*Name :* ***Bharat Chhugani*** *Phone:* ***650-622-2222*** *Email:* ***bharatchhugani15@gmail,com***

***Professional Summary***

* *Over 6+ years of experience* ***Sr. BA /EDI Analyst with in Health Care domain with Claim adjudication, provider, eligibility and prior authorization for Medicaid and Medicare programs. On HIPAA 4010A1 all X12 transactions -837(P, D*** *and I), 835-Remitance advice, 276/277-Claims status and response, 834-Member enrollment, 820- premium payment advice, 278- Prior authorization.*
* *Proficient in complete, RUP, WATERFALL and AGILE Client /server architecture providing a well-balanced understanding of business relationships, business requirements and worked for technical solutions to help the team at all levels until final product release.*
* *Solid understanding of Membership, Claims Processing, Billing, Benefit/Eligibility, Authorization/Referrals, COB, and have experience in HIPAA standards and corresponding EDI transactions.*
* *Knowledge of Medicaid and Medicare Services.*
* *Good Knowledge of Web Service Testing using Soap UI*
* *Tested different web services using SOAP UI*
* *Experience in performing functional testing using Quick Test Pro.*
* *Proficiency in Medicaid/Medicare and EDI 4010 to EDI 5010. Involved in conversion and mapping HIPAA ICD9 to ICD10. Expert in COB (coordination of benefits).*
* *Performed Manual and Automated Testing of the Applications to verify the requirements and business functionality using HP Quality Center*
* *Followed Workgroup for Electronic Data Interchange standards for testing that need to comply with the HIPAA guidelines.*
* *Tested the HIPAA EDI transactions 834, 837/835, 276/277, 270/271 according to the requirement test scenarios.*
* *Optimum use of documentation to avoid any form of miscommunication or misinterpretation during the entire software development process*
* *Knowledge of Oracle and SQL database on UNIX operating environments, running SQL queries.*
* *Experienced in creating test plans, test cases, test results analysis with the testing team and reporting defect management and test status matrices.*
* *Expertise in defect lifecycle analyzing, reporting, tracking and resolving using Quality center.*
* *Experienced in verifying Data integrity using SQL Queries based on business requirements.*
* *Experienced in GAP analysis and* [*needs assessment*](http://www.businessdictionary.com/definition/needs-assessment.html) *that “as is and to be” analysis report.*

***Technical Skills***

***SDLC Methodologies****: Agile, RUP, Waterfall, Rapid Application Development (RAD), V-Model*

***Requirement Management****: MS Visio 2010, MS Office, Rational Requisite Pro, Rational DOOR, MS Paint*

***Project Management****: MS Project 2010, MS Office 2010, Lotus Notes, MS Outlook*

***EDI Standards*** *ANSI X12, EDI HIPPA, Spec Builder*

***Database****: SQL Server, Oracle, Data Studio, MS Access, DB2,*

***Change Management****: Rational Clear Quest*

***Version Control****: Rational Clear Case, MS SharePoint*

***Operating System****: Window XP, Window Vista, Window, UNIX,LINUX*

***Programming Languages****: C, C++, HTML, XML*

***Data Modeling Analysis****: Rational Rose, Power Designer 16, MS Visio, TOAD data modeler*

***Professional Experience***

***Alliance Healthcare Services Inc., Newport Beach, CA     Sr. BA /EDI Analyst Jun-2013-Feb 2015***

*The Claims System was a Web-based Application that the Providers can use to manage Patient information and file Claims electronically. The scope of the project also involved testing the conversion of the 837 EDI format from 4010 X12 formats to the 5010 X12 format as per HIPAA Compliance., which is a self testing tool that checks Level 1-6 based on requirements from the ANSI ASC X12N. Testing in Subsystem, the claims will process against  our production stream while in a test environment returning the response files same as they be returned in Prod environment and  Testing in  End to End Production files received “P” test files and go through 5010 Process .Conduct in depth pharmacy claims and data analyses to monitor Medicare Part D Pharmacy.*

***Responsibilities****:*

* *Locate the 837 transactions and reports in the file that are in error and validate the data in the transactions. Dealt with the 837 and 835 ANSI X12 transaction understanding loops segments, elements and structure.*
* *Monitor Medicare Part D PBM contract including, but not limited to, rebate amounts, claim pricing and benefits, formulary coverage/tiering application and contractual performance measures.  Performance measures include validation of claim adjudication accuracy from both a pricing and benefit perspective.  Participate in User Acceptance Testing to ensure system corrections are accurate.*
* *Establish and conduct monitoring activities centered on key CMS audit findings and best practices including, but not limited to, formulary administration, point of sale edits, coverage, and claim reject reports.*
* *Tested and performed Analysis of ICD 10 Procedure and Diagnosis Codes in accordance with ICD 10 CM according to the 5010 EDI.*
* *Provide internal departments with monitoring and audit support of Medicare Part D claims to ensure CMS compliance.  Provide the necessary support to internal departments during CMS audits to document ongoing monitoring activities.*
* *Involved in testing HIPAA EDI Transactions and mainly focused Eligibility Transactions.*
* *Participated in the conversion of ICD9 to ICD10 using the mapping tool GEM.*
* *Analyzed HIPAA 4010 and 5010 standards for 837I/P and 835 EDI X12 transactions, related to providers, payers, subscribers and other related entities.*
* *Knowledge of pharmacy data (claims, fees, eligibility, benefits, formulary) and statistical analyses*
* *Extensively participated in verification of EDI file formats against Standards*
* *General process improvement input by attending conference calls and partner visits.*
* *Responsible for managing relationships with the business units as well as interacting with software vendors and consultants for development and support.*
* *Analyzed trading partner specifications and created EDI mapping guidelines.*
* *Gathered accurate and relevant incident information and Documented problems for escalation*
* *Perform root cause analysis of problems associated with UNIX environments. Provide the performance reports, logs and possible solution to prevent the problems in future.*
* *Developed and maintained documentation of all technical and procedural changes affecting the Specialist’s area of responsibility.*
* *Hands on experience with the 837 and 835 ANSI X12 transaction understanding loops segments, elements and structure*
* *Expertise in EDDI Environment Data Compression settings to see what is set for the Output Data, validating 999s and 835s*
* *Worked on hand with Service Center Tool: this is used to update the records of clearing houses, vendors and submitters*
* *Ability to read and interpret 835 responses , 277CA Reports and Transactions acknowledgments*

***Environment****: ICD10EDI X12N 4010HP Modeling, Rational Requisite Pro, EDIFECS, SQL, Rational Rose, RUP, UML, Load Runner, MS-Project, MS Visio, Java, MS Office, Windows XP.UNIX,*

***Presbyterian Health Insurance, NM BA /EDI Analyst Aug-2011-May-2013***

*Presbyterian Health Insurance, NM .The project consistency and proper data mapping between the old and the new system. Developed the Business Crosswalks for 837(P, I, D), 835 and 276/277 according to HIPAA implementation rules. This project also involved creating the medical claims processing system*

***Responsibilities****:*

* *Production Support and Analysis of Defects related to Transaction sets 837/835 utilizing HP “QUALITY CENTER” Requirements/Defects MODULE, /EDIFECS.*
* *Release/deployment issues according to version management, backward compatibility, load balancing of components in production environment.*
* *Worked on 837 and 835 projects, including syntax and business rules for X12 HIPAA 4010 and 5010 validation for loops, segments, elements, qualifiers and code sets.*
* *Performed impact analysis on applications for deadliness of ICD-10 conversion.*
* *Providing production support to EDI related issues originating from internal or external customer/Trading partners/Insurance payer/provider requirements.*
* *Coordinating the upgrade of X12 Transaction Code Sets 277,837P, 835 and 834 to HIPAA compliance.*
* *Involved in claim adjudication process using Edifecs /Spec Builder and Quality Center/Transaction Manager application.*
* *Prepared Test Cases based on business requirements and business rules for HIPPA EDI Transaction 834, 276/277, 270/271, 837/835.*
* *Attending daily SCRUM and JAD Sessions and guided QA and Developers regarding the defects, Technical Specification Documents and Mapping Documents.*
* *Research, track, parse and interpret EDI files 999, Transaction Acknowledgement records, and enrollment and claims files in EDIFECS data repository and UNIX server and analyze them according to the request.*
* *Work as a liaison between HP and CIGNA and responsible for all the Cross Functional Communication.*
* *Validating the Log Files (999, x12,) for 834/820,277CA, 837IB and 835 Transactions in UNIX and HTM (Healthcare Transaction Manager*
* *Created technical documentation, Reviews, analyzes, and evaluated business systems for end user needs, including Companion Guides, business process reengineering, including GAP analysis and documenting requirements, documenting processes, workflows.*
* *Extensively used MS Excel for data reconciliation purposes assisted developers in creating Macros for data Reconciliation purpose*
* *Manually generated reconciliation reports using MS Excel and Access.*
* *Experience in understanding database structures and write SQL queries.*
* *Creative and aggressive self-starter with ability to handle ambiguity, able to communicate effectively with Cross Functional Teams at all levels, capable of delivering solutions under high-pressure environment*

***Environment:*** *UML, Quality Center, MS Visio, EDIFECS, MS Outlook, DB2 Mainframe, UNIX*

***Health Insurance Plan (HIP), NY BA /EDI Analyst Jan-2010-Jul-2011***

*The project Prepared data files (or) X12 files according business requirements Worked with 837/835/270/271 for Claims processing*

*ICD-10 (Clinical Modification and Procedure Coding System) codes and conversion of all EDI HIPAA X12N-4010 transactions to HIPAA X12N-5010 version and prepares necessary supporting mapping/crosswalk documents as part*

***Responsibilities****:*

* *Worked with IT teams regarding EDI transaction X12 837/835/270/271/820 for Claims Processing*
* *Developed new maps to convert client’s proprietary formats to EDI ANSI x12 and EDIFACT.*
* *Migrated maps from Visual Mapper to SI Map Editor.*
* *Monitored the failure of inbound and outbound translation documents.*
* *Sent the daily invoice reports and failure reports.*
* *Created envelopes and checked-in maps into the UAT and Testing.*
* *Configured BizTalk Server as EDI Gateway in DMZ*
* *Developed mappings, orchestrations in BizTalk*
* *Configured Send, Receive ports in BizTalk.*
* *Logged Errors, reported Defects, determined repair priorities and tracked defects until resolution using HPQC 11.0*
* *Worked on EDI Transactions like 810, 850, 856, 940,943,999*
* *Created new mailboxes for various trading partners and set the communication for different trading partners. Set up various communication protocols - FTP, HTTP, SMTP and AS2 with trading partners for exchanging the EDI documents with digital signature.*
* *Prepared the Test file for 837 with PPN/Tax ID and NPI and validating the 835 with Correct Outbound NPI i.e. Validated all the incoming/Outgoing data from EDI 837/835 interfaces*
* *Worked extensively with CPT/ ICD Codes. ICD-9 and ICD-10*
* *Reviewed the Requirements documents for X12 Transactions and created the Test plan and test cases for HIPAA EDI Transactions for Iteration Testing, Integration Testing and System Testing.*
* *Extensively involved in ICD 9 and ICD 10 claims testing with 837,270 and 271.*
* *Involved in writing test cases applying the SQL scripts to the test database and execution of the scripts on the database.*
* *Participated and drafted the Master Test Plan to covers both the HIPAA 5010 Compliance.*
* *Involved in UAT Testing and composing training manuals*
* *Responsible for trouble-shooting and testing of ICD-9 coding logic sets.*
* *Developed detailed Test Scenarios as documented in Business Requirements Document (BRD)*
* *Provided regular status updates to team Lead on high priority issues and testing progress*
* *Monitored the work queue and sent failure reports to the corresponding EDI coordinator.*
* *Involved in the testing of SI maps developed based on the test cases and test data provided by the customer.*
* *Handled production support activities like customer day to day issue resolution, checking GIS servers, after the projects are moved into production*

***Environment****: EDI ,X12 ,ICD,9,ICD,10 Sterling Integrator, Visual Mapper, BizTalk HP Quality Center*

***Tufts Health Plan, Watertown, MA QA Analyst Apr-2008-Dec-2009***

*What distinguishes the Mercy Hospitals is effective resource management and able deployment of technology and knowledge to the service of mankind. We implemented a “user-friendly” interface for the hospital management system in the premises of the Mercy Hospital, Chicago, one of the Top Hospitals in USA. The application is implemented to keep track of the patient’s details. The application was divided into various modules such as Registration, Admission and Discharge, Patient’s Test Details, Billing etc. I performed testing on each of the modules.*

***Responsibilities****:*

* *Analyzed business requirements and module-specific functionalities to identify test requirement*
* *Developed Requirements Traceability Matrix to track requirements*
* *Conducted Manual Testing for checking the flow of the application functionality*
* *Manually tested each module of the application and verify against expected results*
* *Analyzed user requirements and prepared test approach document*
* *Prepared test requirements, test cases manually*
* *Checked the data flow through the front-end to back-end and used SQL queries to extract the data from the database*
* *Conducted Back-End Testing for Oracle databases using complex SQL queries*
* *Performed various types of Black box testing*
* *Performed Database Integrity Testing by executing SQL statements*
* *Performed comparison of actual report with the expected values by querying the database*
* *Performed extensive manual testing on critical functionalities of the application*
* *Created and tested scenarios using positive and negative test data*
* *Wrote simple to complex SQL queries to verify the database tables for the data inserted from the GUI*
* *Modified and maintained test cases with changes in application interface and navigation flow*
* *Used Quality Center for bug tracking and reporting, also followed up with development team to verify bug fixes, and update bug status*
* *Created and Maintained Traceability Matrix and performed GAP Analysis*
* *Prioritized and reported defects, presented documents and reports in weekly team meetings*
* *Simulate business use with multiple users with typical business scenarios*
* *Interacted with developers and team members for verification and validation aspects*
* *Assist in 2nd level support of user email and printer issues in Windows and UNIX environments*

***Environment****: HTML, IE, Java, UNIX, Oracle, Quality Center, SQL, MS Office*