**Sujan Kumar karki**

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**SUMMARY:**

Diverse experience with around 9 years of experience on business operations as a Business Analyst and give an efficient and effective solution that would help the organization to achieve the best solution in business, which would increase its productivity in the market.

**Professional SUMMARY:**

* Experienced and distinguished Business systems Analyst with around 9 years of experience in Software Development Life Cycle (SDLC) and Business Process.
* Thorough understanding of healthcare industry including Enrolment, Benefits, Claims, Medicare, Medicaid and implementation of HIPAA key EDI (ANSI X12) transactions
* Well versed with all EDI transactions like 834, 837 P, 835.
* Worked with FACETS Team for HIPAA Claims Validation and Verification Process.
* Performed Gap and Impact Analysis for HIPAA 4010 837P and 835 transactions and HIPAA 5010 837P and 835 transactions.
* Experience in Forward mapping and backward Mapping analysis of ICD 9 –ICD 10 conversion
* Worked on requirements of the 835 HIPAA projects, 276/277, 278, 837, and HIPAA EDI Transactions across enterprise
* Knowledge in the ETL (Extract, Transform and Load) of data into a data ware house/date mart and Business Intelligence (BI) tools like Business Objects Modules (Reporter, Supervisor, Designer, and Web Intelligence).
* Good knowledge and extensively used RDBMS, Oracle, SQL, and PL/SQL along with MS SQL administration, SQL Enterprise Manager, Data analysis and reporting.
* Extensive experience in preparing Healthcare Effectiveness Data and Information Set (HEDIS) reporting.
* Facets support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Build and maintain strong relationships with business partners, customers, technology teams and Data Management team to build Business Intelligence solutions.
* Created RTM to map requirement to test cases to validate all required requirements
* Extensive experience in creating Screen Mockups and Wireframes, conducting GAP Analysis and Impact Analysis, SWOT analysis, Cost Benefit Analysis, Risk Analysis.
* Analyzed functional, non-functional requirement and technical requirements and prepared deliverables including Software Requirement Specifications, User Interface Specifications, data mapping screen mock-ups, report mockups.
* Have extensive knowledge of gap analysis and bug life cycle.
* Used QC extensively to handle bugs.
* Familiarity with numerous data warehousing concepts like pivoting, data slicing/dicing, data cleaning/scrubbing, metadata, data mart, fact table, dimension table, star schema, snowflake schema, fact less fact table, etc.
* Utilized complicated SQL queries to analyze and validate test databases for data integrity
* Used SQL extensively to perform back end testing using inner and outer join
* Generated different kinds of reports
* Expertise in EDI and HIPAA Testing Privacy with multiple transactions

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| **Requirement Management Tools** | IBM Doors, Requisite pro, Jira |
| **RDBMS** | Oracle, Sql Server |
| **Designing Tools** | MS Visio, Balsamiq, Enterprise Architecture |
| **Testing Tools** | HP ALM, IBM Clear rest, Bugzilla |

**TECHNICAL SKILLS**

**PROFESSIONAL EXPERIENCE:**

**Humana Inc., Louisville, KY Sept 2015- Present**

**Business Analyst**

As a BA I worked on a project for Membership and Claims Management Information Tracking System, Finance and Utilization Management System modules and facilitated various kinds of testing of the Facets application modules like Enrolment, Membership and Claims.

**Responsibilities:**

* Identified Actors, Activities, Artifacts and Workflows and developed use case diagrams.
* Followed a structured approach to organize requirements into logical groupings such as requirements for Customer, Client, Group, Member, and Reporting that critical requirements are not missed.
* Created complex SQL queries using SQL Server tools to produce Ad-Hoc reports for data quality validation.
* Worked with FACETS edits and EDI 837/835/834 modules.
* Involved in end-to-end testing of Facets Billing, Claim Processing and Subscriber/Member Eligibility/Membership module.
* Identified Use Cases from the requirements. Created UML Diagrams including Use Case Diagrams, Activity Diagrams, Sequence Diagrams, and Collaboration Diagrams using MS-Visio.
* For Project management purpose worked on Microsoft Project, used Microsoft Share Point for maintaining the updated Documentation.
* Used Microsoft Office (Outlook, Word, Excel, Visio, Access) at various phases of development for documenting the requirements.
* Profound understanding of insurance policies like HMO, PPO, EPO and POS with proven experience in HIPPA 5010 EDI transaction codes such as 270/271(inquire/response health care benefits), 276/277(Claim status), 834(Benefit enrolment), 835(Payment/remittance advice),  837(Health care claim).
* Worked with FACETS Team for HIPAA Claims Validation and Verification Process (Pre-Adjudication)
* Assisted in managing and billing Medicare, Commercial HMO/PPO claims on a daily basis.
* Worked with FACETS edits and EDI HIPAA Claims (837/835/834) processing.
* Worked on HIPAA Transactions and Code Sets Standards according to the test scenarios such as 270/271, 276/277,837/835 transactions.
* Working experience for Dental, Professional and Institutional Claims (UBO4 and 837D, 837P & 837I).
* Tested the claims processing and Adjudication (EDI 837I, 837P, 837D& EDI 835).
* Worked closely on 834 transaction code for Benefit Enrolment and was involved in Validation of HIPAA for 837, 270/271, 276/277,835, 834 EDI transactions.
* Analyzed EDI transactions in XML and X12 responses.
* Worked with major components of EDI 837 or hardcopy claims input and 270/271, 276/277 validations.

**Environment**:  Microsoft SharePoint, MS Visio, MS Office, UML, HP ALM, Facets, Toad for Oracle, Team Track.

**North Carolina Department of Health and Human Services, NC Nov 2014- Aug 2015**

**Business Analyst**

The state of NC has to comply with Centers for Medicare & Medicaid Services (CMS) mandated ICD-10 requirements within the timelines. The objective of current phase of the Project is to do the assessment Medicaid Management Information System (MMIS) and other systems.

**Responsibilities:**

* Gathered and created Business Requirement Documents (BRD), performed cost-benefit analysis with Project Manager.
* Performed transactional/encounter processing, and reviewed claims creation using Axiom Transcend.
* Developed a thorough knowledge of the inherent systems used by the documents services team to have a clear understanding of the business processes and associated system workflow.
* Performed detailed analysis for the functional areas that will be impacted by implementation of ICD-10 codes.
* Created ETL test data for all ETL mapping rules to test the functionality of the Informatica Packages
* Gather requirements and design of data warehouse and data mart entities. Coordinated with Project Managers to resolve risk issues and ensure compliance of Security System-Related to the HIPAA.
* Conducted GAP analysis and Impact Analysis and prepared an Implementation and Recommendations Report communicated to the stakeholders.
* Evaluated system specifications to fulfill the business requirements.
* Managed the Code deployment process and unit testing.
* Created various database objects like views, tables, and procedures to extract data and support the end user reporting data ware house requirements
* Develop Business Warehouse reporting and querying relational database. Join, reorganize, query, create, modify data in database system; Microsoft SQL, MS Access
* Co-coordinating and assisting in System & User Acceptance Testing (UAT) on all final business process and system products prior to operational deployment.
* Did data analysis, created data mapping and data interface documents and kept the documents updated with changes in requirements and functional specifications.
* Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS.
* Created Functional Requirement Documents (FRD) System Requirement Documents based on the signed-off business requirements.
* Involved in creating sample mappings for the conversion of EDI x12 transactions code sets.
* Developed Use Case diagrams, business flow diagrams- Activity/State diagrams and Sequence diagrams so that developers and other stakeholders can understand the business process.
* Created and maintained a Requirement Traceability Matrix (RTM) to see if all the requirements are being captured and are being worked on.
* Involved in FACETS Implementation, involved end to end testing of FACETS Billing, Claim Processing and Subscriber/Member module.
* Conducted JAD sessions to gather and document requirements that enhance a wide range of functionalities including claims processing, eligibility and enrollment, provider networks, and electronic data interchange for our Facets core application.
* Tested HIPAA regulations in FACETS HIPAA privacy module.
* Worked on the EDI 834-file load to Facets through MMS (Membership maintenance sub-system)
* Worked with FACETS edits and EDI HIPAA Claims (837/835/834) processing.
* Involved in HIPAA/EDI Medical claims analysis, design, implementation and documentation.
* Performed coordination and conduct system requirements walkthroughs in JAD sessions with Business Owners, Stakeholders, SMEs and technical team.
* Conducting code deployment using turnover tool.
* Managed all the Change Requests Document that came in through after signoff and maintained all the artifacts on SharePoint.
* Assisted JAD sessions to identify the business flows and determine whether any current or proposed systems are impacted by the EDI x12 Transaction, Code set and Identifier aspects of HIPAA.
* Clean up data source, apply filters and calculations, aggregated functions, eliminate duplicates, build appropriate data structures, and create views using SQL queries
* Involved in designing and developing Data Models and Data Marts that support the Business Intelligence Data Warehouse.
* Created test plans and scripts, facilitated user acceptance testing and tested strategies with developers and testing team

**Environment:** Rational Requisite Pro, Facets, MS Project, HP ALM/Quality Center, MS Visio, Clear Case, Rational Clear Quest, XML, HTML, Microsoft SQL Server, Agile, Oracle.

**MVP HealthCare - Schenectady, NY Jan 2013- Oct 2014**

**Business Analyst**

MVP HealthCare is a leading insurance organization that caters to the health insurance needs of the residents in NY. Worked on all HIPAA transactions. FACETS have been widely used across their network for the claim adjudication, claim processing and Provider Management. The National Provider Identifier Project’s objective is to comply with the mandate that effective with the federal compliance date, all Providers who conduct electronic business via HIPAA Transactions with Mercy Health will be required to obtain and use an NPI. I was also involved in integration of FACETS with legacy and thirty party vendor applications.

**Responsibilities:**

* Conducted user interviews at both in-house and client locations, gathering and analyzing requirements using Requisite Pro and Requisite Web
* Extensively used Agile Methodology in the process of the project management based on SDLC.
* Designed and developed Use Cases, Activity Diagrams, Sequence Diagrams, Object Oriented Design (OOD) using UML
* Gathered and documented Business Requirements, created Functional specifications and translated them into Software Requirement Specifications.
* Write SQL Queries to built user reports, recon processes for the operations team, analyze data to predict process improvement and provide recommendations to the business team.
* Responsible for checking member eligibility, provider enrollment, member enrollment for Medicaid and Medicare claims.
* Developed test cases and test scripts and assisted Quality Assurance activities, with system integration testing and user acceptance testing (UAT), developing and maintaining quality procedures and ensuring that appropriate documentation is in place.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for processing of Medicaid Claims.
* Responsible for validating & functional testing of HIPAA 834, 835, 836 and 837 Transactions (incoming/outgoing data from EDI interfaces). Analyzed and identified gaps/issues in claims, encounters and remittance advice process flow.
* Analyze the source system file layout and create business data flow.
* Coordinated with the developers and IT architects to design the interface of the new system according to the X12 (834, 837 (I, P, D) standards.
* Involved in claim adjudication process of FACETS application.
* SIT, UAT, Defect Management phase done using HP Quality center.
* Utilized MS Visio to create various flowcharts, use case and sequence diagrams to provide detailed outline of the various actors of the system and how the various components of the system interacted.
* Established and designed rational Microsoft Access database, SQL Queries
* Responsible for working with the State to review and modify process flows to increase productivity and effectively utilize FACETS features not provided by the legacy systems.
* Responsible to meet the information demands of our business users by delivering timely, accurate, meaningful and standardized data and reporting

**Environment:** Windows, MS Project, MS Office MS Visio, SQL, Facets, Oracle, Quality Center/ALM.

**CNSI/State of MD, Rockville, MD Jan 2011- Dec 2012**

**Business Analyst**

Re-engineering suite of Medicaid management products and creation of a core application called Enterprise. Worked for the team that is responsible for receiving, documenting, tracking and addressing the problems encountered by the customers of Flagship software product EPM (Enterprise Practice Management) while generating 837 Professional, Institutional, and Dental claims, Functional Acknowledgement 997, Claim Status Inquiry/Response 276/277 Unsolicited for their destination direct Payers or Clearinghouses such as ProxyMed, WebMD, Per Se, THIN, ViaTrack, NaviCure, McKesson, Champus-TriCare, PayerPath, ViaTrack, Access, etc. The product was also integrated with Trizetto's Facets application for Claims processing.

**Responsibilities:**

* Facilitated JAD sessions to collect requirements from system users and prepared business requirement that provided appropriate scope of work for technical team to develop prototype and overall system.
* Involved in gathering, documenting and verifying business requirements.
* Involved in requirement gathering phase (Provider, Claim components and HIPAA)
* Met with report users and stakeholders to understand the problem domain, gathered customer requirements through surveys, interviews (group and one-on-one) along with JAD sessions.
* Involved in understanding the current business process, defining scope of the project along with position statement.
* Wrote BRD, FRD, use cases, test scenarios, test cases for testing the functional requirement.
* Implemented automated COB processing of Medicare claims into Facets
* Validated business rules and all artifacts with users, got approval and sign off.
* Assisted in modeling UI wireframes, mockups and documenting the end-user's AS-IS workflow and TO-BE business processes
* Experience with Trizetto Facets System implementation, Claims and Benefits configuration set-up testing, Inbound/Outbound Interfaces and Extensions, Load and extraction programs involving HIPPA 837 and proprietary format files and Reports development.
* Set claim processing data for different Facets Module.
* Involved HIPAA regulations in Facets HIPAA privacy module
* Involved EDI Claim Process according to HIPAA compliance.
* Coordinated with the Release Management Team in order to complete the overall release plan.
* Used Requisite Pro for writing/analyzing project vision, goals, specifications and requirements.
* Compiled Vision and Scope documents to better define the rationale for the project. Gathered requirements from business to determine the functionality that should be provided to the users.
* Created business requirement documents as well as system requirement specification after the JAD session.
* Extensively worked with ANSI X12 HIPAA EDI Transactions 270, 271, 276, 277, 837, 835 and 997
* Involved in testing the Medical and Hospital claims in Facets based on Service, Agreement and Pricing Id's
* Tested the Web interfaces and Web Service Applications
* Worked with ANSI X12 (835, 837, 834) EDI Transactions
* Extensively used UNIX shell scripts
* Responsible in providing regular test reports to the management
* Reported the defects to the developers using Quality Center
* Tested and delivered Inbound/Outbound Facets UI interfaces.
* Developed a detail project plan and helped manage the data conversion migration from the legacy mainframe system to the target SQL Server database.
* Responsible for architecting integrated HIPAA, Medicare solutions, Facets
* Helped in project testing efforts for doing integration tests, regression tests and user acceptance tests.
* Worked on Data mapping, logical data modeling used SQL queries to filter data within the Oracle database tables.
* Made sure that the systems complied with the rules of HIPAA.

**Environment:** MS Office Tools, Facets, MS Project, RequisitePro, Rational Rose, ClearCase, PowerPoint, SharePoint, MS-Word, MS-Excel, Facets.

**McKesson Corporation, Scottsdale, AZ April 2009- Dec 2010**

**Business Analyst**

[McKesson Technology Solutions](http://www.mckesson.com/about-mckesson/our-company/businesses/mckesson-technology-solutions/mckesson-technology-solutions/) engaged in supplying health care management tools and health information technology. As a Business Analyst I was involved in the transitioning of HIPAA 4010 to 5010 project and undertaking the hereunder tasks.

**Responsibilities**

* Prepared the Functional Specification Document (FSD) and Software Requirement Specifications (SRS) as per SEI CMM standards.
* Involved in analysis of HIPAA compliance and EDI Transactions sets and took part in discussions for designing the EDI transactions
* Conducted Claims and HIPAA Compliance Training to run the test cases. Also worked with NPI
* Experienced in X12 transactions 835/837/834/820/271 of medical claims/underwriting for support and point of reference for the vendor in business issues.
* Designed and developed Use Cases, Activity Diagrams, Sequence Diagrams, OOD (Object oriented Design) using UML.
* Managed RTM (Requirement Traceability Matrix) to track the project flow.
* Worked with all Facets Provider of software development from requirements gathering to testing, configuration and international deployment.
* Facets support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Microsoft Office (Outlook, Word, Excel, Visio, Access) at various phases of development for documenting the requirements.
* Analyzed and optimized the process, Prepared Business Requirement Document and managed requirements using Rational Requisite pro.
* Facilitated JAD sessions with business and technical units to fine tune prioritize and detail requirements and use cases.
* Participated in daily defect meetings with team during UAT testing phase.
* Conducted JAD Sessions and discuss the UAT with developers on regular basis and also updated daily status report to the PM.
* Involved in Validation of HIPAA/EDI for 270/271, 276/277, 837, 837i and 835 claims used for professional, Institutional and Dental billings by Writing Test cases, Test Plans.

**Environment:** MS Office Tools, MS Project, RequisitePro, Rational Rose, ClearCase, PowerPoint, SharePoint, MS-Word, MS-Excel, Facets.

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**Education: Bachelor in Business Administration**