**SUMMARY**

* 6+ years of experience in Quality Assurance and Software Testing in Healthcare domain.
* Extensive experience in testing Client/Server and Web-based Applications.
* Proficient in manual testing of applications on Windows and UNIX environment.
* Excellent skills in writing Test Plans and Test Cases.
* Extensive knowledge of SDLC such as RUP, AGILE, Waterfall.
* Have good knowledge of HIPPA 4010 /5010 versions.
* Extensive experience in insurance policies like- HMO and PPO and proven experience with HIPPA 4010 EDI transaction codes such as 270/271(inquire/response health care benefits),276/277(Claim status), 834(Benefit enrollment), 835(Payment/remittance advice), 837(Health care claim).
* Rich experience with various modules of Facets like- membership management, premium billing, enrollment, claims processing & adjudication, coordination of benefits administration.
* Strong experience in Facets.
* Maintained Test Matrix and Requirement Traceability Matrix.
* Experience in design and testing of Enterprise Data Warehouse, Data Marts and Data integration.
* Strong Knowledge on MS Office suite, MS Visio, MS Project, and MS Access.
* Proficient knowledge in various types of Software Testing such as Unit testing, Integrated testing, System Testing, Black box testing, Positive Testing, Negative testing, Performance Testing, Stress Testing, Load Testing, Volume Testing, Data Driven Testing, Back end Testing and Regression Testing.
* Good working knowledge of major Operating Systems such as Windows 98, 2000, XP, Vista, 7 and UNIX for version/configuration testing.
* SOLID understanding of ANSI X12 4010 version 837/835.
* Extensive Knowledge of HIPAA.
* Excellent communication and writing skills with the ability to adapt to new and dynamic environments.
* Good team leader, Player and can work alone with minimal or no supervision.
* Ability to multi-task, prioritize and work with time constraints while paying attention to details.
* Good problem-solving, judgment, and decision-making skill.

**TECHNICALSKILLS**

|  |  |
| --- | --- |
| Testing Tools | HP ALM/QC |
| Databases | MS Access, PL SQL, Oracle, MS SQL Server |
| Operating Systems | Windows, LINUX, UNIX |
| Bug Reporting Tools | Bugzilla, JIRA |
| Others | MS Office Suite- Word, Excel, MS Visio |

**PROFESSIONAL EXPERIENCE:**

**Aetna Health Care, Chantilly, VA**

**Sept 2015- Present**

**QA Analyst**

Aetna is promoting the health and wellbeing of the residence of Virginia. Worked as QA Tester on multiple projects including testing and validation of data for various EDI transactions as per HIPAA compliance. I worked on Medicare and Medicaid systems, Medicaid Long Term Care, and Client Services for Medicaid/Health Choice application areas and monitored the flow of information with state MMIS system. Also, I worked on Trizetto Facets Claim processing and ICD9 to ICD10 Testing Project for Membership, Claim and EDI Transaction (834/835/834/276/277) modules. One of the main objectives of the project was to work with providers and medical entities to validate EDI transaction sets.

**Responsibilities:**

* Involved in testing Web Services with "SOAP UI".
* Involved in Facets implementation, end-to-end testing of Facets applications like Claims Processing, Provider, Subscriber/Member, Utilization Management, Pricing Profile, etc.
* Performed manual and automated test procedures for functional testing of Web services using SoapUI.
* Used SOAP UI to test web services and validated all operations in WSDL.
* Tested web services by generating XML SOAP requests and validated the corresponding XML SOAP responses.
* Executed test cases for the new market as well as existing market’s various line of business.
* Performed positive testing and negative testing manually.
* Wrote many SQL queries in order to retrieve data/check data from different tables.
* Execute test scenarios to verify the data transfer and standard formats (XML), Web Service requests and data processing
* Executed Configuration Testing to check if the application was compatible in different environment.
* Conducted Back-End Testing manually for the purpose of Database Integrity.
* Clear understanding of MMIS for the Medicaid patients Enrollment and their Eligibility.
* Involved in technical and professional services related to analysis and assessment of the current MMIS and EDI claims, documentation of business and technical requirements, preparation of cost analysis and implementation of new MMIS automation system.
* Validated various EDI transactions like 270/271,276/277,834,835,837 and claim adjudication using Facets.
* Tested all edits for Facets for Claims.
* Involved in testing various healthcare applications and migration of plans from legacy system to Facets application.
* Tested the changes for the front end screens in Facets related to following modules, test the Facets batches(membership, Billing, Provider,etc
* Involved in writing test cases using ALM based on the requirements.
* Experience in Bag tracking tools ALM, HP Quality Center (QC), Clear Quest, Bugzilla, with excellent Defect Management skill.
* Technical environment included: JIRA, Web Services, UNIX, and Windows.
* Involved in member’s accumulator conversion data testing, accumulator sync testing.
* Written multiple Test Cases (System, Integration) for multiple transactions include 837I, 837P, 835, (both inbound and outbound) transactions
* Defect tracking using ALM.
* Extensively performed manual testing and defect reporting using TFS.
* Validated Claims process using Facets.
* Involved in testing HIPAA Transactions & Code Sets Standards like 834-Enrollment to a health plan, 837-Claim, etc.)
* Created EDI 820 specs using Spec Builder 6.6.1
* Involved in writing SQL queries using SQL Server Management Studio for back end testing.
* Tested/Validation EDI 820 Payment Order/Remittance Advice Transaction
* Logged errors and reported defects using Mercury Quality Center.
* Generated test plans in MTM in order to ensure testing coverage for each delivered build. Managed the distribution of test cases to each member of the team.
* Participated in weekly QA team meeting and DRM.
* Involved in providing technical expertise on how to resolve the issues

**Environment:** MS Office Suite, Facets, SQL, XML, Agile, EDI, SOAP UI, HIPAA, ICD, HP ALM, XML, EDI, Test Cases, Test Plans, Visual Studio.

**Tenet Healthcare Corporation, Dallas, TX**

**Jan 2014– Aug 2015**

### QA ANALYST

Tenet Healthcare Corporation is a healthcare services company whose subsidies and affiliates own and operate acute care hospitals and related ancillary healthcare businesses.  Tenet’s hospitals aim at providing the best possible care to every patient who comes through their doors with a clear focus on quality and service.

#### Responsibilities:

* Developed detail Test Plans for different benefit packages according to Business requirements documentation.
* Involved in discussion with the Subject Matter Experts (SME) during creation of test plans and updating of business requirements.
* Participated and play an important role in 90% of major projects, includes: Provider Portal, Member Enrollment, Facets Core System, Enterprise Data Warehouse (EDW), MediCal Migration, Legacy system universal upgrade etc.
* Worked on developing the business requirement and use cases for Facets batch process, automating the billing entities and commission process.
* Acting as liaison between end user, for user problems, outstanding issues, training needs and new software releases
* Developed the test cases as per the HIPAA regulations (270, 271, 275, 276, 278, 834, and 837).
* Follow up management on errors made by Data Entry associates.
* Incremental development and testing of Enterprise Data Warehouse (EDW).
* Worked on Benefit Plans, Claims Payment Cycle, Obama Care, Affordable Care Act (ACA) Applications, Facets configuration, Billing applications, Life Insurance Application, Managed Care Organization system, Epic applications, MMIS, Medicaid and Medicare claims and Eligibility processing systems.
* Performed UAT Testing Manually in coordination with UAT group to ensure correct business logic.
* Involved in new development, support, enhancement of application.
* Worked on Medicaid Claim Processing and Facets Applications configuration, roll-out, administration, training, and support.
* Set claim processing data for different Facets Module.
* Performed Gap analysis for better understanding of transition from HIPAA 4010 to HIPAA 5010 inside Trizetto Facets different modules.
* Performed Manual Testing using Quality Center (QC) and User Acceptance Testing (UAT).
* Responsible to work on Medicaid Management Information System which includes two divisions: HIPAA compliance and Maintenance units division and Claim processing division.
* Wrote SQL queries to check for data validation.
* Validated DRG codes, Procedure codes, Accumulators in Facets.
* Created and executed SQL statements manually to perform Backend Testing that ensured data consistency on the Front-end.
* Monitored workflow of the Resolution/Adjustment Unit, delegate tasks accordingly, and ensure that quality, quantity, and efficiency standards are met or exceeded.
* Worked under HIPAA compliance standards.
* Performed Front-End Testing, Functionality Testing manually.
* Maintained Test Matrix which gives overview of the Testing Effort.
* Tested Claims intake/Logged claims/Failed claims data from Pulse tables to Oracle Financials.
* Monitoring the defect life cycle, generating customized graphs and reports for the client, using Quality Center.
* Used Quality Center to record documenting information useful in debugging process, evaluating test data.
* Used Quality Center for reporting and tracking bug and generating reports.

**Environment:** Oracle, HP ALM, JIRA, Windows, Oracle, Facets, Quality Center.

### Mercy Health System, Chicago, IL

**July 2012- Dec 2013**

**QA Analyst**

Facets is a part of TriZetto's suite of enterprise administration systems. It supports medical and dental claims processing and offers comprehensive consumer-directed health capabilities with advanced HSA/HRA functionality Facets is a comprehensive healthcare management and administration suite of software designed exclusively for payers.

Involved in Claims Adjudication, Claims Payment, Coordination of Benefits (COB), dental implementation, membership and UAT.

**Responsibilities:**

* Reviewed Business Requirements with Project Manager and Lead Developer to learn the functionality of the application.
* Managed teams of sizes from 8 to10 people (Test Coordinators, Test Designers, Test Executioners, Automation testers, and onsite/off-shore coordinators) that directly reported to me for their work. In addition, managed work with an off-shore team of 10 to 15 people
* Involved in preparing Test Plan and Test Cases based on business requirements.
* Wrote Test Cases in Excel based on Technical Specifications, Functional Specifications and Business rules for online application system.
* Authored Test cases for HIPAA EDI Transactions 270/271, 276/277,837/835.
* Tested HIPAA Transactions and Code Sets Standards according to the test scenarios such as 270/271, 276/277,837/835 transactions.
* Executed Configuration Testing to check if the application was compatible in different environment for each module of the application
* Tested the SOAP requests and responses using the tool called SOAPUI.
* Executed Test cases manually by composing 270, 276,837 EDI files and dropped inbound and check response 271,277,835 using interleaves and outbound.
* Involved in working on real time test harness.
* Logged defects in Quality Center and interacted with the developers to resolve technical issues.
* Prepared test matrices based through defect status in Quality Center.
* Authored and executed Test cases manually for Tiered Benefit and mapped from website to PMHS.
* Responsible for writing the Test Cases and Test Scenarios based on the Functional Specification and Technical Specification in Excel and exported them in HP Quality Center.
* Logged errors reported defects, determined repair priorities, did regression testing and close by using HP Quality Center.
* Performed Integration Testing with PMSH, LRSP and Website, System Testing and Regression Testing.

**Environment:** Windows, DB2, Oracle, HP Quality Center, MS Excel, MS-Visio, File Aid, Oracle, HIPPA, EDI 5010, XML, Facets , Mercury Quality Center.

**First Care Health Plan, TX**

**Jan 2011– June 2012**

**QA Analyst**

First Care Health Plan provides excellent, cost-effective health care services and benefits to Texans in counties across the north, central, and western regions of the state. In addition to the offering a variety of HMO plans, First Care also offers PPO and Health Savings Accounts, options with Medicare and Medicaid. The scope of the project was to replace the as-Is legacy system with the new To-be system. I worked as a QA / EDI Tester on the conversion project of 4010 to 5010 using Facets as Claims Processing System

**Responsibilities:**

* Worked with Business Analyst and QA Lead in reviewing and analyzing the business requirements Documents and functional requirements.
* Prepared Test Cases based on business requirements and business rules for HIPPA EDI Transaction 834, 837, 835.
* Involved in the testing and performing GAP Analysis for HIPAA 4010 and 5010 transactions and utilized EDI tools to verify mapping to X12 format
* Tested all HIPAA transactions for multi version support (4010 and 5010) and validating the database to file elements.
* Created Test Cases for Claims Adjudication Process for 837P 5010.
* Tested all edits for Facets for Claims.
* Performed Positive and Negative Testing Manually
* Performed Security Testing on the application.
* Used SOAPUI to test web service messages that are travelling though frontend to backend.
* Experiences working in ANSI x12 270-271 EDI Transaction.
* Documented the test results and reported the status of assigned test tasks and issues to project QA Lead.
* Conducted Back-End Testing Using SQL Commands.
* Extensively used SQL statements to query the Oracle Database for Data Validation and Data Integrity.
* Made sure that the systems complied with the rules of HIPAA.
* Involved in writing and executing test cases using QC based on the requirements
* Performed Back-End testing
* Helped in project testing efforts for doing integration tests, regression tests and user acceptance tests.
* Worked on Data mapping, logical data modeling and used SQL queries to filter data within the Oracle database tables
* Responsible for Performing Integration Testing, UAT testing.
* Actively participated in walkthroughs and enhancement meetings
* Maintained Test Matrix and Requirement Traceability Matrix.
* Created Status and Test Summary Reports on Weekly basis.

**Environment:** Oracle, SQL, UNIX, HIPPA EDI, XML, Rational Tools, Quality Center, SOAP UI, Facets.

**Health Now, Buffalo, NY**

**July 2010- Dec 2010**

**QA Tester**

Health Now New York Inc. is a premier and diversified health benefits and Information Company that provides innovative products, services, and technologies to improve the availability, quality, and cost of health care. They used Facets for managing and processing healthcare claims. As a, QA Analyst, I was involved in various kinds of testing of the Facets application modules like- Enrollment, Membership and Claims.

**Responsibilities:**

* Analyzed system requirements and developed detailed Test Plan.
* Performed Manual Testing for the EDI transactions.
* Conducted GAP analysis and filling gap according to the format set by HIPAA.
* Involved in FACETS Implementation, involved end-to-end testing of FACETS Billing, Claim Processing and Subscriber/Member module.
* Elicit requirement to be able to generate the tools and info needed to process the ICD-10.
* Tested the HIPPA EDI 834, 270/271, 837/835 transactions according to test scenarios and verify the data on different modules.
* Experiences working in ANSI x12 837-835 EDI Transaction.
* Work on coordination of benefits (COB) in a claim processing.
* Developed Test Script for Functionality, Security, and Regression testing.
* Ran the scripts on multiple environments (QA, UAT and Production) to ensure that requirements were still met.
* Performed GAP analysis for HIPAA 4010 to 5010.
* Wrote Test scenarios and test cases for testing the migration of EDI4010 to 5010 and the processing of member enrollment and benefits, (834) batch jobs corresponding to the claims (837).
* Performed Back-End Testing to check database integrity by writing SQL queries.
* Set claim processing data for different Facets Modules.
* 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.
* Created Traceability Matrix to ensure implementation of all functionalities, identify all test conditions and test data needs.
* ICD 9- ICD-10 Conversion Analysis –Worked in the analysis of the ICD 9 – ICD-10 codes.
* Uploaded the diagnosis codes, procedure codes to the related tables in test environment to verify the changes related to ICD9 – ICD-10 changes.
* Used Quality Center to record documenting information useful in debugging process, evaluating test data.
* Prepared and maintained the Test Matrix, Requirements Traceability Matrix.
* Participated in release meetings and also participate in Retrospective session.
* Extensively worked on any requirement upgrade and/or change request while doing UAT.
* Worked closely with development team to ensure the application performance and stability and also ensure the application completes the whole end-to-end process.
* Participated in weekly status meeting with Development and Management Teams.

**Environment:** Agile/Waterfall, MS Office Tools, Windows XP, Quality Center, Facets, MS SQL, UNIX.

**Education:** MBA in International Business/ Virginia International University/Fairfax, VA.