**Manasa**

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| Professional Summary |

* Over **7 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.
* 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**.
* 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.
* Experience in manual testing.
* 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.
* Expertise in QA methodology and Software Development Life Cycle **(SDLC).**
* Working knowledge of **HIPAA X12** standards for electronic data interchange.
* Expertise in **TOAD**.
* 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.
* Excellent troubleshooting, tracking bugs and issue resolution skills.
* Extensive experience with testing Multi-Tier application architecture.
* Expertise in Data Driven Testing (**DDT**) and creating reusable functions
* Ability to proactively identify and recommend improvements to existing processes, willingness to work independently and in a team environment.
* Team player with excellent prioritizing, organizing, time management, and verbal/written communication skills.
* Possess strong analytical and problem solving skills with the ability to adapt to a new environment and meet stringent deadlines.

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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 |

**UnitedHealth Group, MN Apr 2011-Till   
Sr. Business Analyst**

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.
* 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.
* Created, executed and translated manual test cases and scenarios into automated test scripts in order to validate functional requirements using **HP Quality stage**.
* 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.
* 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 Mar 2009-Apr 2011  
Business Analyst**

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

**PHCS/Multiplan, NY Oct 2007-Feb 2009   
EDI Business Analyst**

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.
* 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.
* 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: SpecBuilder, HIPAAX12, IBMMainframe, JCL, ChangeMan, DB2, MS Office,**

**Autoplugs, Aetna Gateway, Edifecs, TXNR, HP Quality Center, QTP.**

**Bank of America, India Aug 2006-Aug 2007**

**QA Analyst**

Member of a team that analyzed, and tested credit card banking application, which enables customer service representatives to process credit line requests, fraud claims. Extensively involved in testing the desktop applications, designed for customer representatives to offer various services such as removal of account, user lockouts etc. This project also involves the testing of Main Frame.

Responsibilities:

* Involved in **defining**, and **analyzing** the **testing requirements** based on the application functionality.
* Gathered test data **requirements** for data conditioning from Business units to test total application functionality.
* Created test scenarios for System testing and Regression testing.
* Prepared **test plans**, **test cases** for both positive and negative scenarios and mapped the same to requirements.
* Executed **test scripts**, and analyzed the test results.
* Used **test director** as a central repository for all the test activity.
* Attended meetings with developers in the discussion on resolving the issues, priority of bugs and updating the status of bugs once they are fixed.
* Responsible for writing the **SQL** queries to verify **GUI** front-end results and to extract and to manipulate the data to satisfy test cases/ requirements.
* Tested web page presentation manually for different browser compatibility.
* Tested broken links and inter application links in development, test, and production environments.
* Executed test cases before and after bug fixes for each build for user acceptance testing.
* Performed Back-end testing using **TOAD**.
* Tested the application for third party vendor confirmation and client reports as per use cases.

**Environment: Test Director 8.0, Win Runner, J2EE, Tomcat, HTML, UNIX Oracle and Toad**