**Profile:**

* Over 6 years of experience in Quality Assurance and Software Testing experience in Healthcare domain.
* Excellent skills in writing Test Plans, Test Scenarios and Test Cases
* Extensive experience in testing Client/Server and Web-based Applications
* Expertise in Bug reporting tools such as SharePoint Defect Tracking, Quality Center
* Proficient in manual and automated testing of applications on Windows and Unix environment
* Very good experience in Back-End Testing using SQL on UNIX and Windows platform to validate the consistency of data
* Experienced working   with x12 version 5010 transactions   changes analysis, design and migration strategy.
* 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 enrollment), 835(Payment/remittance advice), 837(Health care claim).
* Maintained Test Matrix and Requirement Traceability Matrix.
* Performed ICD9 to ICD10 impact analysis.
* Strong Knowledge on MS Office suite, MS Visio, MS Project, and MS Access.
* Proficient knowledge in various types of Software Testing such as Unit testing, Integrated testing, System Testing, Black box testing, Positive Testing, Negative testing, Performance Testing, Stress Testing, Load Testing, Volume Testing, Data Driven Testing, Back end Testing and Regression Testing.
* SOLID understanding of ANSI X12 4010/5010 version on major EDI file types 837, 835, 834 and 820.
* Involved in FACETS Implementation, involved end-to-end testing of FACETS Billing, Claim Processing and Subscriber/Member module.
* Good team leader, Player and can work alone with minimal or no supervision
* Good problem-solving, judgment, and decision-making skill
* Hands on experience with the data mock-ups and the data log analysis.
* Strong experience with different project methodologies including Agile-Scrum Methodology, Waterfall, Modified-Waterfall.
* Proficient in creating X12 proprietary layout files.

**Technical Skills**

Methodologies: **Waterfall, Agile, RUP**

Healthcare **HIPAA X12** ,**EDI, 270,271,276,278,834, 835, and 837. Facets 4.71/4.81**

Project Management: **MS Office, MS Project**

Version Control System: **Rational Clear Case, CVS, Visual Source Safe**

Process/Modeling Tools: **Rational Rose, MS Visio, Rational Requisite Pro, Clear Quest**

Testing Tools: **Rational Enterprise Suite, Test Director, Win Runner, Load Runner.**

Languages: **SQL, JAVA, XML, UML, .NET, HTML**

Databases: **MS Access, SQL Server, Oracle 9i/10g, Sybase Accelerator**

**Professional Experience**

**Client: Xerox, Sacramento, CA. Feb 2013 - Till Now**

**Position: Quality Assurance Analyst**

At Xerox, I have worked on ICD 9 to ICD 10 readiness project. Xerox has partnered with the State of California in implementing the ICD 10 codes. As a Quality Assurance analyst, my job included mocking up the claim files, manually entering the ICD 10 codes and making sure all of the impacted area has the correct rate, data populated to ensure the payment accuracy.

**Responsibilities:**

* Analyzed ICD-10 standards for 837 transactions, related to providers, payers, subscribers and other related entities.
* Identified the requirements for accommodating ICD-10 standards for 837 transactions and captured these requirements to create BRD.
* Participated in the walkthroughs and meetings specifically for Claims and Membership modules.
* Validated the process flow for “AS IS” system and understand where exactly ICD-9 Procedural and Diagnosis Codes are used.
* Translated the requirements gathered during interview with SME’s and created process flow diagram based on the requirement captured.
* Identified various points of integration among the new and existing applications and required integration with other IT components.
* Tested the system to ensure data are being populated in various conditions such as: if the submitted ICD-10 primary diagnosis code in the submitted ICD primary diagnosis code field and the cross walked ICD-9 primary diagnosis code in the processed primary diagnosis code field when the submitted code is an ICD-10 primary diagnosis code.
* Populated the submitted ICD-9 primary diagnosis code in the submitted ICD primary diagnosis code field as well as in the processed primary diagnosis code field when the submitted code is an ICD-9 primary diagnosis code.
* Populated spaces in the submitted ICD primary diagnosis code field as well as in the processed primary diagnosis code field when ICD primary diagnosis code is not submitted.
* ICD 9- ICD 10 Conversion Analysis –Worked in the analysis of the ICD 9 - ICD10 codes.
* Wrote the test cases from use cases and FRD for ICD9 - ICD10 upgrade.
* Verified the test cases after the codes changes in different tables associate with ICD9 - ICD10 changes.
* Uploaded the diagnosis codes, procedure codes to the related tables in test environment to verify the changes related to ICD9 - ICD10 changes.
* Performed negative testing to ensure the system does not accept the ICD 9 code when the ICD 9 code flag is executed.
* Participated throughout the testing life cycle.

**Environment: Windows XP, Oracle, Java, Mainframe, Clear Quest, MS Office (MS Excel, MS Access, MS Word, MS Power Point), MS Visio, .Net, Quality Center, SDLC**

**Client: Blue Cross Blue Shield of Minnesota, MN April 2012 – Jan 2013**

**Position: Quality Assurance Analyst**

Blue Cross and Blue Shield offers individual and group health plans. Worked on “ICD-10 implementation” project. “ICD-10 project” intended to accommodate the ICD-10 standards and enhance the current system to incorporate the CMS mandated ICD-10. Involved in a parallel project team that implemented ICD-9 to ICD-10 code sets. Worked on electronic HIPAA 835 Remittance Advice transactions.

**Responsibilities:**

* Created Test Strategy, Test plans and test cases for the project.
* Followed the Business Rules, and ensured that HIPAA compliant Rules are followed to display minimum benefit information that the Provider is required to pass on the EDI transactions.
* Managed the privacy and security environments of healthcare data that was governed by HIPAA and other government mandates.
* Validated the EDI 837-claim billing (professional, institutional and dental claims) & 835 (remittance advice or payment) claims adjudications.
* Management of few departmental projects including programming for HEDIS measures for NCQA accreditation through FOCUS and SQL programming.
* Prepared high level and detailed system requirements documents for the application
* Analyzed ICD-10 standards for 837 transactions, related to providers, payers, subscribers and other related entities.
* Identified the requirements for accommodating ICD-10 standards for 837 transactions and captured these requirements to create BRD.
* Participated in the walkthroughs and meetings specifically for Claims and Membership modules.
* Validated the process flow for “AS IS” system and understand where exactly ICD-9 Procedural and Diagnosis Codes are used.
* Identified various points of integration among the new and existing applications and required integration with other IT components.
* Practical experience on claims processing system and different types of claims such as 837I (Institutional), 837P (Professional), 837D (Dental) and Pharmacy Claims (NCPDP D.0.
* Good experience with FACETS Claims Adjudication.
* Extract claims detail including ICD-9, procedure codes, diagnosis codes; member eligibility data for analysis, claim overpayment projects.
* Involved in mapping and validation of different EDI transaction used for claims filing like ANSI X12 837 (I, P, D) for claim submission, ASC X 12 270/271 for the eligibility/benefit inquiry and response, ASC X12 276/277 for the claims status enquiry and response and ASC X12 835 for the healthcare claim payments.

**Environment:** ICD, Agile, TriZetto Facets 4.71/4.81 /5.01 and ,Mercury Quality Center, ANSI X12, JavaScript, HTML, XML, HIPAA, EDI, UML, MS Office, Windows XP/,Java/J2EE,.

**Client: Magellan Healthcare, Glen Allen, VA. Aug 2010 – March 2012**

**Position: Quality Analyst**

Magellan healthcare provides solutions to both individual and groups by providing broadest selection of leading health insurance plans. The project I have worked on was creating the application where customers can compare individual health insurance plans by providing zip code, date of birth and gender. I was involved in testing the application that was used for checking the eligibilities, claim processing and claim status. My responsibility was to test the web services and the EDI data flow.

**Responsibilities:**

* Worked with Business Analyst and QA Lead in reviewing and analyzing the business requirements Documents and functional requirements.
* Prepared Test Cases based on business requirements and business rules for HIPPA EDI Transaction 834, 276/277, 270/271, and 837/835.
* Tested all HIPAA transactions for multi version support (4010 and 5010) and validating the database to file elements.
* Extensively used Agile Methodology in the process of the project management based on SDLC.
* Designed and developed Use Cases, Activity Diagrams, Sequence Diagrams, Object Oriented Design (OOD) using UML
* Gathered and documented Business Requirements, created Functional specifications and translated them into Software Requirement Specifications.
* Prepared Business Context Diagram, Use Case diagrams and corresponding Activity Diagrams using Rational Rose to depict the workflows to be incorporated into the development of Pega Business Process Management (BPM) tool.
* Gathered requirements from the clients and developed crosswalks for 820, 834, 835, 837 P/I claims.
* Developed test cases based on the crosswalks and compliance guidelines for 270/271, 276/277, 820, 834, 835, 837 Professional, Institutional and Dental claims and for 270/271 eligibility benefit inquiry and response.
* Generated test data using X12 generator for transactions 270/271, 276/277, 820, 834, 835, 837P/I/D. Conducted Gap Researched and understood the claims adjudication and reimbursement systems based on HIPAA X12 4010 standards.
* Performed Gap analysis by identifying existing technologies, documenting the enhancements to meet the end state requirements.
* Worked extensively on Business Requirements, Functional Specification, Data-Integration, Data Mapping, and Data Warehouse access using SQL and Crystal Reports, ETL process, use cases modeling (UML) using MS Office (Word, Excel, Access, Visio) and dashboards.
* Developed test cases and test scripts and assisted Quality Assurance activities, with system integration testing and user acceptance testing (UAT), developing and maintaining quality procedures and ensuring that appropriate documentation is in place.
* Involved in process of QNXT claim adjudication of application.

**Environment: Windows XP, RUP, Facets, Quality Center, .Net, QNXT, SQL Server, Clear Quest, MS Office (MS Excel, MS Access, MS Word, MS Power Point), MS Visio**

**Client: Neighborhood Health Plan of Rhode Island, Providence, RI Sept 2008 - July 2010 Position: Quality Assurance Analyst**

NHPRI offers health plan under the Rhode Island Medicaid managed care program and partnership with the Community Health Centers. NHPRI serves Medicaid populations in Rhode Island: Families with low to moderate income, Children with special health care needs, Children in the Rhode Island foster care system and Medicaid-only adults. As a Quality Assurance Analyst, my jobs was to locate trading partners from in-house database, log and load files in Mainframe environment, send reports to the Release Team, identify and explain the differences between live and release management files, identify the fatal errors and make necessary corrections on required data elements of X12 files.

**Responsibilities:**

* Performed Extensive data intensive manual testing and in house automation.
* Worked with QA Lead in reviewing the System Change Documents (SCDs) to identify the differences of mainframe LIVE and Mainframe RM environment.
* Worked in SIT testing between web based proprietary applications to Mainframe integration.
* Manually passed test sets on HP Application Lifecycle Management (ALM).
* Converted HIPAA 834, 835, and 837 X12 file format into flat file by using UltraEdit, EDI Environment Management Tool (EEMT), and dropping the files on SeeBeyond.
* Produced member eligibility and valid provider extracts using Clearinghouses.
* Ran files through HIPAA validator tool, Claredi to identify the errors.
* Ran accept, reject, and pended cafes using IDX LIVE and IDX RM and used BeyondCompare to identify the differences.
* Adapted UML standards to define modularized Data Process Models.
* Maintained a daily meeting with the Business team on task order approval, increased and decrease frequency of the meetings as per the progress of the task.
* Involved in GAP analysis both at the time of requirement gathering and later after development with the Testing team to identify areas and possible scenarios that might have been overlooked.
* Facilitated collection of functional requirements from system users and preparation of functional specification documents that provided appropriate scope of work for technical team to develop prototype and overall system.
* Additional responsibilities included mapping the requirements in Caliber to the Test Cases and Scenarios in Quality Center.
* Involved in identifying dummy data for the testing scenarios for the QA team
* Used MS Access to create a time tracking tool for QA resources. This included estimations as well as actual worked hours on enhancements.

**Environment: Windows 2003/2010, Citrix, Mainframe, MS Office suite, MS Outlook, MS Visio, MS SQL Server, SharePoint, HP ALM, Claredi, SeeBeyond, UltraEdit, EEMT.**

**EDUCATION**

Bachelors of Business Administration