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PROFESSIONAL SUMMARY:

* Over 6 years of IT experience that involves complete Software Development Life cycle from analysis, design, testing & implementation of software applications as Business Analyst/QA Analyst,
* Extensive experience in SDLC process development and implementation of all the stages of the Project Life Cycle and was extensively involved in all dimensions of Functionality, Usability, Reliability and Performance testing.
* Determined business/technical system /application requirements and identified impacted areas, systems and processes and evaluate alternative solutions.
* Worked with other IT / Business Partners to prepare and document project-planning information (e.g., estimated time, resources, major tasks required to complete work) for input into the scope/requirements document.
* Experienced in HIPPA 4010/5010 EDI transaction. Experience with writing various test cases for FACETS interfaces and tracking/explaining bugs to development teams
* Facilitated/Participated in a systematic process for capturing detailed business functional and technical requirements (e.g., via JAR/JAD session).
* Have developed excellent skills by working independently, and as a team member in automating the test scripts for the GUI, Functional, Data Driven, Regression and Load testing using Mercury and Rational tools.
* Designed and Built custom QTP Automated Testing Framework.
* Assessed systems as business direction changes for impacts to existing designs (e.g. mandates, HCR, regulatory, CMS). Understood impacts and worked as appropriate to determine best solution.
* Extensive experience in EDI/HIPAA implementation guidelines.
* Extensive experience in testing Facets applications mainly in Provider, Group, Subscriber/Family, membership and billing.
* Experience with OCR technologies for paper applications/claims processing.
* Very good knowledge of test management tools like Rational Test Manager, Mercury Quality Center (ALM).
* Extensive experience of Claim Processing, Medicaid and Medicare modules as well as Interface Testing and Data Conversion including 270,271, 276, 277, 835, 837, 997, NPI, ICD 9,ICD 10, for interfaces & images to clearinghouses/ trading partner applications.

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| Technical Skills |

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| Testing Tools | HP ALM, Quick TestPro (QTP), Load Runner, Test Director, Mercury’s Quality Center, Silk Test, Rational Test Suite (Robot, Test Manager, Rational Rose, Requisite Pro, Clear Quest, and Clear Case), PVCS Tracker, WinRunner |
| Programming Languages | SQL, C++, Visual Basic, XML, HTML, MS FrontPage |
| Databases/RDBMS | Oracle8I/9I/10g/11g, DB2, Microsoft SQL Server, MySQL Server, Oracle (TOAD), MS SQL Server, MS Access, DB2 |
| Testing Scripting | TSL, SQA Basic, VB Scripting, Regression Testing |
| Networking Protocols | TCP/IP, HTTP, DHCP, and SMTP |
| Operating System | Unix, Linux, Windows 98/2000/XP/Vista, Window 7 |

PROFESSIONAL EXPERIENCE:

Xerox Corporation West Sacramento, CA  
Business Analyst/QA Analyst Nov 2013- Nov-2014

**Project Description**: California Division of Medicaid’**s** Medicaid Management Information System (MMIS) has to comply with the U.**S**. Department of Health and Human Services (HHS) published implementation date of the 10th revision for the International Classification of Diseases (ICD-10). The move to ICD-10 version requires significant changes across the operations of the enterprise including departments like Pre-Authorization, Claims Adjudication and Provider Reimbursement. The conversion of ICD-9 codes to ICD-10 required to be completed prior to the compliance date to ensure [California Department of Health Care Services](http://www.dhcs.ca.gov/) can operate in a “business as usual.”

**Responsibilities:**

* Collected the information related to ongoing application upgrade and **their impact on ICD-10 implementation** and created awareness within the departments regarding the need, impact, benefits and risks of ICD-10 code application.
* Involve in the review and analysis of the BRDs, a number of artifacts which will continue to be working documents to record the progress and traceability of test preparation, testability analysis report, a detailed business requirements analysis checklist, communication log with comments, questions and responses and functional area analysis summary.
* Involved in business requirements and supporting artifact analysis categorized into the following areas- key decisions required QA status, testing complexity, and area of impact.
* Gained extensive experience with **IBM Mainframe** and all the major components of the system.
* Worked extensively on test data manipulation of X12 format on tools such as **EDIFECS** and **Slick Edit**.
* Extensively **developed** **User Manuals for various applications for Claim Submissions.**
* Actively participated in **Change Management** process of the requirements and other specifications.
* Analyzed system requirements for ICD-10 enhancement and **developed detailed test plan** for regression testing.
* Worked on legacy conversion data base systems on claims processing.
* Uploaded the diagnosis codes, procedure codes to the related tables in test environment to verify the changes related to **ICD9 - ICD10 changes**.
* Tested **diagnosis codes, procedure codes** to the related fields in test environment to verify the changes related to ICD9 - ICD10 codes.
* Experience in Forward Mapping and Backward mapping analysis of ICD 9 – ICD 10 Conversion for CM (Diagnosis Codes) and PCS (Procedure Codes).
* Verified the **field length & character**, which was impacted by ICD-9 to ICD-10 changes.
* Maintained Traceability matrix **and** Test Matrix for all the test cases, test conditions and test scripts.
* Involved in the validation of variety of claims detail (i.e. subscriber, provider, procedure codes, diagnosis code etc)
* Performed **Regression test** by submitting claims for **different claim types with new ICD-10 codes** with range of testing scenarios (positive & negative) and made necessary changes to ensure that claims are getting paid as expected.
* Involved extensively the processing of the claims and then sharing the test results with the business according to test acceptance criteria during their **UAT phase**.
* Investigated software defects and reported to developers **using Clear Quest Defect Module**.

**Environment:** Windows XP, Java, RQM, Clear Quest, Doors, Oracle 9i, Visio, MS Office, Mainframe

Blue Cross Blue Shield, Boston, MA BA/QA Analyst Jan 2012 – July 2013

**Project Description**: The main objective of the HIPAA 5010 Project was to move from the current 4010 system into 5010 system. The project mainly involved working on the 270/271 Eligibility request and response, 837/835 Claim payment and Advise.

**Responsibilities:**

* **Analyzed HIPAA 4010 and 5010 standards** for 837P EDI X12 transactions, related to providers, payers, subscribers and other related entities.
* As a Facets Software Tester I Involved in **FACETS** Implementation Testing, involved end to end testing of **FACETS Billing**, Claim Processing and Subscriber/Member module.
* Gathered all the needed data (table names, column names, field names, notes) from the Windows and Interfaces documents.
* Created and Consolidated **SIT Test Cases and UAT Test Cases** using MS Excel or Quality Center.
* Constantly involved in review meetings and made sure testing is done based on the QA master plan and deadlines are met.
* Used **SQL Queries** to verify the data from the Sybase database.
* Used **Edifecs Transaction Management** tool to verify that the batch and real-time files are generated correctly.
* Set claim processing data for different **Facets Module.**
* Tested Subscribers/Providers and **claims in Facets.**
* Used the **iLinkBlue Provider Suite to test that the 270/271 eligibility requests** and responses and validate the 276/277 Claim status Request and Response that are generated according to the 5010 format.
* Involved in working with the offshore testing team **to** co-ordinate Regression Testing.
* Tested the Registration process of common practitioner in Facets and validated the fields (Medicare or Medicaid billing number, License and DEA number).
* Actively involved in weekly walkthrough meetings and Daily Defect calls to verify the status of the testing efforts meeting the deadlines & mid-term targets.
* Communicated with developers through all phases of testing to prioritize defect resolution.
* Provide support to end users while execution of UAT with proper test scenarios & test data.

**Environmen**t: Edifecs Transaction Management, iLinkBlue Provider Suite, Microsoft SQL Server 2005, Quality Center, IBM DB2, Sybase, Trizetto Facets , MS Word and MS Excel.

Aetna Health Care, Hartford, Connecticut July 2010- Nov 2011

QA Analyst

**Description:** Aetna is promoting the health and well being of the residence of Connecticut. I worked as a QA Analyst on Medicare Claim Accuracy Project for Provider Reimbursement and various modules like Multiple Surgeries, Late Payment Interest and Coordination of Benefits.

**Responsibilities:**

* Responsible for decomposition of the requirements based on the functional specifications, design, development, coding, testing, debugging and documentation of applications to satisfy requirements.
* Maintained knowledge of Medicare and Medicaid rules and regulations pertaining to the Facets configuration and evaluating the impact of proposed changes in rules and regulations
* Prepared Test Plan and Test cases based on the functional specification and Executed automated and manual test scripts for different modules using QTP.
* Design, analyze and performed Integration and System testing on FACETS to test all the different software components under one complete system.
* Created a startup script using Automation Object Model that Standardizes QTP environment.
* Wrote both Functional and Regression QTP scripts for Web Applications.
* Tested the claims in facets to see if it is actually hitting the edit or not and send them for UAT testing.
* Worked on EDI 834 transactions
* Created and executed test scripts for approved Change Requests, logged their test results and related documentations in Quality Center.
* Created test data by editing the EDI 834 files manually
* Developed SQL queries to query Facets database setup test data and review test results.
* Created automation scripts using QTP
* Identified, analyzed, and documented defects, errors, and inconsistencies in the application using Quality Center.
* Responsible for defect tracking and bug reporting using Quality Center; interacted with developers and Business Analysts to discuss and resolve defects
* Analyzed all the bugs in the QC reported by the users during the UAT.

**Environment:** FACETS, Windows Server, Windows , ALM QTP, Windows, IIS, Quality Center, DB2

Independent Health Association Inc Buffalo, New York QA Analyst Feb 2009 – May 2010

Description: Project involved in developing advanced UI for claim reimbursement process in order to provide better user experience. Project Claims-fallout dealt with creation of new UI that helped in modifying claims fallouts that occurs during claim adjudication process. In short new UI helped claim processor by providing access to other work actions such as claim adjudication, claim denial, claim reversal etc.

**Responsibilities:**

* Analyzed the system requirement specifications and developed appropriate test cases test scripts and executed testing.
* Worked on claim processing module, which involved Receipt and Verification of Claim Forms (837) and Claims Adjudication, as per HIPAA guidelines.
* Designed and documented test cases by evaluating the requirement and performed hands-on testing for test conditions, scenarios and scripts so HIPAA transactions in EDI formats are verified.
* Responsible for working with the team to review and modify process flows to increase productivity and effectively utilize FACETS features not provided by the legacy systems.
* Executed test cases for the existing market’s various lines of business. (The test cases covered: Authorization of claims, Accumulator, Benefits, Claim Payment and Pricing, as well as member and provider data updates)
* Tested the Membership and claims files (XML) in Facets
* Created and executed data driven QTP scripts.
* Extensively used QC for defect reporting and tracking and prioritizing defects and enhancement requests after base lining the requirements.
* Involved in testing Facets enrollment, claims processing and finding health care providers.
* Attended change request meetings to document changes and implemented procedures to test changes.
* Involved in continual improvement of automation test scripts to provide to reduce whole testing cycle time.

**Environment:** FACETS, HIPAA, EDI Quality Center, JavaScript, Oracle, MS Office, XML, HTML, QTP

United Health Group, Southfield, MI QA Tester May 2008– Dec 2008

**Description:** UnitedHealth Group is one of the leading providers of medical, dental and life insurance services. Company provides solutions to both individual and groups by providing broadest selection of leading health insurance plans. The project was creating the application where customers can compare individual health insurance plans by providing zip code, date of birth and gender. I was involved in testing the applications that was used for checking the eligibilities, claim processing and claim status.

**Responsibilities:**

* Worked on HIPAA Transactions and Code Sets Standards according to the test scenarios such as 270/271, transactions.
* Authored and executed Test cases for Claims and Customer Service Workflow.
* Participated in requirement walkthroughs and creation of test plan.
* Authored and executed Test cases manually for Tiered Benefit and mapped from website to PMHS.
* Experience with EDI transactions like EDI 834 (Benefit Enrollment and Maintenance), 276/277(Health Care Claim Status Request and Response), 835(Health Care Claim Payment/Advice) and 837 (Health Care Claim: Professional, Institutional and Dental).
* Responsible for writing the Test Cases and Test Scenarios based on the Functional Specification and Technical Specification in Excel and exported them in Quality Center/Test Director.
* Performed Integration Testing, System Testing and Regression Testing.
* Logged errors reported defects, determined repair priorities, did regression testing and close by using Quality Center.
* Involved in preparing the Test Scenarios for Health Care Claim Payment/Advice.
* Involved in writing SQL Queries for back end testing oracle database.
* Enhanced Test Scripts using various utilities provided in Quick Test Pro like check points
* Investigating software bugs and reporting to the developers using Quality Center Defect Module.
* Generated defect reports using Quality Center for the developers.
* Reporting the Test Execution status to the project manager on daily basis.

**Environment**: Win Runner, Quality Center, Windows 2000, Oracle/Unix. MS Office Suite, EDI, SQL

**Staples Inc, Framingham, MA QA Analyst June 2007- April 2008**

**Description:** This project was to rewrite the browse path and source from search engine data dynamically to have the better customer experience. This project includes re-arranging the taxonomy, classification of products in different format and changing the flow of check out process.

**Responsibilities:**

* Actively participated in review meeting **including Functional Spec, Test Plan and Test Case.**
* Created and published Test cases based on available requirements and functional spec.
* Wrote test cases using Microsoft Excel and performed extensive manual testing.
* Built a library of test cases for regression testing and escalated for automation.
* Tested software prior to its release to ensure it meets company and customer’s expectations.
* Performed Backend Testing by developing, modifying, and executing SQL queries for data validation and data verification on database.
* Involved in **Functional (positive, negative, null value, boundary value), Integration and Regression Testing**.
* Used Quality Center to log defects and monitored the defects for successful resolution.
* Prepared and Documented the test scripts for functional and regression testing
* Participated in weekly meetings to discuss the progress and bugs identified the testing.

**Environment:** J2EE, HTML, XML, JavaScript, CSS, Excel, Quality Center.