**Chandra Yarlagadda**

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**SUMMARY:**

* 7 years of experience in EDI with expertise in Extensive experience in Business analysis, Development & creating of EDI Implementation Guidelines and Mapping Specifications.
* Extensive experience in developing transaction sets in EDI and data mapping and data conversion
* Strong understanding and experience in Enterprise Data warehousing, Business Intelligence systems and individual datamart domains (Claims, Revenue, Provider)
* 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.
* Experience in working with EDI Transactions X12 – 834, 835, 837, 270, 271, 276, 277, 278, 204, 210, 214, 404, 410, 810, 820, 830, 832, 850, 846, 855, 856, 857, 940, 943, 945, and 997
* Health Care Industry experience with HIPPA Compliance EDI documents including EDI transaction sets: 270 Benefits inquiry, 271 Benefit info, 276 claim status request, 277 Status Notification, 278 Service Review, 834 Benefit enrollment, 835 Payment Advice, 837 Claim form. Good understanding of 5010 upgrades to support ICD-10 code Compliance
* Expertise in writing T-SQL Queries using joins, Sub queries and Cursors in MS SQL Server […]
* Experience in Extracting, Transforming and Loading (ETL) data from Excel, Flat file, Oracle to MS SQL Server by using BCP utility, DTS and SSIS services.
* Experience in creating SSIS packages using Active X scripts and with Error Handling.
* Expertise in enhancing and deploying the SSIS Packages from development server to production server.
* Excellent T-SQL development skills to write complex queries involving multiple tables, great ability to develop and maintain stored procedures, triggers, user defined functions.
* Extensively used Report Wizard, Report Builder and Report Manager for developing reports and deploying reports in SSRS.
* Extensive experience in using Edifecs Products like EdifecsSpecbuilder 6.8, Edifecs Transaction Manager 7.0.3, Edifecs Application Manager, XEngine and XES.
* Understanding of EDIFACT transaction ORDERS, INVOICE, PRICAT, DESADV and ANSI X12.
* Creating Trading partner setups, setting up mailboxes.
* Excellent understanding about ANSI X12 EDI compliancy mandates for ANSI X12 EDI.
* Used Rational Clear Case and Clear Quest as Configuration Management and Change Control tools
* Experienced in Facilitating Joint Requirement Planning (JRP), Joint Application Development (JAD) with Business User Groups, Subject Matter Experts, and IT Groups to converge early toward a design acceptable to the customer and feasible for the developers and to limit a project’s exposure to the forces of change.
* Extensive experience in writing Use Case Diagrams, Activity Diagrams, Sequence Diagrams and ER Diagrams using UML modeling tools such as Visio and Rational Rose.
* Experience with SDLC processes and methodologies, including requirements gathering, service-oriented analysis and design, testing, configuration, and deployment management
* Experienced in Data Modeling and Dimensional Data Modeling concepts such as Physical/Logical Data Modeling, FACT/Dimensional tables, Snowflake/Star Schemas, UML data modeling.
* Solid experience of Quality Assurance (QA) in reviewing Test Procedures, defining Test cases, reviewing and maintaining Test scripts, analyzing bugs, interacting with team members in fixing errors and User Acceptance Testing (UAT).
* Extensive experience in Oracle 10g/9i, MS SQL server 2003/2007, MS Access 7.0/97/2000, SQL \*Plus.
* Highly skilled in communicating the business process to the stakeholders, development and technical team as well as to the end users.

**TECHNICAL SKILLS:**

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| Business Analysis | Requirement analysis, business rules, data flow diagram, flowcharts, business process modeling & improvement, gap analysis, cause and effect analysis, decision tree, BRD, BRS |
| Microsoft Office Tools | Excel, Word, Project, Access, Visio, PowerPoint and Outlook (2000/2003/2007) |
| Rational Suite | Rational Rose, RequisitePro, ClearQuest, ClearCase, PVCS |
| Programming | C, C++, Java, and UML |
| Databases | Oracle 10g/9i, MS SQL server 2003/2007, MS Access 7.0/97/2000, SQL \*Plus |
| Operating Systems | WIN XP Pro, Windows NT 4.0, MS Exchange 2000/2003, Windows 95, Linux, Unix |
| Methodologies | RUP, OOA, OOP, OOD, UML, Agile Modeling, SDLC model, Waterfall model, Spiral model, Use Cases, JAD |
| Data modeling | ER Diagrams, Conceptual, Logical & physical modeling. |
| Test Tools | Test Director, WinRunner and Load Runner |

**Experience**

**Client : United Health Group, MN Jan 2015 – Present**

**Title : EDI Analyst**

United Health Group provides consumers directed healthcare products, including medical, pharmacy, dental, behavioral health, group life, long-term care and disability plans, and medical management capabilities. The project Implemented and provided support for HIPAA ANSI X12 standard transactions 270, 271, 276, 277, 278 and support 834, 835 and 837 HIPAA EDI transactions and integrating the functionalities to the web portal for Electronic Claim Submission process.

**Responsibilities:**

* Involved in development & documentation of Software Requirements Specification (SRS) and using Rational Rose.
* Developed an implementation guide for Partners for EDI X12 transactions such as 834, 835,837,270 and 271.
* Handled requests for proposals, making presentations to customers, and negotiating project timelines and deliverables.
* Involved in creating test cases for EDI 837 Claims (I & P) Transactions.
* Designed and implemented Mainframe EDI system utilizing ANSI X12 standards.
* Defined Maps to customized Claims daily load into FACETS for processing the transactions.
* Developed detailed Use Case to describe the functionality of the system including claims transactions.
* Created different Trace ability views to maintain the Trace ability of the requirements.
* Responsible for the development and implementation of HIPAA EDI Map sets 270, 271, 276, 277, 820, 834, 835, 837 and 5010.
* Identified gaps between current policies and procedures and new HIPAA 5010 compliance and developed an action for the migration process.
* Tested the ANSI X12 Version 5010 / EDI transactions (HIPAA) for Claims Status and Eligibility (270, 271, 276, 277, 834, 837P, 837I, 837D, 835 remittances and NCPDP Claims).
* Developed HL7 messaging for bi-directional case and disease report exchange, in text and XML formats, in accordance with HL7 specifications;
* Writing XML test files to run against XSD schema, testing C# application, backwards compatibility testing.
* Troubleshoot file transmission problems and assisted customers in a call center environment with EDI and Medicaid Insurance claim related inquiries explained and enforced guidelines in the X12 Implementation guides (837P, 837I, 837D, 270/271).
* 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.
* Develop/Modify EDI maps using Sterling Integrator’s Map editor. Configured and implemented Sterling file gateway process.
* Extensively used SSIS Import/Export Wizard, for performing the ETL operations.
* Created traces using SQL server profiler to find long running queries and modify those queries as a part of Performance Tuning operations.
* Responsible in setting up Trading Partner Identities, Document exchange, Packaging and Envelopes for both inbound and outbound partners.
* Created UNIX shell scripts to automate the FTP process, handling of data discards, data errors, compliance errors etc.
* Designed high level ETL architecture for overall data transfer from the OLTP to OLAP with the help of SSIS.
* Assisted in production of OLAP cubes, wrote queries to produce reports using SQL Server […] Analysis Services (SSAS) and Reporting service (SSRS).
* Distribute instructions, documentation, specifications, and questionnaires for EDI-related processes and procedures to client’s personnel and/or external trading Partners. Interact with trading partners and internal corporate and field units on a day-to-day basis to support and resolve issues relative to EDI transaction flow.
* Analyze requirements utilizing various methods. (E.g. sample data from SQL queries, Screen Shots, reports, prototype screens, sourcing information, and other data models.)
* Performed Gap Analysis to check the compatibility of the existing system infrastructure with the new business requirements.
* Loading data from various sources like OLEDB, flat files to SQL Server database Using SSIS Packages and created data mappings to load the data from source to destination.
* Created the automated processes for the activities such as database backup processes and SSIS Packages run sequentially using SQL Server Agent job.
* Created SSIS packages to pull data from SQL Server and exported to Excel Spreadsheets and vice versa.
* Reviewed Stored Procedures for reports and wrote test queries against the source system (SQL Server) to match the results with the actual report against the Data mart (Oracle).
* As part of a team provided assistance with monthly data extractions and imports utilizing Microsoft Access, SQL and Microsoft Excel.
* Followed a structured approach to organize requirements into logical groupings of essential business processes, business rules, information needs and insured that critical requirements are not missed.
* Prepared Business Process Models that includes modeling of all the activities of business from conceptual to procedural level.

**Environment:** Windows 98 / NT, UNIX, SQL Server, .NET,ETL,SSRS,SQL server, XML, XSD, MS Office, MS Visio, MS Project, Rational Tools, UML

**Client : Medical Mutual of Ohio, OH Mar 2012 – Dec 2014**

**Title : EDI Analyst**

The project based on HIPAA Implementation (276, 277, 278, 837, 997, 835, 270,271, IRL, proprietary formats, etc.,) Mercator is used for Data Transformation between the EDI subsystem and the Mainframe. Mercator is used for Electronic Claim Submission processing of ANSI X10N 837, 835, 824 Claims. Whenever an EDI Claim file comes from the customer, Mercator validates that file and transforms the data into their proprietary (HCFA) format.

**Responsibilities:**

* Developed the scope and vision documents that defined the primary goals, objectives and scope of the project.
* Validated batches of medical claims data, patient details, and service line data in the EDI 837 and EDI 835 files, 270 (Eligibility) and 276 (Claim Status) data.
* Identified various business processes and developed process flow diagrams for the business processes and validated the same with SMEs.
* Recommend tactic to implement HIPAA 4010 ( EDI X12 837,834,278,270) in the new System
* Validated all the incoming/Outgoing data from EDI 837/835 interfaces.
* Followed the RUP based methods using Rational Rose to create: Use Cases, Activity Diagrams / State Chart Diagrams, Sequence Diagrams.
* Developed and supported startup for MVS and PC based EDI systems and various application integrations and interfaces.
* Drafted testing strategy for the claims Management Systems in accordance with HIPAA rules and regulations pertaining to PHI.
* Extract, Transform and Load (ETL) source data into respective target tables to build the required data marts.
* Utilized SSIS (SQL Server Integration Services) to produce a Data Mart for reporting.
* Used Performance Point Server to create reports, scorecards and dashboards.
* Worked in Data modeling, creating star and snowflake schemas in SSAS. Also used tools like Erwin.
* Experience in working on Cube structure optimization for MDX query performance in Analysis Services 2005(SSAS)
* Extensively used SSIS Import/Export Wizard, for performing the ETL operations.
* Worked on the Reports module of the project as a developer on MS SQL Server 2008 (using SSRS, T-SQL, scripts, stored procedures and views).
* Supported team in resolving SQL Reporting services and T-SQL related issues and Proficiency in creating different types of reports such as Cross-Tab, Conditional, Drill-down, Top N, Summary, Form, OLAP and Sub reports, and formatting them.
* Validated all the incoming/Outgoing data from EDI 837/835 interfaces.
* Developed Mapping rules, Design specifications and Use Cases for the HIPAA 837i/p/d; 270/271, 276/277, 835, 824, 275 and others. Worked on multiple 837s and multiple Eligibility (270/271) and healthcare claim status (276/277).\
* Conduct manual Regression testing for the developed test cases on Biztalk environment.
* Used COVAST EDI and HIPAA Accelerator for BizTalk 2006 R2.
* Delivered solutions and closed problems in the Problem Queue assigned by running the tests in CLAREDI, HIPAADESK and other applicable Clearing Houses
* Prepared system requirements Documents (SRD) and got sign off to be used by the developers.
* Responsible for developing maps that checks for valid partners as preliminary check and separates the valid and invalid EDI documents.
* Developed several functional maps to implement the business rules and validations.
* Modified some of the business rules to suit the development of the maps in Gentran environment.
* Fine-tuned the maps for enhancing their performance in the mainframe environment.
* Developed the map to generate Acknowledgement 997 and Edit Reports.
* Created customized reports in Charles River such as commission analysis report, boxed position report, take-over report, and compliance report etc. using Crystal Reports, Excel VBA and SQL.
* Designed and developed Project document templates based on SDLC methodology
* Acted as a liaison to the Training team to ensure they have what is required to develop and deploy training.
* Worked with the Policy and Procedure team as required to define new/updated policies and procedures.
* Provided post production support/analysis and assisted in performing User Acceptance Testing (UAT), performance testing and validated test plans.

**Environment:** Rational Rose, Rational Requisite Pro, Rational Clear Quest, Biztalk, Macromedia Flash, M.S. Visio, M.S. Project, J2EE, SQL Server, ETL, SSRS

**Client : Specialize Care Services Inc, (Now Optum Health) Golden Valley, MN Sep 2010 – Mar 2012**

**Title : EDI Analyst**

Specialized Care Services Inc, a division of United Health Group oversees a variety of healthcare companies engaged in care management, insurance, and other support services. The company offers a diversified portfolio of health insurance products and related services to employer groups, government-sponsored groups, and individuals. Plans include national networks, open access networks, tiered network plans, co-pay plans, deductible plans, self -insured plans, senior, individual, dental plans and health savings accounts. E-care a web-based technology uses databases to provide an extremely cost effective tool to validate patient demographics and verify insurance eligibility in real-time conforming to HIPAA standards. The features of E-care include online appointments, Medicare/Medicaid Eligibility, Billing Verification, Self-Pay/Commercial Eligibility, Real Time Processing, Billing Address Verification with Address History and Insurance Eligibility Verification.

**Responsibilities:**

* Facilitated and led group discussions to elicit requirements in Joint Application Development (JAD) sessions by communicating with various background and skills, documented Scope Definition, Functional Specifications, and Software Requirements Specification (SRS) and created User Interface Mockups/Prototypes.
* Validated the HIPAA/EDI transactions, tested the claims processing and Adjudication (EDI 837 & EDI 835).
* Involved in mapping data for various partners and clients transmitting EDI 837, 835, 270/271.
* Done claims processing, benefits, provider reimbursement, provider set, billing and accounts receivable.
* Designing the Business Requirements Document and working with system developers to ensure that the requirements are effectively communicated and well understood.
* Updated EDI Inventory Control system greatly increasing data integrity.
* Assessment and documentation of current EDI programs to complete the migration of a new client server system.
* Developed straightforward DBMS queries, knowledge of HL7 and xml interface messaging.
* Developed XML schema and DTD using XML SPY
* Analyzed business requirements into high level and low level Use Cases, Activity Diagrams / State chart Diagrams using Rational Rose following UML methodology
* Analyzed business requirements and organized business and process Use Cases, represented Class, Sequence, Activity, State Chart and Robustness Diagrams using Rational Rose, adapted UML standards to define modularized Data Process Models.
* As part of a team provided assistance with monthly data extractions and imports utilizing Microsoft Access, SQL and Microsoft Excel.
* Working with clients to better understand their needs and present solutions using structured SDLC approach.
* Analyzed business requirements, developed detailed Test Plans and Test Cases.
* Performed and coordinated System testing, Regression testing of various builds during integration, Performance and User acceptance testing using Rational Test.
* Supervised all pertinent project management processes: Business processes, User Acceptance Test, Test scripts, Test results, End user training, oversaw documentation; Established regularly scheduled project team meetings milestones.
* Followed a structured approach to organize requirements into logical groupings of essential business processes, business rules, information needs and ensured that critical requirements are not missed.

**Environment:** UML, M.S. Visio, M.S. Project, HL7, RUP, Rational Tools, HIPAA, EDI, MS-SQL, XML, DTD, .NET

**Client : Misys Healthcare Systems, Plano, TX Jul 2009 – Sep 2010**

**Title : EDI Analyst/Developer**

The project was to automate and manages all laboratory business activities of the client which delivers a comprehensive solution that combines accounts receivable, Automated & Manual Entry of Orders, Billing & Production, Cash Receipts, Inquiry, Accounts Receivable Adjustments, Revenue and Cash Collection Analysis, Additional Functions for Service Bureaus, General ledger, ECS (Electronic Claim Submission), HL7, and HIPAA functions.

**Responsibilities:**

* Designed, Developed and Maintained EDI Maps with the specified business rules. HIPAA map transactions: 837P v4010/5010 Health Care Claim, 276/277 v4010/5010 Claim Status Request/Acknowledgement, 270/271 v4010/5010 Eligibility Coverage, 277U v4010/5010 Acknowledgement Response, 835 v4010/5010 Health Care Claim Payment Advise
* Tested the implementation of 837 Institutional and Professional HIPAA standard transactions with Mercator System.
* Analyze and identify gaps/issues in claims, encounters and remittance advice process flow.
* Use claim/encounter form generator to generate EDI transactions from paper based claims.
* Convert X12 data to XML (using DI) and verify the data by performing schema validations.
* Monitor the queues using MQ Explorer to verify the flat files are being correctly to the application.
* Use BPML Editor to design business processes to collect flat file data, translate, perform EDI enveloping and write EDI files to an outbound queue.
* Worked on Edifecs Transaction Management ™ to provide a secure end-to-end view of the healthcare transaction lifecycle to internal users and trading partners (TP) to enable better business decision-making and monitor performance.
* Verify that the application can process the flat files (transactions) by submitting the jobs using TSOB on Mainframe.
* Monitor FTP log files for GIS and Sterling Value Added Network (VANs).
* Set up Trading Partner relationship in the Production, Testing, and Development environments.
* Create 5010 Companion guides for HIPAA EDI transaction sets, including the HIPAA 5010 837i, 837p, 837d, 835, 270/271, 276/277, 278.
* Developed several Mappings and Mapplets using corresponding Sources, Targets and Transformations.
* Optimizing/Tuning mappings for better performance and efficiency.
* Responsible for testing and validating the Informatica mappings against the pre-defined ETL design standards.
* Used workflow manager for session management, database connection management and scheduling of jobs.
* Validated and monitored daily job runs.
* Created complex mappings using Unconnected Lookup, Sorter, Aggregator, newly changed dynamic Lookup and Router transformations for populating target table in efficient manner.
* Studied and analyzed existing mappings/sessions and identified performance bottlenecks.
* Translate data transfer requirements into ETL solutions.
* Design, develop, test, and maintain ETL processes.
* Responsible for HIPAA Compliance & Testing of HIPAA 834, 835, 836 and 837 Transaction.
* Extensive and thorough Gap Analysis for HIPAA 4010 834 and HIPAA 5010 834 Companion Guides and also for HIPAA 4010 820 and HIPAA 5010 820 Companion Guides.
* Responsible for staging of EDI systems in Development, Testing and Production.
* Created Business Processes using Sterling Integrator with BPML and the GIS BP Modeler, DB connectivity JDBC, FTP, and AS2 adapters.
* Created Maps for Out Bound Routing System to FTP the Information to the Remote Queues.
* Extensively used SQL and Visual Basic for Applications (VBA) to create process that incorporated conditional processing, robust error handling and the ability to read from and write data to other applications.
* Continous monitoring business processes and troubleshooting failed processes.
* Responsible for developing maps using Gentran AI map editor 6.1 of both inbound and outbound maps based on the requirement specification.
* Created Maps for Error Handling System to Store the Log Information created by the Maps that are failed in the process.
* Responsible in performing translation in Sterling Integrator 5.0.
* Developed procedures and functions using VB scripts.
* Involved in B2B on-boarding of trading partner profile, AS2 Connectivity.
* Created Maps for the Business Failures for generating the Error Report to the Business analyst Team.
* Managed 4010/5010 Trading partner set up, trading partner implementation process and maintenance for over 400 trading partners, working with the ANSI X12 EDI standards, and interfacing EDI with internal business applications.
* Providing administration support activities in all stages of Sterling Integrator applications.
* Participated in designing application file layouts and EDI layouts for 837 and 835.
* Develop the test scripts and test data for unit testing, system testing and integration testing.
* Worked closely with architects to remediate the adjudication systems to the new 5010 infrastructure.

**Environment:** Requisite Pro, RUP, MS Office (Word, Excel, Access, PowerPoint, Visio), SQL, Java, Windows 2000/NT, UML, Oracle9i.

**Client : All State Corp, Bridgeport, CT Aug 2008 – Jun 2009**

**Title : Business Analyst**

Automotive insurance forms a majority of Allstate’s operation and revenue. It involves maintenance of its customer information, policy details, agent’s information, premium tariffs, vehicle information, history of their road accident, personal injury and claims settlement including self and third-party liability. This web-enabled client/server based application involves tasks like registering new policyholders by direct online-registration or through an authorized agent, periodic statement generation for premium remittance, claims processing, and disbursement of agent’s service charges and validation of the aforesaid activities.

**Responsibilities:**

* Primarily involved in developing a business model for expediting the Claim Settlement Process and enhancing the Payment Process Monitoring System.
* Utilized Rational Unified Process (RUP) to configure and develop process, standards and procedures.
* Defined frameworks for the application development and analyzed the areas of improvement.
* Outlined high level Use Case Models and identified all possible Use-Cases from requirements and created Use-Case specifications.
* Written Business Requirements Documents (BRD), including Functional and Non-Functional requirements.
* Interacted with the software development team and claim settlement experts to liaison the business requirement to ensure that the application under development confines to the business requirement.
* Involved in the analysis of the functional, technical specifications, data mapping document and conceptual diagrams.
* Identified critical areas of business risk and modified the business process to reduce the same.
* Was jointly responsible for monitoring the progress of the development and QA team.
* Preparing status report, charting out schedules, allocation and management of technical and human resources using MS Excel and Project.
* Conducted walkthrough with the development team and stakeholders.
* Analyzed the security implementation of the application with respect to user’s perspective.
* Used Rational Requisite Pro for managing the requirements.
* Prepared test data for the functional test cases. Executed test cases, evaluated test results and prepared test summary reports.
* Performed bug tracking using ClearQuest and interfacing with the developers to resolve technical issues.

**Environment:** Visual Studio, Test Director .NET, MS .NET Framework, SQL Server, MS Visio, MS Project, MS Office Suite, RequisitePro.