Cell Phone: 848-666-1077 **SIRI ( Sirisha Bethala)**Chandra.reliantvision@gmail.com

**Summary:**

* Over 7 years of professional work experience with an earned reputation for meeting demanding deadlines and delivering critical solutions on various levels of Quality Assurance in IT, Insurance and Healthcare Industries.
* Involved in thorough study of **Business Requirement documents** and **functional requirement specifications**.
* Written test cases in Excel and loaded them into **RQM (Rational Quality Manager)** for testing and **RTC (Rational Team Concert)** for filing defects
* Participated in weekly meetings with Business Analysts, Development and QA team to discuss the milestones, progress and the issues.
* Analyzed testing results and generated QA daily status Reports and communicate with team for future priorities.
* Exceptional problem solving, decision-making, strong **interpersonal** and **communication skills**.
* Excellent understanding of the Software Development Life Cycle (**SDLC**) with emphasis on Black Box testing, functional testing, GUI testing, system testing, regression testing, security testing. Skilled at building a strong team environment, and have ability to acclimatize to new technologies and situations with ease.
* Experienced in implementing **EDI** Transactions (**HIPAA** 4010 and 5010- 997, 999, 834, 835, 837, 270, 271, 274, 276, 277.
* Was involved in writing the test plans, test cases, executing the test cases, linking the test cases with the requirements, logging the defects and tracking the defects.
* Performed the back-end testing to ensure data consistency on front-end by writing and executing **SQL queries**.
* Experience testing migration of **4010 to 5010** EDI transactions
* Used Quality Center as repository for requirement analysis, design test cases, Execute test cases, Bug tracking and reporting.
* Performed End-to-End Testing Manually before Automated Testing.
* Experience on testing windows and Web based applications.
* Identified the **positive** and **negative** test cases for functionality, integration and system testing of the application.
* Defined and performed the **Test strategies** and associated scripts for the verification and validation of the application and ensuring that it meets all defined business requirements and associated functionality.

**Skills:**

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| --- | --- |
| **Methodologies** | SDLC, Waterfall, Agile, Scrum |
| **Operating Systems** | Win NT/2000/XP/7, LINUX, UNIX. |
| **Testing Tools** | Quality Center, QTP, RQM, RFT, RTC |
| **Programming Language** | HTML, SQL, ORACLE, C, C++,UNIX, VBScript |
| **Business Modeling Tools** | UML |
| **Database** | MS Access, Oracle, MS SQL Server, MySQL |

**CDPHP, Albany, NY Dec'13 to Mar’14**

**QA Product Analyst**

Capital District physicians Health Plan (CDPHP) is an Insurance company, providing quality health coverage and top-rated health plans to thousands of families. As an award-winning health benefits provider, they’re committed to patients remains at the very heart of the doctor-directed company.

**Responsibilities:**

* Involved in developing Test Plans, Test Procedures, and Test cases based on the Functional & Business Requirements and Design Documents
* Created SQL Statements to perform backend testing on the TOAD and SQL Server to review the saved data to ensure that the correct data was saved from the Front End
* Involved in testing the EDI transactions 834 and 837. Highly involved in writing test scripts for testing 834 transactions.
* Worked under Agile Methodology and attended scrum meetings every day to update the status of work
* Used **Rational Quality Manager** to keep track of Test Plan, Test Cases, Test Execution, Test Execution Records and TER Reports
* Developed Queries in **RTC to track Defects** and reporting them
* Performed **smoke Testing, System Integration Testing, Database, and End to End Testing**
* Working as part of Clinical Systems to test the Clinical Care Management
* Testing the DOH Annual Reports to verify the data consistency and validate the information in COGNOS
* Validating the Clinical Care Campaign letters and Manual letters
* Creating Cases to verify the data against the CCA application
* Analyzed the user requirements by interacting with Subject Matter Expert, developers and business users
* Attended daily scrum meetings and weekly product delivery meetings, and Defect track meetings with team

**Environment:**RQM, RFT, MS Office, SQL, TOAD,Rational Functional tester 8.2.2.1, Rational Quality Manager V4.0.1, Rational Team Concert 4.0.1, Foresight Validator 7.16.0 IBM DB2 Data Studio 3.1.0.0, TOAD 4.7, MS Excel, JAVA, Windows XP, Agile– Scrum.

**Computer Sciences Corporation, Rensselaer, NY Dec’12 to Oct’13**

**Test Analyst**

Worked as a QA tester, Involved in testing Healthcare Applications

**New York State Health Benefit Exchange (NY-HX)** is to have an organized marketplace which will aid consumers and small businesses in purchasing health insurance and applying for insurance affordability programs and/or other public benefits (Medicaid, CHIP, other locally offered health programs) where appropriate. **New York State seeks to assist consumers in making informed healthcare coverage choices by providing information that will allow users to understand their eligibility and enrollment options.** The NY-HX system will include options for easy comparison of available individual and small group QHP plans based on price, benefits, services, and quality

**Responsibilities:**

* Involved in **developing Test Plans, Test Procedures, and Test cases** based on the Functional & Business Requirements and Design Documents
* Worked as Point Of Contact for **URT (User Release Testing)** Testing and worked with **URT Team** before the application releases
* Supported **Independent Verification (IV &V)** and **User Acceptance Testing (UAT)**
* Written test cases in Excel and loaded them into **RQM (Rational Quality Manager)** for testing and **RTC (Rational Team Concert)** for filing defects
* Performed **Regression, Smoke, Sanity, GUI, Data Integrity testing**
* Used **Rational Quality Manager** to keep track of Test Plan, Test Cases, Test Execution, Test Execution Records and TER Reports
* Developed Queries in **RTC to track Defects** and reporting them
* Created SQL Statements to perform backend testing on the **TOAD and IBM Data Studio** to review the saved data to ensure that the correct data was saved from the Front End
* Created New Test Scenarios and Test cases to validate the expected outcome of the application
* Involved in 834 Testing (Eligibility and Enrolment) using TIBCO Foresight Validator Tool
* Actively involved in URT Support and Defect reporting
* Worked **under Agile Methodology** and attended **scrum meetings** everyday to update the status of work
* Working experience with **APTC, QHP, CHIP and Medicaid** Plans
* Involved in **smoke Testing, System Integration Testing, Database, and End to End Testing**
* Analyzed the user requirements by interacting with Subject Matter Expert, developers and business users
* Defined Functional Test Cases, documented, Executed test scripts
* Conducting Functional, System, Integration, Regression, Performance testing
* Build test scenarios and test cases (negative / positive) to validate expected outcome

**Environment:**RQM, RFT, MS Office, SQL, TOAD,Rational Functional tester 8.2.2.1, Rational Quality Manager V4.0.1, Rational Team Concert 4.0.1, Foresight Validator 7.16.0 IBM DB2 Data Studio 3.1.0.0, TOAD 4.7, MS Excel, JAVA, Windows XP, Agile– Scrum.

**Unicare Corporation, Cleveland, OH                                  Jan'12 - Oct ‘2012**

**Sr. QA Analyst**

Unicare HealthCare is a leading insurance organization that caters to the health insurance needs in OH.I worked on various inbound and outbound HIPAA transactions in X12 format. Used FACETS for the claim adjudication, claim processing and Provider Management. I was also involved in integration of FACETS with the EDW.

**Responsibilities:**

* Involved in Test Plans and wrote Test Scripts for Manual Testing.
* Performed Positive and Negative testing, Black Box testing, and End User testing.
* 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.
* Verified and validated **HIPAA c**ompliant X12N format for both inbound and outbound healthcare EDI transactions as per **ICD 10**
* Tested migration of **4010 to 5010** and validated EDI X12 transactions like EDI 834 (Benefit Enrollment and Maintenance), 276/277 (Health Care Claim Status Request and Response), **835 (Health Care Claim Payment/Advice), 837 and (Health Care Claim: Professional, Institutional) as per HIPAA 5010**
* Troubleshoot any problems found within **FACETS** and when testing the SQL data database while validating against the business rules.
* 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 Claims and Benefits configuration set-up testing, Inbound/Outbound Interfaces and Extensions, Load and extraction programs involving 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.

**Environment:**Quality Center, IBM Mainframe, HIPAA standards, Facets, Oracle on Windows, SQL, MS Outlook, Java, HTML.

**Kaiser Permanente, Pasadena CA     Sep'10 - Dec'11**

**QA Analyst**

KP Foundation System Membership System supports establishing **Medicare** benefits, creating contracts, enrolling members, billing and reconciling dues. Additionally it handles GL reporting, creation of purchaser and member letters, and distribution of membership data. KPFS is the system of record for all CA membership and eligibility information.    
My personal contribution was working exclusively on triggers which would facilitate automation of member correspondence Letters, calculation of LEP/LIS, Zip code functionality, which introduced edits into the system which would control **enrollment** of members based on county and zip code and established streamline process to establish appropriate handing of **Medicare** C AND D. (delinquency) Dunning.  Worked extensively on triggers related to regulate the handling of the transaction reply codes sent by the CMS.

**Responsibilities:**

* Reviewed the Business Requirement Documents (BRD) and the Functional Specifications.
* Created Test Plans by going through the design and functional specifications.
* Involved in developing Test Scripts as per the business requirements in Quality center
* Followed Agile - Scrum testing methodology
* Developed various test cases for testing **HIPAA 834**, involved in testing and data mapping in 4010 to 5010 migrations (**ICD 10 / ICD 9**)
* Developed Test Cases for **Database Validity** in **Open Enrollment** of Medicare Part A, Part B and Part C.
* Tested Coverage termination requirements at **INS Membership Detail level** and HD Health Coverage level.
* Tested **Enrollment/Dis-Enrollment** and Change in membership status according to the specific DTP segment at INS level.
* Involved in **HIPAA/EDI transactions**, Analysis, Testing and Defect Evaluation.
* Documented the Daily Defects Status with the help of Test Metrics.
* Performed extensive Back-End testing by writing and executing **SQL queries** on the database-using **SQL\*Plus**
* Used Quality Center for defect Reporting
* Interacted with Business Analysts for UAT (User Acceptance Testing), and tested the possibilities of system failure with **UAT**
* Worked on the continuous improvement of QA Process by reviewing and evaluating existing practices with standard testing guidelines.

**Environment**: Crystal Reports, Quality Center ANSI standards, SQL Queries, CPT standards, ICD 10/ 9/ANSI Health codes/HL7/ADT, Claims, XML, documentation workflow, QTP.

**United Healthcare, PA Aug’09 -Aug'10 QA Analyst**

Worked on a data conversion application, which loads EDI claims files into the document imaging system.  Claims were received in ANSI X12 837 format and were converted to the internal XML file format.  Files were indexed and loaded into document imaging system. Testing procedures verified document images against claims management database.

**Responsibilities:**

* Reviewing and analyzing the **BRD, FRD and Detail design documents**, and understanding the **SDLC** methodology of the organization.
* Coordinated the end to end testing efforts of the **HIPAA compliance and EDI transactions.**
* Documenting the test plan, test cases, test scripts and expected results using **Quality Center** (for GUI testing, Functional testing, Data validation, Security testing, Compatibility testing, Performance testing)
* Preparation of test data for the **positive and negative test cases.**
* Conducting the **walk thru** of the test plan with the developers and design team
* Verified **HIPAA compliant X12** format for **EDI transactions.**
* Validated **EDI files** against **ICD-9** compliance.
* Wrote test cases to check the formats of transaction requirement for **834/835/837/276/278**
* Backend testing by executing the **SQL** commands for **data retrieval/verification, data updation and data insertion** into the tables
* **Identified, analyzed and documented** defects, errors and inconsistencies in the software program. Also **reviewed logs and reports** to identify the program processing errors
* Executed automated script for the regression testing and analyzed the report files.
* Prepared test matrix and test status reports to reflect the status of testing and bug fixes of the HP **Quality Center**.
* Used **Quality Center** to track the defects encountered during testing.
* Test cases are designed for the black box testing and perform **boundary value analysis, decision table analysis for business rules, and state transition verification**.
* Worked with development engineers in diagnosing and isolating various integration problems, and explain defects.
* Extensively used **Quality Center** for **defect tracking and prioritizing defects** and enhancement requests after base lining the requirements.
* Conducted and Attended **review meetings, performed Walkthroughs** with the developers and development team to set a hard-freeze date and gather input for creating the Test Plans and Test Specifications.

**Environment:** J2EE, QTP, Quality Center, DB2, Mainframe, SQL, Oracle, Microsoft, XML, HTML, MS-Excel, Web Services, Web Applications

**Centene Corp, Apple Valley, MN     May'08 -Jul'09**

**QA Analyst**

Centene provides managed care programs and related services to individuals and families enrolled in government-assisted health programs. The company operates under the names Managed Health Services in Wisconsin and Indiana, Superior Health Plan in Texas, Buckeye Community Health Plan in Ohio, and Peach State Health Plan in Georgia, among others. Application was an Electronics Claims Processing (ECP) system designed to accept the electronic claims coming from the various providers (doctors and hospitals) and process them. The project was an integrated application of different set of rules and processes like HIPAA compliant, EDI 837 and 835 compliant processes.

**Responsibilities:**

* Analyzed the system requirement specifications and developed appropriate test plans, test cases test scripts and executed testing.
* Designed and documented **test plan, test strategies, test cases** in **Quality Center by** evaluating the requirement document in RequisitePro and performed hands-on testing for complex test conditions, scenarios and scripts so **HIPPAtransactions in EDI** formats are verified.
* **Validated and analyzedEDI outbound and inbound Transactions.**
* Created reusable functions in VB scripts using QTP and thru active screens created Shared object repository for the entire test set to test most of the Web modules.
* Validated the application against the expected results by inserting **Database, Bitmap** and **GUI checkpoints**.
* Performed data-driven testing to read test input data from an Excel File so as to test the application with different positive and negative data.
* **Worked with development engineers** in diagnosing and isolating various integration problems and explain defects.
* Analyzed testing environment for both front and backend testing. **Developed SQL scripts** to test data loading process from and to different data sources.
* Performed **QA Acceptance testing** for test workflows with business users and performed data encryption testing as per **HIPPA** guidelines to ensure the privacy, security and confidentiality.
* Helped in **integration testing of XML/EDI** for data exchange between different business users.
* Extensively used QC for **defect reporting and tracking** and **prioritizing defects** and **enhancement requests** after base lining the requirements.
* Attended **change request** meetings to document changes and implemented procedures to test changes.
* Involved in continual improvement of automation test scripts to provide improved QA of testing processes and to reduce whole testing cycle time.

**Environment:**Quality Center, IBM Mainframe, HIPAA standards, Facets, Oracle on Windows, SQL, MS Outlook, Java, HTML.

**Sri Krishna Pharmaceuticals Ltd, India Dec'05 - Apr'08**

**Quality Analyst**

**Description:** Sri Krishna Pharmaceuticals is a leading company in the manufacturing of paracetamol. It is active in the business of API’s, direct compression granules, drug delivery systems.

* Involved in documenting and implementing **test plan, test case** and **test scripts**.
* Validated AUT for customizations, including database tables and reports, labeling and barcode systems, and interfacing with laboratory instruments under **CMM** environment
* Documented **IQ**, **OQ** and **PQ** protocols for new laboratory equipment’s.
* Developed **SOP’s** for operation of new laboratory equipment’s such as HPLC, GC and Autoclave etc.
* Developed **Validation reports** to summarize deviations from requirements, problems discovered and actions to be taken to fix them.
* Coordinated with the team members and the scientists for developing the SOPs for the equipment’s.
* Worked with a team in documenting the **audit reports.**
* Worked with **Chemstation** software used for analyzing of samples in **HPLC.**
* Developed **Validation reports** to summarize deviations from requirements, problems discovered and actions to be taken to fix them.

**Environment:** SOPs, HPLC, GC, V-model, Windows, LIMS, MS Office

**Education:**  Bachelors in Biology