**Rajan Adhikari**

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**Summary**

* 6+years of diversified experience in the field of IT, Quality Analyst and Software Testing specific to Health Care Insurance.
* Experience in FACETS claims Adjudication system.
* Involved Unit Testing, System Integration Testing, System/Black Box Testing, and Regression Testing with QA team
* Strong knowledge on ICD9/ICD10, EDI transactions & Medicare and Medicaid Services.
* Experience working with HIPAA 4010A and HIPAA 5010.
* Strong Knowledge on claim processing and EDI transactions i.e. Claims Inquiry and Response (276/277), Receipt and Verification of claim forms(837), Claim Payment and advice(835), Eligibility/Benefit Inquiry and Response(270/271), Benefit Enrolment(834), Order and Payment Remittance(820), Functional Acknowledgement(997/999).
* Involved in design and maintain of Test Plans, Test Cases and Test Scripts using Test Director, Test Manager.
* Extensively worked on HP Quality Center for tracking various defects that arise during submission of claims & SOAPUI.
* Followed the RUP based methods using UML to create Use Cases, Activity Diagrams, State Chart Diagram, Sequence Diagram etc.
* Extensive experience to gather requirements and categorized them into FURPS (Functionality, Usability, Reliability, Performance and Supportability).
* Expertise to design Business Requirement Specification (BRD), System Requirement Specification (SRS), User Requirement Specification (URS), Use Cases Document, Work Breakdown Document (WBD), and Requirement Traceability Matrix (RTM).
* Expertise in Rational tools for Requirement Management, Business Process Modeling and defect tracking like Rational Req Pro, Rational Rose, Rational Clear Case, Rational Clear Quest..
* Can effectively use Erwin tool for creation of a basic Data Model and Database Schema.
* Expertise to design mock up for UI solution using Photoshop, HTML, DHTML and XHTML.
* Extensive knowledge of Integration Systems like TIBCO, GIS, STERLING.
* Created mapping documents for X-12 transactions to TIBCO CBO and to the Database.
* Involved in Providing the FRD / Specification Document Review Clarifications to detect the Defects in the Early Stage. Also lead the creation, preparation, and conduct of QUALITY ASSURANCE/verification reviews of software development artifact
* Extensively used Clear Quest for bug tracking and Clear Case for Requirements traceability and document version control.
* Strong experience in conducting User Acceptance Testing (UAT).
* Strong knowledge of project management skills like time estimation, task identification and scope management.
* Hands on experience using Oracle and extensive experience in writing SQL Queries, PL/SQL, Procedures.

**Experience Details**

**OneBeacon Insurance, Canton, MA Jan 2014-Till Date**

**QA Analyst**

**Project Description:**

Focusing on Medicaid and Medicare It Care offers a variety of health plans for families, children, and the aged, blind and disabled, as well as prescription drug plans.

**Responsibilities:**

* Responsible for decomposition of the requirements based on the functional specifications, design, development, coding, testing, debugging and documentation of applications to satisfy requirements.
* Involved in FACETS Implementation, involved end to end testing of FACETS Billing, Claim Processing and Subscriber/Member module.
* Involved in the testing of claims module and claims adjudication process of FACETS.
* Set claim processing data for different Facets Module.
* Created Use Cases / Activity Diagrams thus defining the Data Process Model and Business Process Model.
* Creating Test Cases after analyzing the BRD’s.
* Responsible for GAP analysis of ICD9-ICD10.
* Performed manual back-end testing using PL/SQL to connect to an Oracle 9i database on a UNIX server.
* Performing Functional and GUI testing on Facets.
* Prepared test matrices based through defect status in Quality Center.
* Executed test cases manually as well as using Automation tool Quick Test Pro.
* Logged defects in Quality Center and interacted with the developers to resolve technical issues.
* Used Quick Test Pro for creating inquiries from E-Leads, Online Application and Internal Referral form.
* Performing Backend Testing extensively by writing validation queries on DB database.
* Validating member’s benefits against the benefits matrix.
* Analyzed and tested data on claims manually and writing queries on DB database for validating data.
* Involved in writing extensive SQL Queries for back end testing oracle database.
* Designed and implemented HIPAA 835 Payment Advice Transaction, 837 Health Care Claim Transaction.
* Set claim processing data for different Facets Module.
* Involved in User Acceptance Testing and training of end users.
* Worked with the Quality Management team to ensure that requirements documentation can be easily translated into test plans, and ensure that the proper testing plans have been completed.

Environment: Rational Unified Process, Quality Center 10,Rational Rose, Visio 2003, Oracle, Office 2003,MS Project 2002, Ms FrontPage, Windows XP, Quick Test Professional Facets 4.0.

**Humana Health Care Louisville, KY Aug 2011- Dec 2013**

**QA Analyst**

**Project Descriptions**:

Humana HealthCare offers simple and affordable Web Based Software designed to improve efficiency and reduce the cost of labor and labor management, in the Long Term and Acute Care environments. It also processes all the HIPAA transactions received via EDI, WEB, WAN

**Responsibilities:**

* Involved in writing Test plans, Test cases and responsible for executing the Test Scripts.
* Responsible for designing, developing test plans use cases and executing test scripts.
* Performed Smoke, Integration, functional, Regression, and system testing.
* Interacted with Business users and Technical team in providing clear solutions to requirements.
* Involved in testing HIPAA EDI Transactions and mainly focused Eligibility Transactions.
* Transactions focused on were 270,271,276,278,834, 835, and 837.
* Worked Extensively with Inbound 837 I and 837 P, 835s(Out bounds) claims processing systems
* Used FACETS Analytics for fast and easy retrieval, display and grouping of information for performing queries and generating reports.
* Configured FACETS to adhere to customers work flow for claims processing, claims automation and group administration
* Used FACETS to provide seamless transactions between the provider, members and the plan and used FACETS Workflow to route the claims according to the priority.
* Worked on Value added routines in Facets and provider and subscriber modules.
* Worked extensively with CPT/ ICD Codes. ICD-9 and ICD-10
* Involved in setting up Permissions and Restrictions for Users within and out of Community.
* Expertise in running Oracle Abstraction calls to load the data from the Web Services into the Data Mart/ Relational DB is accordance to the mapping requirements.
* Used IBM Mainframes- Incremental Scripts for adding, updating and modifying Datasets and fields in back-end to be populated in front-end.
* Used Quality Center for preparing the test plans and manual test scripts.
* Worked extensively with Quality Center for requirements, Preparing Test cases, Executing, Bug reporting.
* Mercury Quality center is used to document the test requirements, Test cases, test cases execution bug reporting and bug tracking.
* Executing post build verification tests using QuickTest Professional Test Automation Tool. Creating new test scripts, Capturing new GUI’s for window validation during QTP scripts execution
* Involved in loading the flat files into Oracle Database and involved in writing Complex SQL Queries.
* Involved in generating Reports using Oracle Report Builder and testing the reports using Oracle Run Time.
* Involved in writing Complex SQL Queries using TOAD to validate the loads
* Involved in executing Maestro Schedules in UNIX Environment.
* Environment: EDI X12N 4010, Sybase Paper Free HIPAA Toolkit, DB2, LDAP, OLAP server, TSO/ISPF, JCL, Visual Basic, ASP, XML, SQL, MS Access, UNIX, IBM-Web Logic Server, Oracle Run Time, Windows95/98/NT/2000/XP Mercury Quality Center, SQL, MS Office.

**CareSource, Dayton, OH Jan 2010- Jun 2011**

**QA Analyst**

**Project Description:**

CareSource is a nonprofit managed health care plan headquartered in Dayton, Ohio. It is the largest Medicaid plan in Ohio and one of the largest in the United States. The project was creating the application where customers can compare individual health insurance plans by providing zip code, date of birth and gender. I was involved in testing the application that was used for checking the eligibilities, **claim processing and claim status**. My responsibility was to test the EDI (Electronic Data Interchange) database.

**Responsibilities**

* Knowledge of software development life cycle (SDLC) and defect management life cycle methodologies. Knowledge of insurance claims lifecycle.
* Develop test cases according to business requirements document (BRD).
* Testing software by executing the test cases to identify and resolve problems from an end users’ perspective
* Log and track defects using Quality Center.
* Liaising with developers and programmers to swiftly resolve faults.
* Experience testing Document Management, Imaging and Scanning applications
* Perform data load validations using SQL Queries
* Provide daily/weekly status and progress ion of the assigned deliverables
* Attend daily scrums and conduct meetings with the client to discuss issues and concerns
* Worked on Selenium IDE to automate testing of web application.
* Performed SOA testing methodologies and validation for web service integration
* Experience working with project team members in remote location (Manila)
* Experience testing with vendors

**Environment:** .Net, IBM DB2, Silverlight, SOA, PL/SQL, Quality Center 10, HP/Mercury Testing Tools, Application Lifecycle Management (ALM) QC Edition.

**Harvard Pilgrim Health Care, MA November 2008 – December 2009**

**QA analyst**

I was working on an application that helped its Membership and Claims Management Information Tracking System, Finance and Utilization management System modules. As a QA, I was involved in testing of the Claims system and various modules like Enrollment, Membership and Claims.

* Wrote Test Plan and Test Cases according to business requirement.
* Wrote Test Cases using MS Excel.
* Performed data driven testing by data driver wizard and parameterization.
* Creating and updating test cases based on new and/or /updated functional or interface requirements
* Performed requirement traceability by setting automatic alerts for tracing changes in the requirements and system maintenance
* Manually performed functional testing based on the specification documents.
* Imported test cases from MS Excel, MS Word to Test Director.
* Constantly tested SQL for joins and contexts for new object creation.
* Used shell scripting to run the scripts as a part of creation of test environment and then validate the data.
* Participated in weekly meeting with the management team and walkthroughs
* Tested applications and documented results and bugs including documentation of information useful in the debugging process
* Attended weekly defect report meetings and presented progress update status.

Environment: Test Director, Manual Testing, Oracle, MS Office

* Participated in walkthroughs and meetings with business analyst, developers, team lead and QA manager on regular basis.
* Provided modification and enhancement request as needed to correct the defect and make the software more useable.

**Environment:** Test Director, Manual Testing, Oracle, MS Office