**Sharada Chand**

**Summary:**

7 years of diverse experience in information technology with an emphasis on Software Quality Assurance in industries like Health and Insurance. My ambition is to take up a challenging position in the area of Software Quality Assurance and Testing in a progressive, fast- pace dynamic environment that will allow me to align my skills in the organization in the most efficient manner.

**Career Summary**

* 7 Years of extensive experience in Information Technology with the emphasis on software Quality Assurance/Testing.
* Proficient in testing Client/Server and Web Based Application.
* Extensive experience in Software Testing Manually as well as using Automated Tools such as Quick Test Pro and Rational Team Test.
* Profound understanding of insurance policies like HMO and PPO and proven experience with HIPPA 4010 EDI transaction codes such as 270/271(inquiries/response health care benefits), 276/277(Claim status), 834( Benefits enrolment), 835 (Payment/Remittance advice), 837(Health Care Claim).
* Strong knowledge of Medicare and Medicaid state **benefits** plans.
* Excellent understanding of HIPPA 5010 rules as well as **ICD 9** and **ICD 10.**
* Expertise on various Electronic Data Interchange (EDI) transactions.
* Hands on experience with testing of OPL, COB, Healthcare Claim pricing, Healthcare Claim **Benefits**, End to End Claim Processing.
* Well versed with ANSI X12 standard and format.
* Experience working in a FACETS environment and I have gained extensive knowledge about various modules of a FACETS system such as claim, membership and pre pricing etc.
* Good understanding of Facets and Network Configuration process for pricing benefit plans
* Hands on experience with membership maintenance system (MMS).
* Expertise in analyzing system and functional specifications used cases, Business Requirements and business rules to prepare Test Plans and design Test Cases
* Proficient in using **Quality Center/ HP ALM** for test management, defect tracking, and reporting.
* Substantial experience in Sanity and Smoke Testing of applications before testing effort of UAT and Regression Testing of applications.
* Skilful in Enhancing and Editing Test Scripts.
* Expert in retrieving database information writing **SQL Queries** and transforming data to information as needed. Performed extensive Backend Testing of the applications using PL/SQL Queries.
* Experienced in using Data Warehousing and ETL tools, testing and validating data.
* Hands on experience with Sybase database with platform of Interactive **SQL**.
* Well known with flow of EDI transaction processing through trading partner to the core database and also know the process for External database for the facets system.
* Experienced with batch processing system for claim electronic transaction.
* Designed Data Stage ETL jobs for extracting data from heterogeneous source systems, transform and finally load into the Data Marts.
* Well known with frontend processing for the Claims, Subscriber/Family and with Providers.
* Experienced with External claim editing system on frontend system of Facets 5.01
* Excellent Communication, presentation and interpersonal skills.
* Exceptional inquisitiveness and ability to learn new concepts.
* Able to work independently as well as in a Team Environment.
* Effective Time Management skills and the consistent ability to meet client deadline.

**Technical Skills:**

**Testing Tools**  HP Quality Center, Quick Test Pro (QTP),

**Test Reporting Tools** Quality Center, Rational Clear Quest,

**Operating System** Windows, UNIX

**Databases**  Oracles (Toad), Sybase, SQL Server (Visual Studio),MS Access and DB2

**Testing Language** SQL, Interactive SQL, VB Scripts in QTP

**Web Technologies** HTTP/HTML, MS FrontPage and XML

**Others**  MS Office, Trizetto Facets, HIPAA standards, Medicaid Program

**Experiences:**

**BMCHP Health Net PlanTampa, FL July 2014 – Present**

**QA Analyst/ FACETS Tester**

Boston Medical Center (BMC) HealthNet Plan is a managed care organization founded by Boston Medical Center in 1997. Offering MassHealth (Medicaid) and Commonwealth Care health insurance coverage, BMC HealthNet Plan serves more than 250,000 members statewide. The Plan offers comprehensive coverage and personal physicians who provide care for the whole family; interpreter services, a personal membership card and a 24-hour nurse advice line.Project involves integrating Market Prominence and the Claims processing System with the data warehouse to support the reporting requirements. My duties were included designing the model of ODS to automate and maintain the ETL process.

**Responsibilities:**

* Worked on **Agile SDLC** approach implementation for the whole testing life cycle.
* Reviewed Functional requirement documents, High level design requirement documents and finalize the testing in scoops and scenarios for Integration testing for each project.
* Gathered requirement and created, executed and documented Test Cases as per requirements in Quality Center.
* Maintained QA lab standards, documentation review assisted in establishing and maintaining best practices for QA.
* Involved in testing of FACETS Implementation, involve in end-to-end testing of FACETS Claims Processing module, Membership and benefits.
* Exposed to NetworX Pricing Configuration for benefit plans
* Performed Testing on Request and Response for XML message using SOAP UI.
* Performing Functional and GUI testing on Facets.
* Created test scripts for security. **Positive, negative and system integration testing (SIT)** were perform.
* Worked with team manager in supervising, guiding, and supporting their testing efforts for integration.
* Verified the test cases and tests scripts written by Jr. Testers in QC.
* Used SQL to test various reports and ETL load jobs in development, QA and production environment.
* Worked with Claims, enrollment, eligibility verification for members and providers, benefits setup and backend payment cycle in FACETS.
* Tested HIPAA EDI transactions and **code sets standards such as 837/835 and 834 transactions.**
* Experience with batch processing system for claims electronic and manual transaction.
* Well known with frontend processing for **the claims, subscriber/family and with providers**.
* Responsible for writing the test cases and test scenarios based on the functional specification and technical specification and documented in HP Quality Center.
* Worked on Quality Center for bug status tracking and maintained and created status reports for the application.
* Involved in the weekly defect review meetings to review the status of defect fixes and upcoming build releases.
* Used QC for version control, tracking defects, enhancement requests, assign work activities and assess the real status of project throughout the life cycle.
* Identifying test cases to be run for regression testing and conducting regression testing as and when new builds were made
* Documented the test execution summary results and reported the status of assigned test tasks and issues to project manager for approvals.

**Environment:** Facets (NetworX), Sybase, Interactive SQL, MS Word, MS Project, QC, MS Excel.

**MVP HealthCare, Schenectady, NY Dec 2012-June 2014  
QA Tester**

MVP HealthCare project was about the claim adjudication, claim processing and Provider Management to comply with the mandate that effective with the federal compliance date. As a QA tester, I was also involved in integration of FACETS with legacy and thirty party vendor applications.

**Responsibilities:**

* Worked as Facets NetworX pricing Analyst
* Prepare **test plan, test case based** on the requirements outlined in the test plan as a part of the development cycle.
* Participated in developing test plans templates and guidelines to be used by the project team with detailed screen layouts with regards to various types of corporate actions.
* Involved in the development of Test Plans and Test Cases and coordinated the tests with the QA team to verify implementation of new features and enhancements.
* Involved in testing of Facets Implementation, end-to-end testing of Facets Claims Processing module, Membership and benefits.
* Follow the Agile Methodology for the entire **SDLC.**
* Performed Back End testing using **SQL Query.**
* Developed Design Specification writing Test Report and documenting Testing results.
* Analyzed the system requirements specification and developed appropriate test plan, test cases, test scripts and executed testing.
* Worked on the claim processing module which involved receipt, enrolment (834), Verification of claims form (837)and claims adjudication, Health claim payment/advice(835) as per HIPPA guidelines.
* Executed SQL Query and then performed Manual Testing on FACETS to verify claims/Bill.
* Developed automation test scripts for performing regression testing on the application using Quick Test Pro.
* Conducted interviews and workshops for soliciting customer requirements.
* Performed Test execution and wrote and executed test Scenarios /Test Scripts.
* Interacted with the technical team for the 837 **claims transactions design**.
* Worked with the development team to make sure that they understood the user requirements and that the system developed met those requirements.

**Environment:** Windows, Facets (NetworX), Oracle, SQL, Mainframe, Mercury Quality Center, MS Office, MS-Visio, SOAP UI

**Unicare Corporation, Cleveland, OH** **Aug 2011–Nov 2012**  
**QA Analyst/ EDI Tester**

Unicare uses FACETS, a fully integrated, intelligent data processing and management information system for managed healthcare. I was involved in an application where user can fine the status of the member at any instance. This would help health insurance with its membership and claims Management information Tracking system, Finance and Utilization management system modules, which integrate directly with FACETS.

**Responsibilities:**

* Reviewed Business requirement documents and functional requirements.
* Formulating detailed Test Plan using **Quality Center**after analyzing business rationale and software requirement artifacts.
* Interacted with the team member to ensure meaningful development of the scripts and simulated real time business scenarios.
* Performed the Back end Integration testing to ensure data consistency on front end by writing and executing SQL statements on the database.
* Reviewed manual testing methods and developed and executed.
* Involved in Configuration testing.
* Tested the changes for the front end screens in FACETS related to following modules, test the FACETS batches (membership, Billing, Providers).
* Used **Quality Center**for version control, tracking defects, enhancement requests, assign work activities and assess the real status of project throughout the life cycle.
* Maintained Requirement Traceability Matrix (RTM) to make sure that test plans were written for all the requirements.
* Identifying Test Cases to be run for Regression Testing and conducting Regression testing as and when new builds were made.
* Involved in testing HIPAA transactions and codes sets standards like EDI 820(Premium Payment for enrolled health plan member),EDI transaction codes such as 270/271(inquiries/response health care benefits), 276/277(Claim status), 834(Benefits enrollment), 835(Payment/Remittance advice),837(Health Care Claim).
* Implemented manual test case for each sprint task and executed them using SOAP UI.
* Involved in upgrading HIPAA 4010 transaction to HIPAA 5010 transaction project, processed 837 claims file and verifying 277 reports.
* Involved in testing of HIPAA for EDI 835 for the payment of claims and transfer of remittance information.
* Validated member’s benefits against the benefits matrix.
* Analyzed and test data on different billing membership functionality manually and writing queries on database for validating data.

**Environment**: Windows XP, Java, Oracle, Toad, Facets, ClearQuest, Rational Quality Manager, MS Office Suite (Word, Excel, PowerPoint), MS Project.

**Kaiser Permanente Healthcare, CA Jan 2009- July 2011  
QA Tester**

Kaiser Permanente is one of the leading health insurance providers in US. Application such as Facets has been widely used across their network for the claim adjudication and claim processing. Facets are a fully integrated CLAIMS data processing and Medicaid and Medicare management information system for managed healthcare. Facets uses the data feed for the claims adjudication, claims error processing and to prepare the auto generated reports and correspondence using the Batch Cycle. As QA Tester, I was involved in various kinds of testing of the Facets application modules like Membership, Providers, Finance and Claims.

**Responsibilities:**

* Wrote SQL procedures and Batch Processes.
* Wrote Test Plans, Test Scenarios, Test Cases and the Test Matrix.
* Analyzed and worked with MS SQL Server Test databases.
* Involved in testing various healthcare application and migration of plans from legacy system to FACETS application.
* Prepared the 837 I and P Claims and validated these in Facets 4.5.1 systems.
* Manual testing for checking the flow of the application functionality.
* Investigated application bugs, reported and tracked testing process in the bug tracking using Test Director.
* Used FACETS Analytics for fast and easy retrieval, display and grouping of information for performing queries and generating reports.
* GUI, performance and Backend Testing for pulse application developed in Java on Oracle Database.
* Conducted backend testing, writing extensive SQL queries.
* Frequently communicated with developers and senior QA tam members to assist in the clarification of technical issues.
* Performed requirement gathering analysis, interview the SME (Subject Matter Experts).
* Worked as ETL Tester responsible for the requirements gathering ETL Analysis, ETL Testing and designing of the flow and the logic for the Data warehouse project.
* Assisted QA and BA teams with data requirement and defect investigation in testing phase.
* Conduct and participate in the walkthrough meeting with the SME, developer team and QA team.
* Participated in weekly meeting and discussed modification request with management team environment.

**Environment:** QTP, Java, UNIX, XML, Oracle, Mercury Quality Center, SQL, MS Office.