**Rajesh Bist RESUME**

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**SUMMARY**

* Around 8 years of IT industry experience with a proven skill in the field Software Testing.
* Strong knowledge of healthcare terminology and extensive experience working on healthcare projects. Specialized experience in healthcare insurance domain. Profound understanding of insurance policies like HMO and PPO and proven experience with HIPPA 4010 EDI transaction codes such as 270/271(inquire/response health care benefits),276/277(Claim status), 834(Benefit enrolment), 835(Payment/remittance advice),837(Health care claim)
* Strong Knowledge and experience of validating EDI transactions, ASC X12 Transaction sets by mocking up the files to create Test 834, 835, 837, 820, 270/271 and 276/277 transactions for testing purposes.
* Performed data stage designing, extracting data packages, transforming and loading data packages, stored procedures, process design and implementation.
* Strong Knowledge of HIPAA and their regulation. Knowledge of Medicare and Medicaid.
* Excellent knowledge of Health Insurance Portability and Accountability Act (HIPAA) transaction and ICD9 to ICD10 Conversion. Sound understanding of the EDI manual/ companion guides provided by CMS and well as the Institute specific supplemental Guides
* Performed extensive testing on Claims Adjudication process by creating Claims files and running them through the Adjudication engine
* Used SOAPUI to test the web services, Ran the Test Cases on multiple browsers simultaneously to make sure the Browser compatibility is validated.
* Proficiency with Rational Enterprise Suite (RequisitePro, Rational Rose, ClearCase, ClearQuest) in support of the RUP.
* Have in-depth knowledge of contemporary QA/test principles, methodologies, and techniques in regard to black box testing, regression testing, and test automation
* Competent in Creating Unified Modeling Language (UML) diagrams such as Use Case Diagrams, Activity Diagrams, Class Diagrams and Sequence Diagrams.
* Expertise in preparation of RTM (Requirement Traceability Matrix) and come up with gap analysis in case of any missing coverage.
* Extensive experience in writing and executing complex SQL queries using TOAD 9.0.1 to validate data within SQL Server 2007 database. Experienced in writing test queries/scripts for data analysis and QA report testing
* Use problem solving skills to minimize the occurrence of costly errors and manual intervention by working with various business teams, trading partners and IT to ensure that the efficiencies and benefits of EDI are realized.
* Created automated Test scripts using automated tools and ran the test scripts on various Builds and instance
* Experience in testing Business Intelligence reports generated by various BI Tools like Cognos and Business Objects using SQL queries to compare the Reports with the Database records
* Contributed to the Process improvement of the QA Procedures by recommending changes in the approach and strategies as needed.
* Ability to organize, document and track changes and defects by Traceability Matrix, using Rational Requisite Pro, Clear Quest, Clear Case

**Work Experience**

**Senior Quality Analyst**

**Baxter Healthcare - Round Lake, IL November 2016 to Present**

**Responsibilities**:

* Worked in AGILE Environment and participated in the Project Planning session for estimating the time and resource effort for executing the test cases. Tested the application under Scrum (Agile) Methodology.
* Coordinated with different teams and prepared Test Plans and Test Strategy documents and helped other QA members with Business Requirements.
* Performed end-to-end "System Integration" testing which covered the entire business process flow from the initial point of New Enrolment through to all the downstream systems and XML output files, including apps/interfaces.
* Participated in the planning, development, coordination and presentation of specific testing needs as appropriate to the quality assurance needs of the end user
* Performed Benefit Plans Validations through functional testing of the Module.
* Involved with EDI testing of the Module to handle the 834 transactions generation along with 270/271 files handling.
* Worked with Developers and System analysts to Review Test plans, Test conditions, Test scripts, and Test results.
* Involved in Validation of the Claims Processing engine using various Edits
* Providing Test Case walkthrough with Business and obtaining business approvals.
* Conducted Backend test using SQL queries to verify the Integrity of the Database
* Established and maintained test cases and test data in Quality Center.
* Worked on JIRA tool for tracking defects and issues.
* Experience in Mocking up the EDI Files to process it through the Interface and validate the changes/modifications introduced as part of Enhancement/ Change Requests
* Used SharePoint to store document and version control.
* Experienced in creating Test Plans. Thorough hands on experience with designing test cases covering all test conditions and eliminating redundancy and duplications.
* Created Test Files and Test Cases for the Eligibility and Enrollment process.
* Involved in implementation of HIPAA EDI Transactions ( 835,837,820,276)
* Participating in QA team meeting and bug tracking meetings.
* Application of EDI 834 transactions in reinstating members, new enrollment, and terminating member enrollment
* Involved in testing Web services and XML using SOAP UI. Verified the response received by updating the request XML.
* Worked on 837, 835, 276 and 277 Institutional and Professional EDI Gateways.
* Worked on different EDI transactions like 837 for submitting claims, 835 for payments, 834 for benefit enrollment, and 820 for premium payments to insurance products, 270/271 for Eligibility inquiry, and 276/277 for claims status.
* Understanding Business requirements, creating test scenarios, test cases and defects from MS Excel, MS Word to Quality Center in order or perform Front end (UI) and back end black box testing, validation of data using SQL
* Generated Traceability Matrices to ensure that all the requirements are covered by the test cases.
* Recorded, maintained & tracked defects, assigned type & priority/severity levels.
* Performed User Acceptance testing, developed Test logs and opened/closed as and when the issue is fixed and Quality checked with the assumed company data with all the possible Test Scenarios.
* Analyze and implement the type of testing to be performed (Manual / automated) based on the re-usability of test scripts and ensured that test cases and automation scripts are traced to requirements.

**Quality Analyst**

**CSRA - Albany, NY August 2015 to October 2016**

**Responsibilities**:

* Provide resource planning and demand management for Test resources based on testing needs.
* Checks for the claims balancing of 835 at all levels.
* Create Test Strategy and present it to the stake holders and business users for the final approval.
* Development of test scenarios, test cases, execution of test cases and documentation of test results occurs as per the defined program schedule for each implementation event.
* Prepared Test Cases based on business requirements and business rules for HIPPA EDI Transaction 834, 276/277, 270/271, 837/835.
* Evaluated and tested newly modified EDI 835/837 & HL7 interfaces.
* Performed troubleshooting and resolve errors in 834 and 820 transactions for health insurance exchanges.
* Review and approve project global master test strategy, test plan for System Testing.
* Facilitate test team meetings and other meetings required to resolve issues, risks and provided status to cross functional teams.
* Involved in testing the eligibility rules, display rules, notices and premium for Medicaid and private programs through Interfaces likes LDSS and CMS.
* Involved in testing the reports received from Third party systems to validate if the Consumers present in Health exchange system are matching the actual counts.
* Worked on the project 834 - Benefit Enrollment and Maintenance to validate the Enrollment and all the other business rules validations (Drools).
* Performed Smoke, Integration, functional, Regression, and System testing.
* Identify risks & issues, escalated the same to project leadership in a timely manner and also supported other testing related risk & issue resolution.
* Prepared and executed Test Cases based on business requirements and business rules for transactions 837 (I/P/D), 999 and Validated each transaction for both positive and negative conditions.
* Analyze the test results using statistical quality control techniques.
* Coordinate with the business analyst, testers and developers in resolving the testing defects and in preparation of Test Summary Report and Defect Metrics.
* Tested the claims processing with EDI transactions (270, 271, 834, 835, and 837) in HIPAA and HL7 Environment.
* Used Rational Suite for preparing test plans and manual test scripts.
* Participation in the Hub Defect Scrum Meeting to resolve the defects.
* Performed Back End testing of the database by using SQL queries to verify data conversion.
* Performed SQL queries using PL/SQL to access data from database tables.
* Implemented Soap UI for data driven verification form sender and responder files.

**Quality Analyst**

**Athena Health Insurance - Watertown, MA January 2013 to July 2015**

**Responsibilities:**

* Involved in writing Test plan, Test cases and executing test scripts in Quality Center.
* Worked Extensively with Inbound 837 I and 837 P, 835/835 SOR (statement of Remittance-Out bounds) claims processing system called CIS (Claims Inventory System).
* Working with CPT/ ICD Codes. ICD-9 and ICD-10 for HIPAA 5010 transactions.
* Created and modified test data for the HIPAA 5010 transactions.
* SQL queries to test/validate the 5010 compliance.
* Involved in testing of application using the Scrum (Agile) methodology and managing test scenarios in JIRA.
* Worked closely with SMEs, business and development team for business Requirement and functional specification documents.
* Experience in Testing HIPAA Gateway EDI Transactions. Experience in HIPAA transactions EDI 837 (Institutional/Professional), 835(Payment Remittance Advice), 270 (Eligibility Request) / 271 (Eligibility Response), 276 (Claims Status Inquiry Request) / 277 (Claims Status Inquiry Response), 834(Benefit Enrollment and Maintenance Transaction), 278 (Prior Authorization), 997 (Transaction Acknowledgement).
* Working in a Scrum environment, Involving daily Touch base meeting updates/ status.
* Used Quality Center for preparing the test plans and manual test scripts.
* Tested Regression EDI834, 820 Transactions following the HIPPA compliance EDI Standard of X12.
* Executed tests in Test Lab module in Quality Center.
* Validate the date from EDI transaction. Performed UAT manually till user satisfaction. Uncovered issues related to the data population in the backend database queried using SQL.
* Conduct ICD-9/ICD-10 conversion analysis through ICD 9 and ICD 10 proposed mapping documents and HIPAA 5010 system capabilities of EDIFECS tools. Update mapping documents as required for version upgrade and change requests.
* Experienced in project management with HIPAA, X12 transactions 837I/P, 276/277 and 270/271 queries, testing and SQL statements.
* Provides full UAT support at the end of Level to ensure that the business receives the support needed to adequately test the functionality and correct processing of the 5010 transactions.
* Worked extensively with Quality Center for requirements, Preparing Test cases, Executing, Bug reporting.

**QA Analyst**

**Cigna - Blue Bell, PA January 2011 to December 2012**

**Responsibilities:**

* Responsible for business analysis, requirement specifications, project planning and identifying the resources and implementation of the project.
* Performed impact analysis and gap analysis for ICD 10.
* Written Test Plan, Test Cases, Prepare Test Data, Execute Test Cases, defect tracking and provide UAT Support for various 837 Encounter & Delegated Vendor Submission.
* Developed business scenarios and acceptance criteria to analyze roles and processes of the departments.
* Analyzed and translated business requirements into system specifications utilizing UML and RUP methodology.
* Performed Data analysis, Data Warehousing, Data Modeling, Data Mapping and Reports analysis.
* Performed Data Analysis using procedures and functions in PL/SQL.
* Prepared report templates and reports using SSRS and Crystal Reports.
* Assisted with building the EDI 837, 835, 270/271, 276/277, 278, 820 and 834 transactions processing flow from the Trading Partners to the translator.
* Maintained a requirement traceability matrix throughout the project.
* Created SQL tables with referential integrity and developed queries using SQL and SQL\*PLUS.
* Understand rules and regulations of HIPAA as imposed during Electronic Data Interchange (EDI).