**Manish Maharjan**

**Career Objective:**

The vast experience, immense knowledge of Quality Assurance Testing throughout the Software Development Lifecycle (SDLC) with thorough knowledge of SQL. Extensive experience as a Quality Assurance Analyst with expertise in Testing with excellent functional knowledge on the micro and macro level objectives of the project. I am a dedicated worker and efficient team player with good communication skills and experience in handling diverse clients in different time zones.

**Professional Summary:**

* Experienced in analyzing business and system requirements, managing the development of specifications to create and execute detailed test plans, and verify bug fixes.
* Configured test environment and create strategy for product development and certification, assured test data and scheduled manual tests, approved results documentation and tracking systems updates.
* Supervise development of SQL-queries/procedures for database and backend testing.
* Thorough understanding of HIPAA standards, compliance issues, privacy policy, opts in/opt out policy.
* 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.
* Good working knowledge with XML.
* 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 ALM, Quality Centre, Clear Quest and Load Runner.
* Experience with both Web-Based and Client-Server applications in various environments.
* 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.
* Good Knowledge of Web Service Testing using Soap UI.
* Use Clear Quest for repository, reporting and tracking bugs, and providing updates on resolved bugs.
* Determined testing requirements developed and reviewed scripts for positive and negative test scenarios, conducted baseline testing, and generated reports. Tested server and Web Portal.
* Analyzed application, system, and security errors. Escalated issues to developers and verified fixes.  
  Designed test plans and defined cases for functional, integration system, and user acceptance testing.
* Interacted with developers, system engineers, and testing teams to identify applications defects

**Technical Skills:**

•Testing Tools: HP ALM/Quality Center, Test Director, Test Partner, Win Runner, Load Runner, Bug Tracker

• Languages: SQL, XML, HTML, CSS, Java, Python, C

• Databases: Oracle, MySQL, MS Access

• Software Application: Microsoft Office Suite, Word, Excel, PowerPoint, Visio, MS Project, Access

• Operating Systems: Windows XP, Windows 8, Windows 10, Mac OS X, Linux

•SQA Testing & Methodologies, Test Plans, Test Cases & Processes

• UI Testing, Regression & Negative Testing, Performance/Load/Stress Testing, Black Box Testing, White Box Testing, Alpha Testing, Beta Testing

• Defect/Bug Tracking, Test Strategies & Coverages

• QA Standards

**Professional Experience:**

**Quote to Bill, Washington, DC**

**QA Analyst**

**Aug 2015- Present**

The quote to bill engagement replaces and improves upon two current quoting systems – Broker Express and PC Rate Quote. The new system will be a unifying application with a centralized, enterprise architecture-based scalable system providing end-to-end workflow supporting quotes, proposals, new business, renewals, benefit changes (on- or off-cycle) and migration and account installation. The new system will support appropriate integration with FACETS, supporting all authorized users through a Web browser.

**Responsibilities:**

* Reviewed and Analyzed, Business, System and Technical requirements of the application.
* Developed and Executed Test Plan, Test Scripts and Test Cases for the application based on the requirements.
* Involved in writing SQL queries, executing them, and performing Back End Testing.
* Involved in Test Planning, Test Schedule Management, Reporting, and Test Data gathering.
* Understood the Business Process that included Sales processes, Rating methodology, different Products, Group Renewals and Enrollment process in Facets.
* Performed Smoke Testing, End-to-End Functionality Testing, Back end Testing, Regression Testing, Integration Testing and User Acceptance Testing (UAT),
* Designed and Documented Test Procedures, Test Requirements, Test Scenarios and Test Cases for End-to-End functionality testing.
* Extensively involved in testing Facets Member/Subscriber, Billing modules.
* Involved in testing Facets for Group Information, Enrolling Subscribers, adding members, Related Entities, Class/Plan definition, Premium Rate Tables and all.
* Involved in Design, Execution and updating of Test Cases for Functionality testing.
* Conducted Regression test for fixes and enhancements 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.
* 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.
* Used Quality Center as test management tool for defect tracking and test case execution.
* Used Quality Center 9.0 for defect tracking and maintained the trailing history of the bugs.
* Prepared Traceability matrix, bug matrices, weekly and daily status reports and sent to management.
* Interacted with Development Team to fix the defects raised during the testing period.

**Environment:** PEGA PRPC, Facets, Quality Center, Web services, SQL server, crystal reports, Reporting services, MS office Suite, MS Project.

**UNICARE, Chicago, IL**

**QA Analyst**

**Jan 2014- July 2015**

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.

**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, MS Project, Quality Center, UML, DB2, MS Visio, Toad, SOAP UI, UNIX.

**Resident Health Care, Dallas, TX**

**QA Analyst**

**July 2012- Dec 2013**

This project involved development of schemas as well as customization of User interface in Java Language for HIPAA ANSI x12 transactions 837,835, 834. It also involved development of migration from Diamond software to Facets 3.11 including configurations, claims auto adjudication scope and definitions, financial transactions ID cards, Membership, and Enrollment. EDI 835, 837I, P, and proprietary conversions utilizing Facets extensions and development of new scripts and extensions to meet proprietary origination formats and reformat them into HIPAA standardized formats.

**Responsibilities:**   
• Reviewed Business Requirements with Project Manager and Lead Developer to learn the functionality of the application.   
• Designed, developed, tested and deployed Accounts Receivable Universe.   
• Wrote and formulating detailed Test Plan after analyzing business rationale and software requirement artifacts.   
• Good experience on various HIPAA transaction set numbers 834 (Benefit Enrollment and Maintenance) 835 (Health Care Claim Payment/Advice) 837 (Health care claim Dental).

• Developed strategy for implementing Row-level security utilizing the feature of Oracle Policies.   
• Validate EDI Claim Process according to HIPAA 5010 compliance.   
• Work with developers to test the fixed defects.   
• Reviewed files that were in CSV format for checking data consistency.   
• Worked on Facets Applications for Claim Submission and Response.   
• Defined, analyzed, designed, created, tested and maintained several systems to interface with Facets health care management software.   
• Exposed to most Facets interface systems, including 837 Claim Routing, 835 Remittance, payment, and 834 Membership.   
• Performed Manual Testing of the application which involves accounting of various customer accounts using numerous test scripts.   
• Wrote SQL queries to test the application for data integrity, verified the contents of the data table and performed thorough Back End Testing.   
• Defined and created classes, objects, conditions, user and measure objects to capture complex formulae   
• Managed user accounts and security using Business Objects Supervisor.   
• Captured the information from the financials universe and included the functionality in the new universe   
• Used MTM for tracking and reporting defects found during the functional and regression testing and followed up on the bug life cycle.   
• Logged errors reported defects, determined repair priorities, did regression testing and close by using MTM.   
**Environment:** Agile, FACETS, Microsoft Test Manager, UAT, JavaScript, HTML, XML, HIPAA, EDI, MS Office, Windows XP/2000, Java/J2EE.

**Aetna Health Insurance, Linthicum, MD**

**QA Analyst**

**Jan 2011- June 2012**

As a QA Analyst in the Aetna claim system project I was Involved in FACETS Implementation Testing, involving end to end testing of FACETS Claim Processing and Subscriber/Member module.

**Responsibilities:**   
• Set claim processing data for different Facets Module.   
• Tested Subscribers/Providers and claims in Facets.   
• System Integration testing for Facets core modules with external systems.   
• Data mocking for different Claim file formats.   
• Participated in developing and implementing End-End testing.   
• Tested the GUI / User Interface of the Web applications.

• Wrote SQL queries and performed Back End Testing.  
• Participation in requirement / Use Case analysis, risk analysis and configuration management.   
• Tested the Membership and claims files (XML) in Facets.   
• Transactions focused on were 834 and 837.   
• Validated the reports and files according to HIPAA X12 enforced standards.   
• Involved in testing HIPAA 5010 EDI Transactions and mainly focused on Enrollment and Claims.   
• Tested the subscriber and Member enrollment in association with class, plan and product.   
• Tested the Registration process of common practitioner in Facets and validated the fields (Medicare or Medicaid billing number, License and DEA number).   
• Tested the Network, Network area, Network group in Facets.   
• Performed Manual Testing using Microsoft TFS and User Acceptance Testing (UAT).   
• 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 5010 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.   
• Monitoring the defect life cycle, generating customized graphs and reports for the client.   
• Record documenting information useful in debugging process, evaluating test data including reporting and tracking bug and generating reports.

**Environment:** Agile, FACETS, UAT, HTML, XML, HIPAA, EDI, MS Office, Windows XP/2000, Java/J2EE.