**Sujan Kumar Karki**

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**PROFESSIONAL SUMMARY**

* Excellent in analytical and problem solving skills, attention to details, excellent interpersonal and communication skills and good team player.
* Proficient in documenting business requirements and developing training programs, documents and materials in line with the necessary requirements
* Skilled in conversion of HIPAA X12 4010 codes to X12 5010 codes and ICD 9 codes to ICD 10codes.
* Worked closely with project managers, SMEs and staff to understand and brief the requirements and specifications for new applications along with re-engineering the existing applications, evaluate the cost/benefit analysis on requirement requests and change requests.
* Strong knowledge of Unified Modeling Language (UML), Rational Unified Process (RUP), System Development Life Cycle (SDLC) and Requisite Pro.
* Proven ability in working with enterprise level large data warehouses, RDBMS systems, and ETL and modeling tools/techniques.
* Hands on experience in writing SQL queries for data gathering.
* Experience in creating custom site templates and list templates for developing web part pages for the portal using SharePoint Portal Server
* Deep domain knowledge in healthcare, financial and transportation & logistic domain.
* Exposure to ICD 9/ICD 10, CPT Coding and Terminology crosswalks.
* Extensive experience in handling Requirements Management, Business Requirement Documents, Use Case Specifications, Functional Specifications, System Design Specifications, System Requirement Specifications, Requirements Traceability Matrix and Business Analysis.
* Implemented the structure for document storage and version control using SharePoint to facilitate company-wide access
* Experience with Medicare, Medicaid, Medigap/Medsupp & commercial insurances in HIPAA ANSI X12 4010, 5010 formats including 270,271, 276, 277, 835, 837, 997, NPI, ICD 9,ICD 10, NDC, DRG, CPT, NCPDP codes & NSF formats for interfaces & images to clearinghouses/ trading partners applications.
* Implemented complex projects using various SDLC methodologies like Waterfall, Agile, and RUP.
* Experienced in analyzing Business Requirements Documents (BRD), Functional Requirement Documents (FRD) and propose changes as per various internal and external requirements gathered for process improvement.
* Experienced in conducting Joint Application Development (JAD) sessions, project meetings, reviews, walkthroughs, and customer interviews.
* In Depth understanding of the AS-IS and TO-BE business processes and experience in converting these requirements into technical specifications for preparing test plans.
* Business Operation Process re-engineering, Developed and implemented new processes for efficiency.
* Conducted User Acceptance Testing (UAT), Black box, Unit, Functional, Integration, Regression testing and verifying performance, reliability and fault tolerance issues.
* Self-motivated, capable of setting up useful priorities and take instant decisions and apply them to meet given deadlines. Adjust easily to innovative concepts and tasks. Can undertake difficult mandates and meet tight deadlines.

**TECHNICAL SKILLS**

**OPERATING SYSTEM:** MS Windows Server, Windows 10/8/7/Vista/XP/2000/NT/98

**TESTING TOOLS:** HPQC/ALM

**BUG TRACKING TOOLS:** Clear Quest, Adobe Photoshop, MS Excel, MS Office, MS Project

**LANGUAGES:** C, C++, SQL, TSL, Visual Basic

**REQUIREMENT MANAGEMENT:** Rational Requisite Pro, Caliber RM

**MODELING TOOLS:**  MS Visio, Rational Rose, Caliber RDM, Snag IT

**PROJECT MANAGEMENT TOOLS:** MS Project, SharePoint, JIRA, Primavera

**WEB TECH:** HTML, UML, Macromedia Dreamweaver, Wireframe, iRise

**METHODOLOGIES (SDLC):** Scrum, Agile, Rational Unified Process (RUP), Waterfall Model

**DATABASE:** Oracle, MS SQL Server, MS Access

**PROFESSIONAL EXPERIENCE**

**Anthem BCBS, VA**

**Sep 2015 – Present**

**Data Analyst/Business Systems Analyst**

Anthem BCBS is the leading healthcare insurance provider. It offers affordable individual and group health plans, on and off exchange. I was working in EDI 837 claims processing and with the encounters team House application E3 and their third party vendor. I was responsible on mapping and creating various BRDs and FSDs for different encounters for inpatient as well as outpatient claims using various ICD and CPT procedure and diagnosis codes.

**Responsibilities:**

* Worked with diverse team of Business users to gather requirement and prepared BRD and FSD.
* Conducted numerous JAD sessions with Business users, developer and SMEs.
* Studied in-house requirements for the Data warehouse to be developed
* Conducted one-on-one sessions with business users to gather data warehouse requirements
* Analyzed database requirements in detail with the project stakeholders by conducting Joint Requirements Development sessions.
* Analyzed the AS-IS and TO-BE system to bridge the GAP between the two versions of FACETS.
* Generated test data using SQL statements. Developed and executed SQL queries in support of Data warehouse data migration and retrieval.
* Liaised with the Business Team of FACETS and the Technical Team on a daily basis to streamline the development effort.
* Created test cases to cover the Change Data Capture (CDC) for incremental data loads for EDW Target for the New Inserts, Updates and deleted rows.
* Validated the Source to Target data and captured counts (accumulated table and aggregated table) for all the incremental builds.
* Worked on Stored Procedures, Views to analyze the code and performed DML operations on the Source and Target to validate the data changes.
* Customized SQL queries to check the source/target data and verified the total record count.
* Testing/Validation of Data Extraction Logic, Data Transformation Logic (including testing of Dimensional Model – Facts, Dimensions, Views etc.)
* Validated the Member, Claim and Pharmacy data related to Healthy Blue, which were extracted from EDW for all active members and delivered to the reporting on monthly basis.
* Validated the data integrity and accuracy, Count, Error handling, email notifications and scheduled jobs of loaded data in the target database system.
* Analyzed and created test data using SQL queries to Insert and Update the data from the source to target databases.
* Application of the Data-Centric testing is to ensure valid and correct data is in the system.
* Using SQL queries, validated scenario testing and data mapping testing between the source system and target systems.
* Rich experience in Healthcare domain functionalities and contact center capabilities
* Experience in executing SQL Queries to validate data in the back end.
* Experience in interacting with business analysts, developers, and technical support and help them base line the requirement specifications.
* Proven ability to work cooperatively & effectively with business, team, & systems partners.
* Ability to understand & analyze business processes & workflows with the objective of providing recommendations for the best use of technology to improve these.

**Environment:** Agile/Waterfall, MS Office Tools, Windows XP, Zephyr, Quality Center, Facets, MS SQL, UNIX.

**Freedom Health, Tampa, FL**

**Jan 2014 – Aug2015**

**Data Analyst**

The project involved fixing Medicaid and Medicaid membership, and sync with Client's membership system. Along with this another project involved interactive health care communication system that automated the manual workflow process followed by physicians and medical staff to suffice patient needs. It offered patients with online access to their practice using interactive web pages. Patients could schedule appointments, request prescriptions, manage account statements, maintain personal records, and receive email notifications. The system also facilitated the health care providers to place claims request, which is processed with the aid of the Claims Processing System. ICD 10 provider testing is not intended to be a functional test of the remediated system, but rather a data collection and analysis effort using transactions that have been coded in ICD-10 by providers from original medical records.

**Responsibilities:**

* Helped developers with the following list of HIPAA-EDI Transaction Code sets: 837.
* Established business analysis methodology after assessing the corporate and HIPAA compliance procedures.
* Participated in ICD 9 to ICD 10 codes mapping sessions as well as status meetings and provide comments and suggestions on challenges faced with the outsourced medical coding partner company.
* Wrote SQL Queries for Inner Joins, Right and Left Joins to check for relationship between tables within a database as well as for the communication/data flow between those tables.
* Extensively used SQL to retrieve, and manipulate data in the database
* Offered data support and checking using SQL/Query and developed complex spreadsheets using SQL.
* Designed process flow for data archival, data purging, delta calculation during batch jobs to outline XML file triggers in Inbound & Outbound folders using transaction X12 EDI 820 and834.
* Thorough knowledge about HIPAA ANSI X12 transaction code sets (5010A1 and ICD10)
* Conduct detailed requirements gathering sessions for Business Intelligence project
* Implemented and combined all the HIPAA standards, Electronic Data Interchange (EDI 835,837,270,271) transaction syntax like ANSI X12, ICD-9, ICD-10 coding.
* Perform assessments / gap analysis to identify opportunities for new Business Intelligence project.
* Involved in process analysis and defined executed data migration plans for local data for global applications.
* Involved working with the following list of HIPPA-EDI ANSI X12 Transaction Code sets: 837 - Claims and Encounters
* Wrote the SQL queries on data staging tables and data warehouse tables to validate the data results.
* Worked closely with the Enterprise Data Warehouse team and Business Intelligence
* Troubleshoot any problems found within FACETS and when testing the SQL data database while validating the business rule.
* Database support that includes activities required to correct, delete or summarize medical history of members as well as provider information.
* Worked on developing the business requirement and use cases for FACETS batch process, automating the billing entities and commission process.
* Participated in Forward Mapping and analysis of ICD 9 - ICD 10 Conversion, for CM (Diagnosis Codes) and PCS (Procedure Codes).
* Developed business cases and provided Use Case and Activity Diagrams in MS Visio.
* Collaborated on the development of user requirements and design specifications using standard UML techniques such as use case, activity, sequence, and class diagrams.
* Conducted JAD sessions, Focus groups and individual interviews to facilitate elicitation with regards to analysis, specifications, and design of the relevant business processes and systems.
* Designed User Interfaces for several modules using Adobe Photoshop version 7.0.
* Using SQL Query generated reports.
* Developed Project Status metrics for weekly evaluation of Project Status.
* Documented detailed business, functional, and User Interface system specifications using standardized company templates for the business, development, and QA team.
* Produced clear user manuals & training guides for User Acceptance Testing (UAT) and deployment for end-clients with step-by-step instructions and created appropriate GUI screenshots.
* Responsible for writing SQL Queries to find out that the data is correctly populated in each field.
* Knowledge of System Development and Bug Life Cycle to perform testing and defect tracking.

**Environment:** ALM, ICD – 9/10, Jira, MS Windows, SharePoint, MS OFFICE TOOLS, Agile (Scrum), MS Office Suits, MS Visio, MS SQL Server 2008 r2, MS Share Point, JIRA, HPQC

**Conventry Healthcare, Bethesda, MD**

**Aug 2012 –Dec 2013**

**Data Analyst**

The project was based on the implementation of an Enrollment & Reconciliation process using X12 EDI 820/834/837 transactions. I worked on various HIPAA transactions, like **820**, **835** and **837**.My daily responsibilities included conducting meetings related to the code conversion process and document them to create the business requirement document. Additionally, I also worked on the database part by helping the team identify the right data sources, verify the data integrity and creating production scrubs for testing purposes. I was also involved in **payment reconciliation, payment balancing, payment adjustments**, and **pending payments**. I was involved in Facets implementation project as well.

**Responsibilities:**

* Worked with business users to understand the Eligibility Reconciliation and Payment Reconciliation process.
* Created and maintained data mapping document(s) in reference to the HIPAA mandated X12 format EDI transactions 820, 834, and 835.
* Worked on Involved in FACET configuration, Customization, reporting, analysis and enhancement. Extensively worked on EDI transaction like 837,835,834, 820, 270, 271, 276, 277 and 278.
* Gathered business requirements, analyzed data sources, workflows by conducting interviews and meetings.
* Created business process models, flow diagrams, activity diagrams, use cases and wrote Business Requirement Documents (BRDs) and Functional Requirement Documents (FRDs) using tools and applications such as MS Word, MS Excel, and MS Visio.
* Working with different IT & Business groups to understand and determine the Impacts to the Data Warehouse and/or Data Marts for different projects.
* Analyzed the change detection process on Facets database tables to capture the daily changes done by Users through Online Facets Application.
* Worked on FACETS claims processing, payment adjustments, claims inquiry, benefits,& dental claim pricing.
* Tested the changes for the front end screens in FACETS related to following modules, test the FACETS batches (membership, Billing, Provider, etc.).
* Designed High level design, for New process, integrating with legacy and Facets
* Involved in configuration of Facets Subscriber/Member Application group.
* Involved in data warehouse testing by checking ETL procedures/data mappings.
* Analyzed the member/eligibility information on claim to that in Facets.
* Used Rational Clear Quest as a workflow tool for effective change management and for testing management.
* Performed responsibilities of integrating network in IVR systems as required
* Modified and redesigned the document for Plan Type Codes, Reason Codes, Relationship Codes, and Language Codes as part of Electronic Enrollment/Reconciliation process updates.
* Analyzed EDI 820 (Payments and Remittances) and 834 transaction (Enrollment and Maintenance) for the conversion of health insurance enrollment.
* Held JAD sessions to make sure all requirements were well understood by the team.
* Implemented the suggested changes and finalized the design to be presented to the developers.
* Designed Information Flows for **Eligibility Reconciliation, Premium Payment Transactions**, and **Reconciliation of Enrollment Transactions** EDI Processing to outline updated processes.
* Wrote SQL queries to gather data required for supporting the application development.
* Held meetings and constantly updated the BRD and FRD as per the changes requested by the stakeholders and approved by the Change Control Board (CCB).
* Followed the Waterfall methodology for all the modules throughout the entire SDLC.
* Actively conducted and participated in status report meetings and interacted with developers to discuss the technical issues.
* Modified the file format and layout for Electronic Enrollment & Reconciliation Payments.
* Actively participated throughout the User Acceptance Testing (UAT) process and helped coordinate the application deployment process.
* Worked independently with minimal supervision throughout the project.

**Environment**: Waterfall, MS Office, SQL Server, Quality Center, EDI 820/834/837/X12

**Department of Community Health of Georgia, Atlanta, GA**

**March 2011 – July 2012**

**Systems Analyst**

DCH of Georgia implemented the new MMIS which will be supported as part of the State’s new fiscal agent contract with Hewlett-Packard Enterprise Services. As part of the overall initiative, an IT project is authorized to design and build the changes required to move all data transfers from the ACS processing environment to the new processing environment being built by HPES for DCH of Georgia. There are 5 general groups of data transfers that must move to the new MMIS: Enrollments, Provider Management, Encounters (or claims processing), Payments and Advices, Regulatory Submissions.

**Responsibilities:**

* Utilized Rational Unified Process (RUP) to configure and develop process, standards and procedures.
* Prepared the business requirement document (BRD) and system requirement document (SRD).
* Facilitated Provider Enrollment, Setting up Provider profile & Trading Partner Agreement.
* Used the Agile methodology to build the different phases of Software development life cycle.(SDLC)
* Met with users and stakeholders to understand the problem domain, gathered customer requirements through interviews (group and one-on-one) along with JAD sessions.
* Identified the issues and done gap analysis with existing and current RDS Extract system for Reconciliation process.
* Researched the CMS website and helped business team in formulating business rules.
* Developed BRD, FRD, use cases, test scenarios, test cases for testing the functional and non-functional using Requisite Pro and Rational Rose to create/maintain: Use Cases, Activity Diagrams, Sequence Diagrams, and Collaboration Diagrams.
* Worked with EDI team, developers and production support team at various stages of the project.
* Worked on Different Modules like Billings, Membership, Claim and Provider in MMIS application.
* Data mapping, logical data modeling, used SQL queries to filter data within the Oracle database tables.
* Analyzed the change detection process on Facets database tables to capture the daily changes done by Users through Online.
* Manually generated reconciliation reports using MS Excel and Access.
* Design and streamlined process to facilitate annual reconciliation of plan sponsors.
* Developed, reviewed, understood and validated Testing scenarios/scripts.
* Defect Tracking with Clear Quest, Configuration Management with Clear Case.
* Stepped in when requirements were not moving forward and mentored analysts on documentation, facilitation and agile processes.
* Created BPR charts for AS IS and TO BE processes of different business functionalities.

**Environment:** Requisite Pro, Rational Rose, Clear Quest, Test Manager, SQL, Oracle, MS Visio, MS Project.