**Lovish Sehgal**

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PROFESSIONAL SUMMARY:

* Over 6+ years of experience in creating innovative and cost effective Quality Assurance solutions with expertise in Healthcare processes, applications using manual testing procedures.
* Extensive experience in all phases of SDLC processes and methodologies like Waterfall, Agile and RUP.
* Development of Test plans, execution of Test cases and Test scenarios to meet the product’s business requirements and managing the Defects as per the Business requirements.
* Worked on PEGA Application , Tested business flows and activities , list views in PRPC.
* Proficient in both Manual Testing and Automated Testing using ALM, Quality Center, QTP, Load runner.
* Worked on HL-7 interfaces of Application.
* Tested EMR, EHR interfaces of Health care record applications.
* Worked with Test management too like JIRA , Zephyr.
* Expertise in Claims, Subscriber/Member, Plan/Product, Claims, Provider, Commissions and Billing Modules of FACETS.
* Experienced in different types of testing like Black box testing, positive testing, negative testing, functional, GUI testing, and regression, integration, and performance testing.
* Participated in Walkthrough and Inspections with the Test Lead and Development team.
* Experienced in Reporting Bugs using Bug tracking tools such as QC and Rational Clear Quest and Created QA Analysis and Weekly status reports, including test results by dates, test script summary (coverage, pass, fail), Defect Status and Defect trending.
* Facets support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 transactions.
* Tested software applications including Client-Server and Web based applications.
* Ensure test coverage by mapping test cases to requirements.
* Experienced in documenting Test Plan, Test Objectives, Test Strategies, Test Scenarios and Test Cases.
* Experience in UAT testing and maintaining tests.
* Experience running SQL queries for data validation and comparison to perform back end testing.
* Experience working with HIPAA EDI 837 transactions which include both 4010A1 and 5010 versions.
* Knowledge and understanding of MITA network.
* Tested the HIPAA EDI transactions 834, 837/835, 276/277, 270/271 according to the requirement test scenarios.
* Experience with TriZetto Facets Application Groups: Claims Processing, Guided Benefit Configuration, Medical Plan, Provider, Subscriber/Member, Utilization Management. Strong Knowledge and working experience on ICD-9 and ICD-10 conversion and expertise in forward and backward mapping using GEM.
* Worked extensively on Claims and have a good understanding of COB, EOB and EOP.
* Excellent team player with strong written, communication, interpersonal and analytical skills.
* Experience leading team to meet deadlines and goals set by clients.

TECHNICAL SKILLS:

Business Modelling Tools Microsoft Visio, MS Project, SharePoint

Testing tools: ALM, HPQC, QTP, Clear Quest,PEGA and JIRA Rational Clear Quest, FACETS, PCPR, Zephyr, EMR , EHR, SOAP UI

Database: MS Access, SQL-Server, Oracle, TERADATA Oracle 11g/10g/9i/8i, SQL Server 2008/2005, DB2, MS Access

Language C, C++, SQL, Java, XML, XML Schema

WORK EXPERIENCE:

**Molina Health Care, Arlington, VA                                       Jan 2015 to July 2016**

**QA Analyst**

Working with Molina Healthcare, which is upgrading an existing EDI system, to use for dual Purposes-

First, this system is used as a National HIPAA 5010 EDI testing tool and for 5010 test data generating, typically for Medicare, Medicaid or Commercial Payer HIPAA 5010 Projects or HIPAA Training. The second: Use is for an affordable 5010 desk-top solution for Providers.

Responsibilities:

* Created test cases and maintained test coverage, Conducting business validations, covering the following deliverables: FACETS Providers, Facets Claims and Facets Membership and Operational reports
* Responsible for working with the Plan to review and modify process flows to increase productivity and effectively utilize FACETS features not provided by the legacy systems.
* Wrote test cases , test plans for EHR , EMR Interfaces.
* Validated Patient health records in EMR , EHR medical interfaces and done regression testing of application.
* Tested HTTP Response and added assertions to validate HTTP Response.
* Good Understanding of the EDI (Electronic data interchange), Implementation and Knowledge of HIPAA code sets.
* Involved in Up-gradation of HIPAA X12 4010 transactions to HIPAA X12 5010 and ICD-9-CM to ICD 10
* Tested Restful API Web services using SOAP UI Pro tool.
* Experience testing medical device software for approval from FDA.
* Worked on HIPAA Transactions and Code Sets Standards according to the test scenarios such as 270/271transactions.
* Validated User Acceptance Test cases UAT.
* Performed UAT in all versions of application.
* Tested HL7 interfaces for exchange , integration , sharing and retrieval of Electronic Health Information.
* Managed Test flow and Test scripts using Zephyr Test management tool.
* Utilized survey assessment results of ICD 10 to create listing constraints, processes, projects and systems, applications and vendor software to be impacted by the ICD 10 Conversion Project.
* Involved in Facets Implementation, end-to-end testing of FACETS Enrollment Claim Processing and Subscriber/Member module
* Involved in backend testing for the front end of the application using SQL Queries in Teradata data base.
* Set claim processing data for different Facets Module.
* Participated in Web Services Testing using SOAP UI.
* Tested the interface between database and the application.
* Responsible for writing the Test Cases and Test Scenarios based on the Functional Specification and technical Specification and documented in Mercury Quality Center.
* Authored and executed Test cases for Claims and Customer Service Workflow by manually.
* Logged the errors, reported defects, determined repair priorities and tracked the defects until resolution using HP Quality Center
* Maintained various versions of Test Scripts
* Provide backup and recovery strategies for DB2 LUW on TSM
* Worked on uploading all the Test cases to the Quality Center for the current and prior releases.
* Performed Sanity Testing and Smoke Testing
* Extensive use of SQL to test within Facets core system, on Oracle, SQL and Sybase platforms.
* Performed Backend testing by writing SQL validation queries in Toad against the database.
* Checked the data flow from front end to backend and used SQL queries to extract the data from the database
* Investigating software bugs and reporting to the developers using Quality Center Defect Module
* Analyzed system requirements and developed detailed test plan for testing
* Tracked and reported defects using Quality Center.
* Generated defect reports using Quality Center for the developers.

 Environment: Windows 7, HL7 Interfaces,Quality Centre, Facets ,PEGA, Java, Zephyr,SOAP UI, SQL Advantage, Teradata, UAT

### BCBS , Chicago, IL May2013-Dec 2014

### QA ANALYST

BCBS Inc used FACETS for managing and processing healthcare claims. This application helps its Membership and Claims Management Information Tracking System, Finance and Utilization management System modules. As a, QA Analyst, I was involved in various kinds of testing of the FACETS application modules like Enrollment, Membership and Claims.

Responsibilities:

* Reviewed the Business requirement, Functional Design Documents, Technical Specification documents, to develop Test Cases for FACETS.
* Tested Medical software like EHR, EMR used for validating devices.
* Tested Medical devices for tracking information for FDA approval.
* Validated Medical software’s like EMR for patients records and analysis of patient data.
* Analyzed system requirements and developed detailed Test Plan.
* Involved in FACETS Implementation, involved end to end testing of FACETS Billing, Claim Processing and Subscriber/Member module.
* Test Soap web services, WSDL file , using SOAP UI Pro.
* Performed UAT on various versions of and functionalities of application.
* Maintained Test scripts and managed test cases in Zephyr Management tool.
* Involved in Data Extraction from Teradata and Flat Files using sql assistant.
* Implemented manual testing of a web-based application and tested different modules on Facets.
* Conducted Functionality, Security, Testing Manually.
* Performed HL7 Testing of interfaces for integration of information system.
* Involved in Back-End Testing to check database integrity by writing SQL queries.
* Performed Smoke, Functional, Regression, Positive, negative and Integration testing.
* Tested HIPAA regulations in FACETS HIPAA privacy module.
* Wrote test cases in Quality center derived from the Design documents and generated a Traceability Matrix for testing purposes.
* Recorded scripts in QTP to perform Functionality testing.
* Created Traceability Matrix to ensure implementation of all functionalities, identify all test conditions and test data needs.
* Perform Functionality, Security, UAT and Regression Testing for 2 different modules of Humana web application.
* Involved in UAT testing during the project.
* Responsibilities included design and QA testing of .Net Application
* Used Quality Center to record documenting information useful in debugging process, evaluating test data.
* Logging of defects in Quality center to maintain test requirement and to communicate the Bugs with the Developers.
* Executed automated test case and scripts using QTP for the Front-end-applications and analyzed the results.
* Developed SQL scripts to supplement the ETL process and to verify on final target data.
* Participated in release meetings and also participate in Retrospective session.

### Environment: Oracle, Quality Center, HL7,Zephyr,QTP, JAVA, SOAP UIPEGA,.NET, FACETS, MS Office Suite, SQL, Teradata, UAT, EMR

**Cardinal Health Inc. Dublin, OH Sept 2011 – Mar 2013**

**Quality Analyst**

Cardinal Health is a leading provider of products, services, and technologies supporting the healthcare industry. The Medi Pharma online service was designed to deliver refill medication to follow-up, disabled, and elderly patients at their homes without the necessity to visit the physician. I was involved in implementing HIPAA EDI transactions in the application; also involved in modules: Pre-pricing claims, Claims Adjudication, Claims Payment, Coordination of Benefits (COB) and Adjustments

Responsibilities:

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* Prepared test cases on each scenarios based on the Design and Functionality Specification Documents for FACETS.
* Reported bugs for Medical device software through Zephyr test management tool.
* Worked with physician practice EMR software , health plan quality software.
* Enhanced the Test Scripts by adding Check Points in QTP.
* Performed data driven test for multiple scenarios with different sets of data using internal and external data sources.
* Performed HL7 interface testing in retrieval and integration of information in health sciences.
* Performed UAT on medi pharma application functionalities.
* Tested Claim processing through FACETS Framework.
* Extensively worked on FACETS application testing.
* Performed GUI testing and Functionality testing manually.
* Created and maintained SQL Scripts to perform back-end testing on the oracle database.
* Wrote complex SQL queries to perform the Back End Testing of the Oracle database using PL/SQL and UNIX shell commands.
* Performed Security Testing on the application
* Extensively worked in ANSI X12270-271 EDI Transaction and validate the date from EDI transaction.
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets or Internet portals. This includes HIPAA 4010; 837, 835.
* Documented the test results and reported the status of assigned test tasks and issues to project QA Lead.
* Extensively used SQL statements to query the Oracle Database for Data Validation and Data Integrity.
* Executed test cases found errors reported defects, determined repair priorities, did regression testing and closed by using Mercury Quality Center.
* Categorized bugs based on the severity and interacted with developers to resolve them.
* Responsible for performing various types of process evaluations during each phase of the software development life cycle, including audit, review, walk through and hands on system testing.
* Extensively used Microsoft Office Suite of products for documentation and data interpretation.

Environment: QTP, SQL,Zephyr,HL7 Windows XP,PEGA,UNIX, EMR,XML,FACETS, Mercury Quality Center, Internet explorer, Windows, MS Office, UAT.

**MVP Health Care, Rochester, NY July 2009 to Jun 2011**

**QA ANALYST**

MVP Health Care offers a variety of insurance products to all segments of the population, including large employer groups, small businesses and individuals. The scope of Provider Portal project was to enhance application for the business users related to the professional claims, facility claims, and customization of EDI 837/835 depending on business user requirements. Testing involved in modules such as Submitting and Managing claims, Claim Inquiry, verifying client's eligibility and Managed care.   
 Responsibilities:

* Followed SCRUM methodology and attended daily scrum meetings to get an update on defect fix. Reviewed Technical specifications, and Data design documents for data changes.
* Performed UAT on various functionalities of application’s portal.
* Tested Medical Record softwares like SAMD, EMR , EHR for health care needs.
* Worked on Regression testing of Medical Device softwares for FDA approval.
* Worked on modules related to Claims, Providers, & Contracts and worked with Claims attributes, Provider attributes, enabling EOB & Remittance rules associated with Provider configuration process in FACETS.
* Performed HL7 interface testing in application.
* Tested web services/XML Schema/HTTP response using SOAP UI Pro.
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets or Internet portals.   
  Involved in testing HIPAA EDI Transactions and mainly focused on 837 and 835.
* Validating functionalities and layouts of interfaces such complex as: claim entry and case record screens.   
  Worked on various EDI X12 transaction sets such as 270/271.
* Prepared test cases for Healthcare Eligibility Benefit Inquiry and Response.
* Involved in Processing 837 Healthcare Claims (Institutional and Professional) and 276 Health Care Claim Status request.
* Validated Healthcare claim status request and response reports in PEGA system.
* Tested various functionality like Membership& Eligibility, Claims Processing and Payment, Provider credentialing and Benefits Packages in Facets.
* Developed Test Strategy, Test Plans, and Test Cases based on requirements, technical and design specifications.
* Used descriptive programming to overcome some object identification issues.
* Reviewed existing QTP Test Scripts, and modified as required for new changes.
* Involved in code change control process, configuration management, and release management.
* Used Quality Center for Test Case development and test execution status tracking.
* Populated projects in Quality Center with requirements, test cases, automation scripts and defects.
* Categorized bugs based on the severity and interacted with developers to resolve them.
* Worked with Business Analyst in UAT testing and involved in testing in Production region.
* Used Quality Center for defect reporting and tracking, and generated documents and reports for further analysis.
* Extensively used SQL statements to query the Oracle Database for Data Validation and Data Integrity.
* Coordinated with Client for all QA Testing tasks, activities and test status.

Environment: Quick Test Pro,HL7, EMR, EHR Quality Center,PEGA,UAT, MS SQL Server 2005, Zephyr,Windows 2000, Facets

Education:

Bachelor’s in Technology Engineering,India