**Bhupinder Sammi 909-274-0257 Bsammi.cit@gmail.com**

**SUMMARY**

Sr. Business Analyst with over 6+ years of experience in Health Care domain with Claim adjudication, provider, eligibility and prior authorization for Medicaid and Medicare programs. Good knowledge of FACETS Member, Provider and Claim module involving Configuration, Customization, Reporting, Analysis and Enhancement.

**AREA OF EXPERTISE**

* Created Business Requirement Document (BRD) and Functional Requirement Document (FRD) through various JAD sessions, interviews and meetings with business users, SMEs and development team.
* Comprehensive experience in different SDLC methodologies: Waterfall, Agile and Rational Unified Process.
* Designed Use case, Sequence and Activity diagram using Unified Modeling Language.
* Conducted GAP analysis and Impact analysis.
* Skilled in mapping business requirements to test cases, maintaining traceability matrix.
* Using Facets for various health insurance areas such as enrollment, member, Products and other FACETS related modules
* Experience in testing Facets applications and EDI transactions
* Extensive knowledge analyzing the relations between Sponsor, Insurer, Providers and Payers with HIPAA EDI Transactions set codes.
* Involved in analysis and configuration of data flow models.
* Through system analysis and documentation experience with HIPAA compliance.
* Worked on different modules within health care: Membership, Providers, Claims, Enrollment.
* Performed the data analysis and data mapping for different source system including mainframe system, data warehouse and database to target system, database, and allocation for the Medicare part D Prescription Drug claim.
* Thorough knowledge of Medication Therapy Management program and application.
* Experience with Medicare, Medicaid and commercial insurance in HIPAA ANSI X 12 4010/5010 formats including 270, 271, 276, 277, 835, 837 and 997.
* Experience withICD9/ICD10, NDC, DRG, CPT, NCPDP codes and NSF formats for interfaces & images to clearing house / trading partner’s applications.
* In-depth knowledge and extensive experience in Health care systems: FACETS, Medicare part A, B, C, D and Medicaid system.

**TECHNICAL SKILLS**

* Methodologies: Waterfall, RUP, Agile
* Project Management: MS project, Mantis
* Version control: Rational Clear case, Visual Source Safe, CVS
* Change management: Rational RequisitePro, Clear Quest, Test Director, Mantis
* Testing: Quality Center, Test Director, QTP, Win-runner, Mantis bug Tracker
* Languages: C, C++, Java, .Net, UML, XML, HTML
* Database: SQL Server, Oracle, Data Studio, MS Access, DB2, TAOD interface
* Reporting tools: Crystal report XI, SAS,COGNOS
* Modeling Tools: MS Visio, Rational Rose

**PROFESSIONAL EXPERIENCE**

**Health Now Inc. Buffalo, NY May 2013 - Present**

**Sr. Business Analyst**

Health Now New York Inc. is the leading healthcare company in Western New York. Since 1936, it has been a pioneer in providing quality healthcare services to companies and individuals in the region. Health Now New York provides the full spectrum of healthcare services and innovative funding arrangements. As a Business System Analyst I am responsible for validation of claims workflow in to FACETS, Members Enrollment, validating Members benefits against different products and working in member’s accumulator.

**Responsibilities**:

* Worked with diverse team of Business users to gather requirement and prepared BRD and FRD.
* Conducted numerous JAD sessions with Business users, developer and SMEs.
* Performed the Gap Analysis to find the existing gap between the HIPAA 4010 to HIPAA 5010 EDI transactions and ICD 9 to ICD 10.
* Prepared several use cases and designed use case diagram, activity diagram and sequence diagram.
* Worked on requirements of the 835, 276,277, 837, and HIPAA transaction across the enterprise.
* Responsible for attaining HIPAA EDI validation from Medicare, Medicaid and payers of government carriers.
* Conducting business validations, covering the following deliverables: FACETS Providers, Facets Claims and Facets Membership and Operational reports
* Reviewed various customer transactions using the FACETS application.
* Worked on the EDI 834-file load to Facets through MMS (Membership maintenance sub-system).
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets or Internet portals.
* Work with solutions/delivery teams to implement data quality processes during acquisition, ETL, and delivery stages for Business Intelligence solutions and changes to Data Warehouses.
* Performed Data analysis from the data warehouse along with business intelligence solutions delivery team.
* Used General Equivalence Mapping to convert ICD 9 to ICD 10. Involved in both forward mapping and backward mapping.
* Involved in impact analysis of HIPAA 5010 835 and 837P transaction sets on different systems.
* Analyzed data and created reports using SQL queries.

**Environment**: FACETS, Agile, SQL, SQL server, MS Office Tools, MS Visio, SAS 9.2, UML, HP Quality Center

**Leon Medical Centers Health Plans, Inc., Miami, FL Jan 2012 – April 2013**

**Business Analyst**

Leon Medical Centers Health Plans, Inc. was established to meet the needs of Medicare patients of Leon Medical Centers. A project at Leon Medical Center Health Plans was undertaken to integrate the newer version Facets with the existing system and the entire company’s landscape. I worked as a business analyst to work closely with project team to identify user's business requirements, interpret complex business needs and translate them into system requirements, write business specifications and forward to technical staff for system integration. I was involved in documentation of the Facets application modules like Enrollment, Billing and Claims.

**Responsibilities**:

* Participated and organized requirement gathering sessions with the stakeholders to elicit and analyze requirements.
* Worked with all Facets Provider of software development from requirements gathering to testing, configuration and international deployment.
* Followed Workgroup for Facets Electronic Data Interchange standards for testing that need to comply with the HIPAA guidelines.
* Executed business process analysis “As-Is” system & “To-Be” systems & perform gap analysis.
* Worked on the EDI 834-file load to Facets through MMS (Membership maintenance sub-system).
* Worked on solving the errors of EDI 834 load to Facets through MMS.
* Created keyword files to have member data bulk loaded into the FACETS system through the MMS batch
* Involved in FACETS Implementation, involved end to end testing of FACETS Billing, Claim Processing and Enrollment modules.
* Was involved in Integration Testing, and User Acceptance Test using the test cases.
* Interacted with other teams through walkthroughs, meetings, etc. to resolve various issues.
* Validated the scripts to verify they have been executed and meet the scenario description.
* Involved in project status meetings, QA review meeting, and System Test meeting.
* Wrote test cases and test scripts for the User Acceptance testing.

**Environment**: Windows 2008/XP, Quality Center, HIPAA Standards, Agile, FACETS MS Visio, MS Project, SharePoint

**Computer Science Corporation, Albany, NY Feb 2010 – Dec 2011**

**Business Analyst**

Computer Sciences Corporation (CSC) is an American information technology (IT) and business Services Company headquartered in Falls Church, Virginia, USA. CSC predominantly provides IT services to different clients. The Project was all about implementation of Facets extended version of TriZetto for Universal American. As a Business System Analyst I was responsible for monitoring and validation of Conversion process, Front end and Back end validation as well as business process rules.

**Responsibilities**:

* Attend regular project team meetings and scrum meetings every day.
* Prepared several use cases, designed use case diagram and process flow diagram.
* Responsible for providing business owners (BOs) an overview of processes involved in EGWP and PDP programs.
* Worked extensively on Business Requirements, Functional Specification, Data-Integration, Data Mapping, and Data Warehouse access using SQL and Crystal Reports, ETL process, use cases modeling (UML) using MS Office (Word, Excel, Access, Visio) and dashboards
* Performed Data analysis from the data warehouse along with business intelligence solutions delivery team.
* Review existing functional practices and recommends modification to processes or new strategies in meet business requirements.
* Assigned tasks among development team monitored and tracked progress of project following agile methodology.
* Involved in testing and reporting of errors of subsequent builds during the process of development and production.
* Working with different IT & Business groups to understand and determine the Impacts to the Data Warehouse and/or Data Marts for different projects.
* Created and executed test plans that improved data warehouse report quality using Word, Excel and Access.
* Created detailed mapping documents and technical specification documents mapping the fields between multiple databases and the reporting data warehouse.
* Helped database architects define the various fields necessary and create database structure.
* Provide QA support in writing test cases.
* Wrote SQL queries to produce various day- to-day report and for testing purpose.
* Actively participated in CMS audit.

**Environment**: Agile, IBM AS/400, MS Office Tools, MS Visio, Share point, UML, COGNOS, Decision Stream

**Well Care, Tampa, FL Mar 2007 – Dec 2009**

**Business Analyst**

Well Care Health Plans, Inc. provides management care services exclusively for government-sponsored health care programs, focusing on Medicaid and Medicare. Headquartered in Tampa, Florida, WellCare offers a variety of health plans for families, children, senior citizens, visually impaired and disabled, as well as prescription drug plans. Worked on EDI inbound and outbound encounters through HIPAA gateway. Worked on Line of Business related to States Medicaid and outbound encounters through HIPAA gateway. Worked on Line of Business related to States Medicaid Program on EDI transactions especially on 835/837 Institutional, Professional and Dental.

**Responsibilities**:

* As a part of operational production support team, received work request tickets for resolving on daily basis.
* Troubleshoot any problems found within FACETS and when testing the SQL data database while validating the business rule.
* Provided weekly project status report to project manager and project presentation to the high level management on monthly basis.
* Worked on developing the business requirement and use cases for FACETS batch process, automating the billing entities and commission process.
* Participated in various meetings and discussed enhancement and modification request issues.
* Facilitated Joint Application Development (JAD) Sessions for communicating and managing expectations.
* Involved in the testing of web portal of New MMIS system
* Involved in analysis of requirements for Medicaid and Commercial line of businesses.
* Scheduled the meetings with domain leads to determine the mapping parameters for each field.
* Followed agile methodology to gather the Business Requirements and designed Functional specifications.
* Highly involved in Gap Analysis to identify the deficiencies of the current system and to identify the requirements for the change in the proposed system.
* Played major role to create the Business Requirement Documentation (BRDs), using MS Word and MS Visio that provided appropriate scope of work for technical team to develop prototype and overall system.
* Identified the crosswalk table schema to persist the mapping of new system to existing system codes.

**Environment**: .Net, MS Visio, MS Project, UML Agile, Modeling tool, Microsoft Word, Microsoft Excel, Microsoft PowerPoint, Quality Center, Crystal report XI and Window XP.

**EDUCATION**

* Degree in Computer Science, Columbus State Community College, Ohio 2001