

Healthcare Quality Assurance Services

Reducing Risk, Increasing Quality, and Accelerating Time to Value

Your members, providers, and staff depend on reliable systems. Our healthcare-native testers validate configuration, integrations, data, and end-to-end workflows so defects surface before your users do, and so every implementation, upgrade, and regulatory change lands on time and on budget.

Testing Services

Comprehensive Testing Capabilities, From Requirements Through Go-Live

- **Configuration & System Testing:** Validates build against requirements: benefits and plan setup, provider contracts and pricing, eligibility, workflows, and security roles.
- **System Integration Testing:** Proves data moves correctly between core platforms, ancillary applications, vendors, and downstream reporting and data warehouses.
- **End-to-End & UAT Testing:** Full-lifecycle validation from enrollment through adjudication and remittance, paired with UAT, defect triage, and go-live sign-off.
- **Regression & Automation:** We help build a regression suite from the ground up (scope, prioritization, scripting), then automate it for every release and upgrade.
- **Data Migration & Parallel Testing:** Legacy-to-target conversion and dual-run comparison measured on pick rate, auto-adjudication, and payment accuracy.
- **Advisory & AI Enablement:** Test strategy, test plans, tooling and automation roadmaps, and QA operating model design, plus AI-enablement support to reduce risk.

Core Platforms

Testing capabilities span functional, integration, end-to-end, automation, performance, and production validation services across Commercial, Medicare, Medicaid, and ACA lines of business.

Core administration and claims (Facets, QNXT, HealthRules Payer, Epic Tapestry); pricing and editing (NetworX, Optum CES, Lyric/ClaimsXten); enrollment and eligibility; benefits administration; provider data management; care management and utilization management; prior authorization; member and provider portals; payment integrity; EDI and interoperability integrations; reporting, analytics, and data warehouse platforms.

Typical Areas of Focus

Annual benefit and plan-year configuration ahead of open enrollment

Claims accuracy: cost share, COB, accumulators, auto-adjudication rate

CMS audit readiness: appeals, grievances, coverage-determination timeliness

Member communications accuracy: EOB, ANOC, EOC, ID cards

Provider network, contract, and fee-schedule loads

Platform upgrades, version currency, and core system replacement

WHY TEGRIA?

- **Healthcare-Native Testers:** Deep payer expertise across claims, enrollment, and benefits. We test with business context.
- **Independent & Platform-Agnostic:** Recommendations driven by client outcomes, not software allegiance.
- **Flexible Engagement Models:** Advisory, project-based execution, managed testing, or embedded team extension.
- **Global Delivery Model:** A future-state capacity we are standing up: onshore leadership paired with offshore execution, for extended coverage and lower blended cost.

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Services Report 2025



650+ Clients

Provider and payer
organizations across
North America and Europe

Ranked as a Top Performer

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Preparing for an implementation, upgrade, migration, regulatory change, or developing an integrated solution?

Let's discuss how Tegria can help reduce your risks and improve your overall readiness via Tegria's Testing Services, creating better outcomes across every phase of your testing program.