Manasa pathi

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| Professional Summary |

* Over 6 years of experience in the field of IT, Business Analysis and Software Testing of specific to Health Care industry.
* Comprehensive experience in business requirement analysis, development of business requirement documents (BRD), System Requirement Specification (SRS) and project planning working with project managers.
* Full lifecycle experience in Business analysis, Project management, Core documentation and Process analysis design, development and testing phases of Software Development Life Cycle.
* Created companion guides for EDI transactions for both 4010 and 5010 versions and also created crosswalks and also experience in using EDIFECS Specbuilder.
* Strong knowledge on HIPAA standards, ICD9/ICD10, EDI transactions & 4010/5010 versions, Medicare and Medicaid Services.
* Experience working on 4010 and 5010 HIPAA implementation guides relate to Claim Testing and Medical Billing.
* Worked on Power MHS built environment which includes various sub-systems like Claims (Claims Processing & Claims Loading), HIPAA/EDI transactions, Provider Enrollment, PA (Prior Authorization), Client, Common Components, COB/TPL, Rate Settings, Drug Rebate, Reference, Managed Care, Interfaces etc.
* Experience in testing Facets applications and EDI transactions
* Worked on Medicare, Medicaid, Medicare Advantage, MediGap, HIPAA Standards (HL7), Electronic Health Record (EHR), EDI Transactions (4010/5010), Health Information Exchange (HIE), ICD-9 and ICD-10 Codes, Healthcare reform processes and FACETS, Bluechip, FEP Express Healthcare Platform. Good understanding of FACETS data elements, data flow and data analyzing. Used Cognos for self-service reporting and Clarity to provide industry best practices for utilizing the Clarity product.
* Extensive mapping and configuration experience of various EDI transactions using GIS 3.x/4.1/4.2/4.3, Gentran Server on UNIX 5.1, 6.0, Gentran Server on Windows, and ECMap.
* Used EDIFECS Step-up/Step-down to analyze and migrate from 4010 version to 5010 version
* Experience in the analysis and design of applications using UML.
* Hands on experience in installation and configuration in SQL Server
* Experience in writing Test cases and Test plans based on use cases and involved in manual testing of EDI applications.
* Extensively worked on HP Quality Center for tracking various defects that arise during submission of claims.
* Solid understanding of Membership, Claims Processing, Billing, Benefit/Eligibility, Authorization/Referrals, COB, and have experience in HIPAA standards and corresponding EDI transactions
* Performed various types of testing like User Acceptance Testing(UAT), System Testing, Regression Testing, Integration Testing, End to End Testing, Security Testing, Joint Alliance testing and Smoke Testing.
* Hands on experience in creating RTM, defect status report, Change requests form, test plans and Project Plans.
* Experience in SOA based Testing, worked extensively on TIBCO, a SOA tool for Data Integration.
* Hands on experience using Oracle 8i/9i/10g and extensive experience in writing SQL Queries, PL/SQL, Procedures, Functions, Triggers, Exception Handling, and Cursors.
* Good Knowledge in extraction, transformation, and loading (ETL) process.
* Strong leadership, interpersonal, analytical and communication skills.
* Expertise in SQL scripts used in manual testing both front-end and back-end.
* Expertise in writing Test Plans and Test Cases and requirements.
* Working knowledge of HIPAA X12 standards for electronic data interchange.
* Experience in working with UNIX environment, Shell scripting.
* Experience in using Quality Center for building test scripts and using Test Lab for execution and defect tracking.
* Expertise in Claims, Subscriber/Member, Plan/Product, Claims, Provider, Commissions and Billing Modules of Facets
* Ability to proactively identify and recommend improvements to existing processes, willingness to work independently and in a team environment.

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| Software Skills |

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| Operating Systems | Unix, Win200X/XP/NT/7, Linux, and Sun Solaris |
| Programming Languages | C, C++, Core Java, Visual Basics, Bash shell Scripting |
| Testing Tools | Quick Test Professional (QTP), Load Runner, Win Runner |
| Bug Tracking/Reporting | Quality Center, Test Director, JIRA, Bugzilla, Clear Quest |
| SDLC/Methodologies | Waterfall, Agile, Scrum, RUP |
| Databases | Oracle 9i/10i, SQL Server 2005/2008 |
| Web Technologies | HTML, PHP, XML, and JavaScript |
| Software/System Knowledge | Documentum, SAP, Oracle, MS-Office products, MS Sharepoint |
| EDI Mapping Tools | GIS 4.2/4.3, Gentran Server 5.1/5.3/6.0/6.1, Ecmap 4.1.7/5.1.6 |
| EDI X12 Transaction sets | 835, 837, 270/271, 276/277, 834, 997, 999,278, Versions 4010 and 5010 as applicable) |
| Web Servers | Apache, JBoss, IIS 5.0/4.0, Personal Web Server |
| Other Tools | Toad, Dreamweaver, Eclipse, Photoshop |

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| Professional work Experience |

**United Health Group, MN System Analysts/ Business Analyst Jan-2012-Mar-2014**

UnitedHealth Group is the parent of UnitedHealthcare, the largest single health carrier in the United States.Offering a comprehensive range of home respiratory therapy, home infusion therapy and home medical equipment services in all 50 states through approximately 550 locations.The project dealt with the single sign on application subsystem which was to move legacy system to continue membership migration to new platform and eventual retirement of legacy systems. Simultaneously also worked on Medigap project. Medigap is a Medicare supplement policy offered by Apria Healthcare to the members with Original Medicare coverage and have worked towards designing of bill and improving customer experience.

**Responsibilities:**

* Prepared the Business Requirement Document (BRD) and System Requirement Document (SRD) for the enhancement of the existing services.
* Created workflow diagrams, UML diagrams, process models, activity diagrams, use cases, for incorporating design changes in the system.
* Provided report analysis that differentiates both existing Medigap plans as well as the newly modernized Medigap plans.
* Conducting business validations, covering the following deliverables FACETS Providers, Facets Claims and Facets Membership and Operational reports
* Developed an automated approach for capturing all 837 data received that supports claim utilization and reporting.
* Worked with the business/functional unit to assist in the development, documentation, and analysis of functional and technical requirements within FACETS.
* Analyzed and designed reports for which source system was upgraded from FACETS.
* Did gap analysis and impact analysis for the new Medicare PPO product.
* Developed business requirements for online pricing tool for Medigap product.
* Developed business requirement for online web form for capturing application information
* Designed system automation process for Facets system to auto releases the claims.
* Requirements Gathering & Analysis always ensured HIPAA Compliance Auditing.
* Analysis and Design of existing transaction sets, and modification of these transaction sets to ensure HIPAA compliance.
* Worked on different modules of Facets such as Members/subscriber, commissions, provider, billing, plan and Case management.
* Created, executed and translated manual test cases and scenarios into automated test scripts in order to validate functional requirements using HP Quality stage.
* Experience in creating SQL queries to facilitate UAT and perform data validation.
* Extensively worked Claims, Enrollment, Eligibility verification for Members and Providers, benefits setup, and backend payment cycle.
* Worked with 276/277 transactions where exchange is used.
* Coordinated the upgrade of Transaction Sets 270, 271, 276, 277, 837, 835 to HIPAA compliance
* Conducted Risk Analysis to identify the risks associated with developing the patches, and formulated a Mitigation Plan to eliminate or reduce risks of high severity and any major effects.
* Conducted JAD sessions with business SMEs and developer.
* Collaborated with Quality Assurance Analyst in testing.
* Wrote SQL queries for data extraction from database to perform Root Cause Analysis, Aging Analysis and Collectability Analysis.
* Developed test cases and performed UAT testing for all the files and reports

**Environment**: Facets, SQL, MEDIGAP, Advantage, MS Visio, MS Word, ClearCase, ClearQuest, RUP

**Blue cross and Blue Shield of Southfield Michigan Business Analyst Apr-2010-Nov-2011**  
Blue cross and Blue Shield of Southfield MIAccess phase 2nd phase Power MHS 7.10 upgrade.  MEDIGAP is the Medicare supplementary insurance provided by Blue Cross for all subscribers who has Medicare A & B primary. Under MEDIGAP LOB/product Blue Cross pays if primary pays depending the benefit limit.

Responsibilities:

* Analyzed MEDIGAP and Blue Care Access requirements.
* Developed GAP analysis document for both MEDIGAP and Blue Care Access projects.
* Performed setting up test data, triggering all Fulfillment and Handling Types using Power MHS
* Checked inbound/outbound HIPPA regulated EDI transactions facets
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets. This includes HIPAA 4010 to 5010 conversion, gap and impact and business rule
* Analyzed the mainframe reports for member/eligibility/claims and mapped the fields with FACETS batch jobs and reports.
* Preparing test cases and test data as per requirements.
* Participated in entering, tracking system defects in Rational Clear quest
* Involved in Trading Partner Setup for claims coming from FACETS and trading partners.
* Responsible for developing EDI 835 validation document for testing.
* Involved in writing test scripts of claims (835), updating them by in Quality center, executing them in Quality Center using Spec builder, Mapping documents and Ultra Edit.
* Participates in defect reporting and validation of resolutions.
* Provided technical and procedural support for User Acceptance Testing (UAT)
* Testing both institutional and professional claims functionality in Power MHS application.
* Worked with Power MHS for claims processing
* Verifying claim check, dupe check, pricing, Benefits for professional and institutional claims.
* Performed adjustments (Void, VR) for all lines of business.
* Conducted database management, performance measurement, performance tuning for new and existing databases by using SQL Profiler, Tuning Advisor and index tuning wizard.
* Worked on different modules of Facets such as Members/subscriber, commissions, provider, billing, plan and Case management.
* Responsible for smoke testing, system testing and regression testing
* As UAT specialist I deployed UAT process that consisted of Analyzing Business Requirements,
* Performed setting up test data, triggering all Fulfillment and Handling Types using Power MHS
* Created use case models, use cases and UML diagrams with the help of business requirements document.
* Extensively used Quality center for plan, Prep and test (executing) system testing.

**Environment:** Rational Requisite Pro Facets , MS Office tools Power MHS 7.6/7.10, MEDIGAP, XML, VSS, SQL, XML, Quality center.

**Affinity Health Plan, Bronx, NY   Business Analyst Sep-2008-Feb-2010**

Affinity Health Plan is an independent, non-profit managed care plan that serves the needs of over 210,000 residents of the New York Area and provides healthcare coverage through its family health plus, Medicare & Medicaid programs. Affinity Health Plan implemented Facets Enterprise administrative system, a new core system built by TriZetto, with updated technology to allow for more efficient claims processing, membership enrollment and provider data maintenance & getting access to customer records. X12 EDI and HIPAA standards were followed thorough the project.

**Responsibilities:**

* Assisted the project manager in the creation of the project charter & vision document during the inception phase of the project
* Performed GAP analysis as pertains to membership management and claims processing to evaluate the adaptability of the new application with the existing process
* Understood EMEVS, the NY state's electronic Medicaid eligibility verification system & the Medicaid & Medicare intermediary along with their roles in claim processing
* Produced Activity diagrams with defined swim lanes as part of claims process analysis
* Involved in gathering and prioritizing requirements using 1 to 1 interviews, job shadowing, brainstorming & developing questionnaires
* Translated business requirements into functional specifications and documented the work processes and information flows of the organization
* Used TriZetto HIPAA Gateway to comply with HIPAA standards (270/271, 276/277 & 837) for EDI transactions
* Coordinated with the developers and IT architects to design the interface of the new system according to the X12 (270, 276, 278, 834, 837 (I,P,D) and 820) standards
* Contributed in the build and design of organizational Wiki that provided comprehensive knowledge of workflows, policies and procedures, patient care objectives, regulatory requirements, and industry best practices for membership management
* Took part in the meeting held for the analysis of migration to HIPAA 5010 from 4010 and migration of ICD9 codes to ICD10.
* Owner of the business rules document which documented the business rules across different systems.
* Participated in all phases of the Facets Extended Enterprise administrative system implementation to include the planning, designing, building, validation, testing, and Go-live support phases
* Involved with various aspects of the project's needs such as the logging, tracking, and resolution of issues, current state workflow assessments, assist with integration and script testing, downtime activities/testing
* Created detailed use cases, use case diagrams, and activity diagrams using MS Visio
* Led and managed the User Acceptance Testing (UAT) for the implementation of Facets Extended Enterprise administrative system with emphasis on ensuring that the HIPAA regulation are met across all the modules
* Conducted requirement feasibility analysis with the developers to ensure the project was in scope with the timeline defined in the project plan
* Created test plan, test data and conducted manual testing to validate functionality and performed regression testing
* Clarified to claims personnel the new Affinity payments and Explanation for payments (EOPs) for same claim processing cycle
* Designed and implemented complex SQL queries for QA testing and data validation
* Conducted user training pertaining to old and new Affinity Provider ID appearing on documents providers receive from Affinity (mainly occur with EOPs, capitation rosters, PCP membership rosters, provider directory listings and some system generated letters)

**Environment**: Facets, Oracle, MS Project, MS Office suite, SQL, SQL Server, Rational Suite, Citrix, MS SharePoint.

PHCS/Multiplan, NY EDI Business Analyst Jan 2007-Jul 2008

Multiplan is the Industry’s most comprehensive provider of healthcare cost management solutions with 900,000 Healthcare providers under contract, an estimated 57 million consumers accessing the network products and 40 Million claims being processed each year. In addition to offering regional PPO networks in Wisconsin and the southwest Multiplan also provide access to the leading independent national primary PPO.I worked on the claims processing module of the Group Approval Process (GAP). The claims processing module involved Receipt and Verification of Claim Forms (837) and Claims Attachments (275), Claims Enquiry and Response (276/277), Enrollment Implementation Format (834), Adjudication, EFT and ERA (835) as per HIPAA guidelines. I was involved in the development of the claim management data warehouse to assist claim professionals to analyze and administer the claims in an efficient manner. The operational data came from multiple sources and was then loaded into claim management data warehouse.

Responsibilities:

* Involved in HIPAA/EDI Medical Claims Analysis, Design, Implementation and Documentation.
* Developed various test cases for testing HIPAA 837I/P/D and 277(5010).
* Validated the reports and files according to HIPAA X12 enforced standards.
* Mocked claims in the Aetna Testing region for the issues reported in the Aetna Production area.
* Created Test Plan that defines the test environment, phases of testing, entrance and exit criteria into different phases of testing.
* Extensively worked with HIPAA Privacy Facets application groups
* Identified, built and executed Test Cases and Test Sets for Functional, Error Handling, Navigation and Regression in Test Director.
* Manually tested the entire application before the tests were automated.
* Worked closely with the other members of the Development Team and review the designs of systems, implement test plans, and test the quality of software products.
* Performed validation testing on the application for various scenarios and reported the errors.
* Assisted EDI team with the testing of maps for HIPAA transactions 834,835 and 837.
* Validated Business rule Edits for 5010 HIPAA transactions 837I/837P/837D, 277 and 835
* Executed the 5010 system test scenarios for 5010 HIPAA transactions 837I/837P/837D, 277 and 835 after loading and adjudication.
* Worked with the outbound team to help replicate the issues in production, giving data support to the team and running different types of claims by request.
* Facets support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Involved in testing mapping logics of the claims on Mainframes and translated data.
* Intensively worked on claims with different Trading Partners.
* Created test scenarios for claims with different snip levels of errors.
* Worked on the Trading Partner migration to production by submitting different claims with specific levels of errors.
* Performed Regression testing and Smoke testing for the above.
* Involved in the user acceptance testing (UAT).
* Manually tested all the interfaces.
* Tested for eligibility, Gender mismatch, Clean claim edits, Membership Edits, Medicare, New born and Behavioural claims.
* Automated testing using win runner, test scripts execution and reporting.  
  **Environment**: HIPAAX12, IBMMainframe, JCL, ChangeMan, DB2, MS Office, Autoplugs, Aetna Gateway, Edifecs, TXNR, HP Quality Center,