**Prabina Manandhar**

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**443-248-5979**

Diverse experience in the field of Information Technology with emphasis on Quality Assurance Testing, Analyzing and support activities. Experience in testing stand-alone, client server and Web based applications using automatic and manual testing techniques.

* Experienced in creating **Test Plans**, thorough hands on experience with designing **test cases** covering all test conditions and eliminating redundancy and duplications
* Strong communication skills, both verbal & written, with particular emphasis on the production of clear & detailed written **Test Plans, Business Requirements, & Functional Specifications**.
* Strong **HIPAA 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.
* Involved in writing and executing test cases using **HP QC** based on the requirements   
  **Performed Back-End testing.**
* Strong working experience with **HIPAA Transactions**such as **834, 835, 837, 270/271, 276/277**.
* Ability to understand & analyze business processes & workflows with the objective of providing recommendations for the best use of technology to improve these.
* Solid experience in developing high level documents, test plans and test strategy.
* System specification analysis, testing methodology and test plan formulation from Business requirements.
* Strong Knowledge of **SDLC** (Software Development Life Cycle).
* Expertise in planning and managing projects based on **Rational Unified Process (RUP)** covering the full range of the software development life cycle (SDLC).
* Vast knowledge and experience in Health Care industry, experienced in testing different healthcare ERP solutions such as FACETS.
* Experience in testing **Electronic Data Interchange** (EDI) according to **HIPAA Compliance**.
* Good working experience in analyzing changes and identifying areas of applications to be **regression tested**.
* Strong communication skills, both verbal & written, with particular emphasis on the production of clear & detailed written **Test Plans, Business Requirements, & Functional Specification**.
* Experience with various Testing tools like **HP Quality Center, HP Quick Test Professional, Rational Clear Quest, JIRA**.
* Ability to understand & analyze business processes & workflows with the objective of providing recommendations for the best use of technology to improve the process.
* Work closely with cross-functional teams to thoroughly test requirements and functionality.
* Exclusively used **Security Testing, Usability Testing, Positive Testing, System Testing.**
* **Used MS Excel spread sheet, PowerPoint, MS Visio, MS Projects.**
* Good knowledge of **SQL** and experience at conducting **backend testing.**
* Developed and designed reports through **SSRS.**

**TECHNICAL SKILLS:**  
**Operating systems**: Windows XP/2000, Vista 7,8, UNIX  
**Testing tools**: HP Quality Center, HP Quick Test Professional, Rational Clear Quest,JIRA   
**Front-end tools**: MS Office, MS Project, SharePoint  
**Program Languages**: .NET, Java, C++  
**Web technologies**: HTML, .NET  
**Databases**: Oracle, MS SQL Server, SSRS

**Professional Experience**:

**Coventry Health Care, Houston, TX  
August 2012- Present  
QA Analyst**

**Environment: ETL, HP Quality Center,QTP,SQL, SSRS, MS Excel, PowerPoint, XML,Facets, SOAP UI**

**Description:**  
Working with Coventry Health Care, which is upgrading an existing **EDI** system, to use for dual purposes: First, this system is used as a **National HIPAA 5010 EDI** testing tool and for **5010** test-data generating, typically for Medicare, Medicaid or Commercial Payer HIPAA **5010** Projects or HIPAA Training. The second use is for an affordable 5010 desktop solution for Providers. I worked as a QA Analyst on Facets Claim Processing and **ICD 9** to **ICD 10** conversion project.

**Responsibilities:**

* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets such as 837, 834,835, 270/271, 276/277.
* Involved in writing test scripts for testing both the 4010 and the 5010 versions of various EDI transactions.
* Enrolled members through online screens and **834** Transactions to Facets.
* Performed testing for Health reimbursement changes which includes **HRA** maximum, amount used, remaining available and benefit cost share details.
* Modified the **834** file and then checked if the eligibility enrollment is properly loaded onto Facets.
* Processed **837P, 837I** transactions, verified those 837 transactions were converted correctly to **XML** file format and verified the claims data loaded to Facets for further processing.
* Created technical documentation, Reviews, analyzes, and evaluated business systems for end user needs, including Companion Guides, business process reengineering, including **GAP analysis** and documenting requirements, documenting processes, workflows.
* Wrote test cases and maintained test cases for **ICD9** to **ICD 10** conversion.
* Performed **GAP analysis** on the **ICD 9-ICD 10** project.
* Also worked on **837** and **835** projects, including syntax and business rules for **X12 HIPAA 4010** and **5010** validation for loops, segments, elements, qualifiers and code sets.
* Worked with **Accumulators, Deductibles, Coordination of Benefits, and Overrides of the Claim Line** detail and used them for testing various claims scenarios in Facets.
* Coordinated and tracked**COB** reporting, reconciliation, and recovery reports.
* Recorded the scripts for the test cases using **QTP**.
* Created **QTP** test scripts and **QTP** function libraries for all releases.
* Executed **QTP** test scripts for each build.
* Designed, implemented and maintained data-driven **QTP** framework/architecture for project.
* Designed Test cases, test plan creation and Companion Guide development from stage to production, including both internal and external requirements.
* Performed **Manual Testing** of web-based and client-server enterprise applications by **HP Quality Center (QC).**
* Extensive experience using **manual testing** to troubleshoot systems integration, GUI, Compatibility, User Acceptance Testing (UAT), SOA Testing using web services, functionality, Database and regression testing.
* **Logged errors, reported defects, determined repair priorities** and tracked the defects until resolution using **HP QC**.
* **Unit testing** documentation developed using **Excel**. **Artifacts** were created and listed for **UAT validation**. Writing/validating **Use Case Documents.**
* Conducted **Back-End Testing** and **Regression Testing** using various phases of the application.
* Involved in writing and executing test cases using **HP QC** based on the requirements.
* Performed end to end testing on **EDI 837 I** and **P** based on **HIPAA** guidelines.
* Used **SQL queries** and utilities to transfer data and databases between different Test environments that are located on different Servers.
* Used **SSRS** to generate reportsfor management to review records.
* Extensively used **SOAPUI** to validate web services.

**Premera Blue Cross**, **Seattle, WA**

**Sep 2010-May 2012**

**QA Tester**

**Environment: ETL, Quality Center, QTP, Facets, Windows,SQL,SSRS, XML, PowerPoint, Excel, SharePoint, SOAP UI**

**Description:**

As one of the largest health plans in the Pacific Northwest, Premera provides comprehensive, tailored services to its customers in Washington and Alaska that include innovative programs focused on wellness and prevention, disease management and patient safety. The project at Premera was to implement the enterprise solution **Facets** as a system that would provide better services to its members and providers and would fulfill the compliance issues related to **HIPAA.**

**Responsibilities:**

* Actively participated in all phases of **testing lifecycle** (Design, Planning, Development and Results).
* Coordinate with Development and Business team to develop high level **Business** and **Technical documents**.
* Involved with other team members to set up testing tools, implementation and **testing environments**.
* Modified previously existing test cases that were driven by the **manual testing**.
* Performed **Sanity** and **Smoke Testing** of the application manually after each build.
* Involved in **FACETS Implementation Testing**, involved end to end testing of **FACETS Billing**, **Claim Processing** and **Subscriber/Member module.**
* Developed detailed test cases for functional test of converted **Facets** application including **claim adjudication** and **COB**.
* Involved in validating EOB changes with implementation of **HRA**.
* **Set claim** processing data for different **Facets Module**.
* **Validate EDI Claim** Process according to **HIPAA** compliance.
* **TestHIPAA** regulations in Facets HIPAA privacy module.
* Coordinated for **Batch Jobs** scheduling for **SIT** (System Integration Testing) Team.
* Used**SQL Profiler**for tracing dead locks and optimizing the queries.
* Used **SQL** queries to verify information in database against test cases.
* Generated several reports based on statistical analysis of the data from several time frames, unit and division using **SSRS**.
* Enhanced scripts using **QTP** for any changes or modifications in the requirements.
* Executed**manual** testing for all cases.
* Performed **manual testing**extensively .
* Wrote **test case scenarios, Test cases inExcel** and imported them to **Quality Center** and also used to track the defects.
* Analyzed data using **SOAP UI**.

**Humana Inc., Louisville, KY**

**June 2009- Aug 2010**

**QA Tester**

**Environment: MS Office tools, MS Visio, Facets, Rational Requisite Pro, Rational Clearquest, QTP, XML, Windows**

**Description**:

Humana Inc., headquartered in Louisville, KY., is one of the nation's largest publicly traded health benefits companies, with approximately 9 million medical members. The project included the **HIPAA Business Analysis** and **Quality Assurance testing** activities and involves in HIPAA compliance, claims and Insurance and provides the different plans - to employer groups, government-sponsored plans, and individuals.

**Responsibilities:**

* Created reports to satisfy **user requests, data sampling, project analysis, or testing verification.**
* Tested and delivered **Inbound/Outbound Facets** interfaces.
* Involved in **Facets implementation**, involved in **end to end testing** of **Facets Billing, Claim Processing**, and **subscriber/member module.**
* Used the **Rational Unified process** methodology for the application development and created **Use cases, activity diagrams** and drafted **UML diagrams** using the **Rational Rose.**
* Responsible for **customer interface**, **requirements definition**, general and detailed **design, testing, maintenance** and training programs and managed requirements using **Rational Requisite Pro.**
* Performed **Functional, regression, System Integration** and **User Acceptance Testing** for the various applications.
* Involved in writing and executing **test cases** using **MQC** based on the requirements.
* Performed Data driven testing, designed Input/output check points to validate the data and develop effective automated **QTP** Scripts**.**
* Performed **Back-End testing**.
* UAT testing for **HIPAA 4010** and **5010** projects including legacy testing and **HIPAA** requirements and compliance mandates
* **Quality Center** administrator and used Quality Center for **defect tracking** and **reporting**.
* **Unit testing** documentation developed using Excel. Artifacts were created and listed for **UAT** validation. Writing/validating **Use Case Documents**.
* Conducted **Back-End Testing** and **Regression Testing** using various phases of the application.

**Health Net, Arlington, VA**

**Jan 2008- May 2009**

**EDI QA Specialist**

**Environment: SQL\*Loader, DB27.2, Oracle 9i,MS SQL Server, MySQL,Toad, JIRA, XML, HTML, Microsoft Project, Excel, Word, Access, PowerPoint, SharePoint, Mainframes, Web services, EDIFECS, UNIX**

**Description:**

The application involved masking of the SSN and DOB of claimant records sent by Health Net to their partners. Health Net does not send full SSN and Date of Birth to their partners anymore. The partners had applications and systems that used SSN as the unique identifier. This project was to remove the use of 9 digit SSN and DOB as the unique identifier for various Third Party processes and Claimants.

**Responsibilities:**

* Involved in writing **Test plans**, **Test cases** and responsible for executing the **Test Scripts.**
* Interacted with Business users and Technical team to clarify ambiguous requirements.
* Responsible for designing, developing **test plans** use cases and executing test scripts.
* Involved in testing **HIPAA EDI** Transactions and mainly focused on PA and Eligibility Transactions **(270,271, 834, 835, and 837) .**
* Claim Transactions and Billing Transactions – Created flows for adequate matching of Claims. Matched Billing File and EDI Claim File records upon receipt.
* Performed **Smoke, Integration, functional, Regression, and system testing.**
* Worked Extensively with Inbound **837 I** and **837 P, 835s**(Out bounds) claims processing.
* Prepared and Created **Test Cases** /**Test Data** according to 4010 implementation guide.
* Reviewed and interpreted contractual terms for **Managed Care, and Medicare/Medicaid.**
* Tested all **HIPAA** transactions for version **(4010)** and validating the **database** to file elements.
* Worked with other data analysts in creating and maintaining Data **functional design** documents and **Test data preparation.**
* Involved to ensure in entire to and fro flow of the transactions are tracked at all points so that there is no loss of data.
* Validated the EDI data transformation (**EDI Mapping) to other formats like XML or flat-file**, and integration into database systems like **Oracle.**
* Conducted **workflow analysis** to bring out the identified gaps and documented.
* Traced Requirements using **Requirement Traceability Matrix** and mapped to **Test scenarios.**
* Connected to the **Oracle** database in **TOAD** and created and executed **SQL queries.**
* Performed **User Acceptance Testing,** developed **Test logs** and opened/closed the issues in **JIRA** as and when the issue is fixed.