**David Rhein**

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**PROFESSIONAL SUMMARY:**

* 8+ years of experience in Quality Assurance and Software Testing in healthcare industry.
* Extensive knowledge of all aspects of the Software Development Life Cycle and Defect life cycle.
* Experience in requirement analysis, creating traceability matrix, test planning, creating test data and implementation of test suite (test plan, test scripts and test cases).
* Extensive experience in testing Client/Server and Web-based Applications and Service based Architecture.
* Strong Knowledge of waterfall model, V-Model and Agile methodology of SDLC.
* Expertise in logging and tracking Defects using Defect Tracking Tools like HP Quality Center, HP ALM, Bugzilla & JIRA.
* Good knowledge on different modules within healthcare (Membership, billing, enrollment, Claims, capitation, providers).
* Experienced working with 5010 transactions changes analysis, design and migration strategy.
* Have good knowledge of HIPPA 4010 /5010 versions.
* Profound understanding of insurance policies like HMO and PPO and proven experience with Medicare, Medicaid, & commercial insurances in 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).
* Proficiency in EDI 4010 to EDI 5010. And involved in conversion and mapping HIPAA ICD9 to ICD10.
* Worked on QC and HP ALM (Application Lifecycle Management) and QTP (Quick Test Professional) and provided training for the same to the end users.
* Extensive knowledge in testing Enterprise Data Warehouse (EDW) and Reports developed by reporting tools.
* Understanding of HIPAA Standards and Compliance issues, HIPAA Privacy policy, opt in/opt out policy.
* Expertise in testing of Enterprise Data Warehouse and Healthcare applications
* Experienced in DW projects ETL testing against DW testing with Informatica and data stage tools.
* Expertise in Cognos 8 Suite (framework Manager, Cognos connection, Report Studio, Analysis Studio ,Metric Studio, Event Studio and Query Studio)
* Expertise in executing, monitoring and validating ETL processes developed in Data stage and Informatica.
* Maintained Requirement Traceability Matrix and Test summery report.
* Analyzed test results to ensure existing functionality and recommend corrective action where necessary.
* Participated in UAT and wrote Test Cases for UAT.
* Good experience with Sanity Testing, Smoke Testing, White Box testing, Black Box Testing, GUI Testing, Functionality Testing, Positive and Negative Testing, Security Testing, Integration Testing, System Testing, Load Testing, User Acceptance Testing (UAT) and Regression Testing of Web Based Applications and Client-Server Applications.
* Good command over SQL and Enterprise Data warehouse concepts.
* Good working knowledge of major Operating Systems such as Windows and UNIX.
* Experienced in ETL (SSIS) and data validation processes and proficient in reporting services such as SSRS as well as SSAS.
* Ability to multi-task, prioritize and work with time constraints while paying attention to details.
* 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.
* Good problem-solving, judgment, and decision-making skill.

**TECHNICALSKILLS:**

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| --- | --- |
| **Testing Tools** | HP QTP/UFT, Soap UI and Rational Team Test, |
| **Bug Reporting** | HP QC/ALM, Rational Clear Quest, JIRA |
| **Databases** | MS-Access, Oracle, MS SQL Server, SQL DBX |
| **Operating System** | Windows (7, XP, 2000, 98), Unix |
| **MS Office Tool** | Word, Excel, PowerPoint. |

**PRPROFESIONAL EXPERIENCE:**

**Fidelis Care, Buffalo, NY Feb 2017 – Present**

**Sr. QA Analyst**

Fidelis Care offers health insurance, including Medicaid Managed Care, Medicare Advantage, Child Health Plus, and products available through NY State. As part of IT’s ongoing commitment to provide the Fidelis Care Community with the most efficient operations tools, a database upgrade was successfully released.

As a Sr. QA Analyst, I was focused on applications which were integrated with FACETS and generating the out logs. I was partially involved with the management team and PM to keep them updated with project status to accomplish go live date.

**Responsibilities:**

* Interacted with Developers, B.A.s, team leads and PM to finalize the compliances which need to be in place.
* Analyzed and defined testable requirements and created test cases.
* Worked on HP ALM to log defects and to generate bug reports.
* Conducted fact finding meetings to understand the client’s requirements.
* Worked on store procedure validated them and executed them to test functionalities of the applications.
* Performed functionality testing on various GUI applications.
* Regression Testing of Web applications and applications dealing with MEDICAID and MEDICARE Services.
* Tested various applications for claiming processes and claim validating applications.
* Worked with operation team and PM to improve the stats and manage the project progress.
* Generated reports and graphs to track the activities and to chase the go-live date.
* Tested the applications which are integrated with Sybase database and FACETS.
* Experience in Medicare part A, B, C, D and Medicaid eligibility.
* Involved in testing HIPAA EDI X12 transactions & Code Sets Standards like (820-Premium Payment for enrolled health plan members, 834-Enrollment /Dis-enrollment to a health plan, 837- Health Care Claims and 278 Authorizations.)
* Conducted HIPAA Gateway Testing.
* Skilled knowledge of understanding and validating the X12 EDI format files 834 benefits and enrollment.
* Responsible for creating the test plan and designing test cases for the EDI 834 members’ enrollment file loading Created reports that included a general overview, open bugs, new bugs and enhancement requests. Entered new bugs and maintained the current status of those bugs.
* Extraction of test data from tables and loading of data into SQL tables. Extensive experience in writing complex SQL scripts.
* Tested Regression EDI 834, 820 Transactions following the HIPPA compliance EDI Standard of X12.
* Worked with the client QA team and manager to track the QA activities.
* Reviewed and Tested Medicare Part A and Part B data to see if Beneficiary was eligible for Part D program.
* Testing the EDI claims(X12) including HMO, MEDICAL (MEDICAID), and MEDICARE.
* Implemented automated COB processing of Medicare claims into Facets.
* Generated various reports by using HP ALM to discuss on QA activities with QA manager.
* Prepared Traceability Matrix to maintain project stats.
* Involved with operational team to track the progress of Batch processes.
* Tested web services and applications integrated with Sybase DB.
* Performed testing on Enrollment claim validating applications.
* Executed functional testing of EDI transactions integrated with Sybase and FACETS DB.
* Performed full User Acceptance Testing (UAT) on multiple portals & modules in order to know that the product is designed/ working as per the business standards
* Involved in SCRUM meetings, internal team meetings & functionality walk-thru meetings with DEV. SMEs.
* Worked on HP ALM to build and execute test cases.
* Created new UAT scripts based on requirements.
* Created test cases by analyzing store procedures.
* Executed store procedures in SQL DBX to validate the functionality.
* Involved in user training sessions and assisting in UAT (User Acceptance Testing).
* Involved in performing functional, application, integration, system, and regression Testing.

**Humana Inc. Louisville, KY Feb 2016 – Dec 2017**

**QA Analyst**

Humana Inc. is a for-profit American managed health care company that provides healthcare coverage through its family health plus, Medicare & Medicaid programs. As a, QA Analyst, I was involved in various kinds of testing of the Facets application modules like Enrollment, Membership and Claims. I was also involved in a project to upgrade the EDI system in compliance with new ASC X12 standards and HIPAA. This upgrade was undertaken to convert the current 4010 version of payment remittance transaction 835 to the new 5010 version. I was also involved in testing for the conversion of 837 P.

**Responsibilities:**

* Analyzed and defined testable requirements created and implemented test plans.
* Developed Test Cases/Conditions for manual and Automation testing of the above Applications and Reports.
* Gathered requirements from the users and analyzed the requirements.
* Involved in performing functional, application, integration, system, and regression Testing.
* Involved in testing Web services and XML using SOAP UI. Verified the response received by updating the request XML.
* Recommend on implementation of HIPAA 5010 (EDI X12 837,834, 820, 278,270,999) in the new System.
* Prepared and executed different SQL Queries against the Oracle and Sybase Database.
* Verified and Validated the Rates Calculations and Rate Renewal Calculations for different Products and benefits by Preparing and executing different SQL Scripts.
* Validated SSRS reports and ETL testing with use of complex SQL queries and UNIX scripting.
* Performed data validation of reports created by SSRS.
* Validate EDI Claim Process according to HIPAA compliance.
* Worked on HIPAA Transactions and Code Sets Standards according to the test scenarios such as 270/271, 276/277,837/835 transactions.
* Performing a wide range of QA duties in an Agile (Scrum) development environment.
* Entered Claims and Customer Service Tasks into the FACETS.
* Worked on different EDI transactions like 837 for submitting claims, 835 for payments, 834 for benefit enrollment, and 820 for premium payments to insurance products, 270/271 for Eligibility inquiry, and 276/277 for claims status.
* System Integration testing for Facets core modules with external systems.
* Data mocking for different Claim file formats.
* Conducted HIPAA Gateway Testing.
* Tested the Medicaid and Medicare preferred Eligibility and EOB claims extract file.
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets or Internet web portals. This includes HIPAA 5010; 837, 835, 270/271, and others.
* Tested the claims processing and Adjudication (EDI 837I, 837P, 837D& EDI 835).
* Tested Subscribers/Providers and claims in Facets.
* Maintained knowledge of Medicare and Medicaid rules and regulations pertaining to the Facets configuration and evaluating the impact of proposed changes in rules and regulations.
* Skilled knowledge of understanding and validating the X12 EDI format files 834 benefits and enrollment.
* Responsible for creating the test plan and designing test cases for the EDI 834 members’ enrollment file loading Created reports that included a general overview, open bugs, new bugs and enhancement requests. Entered new bugs and maintained the current status of those bugs.
* Responsible to work on Medicaid Management Information System which includes two divisions: HIPAA compliance and Maintenance units division and Claim processing division.
* Maintained Test Matrix and Requirements Traceability Matrix. Performed Gap Analysis on the same.
* Involved in building XML modules that API testing test cases uses as input.
* Tested Regression EDI834, 820 Transactions following the HIPPA compliance EDI Standard of X12.
* Worked on Unix Platform and experienced in back end testing by executing SQL Queries.
* Used TOAD Software for Querying ORACLE. And Used Teradata SQL Assistant for Querying Teradata.
* Involved in testing Web services and XML using SOAP UI. Verified the response received by updating the request XML.
* Back-end testing using SQL queries for data validation, Web services testing – validation of data in XML files, SSRS Reports testing.
* Analyzed and logged defects in ALM and interacted with the developers to resolve technical issues.
* Reported and tracked defects using HP ALM.
* Detecting, Tracking and Reporting defects to developing team lead using JIRA and QC following up the status of defects.
* Generated reports using document generator of HP ALM.
* Used Descriptive programming in scripting dynamic objects and reusable actions in defining scenario flows in Quick Test Professional (QTP).
* Worked on Agile and SCRUM environment.
* Involved in using QTP for VB scripting, by using object repository, expert view, Object spy and other main functionalities.
* Played key role in defining test automation procedure and standards, creating Quick Test Professional scripts for all the modules, which reduced the regression cycle drastically and improved the testing efforts for daily builds.
* Developed automated scripts using QTP/UFT to perform functional and regression testing.
* Created and uploaded Requirements and Test Cases on HP ALM.
* Extensively involved in analyzing, designing and implementing Automation Frameworks (Hybrid, Keyword, Data driven in QTP using VBScript.
* Worked on Data mapping, logical data modeling and used SQL queries to filter data within the Oracle database tables.
* Worked on creating templates for UAT test execution.
* Performed Data validation, Functional, UI, Database, Smoke, Ad-hoc, Integration, Regression & UAT Testing.
* Analyzed inbound X12 HIPAA files and execute Trading partner testing and integration.
* Performed System testing, Integration testing and Usability testing in Quick Test Pro by inserting various check points necessary for HIPAA and Medicaid standards.
* Followed and Implemented the SDLC to improve the Testing Process and Efforts.
* Performed functional integration testing, negative testing, smoke testing, system testing, and regression testing to validate correct data flow into the enterprise data warehouse.
* Executing Performance test procedures to check to time span.
* Coordinated with the Business users, BA’s and Testers in order to perform UAT Testing.

**Amerigroup Corporation (AGP), VA Beach, VA Jan 2015 – Jan 2016**

**Quality Analyst**

AMERIGROUP Corporation is multi-state managed **healthcare Insurance** focused on serving people who receive healthcare benefits through publicly funded healthcare programs, including Medicaid, Children’s Health Insurance Program (CHIP), Medicaid expansion programs and Medicare Advantage. Amerigroup Corporation using S Software package to process claims, MDE (medical data Express) Software package to generate queries to verify claims.

**Responsibilities:**

* Discussed enhancements and modifications with the Project Team.
* Developed, maintained and executed Test scripts and Test scenarios on assigned products to assure product quality from a functional and qualitative perspective.
* Validated 835, 837, 276, 277, Institutional and Professional HIPAA Transaction and X12 format messages.
* Performed Database testing using DB2 Connect and Extra tools for verification of data tables in database.
* Performed Table, GUI, Database, and XML Check Points in Quick Test Professional scripts to check the validity of the data.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for processing of Medicaid Claims.
* Involved in claims submission and payment (remittance) retrievals by using ASCX12N 820 for the In- bound premium payments; ASC x12N 834 for the Inbound Enrollment and Maintenance; ASCX12 276/277 for the claims status enquiry and response; and ASC X12 835 for the Health care Claim Payments.
* Worked on billing and payments in the provider module in Claims Test Pro (CTP) of Facets.
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets or Internet web portals. This includes HIPAA 5010; 837, 835, 270/271, and others.
* Wrote and executed complex SQL queries to retrieve data from Facets-Membership Enrollment modules.
* Responsible for customer interface, requirements definition, general and detailed design, testing, maintenance and training programs and managed requirements using Rational Requisite Pro.
* Negotiated and managed multiple priorities, project plans, time frames and trade-offs while ensuring the clinical and administrative staff understood the final results of the projects, sharing detailed vision of cost-benefit analysis.
* Provided Efforts Estimate and coordinated the test schedule using Agile testing methodology in UAT phase.
* Writing Test Plans/Test Scenarios/Test Cases/Test Matrix. Fine-tuning of the database queries for better performance plans.
* Developed System Integration and regression test plans.
* Performed testing for Medicare, Medicaid for Medicaid Management Information System (MMIS)
* Analyzed test cases for automation and used UFT (Unified Functional Testing), Quick Test Professional (QTP) to automate manual test scripts for Regression and Functional testing.
* Logged the errors, reported defects, determined repair priorities and tracked the defects until resolution using ALM.
* Worked with relational databases, and developed PL/SQL queries to interact with Databases.
* Performed legacy DB2 Testing to cross check new database entity relations.
* Worked with Large DB2 and Oracle, SQL Server databases doing loading, validation and manipulation of data.
* Extensively used the ALM Test Plans, Test Matrixes, Test Scenarios and Test Cases for all company products. Conducting variance management by analyzing and verifying test results, providing Status and Progress reports and Automated Test Scripts, and Test Steps for all the modules and stored in JIRA.
* Prepared test matrices based through defect status in HP ALM
* Involved in using VB Scripts in QTP to access webpage script variables.
* Responsible for Back-End Testing Using SQL Commands using TOAD.
* Developed SQL queries, functions, stored procedures and triggers to perform the backend testing of the data
* Performed User Accepted Testing (UAT) and Production client support.
* Documented, tracked, and verified defects and enhancements by using ALM.
* Reported Bugs using ALM.
* Worked with relational databases, and developed PL/SQL queries to interact with Databases.
* Performed legacy DB2 Testing to cross check new database entity relations.
* Performed legacy DB2 Testing to cross check new database entity relations.
* Created UNIX shell scripts, mainframe procedures, and processes to extract data from various sources such as DB2 and Oracle.
* Created user-defined functions and output values for the content builder and appliance by using QTP/UFT.
* Regularly troubleshoot unexpected circumstances.
* Worked closely with the User Acceptance Test Coordinator, Project Manager and Business System Analysts to understand business processes and develop concrete UAT cases.
* Planned designed, executed and evaluated Performance tests of web application and services.
* Worked on ICD conversion from 9 to 10 with respect to the claims related to Medicare (Part A, Part B, Part C, Part D).
* Involved in FACETS Implementation, involved end to end testing of FACETS Billing, Claim Processing and Subscriber/Member module.
* Tested the Registration process of common practitioner in Facets and validated the fields (Medicare or Medicaid billing number, License and DEA number).
* Analyzed results for validity and clarity.
* Completed tasks within duration and effort commitments.
* Analyzed and tested data on claims manually and writing queries on DB database for validating data.
* Used DB2 interfaces to connect to the mainframes and databases.
* Wrote SQL queries for data Validation and outstanding knowledge of preparing simple/ complex queries.

**Celtic Health Insurance, Chicago, IL Oct 2012-Dec-2014**

**QA Tester**

Celtic Insurance Company is one of the leading health insurance providers in Chicago. The company currently runs its business on Facets and provides medical plans. I worked as a QA Analyst and worked closely with project team to interpret complex business needs and translate them into system requirements. I mainly worked on Claim, Subscriber and Provider modules.

**Responsibilities:**

* Reviewed all codes and appropriately applying them.
* Developed and coordinate implementation timelines with Trading Partners including readiness assessment and coordinated testing.
* Documented defects in JIRA General Access (JRA) and helped DIA team & developers to identify the performance issues and modules to be fixed.
* Analyzed the ICD conversion information provided by the CMS and gained understanding of ICD-9 versus new ICD-10 codes sets.
* Prepared Test Cases based on business requirements and business rules for HIPAA EDI Transaction 270/271, 837/835, 834.
* Worked on conversion from ICD-9 to ICD-10 with respect to the claims related to Medicare (Part A, Part B, Part C, Part D).
* Worked mainly in an agile environment.
* Manually performed User Acceptance Testing of FACETS implementation.
* Wrote Test scenarios and test cases for testing the migration of EDI 4010 to 5010 and the processing of member enrollment and benefits, (834) batch jobs corresponding to the claims (837).
* Performed Backend testing on Membership Enrollment of s functionality.
* Responsible in handling Defect Tracking and Mapping reporting through Quality Center.
* Enhanced the Test Scripts by adding Check Points in QTP / UFT.
* Analyzed and logged defects in Quality Center and interacted with the developers to resolve technical issues.
* Used QTP Checkpoints (GUI, Database and Bitmap) for comparing behavior of Application from previous builds.
* Help the developers to understand the requirements in order to design the software modifications needed to support the requirements.
* Review Implementation Plan and testing types, techniques and environmental needs.
* Defect Management & triage; provide expertise to resolve defects that raise business issues.
* Reviewed existing QTP Test Scripts, and modified as required for new changes.
* Developed complex queries by joining different Dimensional tables to Fact tables and retrieved the data From EDM and validated the data against EDW.
* Actively involved in documentation of UAT (User Acceptance Test), Functional Test, Integration Test Scenarios and Bug Log.
* Extensively used SQL statements to query the Oracle Database for Data Validation and Data Integrity.
* Actively participated in weekly status meeting with Team members, Team managers, Business analysts & Technical team and also generated Weekly Status Reports to the Team manager.
* Tracked Software defects collected from different sources and categorized severity in HP Quality center.

**Tenet Healthcare Corporation, Dallas, TX Oct 2010-Oct 2012**

**QA Tester**

Tenet is a leading Healthcare Corporation. Its hospitals aim at improving service delivery and patient outcomes. Facets, fully integrated CLAIMS data processing system is used in Tenet. **Facets** uses the data feed for the claims adjudication, claims error processing and to prepare the auto- generated reports and correspondence using the Batch Cycle.

As a QA Analyst, I was involved in various kinds of testing of the **Facets application** modules like Membership, Providers and Claims.

**Responsibilities:**

* Tested and delivered Inbound/Outbound Facets interfaces.
* Manually entered additional test claims data for those scenarios where a specific claim is not found in Production
* Provided the test summary report to the QA lead and coordinated with the fellow QA lead to plane test execution by using JIRA.
* Involved in Facets Implementation, end-to-end testing of FACETS Enrollment Claim Processing and Subscriber/Member module.
* Data mocking for different Claim file formats.
* Conducted HIPAA Gateway Testing.
* Participated in developing and implementing End-End testing.
* Tested the GUI / User Interface of the Web applications.
* Performed Functional testing on Facets, Customer service and Subscriber application under Facets
* Participation in requirement / Use Case analysis, risk analysis and configuration management.
* Transactions focused on were 270,271,276,278,834, 835, and 837.
* Validated the reports and files according to HIPAA X12 enforced standards.
* Validated the Data in the Enterprise Data Warehouse (EDW) using SQL queries
* Used Quality center for test cases, defect logging and defect tracing.
* Involved in testing HIPAA EDI Transactions and mainly focused on PA and Eligibility Transactions.
* Prepared Test Cases based on business requirements and business rules for HIPAA EDI Transaction 270/271, 834,837/835.
* Created test data for 837I, 837D, 837P to have Segments/loops information with different combination of Submitter, Receiver, Billing Provider, Pay-To-Provider, Subscriber, Payer, Patient, Claim Information, Physicians, Referring Provider, Service Line Info, Adjudication Information
* Tested the subscriber and Member enrollment in association with class, plan and product.
* Identified Test Scenarios, prepare Test Specification document and Test cases in MTM
* Performed Manual Testing using Quality Center (QC) and User Acceptance Testing (UAT)
* Created data structures by using SQL in Teradata & TOAD.
* Developed SQLs for Extracting data from database and built data structures, reports
* Performed UAT Testing Manually in coordination with UAT group to ensure correct business logic.
* Responsible to work on Healthcare Management Information System which includes two divisions: HIPAA compliance and Maintenance units division and Claim processing division.
* 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.
* Created and maintained SQL Queries for back-end testing.
* Performed SOA / Web Service testing using SoapUI.
* Created Data for XML Requests in SoapUI.
* Designed and developed user defined functions of QTP with well-versed VB scripting.
* Used descriptive programming in scripting dynamic objects and reusable actions in defining scenario flows in Quick Test Professional (QTP).
* 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.