**SUMAN MAHARJAN**

**Career Objective:**

I have 7 years of diverse experience in Information Technology with an emphasis on Software Quality Assurance in industries like Health and Transportation.My ambition is to take up a challenging position in the area of Software Quality Assurance and Testing in a progressive, fast-paced 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 Applications.
* Extensive experience in Software Testing Manually.
* Profound understanding of insurance policies like HMO and PPO and proven experience with HIPPA 4010 EDI transaction codes such as 270/271(inquire/response health care **benefits**),276/277(Claim status), 834(**Benefits** enrollment), 835(Payment/remittance advice), 837(Health care claim).
* Strong knowledge of Medicare and Medicaid state **benefits** plans.
* Excellent understanding of HIPAA 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 Claims Processing
* Expertise in analyzing system and functional specifications used cases, Business Requirements and business rules to prepare Test Plans and design Test Cases.
* Substantial experience in Sanity and Smoke Testing of applications before testing effort of UAT and Regression Testing of applications.
* Performed extensive Backend Testing of the applications using SQL Queries.
* Well known with flow of EDI transaction processing through trading partner to the core database and also known the process for External database for the facets system.
* Experienced with batch processing system for claims electronic transaction.
* Well known with frontend processing for the Claims, Subscriber/Family and with Providers.
* 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 Interactive SQL**

**Test Reporting Tools Quality Center, Jira**

**Operating Systems Windows, UNIX, LINUX**

**Databases Oracle, SQL Server**

**Testing Languages SQL, Interactive SQL**

**Web Technologies Adobe Photoshop and XML**

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

**Professional Work Experience:**

**Client: QSSI Inc., Boston, MA**

**March2014- Present**

**Position: QA Tester / Analyst**

**QSSI/Optum is contracted by the Commonwealth of Massachusetts to test the MA Health Connector website which is currently developed by a different implementation partner, Hcentive. The Health Connector is Massachusetts’ health insurance Marketplace where individuals, families, and small businesses can shop among the state’s leading health and dental insurance carriers and choose the right plan to meet their needs and budget. I was brought in to perform initial UAT testing for the state after the project was taken over by QSSI/Optum. As a QA Analyst I was responsible for monitoring and validation of Conversion process, Front end and Back end validation as well as business process rules. I was responsible for testing HIX inbounds file processing.**

**Responsibilities:**

* **Developed Test Scenarios and Test Cases based on the business requirements and used the Rational Quality Manger tool to store and access test cases and scripts.**
* **Worked with BA’s and State SMEs to breakdown and understand the Rule document.**
* **Maintained Requirement Traceability Matrix.**
* **Worked closely with the business to gain understanding of the whole process of the application.**
* **Performed functional, regression, integration, web-services testing of the MA-HIX website in the UAT environment.**
* **Extensively worked with EDI transactions such as 834 following the HIPAA compliance EDI standard format of X12.**
* **Experience in sing JIRA as a bug tracking tool and to communicate the bugs with the Developers.**
* **Checked the data flow through the front end to backend and used SQL queries, to extract the data from the database.**
* **Involved with backend testing of the SQL database and verified the EDI data transactions going fine in the database.**
* **Extensively involved in the Triage process.**
* **Extensively involved in the transition process while taking over the project from a company called CGI.**
* **Ran numerous test cases for Program Determination, Blueprint, Shopping, Federal HUB testing and Notices testing.**
* **Extensively worked to validate the MMIS XML tags.**
* **Depth knowledge and worked extensively on CMS (Center for Medicaid and Management System).**
* **Performed End-to-end system and Functional testing.**
* **Analyzed, Tracked and report defects using HP ALM Quality Center.**

**Environment**: **Java Framework, HP QC ALM, JIRA, MS-Visio, Oracle SQL Developer, XML, MMIS, CMS, SharePoint, MS Office Suite.**

**Cigna Healthcare, Norcross, GA**

**June 2012- Feb 2014**

**QA Analyst**

CIGNA Healthcare is one of the nation’s leading non-profit networks of community-based healthcare providers, delivering high-quality care. It provides quality health insurance at affordable prices. The project was to implement the conversion of 837 P/835 EDI transactions from 4010 to 5010. As a QA, Created and maintained Test Plan, Test Cases and Test Scenarios Document for the 4010 to 5010 changes as a result of the HIPAA 5010 requirements for EDI Transactions; Involved in the Forward Mapping and Backward Mapping analysis of **ICD 9 – ICD 10** Conversion for CM (Diagnosis Codes) and PCS (Procedure Codes).

**Responsibilities:**

* Reviewed Functional requirements documents, High level design requirement documents and finalize the testing in scoops and scenarios for Integration testing for each project.
* Involved in the impact analysis and performed GAP Analysis for HIPAA 4010 and 5010 transactions and utilized EDI tools to verify mapping to X12 format
* Gathered requirements and created, executed and documented Test Cases as per requirements in **Quality Center.**
* Interacted with the team member to ensure meaningful development of the scripts and simulated real time business scenarios.
* Maintained QA lab standards, documentation review assisted in establishing and maintaining best practices for QA.
* Maintaining knowledge of Medicare and Medicaid rules and regulations pertaining to the Facets configuration and evaluating the impact of proposed changes in rules and regulations.
* **ICD 9 – ICD 10** Conversion Project – Worked in the analysis of the **ICD 9 – 10** codes conversion Project.
* Performed **Back-end** testing Using **SQL** Commands.
* Verified the test cases and test scripts written by Testers in **Quality Center**.
* Tested HIPAA EDI Transactions and **Code Sets Standards such as 837/835 and 834** transactions.
* Responsible for writing the Test Cases and Test Scenarios based on the Functional Specification and technical Specification and documented in Mercury Quality Center.
* Wrote Test Cases in Excel based on Technical and Functional Specifications and upload them in Mercury Quality Center.
* Executed test cases for the existing market’s various lines of business. (The test cases covered: Authorization of claims, Accumulator, **Benefits**, Claim Payment and Pricing, as well as member and provider data updates)
* Worked on **Quality Center** for bug status tracking and maintained and created status reports for the application.
* Involved in weekly defect review meetings to review the status of defect fixes and upcoming build releases.
* Used Quality Center for 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:**XML, MS Office, Quality Center Server, Interactive SQL,MS Access, EDI Validation tool, Windows

**Hospital Corporation of American HCA, Nashville, TN**

**April 2010 - June 2012**

**QA Analyst**

I worked as a QA on Medicaid Claims Processing, which includes prioritization of claims, creating Medicaid reports and checking the status of claims. I also worked with **Facets** application where the implementation of **Facets** newest applications was involved to help healthcare payers improve productivity, enhance service and improve service.

**Responsibilities:**

* As a QA I defined **test plan, test cases** based on the requirements outlined in the test plan as 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 BA to verify implementation of new features and enhancements.
* Design, analyze and performed Integration and wrote System requirements on different leading health care software’s such as **FACETS.**
* Writing Test Plans/Test Scenarios/Test Cases.
* Involved in **FACETS** Implementation, involved end-to-end testing of **FACETS** Billing, Enrollment Claim Processing and Subscriber/Member module.
* Worked on migrating **ICD-10 codes** and mapping **ICD-9 and ICD 10 codes**
* Performed Gap Analysis in **ICD-9 and ICD 10 codes.**
* Developed design Specification writing Test reports and documenting Test results
* Identified customer requirements besides reviewing test plans and documented the development of these plans
* Analyzed the system requirements specification and developed appropriate test plans, test cases, test scripts and executed testing
* Worked on claim processing module, which involved Receipt, Enrolment (834), Verification of Claims Form (837) and Claims Adjudication, Health Claim Payment/Advice (835) as per HIPAA guidelines.
* Tested EDI 837,835,834 files in compliance with HIPPA 5010 and ICD10
* Created the data dictionary for the clinical aberrancy rules
* Performed Health Care Reform audit for multiple Health Care Reform provisions. Provided recommendations for systems being developed to support the audit.
* 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**
* Manage the Requirements (Business as well as System requirements), performed requirements analysis along with the creation of **Test Scenarios**.

**Environment**: Quick Test Professional, HP Quality Center, SQL, WindowXP, SQL, XML, MS Office, MS EXCEL

**Education**

Wilmington University, Delaware

Masters of Science in Health Care Administration