## CAREER SUMMARY:

* IT professional with over Six years of experience as a Quality Analyst with an emphasis in the **healthcare** industry.
* Experienced in Software Development Life Cycle (SDLC) and Project Life Cycle working as QA in Healthcare domain with prime focus on **Claims adjudication, billing, payer, provider, eligibility and prior authorization for Medicare and Medicaid Programs.**
* Excellent Working Knowledge of HIPPA, **Claims Processing**, FACETS.
* Involved in maintaining Test Matrix and Traceability Matrix and performed Gap Analysis
* Good Experience working with Healthcare business domain.
* Performed Back End Testing by executing SQL queries.
* Experienced in developing Test Plans and Test Cases for different types of software testing.
* Good knowledge of ICD-9/ICD-10 and HIPAA 4010/5010 Transaction Requirements.
* Participated in design walkthroughs and verified QC Test Scripts and results.
* Tracked and reported on test execution.
* In-Depth knowledge of Healthcare Claims, Members, Payers, Providers, etc.
* Hands-on experience with end to end Claims Processing which includes submission, Processing, pricing, benefits, remittance, finalization, adjustments etc.
* Experienced in various types of testing including Sanity Testing, Smoke Testing, Functionality Testing, Performance Testing, Volume Testing, Unit Testing, Integrated Testing, System Testing, Positive and Negative Testing, Security Testing and Regression Testing of, Web Based and Client-Server applications
* Performed portfolios of clients and assignments and key client relationship, develop and deliver services and value charters.
* Effective Time Management Skills and consistent ability to meet client deadline.
* Performing end-to-end testing, integration testing, **UAT** (User Acceptance Testing) and regression testing and Validate test results
* Some of the Facets applications used are **Claims Processing + ITS, Subscriber/Member, Utilization Management, Provider and Customer Service**

**TECHNICAL SKILLS**

Project Methodologies : RUP, Waterfall, Agile, SCRUM, V

Web Technologies : **.Net, C++,**HTML, XML, JavaScript, VBScript

Defect Tracking Tools : Quality Center,

Operating Systems : UNIX/Linux, Windows, Mainframe, DB2

RDBMS : MS SQL Server, Oracle, DB2, Sybase

Business Applications : MS Office Suite – MS Word, Excel, PowerPoint, Outlook, Visio,

Testing Tools : QTP, ALM/Quality Center, Win Runner, SOAPUI, etc

**PROFESSIONAL EXPERIENCE**

**WellPoint Inc, Richmond, VA Jan 14 to Present**

**QA Analyst**

WellPoint is the nation's leading health benefits company serving the needs of approximately 35 million medical members nationwide. The project at WellPoint included the upgrade implementation of health care solutions “FACETS” in its system. As a Quality Analyst, I was involved in the implementation of Claims, and member/subscriber modules in the system.

**Responsibilities**

* Developed Test scenarios, Test Scripts and Test Cases based on Requirements, Detail Specification Document’s and GAP documents.
* Involved in coordinating with SME to discuss different scenarios at the time of scripting Test Cases.
* Implemented a uniform QA process for dev team, business members and test team to follow.
* Create test deliverables and perform testing for internally developed or external purchased products
* Coordinated team of QA resources to perform the testing related activities through all phases of STLC
* Worked on different EDI scenarios for batch **Processing**.
* Running smoke tests and daily health checks in QA environment to ensure services are up and running
* Performing Multiple rounds of Test Execution using HP Service Test across various releases of services
* Running queries against databases to verify the correctness of XML response
* Involved in System and Regression testing for 278, 837 and 835 files for Medical and Institutional **Claims**
* Document request/response XML's, test procedures and functional/technical findings from the test run
* Involved in XML validation for **Claims** payment against XSD
* Involved in reviewing complex SQL queries, views, functions and stored procedures and spotting issues before/during code migration.
* Validated **Claims** process using **Facets**
* Analyzed mandatory and the situational fields and compared with the user manuals for EDI.
* Worked with **Claims**, enrollment, eligibility verification for members and providers, benefits setup, fee schedules and backend payment cycle in **Claim Processing** system.
* Extensively used SQL statements to query the Oracle and DB2 Database for Data Validation and Data Integrity.
* Coordinated with onsite and offshore teams for better understanding of client needs and provided quality deliverables.
* Involved in tested online web application to perform GUI testing.
* Involved in 835 files validations at **Claim** level, Line level, Service level and Transaction level
* Participated/Facilitated Defect Triage meetings with Unisys developers and State SME’s
* Created and monitored various reports related to test execution and prepared Executive and Detailed Test Reports such as Test Execution Status/Summary, Defect Status, # Defects by Severity, # Defects by Status, Defect Injection Rate etc..
* Used Quality Center to run test scripts and log defects.
* Conducted the defect report using Quality Center
* Interacted with the developers to report and using Quality Center
* Used Quality Center for Documentation management and defect tracking.
* Participated in Triage Meetings, weekly status meetings with IT and business people

**Environment:** Java, J2EE, .NET, Oracle, Quality Center , QTP, DB2, Load Runner, Web logic, Share point

**Unicare, Inc., Chicago IL Apr 2011 to Dec 2013**

**Quality Analyst**

Unicare Health Insurance Company is one of the health insurers in the United States. Worked on Claims management system. Duties included working with claims module and processing them for various scenarios. As an analyst, worked on various projects to construct and verify data requirements. Experiences working in ANSI x12 270-271 EDI transactions. Involved in EDIs according to HIPAA code set 834 enrollment and disenrollment in a health plan using QTP. Involved in documenting EDIs according to code set X12 835 Claim Payment and Remittance Advice Claims processing and 837 Claim transactions.

**Responsibilities**:

* Created testing documentation as needed such as test plan/ test strategy and how to setup manual or automated test cases.
* Worked with both and provide training for any new users using Mercury Quality Center and Quick Test Professional.
* Created Use Case diagrams using UML and Business Process Models using MS-Visio.
* Responsible for Business Process Management (BPM) for development of various projects.
* Participated in providing implementation assessment for Rational RequisitePro, Rational ClearQuest using Unified Modeling Language (UML) and Rational Unified Process (RUP).
* Developed Use Cases, Sequence Diagrams, Activity Diagrams and Class Diagrams.
* Assisting the project manager in creating detailed project plans and scheduling and tracking project timelines.
* Also worked on implementation of Patient Protection and Affordable Care Act for Medicaid.
* Recommended changes for system design, methods, procedures, policies and workflows affecting Medicare/Medicaid claims processing in compliance with government compliant processes like HIPAA/ EDI formats and accredited standards ANSI.
* Involved in end to end testing of their Billing, Claim Processing and Subscriber/Member module.
* Worked as the primary liaison between the business user and the developers throughout the project cycle.
* Worked with various Business Intelligence tools for reporting and decision making.
* Performed Gap Analysis to identify the deficiencies of the current system and to identify the requirements for the change in the proposed system.
* Handled changes at each stage of project development.
* Documented Requirement Traceability Matrix in Requisite Pro for traceability of requirements.
* Scheduled meetings with developers, System Analyst's (SA) and Testers to identify resource allocation and project completion using MS Project.
* Assisted the Project Manager in setting realistic project expectations, in evaluating the impact of changes on the organization and plans accordingly, and conducted project related presentations.
* Provided technical assistance in identifying, evaluating, and developing systems and procedures that were cost effective and met business requirements.

**Environment:** Rational Requisite-Pro, Rational Clear-Quest, RUP, MS Office, MS-Project, MS Visio, QTP, Quality Center.

**BCBS, Kansas City, MO Jan 2009 to March 2011**

**QA Analyst**

HIPAA 5010 and ICD 10 as the core project assignment. The Project Scope - To implement the various ASC X12 healthcare transactions under HIPAA 5010 and to successfully transition from ICD 9 to ICD 10. Also worked on Facets Claims Adjudication systems testing data from data models of various modules including Membership/Subscriber, Claims, and Providers

**Responsibilities**:

* Reviewed the Business Requirements, Functional Design documents, Technical Specification documents and Playbooks.
* Designed and executed test plans and test cases and generated test scripts and test scenarios using Quality Center.
* Prepared test cases, according to the business specification and wrote scripts according to the test case.
* Worked with providers and Medicare and Medicaid entities to validate EDI transaction sets or Internet portals. This includes HIPAA 4010; 837, 835, 270/271, and others. Provided healthcare provider problem resolution. Work as a medical coding SME, including ICD-9, HCPCS; Procedures and diagnosis testing
* Analyzed requirements and design/tech-specs for testability.
* Coordinated feedback from testability reviews to PM from the QA team.
* Involved in Professional, Institutional and ITS claims adjudication.
* Experience in Interplant Teleprocessing System ITS and healthcare claims.
* Extensively worked with EDI transactions such as 835, 837 following the HIPAA compliance EDI standard format of X12.
* Identified scope systems that will be modified by the ICD-10 project to accommodate ICD-10code and /or downstream impacts steaming from ICD-10 codes.
* Completed several HIPAA 4010 and 5010 Projects, included Medicaid and Commercial entities. Projects include claims and enrollment testing as well as NPI and medical coding and ICD-10 EDI testing.
* Involved in testing of HIPAA 835 for the payment of claims and transfer of remittance information.
* Assisted UAT Business Leads with set up in tools and tool training as needed.
* Coordinated UAT testing preparation, execution and reporting activities.
* Attended UAT Release level status calls and provide support for defect monitoring or issue resolution.
* Obtained final testing signoff from the project team.
* Obtained and reviewed all test scripts are completed and archived for audit.
* Met with the business owners to analyze showstoppers or critical issues that needs to be fixed before go live.
* Validated member’s benefits against the benefits matrix.
* Analyzed and tested data on different Billing and Membership functionality manually and wrote queries on database for validating data.
* Maintained requirement traceability matrix on daily basis and participating in daily defect triage and status meeting.

**Environment:** Batch Servers, JIRA, TOAD for Oracle, MS Word, MS Project, MS Excel, PEGA CM, Reporting Portal, Quality Center.

**Education**: Bachelor’s of Business Studies in Finance