**Neha**

**PROFESSIONAL SUMMARY:**

* 5years of experience in **Quality Assurance** and Software Testing in Healthcare Industry.
* Extensive experience in following QA methodologies, preparing Test Scenarios, Test Plans, writing Test Cases and executing them; performed Defect Reporting and Tracking through the entire defect life cycle.
* Extensively worked on Manual Testing and significant Automation Testing knowledge and have hands on experience with HP UFT/QTP.
* Proficient in performing various system testing, load/stress, integration, unit, Regression, Back End, Front End and UAT.
* Good working knowledge of major Operating Systems such as Windows and UNIX.
* Experience with HIPAA compliance (4010 &5010) and Healthcare systems.
* Experience with Medicare, Medicaid, &commercial insurances in HIPAA ANSI X12 4010, 5010 formats including 270/271, 276/ 277, 835, 834, 820 and 837.
* Experience in the generating forms during enrollment such as 834,999,820, IRS 1095
* Experience in filing claims using forms such as 837,999, TA1 error files, billing and EFTs, COB, EOB (Explanation of Benefit)
* Experience with external membership/enrollment/claim system of Facets 4.71 and 5.01
* Experience on Various modules of FACETS system such as claims, membership and pre-pricing etc.
* Good knowledge on different modules within healthcare (Membership, billing, enrollment, Claims, capitation, providers).
* Expertise working in Healthcare industry with Claim Processing, Medicaid and Medicare modules as well as Interface Testing and Data Conversion.
* Extensive knowledge of different Software Development Life Cycle (SDLC); models like Waterfall, Agile-Scrum.
* Expertise in problem solving and bug tracking using HP tools like ALM and Quality Center and JIRA.
* Closely worked with Business Analyst to understand the functionality of each requirement and provided full support on Mainframe applications whenever required.
* Well versed in working as an Interface between the users and the different teams involved in the application

development for the better understanding of the business and IT processes

* Highly involved with resource planning/management, tracking project activities and reporting testing status and

progress with respect to project

* Well versed with multitasking and managing several projects simultaneously and coordinated with offshore

teams for bringing test activities/tasks to completion

* Strong understanding of SQL (can create own SQL to check the integrity of database) and XML.
* Extensive knowledge of Relational database systems and Data profiling.

**TECHNICAL SKILLS:**

**Testing Tools:** ETL, QTP, JIRA,

**Bug Reporting Tools:** HP ALM/Quality Center

**Web technologies:**HTML, XML

**Front-end tools:** MS Office, MS Visio, MS Project

**Database:** Oracle, MS Access

**Methodologies:** Waterfall and Agile

**Operating Systems:** MS Windows, UNIX.

**Languages:** SQL, PL-SQL, VBScript

**Applications:** FACETS, QNXT, Microsoft Excel, PowerPoint, Word, Outlook, Lync

**PROFESSIONAL EXPERIENCE:**

**Cognosante, Remote May 2016- Now**

**EDI Analyst**

Cognosante has a project called CCIIO ER&R Project – “1095- A Initiative”. It is also known as 1095A Corrections Project; it is a federal project. As 1095A, Health Insurance Marketplace Statement is used to obtain information needed to complete Form 8962(Premium Tax Credit (PTC)) and file it to claim the premium tax credit or premium assistance through advance credit payments. (Note: [www.irs.gov/form1095a](http://www.irs.gov/form1095a) to see 1095A form online)

**Responsibilities:**

* Formulated Test plans from Business Requirements/Function Specifications documents and created several Test Cases
* Analyzed user requirements into technical specifications and mapping the process design, work flows for Software Development Life Cycle (SDLC) with documenting and managing business requirements
* Worked with EDI file and verify if received, translated, and posted Institutional/Professional ERA output
* Analysis of ETL Mappings based on Facts & Dimensions from Source to target tables for directs moves and indirect moves based on transformation rules & lookup tables.
* Used MS SQL server Management studio for Creating & executing SQL queries for testing the conversion & ETL process.
* Worked on Claims adjudication, Membership, Eligibility, Prior Authorization
* Experience working with HIPAA EDI 837 transactions which include Medical (Institutional), Professional and Dental claims for both 4010A1 and 5010 versions.
* Involved in testing HIPAA Transactions & Code Sets Standards like (820- Premium Payment for enrolled health plan members, 834(X12) - Enrollment /Dis-enrollment to a health plan, 835, 820, 837 etc.) of X12
* Utilized project management methodologies to develop project deliverables.
* Validate EDI Claim Process per HIPAA compliance. Tested HIPAA regulations.
* Involved in testing HIPAA Transactions & Code Sets Standards (820- Premium Payment for enrolled health plan members, 834- Enrollment /Dis-enrollment to a health plan, 835, and 837)
* Escalated Defects while studying Project Requirements and writing Test Cases by using HP Quality Center (QC) and followed logged defects throughout its lifecycle in JIRA.
* Used HP Quality Center (QC) and JIRA for reserving, executing test cases, defect tracking, and the complete test management
* Prepared Requirements Specification with inputs from project lead and project man
* ager
* Beta tested the application at various stages of the project, scrutinized consistency of the test results with user specifications and functional diagrams
* Performed manual testing using SQL queries
* Tested and validated the database tables using SQL queries
* Performed UAT and Regression testing using manual test methodologies
* Carried out Smoke Testing on the new builds for basic functionality testing. Conducted Regression Testing to ensure proper bug fixes. Performed End-to–end testing, Security and Functionality testing

**Environment:** Windows, SIT/UAT, RUP, SDLC, SQL (Toad), Rally, EDI, HIPAA, Visio, SharePoint, Agile

**CareSource, Dayton, Ohio Feb 2014 – March 2016**

**QA Analyst**

I worked on all HIPAA transactions. I was also involved in integration of FACETS 4.71. I also worked on the implementation and enhancements to the COB (Coordination of Benefits)

**Responsibilities:**

* Created Test Plans and Test Cases for the Functional, Integration, Usability, Security, and smoke testing.
* Tested COB claims pricing.
* Processed Claims and validated a variety of Subscriber categories rates and Benefits such as; Co-payments, Deductibles, Co-insurance, and specially COB whether the system performs in accordance of the expected results
* Authored and executed Test cases for Claims and Customer Service Workflow by manually.
* Worked on legacy conversion data base systems on claims processing.
* Knowledge of HIPAA Implementation Guides for health Care Industry.
* Extensively worked with EDI transactions such as 835/837 and 276/277 following the HIPAA compliance EDI standard format of X12.
* Testing of all loops and segments for conversion of 834 4010 to HIPAA compliant 5010.
* Experience with external claim editing system on front-end system of FACETS.
* Entering Claims and Customer Service Tasks into the FACETS.
* Developed a thorough organizational knowledge of the capabilities and functionality of a MMIS (Medicaid Management Information System).
* Involved in HIPAA implementation to ensure security and to protect the confidentiality of health information and guard it from unauthorized access.
* Tested and validated the database tables using SQL queries and Stored Procedures and performed Data Validation and Data Integration.
* Tested web services by generating XML SOAP requests and validated the corresponding XML SOAP responses.

**Environment: QTP, Windows, SQL, SOAP UI, UNIX, Mercury Quality Center.**

**Coventry Health Care, Downers Grove, IL March2011- Dec2013**

**QA Analyst**

UHG is recently developed to ensure customer readiness activities and assign implementation teams in process improvement activities. I am involved in an incentive program and directly responsible for multiple clients’ business processes. During this, I was also involved in conception, development, as well as testing of an in-house web based workforce management/defect-tracking tool named PEGA.

**Responsibilities:**

* Followed SDLC life cycle process throughout the life-cycle
* Responsible for development of Test Cases and executing the Test Cases using Quality Center
* Performed manual testing using SQL queries
* Performed regression, system, integration, and functionality testing
* Validated the following: 837 (Health Care Claims or Encounters), 835 (Health Care Claims payment/ Remittance), 270/271 (Eligibility request/Response), 834 (Enrollment/Dis-enrollment to a health plan).
* Analyzed the different rules and regulation regarding Medicare, Medicaid, and Child healthcare (CHIP)
* Validated the different data sets such as claim, enrollment, and member data
* Worked on requirements of the 835, 834, 276, 277, 837 and HIPAA transaction across the enterprise
* Worked with the project manager for planning and organizing the project activities and in communicating with other business center managers and stakeholders of the project
* Used SQL queries to perform Backend Testing for Data Validation and Data Integration Testing.
* Modified test scripts created by the system test team to meet UAT needs
* Supported User acceptance testing (UAT) in preparing the test scripts and test execution
* Provided test team status reports on weekly basis to the project manager.
* Developed Test Cases to test the screens and workflows for Business Assurance.

**Environment: Windows, SIT/UAT, RUP, SDLC, MS SQL, EDI, HIPAA, Visio, Agile**