**Rajbir Kaur**

**EXPERIENCED QA TESTER**

Testing/ Quality Assurance specialist in the area of Software Development and testing services, seeking a position as a QA in the competitive Information Technology industry the application of my technical skills will be a significant contribution to the company’s success.

**PROFESSIONAL SUMMARY:**

* Professional experience as a Quality Analyst with strong domain knowledge of Healthcare Business Management.
* Strong experience in documentation of Test Plan and Test Cases from the Requirements document, documentation of the Test plans, Test Cases, Test Scripts, Test Procedures based on the design document and User Requirement Document for the Unit, integration, Regression, Functional, Performance and User Acceptance Testing.
* Experience in Black Box, Positive, Negative, Data-Driven, System, Smoke, Usability and Security Testing for web-based applications.
* Knowledge and experience with distributed systems, web application technologies, web services, and multi-layered architectures.
* Experience working on Healthcare Reform Projects such as Health Insurance Exchange (HIX), ICD-10 Remediation and HIPAA 5010 Implementation.
* Good understanding of the testing knowledge for EDI (Electronic Data Interchange) and Claims processing.
* Operational experience in accessing healthcare-specific software.
* Extensive knowledge of healthcare workflows and familiarity with Epic utilities, reports and maintenance processes.
* Extensive experience in Web Services testing using SOAP UI on Service Oriented Architecture.
* Implementing HIPAA code sets including Health care Eligibility/Benefit enquiry (270) and EDI Health care Eligibility/Benefit response (271) and other claim transactions including 837I, 837P, 835.
* Excellent in communication, presentation, and interpersonal skills. Good team player with the ability to lead, manage and work independently in a time sensitive environment.
* Active participant of Defect Management and resolution process.
* Experience with Medicaid, State Eligibility and Private Health Plans Operation.

**TECHNICAL COMPETENCIES:**

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| Testing Tools: | HP Quick Test Professional, ALM Smartbear, HP ALM |
| Bug Reporting Tools: | Quality Center, Test Director, Mantis |
| Testing Methodologies: | Agile, Waterfall |
| Other Tools: | MS Office Suit (Word, Excel, Power Point, Visio) |
| Systems: | Windows NT/ 2000/XP |

**PROFESSIONAL EXPERIENCE:**

**United HealthCare, Santa Ana, CA Jan 2014-Present**

**Sr.QA Analyst**

Optum Technology contracted to build the Health Insurance Exchange for the state of VT/NY. In accordance with the Affordable Care Act (ACA - Obama care); NY State of Health (The Official Health Plan Marketplace) was setup by State of NY to facilitate the purchase of health insurance at affordable prices. As a part of NY State of Health, State of NY is offering Individual as well as group insurances.

**Responsibilities:**

* Attended meetings with the QA Manager, QA Lead/ BA’s and State of Vermont personnel in order to understand the system flow and process and review the HIX documentation.
* Attended Knowledge transfers sessions and successfully shared the knowledge with the SIT testing team.
* Provided training to the fellow SIT Team members in ALM and Siebel tool after gathering knowledge from the state meetings.
* Ensured proper version control and configuration management of all test objects developed.
* Reviewed & studied business requirements and design specifications to write detailed Test Cases and Test Scripts.
* Participated in meeting with Clients to understand the functional and non-functional requirements of the project understand the scope of work, interact with Client SME’s for any queries.
* Determined conditions under which tests were executed based on Severity vs. Priority within Application Life Management (ALM)
* Created Manual Test Cases and executed them in (ALM) Application Life Management against releases and builds.
* Involved in testing Web services and XML using SOAP UI. Verified the response received by updating the request XML.
* Participated in Peer Reviews when analyzing Test Strategy and Test Plans for all testing artifacts.
* Performed data mapping to define the source data on 834 Benefit Enrollment and Employer Group file (EGF) EDI Transfers.
* Documented initial processing of Qualified Health Plans (QHP) and MAGI Medicaid, healthcare applications using One Gate and Oracle Policy Automation.
* Thoroughly tested the Portal and validate the results in Siebel each time.
* Wrote Siebel navigation Test Steps for the SIT Team and assisted the team for better understanding of the steps.
* Performed SOA / Web Service testing, Data driven testing using Soap UI.
* Executed Test Cases (Scripts) in SIT and UAT environment.
* Used Selenium tool in in order to automate the SIT testing and to reproduce bug in the application.
* Performed carrier integration testing, 2300 loop testing, Blueprint Testing, Notice Testing, IRS Testing.
* Worked closely with Carriers such as BCBS, MVP and Delta Dental to support UAT testing.
* Executed End to End test scripts as part of UAT and worked on business scenarios.
* Assisted the UAT Team to write the COC (Change of Circumstance) Test Cases and performed E2E testing.
* Tested the application for open enrollment period and Renewal Period.
* Worked on COC (Change of Circumstances) features of the application

**Environment:** Quality Center, Java, Html, XML, Web Sphere, Oracle, SQL, UNIX, Windows XP

**Anthem BCBS, Atlanta, GA Oct 11- Dec2013**

**QA Analyst**

Anthem is an insurance company that began in the 1980s. Anthem is dedicated to delivering better care to its members, providing greater value to the customers and helping improve the health of our communities. Anthem upgrades to HIPAA 5010 new sets of standards that regulate the electronic transmission of specific health care transactions, including eligibility, Claims status, referrals, claims and remittances. Covered entities, such as health planes, health care clearing houses and health care providers are required to confirm to HIPAA 5010 standards.

**Responsibilities:**

* Involved in developing and maintaining test procedures and comply with all business procedures.
* Followed the HIPAA implementation guides for preparing the EDI files.
* Processed 837P, 837I and 837D transactions, verified those 837 transactions to convert correctly to LPF file format and verified the claims data loaded to Mainframe.
* Successfully tested enrollment of the new members through online screens and 834 transactions.
* Tested the portal application to make sure the claims and the members are loading to Power MHS, where the providers can check the member eligibility and claim status.
* Involved in developing testing scenarios and maintain testing standards.
* Involved in Business functionality review meetings.
* Tested the Membership and claims files (XML) in Facets.
* Validated records, structure of tables, Indexes, Triggers in tables after migration from Trizetto Facets 4.31 to Trizetto Facets 4.81 database
* Performed Functional and GUI testing on Trizetto Facets Billing, Customer service and Subscriber application under Trizetto Facets.
* Did theforward and backward data mappingbetween the fields in mainframe and Facets.
* Worked on Facets Data tables and created audit reports using queries. Manually loaded data in Facets and have good knowledge on Facets business rules.
* Used Selenium in order to reproduce the bugs in the application and to log them as defects.
* Provided daily test statuses on testing progress and issues.
* Actively participated in product and project team meetings.
* Performed Web Services testing using SOAP UI.
* Processed claims with different scenarios and automated the process using Win runner.
* Used Central Enrollment application to enroll the members for both Pharmacy and Medical Systems.
* Verified the process of bringing the data from Central Enrollment to Claims applications.
* Used test Director for defect tracking system.
* Summarized test results in formal test analysis reports according to the documentation standards.
* Interacted with Developers and Business Analyst regarding requirements, test scenarios, and defects.

**Environment:** Facets, Quality Center, java, Html, XML, Web Sphere, Oracle, SQL, UNIX, Windows XP

**Park Avenue Health Care and Wellness Center, Pomona, CA August 10- Sept 11**

**QA Analyst**

Park Avenue is a skilled nursing, rehabilitation and assisted living facility. It provides a broad range of integrated health care and related plans and services, and proven health and well-being programs that are targeted to the needs of customers, clients and partners. I was working with Tapsetry Case Management, Epic’s financial case management module. This tool was helpful to improve the patient experience and population health while reducing the per capita costs.

**Responsibilities:**

* Gathered BRD (Business Required Documents) from the BA and extensively communicated with the BA to come up with efficient test plans and test cases.
* Facilitated test plan/ case reviews with cross- functional team members.
* Tested the trade file extracts and request/ Response authorizations.
* Involved in tracking utilization management and cost over time by linking clinical events and professional charges to the patient’s case.
* Was responsible for triggering a case management enrollment message to a pool of case managers automatically, triggered by a referral, order, or AP claim.
* Involved in Reviewing referrals and AP claims directly from the patient’s case.
* Reviewed EDI, claims processing, and adjudication results for variance analysis between legacy and AP Tapestry.
* Involved in testing of Claims Processing for Institutional, Professional and Dental, including benefit rules, re-adjudications and prior- authorizations.
* Authored and executed Test cases for Claims and Customer Service Workflow by manually.
* Identified, analyzed and documented defects, error and inconsistencies in the application using Quality Center.
* Ensured that validated deliverables meet functional and design specifications and requirements.
* Created, updated and maintained Test Matrix and Traceability Matrix and involved in Gap Analysis. Participated in weekly and bi-weekly team meetings to report testing activities for cross- functional projects.

**Environment:** Windows Xp, MS Office, Test Director, MS Visio, MS project, Quality Center, SQL Server, XML

**Farmers Insurance, St. Louis, MO Oct 08 – July 10**

**Quality Analyst**

Farmers Insurance is one of the top insurance providers across United States. It has committed to provide broad, useful and competitively – priced insurance products and services to meet their customers’ ever changing needs. For this project I was working with their web application that help customers provide faster quote online, originate and policy and make an account. The existing policyholders can add, delete their drivers and vehicles, changing an address adding coverage, and more. Members have an access to view important individual policy details, including billing information, payment information, driver, vehicle, information and claims history.

**Responsibilities:**

* Performed Sanity, Smoke, Functional, Security, Configuration and User Acceptance Testing.
* Reviewed Business Requirements and Software Specifications Requirements to achieve better understanding of the Application.
* Prepared Test plans, Test Cases and executed Test cases and gathered Execution results.
* Developed Test Scenarios and Test Procedures based on the test requirements.
* Manually tested calculations of home and auto insurance rates and dividends using MS- Excel and crosschecked for results data.
* Performed life insurance calculations based on the debts customers have.
* Identified bugs in systems by regular tests and resolved all issues and defects.
* Involved in the preparation of the test plans.

**Environment:** Windows, **Quality Center**, Oracle, UNIX, Manual Testing, MS Office Suite