**Nagaraj Pulluru**

**636-484-2672**

[**Pnraj78@gmail.com**](mailto:Pnraj78@gmail.com)

**Summary:**

* Over 8 +years of experience in creating innovative and cost effective Quality Assurance solutions with expertise in Insurance, Healthcare processes, applications using manual testing procedures & test automated tools
* Extensive experience in all phases of SDLC processes.
* Experience working with HIPAA EDI 837 transactions which include Medical (Institutional), Professional and Dental claims for both 4010A1 and 5010 versions.
* Work experience on 820,834,835 and 277CA transactions for both versions (4010A and 5010)
* Thorough knowledge on 270/ 271, 276/ 277, 278 transactions.
* Strong Knowledge and working experience on ICD-9 and ICD-10 codesets and the conversion.
* Support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Knowledge of MMIS (Medicaid Management Information System), HIX (Health Insurance Exchange), EMR (Electronic Medical Record), EHR (Electronic Health Record) and healthcare reforms like the Patient Protection and Affordable Care Act (PPACA), Emergency Medical Treatment and Active Labor Act (EMTALA).
* Experienced in different types of testing like Black box testing, white box testing, functional, GUI testing, Systems testing, regression,integration, UAT and performance testing
* Expertise in reviewing requirements, Business requirements gathering, Data warehousing, evaluating data sources, translating requirements into specifications and application design.
* Experience with QNXT 3.4, QNXT , Facets , Inbound & Outbound interfaces, EDI configuration, and data mapping using ANSI X12 4010 and 5010 (834,835,837) .
* Worked on the Business Process Testing(BPT) of the Quality Center using the input and output parameters, creating different components on the BPT tab.
* Experienced in documenting Test Plan, Test Objectives, Test Strategies, Test Scripts, Test Scenarios and Test Cases.
* Expertise in Claims, Subscriber/Member, Plan/Product, Claims, Provider, Commissions and Billing Modules of Facets.
* Verified application functionality against business requirements, manually and by using Win Runner.
* Experience with structured QA Methodology and QA Process to ensure the Quality Assurance Control.
* Used Quality Center to prepare Test cases, Requirements Traceability Matrix and managing the Defects as per the Business requirements.
* Strong experience in capacity planning, load test configuration.
* Expertise in Black Box, Sanity/Smoke, Integration, Regression, Performance/ Load/Stress, System and Functional Testing.
* Strong experience in Quality Assurance of multi-tier systems, Client/server systems and Web Applications/Sites including testing large enterprise software applications.
* Excellent team player with strong written, communication, interpersonal and analytical skills.

**Technical Skills:**

|  |  |
| --- | --- |
| Testing Tools | QualityCenter10.0,QTP9.4 , Rational Clear Quest, SQA Manager, EDISIM. Clear Quest, Mainframes, Trasaction Management, Edifecs |
| Operating Systems | Windows XP, Unix (Solaris). |
| Database | SQL Server & Microsoft Access |
| GUI Tools | Visual Basic 5.0/6.0, Developer 2000, Crystal reports |
| EDI Standards | ANSI X12, HIPAA, Spec Builder 6.2/7.0 , Edifecs , Edge tool , HTM |

**Amerigroup, Virginia Beach, VA Jan 13 - Present**

**Lead QATester**

My primary role on this project was working on conversion of ICD-9 CM and PCS codes to ICD-10 (Clinical Modification and Procedure Coding System) codes and conversion of all EDI HIPAA X12N-4010 transactions to HIPAA X12N-5010 version and prepare necessary supporting mapping/crosswalk documents as part of project deliverables.

**Responsibilities:**

* Testing various change orders of Medicaid applications received from the System Engineer’s
* Regression Testing of Web applications and applications dealing with MEDICAID and MEDICARE Services
* Conducted weekly meetings for deciding the Policies and Procedures to be followed while constructing new sites.
* Conduct complex documentation and user needs analysis. Interface with team and staff to develop HL7 integration
* Assisted JAD sessions to identify the business flows and determine whether any current or proposed systems are impacted by the EDI X12 Transaction, Code set and Identifier aspects of HIPAA.
* Developed the strategy for developing and implementing new EDI (HL7 and X12) interfaces and converting historical clinical and data.
* Worked on analysis of FACETS claims processing system and gathered requirements to comply with HIPAA 5010 requirements
* Reviewed EDI companion guides for all payers to ensure compliance, edit integrity and maintain up-to-date list of payer contacts.
* Developed QA Test Plan from technical specifications and requirements for this project which deals mainly with three areas i.e. presentation tool, integrated genesis selling tool and catalog APIdifferent iterations and phases of the Software Development Life Cycle.
* Developed and conducted statewide HIPAA 5010 and ICD10 awareness program for all IDS staff in Tenet.
* Provided superior client interaction to make sure all needs were met.
* Performed testing for Medicare, Medicaid and X-Over claims for Medicaid Management Information System (MMIS)
* Involved in 835 files validations for HIX at Claim level, Line level, Service level and Transaction level.
* Tested member conversion from Mainframe Legacy systems to facets.
* Involved in gap analysis and implementation of HIPAA 5010, ICD 10 and Claim Validations
* Conducted Gap Analysis, and Gathered User Requirements by Interviews, user meeting, JAD session, and Requirement Elicitation Sessions
* Involved with the coders in evaluation of CPT and ICD9 codes to ensure that the diagnosis meets medical necessity for the specific CPT code.
* Utilized corporation developed Agile SDLC methodology. Used ScrumWork Pro and Microsoft Office software to perform required job functions.
* Produced Gap Analysis documents for HIPAA 5010 and ICD10.
* Substantial report development experience utilizing SQL Server Reporting Services (SSRS), Cognos Impromptu, and Microsoft Excel
* Participated in testing the various Interfaces (Inbound and Outbound) of FACETS.
* All the test scenarios which have been satisfied with the functionality are moved to automation testing using Quick Test Professional.
* Extensively interacted with the stakeholders and the IT Department in finalizing the requirements according to the CMS Compliances/Regulations and HIPAA Regulations.
* Established questionnaires and resource leveling required for implementing HIPAA 5010 and upgrading ICD-9 diagnosis codes to ICD-10 codes
* Assisted to develop the Test Plan, Test Cases and Test Scenarios to be used in testing based on Business Requirements, technical specifications and/or product knowledge.
* Analyzed trading partner specifications and created EDI mapping guidelines.

**Environment:** Facets, MS-Visio, MS Office, MS Project, Quality Center, HIPAA/ EDI X12, Load runner, Edifecs, Edge, Transaction Manager, Transaction Restarter, FTP.

**ACS Xerox Company, CO                                                  Feb 11– Dec 12**

**Lead Quality Analyst /Sr.Tester**

The project was to develop applications which accept different claims like Medical claims, Dental claims, Pharmacy claims and vision claims from different vendors and route the claims into Batch Adjudication System and Online Adjudication. Here the Batch Adjudication System automatically adjudicates the claims and sends the files to Payment department. In the Online Adjudication system examiners will check the files and then they will move the claims to Payment department.

Responsibilities:

* Created and maintained templates such as: Test Plans, Requirements Traceability Matrix, Test Scripts, Testing Issues, Project Sign-off and Test Reports.
* Provided quality and testing best practice recommendations
* Run bi-weekly business requirements sessions with the QA resources to ensure requirements accurate understanding and to ensure test cases are easy to understand and execute
* Communicated quality and testing goals effectively to project managers, project participants and testing staff.
* Managed quality and testing deliverables, including coordination across interfacing segments.
* Worked on testing Web Services using Soap UI.
* Improved process for payment of Medicare Secondary Payer claims through revised workflows.
* Designed and developed presentation layer using JSP, DHTML, AJAX and JavaScript.
* Involved in testing the SOAP messages across the web site and made sure results returned in XML format
* Used Quality center for defect tracking management of test cases.
* Extensively used Mercury Quality Center to monitor the progress of assignment of testing activities.
* Logged the defects in Quality center maintaining right priority and managed the defects through it.
* Coordinated UAT, Regression and Integration testing schedules and completed the same.
* Created automated Load test scripts using Load Runner.
* Conducted GUI and functionality testing using QTP.
* Conducted data driven testing using QTP to conduct backend testing.
* Involved in testing the conversion of Medicaid, Medicare and Commercial groups, members , providers and Authorizations from Legacy AMISYS system to FACETS
* Involved in testing Facets front end applications: Subscriber/Member, Utilization Management, Provider, Accumulators and claims to validate that the converted data displayed on the screens is accurate.
* Conducted testing of applications and interfaces relative to converted data from Amisys into Facets
* Involved in testing the integration of core data stores FACETS and AMISYS into a single comprehensive Enterprise data warehouse.
* Written complex SQL queries in Toad for Data Analysts tool for database /backend testing to validate that the data in Amisys converted successfully into FACETS using the Mapping documents as reference. Experience in EDI automated first-pass claim adjudication, requiring thorough understanding of claim processing, both front and backend operations.
* Created DTS and SSIS Packages to vendors in which records were loaded Daily, also to other data resources such as Excel, Access, flat file, and XML in order to Create and maintain a centralized data warehouse.
* Involved in end-to-end and System Testing of Hospital Billing and Professional Billing Modules.
* Used Test Director and HP/Mercury Quality Center for updating the status of all the Test Cases & Test Scripts that are executed during testing process.
* Was responsible for data mapping of HL7 messages into relational database.
* Ensured functionality met business requirements as recorded in test results logged in Quality Center
* Assisted JAD sessions to identify the business flows and determine whether any current or proposed systems are impacted by the EDI X12 Transaction, Code set and Identifier aspects of HIPAA.
* Involved in the full HIPAA compliance lifecycle from GAP analysis, mapping, implementation, and testing for processing of Medicaid Claims. Worked on EDI transactions: 270, 271, 834, 835, and 837 (P.I.D) to identify key data set elements for designated record set. Interacted with Claims, Payments and Enrollment hence analyzing and documenting related business processes.
* Defined structured testing methodology and standard testing procedures
* Created Functional and Integration Test Folders in Quality Center.
* Reviewed EDI 837 claims and flagged HIPPA non-compliant claims received from the Payer side
* Managed and coordinated testing process with in-house testers and outside testing resources.
* Interacted with developers & Business Analysts to resolve application defects.
* Attended project meetings, release meetings, and QA status meetings.

Environment:Facets, Mercury Suite QTP, HP Quality Center, .NET, C, JSP, XML, XSLT,Soap UI, Java, HTML, SQL, J2EE,UNIX, Oracle.

**United Health group, Phoenix, AZ Aug 09 – Feb 11**

**Lead QA Tester**

The project was to develop applications which accept different claims like Medical claims, Dental claims, vision claims from different vendors and route the claims into Batch Adjudication System and Online Adjudication. Here the Batch Adjudication System automatically adjudicates the claims and sends the files to Payment department. In the Online Adjudication system examiners will check the files and then they will move the claims to Payment department.

**Responsibilities:**

* Worked extensively in the System Integration testing (SIT) region of Cigna also handling the issues that arise in production areas.
* Analysing the BRD for HIPAA 4010A1 to 5010 transition and prepared the Test plan and Test cases for 5010 HIPAA transactions 837I/837P/837D, 277, 835 & 999.
* Extensively worked on data preparation for the defects that came up during the transition to 5010 on all the Medical, Professional, Dental claims including Medicare claims.
* Dealt with special category claims like New born, Medicare secondary, IPC hold and multiple match claims that go to the transaction restarter on hold, where they have to be manually sent to claim engines.
* Analyzed HIPAA 4010 and 5010 standards for 837P EDI X12 transactions, related to providers, payers, subscribers and other related entities.
* Got exposure of IBM mainframe environment for Medicaid Management Information System impact assessment. Dealt with the EDI transaction-835 claims payments and remittance advice, which deals the payment from payer to provider.
* Used the reflection SFTP to submit the above claims.
* Worked on preparation of test scenarios, test cases and data preparation for the ICD10 transition.
* Through knowledge on ICD10-CM for diagnosis coding& ICD10-PCS for inpatient procedure coding.
* Familiarity with the accept and reject codes designed by the bussiness for the claim that are submitted to the main gateway.
* Validated the Integration of applications with Facets, which manages the Customer Service, Claims, Membership care facilitation and appeals.
* Preparation of test cases for Functional, Regression, Integration and System testing.
* Identified the bugs and interacted with the team lead and developers to resolve them.
* Worked on multiple business areas.
* Coordinated with offshore team of 7, giving directions on the defets to work on and explaining the change request forms.
* Testing and reporting the bugs in product releases and performed the root cause analysis for the defects raised.
* Coordinated test execution efforts such as test data and support team provision, defect tracking and management, ensuring resolution of testing issues.
* Implemented automated COB processing of Medicare claims into Facets
* Extensively worked on reviewing requirement, functional and design specifications, developing Test strategies, Test plans and Test cases.
* Involved in testing of the loading 5010 HIPAA Inbound Transactions (837I/P/D) in Mainframe database.
* Involved in testing of the extracting 5010 HIPAA Outbound Transactions (835, 277) from Mainframe database.
* End to end testing and Trading Partner Testing.
* Validated Business rule Edits for 5010 HIPAA transactions 837I/837P/837D, 276/277 and 835
* Worked with Claims, enrollment, eligibility verification for members and providers, benefits setup, and backend payment cycle in facets.
* Executed the 5010 system test scenarios for 5010 HIPAA transactions 837I/837P/837D, 276/277 and 835 after loading and adjudication.
* Involved in claims processing of different scenarios and tested the end to end scenarios from 837 to 835.
* Involved in execution of Test Cases and reporting the defects and tracking them to Closure.
* Loaded the defects on to HP Quality Center and maintained a track record of the updates on the defects from the development team.
* Created regression beds of the defects that we worked to use them for regression testing.
* Run the scheduling jobs to load Pharmacy claims data from legacy (Mainframe) system to staging tables.
* Preparing and analyzing weekly and monthly status reports, analyzing root cause investigation for the broken links.

**Environment:**Windows &UNIX, FTP client, Transaction Manager, Edge tool, Edifecs tools, CED inquiry, HP Quality Center 10.0, Transaction Restarter (TXNR), Sterling, Clear Quest , MS Office, Text pad, Spec builder 7.0, QTP, Agile/Scrum project methodologies, Sybase,MainFramesand File-Aid records.

**FedEX Ground, OH Apr 08 – Jul 09**

**QA Tester**

FedEx Corporation is a market leader in transportation, information, and logistics solutions. FedEx Corp. provides customers and businesses worldwide with a broad portfolio of transportation, e-commerce and business services.

Project Description: FedEx ‘Smart’ tool was developed to help the customers of FedEx to plan their shipment and delivery date. FedEx ship manager allows customers set their preferences, shipping alerts, set up address book and can take advantage of shipping services. Customers can access this tool from Web as well as using the B2B interface, which is an XML interface.

**Responsibilities:**

* Actively involved in project meetings with the project manager to finalize the QA schedules.
* Involved in the analysis, design, development, and testing phases of Software Development Lifecycle (SDLC). Used Agile Software Development methodology for developing the application.
* Developed guide lines for planning, writing and reviewing Test Plan, Test Cases, Test Strategies for functionality development and developed Manual Test Cases.
* Prepared precondition and Test data for positive and negative scenarios.
* Created test functions in JUnit to test the module functionality.
* Executed JUnit test cases and logged the defects for reference of the Development Teams.
* Created Use-case diagrams, Work flow diagrams, Test data flow diagrams using Microsoft Visio
* Performed Functional, Regression Testing using manual test cases in Test Director
* Used Test Director for managing test execution and defect tracking of all issues.
* Execution of various Test Procedure and Test Cases was done both manually and using automated tools.
* Worked with Microsoft Office Suite Word, Excel, Access

**Environment:** Windows NT/2000, JDBC, DB2 UDB8.1, Java, JSP, IE 5.5/6, Test Director, MS Word, MS Excel, MS Visio, Lotus Notes.

MVP Healthcare,Rochester, NY Nov 07 – Apr 08

QA Analyst

MVP Healthcare will provide a higher standard of health care coverage and improves the quality of care

for every member. It sets the standard for outstanding quality health care, service and value. It is the leader

in access, affordability and quality in the competitive health insurance market.

Responsibilities:

* Reviewed the Requirements document for 4010 and prepared the test plan and test cases.
* Involved in Manual Testing of the application.
* Conducted functional, system, data and regression testing.
* Interacted with the Developers and BA for defects and problem resolution.
* Wrote SQL statements to extract data from Tables
* Worked with transactions and validated the data by using SQL.
* Generated Bug Reports and Test case coverage reports for status meeting and also involved in resource planning for test cases coverage
* Involved in Bug Review meetings and participated in weekly meetings with management team.
* Provided testing results and weekly status reports to the QA Manager
* Using FTP we upload and download files for testing data
* Using Text pad to validate the data
* Tested the web services for Provider and Recipient Portal.
* Designing test scripts for testing of Claims in Development, Integration and production environment.
* Involved in testing HIPAA EDI Transactions (837I/P/D, 270/271, 276/277, 835,834, 820) for 4010
* Involved In loading the flat files into Oracle Database and involved in writing Complex SQL Queries.
* Involved in writing Complex SQL Queries using TOAD to validate the loads.
* Validated the data on web screens against the data points and database.
* Validated the data on screens against the database
* Assists in the confirmation of problems reported from outside sources, and assists system development staff in understanding problems and desired resolution.
* Backend testing of the DB by writing SQL queries to test the integrity of the application and Oracle databases using TOAD.
* Responsible for writing version release notes as well as maintenance of the defect tracking system
* Maintained Metrics participated in weekly status updates showing the progress of the testing effort and open issues to be resolved.

Environment: TOAD, Oracle 11g, Ms Office, Text pad, UNIX, FTP client, Clear case, Clear Quest, Spec builder 6.2/7.0, Quality Center , QTP, Cognos, Informatica.