## Namrata Shrestha

**Summary**

* 7+ years of experience in Quality Assurance and Software Testing in Healthcare
* In-depth knowledge and experience in full SDLC with RUP, agile and waterfall methodologies.
* Experience in defining Testing Methodologies; creating Test Plans and Test Cases.
* Extensive experience in testing Client/Server and web-based Applications.
* Expert in use of Quality Center & Test director for writing Test Cases, Test Execution, Defect Management, Defect tracking and Bug Reporting.
* Proficient knowledge in various type of Software Testing, Integrated Testing, system Testing, Black box Testing, Positive Testing, Negative Testing, Data Driven Testing, back End Testing and Regression Testing.
* Extensive experience using manual testing to troubleshoot systems integration, GUI, Compatibility, User Acceptance Testing (UAT)
* Experience in developing, troubleshooting and customizing manual as well as Automation scripts using Quality Test Professional.
* Extensive experience in Integration Testing, Functional testing, Web application testing

& Regression testing

* Experience in creating Traceability Matrix to ensure comprehensive test coverage of requirement.
* Proficient in Manual Testing of application on windows and UNIX environment.
* Strong knowledge on claim processing and EDI transactions i.e. Claims Inquiry and Response (276/277), Receipt and verification of claim forms (837), Claim payment and advice (835), Eligibility Inquiry and Response (270/271), Certification request and Response (278), Benefit Enrollment (834), Order and Payment Remittance (820), Functional acknowledgement (997/999).
* Experience using Health Rules and EDI Transactions (278,834,835,837,and 820).
* Strong Knowledge on HIPAA standards, ICD9/ICD10, EDI transactions and 4010/5010 versions, Medicare and medicate services.
* FACETS support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834,835,837,270/271 transactions.
* Performed various types of testing like Functional Testing, Regression Testing, and User Experience with premium payment transactions.
* Experience with Medicare and Medicaid(MMIS) claims processing, Medicaid billing, Medicare membership and eligibility verification and care management.
* Specialize in HIPAA 5010 implementation including GAP analysis.
* Expertise in RDBMS concepts and running SQL queries.
* Clear understanding of ICD-9 and ICD-10.
* Extensive experience in healthcare/claims adjudication with knowledge of industry compliance standards like HIPAA and EDI X12 transactions (834,837, 835,270/271,276/277).

**Technical Skills:**

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| **Methodologies** | Waterfall, Agile, RUP |
| **Healthcare** | HIPAA X12, EDI, 270,271,276,278,834,835, and 837. FACETS |
| **Project Management** | MS Office, MS Project, Sharp point |
| **Process/Modeling Tools** | Rational Rose, MS Visio, TIBCO, Rational Requisite Pro, Clear Quest, SANGIT |
| **Testing Tools** | HP Quality Center/ALM, QTP, UFT SOAP UI, ALM, JIRA, Load Runner |
| **Database Tools** | SQL Server, Oracle 9i/10g, TOAD |
| **Languages** | SQL, JAVA, XML, .NET UML, HTML |

**Professional Work Experience**

**Deloitte Mechanicsburg, PA June 2016- Present**

**QA /Tester**

Worked on HCSIS (Home and Community service information System) Project Common Wealth of Pennsylvania. As a Quality Analyst, as a part of maintenance team. Basically I did end to end testing of application to make sure all the functionality is working as per the requirement. I tested different Program Offices and worked in different Module.

**Responsibilities:**

* Tested given work items to validate if the functionality is working as per the requirement.
* Performed Regression Testing in different environments. SAT, TFP, PWIM/OCYF/IM.
* Wrote test objective, test cases, test steps and executed them.
* Performed negative testing to ensure the system does not accepts the wrong provider information.
* Analyzed business requirements, system requirement specifications and responsible for documenting functional requirements in MTM.
* Retrieved records from multiple tables in Oracle Database.
* Tested different sub-system of HCSIS. Individual Module, Plan Module, SC module, M4Q Module, Provider module and financial management.
* Set Claim processing data from different Module
* Worked with Development Lead, BA lead, QA Manager, Release Manager on daily basis.

**Environment:** Window XP, MTM (Microsoft test manager), Oracle SQL, MS SharePoint, TFS, (Team foundation server), MS Office (MS Excel, MS Access, MS Word, MS PowerPoint),

**Xerox, Sacramento, CA May 2014-April 2016**

**QA /Tester**

Worked on ICD-9 to ICD-10 readiness project. Xerox has partnered with the state of California in implementing the ICD10 codes. Xerox will be utilizing the current mainframe application and process their claims using the General Equivalency Mapping to populate the rate with the ICD10 code. As a Quality Analyst, my job included mocking up the claim files, manually entering the ICD 10 codes and making sure all of the impacted area has the correct rate, data populated to ensure the payment accuracy.

**Responsibilities:**

* Performing Functional and **GUI** testing.
* Worked on testing and confirming ICD-9 to ICD-10 conversion Rules.
* Tested HIPAA 5010 standards for **837P and 837I EDI X12** transactions, related to providers, payers, subscribers and other related entities.
* Wrote extensive SQL queries for data validation, analysis and manipulation, and maintaining the integrity of the database.
* Experience assessing testing processes, creating, implementing testing strategies and SQA strategies using Agile-testing methodology in UAT phase.
* Tested the data mapping for the **ICD 10 to ICD9** rate conversion rules.
* Tested the system to populate the value of the ICD indicator on the monthly Remittance Activity File for the Healthy Family Program.
* Created the Requirement Traceability Matrix and ensured all the business, system and integration requirements are accurate and testable
* Reviewing the Test Cases for **Functionality, Security, Performance, Database** and **User Acceptance Testing.**
* Support the UAT team during their testing.
* Tested the system to populate the submitted ICD primary diagnosis code on the monthly Remittance Activity File for Healthy Family Program.
* Retrieved records from multiple tables from Oracles Database by using **Joins** such as inner joins, outer joins and self joins.
* **ICD9- ICD-10** Conversion Analysis- Worked in the analysis of the ICD9- ICD10 codes.
* Tested the system to ensure data are being populated in various conditions such as: if the submitted ICD-10 primary diagnosis code in the submitted ICD primary diagnosis code field and the cross walked ICD-9 primary diagnosis code in the processed primary diagnosis code field when the submitted code is an ICD-10 primary diagnosis code.
* Verified the test cases after the codes changes in different tables associate with ICD9-ICD10 changes.
* Verified the test cases after the codes changes in different tables associate with ICD9- ICD10 changes.
* Populated spaces in the submitted ICD primary diagnosis code field as well as in the processed primary diagnosis code field when ICD primary diagnosis code is not submitted.
* Performed negative testing to ensure the system dose not accepts the ICD 9 code when the ICD 9 code flag is executed.

**Environment**: Window XP, Oracle, Mainframe, Clear Quest, MS Office (MS Excel, MS Access, MS Word, MS PowerPoint), EDIFECS, MS Visio, MMIS, Quality Center, SDLC

**CNSI, Rockville, MD Feb 2013-Apr 2014**

**Quality Analyst**

Based in Rockville MD, CNSIpartners with several health insurance companies, state Medicaid and implement the IT solutions. The project I was involved in was the platform migration of HIPAA 834 5010 version of the file. As a QA, my job was to design and test the solution to convert the X12 file into flat file, Select the required data elements and load the files to ensure the correct fields are being populated on the front end. I have worked in testing both the translator and the front end and have been involved in end-to-end testing of the HIPAA 834 files.

**Responsibilities:**

* Prepared Test Cases based on business requirements and business rules for **HIPPA EDI Transaction 834,276/277,270/271,837/835.**
* Executed test cases found errors reported defects, determined repair priorities, did regression testing and closed by using **Quality Center**.
* Created test scripts and test cases for approved business use case and requirements for System and UAT testing.
* Tested user interface and navigation controls of the application using QTP.
* Performed system testing for the X12 formatted data that gets translated to the flat files through translator.
* Designing, Executing system and integration test cases against requirements
* Performed **Black Box Testing**including **Smoke, Functional** and **Regression Testing**
* Conducted presentations of the QA test results with analysis to the stakeholders and users and documented modification and requirements.
* Involved in **FACETS** Implementation, involved end-to end testing of FACETS Billing, Claim processing and Subscriber/Member module.
* Maintained **Test Matrix** and **Requirement Traceability Matrix**
* Co-ordinate in application setup for UAT Testing.
* UAT Testing done based on UAT Test Cases
* Worked with Development Lead, BA lead, QA Manager, Release Manager on daily basis, and provided weekly status reports of QA team to product manager.
* Extensive data validation on the back end using **SQL queries** to verify the data been loaded in the correct tables.
* Set claim processing data from different Module

**Environment:** Oracle, HIPPA EDI 5010, XML, QTP, and Quality Center

**Qual Choice Inc. Little Rock, AR Apr 2011-Jan 2013**

**QA/ EDI Tester**

Project involved development of In-house claim management system using **TIBCO** for the employees to work on the customer’s health insurance plans and offers web services to their member, which included online consultation with their associated physicians, providing new customizable health insurance plans, and third party vision and dental insurance products in accordance with the compliance of HIPAA (Health Insurance Portability and Accountability Act) regulations.

**Responsibilities:**

* Tested the HIPAA EDI 834,270/271, 276/277, 837/835 transactions according to test scenarios and verify the data on different modules.

Collected weekly status reports to ensure that all deliverables are met on schedule.

* Performed **Positive** and **Negative** testing manually.
* Performed security, **User Acceptance** and **Usability testing**.
* Performed the Backend integration testing to ensure data consistency on front-end by writing and executing SQL query on the Database.
* Performed testing and thoroughly documented issues
* Worked Extensively with Inbound **837 I** and **837 P** and **835** (out bounds) claims processing system.
* Used Query Analyzer, Execution Plan to optimize SQL Queries.
* Implemented data access, storage and validation routines on the database server using procedural Language/Structured Query Language (PL/SQL).
* Conducted heavy **data-driven testing** using QTP.
* Actively participated in walkthroughs and enhancement meetings.
* Assisted in **Regression Test, System Test,** and **UAT.**
* Tested user interface and navigation controls of the application using **QTP**.

**Environment**: Oracle, XML, Microsoft World, Microsoft Excel, Microsoft PowerPoint, Quality Center

**CIGNA Health-care Insurance, Horsham, PA Mar 2010-Feb 2011**

**QA Tester**

CIGNA healthcare is a company providing customers with benefits, expertise and services that improve health, well-being and productivity. As a QA I was involved in developing fully automated real time claims processing for complete on-line mediation of dental, vision, medical and short/long term disability claims and encounters as per HIPAA guidelines. The system allowed efficient and timely management of all relevant data clinical, financial and administration throughout the organization enabling the sharing of information between subsystems.

**Responsibilities:**

* Maintained clear understanding of project goals among stakeholders by conducting walkthroughs and meetings involving various lead from BA, Development, QA and Technical Support teams.
* Analyzed Business Requirements and Functional Requirement and developed **Test Plans, Test Cases for the testing.**
* Good understanding of the EDI, Implementation and knowledge of HIPAA Code sets.
* Checked the data flow through the front-end to back-end and used SQL queries to extract the data from the database.
* Created the UAT Plan and test scripts and participated in UAT.
* Worked **EDI** transactions: **834, 837(P.I.D), 835, 271, and 270.**
* Participated in requirement walkthrough and creation of test plan.
* Performed **Sanity Testing** and **Smoke Testing**.
* Involved in the setting up different configuration environment for compatibility testing and manual testing.
* Used**Quality Center** for updating status of all the test cases and test scripts that are executed during testing process.
* Investigated software bugs, logged defects and generated defect reports using Quality Center.
* Performed **Security, User Acceptance and usability testing.**

**Environment:** Quality Center, QTP, SQL Server, Oracle, MS Office.