# Boualem

1. **Objective:**
2. To take a challenging role on business operations as Quality Analyst and give an efficient and effective solution that would help the organization to achieve the best solution in business which would increase its quality in market.

**PROFESSIONAL SUMMARY**

* 7+years of experience as a Quality Assurance Tester in Healthcare industry.
* Experienced in manual as well as automation testing of both web based and client based applications on Windows and UNIX environments.
* Expertise in various SDLC methodologies like Waterfall, V-model and Agile.
* In-depth knowledge of Medicaid and Medicare Services.
* Excellent knowledge of EDI transaction files such as 270/271, 276/277, 470, 835, 820, 837 and 834.
* Extensive experience on working with ICD 9 and ICD 10 and adept understanding of professional, institutional, PX/DX relationships.
* Good working knowledge with XML.
* Requirements gathering in compliance with HIPAA 4010 and 5010 standards.
* Thorough understanding of HIPAA standards, compliance issues, privacy policy, opts in/opt out policy.
* Involved in FACETS Implementation, involved end-to-end testing of FACETS Billing, Enrollment Claim Processing and Subscriber/Member module.
* Set claim processing data for different Facets Module.
* Rich experience with various modules of Facets like membership management, premium billing, enrollment, claims processing & adjudication, coordination of benefits administration.
* Experience in writing Test Cases and Test Plans.
* Experience in testing the HIPAA EDI transactions 834, 837/835, 276/277, 273, 270/271 according to the requirement test scenarios.
* Hands on experience on Quality Centre, Quality Professional Testing, Clear Quest and Load Runner.
* Experience with both Web-Based and Client-Server applications in various environments.
* Experience in Manual tools in testing client-server, web-based and Database applications.
* Expertise in various types of software testing such as regression testing, integrated testing, black box testing, positive testing, negative testing, backend testing, stress testing, load testing, volume testing, functional testing and user acceptance testing.
* Experience in SOAP, SOAPUI, XML.
* Good Knowledge of Web Service Testing using Soap UI
* Tested different web services using SOAP UI.
* Hands on working experience in writing SQL using joins for data validation from various data sources using DB2 LUW.
* Experience in Mainframe and Client Server / PC environments. Experience in COBOL and DB2 environment.
* Experience in maintaining test matrix and RTM.
* Expertise in test management and defect management tools such as HP Quality Centre and Clear Quest.
* Proficient in writing and executing SQL queries to define, manipulate, query and control data on the databases running on windows or UNIX platforms.
* Extensive knowledge of writing complex SQL queries for doing backend testing.
* Good working knowledge of major operating systems such as Windows 2000, XP, Vista, 7 and UNIX.
* Excellent communication and writing skills with the ability to adapt in a new and dynamic environments.
* Ability to multi-task, prioritize and can work alone with minimal and no supervision.
* Extensive experience in working with off shore teams.

**TECHNICAL EXPERTISE**

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| **Testing Tools** | HP ALM, Quality Center |
| **Databases** | Oracle, Microsoft SQL Server, Mainframe |
| **Database Tools** | SQL \* Plus, SQL Server , Toad, AS 400 |
| **Operating System** | Windows (XP, Vista, Win 7, Win 8), Unix |
| **Other Application** | MMIS, Facets, MIS,MS Office Suite |

**PROFESSIONAL EXPERIENCE**

**Tenet Healthcare Corporation, Dallas, TX March 2015– Present**

### QA ANALYST

Tenet Healthcare Corporation is a healthcare services company whose subsidies and affiliates own and operate acute care hospitals and related ancillary healthcare businesses.  Tenet’s hospitals aim at providing the best possible care to every patient who comes through their doors with a clear focus on quality and service. Facets are a fully integrated ENROLLMENT &CLAIMS data processing and Medicaid and/or Medicare Management information system for managed healthcare. I was involved in testing of various types of EDI ANSI x12 files such as 834, 820, 837 & 835.

#### Responsibilities:

* Developed detail Test Plans for different benefit packages according to Business requirements documentation.
* Used Process log browser to view different types of log history files to figure out issues with 834 transactions.
* Worked on Batch processing, member, subscriber enrollment module of 834, ID card generation processes and Created business process flow to capture the required data in future, define business rules to determine Medicare (Part C and Part D) Member Coordination of Benefit letters as required by CMS, Medicare Secondary Payer for members with Workers Compensation.
* Prepared GAP documents involved with 834, 820 transactions in collaboration with other team members.
* Experience with developing HIPAA Companion Guides for 834 Enrollments, 270/271 Eligibility Inquiry/Response & 820- Health Plan premium payments for MMIS.
* Involved in discussion with the Subject Matter Experts (SME) during creation of test plans and updating of business requirements.
* Used DB2 database on Mainframe.
* Tested Health Care Reports on DB2 database.
* Used SQL/400 for writing and executing SQL queries on database for transactions on DB2/400 database.
* Tested web services by generating XML SOAPUI Requests and validated the corresponding XML SOAPUI Responses.
* Used Web Service Description language ( WSDL) to provide a model for describing web services.
* Verified the web services for its functionality, reliability, scalability using SOAPUI web services test automation tool.
* Extensively involved in Testing CICS and DB2 applications.
* Acting as liaison between end user and Facets for user problems, outstanding issues, training needs and new software releases.
* Developed the test cases as per the HIPAA regulations (270, 271, 275, 820, 276, 278, 834, and 837).
* Follow up management on errors made by Data Entry associates.
* Performed UAT Testing Manually in coordination with UAT group to ensure correct business logic.
* Involved in new development, support, enhancement of application.
* Worked with business leaders to translate business requirements and processes into test cases according to Facets package requirements and subsequent effective configuration.
* Involved in FACETS Implementation, involved end to end testing of FACETS Billing, Claim Processing and Subscriber/Member module.
* Set claim processing data for different Facets Module.
* Involved in writing SQL Queries to retrieve data from the database.
* Validated WebServices and RESTful calls by comparing the data with Database and User Stories.
* Executed SQL queries, Joins and Performed Backend testing & ensured the retrieval of the data from the database.
* Performed Manual Testing using Quality Center (QC) and User Acceptance Testing (UAT).
* Responsible to work on Medicaid Management Information System which includes two divisions: HIPAA compliance and Maintenance units division and Claim processing division.
* Wrote SQL queries to check for data validation.
* Validated DRG codes, Procedure codes, Accumulators in Facets.
* Created and executed SQL statements manually to perform Backend Testing that ensured data consistency on the Front-end.
* Monitored workflow of the Resolution/Adjustment Unit, delegate tasks accordingly, and ensure that quality, quantity, and efficiency standards are met or exceeded.
* Worked under HIPAA compliance standards.
* Maintained Test Matrix which gives overview of the Testing Effort.
* Tested Claims intake/Logged claims/Failed claims data from Pulse tables to Oracle Financials.
* Monitoring the defect life cycle, generating customized graphs and reports for the client, using Quality Center.
* Used Quality Center to record documenting information useful in debugging process, evaluating test data.
* Used Quality Center for reporting and tracking bug and generating reports.

**Environment:** EDI 834, 820, 837, FACETS 5.01, DB2, AS 400, Java, Windows, Oracle, Quality Center.

**MVP HealthCare, Schenectady, NY May 2013- Feb 2015**

**QA Tester**

MVP HealthCare is a leading insurance organization that caters to the health insurance needs of the residents in NY. I worked on all HIPAA transactions. FACETS have been widely used across their network for the claim adjudication, claim processing and Provider Management. I was involved in integration of FACETS with our EDW.I also involved in modules**:** Pre-pricing claims, Claims Adjudication, Claims Payment, Coordination of Benefits (COB) and Adjustments

**Responsibilities:**

* Integrated Rational Tools (Rational Robot, Test Manager, Test Scripts).
* Used Rational Clear Quest for version, enhancement requests, assign work activities and assess the real status of project throughout the lifecycle
* Analysis of Business Requirement Specifications.
* Performed evaluation of migration paths for legacy BASIC applications and data to a relational database/GUI client-server environment.
* Authored and executed Test cases for Claims and Customer Service Workflow by manually.
* Worked on legacy conversion data base systems on claims processing.
* Knowledge of HIPAA Implementation Guides for health Care Industry.
* Extensively worked with EDI transactions such as 835, 837 following the HIPAA compliance EDI standard format of X12.
* Worked on migrating ICD-10 codes and mapping ICD-9 and ICD-10 codes.
* Set claim processing data for different FACETS Module.
* Involved in FACETS Implementation, involved end to end testing of FACETS Billing, Claim Processing and Subscriber/Member module.
* Created Eligibility, plans, Pricing schedules and adjudicating claims by submitting claims to prepare Test data.
* Knowledge of the full development lifecycle, testing large-scale development projects - Experience with automated testing tools.
* Validated the inbound and outbound extract from the vendor on AS400.
* Performed Back End Testing, verified the database integrity using complex SQL Queries on AS400.
* Was responsible for running the application on an IBM AS/400 platform with a DB2 Universal Database.
* Accessed and processed DB2 data within COBOL programs
* Tested web services by generating XML SOAP requests and validated the corresponding XML SOAP responses.
* Created XML based requests using XML Spy required for web services testing.
* Developed a thorough organizational knowledge of the capabilities and functionality of a MMIS (Medicaid Management Information System) system.
* Provided initial analysis of current provider contract pricing and Benefit configuration.
* Set claim processing data for different Facets Module.
* Performed Functional, Regression, and system testing for Pricing Application
* Involved in HIPAA implementation to ensure security and to protect the confidentiality of health information and guard it from unauthorized access.
* Tested web services by generating XML SOAP requests and validated the corresponding XML SOAP responses.

**Environment:** Facets, Windows XP/2000, Mainframe, DB2, AS 400, Oracle, SQL, SOAP, UNIX, Facets, Cognos, HIPPA, EDI, Mercury Quality Center.

**Leon Medical Centers Health Plans, Inc., Miami, FL July 2011– April 2013**

### QA ANALYST

Leon Medical Centers Health Plans, Inc. was established to meet the needs of Medicare patients of Leon Medical Centers. Benjamín León Jr., its founder, envisioned providing Leon Medical Centers’ patients with a higher quality of healthcare. Leon Medical Centers Health Plans as a Medicare contracted Health Management Organization is qualified to provide such service to its members with its unique and comprehensive Medical Center benefits. In 2004, the company purchased and integrated Trizetto’s Facets Extended Enterprise(TM) administrative systems to help it efficiently manage the demands of the growing Medicaid market. Recently, Trizetto released Facets which included numerous enhancements. A project at Leon Medical Centers Health Plans was undertaken to integrate the newer version Facets 4.41 with the existing system and the entire company’s landscape. I worked as a Sr. QA Analyst to work closely with project team to identify user's business requirements, interpret complex business needs and translate them into system requirements, write business specifications and forward to technical staff for system integration.

**Responsibilities:**

* Responsible for decomposition of the requirements based on the functional specifications, design, development, coding, testing, debugging and documentation of applications to satisfy requirements.
* Involved in Development Test cases and Test plan.
* Wrote detailed test plans based on Business Requirement Document (BRD); System Requirement Specification (SRS)
* Involved in testing HIPAA Database, which incorporates all the HIPAA (Health Insurance Portability and Accountability Act) transaction sets
* Maintaining knowledge of Medicare and Medicaid rules and regulations pertaining to the Facets configuration and evaluating the impact of proposed changes in rules and regulations.
* Involved in FACETS Implementation, involved end-to-end testing of FACETS Billing, Enrollment Claim Processing and Subscriber/Member module.
* Set claim processing data for different Facets Module.
* 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.)
* Select, design, and prioritize test scenarios and test cases that will provide efficient coverage of requirements consistent with acceptable level of risk.
* Wrote SQL using joins for data validation from various data sources using DB2 LUW.
* Used SQL/400 for writing and executing SQL queries on database for transactions on DB2/400 database.
* Run the scripts on multiple environments (QA, UAT and Production) to ensure that requirements were still met.
* Coordinated User Acceptance Testing with the UAT group to ensure the correct business logic.
* Assisted the business partner in preparing UAT plan/scripts and assured project manager has taken steps for alignment of Operational Quality Checklist.
* Enhanced QTP scripts by inserting Standard Checkpoints, XML Checkpoints, Database Checkpoints, Table Checkpoints and Page Checkpoints.
* Extensively involved in Back-End Testing, database table manipulations of relational database systems by writing complex SQL queries manually.
* Identified, analyzed, and documented defects, errors, and inconsistencies in the application using Quality Center.
* Reported defects according to Defect Life Cycle.
* Created and Maintained Test Matrix and Traceability Matrix.
* Coordinated with the developers on Defects Status on a regular basis.
* Participate in various meeting and discussed Enhancement and Modification request.
* Involved in testing and reporting of errors of subsequent builds during the process of development and production.

**Environment:** MS SQL Server, Web Services, Soap UI, Mainframe, HTML, TFS, Facets, Windows, IIS, Quality Center, Load Runner.

### Bravo Health, Baltimore, MD JAN 2010– June 2011

### QA Tester

I worked as a QA Tester at Bravo Health on their Common Process Single System (CP-SS) Project for implementing their online web application called E-Business which was comprised of web portals: Employer, Provider, ESOS, Web Trends Reporting and Agent Center. I performed extensive documentation that included writing test cases. Used Live Link to upload, make changes, fix errors and manage all the test cases and test documents. I was also involved in creating Unit Test Design and SIT Design Documents for the Functional and Technical Factory. Provided myself as a back-up for another analyst to work on Facets middleware Health Web and Member Registration and Enrollment modules of Facets to feed in made up data into the Facets DB using the GUI for data validation.

**Responsibilities:**

* Designed and developed test plans and test scripts for manual and automated testing of the application under different environments.
* Performed GUI testing and Regression testing using Test Partner automation tool.
* Performed Functional, Integration Testing using Test Partner.
* Performed data integrity testing by passing dummy data and writing complex SQL queries.
* Created User Defined functions and imported to Test Partner when needed.
* Extensively involved in Stress testing for replication of business environment.
* Generated scripts for Security testing of the application to avoid unauthorized access.
* QA Load was used to check the reliability and performance of the web site under peak loads.
* Interacted with development team to assist in build/version control as a part of configuration management responsibilities.
* Was involved in web services testing, generated XML SOAP requests and validated the corresponding XML SOAP responses.
* Responsible for maintaining relevant documents with regard to requirements.
* Used QA Director for interaction with developers, bug reporting, tracking and analysis.
* Involved in Back End Testing by extracting flat files from the server, which were generated by a Batch process to verify data against expected results.
* Reviewed test assignments, developed test plans and scripts, and conducted test as assigned.
* Wrote SQL Statements to extract Data from Tables to verify the output Data of the reports
* Set claim processing data for different Facets Module.
* Validate EDI Claim Process according to HIPAA compliance.
* Tested HIPAA regulations in Facets HIPAA privacy module.
* Involved in testing HIPAA Database, which incorporates all the HIPAA (Health Insurance Portability and Accountability Act) transaction sets
* Involved in HIPAA standard transactions, and EDI messages (837), COB -Claim payment and remittance advice 835 - Healthcare claim status (276/277), Eligibility for a health plan (270/271).
* Tested and validated for facility affiliations, facility addresses and facility network in Facets.
* Validated the translated HIPAA files with the proprietary CCR (Common Claim Record) implementations
* Involved in creating test scripts and test data files for the HIPAA transaction based on the ANSI X12N HIPAA standards.
* Assisted in UAT (User acceptance testing) testing.
* Participated in Status Review Meetings.

**Environment:** Oracle, FACETS, UNIX, ISO 9000, Java, Test Partner, QA Load, QA Director, DHTML, Oracle, UNIX, Windows 2000, IIS, Java, J2EE, SQL.

### UNICARE, Chicago, IL Jan 2009– Dec 2009

### QA ANALYST

UniCare is a national organization dedicated to the delivery of quality health care plans and products to its customers. This project aimed at developing software for auto-adjudication of claims process to improve the efficiency in processing claims. A legacy conversion system, which initiated all the necessary procedures, standardized and validated the data according to HIPAA regulations, and provided error free processing for the transactions that could not be fully processed through the existing system. Also, performed upgrades from HIPAA X12 4010 to HIPAA X12 5010

**Responsibilities:**

* Wrote test cases manually and using automation tools to validate the functional and non-functional part of the application.
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets or Internet portals. This includes HIPAA 4010; 837, 835, 270/271, 273, 278, and others.
* Performed configuration Testing, end to end testing, regression testing.
* Authorized Test Cases for HIPAA EDI transactions specifically 837.
* Tested HIPAA Transactions and code sets standards.
* Worked with FACETS Team for HIPAA Claims Validation and Verification Process (Pre-Adjudication).
* Logged the errors, reported defects, determined repair priorities, did regression testing and closed bugs using Quality Centre.
* Tested HIPAA Transactions and Code Sets Standards such as 837/835, 270/271, 276/277 transactions.
* Tested 837/ 835, 270/271, 273, 276/277,278, transactions with File Aid.
* Documented XML file processing use case as well as identified XML file level processing errors.
* Extensively worked on different kinds of joins and operators to fetch data from multiple tables.
* Conducted data integrated and data validation.
* Involved in testing HIPAA Transactions &Code Sets Standards like (820- Premium Payment for enrolled health plan members, 834(X12) - Enrollment /Dis-enrollment to a health plan, 835, 837 ...etc.)
* Perform Header and Body Testing as a part of Regression Test using SOAP UI.
* Used SOAP over HTTP as the transportation protocol to create a test SOAP request very quickly.
* Functional Testing of Member Portal UI for Accident forms and Admin screen which are developed on Grails to handle Human intervention workflow process.
* Planning for and reviewing the Test cases for Functionality, Security, Performance, Database and User Acceptance testing.
* Checked the data flow from front end to backend and used SQL queries to extract the data from database.
* Identified Test cases to perform Regression Testing.
* Set claim processing data for different FACETS Module.
* Involved in maintaining the test matrix and RTM.
* Participated in QA meetings and defect tracking meetings.

**Environment:** SQL Server, Oracle, Soap UI, MS Project, Quality Center, UML, DB2, MS Visio, Toad, SOAP UI, UNIX.

**EDUCATION:**

Associate degree in Computer Science