

Explanation for Healthcare Project

❖ Working for Healthcare Project

- Practice Management Software (PMS)
OR
- Revenue Cycle Management Software (RCM Software)
OR
- Medical Billing Software
OR
- US Hospital Management Software

❖ Project name – GreenMed / AdvanceMed / PracticeMD / GreenWay / ProviderWay

❖ Technologies: Oracle 11g, JAVA, Selenium Web driver

❖ Tools: JIRA- Bug Tracking, MS Excel for reporting purpose.

❖ Client Name : -----

Description of Project:

This is web base application used to deal with day to day operation of a medical Practice, It is having scheduling and billing functionality for US Hospital, it can be used to maintain patient visits/appointment in hospital, can maintain patient demographic Information (Patient personal information is called as Demographic information – Name, Phone number, Social Security Number, Address etc).

It is used for schedule appointment, Maintain list of insurance for patient, perform billing task, and generate invoices for patient bills.

The system is capable for sending electronic claims to different insurances by using their electronic payer ID.

Generates reports that can identify most popular and profitable services, top referring physician, outstanding account receivable and more.

Able to import electronic remittance advice (Electronic EOB- Explanation Of Benefits), this is the electronic receipt received from different insurances for payments.

Main Modules in the Project

- Scheduling, Registration, Account summary, Billing, Payment Entry, Account Receivable, Collection, Charge Management, Transaction Management, EDI Submission Management, EDI Response Management
- Reports, Administration, Balance Forward, Financial Dashboard, Task Management, Support, Product Update

This project is still in production and not released yet for end user, currently we are working on billing module.

Billing Module Contains

- Visit Information
- Claim filling to patient Insurance
- Notes/Comment section
- Charges Tab
- Transaction Tab
- Correspondence Tab
- Claims Tab
- Patient Information
- Insurance Information

My Roles and Responsibility as a Manual and Automation Tester

- Part of Sprint planning meeting

- Involved in Estimation Meeting
 - Writing Test Scenarios
 - Writing Test Cases
 - Peer review for other team mates
 - Sanity Testing
 - Test Execution
 - Bug raising and Tracking bug
 - Maintaining Bug Tracker.
 - Free Form Testing for Extra observation
- 1) Also involve in Automation from last one year, converting test cases to automation using selenium web driver for those module which are stable and released.

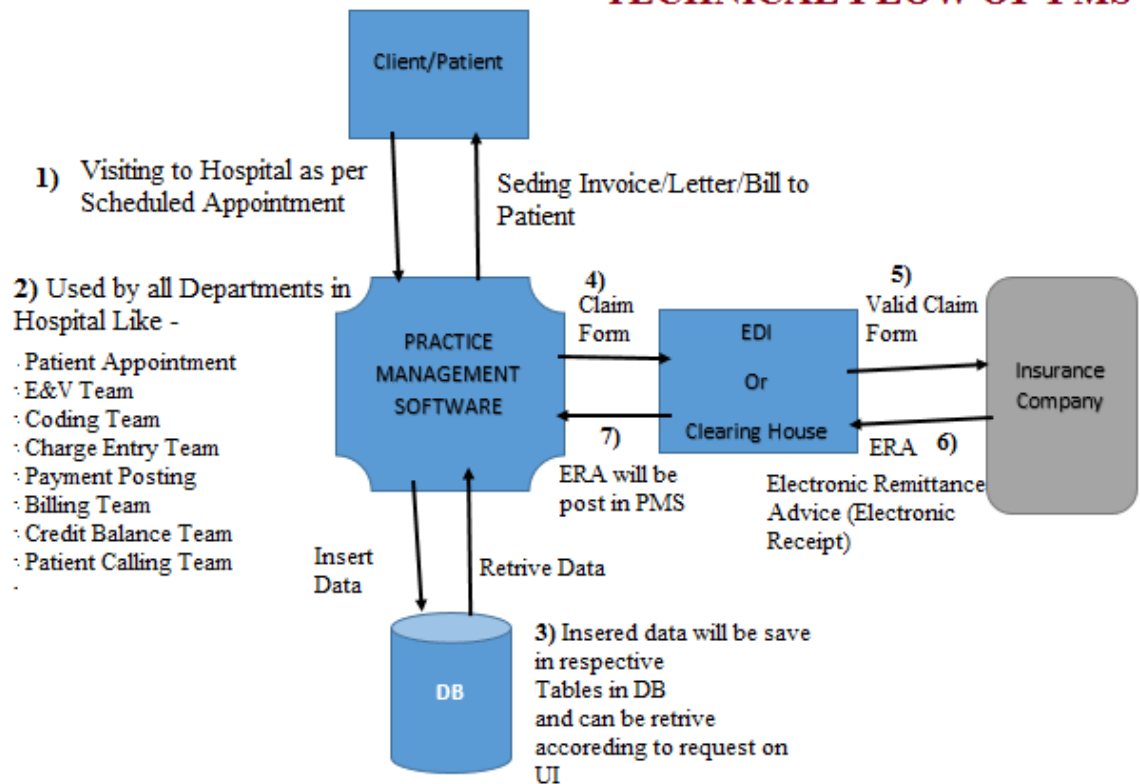
Business Flow:

- 1) Practice Management Software is having many functionalities to manage Hospital/Practice. One of them is Billing Module.
- 2) Most of the Hospital in United State are using Practice Management software for smooth operation in their facility.
- 3) Using this PMS any Hospital can manage their Appointment Scheduling, Maintaining Patient Health Information (PHI), Billing Department, Credit Balance, and Inventory Management.
- 4) They can manage their multiple branches using single platform.
- 5) Using Practice Management Software Hospital can get their reimbursement from Patient Insurance in Short period.

Technical Flow:

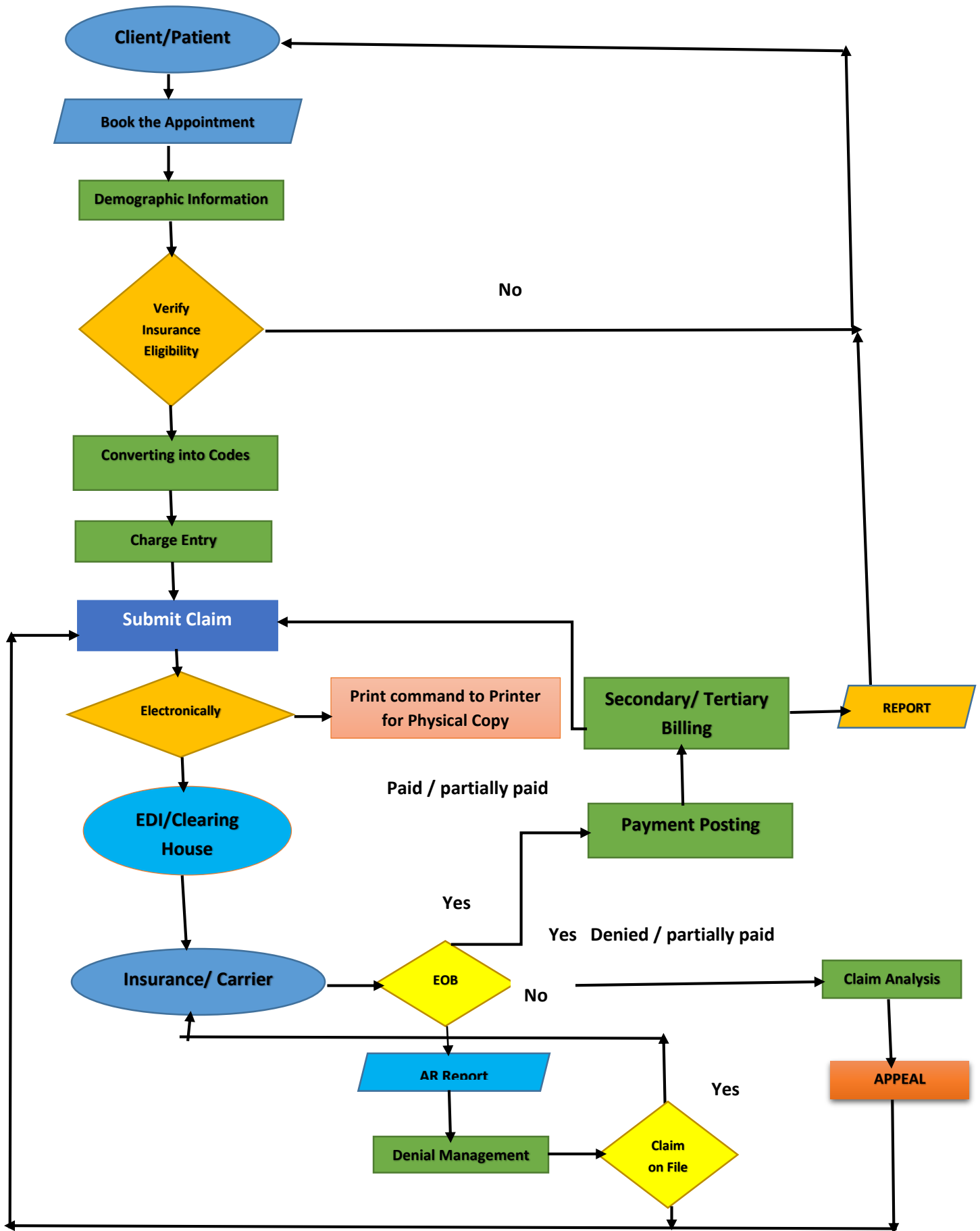
- 1) When any patient is coming to Hospital for taking service then from usage of PMS will start.
- 2) If the patient is new for Hospital then need to create new account for that patient in PMS.
- 3) Who is handing Registration/Patient Appointment team will take patient demographic information and enter into PMS.
- 4) Doctor will provide the required service to patient and at the same time it will be documented in the form of Medical Records.
- 5) These medical records will be uploaded into PMS.
- 6) On the Basis of Medical Records, Coding team will enter service related codes into Practice Management System.
- 7) Then Charge Entry team will use PMS to enter charges for entered codes by Coding team.
- 8) From Practice Management Software claim will be bill to patients Insurance Company through selected way – Paper or Electronic.
- 9) Practice Management Software is integrated with one of the Clearing House or EDI for checking format of the data on claim form and is there any missing information on Claim form which is mandatory.
- 10) Electronic claim have to pass through EDI / Clearing House and then it will reach to Insurance Company.
- 11) Once Insurance Company paid for the claim then payment posting team is posting payment on Payment Posting screen.
- 12) Also if payment received from patient then also posting team is posting payment on Payment Posting screen.

TECHNICAL FLOW OF PMS



1. Here Electronic claim is billing from PMS and it has to pass through EDI/Clearing house.
2. Here we are using EDI – Electronic Data Interchange as mediator software to send claim form securely and in valid Format.
3. After successful validation claim form will pass and forward it to Insurance side using Insurance Electronic Payer ID
4. If there is any Mistake or missing information on Claim form then it will stuck in Clearing House and give rejection message.
5. Then manually someone have to check the rejection message and do the correction accordingly.
6. Receiving Electronic Remittance Advice in Clearing House from Insurance side.
7. Received ERA will be directly post in to respecting patient account in Practice Management Software.
8. Once then ERA is posted then this information will be save in Master Database.

Application Flow: -



What you have done in Your Project

1) System and Functional Testing

- a. Behavioral Coverage
- b. I/P Domain Coverage
- c. Error Handling Coverage
- d. Back End Coverage
- e. Calculation Base Coverage
- f. Service Base Coverage (To check working of system as per functional flow diagram)

2) Non Functional System

- a. Recovery Testing
- b. Compatibility Testing
- c. Configuration Testing
- d. Intersystem Testing
- e. Installation Testing
- f. Globalization Testing
- g. Sanitization Testing