**Name Bimbi Koduru 727-698-6682** [**bimbiqa@gmail.com**](mailto:bimbiqa@gmail.com)

***PROFESSIONAL SUMMARY:***

* Over **9** years of professional experience **as Sr. EDI Analyst/** in various Integration and Business Applications like **Health Care**
* 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.**
* Extensively used **Facets 5.1/4.81** to test **Medical** and **Hospital Claims**.
* 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).**
* Expertise in **Datamart testing.**
* Extensively used **Toad** to validate backend data.
* Used **EDIFECS Step-up/Step-down** to analyze and migrate from 4010 version to 5010 version.
* Worked on **Cognos Qual** Environment to validate many **Cognos reports**.
* Worked with IT teams regarding EDI transaction X12 837/835/270/271 for Claims Processing
* Used various Cognos functionalities like Business Insight Advanced, Report Studio, Query Studio for Enterprise Quality Management purposes.
* Expertise in **Rational products** like **Rational Team Concert**, **Rational Quality Manager**.
* 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, Win Runner, 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.**
* Knowledge of **HTTP, AS1, AS2, FTP, SFTP, FTPS, SSH** protocols and connectivity.
* 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.
* Design & development using Java, Oracle, JavaScript, XML, HTML, UML & Rational Rose

***TECHINCAL SKILLS:***

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| **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 Standards** | ANSI X12, EDIFACT, HIPAA |
| **QA Testing/ Modeling/ Defect Tracking Tools** | WinRunner 6.0/7.0/7.5/7.6, LoadRunner  6.5/7.8/8.0, Test Director 6.0/7.0/7.6/8.0,  Quality Center9.0/10.0, QTP 6.0/6.5/8.0/9.2,  Clear Quest, Bugzilla, TOAD, Rational. |
| **EDI X12 Transaction sets**  **(Versions 4010 and 5010 as applicable)** | 835, 837, 270/271, 276/277, 834, 210, 820, 824, 830, 832, 204, 850, 990, 214, 856, 860, 315, 867, 875, 180, 858, 867, 812, 844, 845, 846, 849, 940, & 997 |
| **BI & ETL Tools** | Cognos 10.2/10.1, Informatica Power Center 9.01/8.6/8.5, Informatica Power Mart 7.2/6.2, |
| **Internet Technologies** | JavaScript, XML, XSLT, XPATH, DTD, Schemas, HTML |
| **Databases** | Oracle 10g/8i, SQL Server 2005/2000, MS-Access, DB2, MySQL |
| **Operating Systems** | Windows Server 2003/2000/NT, UNIX, Linux |
| **Tools** | Crystal Reports 7.0, XML Spy, Xpath Visualizer, Macromedia Dream weaver |

***PROJECT DESCRIPTION:***

**Capital District’s Physicians Health Plan [CDPHP], NY May’13 –Till Date**

**Lead EDI Analyst**

**Responsibilities:**

* Worked on **Facets** extensively to validate products.
* Created **medical claims** to test various services mentioned in the agreement configuration.
* Created **medical claims** to test co-insurance and copay amount limits for both individual and family members.
* Expertise in **Corporate Analytics** data mart testing.
* Conducted project risk identification and mitigation action planning with the client project manager, or designated technical lead.
* Worked on **Melissa Data Address Cleansing**. Validated the **cleansed addresses** of the respective providers.
* Validated **Enhanced Primary Care** performance **management** Cognos reports like **Emergency Room Efficiency** Utilization, Hospital Efficiency Utilization & **Population Risk** Reports.
* Created **hospital claims** to test deductible limits for both individual and family members.
* Worked extensively 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.
* Validated **Cognos** reports that pull data from Facets and various data schemas like Enterprise Data Warehouse [EDW] and Analytical Data Warehouse [ADW] that are in house to CDPHP.
* Worked as test lead for a **Cognos** project called **Total Cost of Care**. Tested **Cognos Cube** [All three phases] extensively.
* Worked on **Cognos Business Insight Advanced** to test **Cognos Cube**.
* Used **Rational Team Concert [RTC]** tolog **defects**, track and close defects after resolution.
* Worked with **HIPAA** compliant **ANSI X12 834 formats.**
* Used **Rational Quality Manager [RQM]** to upload test cases, log and track testing process.
* Tested and verified several **Medical** and **Pharmacy Products** in **Facets**.
* Extensively tested **7 out of 12 ASO products** for 2014 health plan renewals.
* Experience in developing, implementing and testing EDI **ANSI X12** applications.
* Validated many **source** and **target** **backend tables** for data and dollar amount accuracy.
* Performed **regression testing** to make sure any changes to the products did not impact any existing functionalities.
* Expertise with **HIPAA** compliant **ANSI X12 820 formats.**
* Validated **In-Network** and **Out of Network** **Stoploss** amount for various products.
* Validated **Out of Pocket Max** limits for various products.
* Extensive knowledge of **diagnosis** and **procedure** codes those are necessary to test several layers of insurance plans.
* Created **master test plan**, **test cases** and created **test scripts** to successfully implement **system integration testing** in an effective and timely manner.
* Interacted with **Dev teams** and **Business Owners** to have better understanding of **Unit testing** and **User Acceptance Testing [UAT]**.

**Environment:** Facets Rational Team Concert (RTC), Rational Quality Manager [RQM], IBM Cognos version 10.1, Microsoft Office, Oracle version 11g, Toad 11.0.0.116, Snag It 11, VMware Horizon View.

**Medco Health Solutions, NJ Sr. EDI Analyst Mar’09 –Apr’13**

**Responsibilities:**

* Writing specifications for enhancements by using existing legacy system documentation and procedures.
* Performed GAP Analysis and created 5010 Companion guides for HIPAA EDI transaction sets, including the HIPAA 5010 837i, 837p, 837d, 835, 270/271, 276/277, 834.
* Worked on HIPAA Standard Transaction Forms X12-837 for Equivalent Encounter Information, X-12-835 Claims Payment and Remittance Advice, X12-Health Care Claim status request and response, X12-270/271 Eligibility for a Health Plan and X12-820 Premium Payments.
* Created crosswalks by analyzing the base maps provided by the client.
* Used EDIFECS Specbuilder for creating specifications and also creating guidelines.
* Developed test cases and test scripts for the functional testing.
* Planned and developed test cases using Quality center defect-tracking tool.
* Participated in business requirements, user requests and defect analysis meetings.
* Extensively used SQL to perform **Data integrity** **testing.**
* Worked on **Health Care Claim Payment/Advice (835), Claims Inquiry and Response** **(276/277), Receipt and Verification of claim forms (837)** as per the HIPAA guidelines.
* Worked on **upgrading the version 4010 to 5010 version and identifying the new ICD 10 codes to upgrade from ICD 9 codes**.
* Worked as **Team Lead** for **Enrollment** and **Claims** projects.
* Worked with **HIPAA** compliant **ANSI X12 837** formats for both **professional claims** and **institutional claims.**
* Experience in developing, implementing and testing EDI **ANSI X12, XML/XSLT** applications.
* **Manipulated data in X12 files** using **EDIFECS Specbuilder** to add valid qualifiers and also check for HIPAA edits.
* **Used EDIFECS transaction management to process and track enrollment file, 834.**
* Submitted claims and other 835 files and also checked the status in **Transaction Manager.**
* Regenerating the defects and resolved them and maintained log files for every test.
* Involved in **smoke testing** after each deployment and resolved the defects when required.
* Defining **test cases, creating test scripts, analyzing bugs**, interacting with QA / dev teams in fixing errors and **User Acceptance Testing (UAT).**
* Resolved defects based on severity level in **HIPAA Edits** using EDIFECS Spec Builder.
* Prepared the **Test plans and Test cases** to successful perform the system integration testing, functional testing.
* Worked on **Transaction Management** to see if the X12 file has been generated and also to check for the acknowledgements.
* Developed **UNIX shell scripts** to automate file discards due to data errors.
* Wrote **Stored Procedures** to eliminate redundant data when converted.

**Environment:** EDIFECS Spec Builder 7.0.5, Rational Unified Process (RUP), MS Visio, Microsoft Office, UAT, HP Quality Center 10.0, UNIX.

**Client: DaVita, PA EDI Analyst Nov ’07 – Feb’09**

**Responsibilities:**

* Tested the requirements and created mapping specifications based on HIPAA implementation guidelines.
* Involved in preparing the methodology document for the HIPAA implementation.
* Verified crosswalk for understanding major changes from ICD-9 to ICD-10. Drafted the major changes that would appear in ICD-10 version
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets. This includes HIPAA 4010A1 to 5010 conversion, gap and impact and business rule validation for all 12 standard HIPAA 5010 transactions: 270/271, 276/277, 278/278, 820, 834, 835, 837 (IPD).
* Created requirement documents, test cases, test plans for migration of EDI server from **Gentran to GIS 4.3** and for upgrading the maps**.**
* Created **use case models, use cases and UML diagrams** with the help of business requirements document.
* Organized documents use case documents using **Rational Requisite Pro.**
* Tested all types of SNIP Testing for HIPAA including integrity testing, requirement testing, balancing testing, situational testing, code set testing, and guide-specific testing.
* Performed analysis of ICD 9 Procedure and Diagnosis Codes in accordance with ICD 10 CM and ICD 10 PCS conversion compliances
* Include claims and enrollment testing as well as NPI and medical coding and ICD-9 EDI testing.
* Experience with EDI applications and X12 data formats.
* Created test cases, test plans based on the use cases for test criteria.
* Tested end-to-end scenarios, change requests and defects while processing claims.
* Used various TPs to bypass HIPAA edits during the submission of claims.
* Involved in manual testing of the applications and used **EDIFECS spec builder** to look for the severity of **HIPAA Edits**.
* Involved in **smoke testing, functional testing, and regression testing** and system integration testing of various healthcare transactions.

**Environment:** EDIFECS Specbuilder, RUP Methodology, MS Visio, MS Project, UML Modeling, Microsoft Word, Microsoft Excel, Rational Requisite Pro, Rational Rose.

**Client: Memorial Hermann Healthcare System, TX EDI Analyst/ Tester Jan ’06 – Oct ’07**

**Responsibilities:**

* Dealt with **HIPAA transactions.**
* Gathered business requirements and carry out data analysis.
* Documented various key elements of **HIPAA compliance** and made sure that they are understood by the development teams.
* Created crosswalks for HIPAA EDI transaction sets, including the HIPAA 5010 837i, 837p, 837d, 835, 270/271, 276/277, 834.
* Involved in validating the system and created **Functional Requirement Specifications and User Requirement Specifications.**
* Used **EDIFECS Spec Builder** to build, edit and customize the implementation guidelines.
* Performed **Smoke Testing, Functional Testing, System Integration testing** on EDI Health care transactions 835, 837, 834, and 820.
* Created **Use case narratives** to record subscription business rules.
* Involved in logical mapping of both inbound and outbound files.
* Created EDI Testing process, documentation and performance matrices.
* Manually tested end-to-end applications.
* Maintained **test matrix** with the test results obtained.
* Implemented **SDLC** which included requirements specifications, design, analysis and testing. Followed **RUP methodology** with Agile/Extreme Programming and using Rational Test Suite for various phases of **RUP**.
* Reviewed **development plans, quality assurance test plans, and user documentation** to ensure correct interpretation of original specifications.   
  **Environment:** Gentran on UNIX 5.3, EDIFECS Specbuilder, XML, XSLT, HTML, Oracle 11i, EDISIM.