**Professional Summary:**

* Over all 6+ years of rich IT Industry in experience in Manual QAon both Client-Server and Web-based applications
* Experience in HIPAA EDI transactions 837 (Institutional/Professional), 835(Payment Remittance Advice) 270 (Eligibility Request) / 271 (Eligibility Response), 276 (Claims Status Inquiry Request) / 277 (Claims Status Inquiry Response), 834(Benefit Enrollment and Maintenance Transaction), 278 (Prior Authorization), 997 (Transaction Acknowledgement
* Working knowledge of ANSI X12 EDI transactions.
* Extensive experience using manual testing to troubleshoot systems integration, GUI, Compatibility, User Acceptance Testing (UAT), SOA Testing using web services, functionality, Database and regression testing.
* Well versed in analyzing Business Requirements, Functional Specifications, Technical Specifications and Use Cases for preparing Test Plans, Test Scenarios, Test Cases, Test Scripts, Test Data and Test Reports.
* Expertise in EDI transactions used in healthcare industry and good knowledge of HIPAA X12
* Experienced in Functional testing, Performance testing, Load testing, Integration testing, System Testing, Regression testing, Black Box testing, Stress Testing, Smoke Testing, Recovery Testing and GUI Testing.
* Test Plan, Test Conditions, and Test Cases ensuring adequate testing of software both before and after completion conducting and documenting UAT
* Have solid experience on database query tools such as TOAD, SQL Navigator, and SQL Assistant.
* Experienced in using the Oracle SQL\* Loader features for loading the data from Flat Files to Data Base tables for Bulk Loading.
* Proficiency in Defect management, including Defect creation, modification, tracking, and reporting using Industry standard Tools like Quality Center, Clear Quest, TFS – Team Foundation Server.
* Knowledge on the phases of agile methodology and scrum Methodology.
* Experience in validating the data by writing and executing SQL Queries in various data base’s including Oracle, SQL Server, DB2 Database and My-SQL.
* Extensive understanding of HIPAA compliance and Medicare and Medicaid advantages. Strong Experience in HIPPA 5010 EDI Transaction codes such as 837 (Health care claim), 276/277 (Claim Status), 270/271 (Inquiry/Response), 834(Benefit) and 835(Payment and ICD 9 and ICD 10 coding and EDI

**Technical Skills:**

|  |  |
| --- | --- |
| **Testing Tools** | Quick Test Pro, Quality Center ALM,  RMT, Clear Quest, Clear Case, TFS, JIRA. |
| **Operating Systems** | Windows 98/00/XP, Win Vista, Windows NT, UNIX, Linux ,AS400, MS-DOS |
| **Languages** | C, Java, JSP, XML,C#, VB.NET, TSL, SQL, Toad, PL/SQL, SQL Developer |
| **Data Bases** | Oracle, MS-SQL Server 2000/2005,Teradata, DB2,MS Access |
| **Web Technologies** | J2EE, HTML, Ajax, DHTML,, FileMaker, XML, SOA, BPEL, WSDL, Jmeter, Eclipse and SOAP |
| **Programming & Scripting** | Visual Basic, C, C++,  UNIX Shell Scripting |
| **MS-Suite** | MS-Word, MS Excel, MS-Project, TFS,MS Share Point2007/ 2010, Microsoft Outlook and Microsoft Access , Excel, PowerPoint. |
| **Healthcare Tools** | HIPPA,4050,5010,EDI,X12, 834 835, 837 278, 276, 277 |

**Professional Experience:**

**Kaiser Permanente, CA Nov 2017 – Oct 2019 Sr. Manual QA Tester**

**Description:** Kaiser Permanente’s New Health Plan, This project involves The following HDHP modifications will be tested for the various PIMS modules - Pharmacy Member Identification and Verification, Pharmacy Adjudication and Verification, Accumulation, Pharmacy Pricing, Manual Adjustments, POS Collection, Reporting etc., Kaiser Permanente is in the process of deployment and implementation of Health Connect, a state of art, Patient care EMR system developed by Epic. Maintained and supported Transcription, Copath plus interface, backup for Cerner interfaces using epic bridges tools and HL7 protocol in UNIX environment.

**Responsibilities:**

* Designed and development of test cases based on functional requirements for Institutional and Professional claims for EDI and HIPAA Transactions 837/835, 834, 276/277, 270/271 testing
* Worked as an Epic Interface Analyst working on integration of various Healthcare IT applications with Epic.
* Designed and developed Use Cases through visually modeled UML diagrams to both management and development teams to ensure uniform understanding of the business scope, and detailed business and functional requirements.
* Experience in EDI automated first-pass claim adjudication, requiring thorough understanding of claim processing, both front and backend operations.
* Developed HIPAA EDI Transmissions. Work includes complete business cycle management and hands-on production as well. Create EDI Testing process, documentation, and performance matrices.
* Technical Specification Creation for EDI. Schedule meetings with technical personnel to determine technical parameters for EDI and other related processes, including communication, security, and privacy.
* Collaborated with the development team to enforce the implementation of requirements throughout the entire coding cycle and managed change request using Rational Clear Quest.
* Implemented HIPAA 5010 / ICD 10, version for all EDI transactions.
* Extensive performance tuning of Informatica Power center ETL, EPIC Clarity ETL
* Tested the ETL Informatica mappings and other ETL Processes (Data Warehouse Testing).
* Configure HP PPM for Creating Programs/Projects Milestone, Assign Team Members, and Completed Work Approvals.
* Collected the information related to ongoing application upgrade and their impact on ICD-10 implementation and created awareness within the departments regarding the need, impact, benefits and risks of ICD-10 code application
* Involved in providing education about the ICD-10 codes and 5010 standards, its requirements, complexity and accuracy to Physicians and Nurses of the hospital. Figured out the requirement of training in various departments of the hospital based on their daily work
* Performed impact analysis on applications for deadliness of ICD-10 conversion.
* Conducted Functional Testing, Joint Functional Testing and UAT, documented and reported user feedbacks to management team.
* Used Quality Center for requirement management, test planning, scheduling, executing test cases, managing and tracking defects.
* Utilized corporation developed Agile SDLC methodology. Used Scrum Work Pro and Microsoft Office software to perform required job functions.
* Automation of test scripts was done using QTP for test re-usability of different online transaction modules.
* Performed Defect Tracking and Change Control Procedures using Rational Clear Quest and Configuration Management and Version Control using Rational Clear Case.
* Involved in Regression testing of each build during the various phases of the application using QTP.
* Tested the Epic Modules -Ambulatory Epic Care, Claims and billing, Prelude/ADT registration, Billing, Emergency (ASAP), Inpatient, Outpatient, Pharmacy/Willow and Cadence (Scheduling) EMR and registration
* 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.
* Configure and customize the Clarity PPM application according to approved business requirements and design specifications.
* 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.

**Hewlett-Packard - Boston, MA July 2015 – Oct 2017**

**Manual QA Tester**

**Description:** New MMIS is Massachusetts’s Medicaid Management Information System being implemented by EDS (HP) Corporation The project was on MMIS Enterprise system where the changes were implemented from the Legacy subsystem to the Enterprise subsystem where all the Medicaid claims could be processed properly.

**Responsibilities:**

* Analyzed User stories and developed test case negative and positive scenario and wrote the test cases.
* Performed rigorous back-end testing on Oracle Database and developed SQL queries to create test data, verify test results and check the integrity of the database and viewing the database logs.
* Prepared the Test file for 837 with PPN/Tax ID and NPI and validating the 835 with Correct Outbound NPI i.e. Validated all the incoming/Outgoing data from EDI 837 / 835 interfaces
* Involved in Integrating and Functional System Testing for the entire Data Warehousing Application.
* Extensively used SQL scripts/queries for data verification at the backend.
* Worked in importing and cleansing of data from various sources like DB2, Oracle, flat files onto SQL Server with high volume data.
* Reported software mismatches to the development team using Quality Center.
* Involved in backend testing using SQL queries and verified the EDI data transactions in the database.
* Involved in testing the ETL process of data sources, Teradata, SQL Server, Oracle, flat files into the target Teradata, Oracle database as per the data models.
* Tested the Soap UI Web services for Provider and Member portals.
* Knowledge of 837, 835, 276,277, 270, 271, 834, HIPAA EDI and X12 transactions.
* Performed User Acceptance Testing. Defined the scope of Testing for User Acceptance Testing (UAT).
* Maintained and executed test cases and test scripts.
* Testing various change orders of Medicaid applications received from the System Engineer's
* Extensively performed manual and automation testing activities using HP ALM/Quality Center.
* Validate EDI 834 enrollment process according to HIPAA compliance
* Worked with Ultra edits software to Unwrap the X12 file data and compare between two EDI file.
* Performed All phases of end-to-end testing which includes Smoke testing, Functionality testing, Integration testing, Regression testing, back end testing etc.

**Health Partners Inc. Philadelphia, PA Aug 2013-June 2015**

**QA Analyst**

The Health Insurance Portability and Accountability Act (HIPAA) require that all health insurance payers in the United States comply with the EDI standards for health care medical & hospital claims as established by the Secretary of Health and Human Services. The Addenda version of the ANSI ASC X12 834 transaction set was selected as the HIPAA-mandated format for electronic enrollment and disenrollment in a Health Plan.

**Responsibilities:**

* Responsible for backend testing like Database Backup, Recovery and performance and individual projects like product-change notifications and service releases.
* Conducted GUI and functionality testing using QTP.
* Provided timely feedback to developers as bugs are found using Quality Center.
* Used SQL Queries and PL-SQL Procedures to perform database testing
* Assisted Project Manager and User managers to conduct Market Research and Feasibility Studies, and to develop Scope/Vision Documents.
* Used defect-tracking tool for raising issues and interacting with developers.
* Having excellent experience working with EDI HIPPA (837I/P/D, 270/ 271, 276/ 277, 278, 820,834,835) X12 Transactions for version 5010)
* Responsible for attaining HIPAA EDI validation from Medicare, Medicaid and other payers of government carriers.
* Determine the amount of coverage a customer should receive for Medical claim or Hospital claim according the procedure done and the coverage on the account.
* Managed and executed the test process, using Agile Methodology.
* Created the UAT Plan and test scripts and participated in UAT.
* Implemented Data Driven in SOAP UI and tested various functions in Web Services. With Data
* Created ETL processes to extract data from Mainframe DB2 tables for loading into various oracle staging tables.
* Stay in constant contact with medical facilities providing service to determine accuracy of Medical claims being made.
* Meet with customers to discuss results of medical claims, explaining the process and outcome.
* Filed medical claims made by customers by entering and organizing data and inputting all information into the computer system.
* Tuned ETL jobs/procedures/scripts, SQL queries, PL/SQL procedures to improve the system performance.
* Back-end testing of the database by writing SQL & PL/ SQL queries.
* Verifying Healthcare Eligibility, Claims, Benefit and Service using ANSI ASI X12 Standards.
* Monitored the compliance mapping of transactions to the EDI transactions standards ANSI -X12.
* Developed QA Test Plan, test conditions and test cases, as well as assisted with QA team in System Testing.