**CAREER SUMMARY:**

* With 7+ Years of IT Experienced in Prepared documentation such as business requirements and functional specifications based on business needs and used the information to develop detailed comprehensive test strategies to verify system changes to meet the needs of the client.
* Strong diversified knowledge in Healthcare businesses.
* Experienced in developing Test Plans and Test Cases for different types of software testing.
* Extensive knowledge of SDLC (Software Development Life Cycle) methodologies.
* Experienced in Software Development Life Cycle (SDLC) and Project Life Cycle specialized in Healthcare domain with prime focus on **Claims** adjudication, billing, provider, eligibility and prior authorization for Medicare, **Medicaid** and Blue Programs.
* Good experience working on **Claim Test Pro of Facets**
* Experience in API testing (Application Programming Interface Testing) and **Service Oriented Architectures Testing (SOA)**
* Experienced in various types of testing including Sanity Testing, Smoke Testing, Functionality Testing, Performance Testing, Volume Testing, Unit Testing, Integrated Testing, System Testing, Positive and Negative Testing, Security Testing and Regression Testing of, Web Based and Client-Server applications
* Good experience working with **Claims** Processing, Subscriber/Member enrollment, Billing and Provider applications in **FACETS**.
* Performed Back End Testing by executing **SQL** queries.
* Experience in working with different modules of Quality Center such as Requirements, BPT, Test Plan, Test Lab and Defects.
* Involved in maintaining Test Matrix and Traceability Matrix and performed Gap Analysis
* Performed User Acceptance Testing (UAT) manually.
* Participated in design walkthroughs and verified QC Test Scripts and results.
* Tracked and reported on test execution.
* Good Documentation and Process Management skills with an ability to effectively understand the business requirements to develop a quality product.
* Assisted the Project Manager Plan, Coordinate, and Monitor project levels of performance and activities to ensure project completion.
* Excellent project planning, design and management skills.
* Excellent analytical, problem solving, presentation, and interpersonal skills.

**TECHNICAL SKILLS:**

|  |  |
| --- | --- |
| TESTING TOOLS | **ALM/Quality Center, QTP**, **SOAPUI** |
| BUG REPORTING | Quality Center, CQTM |
| REQUIREMENTMGMT TOOLS | CaliberRM, Rational Requisite Pro |
| PROGRAMMING LANGUAGES | **SQL**, TSL (Test Script Language), VB Script |
| RDBMS | Oracle, MS Access, My **SQL, DB2** |
| OFFICE SOFTWARE | MS Office (Outlook, Word, Excel, PowerPoint) |
| OPERATING SYSTEM | Windows 95/98/XP/2000/VISTA/2007, UNIX/LINUX |
| WEB TECHNOLOGIES | J2EE, JAVA, HTML, XML,.NET, ASP.NET, HTML, BEA WEBLOGIC, BEA WEBLOGIC PORTAL FRAMEWORK |

**PROFESSIONAL EXPERIENCE:**

***CareFirst, Owing Mills MD Oct 13 – Present***

***QA Analyst***

**CareFirst, Inc.** is the not-for-profit, non-stock, parent company of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc., affiliates that do business as CareFirst BlueCross BlueShield. CareFirst, Inc. is governed by a Board of Directors and special statutes regulating its business in Maryland, the District of Columbia, and Northern Virginia.

Worked on **Claims** management system - HIPPA compliant all pay or **claims** management system with a very intuitive GUI. It supports the receipt of **claims** status from payers in text reports, U277 (Unsolicited 277) and S277 formats.

**Responsibilities:**

* Responsible for testing the Navigation Flow, Functionality Testing, System Testing and User Acceptance Testing.
* Interacted with business analysts to gather the requirements for business and performance testing.
* Executing **SQL** Queries  for the reports before mass and after mass reports to check for **Claims** routing
* Have good exposure to modern Agile methodologies such as SCRUM and TDD.
* Prepared Test Data and executed Test Cases from Quality Center.
* Prepared test data and helped load test data into the test database environment.
* Principles in an agile or test driven methodology environment.
* Involved in the full HIPAA compliance lifecycle from GAP analysis, mapping, implementation, and testing for processing of **Medicaid Claims**. Worked on EDI transactions: 270, 271, 834, 835, and 837 (P.I.D) to identify key data set elements for designated record set
* Performed **SoapUI** Validation in the response **XML** file using different assertion conditions Contains, Xpath etc
* Involved in reviewing complex SQL queries, views, functions and stored procedures and spotting issues
* Performed functional testing of the **web services (SOAP)** using the **Soap UI**.
* Performed EDI Transactions in HIPAA Validation
* Created and maintained **SQL** Scripts to perform back-end testing on the oracle database.
* Reviewed extensive **SQL** Queries with complex multi-table joins and nested queries.
* Involved in reviewing complex **SQL** queries, views, functions and stored procedures and spotting issues before/during code migration.
* Created Host **Claims** in Medical Claim Processing (camps) and Hospital Claim
* Performed Regression testing on **Claims** Processing using QTP
* Performed backend testing for data validation using **SQL** Queries.
* Used Claim Test Pro to perform a **claims** payment system upgrade to a newer release
* Performed wide range of **Claims** testing scenarios in order to insure proper configuration and **Claims** payments
* Worked intensively with Medicare &**Medicaidclaims** processing for 5010 X12 transactions
* Performed rigorous manual testing such Functional Testing, Smoke testing, Integration testing, UAT Testing, Backend Testing, Regression Testing, End to End Testing and System Testing
* Used **Claim Test Pro** for processing **claims**.
* Worked on **Claim Test Pro** of Facets for project tracking and for reporting progress.
* Performed Manual Testing in **Claims** and Billing modules on Data Warehouse and executing scripts
* Reviewed extensive **SQL** Queries with complex multi-table joins and nested queries.
* Used **Claim Test Pro** to prepare the test data for testing purpose
* Extensively performed manual testing and defect reporting using Quality Center.
* Reported issues in claim testing to the analyst
* Assisted in developing test plans for testing the functionality, GUI, and security.
* Performed manual testing, considering the base line of developed test plan and test cases considering both positive and negative scenarios
* Understand and develop Web Services test strategy for different services as part of SOA
* Test scenario identification and alignment to service oriented architecture implemented within organization
* Created different pricing rules and verified whether the adjudication system is using the rules while adjudicating the **Claims**

**Environments:** Java, J2EE, HTML, Rational Requisite Pro, **Claims Test Pro**, Oracle, MS **SQL** Server, HTML, XML, DB2, MS Share Point, QTP, Quality Center

***Molina HealthCare Inc., Boise, ID Aug 11 – Aug 13***

***QA Analyst***

Molina Healthcare has grown into one of the leaders in providing quality healthcare for financially vulnerable individuals and families. Currently, Molina Healthcare arranges for the delivery of healthcare services or offers health information management solutions for nearly 4.3 million individuals and families who receive their care through **Medicaid**, Medicare and other government funded programs in 16 states

**Project:** Worked as a QA Analyst for **QNXT** Application

**Responsibilities:**

* Reviewed MITA Business process documents, Functional and Technical Specification.
* Documented the test case corresponding to the business rules.
* Involved in writing and executing the test cases in the Quality Center.
* Extensively involved in System testing, Functional, Integrating Testing, Manual Testing, UAT testing and DR Environment testing.
* Extensively involved in Member, Provider and **claims** testing in **QNXT** application
* Validating the 4010 and 5010 EDI 834.837 I, 837 P, and 835 data in the **QNXT** Application.
* Creating test files for both 4010 and 5010 EDI 834,837 Institutional, 837 Professional **claims** X12 files as per the business scenarios.
* Performed End to End testing for the member, provider and **claims** modules as per the MITA business process.
* Extensively involved in testing the Web Based Application for provider, member, **claims** and reports.
* Involved in testing the Workflow application for provider and member modules.
* Involved in validating the remittance advice reports.
* Tested the enhanced **QNXT**, evaluating **claims** adjudication needs and creating HIPAA-compliant business rule configurations.
* Performed end to end testing for the 4010 and 5010 EDI 834.837 I, 837 P, \and 835 files and validated as per the business scenarios.
* Performed testing for Medicare, **Medicaid** and X-Over **claims** for **Medicaid** Management Information System (MMIS)
* Extensively involved in testing the Provider and Member interfaces files
* Extensively involved in doing Conversion and parallel testing for Provider, **Claims** and Member modules.
* Involved in testing the Provider, Member, **Claims** module letters.
* Extensively involved in writing the **SQL** queries to verify the data in the **QNXT** and online portal databases.
* Assisted UAT testers by providing data for their test scenarios by writing **SQL** queries against **QNXT** data base
* Reported the defects using the Clear quest and Quality Center defect tracking tool and send email notification to the developers.
* Involved in QA Daily status meetings to resolve the issues and had good coordination with Other Teams.
* Extensively involved in validating the actual results and reporting the incidents to the Team Lead.

**Environment: QNXT**, Microsoft Excel, Quality Center, QTP, DB2, MS Office, Oracle, MS **SQL** Server, etc.

***AMN Healthcare, Quincy, MA May 10 - June 11***

***QA Analyst***

The system provides self-service options allowing the clients (Physicians, Payers, Pharmacies, and Medical laboratories) to manage many Payer transactions in real time. The system is composed of five modules that help the client Check Patient Eligibility, Submit new **Claims** and Retrieve Reports, Check **Claims** status, Make Referrals Requests, and Make Referral Inquiries.

**Responsibilities:**

* Reviewed Business Requirement Documents and Technical Specifications.
* Involved in Functional and UAT Test plan and Test cases for manual and automated testing from the business requirements to match the project's initiatives.
* Understood and reviewed Gap analysis of EDI 4010 to 5010 format to perform functional testing of conversion from 4010 to 5010 format as per the implementation guide
* Used **Claim Test Pro** to create comprehensive set of test suites across various claims processing scenarios
* Leverage **Claim Test Pro** to enable testing multitude of provider reimbursement scenarios
* Created and executed Automated Test Cases from Quality Center
* Tested EDI formats for the healthcare benefit eligibility inquire/response (270/271), health care claim payment (835) and health care claim (837) for structure and content.
* Created test cases and verified, analyzed and documented the test results against the expected results prepared as per the user requirement.
* Worked intensively with Medicare &**Medicaidclaims** processing for 5010 X12 transactions.
* Executing test cases, identified products issues, wrote detailed bug reports and participated in bug review during the product development stages.
* Maintained the test logs, test reports, test issues, defect tracking using Quality Center.
* Created and reviewed data flow diagrams/ activity diagrams displaying all major actors in the claim management system regarding HIPAA, EDI provider claim transactions, and clarified all system use cases / activity diagrams regarding claim submission and providers to come up with Test plans.
* Developed a UAT (User acceptance Testing) plan to guide a select group of key end-users in testing the user interface and functionality of the application.
* Actively involved in User Acceptance Testing.

**Environment:** Quality Center, Facets System,MS **SQL** Server, Java, J2EE, Service Oriented Architectures (SOA), MS **SQL** Server

***Geisinger Health System, Danville, PA Jun 08 – Apr 10***

***SQA Tester***

Geisinger Health Systems, a physician-led healthcare provider in the northeastern and central Pennsylvania region, wanted to develop a clinical data repository (CDR) system to allow the researchers of its Weis Research Center to perform data mining for internal research purposes. The project also involved in designing a streamlined process for **Claims** Processing and Payments.

**Responsibilities:**

* Participated in setting up testing environment.
* Involved in reviewing and enhancing the codes for applications.
* Involved in decision making to launch new builds.
* Prepared Test Plans and Test Cases based on the functional requirements and **HIPAA regulations.**
* Wrote test cases for Endorsements, Cancellations and Reinstatements.
* Participated in the management of testing project with the help of Win Runner.
* Performed Manual Testing to check the usability of the application.
* Executed **Configuration Testing** to check if the application was compatible in different environment for each module of the application.
* Performed GUI regression testing using Win Runner.
* Set claim processing data for different **FACETS** Module.
* Tested HIPAA regulations in **FACETS** HIPAA privacy module.
* Performed Data Driven Testing using Win Runner by inserting different values manually.
* Worked with Functions and Library Files in Win Runner.
* Conducted Back-End Testing manually for the purpose of Database Integrity.
* Defect tracking and bug reporting using Quality Center.
* Conducted result analysis and interacted with developers to resolve bugs.
* Interacted with developers, business analysts and discussed technical problems and reported bugs.
* Met with the developers and technical content writers on a daily basis to update the test documents

**Environment:**Windows, Oracle, UNIX, Win Runner, Quality Center, FACTES, HIPAA regulations.

**EDUCATION:**

Bachelors in Economics