**Manoj goud chirag**

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**571-295-5248**

**OBJECTIVE**

Around 7 years of experience as Quality Assurance Engineer. Vast knowledge of Software Development Life Cycle & its methodologies, expert in Quality Assurance testing in backend, UI and Client/Server applications using manual and automation tools.

**CARER SUMMARY**

* Around 7 years of experience as Quality Assurance Engineer.
* Expert in Agile/Scrum and Waterfall testing lifecycle Methodologies
* Expertise in Healthcare billing with attention to billing levels, cycles, fee’s, discounts, volume, rating and other features.
* Exposure to Six Sigma and Value Management process.
* Experience in testing various application related domains like– Healthcare and Logistics.
* Experience in documenting and testing the Obama Care and other EDI’s like 834, 835, 270/271, 277, 837
* Good understanding of the applications on Windows, UNIX and Linux environment.
* Detailed knowledge of Software Development Life Cycle (SDLC) with emphasis on the Waterfall, Kanban and Agile Methodology.
* Experienced in various Healthcare areas like Enrollment, Benefits, Claims, Medicare, and implementation of HIPAA key EDI (ANSI X12) transactions.
* Experienced to Validate EDI 837 claim billing (professional, institutional and dental claims) &835 (remittance advice or payment) claims adjudications.
* Experienced in testing HealthCare clinical (Clinical workflows/Insurance billing) and Client-Server applications on different environments.
* Worked in all phases of Software Testing Life Cycle (STLC).
* Skilled in reviewing and creating project related documents like BRD, FRD, Use case and UML Diagram.
* Have a good understanding of various SDLC for Business and Quality analysis Methodologies. Identified gaps and developed improvement projects.
* Experienced in Creating BRD’s, FRD’s, TDD’s, Test Strategy, Test Processes, Test Plans, Test Cases, Test Scripts, Test Scenarios and Test Reports.

**TECHNICAL SKILLS**

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| **Defect Tracking** | ALM, Quality Center (Test Director), Bugzilla, Rational Clear Quest |
| **Languages** | SQL, Visual Basic, VBScript, TFS, Facets, Java, .Net |
| **Platforms** | Windows, UNIX, LINUX |
| **Database** | Oracle, MS Access, SQL Server, MySQL |
| **Browsers** | IE, Mozilla Firefox, Google Chrome, Safari, Dolphin, Puffin, Mercury |
| **Web Technologies** | HTML, XML, HTTP, SOAP, Web Services |

**CAREER EXPERIENCE:**

**Kaiser Permanente, Falls Church, VA Sept 2015- July 2017**

**QA Analyst**

**Responsibilities:**

* Worked with Business Analyst and reviewing and analyzing the business requirements Documents and functional requirements. Imported preexisting Microsoft Word and Excel-based requirements and tests for analysis in Quality Center.
* Prepared Test Cases based on business requirements and business rules for HIPPA EDI Transaction 834, 276/277, 270/271, 837/835. Tested all HIPAA transactions for multi-version support and validating the database to file elements.
* Performed extensive UAT and documented the errors and reported them to the developers.
* Created test scripts for Security, Positive, Negative and System Integration Testing (SIT).
* Designed and developed use case and test-case scenarios, conducted root-cause analysis, GAP analysis, developed test plans and conducted System Integration testing (SIT), user acceptance testing (UAT).
* Was involved in configuration and evaluating the impact of proposed changes in rules and regulations.
* Set claim processing data for different Facets Module.
* 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.
* Performed Positive and Negative Testing Manually
* Actively participated in walkthroughs and enhancement meetings
* Maintained Test Matrix and Requirement Traceability Matrix
* Performed Gap Analysis. Performed Security Testing on the application
* Experiences working in ANSI x12 837-835 EDI Transaction.
* Validate the date from EDI transaction. Tested the HIPPA EDI 834, 270/271, 276/277, 837/835 transactions according to test scenarios and verify the data on different modules.

**CNSI/State of MD, Baltimore, MD               March 2013- Aug 2015**

**QA Analyst**

**Responsibilities:**

* Reviewed the Business requirement, Functional Design Documents and Technical Specification documents
* Created Test Cases and Test data after analyzing the BRD
* Performed Functional and GUI testing on Facets Billing, Customer service and Enrolment application under Facets.
* Expertise in Bug reporting tools such as Test Director and Quality Center.
* Did requirement gathering and testing of consumer web portal for the enrollment of Medicare members.
* Validated Load Receipt functionality, Cash Receipt functionality, Group Invoice functionality, and Policy Details extract functionality
* Logged of defects in Quality Center to maintain Test requirements and to communicate the bugs with the Developers.
* Performed Backend testing by writing SQL validation queries in Oracle Toad against the database.
* Validated records, structure of tables, Indexes, Triggers in tables after migration.
* Identified the requirements for accommodating HIPAA standards for 837P transactions and captured these requirements to develop new GUI for the internet based application.
* Extensively worked with EDI transactions such as 837 following the HIPAA compliance EDI standard format of X12
* Executed Performance test procedures to check to time span
* Validated member’s benefits against the benefits matrix

**Wisconsin Health Insurance, Madison, WI June 2010 – Feb 2013**

**Quality Analyst**

**Responsibilities:**

* Tested data and processes through running and scripts using IBM’s Rational Test Manager.
* Analyzed the business requirements and functional requirements to identify test scenarios
* Developed and managed the formal Agile Methodology which includes Configuration Management, Requirements Management, Agile Manifesto, Lean Development
* Created 837 I & P X12 files Electronic and Paper claims for test data
* Viewed, edited and modified 837 transactions to fit testing scenarios.
* Requested the batch jobs to load the claims to the Facets
* Worked on FACETS Claims Payment and Adjustments (Up adjusted and down adjusted)
* Experienced in Claim Processing such as Submission, Claims inquiry, Remittance, Explanation of Benefits, Discounts, Adjustment, Accumulators, Interest calculations, Split payment, Finalization, COB.
* Tested ICD 10-Diagnosis and Procedural Codes along with CPT and HCPCS codes in Medicare
* Developed the test cases as per the HIPAA regulations (270, 271, 275, 276, 278, 834, and 837)
* Worked on System Testing (functional Testing) of NYS 837I (Institutional Claims and NYS 820 Medicaid Premium Payment).
* Created new and modified existing jobs (Proc) and JCL for test run of application on Mainframe using TSO/ISPF, DB2, and IMS (DB).
* Created Access cross tab by implementing SQL queries
* Created SQL to test source to target data warehouse transforms, using TOAD.
* Verified and modified subscriber/ member’s plan, product and subgroups for eligibility
* Terminated subscribers/members from Facets front end to match the test scenarios
* Developed Test cases from business use cases, Test data and test scripts for testing
* Worked with Medicaid and Medicare claims
* Tracked and reported defects using Quality Center.
* Designed and developed use case and test-case scenarios, conducted root-cause analysis, GAP analysis, developed test plans and conducted System Integration testing (SIT), user acceptance testing (UAT).
* Created test scripts for Security, Positive, Negative and User Acceptance Testing (UAT)
* Was involved in User Acceptance Testing (UAT) for different modules.