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# SUMMARY

* Strong experience in Quality Assurance and Software Testing.
* Exposure to both Manual and Automated Testing of applications developed on Windows and UNIX platform.
* Experience with Facets support systems to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 820, 835, etc.
* Analyzed Enhancement requests and Modification requests for Home and Community Based Long Term Services and Supports (LTSS & MLTC) as per mandates within Health Care Reforms (HCR).
* Experience working on HIPPA ANSI EDI 4010/5010 conversion.
* Expertise in Web-services testing (Service Oriented Architecture-SOA)/XML schema validation testing using SOAP UI.
* Excellent Working Knowledge of **HIPPA,** **Claims Processing, FACETS.**
* Extensive knowledge of SDLC methodologies.
* Experienced in testing Client/Server and Web-Based Applications.
* Experience in Black Box, Positive, Negative, Data-driven, Unit, Integration, System, Front-End and Back-End Testing.
* Proficiency in interacting with Oracle, SQL Server and DB2 databases using SQL.
* Used Test Director/QC for Bugs reporting and communicating to developers, product support and test team members.
* Conducted Parameterization to data tables, system performance tuning, heavy data-driven testing created object repositories in QTP.
* Worked with Business Analysts to understand the business critical functions and workflows defined in **BPT** module of Quality Center and to convert them into automation test scripts using **QTP**.
* Expertise in Oracle table data manipulation using SQL queries and UNIX commands.
* Participated in design Walkthroughs and Inspection meetings to review Test scripts and results.
* Extensive working experience in Oracle on UNIX Environment.

# technical skills

BUG REPORTING Test Director, ALM/Quality Center, Clear Quest, JIRA

LANGUAGES SQL, TSL (Test Script Language)

RDBMS Oracle, MS SQL Server, DB2, Sybase

TESTING TOOLS Win Runner, Load Runner, QTP

OPERATING SYSTEM Windows, UNIX/LINUX

OFFICE SOFTWARE MS Office (Word, Excel, PowerPoint)

# EXPERIENCE

**Engagepoint, MN Mar 13 – Present**

**QA Analyst**

Minnesota Health Insurance Exchange (Mnsure) provides Minnesota residents and small businesses an opportunity to compare rates, benefits, and quality among insurance plans and enroll in products best suited to their needs. This entity will also evaluate eligibility for Medicaid, advance premium tax credits and other affordability programs designed to deliver more affordable coverage for individuals below 400% of the federal poverty level. Mnsure is a critical element of operational success for Minnesota’s Health Insurance Exchange (Exchange) and in support of the Affordable Care Act.

Responsibilities:

* Work in Agile, scrum, and sprint environment in order to change the requirements and features set.
* Validate the date from EDI transaction in the front end as well as back end.
* Testing of EDI X12 834, 820, 837, and 835 Transaction sets for claims processing
* Worked on different EDI scenarios for batch processing.
* Worked with **FACETS** Team for HIPAA Claims Validation and Verification Process (Pre-Adjudication)
* Involved in testing **Facets** front end applications: Subscriber/Member, Utilization Management, Provider, Accumulators and claims to validate that the converted data displayed on the screens is accurate
* Involved in the all phases of Software Test Lifecycle activities.
* Worked with Business Analysts to understand the business critical functions and workflows defined in **BPT** module of Quality Center and to convert them into automation test scripts using **QTP**.
* Conducted Parameterization to data tables, system performance tuning, heavy data-driven testing created object repositories in **QTP**.
* Involved in gathering, documenting and verifying business requirements.
* Development of SQL queries as per the request from the business team in SQL server.
* Used agile methodology to come up with test scenarios and test cases.
* Created and maintained SQL Scripts and Unix Shell scripts to perform back-end testing on the oracle database.
* Managed and developed EDI specifications\ for data feeds and mappings for integration between various systems, to follow ANSI X12 5010 formats including 834 Enrollment, 270 Eligibility/Benefit Inquiry, 271 Eligibility/Benefit Information, 810 Invoice, 820 Payment Order/Remittance Advice,, etc., to meet and exceed HIPAA requirements set forth by the federal government.
* Worked with XML/SOAP web services using SOAP UI.
* Validated the Web Services (SOAP), both Request and Response messages.
* Validate the date from EDI transaction in the front end as well as back end.
* Authored test case scenarios in Excel spread sheet and export them into HP ALM.
* Executed test cases found errors reported defects, determined repair priorities, did regression testing and closed by using Quality Center.
* Worked on different EDI scenarios for batch processing.
* Played a major role in Interface testing both functionally and manually.
* Assigned problems to appropriate software development team for fixes.
* Represented QA team in Defect Triage Meetings, weekly status meetings with IT and business people.

**Environment**: **Facets**, Quality Center, QTP, SOAP UI, XML, SQL SERVER, Internet explorer, HTML, ORACLE, Windows, Oracle, MS Office

**Horizon BCBS, Newark NJ Jan 2011 – Mar 2013**

**QA Analyst / EDI Tester**

Horizon Blue cross blue shield is leading health care provider which deals with diversified work force and cliental. The project's scope was to enhance the existing claims application to accommodate the mandate changes for Long Term Services & Support (LTSS) under Managed Care. The enhancement was the part of ongoing work within Horizon BCBSNJ for Affordable Care Act.

Responsibilities

* Involved in gathering, documenting and verifying business requirements.
* Developed Test scenarios, Test Scripts and Test cases based on Requirements, Detail Specification Document’s and GAP documents
* Involved in End to End testing of **FACETS Billing, Claim Processing and Subscriber/Member module.**
* Extensive experience in testing **FACETS applications** mainly in **Provider, Group, subscriber/Family, membership and billing.**
* Good experience working with **Claims Processing, Subscriber/Member and Provider** applications.
* Created various suites of enrollment process, claim process in Claims Test Pro by creating a keyword file and loading them to **FACETS** for testing.
* Implemented a uniform QA process for dev. team, business members and test team to follow.
* Actively participated Agile and scrum meetings, review and developed test scenarios.
* Followed Agile Methodology to emphasize on real time communication over written documentation
* Validate the date from EDI transaction in the front end as well as back end.
* Used SOAP UI for checking the correct transmission of data and to test web services
* Utilize SOAP UI to view logs generated by various transactions in the QA environment
* Involved in coordinating with SME to discuss different scenarios at the time of scripting Test Cases.
* Testing of EDI X12 837, and 835 Transaction sets for claims processing
* Prepared the EDI test plan for 857,350 and 315 transaction.
* Running smoke tests and daily health checks in QA environment to ensure services are up and running
* Worked extensively with SQL and developed several complex PL/SQL queries, nested queries, procedures and macros.
* Used Quality Center to organize Test Processing such as plan test scenarios, execution of test scenarios and tracking defects. And also using Team Track custom application for defect management
* Coordinated team of QA resources to perform the testing related activities through all phases of STLC
* Worked on different EDI scenarios for batch processing.
* Running queries against databases to verify the correctness of XML response
* Performed Gap Analysis. Validate the date from EDI transaction
* Analyzed and worked with HIPAA specific EDI transactions for claims, membership enrollment, billing transactions.
* Document request/response XML's, test procedures and functional/technical findings from the test run
* Analyzed mandatory and the situational fields and compared with the user manuals for EDI.
* Conducted the defect report in Mercury Quality Center.
* Worked with Claims, enrollment, eligibility verification for members and providers, benefits setup, fee schedules and backend payment cycle in claim processing system.
* Extensively used SQL statements to query the Oracle and DB2 Database for Data Validation and Data Integrity.
* Coordinated with onsite and offshore teams for better understanding of client needs and provided quality deliverables.
* Involved in tested online web application to perform GUI testing.
* Used Quality Center for issue tracking.
* Participated in Triage Meetings, weekly status meetings with IT and business people

Environment: **Facets**, SOAP UI, XML, Oracle, SQL, Quality Center, Share point, ORACLE

**BCBS, Kansas City, MO April 2009 – Dec 2010**

**QA Analyst**

HIPAA 5010 and ICD 10 as the core project assignment. The Project Scope - To implement the various ASC X12 healthcare transactions under HIPAA 5010 and to successfully transition from ICD 9 to ICD 10. Also worked on Facets Claims Adjudication systems testing data from data models of various modules including Membership/Subscriber, Claims, and Providers

* Reviewed the Business Requirements, Functional Design documents, Technical Specification documents and Playbooks.
* Designed and executed test plans and test cases and generated test scripts and test scenarios using Quality Center.
* Prepared test cases, according to the business specification and wrote scripts according to the test case.
* Worked with providers and Medicare and Medicaid entities to validate EDI transaction sets or Internet portals. This includes HIPAA 4010; 837, 835, 270/271, and others. Provided healthcare provider problem resolution. Work as a medical coding SME, including ICD-9, HCPCS; Procedures and diagnosis testing
* Analyzed requirements and design/tech-specs for testability.
* Coordinated feedback from testability reviews to PM from the QA team.
* Involved in Professional, Institutional and ITS claims adjudication.
* Experience in Interplant Teleprocessing System ITS and healthcare claims.
* Extensively worked with EDI transactions such as 835, 837 following the HIPAA compliance EDI standard format of X12.
* Identified scope systems that will be modified by the ICD-10 project to accommodate ICD-10code and /or downstream impacts steaming from ICD-10 codes.
* Completed several HIPAA 4010 and 5010 Projects, included Medicaid and Commercial entities. Projects include claims and enrollment testing as well as NPI and medical coding and ICD-10 EDI testing.
* Involved in testing of HIPAA 835 for the payment of claims and transfer of remittance information.
* Assisted UAT Business Leads with set up in tools and tool training as needed.
* Coordinated UAT testing preparation, execution and reporting activities.
* Attended UAT Release level status calls and provide support for defect monitoring or issue resolution.
* Obtained final testing signoff from the project team.
* Obtained and reviewed all test scripts are completed and archived for audit.
* Met with the business owners to analyze showstoppers or critical issues that needs to be fixed before go live.
* Validated member’s benefits against the benefits matrix.
* Analyzed and tested data on different Billing and Membership functionality manually and wrote queries on database for validating data.
* Maintained requirement traceability matrix on daily basis and participating in daily defect triage and status meeting.

**Environment:** Batch Servers, JIRA, TOAD for Oracle, MS Word, MS Project, MS Excel, PEGA CM, Reporting Portal, Quality Center.