**Parimalashanmukhaj Devarapalli Venkata**

**Professional Summary**

Quality Assurance Tester with over **six 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**

**WellPoint, Thousand Oaks, CA**

**Aug 2015 – Till Date**

**Facet QA Analyst**

WellPoint, Inc. is one of the largest health benefits companies in the United States. Through its networks nationwide, the company delivers a number of leading health benefit solutions through a broad portfolio of integrated health care plans and related services, along with a wide range of specialty products such as life and disability insurance benefits, dental, vision, behavioral health benefit services, as well as long term care insurance and flexible spending accounts. It provides benefits through employers with products and services targeted specifically to **small, mid-sized, and large multi-site national employers**. The project consisted of the Up-gradation of **HIPAA 4010 to 5010** and **ICD 9 to ICD 10**, also **Up-gradation** of **HIPAA X12 4010** transaction to **HIPAA X12 5010** and **ICD 9**-CM (Clinical modification) to **ICD-10**-**CM/PCS**

**Responsibilities:**

* Planning for and reviewing the Test cases for Functionality, Performance, Database and User Acceptance testing.
* Coordinated with the **onsite and offshore QA teams**.
* Worked actively with developers in expediting the code as against the specs and performing **Unit Testing**.
* Performed **GAP analysis** of **4010 and 5010 EDI** transactions using implementation guides to identify the **changes in the segment and data elements**.
* Used and verified the **EDI messages 837.** Healthcare encounter claim and coordination of benefits (COB)-Claim payment and remittance advice **835** - Healthcare **claim status 276/277**, Eligibility for a **health plan 270/271.**
* Wrote extensive SQL queries for Back End testing also verified the data from the Oracle database.
* Experience of **FACETS** which displayed newly structured payment plans/Benefits Enrollments for Medicare members.
* Supported UAT testing Preparing UAT Test Plan, Test Data preparation and UAT Test coordination.
* Developed **Test Plan, Test Cases** and executed various **test scripts** functional testing.
* Written and executed manual test cases in **Quality Center**.
* Developed automated test scripts using QTP and performed functional and regression testing.
* Mapped the requirement updates with respective manual test cases using **Quality Center**.
* Created Test Plans and Test Cases for the integration and system testing.
* Inserted **checkpoints** to verify application using Quick Test Professional.
* Involved in **FACETS Implementation**, involved end to end testing of **FACETS Billing**, Claim Processing and Subscriber/Member module.
* Performed Functional and GUI testing on Facets.
* **Facilitated User Acceptance Testing (UAT)** with the stakeholders and the business users, and the errors discovered were fixed and then verified via regression testing
* Performed functional testing of the application as per the changes in **5010** and **ICD-10** format.
* Exposure in testing the conversion of disease codes from **ICD-9 to ICD-10** format.
* Elicited information to determine how the **ICD -9** to **ICD-10** conversion will need to be performed for written documentation process and IT systems.
* Performed both **manual and automated testing**.
* Involved in testing of FACETS Implementation, involve in end to end testing of FACETS Claims Processing module, Membership and benefits.
* Manually Conducted **Positive and Negative testing.**
* Extensively involved in writing **Test scripts** using **QTP** to perform Manual and Automation testing.
* Performed the **impact analysis** by identifying the functional business areas and supporting information technology that will be impacted by the conversion from **ICD 9 to ICD 10**
* Part of **Sanity and Smoke Testing** of the application manually after each build.
* Participated in **back-end testing** and verified the data between GUI and database are reflected correctly.
* Performed **Data Driven Testing** using **QTP**

**Environment: QTP, Quality Center,** Facets, SQL, MS Word, MS Project, MS Excel , Quality Center, UAT, QTP.

**CIGNA Healthcare Inc., Phoenix, AZ**

**April 2013 – July 2015**

**QA Analyst**

The Company is one of the top US health insurers, CIGNA covers nearly 12 million people with its various medical plans, which include PPO, HMO, point-of-service (POS), indemnity, and consumer-directed products. CIGNA also offers specialty health coverage in the form of dental, vision, pharmacy, and behavioral health plans, and it sells group accident, life, and disability insurance. The application allows creating and enhancing the patient’s records. Patient’s information from one department could be stored to the central database and viewed at a different department. The billing part of the application utilized **HIPAA EDI** transactions

**Responsibilities**:

* Understood and analyzed differences between 4010 and 5010 formats for each segments.
* Verified cross-walk for understanding major changes from ICD-9 to ICD-10. Drafted the major changes that would appear in ICD-10 version.
* Verified the EDI raw data as per 5010 format.
* Analyzed the Business Specification and created the test plan, test cases for functional testing.
* Coordinated the end to end testing efforts of the HIPAA compliance and EDI transactions.
* Tested Transactions for HIPAA compliancy
* Prepare test data in HIPAA compliant X12N format for both inbound and outbound healthcare EDI transactions.
* Developed test scripts for UAT Testing and involved in the UAT testing.
* Created Test plans and performed manual testing of the application to test the system for both the functional and business requirements using Mercury Quality Center.
* Logged defects in QC.
* Entered Claims and Customer Service Tasks into the FACETS.
* Prepared manual testing strategy documents and test plans, review sheets, enhancement requests and QA Performance reports.
* Creating and Updating Facets security profiles as per the template provided by the clients.
* Developing stored procedures for new facets interfaces and outputs.
* Created Text area Checkpoints to test the properties of the text in the application using QTP.
* Updated the team status in Quality Center as how many test cases were executed, how many failed as compared to the total no of test cases in each module.
* Identified the field level changes on the application and the database for the impact of 5010 format.
* Defined iterations for business process test in business process testing.
* Involved in designing the Test plans, creating and running the automated and manual test cases, identifying the defects in Quality Center.
* Attended UAT testing and assisted the BA and project manager to conduct UAT sessions
* Conducted review meetings with the development team to set a hard-freeze date and gather input for creating the Test Plans and Test Specifications.
* Created new Quick Test Professional scripts and maintained existing ones as per the new enhancements.
* Tested HIPAA regulations in Facets HIPAA privacy module.
* Analyzed Defects , Reported issue tracking to closure in QC and updated the Requirement Traceability Matrix (RTM)
* Prepared test cases for automation using QTP during the regression testing phase.
* Created Data-Driven tests to check application performance with different sets of data using QTP
* Active Participation in decision making and Defect Tracking Meetings with Business Analysts, Developers and other stake holders.
* Constantly involved in review meetings and made sure the testing is done based on the QA master plan and the deadlines are met.
* Performed System, Integration, Functional Testing and Back End testing

**Environment:** Facets, HIPAA Transaction, Quality Center, UNIX and Windows NT, Java, UAT, HTML, Oracle, IIS

**Amerigroup, Orlando, Florida**

**January 2012 – March 2013**

**QA Tester**

This project was the redesign of claims processes in AMISYS system. It mainly involve in configuration of existing system with Facets for Group, eligibility & claims. Performed compliance check according to HIPAA rules and X12 standards. Re-engineering and capturing of transactions with legacy systems [Enrollment -834, Health Plan Premium-820, Eligibility Transaction (270/271), Referral/Authorization (278), Claims (837) Claim Status Request and Response (276/277), Remittance (835)]

**Responsibilities:**

* Involved in creating Test Plans and wrote test scripts for manual testing.
* Utilized Windows SharePoint Services for implementing core search functionality for customers who wished to deploy an enterprise-grade intranet or Internet search solution, for extension of business processes to customers, partners, and suppliers with the design and development of SharePoint electronic forms
* Conducted walkthroughs with the end users and stakeholders to gather the modification requests from the user to upgrade or change the business specification for the product.
* Assisted informational needs in mapping of Test Cases.
* Performed Black box and white box testing to test the structural, functional and behavioral.
* Supported the business and the technical team in the product development and delivery process with successfully managing cross- departmental relationships.
* Responsible for Test Plan and supporting UAT team for the completion of the project.
* Performed regression testing on the application using QTP Set claim processing data for different Facets Module.
* Conducted data cleanup activity & created new test data to meet the specific test case needs.
* Performed System, Integration & Smoke testing.
* Conducted Functional and Regression testing after new every build.
* Gathered test requirements for functional and performance testing.
* Entering Claims and Customer Service Tasks into the FACETS.
* Generated the Application Performance reports and reported to the analysis group of performance testing for fine tuning the application performance.
* Extensively used Test Director for test case design, executing tests in Test Lab, requirements gathering and Defect Tracking.

**Environment:** MS Office Tools, UML, MS Visio, Windows XP, Oracle, SQL, MS Project 2003, UAT, Rational Clear Quest, Rational ClearCase, Rational Rose, Business Objects, Informatica, FACETS

**MediQuest TherapeuTics, Seattle, WA‎**

**March 2010 – Dec 2011**

**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

**Environment:** Quality Center, QTP, Windows, DB2, Oracle,SQL,MS Excel, UAT, Ultra edit.