**Professional Summary**

Quality Assurance Tester with over **7 years** of experience in **Software Quality Assurance and Testing** with the **healthcare domain**. Experienced on working with and testing on **HIPAA compliance** as well as **ICD 9 to ICD 10** **migration and integration** Have in-depth knowledge of **testing concepts** and **methodologies** such as **SDLC** and analyzing requirements and identifying **test scenarios.** Dedicated and dependable **team player** who has **strong analytical, organizational, problem solving, communication** and **project management** skills and ability to manage multiple tasks, with excellent **verbal** and **written communication skills**. Also, has the ability to work in a **fast paced** and **aggressive schedule.**

**Specific Expertise**

* Knowledgeable in defect management and tracking.
* Experience in creating test plans and test cases using test log where defects management was carried out using Quality Center.
* Extensive experience in Functional, Black Box, Regression, Load and Stress Testing in System and User.
* Acceptance Testing.
* Hands on experience on testing Web Based Applications.
* Is detail-oriented with excellent communication skills and have strong organizational skills and ability to manage multiple tasks in a fast paced environment.
* Knowledge of ICD 9 and ICD 10 structures and differences.
* Experience in verifying EDI raw data of 837 transactions as per 4010 and 5010 formats.
* Experience in healthcare industry in working with various modules which include claim processing using.
* EDI transactions like 837, 834, 835, 270/271, and 278 which fall under the HIPAA compliance.
* In-depth knowledge of ICD9-CM and ICD10-CM structure and their difference.
* Experience with testing various test cases for FACETS interfaces and tracking/explaining bugs to development teams.
* Understanding of EDI raw data in 4010 and 5010 formats.
* Extensive testing experience in all phases and stages of testing with good working knowledge of testing disciplines, tasks, resources and scheduling.
* Expert at developing Validation Process following the standards and creating and documenting SOPs and ensuring all the validation documents are in compliance with cGMPs following the standards of 21 CFR Part11.
* Strong experience in writing complex SQL queries for Backend testing.
* Experience in configuration of claims adjudication systems, FACETS 4.7/8.
* Good Work experience on HIPAA EDI 835, 837, 271/272, 278 use cases and collaboration templates according business requirements in FACETS Claims Process.
* Have a deep knowledge of all the methodologies like RUP, Agile, SCRUM, Waterfall and SDLC that eventually helps in the skillful reviewing and understanding of Business Requirement Document (BRD) and functional specifications thoroughly.
* Proficient in QA and testing processes like Test Strategy and Plan, Test Scripts, Defect Tracking and testing using Manual and Automated testing methods.
* Expertise in Problem solving and Tracking Bug report using Bug Tracking Tools.
* Experience in defining and mapping testing strategies by writing Test Plans, Test Scripts, Test procedures and test cases to determine the test schedule and test environment.
* Experience in testing positive and negative test scenarios.
* Proficient in working with FACETS, claim processing systems.
* Exceptional knowledge of Facets 4.71 version billing and pricing modules.
* Experience with testing various test cases for FACETS interfaces and tracking/explaining bugs to development teams.
* Strong experience of working and interacting with clients to transform their business problems into technology solutions and ensuring that business goals are met throughout the product lifecycle.

**Technical** **Skills**

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| --- | --- |
| Operating Systems | MS Windows |
| SDLC Methodologies | Waterfall, Iterative, Agile, Rational Unified Process (RUP),Scrum |
| Web Technologies | HTML, XML |
| Databases | MS Access, MS SQL Server |
| Software Packages | MS Office, MS Visio, MS Project, TriZetto’s Facets |
| Business Modeling Tools | MS Visio, Agile, RUP, Scrum |
| Defect Tracking/Testing Tools | Quality Center, QTP, Rational Requisite Pro, Rational Test Manager |

**Professional Experience**

**Unicare, Indianapolis, IN**

**Aug 2017 – Oct 2018**

**Sr. QA Analyst**

Unicare is a healthcare insurance company which focuses exclusively on state and federal healthcare programs. Facets are a fully integrated CLAIMS data processing and Medicaid and/or Medicare Management information system for managed healthcare

I worked as an QA Tester/ application analyst for testing the overall FACETS system configuration which includes Benefits, Pricing, Authorizations, Claims Payment (including CLUM), and Member Accumulator and Member/Subscriber enrollment.

**Responsibilities:**

* Analyzed and identified the requirements from Group Class Plan (GCP) document for member and subscriber demographic information and the insurance plans.
* Responsible for writing the Test Cases and Test Scenarios based on the Business Requirement Document (BRD) and technical Specifications and loaded in HP Quality Center.
* Logged the errors, reported defects, determined repair priorities and tracked the defects until resolution using HP Quality Center.
* Identified issues with the testing tools and the environment configurability and reported to the Lead.
* Analyze change requirements for Benefit, Providers, Contracts and Claims processing modules configuration in FACETS system for Medicaid and Medicare Advantage for AL, FL, GA, IL (ICP &MMAI), MD, NC, SC, PA and TN plans in different environment UAT 4, ITE and UAT 3
* Performed detailed testing for Authorization of claims, Benefits, Claims Payment, Pricing, Member Accumulator and System Readiness Review testing.
* Retrieved claims data from different test environments by executing SQL statements in TOAD
* Performed end-to-end testing of FACETS Billing, Enrollment Claim Processing and Subscriber/Member module.
* Performed Member Accumulator check based on the respective claims and member plans.
* Provided regular status updates to Team Lead on high priority issues and Testing Progress.
* Wrote SQL queries that were highly tuned using concepts like Explain, Stats, CAST and volatile tables.
* Extensively used ETL methodology for testing and supporting data extraction, transformations and loading processing, in a corporate-wide-ETL Solution using Informatica
* Created ETL test data for all ETL mapping rules to test the functionality of the Informatica Mapping.
* Tested the ETL Informatica mappings and other ETL Processes (Data Warehouse Testing).
* Translated Business processes into Informatica Mappings for building Data marts.
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets or Internet portals
* Tested Cognos reports to check whether they are generated as per the company standards
* Involved in testing the Cognos reports by writing complex SQL queries
* Worked with Business Analyst in UAT testing and involved in testing in Production region.
* Coordinated User Acceptance Testing with the UAT group to ensure the correct business logic.
* Assisted the business partner in preparing UAT plan/scripts and assured project manager has taken steps for alignment of Operational Quality Checklist.
* Facilitate UAT Testing by providing necessary support to the Business users.
* Providing Cognos end-user support throughout my project and prepared documentation for Cognos end-user security.
* Created SQL scripts to validate data records in DWH to make sure that dataflow from DWH to Cognos is accurate.
* Validated records generated in Cognos Application with the requirement specification document.
* Generated Ad-hoc reports in Cognos Query Studio and validated various packages.
* Verified Cognos Report Studio scripts to ensure that generated reports are correct.
* Conducted Regression testing and functional testing for subsequent versions of the Cognos application.

**Beacon Health Options, Boston, MA**

**April 2015 – July 2017**

**QA Analyst**

The project was based on the coding and testing for the enrollment products including all contracts, booklets, Insurance Medical Cards, Explanation of Benefits(EOBs), and Explanation of payments(EOPs), Claims Recovery Invoices and Premium invoices. The primary responsibility was to design a test plan based upon requirements, develop test scripts and execute test plans and test cases for all these products and assist in the training of the end users. These were all validated against a FACETS database that adhered to the strict compliance, policies and regulations that met the ACA (Affordable Care Act) compliance standards. I Supported BAs with revised systems requirements.

**Responsibilities**:

* Worked with the Agile methodology reviewing the Business requirement, Functional Design Documents and Technical Specification documents
* Created Test Cases and Test data after analyzing the BRD
* Monitored ETL batch jobs on batch servers and reviewing Log, Error and Output files
* Tested and managed the XML files of the Claims.
* Performed Functional and GUI testing on Facets Billing, Customer service and Subscriber application under Facets.
* Involved in FACETS Implementation, involved end to end testing of FACETS Billing, Enrollment Claim Processing and Subscriber/Member module.
* Tested web services by generating XML SOAP requests and validated the corresponding XML SOAP responses.
* Tested the claims (837s) processing application (Facets) for any defects.
* Tested HIPAA Transactions and Code Sets Standards such as 820,834, 837/835, 270/271, 276/277 transactions using Facets.
* Involved in the testing of web portal of New MMIS system.
* Logged of defects in Quality Center to maintain Test requirements and to communicate the bugs with the Developers.
* Tested the Medicare and Medicaid preferred Eligibility and EOB claims extract files for CDHP plans.
* Worked on uploading all the Test cases to the Quality Center for the current and prior releases.
* Responsible for performing System and integration testing for configuration release.
* Worked with MMIS Team for HIPAA Claims Validation and Verification Process (Pre-Adjudication).
* Prepared test sets, executed and validated functional test cases in ALM.
* Developed test strategies and test scenarios for all 837, 835, 834, 270/271, 276/277 transaction related reports
* Wrote Test Cases for Manual Testing and created Traceability Matrix.
* Validate the preparation of test scripts and the execution of UAT of all MMIS contract components and documents risks and variations based on earlier defined requirements.
* Responsible for checking member eligibility, provider enrollment, member enrollment for Medicaid and Medicare claims.
* Validated the following: 837 (Health Care Claims or Encounters), 835 (Health Care Claims payment/ Remittance), 270/271 (Eligibility request/Response), 834 (Enrollment/Dis-enrollment to a health plan).
* Written multiple Test Cases (System, Integration) for multiple transactions include 837I, 837P, 835, (both inbound and outbound) transactions
* Verified testing based on system analysis.
* Responsible for testing of claims adjudication process for the New MMIS system
* Identified the requirements for accommodating HIPAA standards for 837P transactions and captured these requirements to develop new GUI for the internet based application.
* Involved in testing of HIPPA 835 for the payment of claims and transfer of remittance information
* Executed Performance test procedures to check to time span.
* Created input test files as per the business requirements in Ultra edit and processing them in batch server to load data to respective tables in database and to generate the output

**Health Alliance Plan Corp., Detroit, MI**

**June 2013 – March 2015**

**QA Tester**

Claims Processing Engine: Health Alliance Plan Corp (HAP) is a full-service health management company providing full range of HMO, PPO, and POS benefit plans. Health Alliance Plans was in the middle of coordinated series of projects, designed to improve their competitive positioning in market. Although efforts were made to provide information through other avenues, majority of customer contacts was through telephone. For this reason, HAP selected to enhance the capability of Customer Contact Representatives (CCR) to efficiently and effectively serve their customers. So they decided to deploy Integration Collaboration Solution (ICS). Specifically, dealt with the following business processes:

**Responsibilities:**

* Experience with **EDI** transactions like EDI 834 (Benefit Enrollment and Maintenance),277/275(Health Care Claim Request for Additional Information and Response), 276/277(Health Care Claim Status Request and Response), 835(Health Care Claim Payment/Advice), 837 and (Health Care Claim: Professional, Institutional and Dental).
* Multiple 837map set developed for each client (clearinghouse, internal, and external trading partners), as well unique mappings were needed in each map to accommodate various conditions dealing with Provider, Subscriber, PAY-TO and BILL-TO Provider information needed to identify multiple conditions dealing with batch processing of claims.
* Involved system testing on EDI transaction 270/271 for both inbound and out bound.A **Developed standardized FACETS testing, implementation and QA processes.**
* Worked in DB2 data base, Sharepoint.
* Responsible for working with the team to review and modify process flows to increase productivity and effectively utilize FACETS features not provided by the legacy systems
* Worked with Trizetto Facets System implementation, Claims and Benefits configuration set-up testing, Inbound/Outbound Interfaces and Extensions, Load and extraction programs involving HIPPA 834 and proprietary format files and Reports development.
* Validating all the information from HIPAA to FACETS.
* Worked with the client and stakeholders to design and configure all the required claims processing rules.
* Created **Claim Test Data** and tested various scenarios.
* Assisted informational needs in mapping of **Test Cases**.
* Worked on the **EDI** claims including both the batch processing and direct data entry.
* Performed **GUI testing, Integration testing, Regression testing, Ad -hoc testing, Negative testing, End to End testing, Load testing, User Acceptance testing** on multiple projects.

**MediQuest TherapeuTics, Seattle, WA‎**

**Sept 2011 – May 2013**

**Quality Assurance Analyst**

MediQuest TherapeuTics, is a privately held pharmaceutical company involved in research and development of medicines for skin diseases and conditions. MediQuest needed an electronically solution for the management of patient trial information. The system should also allow investigators to electronically sign forms and should be in compliance with 21 CFR 11.

**Responsibilities:**

* Created detail software test cases and associated test requirements for systems, user acceptance and regression testing using QTP.
* Performed load testing and tested the various boundary conditions.
* Involved in gathering of all the relevant Requirements documentation required for Test Planning.
* Developed and executed manual test cases for GUI front end testing.
* Recorded defects that occurred during the testing process using Test Director.
* Generated performance graphs to monitor the software performance.
* Write test cases and scripts for testing team and UAT group.
* Involved in the discussion of Test execution, Defect resolution mechanisms and arranging meetings with the development team, System Analysts and QA Team.
* Involved in Manual Testing of the online application.
* Created Requirements Traceability Matrix (RTM) to validate that every defined requirement has at least one corresponding test case.
* Performed exhaustive testing to verify the secure login functionality.
* Participated in Test Meetings and documented minutes