**OBJECTIVE**  
To work in a fast paced, dynamic environment in the field of Software Quality Assurance/Testing, that would enable me to utilize my technical/analytical skills, greater inter-personal skills, and strong ethic to enhance a company’s quality goals.

**PROFESSIONAL SUMMARY**

* Over 6 years of experience in **EDI Analysis,** **Quality Assurance** and **Software Testing** in **Healthcare.**
* Excellent skills in writing **Test Plans** and **Test Cases.**
* Extensive experience in testing **Client/Server and Web-based** **Applications.**
* Expertise in Bug reporting tools such as **Test Director** **and Quality Center.**
* Proficient in **manual** **testing** of applications on **Windows** and **UNIX** environment.
* Very good experience in Back-End Testing using SQL on **UNIX** and Windows platform to validate the consistency of data.
* Experienced working   with x12 version **5010 transactions**   changes analysis, design and migration strategy.
* Worked closely on**834 transaction code for Benefit Enrollment and was involved in Validation of HIPAA for 837, 270/271, 276/277,835, 834, 820** EDI transactions.
* Used Process log browser to view different types of log history files to figure out issues **with 834 transactions as well as 837 & 820.**
* Have good knowledge of HIPPA 4010 /5010 versions.
* **Maintained Test Matrix and Requirement Traceability Matrix.**
* Performed Gap Analysis.
* Strong Knowledge on MS Office suite, MS Visio, MS Project, and MS Access.
* Prepared GAP Analysis documents involved **with 834, 820** transactions in collaboration with other team members.
* 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.**
* Extensive knowledge of **SDLC** such as **RUP, SCRUM, AGILE, Waterfall.**
* 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**

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| --- | --- |
| **Testing Tools** | *ALM Quality Center, Test Director* |
| **Bug Reporting Tools** | *Jira, Bugzilla* |
| **Databases** | *Oracle, MS Access, MS SQL Server, TOAD, PL SQL* |
| **Operating Systems** | *UNIX, Windows Vista, Windows 7* |
| **Scripting Languages** | *TSL, VB Script and C* |
| **Others** | *MS Office Suite- Word, Excel, MS Visio, MS Project* |
| **EDI Files** | *834, 837, 835, 820* |

**PROFESSIONAL EXPERIENCE**

**Client: Tenet Healthcare Corporation, Dallas, TX**

**Duration: March 2017 – Present**

### Position: QA ANALYST

**Environment: EDI 834, 820, 837, FACETS 5.01, Java, Windows, Oracle, Quick Test Pro, and Quality Center.**

**Description:**

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. **Facets** are a fully integrated ENROLLMENT & CLAIMS data processing and Medicaid and/or Medicare Management information system for managed healthcare. I was involved in testing of various types of EDI ANSI x12 files such as 834, 820, 837 & 835.

#### Responsibilities:

* Developed detail Test Plans for different benefit packages according to Business requirements documentation.
* Used Process log browser to view different types of log history files to figure out issues with 834 transactions.
* Worked on Batch processing, member, subscriber enrollment **module of 834, ID card** generation processes and Created business process flow to capture the required data in future, define business rules to determine Medicare (Part C and Part D) Member Coordination of Benefit letters as required by CMS, Medicare Secondary Payer for members with Workers Compensation.
* Prepared GAP documents involved with **834, 820 transactions** in collaboration with other team members.
* Experience with developing HIPAA Companion Guides for **834 Enrollments, 270/271 Eligibility Inquiry/Response & 820- Health Plan premium payments for MMIS.**
* Involved in discussion with the **Subject Matter Experts (SME**) during creation of test plans and updating of business requirements.
* Acting as liaison between end user and Facets for user problems, outstanding issues, training needs and new software releases.
* Developed the test cases as per the HIPAA **regulations (270, 271, 275, 820, 276, 278, 834, and 837).**
* Performed extensive data modelling to differentiate between the OLTP and Data Warehouse data models
* Follow up management on errors made by Data Entry associates.
* Performed **UAT Testing Manually in coordination with UAT** group to ensure correct business logic.
* Involved in new development, support, enhancement of application.
* Worked with business leaders to translate business requirements and processes into test cases according to Facets package requirements and subsequent effective configuration.
* Involved in **FACETS Implementation, involved end to end testing of FACETS Billing, Claim Processing and Subscriber/Member module**.
* Set claim processing data for different Facets Module.
* 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.
* 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.

**Client: United Health Group, Minneapolis, MN**

**Duration: May 2016 – Mar 2017**

**Position: QA Analyst**

**Environment: Oracle, HIPPA, EDI 5010, XML, QTP, Mercury Quality Center, Facets, EDI 837, 835, 820, 834.**

**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. As an EDI Analyst I was responsible to test various EDI files such as 834, 820, 837 & 835.

**Responsibilities:**

* Worked with Business Analyst and QA Lead in reviewing and analyzing the business requirements Documents and functional requirements.
* **Involved in testing HIPAA Transactions & Code Sets Standards like (820- Premium Payment for enrolled health plan members, 834 Enrollment to a health plan, 835, 837 ...etc.)**
* The 834 transaction was broken down into several components depending upon the functionality achieved from each component and the integrity of these components.
* Worked on the **EDI 834-file load to Facets through** MMS (Membership maintenance sub-system)
* Creating document and diagrams for membership enrollment according to HIPAA 834 compliance standard for membership enrollment.
* Prepared GAP documents involved **with 834, 820 transactions** in collaboration with other team members
* Documented Functional Specifications for Enrollment **(834), Customer Service Interface, Claim (837) including Encounter Claim and Capitation Payment (820**) and Authorized Representative for Medicaid Members.
* Imported preexisting Microsoft Word and Excel-based requirements and tests for analysis in MQC.
* Prepared Test Cases based on business requirements and business rules for **HIPPA EDI Transaction 834, 276/277, 270/271, 837/835.**
* Tested all HIPAA transactions for multi version support (**4010 and 5010)** and validating the database to file elements.
* Analyzed **HIPAA 4010 and 5010 standards** for 837P EDI X12 transactions, related to providers, payers, subscribers and other related entities.
* Configuration and evaluating the impact of proposed changes in rules and regulations.
* Set claim processing data for different **Facets Module.**
* Performed Positive and Negative Testing Manually
* Actively participated in **walkthroughs** and enhancement meetings
* Maintained **Test Matrix** and **Requirement Traceability Matrix**
* Performed **Gap Analysis**
* Performed Security Testing on the application
* **Experiences working in ANSI x12 837-835 EDI Transaction.**
* Validate the date from **EDI transaction.**
* Tested the **HIPPA EDI 834, 270/271, 276/277, 837/835** transactions according to test scenarios and verify the data on different modules.
* Authored test case scenarios in Excel spread sheet and export them into Mercury Quality Center.
* 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.
* Executed test cases found errors reported defects, determined repair priorities, did regression testing and closed by using Mercury Quality Center.
* Responsible for Performing Integration Testing, UAT testing.
* Customized Quality Center to suit the requirements of testing effort.
* Monitored the Defect Tracking Process and generated customized graphs and reports for the client using QC.

**Client: Dean Health Plan Madison, WI**

**Duration: Jun 2014 – April 2016**

**Position: QA EDI Tester**

**Environment: Quality Center, HIPPA, EDI 5010, QTP, Windows 2000, SQL Server, SQL, PL/SQL, Oracle 9i.**

**Description:**

Dean Health Plan does more than any other health plan to help companies and employees achieve good health and high productivity. They look beyond traditional methods for far-reaching and sustainable ways to manage health care costs while earning high marks for member satisfaction. DHP is having 400,000 members in the organization. Provider Portal Demographic Updates enables Provider to load/update self-service form and provide demographic data so that DHP doesn’t need to perform all the provider changes.

**Responsibilities:**

* Developed **Test Plan, Test Strategy** & **Schedules**.
* Very good in all the Documentation & Project life cycle Documentation.
* Followed the QA methodology, **followed the entire System testing effort** and manage in different phases.
* **Daily Status reports to** the Business owner, **Project executives & Team.**
* Making sure the aggressive timeline of the project is maintained.
* Tested EPS (**Enrollment Processing System**) for processing 834 5010 file to membership database.
* Hands on experience on Implementation of EDI (Electronic data interchange) with HIPAA code sets.
* Converted and tested **834 4010 to 5010 in new EPS system**.
* Created test cases for all **Add, changes and term** scenarios based on new 5010 HIPAA compliance.
* Involved in Up-gradation of HIPAA X12 4010 transactions **to HIPAA X12 5010**.
* **Worked on HIPAA Transactions and Code Sets Standards according to the test scenarios of 834 5010 compliance.**
* **Created test scenarios for the iMax file sent back to Vendor for updates made in enrollment application.**
* Tested the interface between database and the application.
* Participated in requirement walkthroughs and creation of test plan.
* Worked on Unix Platform and experienced in **back end testing by executing SQL Queries**.
* Checked the data flow through the frontend to **backend and used SQL Queries to extract the data from the database**.
* Involved in writing extensive **SQL Queries for back end testing oracle database**.
* Retrieved files using SQL statements and UNIX commands.
* Maintained Traceability matrix and Test Matrix
* Created and maintained SQL Queries for back-end testing
* Performed **manual back-end testing using PL/SQL to** connect to an Oracle 9i database on a UNIX server
* Maintained various versions of Test Scripts
* **Performed Sanity Testing and Smoke Testing**
* Investigating software bugs and reporting to the developers using Quality Center Defect Module
* Analyzed system requirements and developed detailed test plan for testing
* Performed Usability Testing
* Tracked and reported **defects using Quality Center**.
* Generated defect reports using Quality Center for the developers.

**Client: Kaiser Permanente, Reston, VA**

**Duration: Jan 2012 – May 2014**

**Position: QA Analyst**

**Environment:** **HIPPA, EDI, QUALITY CENTER, SQL, UAT, WINDOWS XP, Oracle, UNIX, Apache.**

**Description:**

Kaiser Permanente 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 totally new web service to replace the existing application. The customer can compare individual health insurance plans by providing zip code, date of birth and gender. My responsibility was to test the EDI (Electronic Data Interchange) database.

**Responsibilities:**

* Wrote Test scenarios to perform thorough Testing and validate the weekly feed data, based on business requirements.
* Performed smoke, functional, integration and regression testing of the website.
* Involved in Testing of **HIPAA EDI Transactions (835,837,820,276) i**n various phases of implementation.
* Analyzed HIPAA EDI transactions in XML and X12 responses and of 270 and 276 and looked for defects for amendment.
* Did data **analysis for various version changes of EDI** messages on different sub-systems.
* Performed Database testing **using SQL queries**
* Performed backend testing for data validation using SQL Queries.
* **Executed SQL statements to check** if the data integrity has been maintained.
* Executed SQL statements to test the integration between application and database
* Performed **negative and positive testing using SQL Queries**.
* Writing SQL Procedures & Batch Processes.
* **Executed SQL queries to retrieve** **data from tables and to create views** and perform backend testing.
* **Writing Test Scenarios/Test Cases/Test Matrix**.
* Was part of the Lean workshop as part of the Six Sigma adaption and provided lean ideas on various workflows.
* Manual Testing for checking the flow of the application functionality.
* Created and worked with Data requirements for various testing purposes.
* Investigated **application bugs, reported & tracked testing process in the bug tracking using Quality Center**.
* Analyzed the existing business scenario and understood the business rules.
* Developed design specification writing Test Reports & documenting test results.
* Tested modified/new Oracle forms and database using SQL for its functionality.
* Frequently **communicated with developers and senior QA team** members to assist in the clarification of technical issues.