**SABINA KARKI**

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**Summary:**

* Over 7 years of experience in creating innovative and cost effective Quality Assurance solutions with expertise in Insurance, Healthcare processes, applications using manual testing procedures & test automated tools
* Extensive experience in all phases of SDLC processes.
* Experience working with HIPAA EDI 837 transactions which include Medical (Institutional), Professional and Dental claims for both 4010A1 and 5010 versions.
* Thorough knowledge on 270/ 271, 276/ 277, 278 transactions.
* Strong Knowledge and working experience on ICD-9 and ICD-10 codesets and the conversion.
* Support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Knowledge of MMIS (Medicaid Management Information System), HIX (Health Insurance Exchange), EMR (Electronic Medical Record), EHR (Electronic Health Record) and healthcare reforms like the Patient Protection and Affordable Care Act (PPACA), Emergency Medical Treatment and Active Labor Act (EMTALA).
* Experienced in different types of testing like Black box testing, white box testing, functional, GUI testing, Systems testing, regression, integration, UAT and performance testing
* Extensive testing using tools: (Quick Test Professional) QTP, (Unified Functional Testing) UFT, Quality Center, (Application Life Cycle Management) ALM, (Test Foundation Server) TFS.
* Expertise in reviewing requirements, Business requirements gathering, Data warehousing, evaluating data sources, translating requirements into specifications and application design.
* Experience with QNXT 3.4, QNXT , Facets , Inbound & Outbound interfaces, EDI configuration, and data mapping using ANSI X12 4010 and 5010 (834,835,837) .
* Worked on the Business Process Testing (BPT) of the Quality Center using the input and output parameters, creating different components on the BPT tab.
* Experienced in documenting Test Plan, Test Objectives, Test Strategies, Test Scripts, Test Scenarios and Test Cases.
* Expertise in Claims, Subscriber/Member, Plan/Product, Claims, Provider, Commissions and Billing Modules of Facets.
* Verified application functionality against business requirements, manually and by using Win Runner.
* Hands-on experienced with defect tracking tools like HP ALM.
* Experience with structured QA Methodology and QA Process to ensure the Quality Assurance Control.
* Have attended seminars/webinars and gained lot of knowledge on HIX (Health Insurance Exchange), EMR (Electronic Medical Record), EHR (Electronic Health Record) and healthcare reforms like the Patient Protection and Affordable Care Act (PPACA), Emergency Medical Treatment and Active Labor Act (EMTALA).
* Expertise in Black Box, Sanity/Smoke, Integration, Regression, Performance/ Load/Stress, System and Functional Testing.
* Strong experience in Quality Assurance of multi-tier systems, Client/server systems and Web Applications/Sites including testing large enterprise software applications.
* Excellent team player with strong written, communication, interpersonal and analytical skills.

**Technical Skills:**

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| Testing Tools | QualityCenter10.0, QTP 9.4, UFT, Rational Clear Quest, SQA Manager, EDISIM. Clear Quest, Mainframes, Trasaction Management, Edifecs |
| Operating Systems | Windows XP, Unix (Solaris). |
| Database | SQL Server & Microsoft Access |
| GUI Tools | Visual Basic 5.0/6.0, Developer 2000, Crystal reports |
| EDI Standards | ANSI X12, HIPAA, Spec Builder 6.2/7.0 , Edifecs , Edge tool , HTM |

**Horizon Blue Cross Blue Shield of New Jersey Newark, NJ Jan 14 - Present**

**Sr. QA Tester**

MB & A is a high priority project designed to facilitate purchase of insurance &enrollment of members through **Health Insurance Exchange (HIX)**. This initiative is projected to reduce costs of healthcare & increase patient affordability by incorporating various subsidies & tax credits under the Affordable Care Act (ACA) passed in 2010.

Horizon Blue Cross Blue Shield of NJ has invested millions of dollars to migrate to NASCO Members Edge as the New Membership & Billing Solution in an effort to sustain large volume ofHIXbusiness & streamline all impacted downstream processes within the next 2-3 years. Market Segments to be transitioned to HIX Enrollment this year are: Small/SHOP Groups (2-50 Employees)&Exchange Individual Consumer Enrollment

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**Responsibilities:**

* Testing various change orders of Medicaid applications received from the System Engineer’s
* Regression Testing of Web applications and applications dealing with MEDICAID and MEDICARE Services
* Conducted weekly meetings for deciding the Policies and Procedures to be followed while constructing new sites.
* Conduct complex documentation and user needs analysis. Interface with team and staff to develop HL7 integration
* Assisted JAD sessions to identify the business flows and determine whether any current or proposed systems are impacted by the EDI X12 Transaction, Code set and Identifier aspects of HIPAA.
* Developed the strategy for developing and implementing new EDI (HL7 and X12) interfaces and converting historical clinical and data.
* Worked on analysis of FACETS claims processing system and gathered requirements to comply with HIPAA 5010 requirements
* Reviewed EDI companion guides for all payers to ensure compliance, edit integrity and maintain up-to-date list of payer contacts.
* Developed QA Test Plan from technical specifications and requirements for this project which deals mainly with three areas i.e. presentation tool, integrated genesis selling tool and catalog APIdifferent iterations and phases of the Software Development Life Cycle.
* Developed and conducted statewide HIPAA 5010 and ICD10 awareness program for all IDS staff in Tenet.
* Performed testing for Medicare, Medicaid and X-Over claims for Medicaid Management Information System (MMIS)
* Involved in 835 files validations for HIX at Claim level, Line level, Service level and Transaction level.
* Prepared and developed test cases, test scripts, and test approach documents using QTP.
* Responsible for testing all CRM Conversion Test suites in HP ALM.
* Involved in gap analysis and implementation of HIPAA 5010, ICD 10 and Claim Validations
* Conducted Gap Analysis, and Gathered User Requirements by Interviews, user meeting, JAD session, and Requirement Elicitation Sessions
* Involved with the coders in evaluation of CPT and ICD9 codes to ensure that the diagnosis meets medical necessity for the specific CPT code.
* Analysis and Design of HIPAA X12 834 and 820 EDI Transactions for Health Insurance Exchange (HIX).
* Utilized corporation developed Agile SDLC methodology. Used ScrumWork Pro and Microsoft Office software to perform required job functions.
* Produced Gap Analysis documents for HIPAA 5010 and ICD10.
* Substantial report development experience utilizing SQL Server Reporting Services (SSRS), Cognos Impromptu, and Microsoft Excel
* Participated in testing the various Interfaces (Inbound and Outbound) of FACETS.
* All the test scenarios which have been satisfied with the functionality are moved to automation testing using Quick Test Professional.
* Precisely and thoroughly document defects found in ALM and work with developers to resolve them.
* Recorded User action on GUI using QTP and performed Regression Testing on builds.
* Extensively interacted with the stakeholders and the IT Department in finalizing the requirements according to the CMS Compliances/Regulations and HIPAA Regulations.
* Established questionnaires and resource leveling required for implementing HIPAA 5010 and upgrading ICD-9 diagnosis codes to ICD-10 codes
* Assisted to develop the Test Plan, Test Cases and Test Scenarios to be used in testing based on Business Requirements, technical specifications and/or product knowledge.

**Environment:**  MS-Visio, MS Office, MS Project, Quality Center, HIPAA/ EDI X12, Load runner, Edifecs, Edge, Transaction Manager, Transaction Restarter, ALM/QTP,UFT, FTP.

**ACS Xerox Company, CO                                                  Mar 11– Dec 13**

**Quality Analyst /Sr. Tester**

The project was to develop applications which accept different claims like Medical claims, Dental claims, Pharmacy claims and vision claims from different vendors and route the claims into Batch Adjudication System and Online Adjudication. Here the Batch Adjudication System automatically adjudicates the claims and sends the files to Payment department. In the Online Adjudication system examiners will check the files and then they will move the claims to Payment department.

Responsibilities:

* Created and maintained templates such as: Test Plans, Requirements Traceability Matrix, Test Scripts, Testing Issues, Project Sign-off and Test Reports.
* Provided quality and testing best practice recommendations
* Run bi-weekly business requirements sessions with the QA resources to ensure requirements accurate understanding and to ensure test cases are easy to understand and execute
* Communicated quality and testing goals effectively to project managers, project participants and testing staff.
* Managed quality and testing deliverables, including coordination across interfacing segments.
* Worked on testing Web Services using Soap UI.
* Improved process for payment of Medicare Secondary Payer claims through revised workflows.
* Designed and developed presentation layer using JSP, DHTML, AJAX and JavaScript.
* Involved in testing the SOAP messages across the web site and made sure results returned in XML format
* Created and Developed Reports and Graphs using ALM
* Extensively used Mercury Quality Center to monitor the progress of assignment of testing activities.
* Logged the defects in Quality center maintaining right priority and managed the defects through it.
* Coordinated UAT, Regression and Integration testing schedules and completed the same.
* Conducted GUI and functionality testing using QTP.
* Conducted data driven testing using QTP to conduct backend testing.
* Involved in testing the conversion of Medicaid, Medicare and Commercial groups, members , providers and Authorizations from Legacy AMISYS system to FACETS
* Conducted testing of applications and interfaces relative to converted data from Amisys into Facets
* Involved in testing the integration of core data stores FACETS and AMISYS into a single comprehensive Enterprise data warehouse.
* Written complex SQL queries in Toad for Data Analysts tool for database /backend testing to validate that the data in Amisys converted successfully into FACETS using the Mapping documents as reference. Experience in EDI automated first-pass claim adjudication, requiring thorough understanding of claim processing, both front and backend operations.
* Created DTS and SSIS Packages to vendors in which records were loaded Daily, also to other data resources such as Excel, Access, flat file, and XML in order to Create and maintain a centralized data warehouse.
* Used Test Director and HP/Mercury Quality Center for updating the status of all the Test Cases & Test Scripts that are executed during testing process.
* Defect tracking and Defect Report Generation are prepared using ALM and HP Quality Center
* Was responsible for data mapping of HL7 messages into relational database.
* Assisted JAD sessions to identify the business flows and determine whether any current or proposed systems are impacted by the EDI X12 Transaction, Code set and Identifier aspects of HIPAA.
* Involved in the full HIPAA compliance lifecycle from GAP analysis, mapping, implementation, and testing for processing of Medicaid Claims. Worked on EDI transactions: 270, 271, 834, 835, and 837 (P.I.D) to identify key data set elements for designated record set. Interacted with Claims, Payments and Enrollment hence analyzing and documenting related business processes.
* Created Functional and Integration Test Folders in Quality Center.
* Reviewed EDI 837 claims and flagged HIPPA non-compliant claims received from the Payer side
* Managed and coordinated testing process with in-house testers and outside testing resources.

Environment:Facets, Mercury Suite QTP, HP Quality Center, .NET, C, JSP, XML, XSLT,Soap UI, Java, HTML, SQL, J2EE,UNIX, ALM/QTP, Oracle.

**United Health group, Phoenix, AZ May 10 – Feb 11**

**QA Tester**

The project was to develop applications which accept different claims like Medical claims, Dental claims, vision claims from different vendors and route the claims into Batch Adjudication System and Online Adjudication. Here the Batch Adjudication System automatically adjudicates the claims and sends the files to Payment department. In the Online Adjudication system examiners will check the files and then they will move the claims to Payment department.

**Responsibilities:**

* Worked extensively in the System Integration testing (SIT) region of Cigna also handling the issues that arise in production areas.
* Analysing the BRD for HIPAA 4010A1 to 5010 transition and prepared the Test plan and Test cases for 5010 HIPAA transactions 837I/837P/837D, 277, 835 & 999.
* Extensively worked on data preparation for the defects that came up during the transition to 5010 on all the Medical, Professional, Dental claims including Medicare claims.
* Dealt with special category claims like New born, Medicare secondary, IPC hold and multiple match claims that go to the transaction restarter on hold, where they have to be manually sent to claim engines.
* Analyzed HIPAA 4010 and 5010 standards for 837P EDI X12 transactions, related to providers, payers, subscribers and other related entities.
* Developed Data Driven tests to check how application performs with different sets of data using QTP.
* Got exposure of IBM mainframe environment for Medicaid Management Information System impact assessment. Dealt with the EDI transaction-835 claims payments and remittance advice, which deals the payment from payer to provider.
* Used the reflection SFTP to submit the above claims.
* Implemented automated COB processing of Medicare claims into Facets
* Extensively worked on reviewing requirement, functional and design specifications, developing Test strategies, Test plans and Test cases.
* Involved in testing of the loading 5010 HIPAA Inbound Transactions (837I/P/D) in Mainframe database.
* Involved in testing of the extracting 5010 HIPAA Outbound Transactions (835, 277) from Mainframe database.
* Validated Business rule Edits for 5010 HIPAA transactions 837I/837P/837D, 276/277 and 835
* Worked with Claims, enrollment, eligibility verification for members and providers, benefits setup, and backend payment cycle in facets.
* Executed the 5010 system test scenarios for 5010 HIPAA transactions 837I/837P/837D, 276/277 and 835 after loading and adjudication.
* Involved in claims processing of different scenarios and tested the end to end scenarios from 837 to 835.
* Conducted data driven testing using QTP to conduct backend testing.
* Loaded the defects on to HP Quality Center and maintained a track record of the updates on the defects from the development team.
* Created regression beds of the defects that we worked to use them for regression testing.

**Environment:** Windows &UNIX, FTP client, Transaction Manager, Edge tool, CED inquiry, HP Quality Center 10.0, Transaction Restarter (TXNR), Sterling, Clear Quest , MS Office, Text pad, Spec builder 7.0, QTP, Agile/Scrum project methodologies,

MVP Healthcare,Rochester, NY Jan 08 – Apr 10

QA Analyst

MVP Healthcare will provide a higher standard of health care coverage and improves the quality of carefor every member. It sets the standard for outstanding quality health care, service and value. It is the leader in access, affordability and quality in the competitive health insurance market.

Responsibilities:

* Reviewed the Requirements document for 4010 and prepared the test plan and test cases.
* Involved in Manual Testing of the application.
* Conducted functional, system, data and regression testing.
* Interacted with the Developers and BA for defects and problem resolution.
* Generated Bug Reports and Test case coverage reports for status meeting and also involved in resource planning for test cases coverage
* Involved in Bug Review meetings and participated in weekly meetings with management team.
* Provided testing results and weekly status reports to the QA Manager
* Using FTP we upload and download files for testing data
* Tested the web services for Provider and Recipient Portal.
* Designing test scripts for testing of Claims in Development, Integration and production environment.
* Involved in testing HIPAA EDI Transactions (837I/P/D, 270/271, 276/277, 835,834, 820) for 4010
* Involved In loading the flat files into Oracle Database and involved in writing Complex SQL Queries.
* Involved in writing Complex SQL Queries using TOAD to validate the loads.
* Backend testing of the DB by writing SQL queries to test the integrity of the application and Oracle databases using TOAD.
* Maintained Metrics participated in weekly status updates showing the progress of the testing effort and open issues to be resolved.

Environment: TOAD, Oracle 11g, Ms Office, Text pad, UNIX, FTP client, Clear case, Clear Quest, Spec builder 6.2/7.0, Quality Center , QTP, Cognos, Informatica.