration, System and User Acceptance Testing** experience.
* Testing both inbound and outbound, and **XML files** converted by **Biz Talk** that were in EDI format and prepare analysis document with various results
* Responsible for working with the State to review and modify process flows to increase productivity and effectively utilize QNXT features not provided by the legacy systems.
* Participated in development of F**unctional test plans**, **test cases**, **test strategy** and estimation of test duration.
* Developed inbound load and outbound extract programs, data sweeps, etc.
* Worked on Member Management, Eligibility, Claims, and Billing modules within **QNXT**.
* Tested the changes for the front end screens in QNXT related to following modules, test the QNXT batches (member load, Billing, Provider, etc.
* Compliance check of various transactions (**270/271, 834, 835, and 837**).
* Manual Test case preparation for EDI 837 I and P , 834 and 820 in Rational Test Manager
* Performed End to End testing on EDI 837 I and P, 834 transactions**.**
* Ongoing membership maintenance load programs, input files being both Proprietary and **HIPAA** **834** file formats.
* Vendor outbound extract programs, files being in both Proprietary and **HIPAA 834** formats.
* Worked with **HIPAA** Team for RIMS Companion Guide of **X12 ANSI 270/271** and **276/277** Companion guides for Professional and Dental claims. Cross-functional team member in the implementation of the **ANSI X12** involving **837 HIPAA** compliance and **835 Remittance Advice**.
* Used **Process log browser** to view different types of log history files to figure out issues with **834** transactions.
* Analyzed **824** and **BRR** reports to find the issues with 837 I and P, 834, and 820 transactions.
* Analyzed the front end Customization requirements on **QNXT** applications (**Member, Group/Subgroup application, Member maintenance**, etc).
* Co-ordination of front-end changes in multiple development and testing environments.
* Reviewed **Test Strategy** and **Test Plans** to ensure that they reflect and include all functional, Performance, Usability and Security requirements.
* Used **MS SQL** **Manager Studio 2005** to query the **MS SQL** database.

**Environment:** QNXT, MS SQL Server 2005, Rational  RequisitePro, Rational Clear , Quest, Rational Manual Tester, Rational Test Manager, MS SQL Server Reporting , Service(SSRS), MS Share Point.

**Client: BlueCross BlueShield, Eagan, MN   (Feb 2009 - May 2010)**

**Position: Quality Assurance Analyst**

**Project Overview:** Medical Claim Processing Application is a user-friendly integrated system that is customized for every practice. It produces HIPAA Medical Compliance claims and transmits them electronically to payers nationwide. Medical Claim Processing Software generates medical, dental and institutional claims in compliance with all required standards such as ANSI (American National Standards Institute) ASC (Accredited Standards Committee) X12 standards, HIPAA Code Sets ANSI 835, ANSI 837 and other HIPAA Code Sets.

**Job Responsibilities:**

* Developed Test Strategy for manual testing.
* **Integration, System and User Acceptance Testing experience.**
* Assisted Project Leads in all phases of the Project to review project deliverables for completeness, quality and compliance.
* Attending meeting with other groups and explains performance objective, strategy and progress.
* Work with development, users and support groups to understand the application architecture, use and current production issues to simulate the best possible real time
* Worked with **Medicare**, **Medicaid** and **HIPAA compliant ANSI X12 837** formats for both professional claims and institutional claims.
* Utilized release notes to reflect changes /additions into the scripts as needed. Conducted regression and performance tests to identify the impact caused by the release modifications.
* Developed scenarios for **Regression/Functional and Performance testing** which covers more than 90% of the Critical scenarios for the application.
* Responsible for daily and weekly status, attended the bridge meetings showing progress and future testing efforts.
* Worked closely with developers and the Business team to fully understand the scope and functionality of the proposed system & functional requirements.
* Developed **Test Cases**, **Test Scenarios** by incorporating User Profiles, use cases, BRD/SRD.TDD documents.
* Created the test strategy document that defines the test environment, **phases of testing**, entrance and exit criteria into different phases of testing and resources required conducting the effort.
* Worked with development, users and support groups to understand the application architecture, to simulate realistic production scenarios for **Regression/Functional and Performance Testing.**
* Effectively established and maintained working relationships with peers and constituents.
* Used **SQL Queries** to pull out data from the databases for the data validation and routine report generation. Interacted with department heads to finalize business requirements, functional requirements, and technical requirements.
* Tested the final application for Usability Testing to verify whether all the user requirements were catered to, by the application.
* Identified issues/defects in the system, logged them in the defect tracking tools.

**Environment:** Facets 3.1, DB2, Agile, Requisite Pro, SQL, Share point, MS Access, MS Visio, MS Project, MS Word, MS Excel, Ms Power Point, Clear Case, Clear Quest, Quality Center, Oracle.