**Preethi Kandula**

[**preethi.neita@gmail.com**](mailto:preethi.neita@gmail.com)

**224-267-5716**

**Professional Summary**

* **8+ years** of diversified experience in the field of IT, Business Analysis and Software Testing of which 6+ years are specific to **Health Care industry**
* Experience in **analysis of system specifications and business requirements**.
* Experience in **Healthcare**, **Banking, Financial and Telecom industries**.
* Experience in **manual** testing.
* Experience in **SOA** based Testing, worked extensively on **TIBCO**, a **SOA tool** for **Data Integration**.
* **Manual** Testing skills **include White Box Testing, Black Box Testing, User Acceptance Testing, System Testing, Regression Testing, Integration Testing, Load Testing. Security Testing, Joint Alliance testing and Smoke Testing.**
* Expertise in B2B standards, Implementation of Integrated **EDI and XML** applications and Enterprise Application Integration (EAI) for business processes across applications.
* 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.
* Strong Knowledge on claim processing and EDI transactions i.e. Claims Inquiry and Response (276/277), Receipt and Verification of claim forms**(837),** Claim Payment and advice(835), Eligibility Inquiry and Response**(270/271**), Certification Request and Response(278), Benefit Enrollment(834), Order and Payment Remittance(820), Functional Acknowledgement(**997/999).**
* 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 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.
* Performed various types of testing like Functional Testing, Unit testing, Integration Testing, System Testing, **Performance Testing**, Regression Testing, User Acceptance testing **(UAT**), End to End Testing, and Smoke Testing.
* Experience in working on **Automation testing** tools like **HP Quality Center**, Test Director, **Quick Test Pro**, **Load Runner** and Rational Suite.
* Hands on experience in creating RTM, defect status report, Change requests form, test plans and Project Plans.
* Experience in working on **HIPAA Edits using EDIFECS** Specbuilder.
* Experience in SOA based Testing, worked extensively on **TIBCO, a SOA** tool for Data Integration.
* Worked on creating mapping documents for Tibco and Interfaces in a Service Oriented Architecture (SOA) Environment..
* Experience in Maintaining Reference Data Management System and Master Data Management System with Service Oriented Architecture (SOA).
* 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
* Experience in **FACETS** claims Adjudication system.
* 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.
* Familiar with performing Business Analysis and Testing software and web application developed in **C, C++, Java, JSP, HTML, and XML.**
* Experience testing **Data Marts, Data Warehouse, User Reports** using **ETL** tool IBM **Ascential Data Staging**.
* Experience in using **Quality Center** for building test scripts and using Test Lab for execution and defect tracking.
* Comfortable in working solo and in a team environment.
* 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.
* Efficient in delivering tasks, team player with good communication and interpersonal skills.

**Techincal 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**  **(Versions 4010 and 5010 as applicable)** | 835, 837, 270/271, 276/277, 834, 997, 999,278 |
| **Web Servers** | Apache, JBoss, IIS 5.0/4.0, Personal Web Server |
| **Other Tools** | Toad, Dreamweaver, Eclipse, Photoshop |

**ENGAGE POINT, St Paul, MN (Nov' 13 - Present)**

**Senior Business Analyst\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Engage point is an IT services company and healthcare software that delivers much needed solutions to state health agencies, as well as to commercial and administrative payers, that are lacking the innovative tools and services they require to meet the needs of their key stakeholders.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**:

* Created UML Use cases out of BRD document prepared by the Business.
* Created Test Plans, Test Cases to depict the flow of Claims Inbound and Outbound of THP.
* Validated data at the Backend to ensure that all the Claims related data has been loaded to the corresponding Data Sets in the Backend and the pricing for these Claims is done as per the Standards.
* Executed ETL scripts to populate all the Priced Claim information from Backend i.e. HP9000 systems to the front-end database like Oracle and SQL Server.
* Performed JAD sessions with the Business and the IT Teams to drive the Requirements and ensure that everybody is on the same page.
* Conducted Web Meetings with Offshore team members to ensure that everybody is on the same page.
* Defined Functional Test Cases, documented, Executed test script in Facets system.
* Expertise in testing Enrollment, Billing and Claims processing.
* Collected weekly status reports and updated the Project MPP accordingly to ensure that all deliverables are met on time and on schedule.
* Provide business analysis support for the execution of an upgrade of Facets 4.71 to 5.01, based on an execution plan developed during the assessment phase of the project.
* Met with the Provider Communities and Trading Partners to ensure that HIPAA transactions pass the EDI gateway and interpret technical difficulties in simple language.
* Involved in writing Test plans, Test cases and responsible for executing the Test Scripts.
* Performed Smoke, Integration, Functional, Regression, and System testing.
* Interacted with Business users and Technical team in providing clear solutions to requirements.
* Involved in testing HIPAA EDI Transactions and mainly focused on the PA and Eligibility Transactions.
* Experience working with HIPAA 4010A and HIPAA 5010.
* Experience in validating and driving the requirements for the conversion of the HIPAA 5010 from HIPAA 4010, this new NCPDP Upgrade supports the HIPAA mandate to be fulfilled for all the EDI transactions i.e. Claims, Claim Status Inquiry/Response, and Payment Remittance etc.
* Experience working with RH, DV, MH, SA Claims, Eligibility, Status Inquiry, Authorization and Referral transactions for members with disabilities under the 508 Compliance Act provided by the Federal rules.
* Involved in meeting with Clinical Users and Clearing Houses to determine the format of the ICD-10 CPT codes and NCDPD Codes.
* Designed a high level spec document to show various parts that need to be taken into consideration for the transformation phase of 4010 to 5010.
* Experience testing UB-04 and HCFA paper claims scanned through OCR and ensuring that they pass BC level validation.
* Involved in testing all the loops, segments and elements within each hierarchal loop for 837i and 837p.
* Involved in documenting the Claims Adjudication process at the Back end AS400 systems.
* Experience testing claims like UB04, UB-92 and claims with single and multiple attachments
* Performed testing for 837I and 837P transactions of the HIPAA 5010 version.
* Transactions focused on were 270,271,276,278,834, 835, and 837.
* Worked Extensively with Inbound 837 I and 837 P, 835s (Outbound) claims processing systems.
* Extensive knowledge on the various Prescription drugs and have worked as Business Analyst to create Member Portals and Provider Portals to view and update the Demographics of the Member.
* Extensively used the MVS utilities like File-Aid, QMF and DB2 Load for scheduling the jobs.
* Involved in setting up Permissions and Restrictions for Users within and out of Community.
* Used TIBCO/BC tool to verify mapping to X12 format.
* Used Quality Center for preparing the test plans and manual test scripts.
* Worked extensively with Quality Center for requirements, Preparing Test cases, Executing, Bug reporting.
* Involved in executing ETL (ascential – data staging) scripts to load data into Oracle DB and HP9000 systems.
* Used FileZilla for converting Business rules as into Processing Modules and for FTP purpose.
* Involved in loading the flat files into Oracle Database and involved in writing Complex SQL Queries.
* Have written and executed SQL queries to ensure that Legacy Id’s are associated with NPI’s appropriately and no Duplicate or Improper allocation of NPI’s are done.
* Have written “having-count” SQL queries to determine the NPI’s that have more than one Legacy Id within the ODS.
* Involved in generating Weekly/Monthly System Test Reports using Quality Center 9.2
* Involved in writing Complex SQL Queries using TOAD to validate the loads for Caremark and DEA.
* Involved in executing Maestro Schedules in UNIX Environment.

**Environment:** EDI X12N 5010, EDI X12N 4010, Rationalclear,Sybase Paper Free HIPAA Toolkit, DB2, LDAP, TSO/ISPF, JCL, Visual Basic, ASP, XML, SQL, MS Access, UNIX, Oracle Run Time, Facets, Windows95/98/NT/2000/XP and Internet Explorer

**ADMINOVATE, Philadelphia, PA** **(Apr' 12 – Nov 13)**  
**Senior Business Analyst\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Adminovate is a privately-held enterprise software and consulting provider for the global life, health and annuity industries I worked on the claims processing in medsupp. The claims processing   
involved Eligibility Request,Eligibility Response, Adjudication, Acknowledgements.Involved in mapping data from CMS to graphite.

**Responsibilities**:  
  
• Created UML Use cases out of BRD document prepared by the Business.  
• Created Test Plans, Test Cases to depict the flow of Claims Inbound and Outbound files.  
• Developed adjudication logic at the backend and validated data under various scenerios  
• Executed ETL scripts to populate all the adjudicate Claim information from Backend    
 systems to the front-end SQL Server database.  
• Created document on how adjudication process is going on backend.  
• Performed JAD sessions with the Business and the IT Teams to gather the Requirements.  
• Conducted Meetings with team members to ensure that everybody is on the   
same page.  
• Collected weekly status reports and updated the Project MPP accordingly to ensure that all   
deliverables are met on time and on schedule.  
• Involved in writing Test plans, Test cases and responsible for executing the Test Scripts.  
• Performed Smoke, Integration, Functional, Regression, and System testing.  
• Experience in validating and driving the requirements for the conversion of the NSF data coming from medicare to graphite.  
• Experience working proffesional Claims, Eligibility Request, Eligibility Response, Authorization.  
• Designed a mapping documents to map NSF details coming from medicare to graphite.  
• Worked Extensively with Eligibility Inbound and Eligibility Outbound claims processing   
systems.  
• Worked as Business Analyst to create Applicant Portals and Provider Portals to view and update the Demographics of the Member.  
• Used graphite tool for mapping to X12 format.  
• Involved in executing ETL (ascential – data staging) scripts to load data into SQL DB   
• Used Graphite for converting Business rules as into Processing Modules and for FTP purpose.  
• Involved in loading the flat files into PilotFish and involved in writing Complex SQL Queries.  
• Have written and executed SQL queries to ensure that valid NPI’s   
without any duplication.

**Environment**:XML, SQL, PilotFish, Graphite

**PHCS/MULTIPLAN, NY ( Jan '10 - Mar' 12 )**

**Senior 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.

**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**.
* Responsible for architecting integrated HIPAA , Medicare solutions, Facets.
* 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**.
* Defined Functional Test Cases, documented, Executed test script in Facets system.
* 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 **Maniframes 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:** Spec Builder, HIPAA X12, IBM Mainframe, JCL,ChangeMan, DB2, MS Office,Autoplugs, Aetna Gateway, Edifecs, TXNR, HP Quality Center, QTP.

**MEDICAL MUTUAL CLEVELAND, OH (Jan' 07– Oct' 09)**

**Role: Business Analyst**

Worked as a consultant with Medical Mutual as a Business Analyst. Analyzed and tested business workflows that organize and integrate clinical information for each of its member’s clinical records, pharmacy information, charts, and clinical practice guidelines

**Responsibilities**

* Worked with Business users and technical lead for gathering requirements and data transaction information.
* **Created Questionnaire Document and Work Agenda before the JAD sessions.**
* **Conducted JAD Sessions periodically with various stakeholders at various phases of the Software Development Life Cycle (SDLC) to discuss open issues and resolve them.**
* Created the business process model using MS Visio for SME’s for validation and getting the sign-offs
* Gathered and analyzed requirements for documenting reports which spotlights payer’s performance.
* Worked on the 4010 to 5010 migration Project, conducted User interviews and work sessions with the Business to confirm the errata changes as per the 5010 changes.
* In depth knowledge of Medicare/Medicaid Claims processes.
* Worked on different EDI transactions like 837 for submitting claims, 835 for payments, 834 for benefit enrollment, and 820 for premium payments to insurance products, 270/271 for Eligibility inquiry, and 276/277 for claims status.
* Worked Extensively with Inbound 837 I and 837 P, 835s (Out bounds) claims processing systems.
* Created mapping documents as per the requirement changes for HIPAA 5010.
* Involved in testing HIPAA EDI Transactions and mainly focused Eligibility Transactions.
* Identified Claims management work flows, business rules and developed flow charts and activity diagrams
* Involved in the Payer Cycle such as in the **enrollment, CCMS memberships**, **benefits management claims** processing, **provider servicing, and member servicing and ad-hoc reporting.**
* Worked in a team for Claims processing and was involved in prioritized claims, identified problems, prepared an action plan, implemented the solution, identified claims outside the benchmark
* Data conversion of all EDI claims from **4010 ANSI to 5010.**
* Created **5010** preferences for all the HIPAA **real time & batch transactions**.
* Used **FACETS Analytics** for fast and easy retrieval, display and grouping of information for performing queries and generating reports.
* Extracting special Claims to test for MSP (**Medicare** secondary payer)
* Provided Support services for **Centers for Medicare and Medicaid Services (CMS)**
* Configured FACETS to adhere to customers work flow for claims processing, claims automation and group administration
* Used FACETS to provide seamless transactions between the provider, members and the plan and used FACETS Workflow to route the claims according to the priority.
* Involved in writing use cases for medical, pharmacy and vision claims as part of Health Statements.
* Developed requirements in designing dashboards for healthcare membership programs to meet the real needs of customers.
* Documented technical details in the functional including data source, file formats and data mapping.
* Documented System Design Documentation (SDD) describing the systems requirement, operating environment, files and database design, input format, output layout, detailed design.
* Assisted the project manager in writing business cases, to verify that this financial tool meets the needs of the business.
* Conducted manual testing and logged defects using **Clear Quest.** Assisted testing team in understanding the business rules and system development. Created users and user groups to assist testers.
* Used SQL for back end testing and ensured the data is updated accordingly.
* Developed **test plan, test conditions and test cases** to be used in testing based on business requirements, technical specifications and/or product knowledge.
* Involved in **Automated Testing using QTP.**

**Environment:** EDI X12N 4010, EDI X12N 5010, MS Outlook, UNIX, Windows95/98/NT/2000/XP and Internet Explorer.

**Tools:** **EDIFECS Suites**: SpecBuilder 6.8.1, Xengine, TM 6.8, COGNOS, FileZilla, Lotus Notes for Bug Tracking, Quality Center 9.2, Oracle 10g, Reflection, IBM Mainframe.

**NOVARTIS PHARMACEUTICALS, India (Jun' 04 - Dec '06)**

**Project: Customer Maintenance System**

**Role: QA Tester**

**Responsibilities**

* Performed **manual testing** for the entire application.
* Used **Test Director** as bug-tracking tool to centralize the bugs and also to follow up the bug status.
* Performed **Regression testing, Ad-Hoc testing**.
* Involved in developing detailed **test plan, test cases** and **test scripts** using **Test Director** for **functional, security and regression testing**.
* Co-ordinate with developers to fix the problems in the application.
* Responsible for filing bugs and scheduling running of automation scrips in **TestDirector**.
* Involved in creating users, testplans and testcases in **TestDirector**.
* Interacted with the **UAT** team to solve issues related to the defects.
* Created and executed **Manual Test scripts** to verify complex system requirements and database testing. Transaction Verified through Data Verification of Backend Database using **T-SQL** Queries.
* Conducted Reviews for the project across the division.
* Responsible for analyzing those new features which are coming into weekly customer patches and analyzing the impact.
* Tracked the progress of **test case planning, implementation** and **execution** results.
* Presented project status to upper management.

**Environment:** Manual testing, TestDirector7.6, VB, ASP, MS SQL Server 2000, TFS, IIS, VSS, XML, MS Office 2003 and Windows NT/2000.