**Ram Tej Muppa**

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

**9787109697**

**SUMMARY:**

Dynamic and result-oriented **EDI QA Tester** with 7 years of experience in delivering business and systems solutions for the health care industry with excellent technical and leadership skills.

* Experience with **HIPAA 4010 and 5010** versions of **ED**I transactions like **835, 837I/P, 834, 270/271, 276/277**
* Manual Testing skills include System Testing, Unit Testing, Regression Testing, Integration Testing, UAT Testing and Smoke Testing.
* Experience in testing Web Services generated by TIBCO, Oracle Abstraction.
* **EDI Medical** Claims experience in Process Documentation, Analysis and Implementation in **835/834/837/270/271** processes of **EDI Medical Claims** Industry from the Provider/Payer side.
* Good knowledge on CPT/ICD diagnosis codes and Procedure codes. **ICD version 9 and 10.**
* Expertise in Claims, Subscriber/Member, Plan/Product, Claims, Provider, Commissions and Billing Modules of Facets.
* Expertise in **EDI transactions** used in healthcare industry and good knowledge of **HIPAA X12.**
* Medical Claims experience in Process Documentation, Analysis and Implementation in **835/837/834/270/271/277/999(X12 Standards**) processes of Medical Claims Industry from the Provider/Payer side.
* Strong experience in Healthcare Systems (**HIPAA 5010 Compliance, FACETS, ENTERPRICE, EDIFECS)**
* Excellent knowledge of all the phases of the Software Development Life Cycle (SDLC), Test development life cycle (TDLC), Project Management life cycle (PMLC).
* Working experience as Software Quality Assurance. Experience in creating Test Plans, Test Procedures, Test Cases, Test Scripts, Requirement Traceability Matrix, identifying different Testing Techniques, identifying and tracking defects and conducted Manual and automated testing.
* Extensive experience in using Test Management tools such as **HP Quality Center** and **QTP** for organizing and managing all phases of application testing process, including specifying testing requirements, planning tests, executing tests and tracking defects.
* Involved in projects which used **Data Mapping and Data** Conversion tools.
* Proficient in **SQL and PL/SQL** Programming for testing database integrity.
* Expertise in Data Driven Testing **(DDT)** and creating reusable functions.
* Used FACETS for various health insurance areas such as enrollment, member, Products and other **FACETS** related modules
* Worked with a team of **Subject Matter Experts (SME),** Project Managers, Developers and QA analysts during the SDLC.
* Possess 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 , PPO** ,Child support and proven experience with **HIPPA 4010 EDI** transaction codes such as **270/271(inquire**/response health care benefits**),276/277(Claim status),** **834(Benefit enrollment**), **835(Payment/remittance advice),837**(Health care claims.
* Strong team building, time management, meeting management skills and a good team player with excellent written and oral communication skills and can write for technical and non-technical audiences.

**TECHNICAL SKILLS**

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| --- | --- |
| **Testing Tools :** | Mercury QC / Test Director, HP QTP, HP Load Runner |
| **Defect Tracking Tool :** | Quality Center, Mainframe. |
| **Programming languages :** | C, C++, Java, PL/SQL, VB Script, c#, Shell Scripting |
| **Processes :** | Waterfall, Agile |
| **RDBMS/Data base :** | ORACLE , SQL, MS Access |
| **Tool** | MS project, MS Visio, MS office package, File-Aid. |
| **Operating Systems** | Windows 2000/XP/VISTA, LINUX,UNIX |

**PROFFESIONAL SUMMARY**

**Well Care Health Plans, Inc Tampa, FL**

**Sr. Quality analyst**

**Jan-2017-Oct-2018**

**Project Descriptions:** Well Care Health Plans, Inc. provides managed care services targeted to government-sponsored health care programs, focusing on Medicaid and Medicare. Headquartered in Tampa, Florida, WellCare offers a variety of health plans for families; children; and the aged, blind and disabled; as well as prescription drug plans.

**Project 1:** Data Creation in Test Data Management (TDM) Created 834 and 837 I/P/D data files for various states that Well Care handles. Also, TDM team creates data upon request for different teams like Encounters, Claims and 834.

**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
* 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
* 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
* Identify risks & issues, escalated the same to project leadership in a timely manner and also supported other testing related risk & issue resolution.
* 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
* Provides Weekly reports generated in HP Quality Center
* Coordinates with the Edifecs team (downstream) to make sure the 835 flat files are properly tested without any missing data.
* Participation in the Hub Defect Scrum Meeting to resolve the defects.
* Performed SQL queries using PL/SQL to access data from database tables.
* Created mock up data for Take Back Reports for EOP’s.
* Validating the Business rules for the 834 transactions.

**Blue Cross Blues Shield, Durham, NC**

**QA Tester**

**Jul-2015-Dec-2016**

**Project Descriptions:** The Health Insurance Portability and Accountability Act (HIPAA) require that all health insurance payers in the United States comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The Addenda version of the ANSI ASC X12 834 transaction set was selected as the HIPAA-mandated format for electronic enrollment and disenrollment in a Health Plan. The major difference between the 834 and the other HIPAA mandated transaction sets is the flexibility to contractually arrange for submission of select data fields within the format. BCBSN follows the addenda version of the ANSI X12 834 transaction Implementation Guide. The project was to build a system for data maintance within the transactions to enable updating of membership systems.

**Responsibilities:**

* Prepared Test plans and Test Cases based on requirements using Excel sheets
* Tested the claims processing and Adjudication (EDI 837I, 837P, 837D& EDI 835).
* Worked into Health Care Industry with exposure to Electronic Medical and Health Records (EMR & EHR)/Automated Health Care Systems, ICD-10 conversion, HIPAA and other HIT standards.
* Developed standardized FACETS testing, implementation and QA processes. Documented workflow for benefit plan loading.
* Used Rational Clear Quest to track required changes and Rational Clear Case to maintain different versions of the project documentation.
* Manually tested the web application to ensure the flow of the application functionality
* Worked on Defect logging and re-testing defects using Team Link and Reporting Jobs scheduling and running after test data set-up.
* Ran X12 files through EDIFECS tool, did SNIP level validation and enriched the X12 files to CMS mandated guidelines. Enriched files were then transferred through NDM process.
* Manage the team responsible for administrating the standard suite of test tools. Including Issue/Defect Tracking and Script Management through HP Quality Center.
* The target database including SQL Server and used the data for Reporting purposes.
* Performed all TRACK database tasks, including setting up team members, ensuring that data was entered correctly, and tracking the progress of all defects uncovered during testing.
* Managing simultaneous projects with multiple clients, through full system development life cycle, ensuring delivery success using Agile/Scrum methodology and Team Foundation Server (TFS).
* Played key role in defining test automation procedure and standards, creating Win Runner and Quick Test Professional scripts for all the modules, which reduced the regression cycle drastically and improved the testing efforts for daily builds.
* Wrote complex SQL scripts in DB2 for testing data quality and validation.
* 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.
* Used EDIFECS Tool (Informatica Data Exchange), viewed XML files for any error in the transactions.
* Completed the documentation of Claims Scenario’s for the source system
* Extensively worked in designing the Testing approach for the ETL process in the Credit Data Provisioning Enterprise Data Warehouse (CDP).
* Conducted Performance testing using QTP.
* Involved in all facets of project cycle including architecture, documentation and testing.
* Participated in testing various interfaces (Inbound and Outbound) of Facets.
* Used gap analysis framework to identify AS-IS processes of claims transactions of HIPAA X12 standard and TO-BE processes (ICD-10-CM and ICD-10-PCS compliance requirements) of 5010 standard
* Experience in Edifecs testing for 5010 and 5010A1 (ERRATA) files various types of Compliance check.
* Developed and conducted statewide HIPAA 5010 and ICD-10 awareness program for all IDS staff in Tenet.
* Prepared and executed test cases for Navigational test, Functionality testing and GUI testing using Test Director.
* Executed the test cases and test scenarios using HP Quality center (QC).
* Use HP Quality Center to house all test documentation and report/track all issues and defects (Defect Management).

**Humana Health Care, Louisville, KY**

**Quality Analyst**

**Jan-2014-June-2015**

**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 EDIFECS spec builder analyzer to perform HIPPA WEDI Snip Validation. Used EDIFECS analyzer to change the fields in the 834, 835,837IB for 837OB defect validation.
* 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
* Extensive knowledge on Sybase and EDIGATEWAY applications.
* Worked on Value added routines in Facets and provider and subscriber modules.
* Worked extensively with CPT/ ICD Codes. ICD-9 and ICD-10
* Extensively used the MVS utilities like File-Aid, QMF and DB2 Load for scheduling the jobs.
* Extensively tested Security on Web logic Servers and I-Frame portlets for Web Applications used Internal and External.
* Involved in setting up Permissions and Restrictions for Users within and out of Community.
* Extensive knowledge on the complete process orientation of all EDI transactions i.e. Batch transactions and Real time transactions
* 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.
* Worked on 837, 835, 276 and 277 Institutional and Professional, EDI Gateway
* Involved in executing ETL Informatics scripts to load data into Oracle DB and HP9000 systems.
* 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.

**Harvard Pilgrim Health Care, Wellesley, MA**

**QA Analyst**

**Jul-2011-Dec-2013**

**Project Descriptions:** Harvard Pilgrim is a full-service health benefits company serving members throughout Massachusetts, New Hampshire, and Maine and beyond.

**Project 1:** 835/OHI Worked on the project EDI New Claims Platform - 835/OHI to validate the paper claims Explanation of Payments (EOP) and Electronic Remittance Advice (ERA).

**Project 2:** 834 – Benefit Enrollment and Maintenance Worked on the project 834 – Benefit Enrollment and Maintenance to validate the Enrollment and all the other business rules validations (Drools).

**Responsibilities:**

* Analyze and plan testing efforts for various business projects.
* Perform Smoke, Integration, Functional, Regression and System testing.
* Interact with Business users and Technical Team in providing clear solutions to the requirements.
* 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.
* Create Test Plans, Test Cases and responsible for executing the Test Scripts.
* Involved in testing HIPAA EDI Transactions and mainly focused on PA and Eligibility Transactions. Transactions focused on is 83x and 27x.
* Loaded the defects on to HP Quality Center and maintained a track record of the updates on the defects from the development team.
* Worked on Edifecs for Rule level implementation and relaxation
* Test PL/SQL code including stored procedures, functions and triggers using TOAD.
* Involvement in Smoke Testing for every GUI application before Handheld to System Testing for acceptance from the Development team.
* Create status reports for all the Testing executed /planned to the Project Manager on a Weekly basis and the QA Manager on a Bi-Weekly basis.
* Create UAT Test Plan and Test strategy for the Users/ Departments during UAT Testing.
* Analyze and Create Test Data Scenarios to be tested by the Business users during UAT Testing and supporting the UAT Team when required.
* Authored Test cases for HIPAA EDI Transactions 270/271, 276/277,837/835.
* Worked to build extensions for FACETS Members, Claims, and Billing and enrollment applications.
* Supported Post Production Implementation and Production Support for all EDI transactions.
* Design and Author Test Plan, Test Cases, Test Data and Test Files as required.
* Execute Functional, System and Integration Test cases.
* Log and tracks all defects.
* Helped to make decisions on Providers who were submitting EDI files both in 5010 standards on the impact for downstream processing.