**GAURAV KULKARNI**   
508-496-6537   
 [grv.kulkarni1@gmail.com](mailto:grv.kulkarni1@gmail.com)

***Sr. QA Tester***

**Summary:**

* Over 7 +years of experience in creating innovative and cost effective Quality Assurance solutions with expertise in Insurance, Healthcare processes, applications using manual testing procedures & test automated tools
* Extensive experience in all phases of SDLC processes.
* Experience working with HIPAA EDI 837 transactions which include Medical (Institutional), Professional and Dental claims for both 4010A1 and 5010 versions.
* Work experience on 820,834,835 and 277CA transactions for both versions (4010A and 5010)
* Thorough knowledge on 270/ 271, 276/ 277, 278 transactions.
* Strong Knowledge and working experience on ICD-9 and ICD-10 codesets and the conversion.
* Support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Knowledge of MMIS (Medicaid Management Information System), HIX (Health Insurance Exchange), EMR (Electronic Medical Record), EHR (Electronic Health Record) and healthcare reforms like the Patient Protection and Affordable Care Act (PPACA), Emergency Medical Treatment and Active Labor Act (EMTALA).
* Experienced in different types of testing like Black box testing, white box testing, functional, GUI testing, Systems testing, regression, integration, UAT and performance testing
* Expertise in reviewing requirements, Business requirements gathering, Data warehousing, evaluating data sources, translating requirements into specifications and application design.
* Experience with QNXT 3.4, QNXT , Facets , Inbound & Outbound interfaces, EDI configuration, and data mapping using ANSI X12 4010 and 5010 (834,835,837) .
* Worked on the Business Process Testing(BPT) of the Quality Center using the input and output parameters, creating different components on the BPT tab.
* Experienced in documenting Test Plan, Test Objectives, Test Strategies, Test Scripts, Test Scenarios and Test Cases.
* Expertise in Claims, Subscriber/Member, Plan/Product, Claims, Provider, Commissions and Billing Modules of Facets.
* Verified application functionality against business requirements, manually and by using Win Runner.
* Experience with structured QA Methodology and QA Process to ensure the Quality Assurance Control.
* Used Quality Center to prepare Test cases, Requirements Traceability Matrix and managing the Defects as per the Business requirements.
* Strong experience in capacity planning, load test configuration.
* Expertise in Black Box, Sanity/Smoke, Integration, Regression, Performance/ Load/Stress, System and Functional Testing.
* Strong experience in Quality Assurance of multi-tier systems, Client/server systems and Web Applications/Sites including testing large enterprise software applications.
* Connected to SQL Plus in UNIX and created and executed complex SQL queries.
* Created complex SQL scripts and embedded them into the UNIX Shell scripts to automate the Back-End testing.
* Excellent team player with strong written, communication, interpersonal and analytical skills.

**Technical Skills:**

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| Testing Tools | QualityCenter10.0,QTP9.4 , Rational Clear Quest, SQA Manager, EDISIM. Clear Quest, Mainframes, Trasaction Management, Edifecs |
| Operating Systems | Windows XP, Unix (Solaris). |
| Database | SQL Server & Microsoft Access |
| GUI Tools | Visual Basic 5.0/6.0, Developer 2000, Crystal reports |
| EDI Standards | ANSI X12, HIPAA, Spec Builder 6.2/7.0 , Edifecs , Edge tool , HTM |

**Amerigroup, Virginia Beach, VA Mar 14 – Till date**

**Sr. QA Tester**

My primary role on this project was working on conversion of ICD-9 CM and PCS codes to ICD-10 (Clinical Modification and Procedure Coding System) codes and conversion of all EDI HIPAA X12N-4010 transactions to HIPAA X12N-5010 version and prepares necessary supporting mapping/crosswalk documents as part of project deliverables.

**Responsibilities:**

* Testing various change orders of Medicaid applications received from the System Engineer’s
* Regression Testing of Web applications and applications dealing with MEDICAID and MEDICARE Services
* Conducted weekly meetings for deciding the Policies and Procedures to be followed while constructing new sites.
* Conduct complex documentation and user needs analysis. Interface with team and staff to develop HL7 integration
* Assisted JAD sessions to identify the business flows and determine whether any current or proposed systems are impacted by the EDI X12 Transaction, Code set and Identifier aspects of HIPAA.
* Developed the strategy for developing and implementing new EDI (HL7 and X12) interfaces and converting historical clinical and data.
* Worked on analysis of FACETS claims processing system and gathered requirements to comply with HIPAA 5010 requirements
* Reviewed EDI companion guides for all payers to ensure compliance, edit integrity and maintain up-to-date list of payer contacts.
* Developed QA Test Plan from technical specifications and requirements for this project which deals mainly with three areas i.e. presentation tool, integrated genesis selling tool and catalog APIdifferent iterations and phases of the Software Development Life Cycle.
* Developed and conducted statewide HIPAA 5010 and ICD10 awareness program for all IDS staff in Tenet.
* Provided superior client interaction to make sure all needs were met.
* Performed testing for Medicare, Medicaid and X-Over claims for Medicaid Management Information System (MMIS)
* Involved in 835 files validations for HIX at Claim level, Line level, Service level and Transaction level.
* Tested member conversion from Mainframe Legacy systems to facets.
* Repaired test plan and test cases for EDI 837, 835, 820, 834 in phase 1 (version 4010/4010A), phase 2 (version 5010) using Quality Center.
* Involved in gap analysis and implementation of HIPAA 5010, ICD 10 and Claim Validations
* Conducted Gap Analysis, and Gathered User Requirements by Interviews, user meeting, JAD session, and Requirement Elicitation Sessions
* Involved with the coders in evaluation of CPT and ICD9 codes to ensure that the diagnosis meets medical necessity for the specific CPT code.
* Utilized corporation developed Agile SDLC methodology. Used ScrumWork Pro and Microsoft Office software to perform required job functions.
* Produced Gap Analysis documents for HIPAA 5010 and ICD10.
* Prepared Test Cases based on business requirements and business rules for HIPPA EDI Transaction 834, 276/277, 270/271, 837/835.
* Substantial report development experience utilizing SQL Server Reporting Services (SSRS), Cognos Impromptu, and Microsoft Excel
* Participated in testing the various Interfaces (Inbound and Outbound) of FACETS.
* All the test scenarios which have been satisfied with the functionality are moved to automation testing using Quick Test Professional.
* Extensively interacted with the stakeholders and the IT Department in finalizing the requirements according to the CMS Compliances/Regulations and HIPAA Regulations.
* Involved in customizing Transaction 837, 834, 276/277 in the following loops and segments in Map/Data Translation.
* Pulled out EDI Claim data from Backend SQL server 2005 using the SQL Queries according to the requirements.
* Established questionnaires and resource leveling required for implementing HIPAA 5010 and upgrading ICD-9 diagnosis codes to ICD-10 codes
* Involved In loading the flat files into Oracle Database and involved in writing Complex SQL Queries.
* Assisted to develop the Test Plan, Test Cases and Test Scenarios to be used in testing based on Business Requirements, technical specifications and/or product knowledge.
* Analyzed trading partner specifications and created EDI mapping guidelines.

**Environment:** Facets, MS-Visio, MS Office, MS Project, Quality Center, HIPAA/ EDI X12, Load runner, Edifecs, Edge, Transaction Manager, Transaction Restarter, FTP.

**United Health group, Phoenix, AZ Jan 13 – Feb 14**

Quality Assurance Tester

The project was to develop applications which accept different claims like Medical claims, Dental claims, vision claims from different vendors and route the claims into Batch Adjudication System and Online Adjudication. Here the Batch Adjudication System automatically adjudicates the claims and sends the files to Payment department. In the Online Adjudication system examiners will check the files and then they will move the claims to Payment department.

**Responsibilities:**

* Worked extensively in the System Integration testing (SIT) region of Cigna also handling the issues that arise in production areas.
* Analysing the BRD for HIPAA 4010A1 to 5010 transition and prepared the Test plan and Test cases for 5010 HIPAA transactions 837I/837P/837D, 277, 835 & 999.
* Extensively worked on data preparation for the defects that came up during the transition to 5010 on all the Medical, Professional, Dental claims including Medicare claims.
* Dealt with special category claims like New born, Medicare secondary, IPC hold and multiple match claims that go to the transaction restarter on hold, where they have to be manually sent to claim engines.
* Analyzed HIPAA 4010 and 5010 standards for 837P EDI X12 transactions, related to providers, payers, subscribers and other related entities.
* Got exposure of IBM mainframe environment for Medicaid Management Information System impact assessment. Dealt with the EDI transaction-835 claims payments and remittance advice, which deals the payment from payer to provider.
* Used the reflection SFTP to submit the above claims.
* Worked on preparation of test scenarios, test cases and data preparation for the ICD10 transition.
* Through knowledge on ICD10-CM for diagnosis coding& ICD10-PCS for inpatient procedure coding.
* Familiarity with the accept and reject codes designed by the bussiness for the claim that are submitted to the main gateway.
* Validated the Integration of applications with Facets, which manages the Customer Service, Claims, Membership care facilitation and appeals.
* Preparation of test cases for Functional, Regression, Integration and System testing.
* Worked on multiple business areas.
* Validated EDI 270/271 Healthcare Eligibility Benefit Inquiry and Response are HIPAA Compliant.
* Implemented HIPAA transactions 837I, 837D, 837P, 834, 276, 277 by gathering the requirements, built Maps to translate HIPAA ANSI X12 data to XML format and Custom format to X12 Format, performed unit/integration testing.
* Coordinated with offshore team of 7, giving directions on the defets to work on and explaining the change request forms.
* Testing and reporting the bugs in product releases and performed the root cause analysis for the defects raised.
* Coordinated test execution efforts such as test data and support team provision, defect tracking and management, ensuring resolution of testing issues.
* Implemented automated COB processing of Medicare claims into Facets
* Extensively worked on reviewing requirement, functional and design specifications, developing Test strategies, Test plans and Test cases.
* Wrote SQL Queries using Joins and Sub-Queries to test the reports generated by the different modules.
* Involved in testing of the loading 5010 HIPAA Inbound Transactions (837I/P/D) in Mainframe database.
* Involved in testing of the extracting 5010 HIPAA Outbound Transactions (835, 277) from Mainframe database.
* End to end testing and Trading Partner Testing.
* Performed tests for EDI transactions 834, 270 and 271 in various phases of implementations.
* Validated Business rule Edits for 5010 HIPAA transactions 837I/837P/837D, 276/277 and 835
* Worked with Claims, enrollment, eligibility verification for members and providers, benefits setup, and backend payment cycle in facets.
* Created test data (EDI Files) for 837 with ICD 10 codes for business rule validation.
* Executed the 5010 system test scenarios for 5010 HIPAA transactions 837I/837P/837D, 276/277 and 835 after loading and adjudication.
* Involved in claims processing of different scenarios and tested the end to end scenarios from 837 to 835.
* Performed Analysis of ICD 9 Procedure and Diagnosis Codes in accordance with ICD 10 CM and ICD 10 PCS Conversion Compliances.
* Developed and executed SQL Queries for data transaction and database integrity.
* Run the scheduling jobs to load Pharmacy claims data from legacy (Mainframe) system to staging tables.

**Environment:** Windows &UNIX, FTP client, Transaction Manager, Edge tool, Edifecs tools, CED inquiry, HP Quality Center 10.0, Transaction Restarter (TXNR), Sterling, Clear Quest , MS Office, Text pad, Spec builder 7.0, QTP, Agile/Scrum project methodologies, Sybase, MainFramesand File-Aid records.

**Care Source, Dayton, OH                                                  Jul 10– Dec 12**

**Quality Analyst / Tester**

Care Source is a nonprofit managed health care Co and one of the largest plans in US. There were multiple ongoing projects at where multitasking was a key to success. The project was related to conversion of ICD-9 CM and PCS codes to ICD-10 (Clinical Modification and Procedure Coding System) codes and conversion of all EDI HIPAA X12N-4010 transactions to HIPAA X12N-5010 version and prepares necessary supporting mapping/crosswalk documents as part of project deliverables.

Responsibilities:

* Responsible for testing the Navigation Flow, Functionality Testing, System Testing and User Acceptance Testing.
* Reviewed Medicaid policy and billing requirements and documented needed changes to policies and billing manuals related to ICD 10 through facilitation with internal CS program areas.
* Involved in Requirements validation for ICD 9 and ICD 10
* Analyzing enhancements required to be made to ICD 9 and ICD 10 /HIPPA electronic Transactions Standards , To test proposed advancements (837i. 837p , 835, NCPCP)
* Tested WebServices, XML, WSDL using SOAPUI tool. Modified end points when we worked on different servers and different versions of Web Services.
* Documented business needs for ICD10 resulting from the HIPAA 5010 gap analysis.
* Worked on the ICD9 to ICD10 crosswalk and coordinated the development of the crosswalk solution.
* Followed Agile methodology for full life cycle of project.
* Created several Test Cases and Test Conditions for testing various Claims, Membership, Billing and Provider reports
* Tested various versions of handheld devices to perform cross platform and browser compatibility testing.
* Worked on supports HL-7 codes, ICD-9, ICD 10 codes to reimburse the claims for the providers.
* Performed Security Testing in dot. Net using Positive and Negative Testing to ensure appropriate user authentication.
* Wrote SQL queries to find the appropriate cases for the scenarios.
* Involved in the development of an Inbound Interface which fetches data from Web Portal and inserts/updates in Siebel.
* Performed rigorous manual testing such Functional Testing, Smoke testing, Integration testing, UAT Testing, Backend Testing, Regression Testing, End to End Testing and System Testing
* Performed “UAT” for 5010 and ICD 9 and ICD 10 codes.
* Actively involved in Usability testing and Browser testing
* Incorporated HIPAA standards, EDI (Electronic data interchange),Implementation and Knowledge of HIPAA code sets, ICD-9, ICD-10 coding.
* Participate in reviews throughout the development life cycle
* Extensively performed manual testing and defect reporting using Quality Center.
* Assisted in developing test plans for testing the functionality, GUI, and security.
* Responsible for testing of OPL, COB, Healthcare Claim Pricing, Healthcare Claim Benefits, End to End Claims Processing
* Performed manual testing, considering the base line of developed test plan and test cases considering both positive and negative scenarios
* Created different pricing rules and verified whether the adjudication system is using the rules while adjudicating the Claims..

Environment: SQL, VB Script, DB2, Oracle, MS Visio, XML, HIPPA, MS Outlook, ICD, Web Services, JAWS, Quality center, QTP

MVP Healthcare,Rochester, NY Mar 08 – Jul 10

QA Analyst

MVP Healthcare will provide a higher standard of health care coverage and improves the quality of care

for every member. It sets the standard for outstanding quality health care, service and value. It is the leader

in access, affordability and quality in the competitive health insurance market.

Responsibilities:

* Reviewed the Requirements document for 4010 and prepared the test plan and test cases.
* Involved in Manual Testing of the application.
* Interacted with the Developers and BA for defects and problem resolution.
* Worked with transactions and validated the data by using SQL.
* Generated Bug Reports and Test case coverage reports for status meeting and also involved in resource planning for test cases coverage
* Involved in Bug Review meetings and participated in weekly meetings with management team.
* Provided testing results and weekly status reports to the QA Manager
* Using FTP we upload and download files for testing data
* Using Text pad to validate the data
* Designing test scripts for testing of Claims in Development, Integration and production environment.
* Involved in writing Complex SQL Queries using TOAD to validate the loads.
* Assists in the confirmation of problems reported from outside sources, and assists system development staff in understanding problems and desired resolution.
* Backend testing of the DB by writing SQL queries to test the integrity of the application and Oracle databases using TOAD.
* Responsible for writing version release notes as well as maintenance of the defect tracking system
* Maintained Metrics participated in weekly status updates showing the progress of the testing effort and open issues to be resolved.

Environment: TOAD, Oracle 11g, Ms Office, Text pad, UNIX, FTP client, Clear case, Clear Quest, Spec builder 6.2/7.0, Quality Center , QTP, Cognos, Informatica.