**Bishnu Subedi**

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**OBJECTIVE:**  
To acquire a challenging position where I can best utilize my skills and education.

**EXPERIENCE SUMMARY:**

Over 6 years of extensive experience in the IT field with emphasis on Quality Analyst. Worked on testing client/server and web-based applications using both Manual and Automated Tools Experience in Healthcare Good team player with excellent communication skills and ability to work independently along with strong problem solving, learning and interpersonal skills

**SPECIFIC EXPERTISE:**

* Experience in both **Manual** and **Automation** Testing.
* Excellent skills in writing **Test Plans** and **Test Cases**
* Extensive experience in testing **Client/Server and Web-based Applications**
* Expertise in **Automated** testing tools such as **UFT, Soap UI** and **QTP**
* Expertise in Bug reporting tools such as **Test Director and 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
* Maintained **Test Matrix** and **Requirement Traceability Matrix.**
* Extensively worked on defect tracking system –**Rally, Collabnet, Bugzilla, Quality Center, Jira & Test Director**
* Extensive experience in writing **Business requirements** documents, test strategy, **test plans**, **test cases**, test execution, Risk assessment, test matrix for upper management, test environment setup, bug reports, & traceability matrix for web based as well as Mobile application.
* In-depth knowledge on different modules of **Facets** (Member, Provider, Billing and Claim) and legacy **QNXT.**
* Extensive experience in Functional, Negative, Regression, Adhoc, System integration (SIT) and User Acceptance (UAT), & Production support.
* Extensive **ETL(Extraction, Transformation, Load)** testing experience using Informatica Power Center 9.0/8.x/7.x
* Good understanding on **EDI transactions (270, 271, 834, 835, 837), HIPAA gateway, ICD9/ICD10,** and **HIPAA 4010/5010.**
* Testing of Affordability Care Act business rules.
* Created test data for ICD9 to ICD10 conversion. Tested the various ICD code changes in 834/837 and 835 transactions.
* Experience in testing **Electronic Data Interchange (EDI)** according to HIPPA Compliance.
* Experience with **Dimensional modeling** and testing data loads into Fact tables/Dimension tables.
* Experience with **selenium IDE & QTP** for automated testing of applications.
* Experience with software development methodologies such as Waterfall, Rational Unified Process**,** and Agile.
* Extensive experience with writing **SQL and testing Stored procedures.**
* Excellent communication and writing skills with the ability to adapt to new and dynamic environments
* **Good team leader, Player** and can **work alone** with **minimal** or **no supervision**
* Ability to **multi-task**, **prioritize** and **work with time constraints while paying attention to details**
* Good problem-solving, judgment, and decision-making skill

**TECHNICAL SKILLS**

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| --- | --- |
| **Testing Tools** | Quality Center, UFT(Unified functional testing) , Soup UI |
| **Bug Reporting** | Microsoft Test Manager, Team Foundation Server, Test Director, Rational Clear Quest, Quality Center |
| **Programming Languages** | SQL , C++, Visio Basic |
| **Databases** | MS-Access, Oracle, MS SQL server |
| **Operating System** | Windows, Unix, Mac |
| **MS Office Tool** | Word, Excel, PowerPoint, Visio , Outlook, Access |

**PROFESSIONAL EXPERIENCE:**

**MetroPlus, New York, NY**

**Sr. Quality/EDI Tester**

**Dec 2015 –present**

Metro plus Health Care is a leading insurance organization that caters to the health insurance needs of the residents in NY. I was involved in project to implement a new system to list Metro Plus on the State of New York **Health Insurance Exchange (HIX)** Market according to the **Affordable Care Act (ACA)**. Metro Plus also decided to restructure and re-route all existing EDI transactions into and out of **FACETS** for which some 5010 EDI and Non-EDI Interfaces (both Inbound as well as Outbound) were developed for Provider, Eligibility, Benefits, Member Services, Authorizations, Claims Submission, Capitation, 270/271, 834, 835, 837.

**Responsibilities**

* Conducted user interviews at both in-house and client locations, gathering and analyzing requirements using Requisite Pro.
* Conducted and facilitated meetings with different stakeholders and members from **State of New York** and **CMS (Centers for Medicare & Medicaid Services**) to Elicit HIX requirements and documented them in BRD and FRD.
* Elicited, Created and maintained requirements for data sets to be sent to **CMS** for Federal exchange (FFM/FFE) This information which was used for different purposes by CMS (For Example, the **1095-A**statement to be generated by **FFM/FFE**.
* Conducted exclusive analysis of EDI 834 to validate data accuracy and completeness which was being used to be federally exported to generate **1095-A** forms.
* Used Agile Methodology in the process of the project management based on SDLC.
* Gathered and documented Business Requirements, created Functional specifications and translated them into Software Requirement Specifications.
* Performed Gap analysis by identifying existing technologies, documenting the enhancements to meet the end state requirements
* Developed **test cases and test scripts** using the tool Quality center 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.
* Used Agile project methodology for the development and deployment of Roadside Assistance and Scheduled Property Projects
* Worked on providers module on **FACETS**
* Worked on National Providers information NPI for federal compliance.
* Experienced knowledge in handling enrollment and benefit maintenance.
* Enrolled members through online screens and 834 Transactions to **Facets**.
* Responsible for creating the test plan and designing test cases for the **EDI 834** members’ enrollment file loading process into **Facets** through **HIPAA** Gateway.
* Configuration of APTC Delinquency Rules in **Facets** for Exchange Members.
* Testing of Affordability Care Act business rules.
* Created test data for ICD9 to ICD10 conversion. Tested the various ICD code changes in 834/837 and 835 transactions.
* Created workflow diagrams, UML diagrams, use cases, swim lanes, process flow, and Provider Interface testing, Creating Test cases, Test Plans and Test Scripts.
* Involved in designing future state processes for HIPAA 5010 transaction processing EDI’s 837, 835, 820 and 834 and ICD-10 Code sets.
* Analyzed HIPAA EDI transactions in XML **and X12.**
* Participated in frequent agile team meetings (Scrum planning, daily stand-ups, retrospectives) to provide guidance to an Agile product development process.
* Wrote SQL queries to extract the data from the Oracle Database.
* Installed Quality Center ALM, Design overall folder hierarchy structure, designed and created/customized all modules as per Company requirements
* Followed Unified Modeling Language (UML) methodology using Requisite Pro and Rational Rose to create/maintain: Use Cases, Activity Diagrams, Sequence Diagrams, and Collaboration Diagrams
* Use Structured Query Language to make changes in database such as update, add, and remove.
* Involved in project management in planning and execution of the plan.

**Kaiser Permanente, Thousand Oaks, CA**

**Oct 2014 – Nov. 2015**

**QA Tester**

**Description:**

Kaiser Permanente, headquartered in Thousand Oaks, CA, is one of the nation's largest publicly traded health benefits companies, with approximately 9 million medical members. The system initiates all the necessary procedures, standardizes and validates the data according to HIPAA regulations, and provides error-processing for the transactions that could not be fully processed through the system. The new application also allows the agents to track and manage the status of a health benefit claims.

**Responsibilities:**

* Developed Test Plans, Test Cases for the test
* Good Understanding of the EDI (Electronic data interchange), Implementation and Knowledge of HIPAA code sets.
* **Worked on HIPAA Transactions and Code Sets Standards according to the test scenarios such as 270/271, 276/277,837/835 transactions.**
* Tested the interface between database and the application
* Participated in requirement walkthroughs and creation of test plan
* Worked on Unix Platform and experienced in back end testing by executing SQL Queries.
* Checked the data flow through the frontend to backend and used SQL Queries to extract the data from the database.
* Configuration and evaluating the impact of proposed changes in rules and regulations.
* Involved in writing extensive SQL Queries for back end testing oracle database.
* Retrieved files using SQL statements and UNIX commands.
* Maintained Traceability matrix and Test Matrix
* Enhanced Test Scripts using various utilities provided in Quick Test Pro like check points
* Created and maintained SQL Queries for back-end testing
* Performed manual back-end testing using PL/SQL to connect to an Oracle 9i database on a UNIX server
* Maintained various versions of Test Scripts
* Performed Sanity Testing and Smoke Testing
* Performed some backend testing using Database Checkpoints in QTP
* Investigating software bugs and reporting to the developers using Quality Center Defect Module
* Analyzed system requirements and developed detailed test plan for testing
* Performed Usability Testing
* Supporting and Handling the UAT co-ordination with the Business and preparing the valid business scenarios for testing thru out application versions
* Working very closely with Production Support team in testing all the Emergency Change Requests/Tickets opened by the developers to validate the code change which was tested and verified in UAT environment before pushing the code in Production..
* Tracked and reported defects using Quality Center.
* Generated defect reports using Quality Center for the developers.

**Humana Health Care, Louisville, KY**

**Feb.2012 - Sept.2013**

**QA Tester**

Humana Inc., headquartered in Louisville, KY., is one of the nation's largest publicly traded health benefits companies, with approximately 9 million Medical members. The project included the HIPAA Business Analysis and Quality Assurance testing activities and involves in HIPAA compliance, Claims and Insurance and provides the different plans - to employer groups, government-sponsored plans, and individuals.

**Responsibilities:**

* Formulated detailed test plan using **Rational Test Manager**, after analyzing **business rationale** and software requirements
* Involved in conducting **Smoke** and **Sanity Tests**
* Used **Rational Robot** for **GUI** tests and tested GUI standards of this application
* Developed test automation scripts using **Rational Robot** for **Unit testing**, **System Testing, Regression Testing, Functional Testing**
* Responsible for attaining HIPAA EDI **validation from Medicare, Medicaid** and other payers of government carriers.
* In-depth knowledge and extensive experience in Health care systems: **FACETS, QNXT,Medicare part A, B, C, D and Medicaid system.**
* Tested EDI **X12 transactions like 270/271 (Eligibility inquiry and response) /834 (Enrollment) /837 (Claims) /835 (Remittances)**
* Tested processes related to **Member enrollment, Member Eligibility, Claims, Utilization management**.
* Wrote **HIPAA Gateway test cases and verified inbound and outbound file extracts**.
* Created test data for ICD9 to ICD10 conversion. Tested the various ICD code changes in 834/837 and 835 transactions.
* Performed the data analysis and data mapping for different source system including mainframe system, data warehouse and database to target system, database, and allocation for the**Medicare part D – Prescription Drug claim.**
* Good knowledge of**Pharmacy Benefit Management (PBM) adjudication and PDE reporting.**
* Experience with **ICD9/ICD10, NDC, DRG, CPT, NCPDP codes and NSF** formats for interfaces & images to clearing house / trading partner’s applications
* Performed the **Backend Testing** to ensure data consistency on front end by writing and executing **SQL Statements** on the database.
* Conducted **User Acceptance Testing**
* Interfaced with developers to resolve technical issues and investigate software faults.
* Enhanced **Test Scripts** using **SQA basic** to achieve test objectives.
* Validate EDI Claim Process according to HIPAA compliance.
* Tested HIPAA regulations in **Facets** HIPAA privacy module.
* Involved in testing HIPAA Transactions & Code Sets Standards like (820- Premium Payment for enrolled health plan members, 834- Enrollment /Dis-enrollment to a health plan, 835, 837 ...etc.)
* Designed and updated **Test Matrix** and **Traceability Matrix.**
* Used **Rational Clear Quest** for **Tracking Defects, Enhancement Requests**, assign work activities and assess real status of project throughout life cycle
* Checked the functionality of the website.
* Took part in meetings and reviews with the project team to ensure that bugs are fixed and their status is updated
* Involved in **Verification Process** on a regular basis using checklists.
* Interacted with end users for conducting **User Acceptance Testing** and signing off.

**Children's Medical Center, Dallas, TX**

**Nov.2011 – Jan. 2012**

**QA / EDI Tester**

For 100 years, the mission of Children’s Health℠ has been to make life better for children. Our beginnings in 1913 were humble, but our vision even then was big. Today, our team takes great pride in being the seventh-largest pediatric health care provider in the country, and the only academically affiliated pediatric hospital in the area. The project here was based on *The Texas Health and Human Services Commission is implementing the Texas Integrated Eligibility Redesign System (TIERS) to better serve the problems in processing aid applications programs.*

**Responsibilities:**

* Coordinated with external agencies business architects & developers for requirement gathering.
* Analyzed system requirements for preparing of test scenarios and test cases.
* Identified software defects and interacted with developers to resolve them and provided full support to the Test team using **Quality center**.
* Performed **Functional Testing, GUI testing, Database Testing, Integration Testing, System Testing and Regression Testing and** assisted in User Acceptance testing.
* Prepared Business and Functional Requirement Documents to access all the requirements for the successful implementation of HCR.
* **Conducted JAD sessions with various SMEs and users to analyze and discuss project scope**, to identify the business flows and determine whether any current or proposed systems are impacted by the new development efforts.
* Supported the Business Configuration Team (BCT) for creation of **Facets** Group, Subgroup and class for Individual HMO On/ Off Exchange and Individual PPO On/Off Exchange for HCR in **Facets** frontend.
* Documented APTC Configuration Process including Exchange Rules, Delinquency Definition and APTC Eligible Indicator.
* Worked on developing the business requirements and use cases for **Facets** batch processes; automating the billing entity and commission process.
* Worked in Agile methodology. Participated in Scrum meetings and sprint planning. Updated business users on test results and release planning frequently.
* Worked closely with business users to train them on new functionality and also provided support for new releases.
* Prepared Vugen scripts for java, web, and web services applications.
* Developed test scripts to automate process of testing in Selenium Web Driver.
* Worked with three mobile application simultaneously: iOS (i-Phone & i-Pad), Android.
* Performed functional testing of individual modules Easy Access application on iOS, Android, Blackberry OS, Windows OS operating systems.
* Analyzed survey data on MobiLens, UI dashboard, to ensure the survey programming were correctly implemented and anomalies within the data were investigated and resolved in a timely manner.
* Executed Application tests using Load testing and System testing Methods
* Responsible for automating using **Selenium** and owning a module for all the maintenance of scripts in a timely fashion by assessing the impacted areas.
* Created test cases with various types of assistance such as Managed Care, Medicare, Medicaid, TANF and Food Stamps or SNAP for determining the eligibility for state benefits (**TIERS**).
* Wrote EDI related test cases to test inbound(**270/837/834 X12** transactions) and outbound files(**271/277/835** transactions)
* Tested the configurations related to member enrollment, setting up fee schedules for various plans.
* Tested the **EDI 4010 to 5010** migration changes.
* Used **Edifecs tools** for EDI verification.
* Used Companion guides frequently to resolve issues with EDI testing.
* Worked directly with Service Centers (Trading Partners) on EDI testing.
* Developed standardized **FACETS** testing, implementation and QA processes.
* Troubleshoot any problems found within **FACETS 4.71** and when testing the SQL data database while validating against the business rules.
* Worked on different modules of **FACETS** (Member, Provider, Claims).
* Analyzed data entry into **FACETS 4.71** application in the test environment for creating groups, subscribers and family members.
* Tested the migration of EDI transactional data into data marts for reporting processes using **Informatica, Oracle PL/SQL (SQL Loader utility)**.
* Tested the ETL and reporting processes(User Interface of reports, data displayed on reported by using SQL queries)
* Coordinated offshore team during construction and transition phase
* Wrote automated test cases for Web services for REST/SOAP based services using JEB/SPOCK framework.
* Testing of Restful APIs and prior experience with HTTP (GET/POST/PUT/DELETE) for testing web services.
* Performed OS Compatibility using Windows XP & Mac testing of the web application on multiple browsers (Internet Explorer, Safari and FF).
* Performed OS Compatibility Testing

**Blue Cross Blue Shield, Durham, NC**

**Dec 2010 – Nov. 2011**

**QA Tester**

Blue Cross Blue Shield, headquartered in Durham, NC, is one of the nation's largest publicly traded health benefits companies, with approximately 9 million medical members. The system initiates all the necessary procedures, standardizes and validates the data according to HIPAA regulations, and provides error-processing for the transactions that could not be fully processed through the system. The new application also allows the agents to track and manage the status of a health benefit claims.

**Responsibilities:**

* Created Test Cases by analyzing and compiling data specific to the scope of the test and performed traceability matrix.
* Supported various levels of testing, such as functional, parallel testing, Regression Testing for RENO subsystem.
* Worked with EDI and verify if received, translated, and posted Institutional/Professional ERA output to Stratus.
* Worked on Claims **adjudication, Membership, Eligibility, Prior Authorization**
* Involved in professional, Institutional and ITS claims adjudication.
* Documented and communicated test results and status to the appropriate Analyst.
* Utilized project management methodologies to develop project deliverables.
* Reported defects during testing by using defect tracking tool Clear Quest database with correct terminology/standards and attended defect meetings.
* Initiated with a comparison report of **migration of 4010 to 5010. 270Eligibility, Coverage or Benefit Inquiry, 278 Prior Authorizations**
* Performed the Backend integration testing to ensure data consistency on front-end by writing and executing SQL queries
* Analyzed and Researched test results based on the defined specifications to ensure all functionality, requirements, and business values are met.
* Run queries and reports under personal queries for each Testing Releases in Rational Clear Quest.
* Checked all Professional, Institutional 835 ERA Out of Balance Reports and Files.
* Created and run a Radar report from Production OSCAR Claims and copying from production to Test region

**EDUCATION**

Master in Computer Information Science