**Yonas Abebe**

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**Summary:**

Over 7 years of experience in the field of IT with focus on QA and testing of Client-Server and Web based and web services with effective use of QA practices. Strong knowledge of all phases of SDLC (Software Development Life Cycle) and the Health Care Sector with prime focus on testing of claims, eligibility, provider and membership enrollment in Facets.

**PROFESSIONAL SYNOPSIS:**

* Extensive experience in using Test Management tools such as HP Quality Center (QC) for organizing and managing all phases of application testing process, including specifying testing requirements, planning tests, executing tests and tracking defects.
* Extremely proficient in Manual (QC), Automation (Quick Test Pro) and database testing tools to troubleshoot systems, integration, user acceptance, positive and negative, functional and non-functional and regression in the specific field database.
* Extensive testing experience in all phases and stages of testing with good working knowledge of testing disciplines, tasks, resources and scheduling.
* Professional experience in writing Test Scenarios, Test Conditions, Test Cases and Test Scripts for Functional and non-functional requirements.
* Experienced in HIPPA 5010 EDI transaction. Experience with writing various test cases for FACETS interfaces and tracking/explaining bugs to development teams
* Designed and executed test cases for the black box testing and perform boundary value analysis, decision table analysis for business rules, and state transition verification.
* Experience in building test cases using structure-based techniques (White Box) covering statement, branch (decision), Condition and path coverage.
* Experience with Medicare, Medicaid, Medigap/Medsupp & commercial insurances in HIPAA ANSI X12 5010 formats including 270,271, 276, 277, 835, 837, 997, NPI, ICD 9, ICD 10 codes.
* Worked with TriZettos Facets Application Groups: Claims Processing, Customer Service, Guided Benefit Configuration, Medical Plan, Enrollment, Pricing Profile, Provider, Subscriber/Member, and Workflow Configuration.
* Experienced in testing Health Care applications and ability to think through the requirements to identify the ambiguities and build test cases for effective test coverage.
* Knowledge of industry compliance standards like HIPAA and EDI X12 transactions (834, 837, 835, 270/271, 276/277).
* Excellent knowledge in creating Test Strategy, Test Plan, Test Input Data for positive and negative testing, Test matrix creation and Defect Analysis.
* Expertise in Analyzing Business Requirements, Functional and Technical Specification and documenting Test cases and Test Scripts.
* Expertise in Trizetto Products – FACETS, QNXT and in Facets Claims Test Pro (CTP).
* Expertise in problem solving and tracking bug report using bug tracking tools.
* Review and analysis of Business Requirements, Development, Functional Specifications, and Detail Design of the Application.
* Extensive experience in testing Facets applications mainly in Provider, Group, Subscriber/Family, membership and billing.
* Formulating Test Plan based on the Design Document, Use Case and User Requirement Document.
* Ability to interact with developers and Business Analyst regarding Testing Status, Defects and change tracking using Quality center and Clear Quest.
* Expert-level experience in writing SQL queries using DDL and DML commands like Select, Create, Joins (inner and outer) and sub-queries.
* A dynamic team member with proven abilities to be a part of a team during various project phases.
* Experience in configuration of claims adjudication systems, FACETS 4.7/5.01.
* Possess excellent analytical, programming, troubleshooting and interpersonal skills.

**Technical Skills**

Methodologies: **Waterfall, Agile, RUP**

Project Management: **MS Office, MS Project**

Version Control System: **Rational Clear Case, CVS, Visual Source Safe**

Process/Modeling Tools: **Rational Rose, MS Visio, Rational Requisite Pro, Clear Quest**

Testing Tools: **Rational Enterprise Suite, Load Runner.**

Languages: **SQL, JAVA, XML, UML, .NET, HTML**

Databases: **MS Access, SQL Server, Oracle 9i/10g, Sybase Accelerator**

**Professional Experience**

**Care First Blue Cross Blue Shield, Washington, DC Jan 2018-Nov 2019**

**Sr. Facets Tester**

Blue Cross and Blue Shield offers individual and group health plans. I worked as QA Analyst in Implementation of FACET. I was involved in preparing test plans and test cases for various modules including Providers/ Subscribers and member’s enrollment. Worked on electronic HIPAA 835 Remittance Advice transactions which include the Electronic Payments of enrolled members which is EAB (enrollment and billing), Also worked on Wok flow of different EDI transaction which goes in and out of the facet application through TM (Transaction manager) and HIPAA Gateway routing to the Trading partners.

**Responsibilities**

* As a Facets Software Tester Involved in FACETS Implementation Testing, involved end to end testing of FACETS Billing, Claim Processing and Subscriber/Member module.
* Set claim processing data for different Facets Module.
* System Integration testing for Facets core modules with external systems.
* Data mocking for different Claim file formats.
* Conducted HIPAA Gateway Testing.
* Set claim processing data for different Facets Module.
* Tested Subscribers/Providers and claims in Facets.
* Participated in developing and implementing End-End testing.
* Tested the GUI / User Interface of the Web applications.
* Participation in requirement / Use Case analysis, risk analysis and configuration management.
* Tested the Membership and claims files (XML) in Facets.
* Transactions focused on were 270,271,276,278,834, 835, and 837.
* Validated the reports and files according to HIPAA X12 enforced standards.
* Tested the Members, Claims, Providers and Services in Facets.
* Involved in testing HIPAA EDI Transactions and mainly focused on Eligibility Transactions.
* Tested the subscriber and Member enrollment in association with class, plan and product.
* Tested the Registration process of common practitioner in Facets and validated the fields (Medicare or Medicaid billing number, License and DEA number).
* Tested the Network, Network area, Network group in Facets.
* Performed Manual Testing using Quality Center (QC) and User Acceptance Testing (UAT)
* Performed UAT Testing Manually in coordination with UAT group to ensure correct business logic.
* Responsible to work on Healthcare Management Information System which includes two divisions: HIPAA compliance and Maintenance units division and Claim processing division.
* 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.
* Performed SOA / Web Service testing using SoapUI.
* Created Data for XML Requests in SoapUI.
* 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.

**Kaiser Permanente, Falls Church, VA Oct 2015-Dec 2017**

**Facets QA Tester**

I was responsible for QA Analyst role on different EDI HIPAA transactions. As a Tester, I was responsible for conducting the overall System Testing to verify operations of key Facets modules involved in the processing of claims (including benefits), providers and members.

**Responsibilities:**

* Elicit requirement to be able to generate the tools and info needed to process the ICD-10 information by 2013 (Claims Processing, Training etc.)
* Mapping of ICD-10 codes to procedure and diagnostic codes in Facets.
* Reviewing all codes and appropriately applying them.
* Conduct meeting with the stakeholders and assess their accurate involvement with ICD-10.
* Develop and coordinate implementation timelines with Trading Partners including readiness assessment and coordinated testing.
* Identify processes and systems to enable to trade files with non ICD-10 complaint trading partner.
* Help in preparing the ICD-10 context diagram.
* Prepared Test data based on positive and negative testing using Trizetto Data Generator TDG, vi editor and ISPF editor
* Developed standardized FACETS testing, implementation and QA processes.
* Performed manual testing to conduct backend testing using UNIX shell scripts and SQL Queries
* Experience with EDI transactions like EDI 834 (Benefit Enrollment and Maintenance), 276/277(Health Care Claim Status Request and Response), 835(Health Care Claim Payment/Advice) and 837 (Health Care Claim: Professional, Institutional and Dental).
* Multiple 837 map set developed for each client (clearinghouse, internal, and external trading partners), as well unique mappings were needed in each map to accommodate various conditions dealing with Provider, Subscriber, PAY-TO and BILL-TO Provider information needed to identify multiple conditions dealing with batch processing of claims.
* Involved in the development of test plans and created test cases and test scripts needed to validate the requirement.
* Analyzed and logged defects in Quality Center and interacted with the developers to resolve technical issues.
* Design, analyze and performed Integration and System testing on FACETS to test all the different software components under one complete system.
* Help the developers to understand the requirements in order to design the software modifications needed to support the requirements.
* Review Implementation Plan and testing types, techniques and environmental needs.
* Defect Management & triage, provide expertise to resolve defects that raise business issues.
* Actively involved in documentation of UAT (User Acceptance Test), Functional Test, Integration Test Scenarios and Bug Log.
* Extensively used SQL statements to query the Oracle Database for Data Validation and Data Integrity.
* Actively participated in weekly status meeting with Team members, Team managers, Business analysts & Technical team and also generated Weekly Status Reports to the Team manager.
* Tracking Software defects collected from different sources and categorized severity in HP Quality center.

**Aetna Health Services, Nashville, TN ` Nov 2013-Sept 2015**

**QA Tester**

Working with Nashville, TNEDI Corporation, which is upgrading an existing EDI system, to use for dual purposes: First, this system is used as a National HIPAA 5010 EDI testing tool and for 5010 test-data generating, typically for Medicare, Medicaid or Commercial Payer HIPAA 5010 Projects or HIPAA Training. The second use is for an affordable 5010 desktop solution for Providers. Involved in the Forward Mapping and Backward Mapping analysis of ICD 9 – ICD 10 Conversion for CM (Diagnosis Codes) and PCS (Procedure Codes); Involved in GEM (General Equivalence Mapping) tools for forward mapping of ICD 9 – ICD 10 codes.

**Responsibilities:**

* Acted as a primary contact in all the phases of Software Development Life Cycle SDLC including Quality Assurance Testing, Performance & User Acceptance testing.
* Performed GAP analysis for ICD - 10 and EDI 5010 X12 Message Structure with the 5010 Structure.
* Developed End-to-End Quality Process Flows for HIPAA 5010 EDI transactions including 834 (Benefit Enrollment and Maintenance), 835 (ERN-Electronic Remittance Notification) and 837 (Claims Submission) Transactions.
* Acting as liaison between end user and Facets for user problems, outstanding issues, training needs and new software releases.
* Created the “AS-IS” as Current Quality Process Model and the “TO-BE” as the Intended Model, to analyze and improve the Quality processes.
* User Acceptance Testing (UAT) – Performed UAT tests using the MORAE Usability Testing Tool using the Observer and the Manager Mode.
* ICD 9 – ICD 10 Conversion Project – Worked in the analysis of the ICD 9 – 10 codes conversion Project. Expertise in GEM processes and concepts.
* Performed manual Back-End testing on the application by writing complex SQL queries.
* Wrote INNER, OUTER JOINS to retrieve desired or expected data from tables of database with and without comparison operators to perform Backend testing in QTP.
* Performed extensive testing in Facets Subscriber/Member, tested Groups, Eligibility, and Enrollment and validated outbound 834 Extracts to different Vendors.
* 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.
* Created and maintained SQL Queries for back-end testing.
* Involved in testing Facets for Group Information, Enrolling Subscribers, adding members, Related Entities, Class/Plan definition and Premium Rate Tables.
* Used Rational Clear Quest to track and report system defects and bug fixes
* Testing - Developed Test Scripts using Quality Center and coordinated with developers to quickly resolve the defects associated with them.
* Analyzed and evaluated User Interface Designs, Technical Design Documents and Quality Assurance Test Conditions the performance of the application from various dimensions.
* Assisted in creation of the Functional Design Document from the Quality Requirements Document which was used as the reference by the development team while preparing the design and held the responsibility of the required data setup for unit testing.

**Tufts Health Plan, Watertown, MA Jun 2012 -Oct 2013**

**QA Analyst**

Tufts Health Plan,driven to ensure that every person and organization receive the greatest possible value for their health care investment. It provides the resources to the improved health and well-being through all stages of life of people. I worked as QA Analyst in the claims department. I was mainly involved for testing of an online system for members. They could use this system to access the personal benefits and claims information. They could find personal physician and health care providers using this system.

**Responsibilities:**

* Involved in developing detail Test Plan for different benefit packages according to Business requirements documentation.
* Involved in testing Facets enrollment, claims processing and finding health care providers.
* Developed and implemented EDI applications to process Health Care transactions as per the HIPAA implementation.
* Wrote Test Cases for manual and automated testing and created Traceability Matrix.
* Executed Test Cases in Quality Center Test Lab.
* Performed Functionality, Sanity, Smoke, System, Integration, Regression, Positive, Negative testing on the application.
* Performed Back End testing using SQL queries to check the data integrity on Oracle Database.
* Conducted Data Driven Testing using parameterization in QTP to test the application with different sets of data.
* Performed manual back-end testing using PL/SQL to connect to an Oracle database on a UNIX server.
* Maintained knowledge of Medicare and Medicaid rules and regulations pertaining to the Facets configuration and evaluating the impact of proposed changes in rules and regulations.
* Used Quality Center to log any defects, issues and risk found during Integration test.
* Documented problems found during test using Quality Center and communicated recorded problems to developers.
* Participated in various meetings and discussed enhancement and modification requests Responsible for executing Volume Testing, Compliance Testing, Data Quality Testing
* Responsible for status check at regular time frame