Sushant KC

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**PROFESSIONAL SUMMARY:**

* + 6 plus years experience working as Facets Configuration Analyst and Business Analyst with strong knowledge of the Software Development Life Cycle methodologies (phases and gates) like Agile and Waterfall models.
  + Group and benefits installation in Facets.
  + Facets Applications: Medical Plan, Application Support, Billing, Claims Processing, Provider, Subscriber/Member, Utilization Management, NetworX.
  + Experience in Medical claims analysis and processing.
  + Experience with Facets Tables and data model.
  + Experience with Facets Application Groups: Claims Processing, Guided Benefit Configuration, Medical Plan, Provider, Subscriber/Member, Utilization Management.
  + Expertise of UML in visualizing and documenting the artifacts using Use Cases, Use Case Diagrams, Activity diagrams, Class diagrams, Data Flow Diagrams, Business Flow Diagrams, Sequence Diagrams using MS Visio
  + Knowledgeable on the Claims, Membership & Provider modules along with FACETS functionalities & Data Model
  + Worked and performed maintenance FACETS data with Member/Subscriber & billing module
  + Proficiency in SQL and experienced in applying and executing SQL queries from Oracle, TOAD databases for Back-End Testing.
  + Experience creating weekly, bi-weekly, monthly and quarterly reports from database using SAS, SQL and Macros with better and accurate values.
  + Experience in facilitating Joint Application Development (JAD) sessions, Rapid application development (RAD) sessions , conducting user interviews and acting as a liaison between the customers, development team and testing team
  + Analytical, methodical and resourceful approach to problem solving, identifying root causes and corrective actions to meet short and long-term business, financial and system requirements
  + Excellent verbal/written communication skills and strong analytical abilities and can perform well both independently and as a team player
  + Strong experience in conducting User Acceptance Testing (UAT) and documentation of Test Cases. Expertise in designing and developing Test Plans and Test Scripts.
  + Interface with clients from Operations, Marketing, Sales, Technologies, and Outside Vendors and act as their customer interface point as the lead of the Projects.
  + Highly motivated team player with excellent Interpersonal and Customer Relational Skills, Proven Communication, Organizational, Analytical, Presentation Skills, and Leadership Qualities.

**Technical Skills:**

Business Skills: Business Process Analysis & Design, Requirement Gathering, Use Case Modeling, JAD/JRP Sessions, Gap Analysis and Impact Analysis.

Methodology: Agile, Waterfall.

Standard and Codes: HIPAA, EDI, ICD-10, ANSI X12

Management Tools: Rally, Visio, MS Project.

Testing Tools: HP ALM

Database: Tableau, Oracle DB2, MS SQL Server

Operating Systems: UNIX, Windows

Office tools: MS Office, MS SharePoint, MS Outlook

**PROFESSIONAL EXPERIENCE:**

**Fidelis Care, Latham, NY January 2017 to Present**

**Facets Business Analyst**

**Project Description :** The primary objective of this project was design, development, testing, and implementation in transition from a legacy system to FACETS. In strict compliance to complex policies/regulations, FACETS modules such as Benefit Plans and Contracts as well as related modules such as Claims Finance, Configuration, Fee Tables and Carrier/Programs were configuerd.

**Responsibilities:**

* + Conducted JAD sessions with business units and stakeholders to define project scope, to identify the business flows and determine whether any current or proposed systems are impacted by the new development efforts.
  + Analysis and Design of existing transaction sets, and modification of these transaction sets to ensure HIPAA compliance.
  + Checked the data processing flow through the frontend to backend and used SQL Queries to extract the data from the database.
  + Analyzed FACETS Benefit Plans and Contracts module as well as related modules in order to identify data requirements for script design developers.
  + Submitted EDI X12 initial submission transactions and verified the claim information is correctly populated in the Member services application.
  + Created the weekly, bi-weekly, monthly and quarterly reports from  database using SAS, SQL and Macros with better and accurate values.
  + Conducted Configuration of Product Tables (Service ID’S, Benefit Summaries, Service Payment, Service Rule, Limits, Billing Components, etc.)
  + Run reports and queries to validate configuration.
  + Conducted configuration in Medical Plan, Subscriber/Member, Claims Processing and Billing modules.
  + Create Benefits Matrices and document Facets configuration
  + Worked on requirements using SAS analytic tools and oversee the implementation and ongoing administration of the SAS Business Intelligence platform including data warehouse reporting.
  + Wrote SQL Scripts to insert regression test data into the database.
  + Validated some of the reports, using complex SQL queries, generated during the process.
  + Requirements Gathering & Analysis to ensure HIPAA Compliance Auditing.
  + Created Test Scripts, Test Plans, Validation Plans and Testing Metrics Reports.
  + Performed Functional, Integration and Regression Testing.
  + Analysis of inbound and outbound interfaces and extensions to Trizetto FACETS Claims Processing system.
  + Proficient in Microsoft Excel (Pivot Tables, Vlookup, Hlookup, VBA, etc.)
  + Meticulously assessed data from various sources and generated conceptual and logical database designs using SAS data modeling tool.
  + Create daily reports in designed MS Excel spreadsheet with pivot tables.
  + Used MS Excel to analyze, communicate, & examine organizational change.
  + Conducted Analysis of business scenarios using MS Excel.
  + Configured the Billing Module that includes fee rate, premium rate, and invoices.
  + Analyzed data and created reports for all issued Action Items.
  + Completed Data Mapping for group and detailed product analysis and report writing.
  + Extensive backend testing using SQL queries, generating the reports to ensure the data integrity and validate the business rules.
  + Participated in solving Billing issues from the FACETS Problem Log for Trizetto and Billing Entities.
  + Analysis and Design of the Trizetto FACETS Data Model to ensure optimal system performance and tuning.
  + Involved in bug tracking and defect prevention activity, configuration management and UAT.
  + Involved in performing GAP analysis and highlighted related issues.

**Beacon Health Options, Boston, MA October 2014 – December 2016**

**Facets Business Analyst**

**Project Description:** I was involved in developing fully automated, real-time Facets claims processing system for complete, on-line mediation of medical, dental, vision, and disability claims and encounters as per HIPAA guidelines. System allowed the efficient and timely management of all relevant data clinical, financial, and administrative throughout the organization enabling the sharing of information between subsystems.

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| **Responsibilities:**   * + Involved in the creation and maintenance of the Workflow plans and artifacts. Used Agile Scrum methodology.   + Performed Feedback Gap analysis for the modules in production, conducted feasibility study and performed impact analysis for To-Be enhancements.   + Worked on developing the business requirements and use cases for FACETS batch processes.   + Worked on customization screens/reports related to Member, Enrollments, and Providers in FACETS.   + Responsibilities spanned through all phase of the project life cycle from inception through post-implementation.   + Performed the Back-End Testing to ensure data consistency and accuracy by writing and executing SQL statements on Oracle Database   + Extensively used SQL statements to query the Oracle Database for Data Validation and Data Integrity.   + Extensively wrote standard and complex SQL queries to perform data validation to make sure test results matched.   + Configuration in Medical Plan, Subscriber/Member, Claims Processing and Billing modules   + Test configuration through payment of electronic and manual claims   + Run Access queries against Facets tables to validate configuration and identify defects   + Benefit configuration for Medicare and Medicaid members in Facets Applications   + Validate configuration against the Policy Summary of Benefits   + Troubleshooting of claims errors   + Processed X12 EDI transactions such as 820, 834, 837, 271/277.   + Conducted one-to-one interviews and group meetings with the Subject Matter Experts (SME’s) to gather the business requirements.   + Created Use Case, Sequential Diagram and process flow using UML and Microsoft Visio to clearly communicate the business requirements.   + Wrote technical requirements for the interface between FACETS and other modules within the system   + Acted as liaison between external clients and SMEs to generate and standardize product requirements specification documents such as URS/FRS/Use Cases.   + Worked on analysis of FACETS claims processing system and gathered requirements to comply with HIPAA 5010 requirements.   + Transfer Excel audit reports to a more automated solution. Use established pivots as the basis for creating parameterized reports and data-driven subscriptions   + Developed Requirements Traceability Matrix (RTM) to track requirements against test cases during the QA Phase using HP ALM.   + Facilitated formal defect review meetings with project teams and developers to report, demonstrate, prioritized and suggest resolution of issues discovered during testing.   + Verified the functional aspect as per the Business Process and validated the interfaces with the other systems and data conversion from the existing system.   + Prepared Business Process Models that includes modeling of all the activities of the business from the conceptual to procedural level. Followed top down, leveled technique for building Business Process Models   + Documented Requirement Traceability Matrix (RTM) for requirement elicitation and linkup to deliverables.   + Performed UAT according to the test plans using HPALM. Assisted in System Integration Testing (SIT). |

**TMG Health, Jessup, PA November 2013 – September 2014**

**Business Analyst**

**Project Description:** I worked on Facets Claims Adjudication systems and gathered requirement of various modules including Membership/Subscriber, Claims, and Providers.

**Responsibilities:**

* + Conducted weekly meetings for deciding the Policies and Procedures to be followed while constructing new sites.
  + Performed the requirement analysis, impact analysis and documented the requirements using MS Visio.
  + Prepared client process maps for the consumer, broker, employer and provider transactions for the Facets process.
  + Documented the server farm requirements and requirements related to security within Share Point and using Windows Active Directory.
  + Performed Gap Analysis to check the compatibility of the existing system infrastructure with the new business requirements.
  + Data mapping for the 834 EDI membership enrollment files and member records
  + Designed High level design, for New process, integrating with legacy and Facets
  + Used Query Analyzer, Execution Plan to optimize SQL Queries.
  + Interacted with client and the Technical Team for requirement gathering and translation of Business Requirement to Technical specifications.
  + Created and maintained an Excel database.
  + Created process flow diagrams in MS Visio.
  + Involved in writing complex SQL queries to extract the data from Oracle database
  + Conducted interviews, meetings and JAD sessions during the process of Requirement Gathering.
  + Designed High level design, for New process, integrating with legacy and Facets.
  + Planned and documented procedures for data processing and prepared data flow diagrams for the application.
  + Designed and implemented SQL queries for reports and data validation.
  + Analyzed trading partner specifications and created EDI mapping guidelines
  + Created and managed project templates, use case templates, requirement types and tractability matrix in Requisite Pro.
  + Involved in mentoring specific projects in application of the new SDLC based on the Agile Unified Process, especially from the project management, requirements and architecture perspectives.

**BCBS, Detroit, MI January 2013– October 2013**

**Business Analyst**

**Project Description:** The project dealt with development of a Health Care Cost Containment System and implementation of an automated inter-operable web application that tracks patient medical history and health care plans via Viewer application and Electronic health records. I was also involved in the implementation of Medicare program to include Claims, and member/subscriber modules in the system

**Responsibilities**

* + Gathering and documenting project requirements/specifications and experience with the System Development Life Cycle.
  + Developing and executing SQL queries against data warehouses to support data mapping and ad-hoc analysis.
  + Conducted one on one interviews with high level management team and participated in the JAD session with the SME’s.
  + Worked with Facets Billing Application Configuration, Claims Processing, Guided Benefit Configuration, Medical Plan, Provider, Subscriber/Member, and etc.
  + Worked on Member Management, Eligibility, Claims and Billing modules within FACETS
  + Develop, coordinate and support Information Technology Division on all operational requirements of FACETS claims processing system and production management.
  + Develop, design & implement department plan to operationalize new FACETS integrated processing system, to include but not limited to, workflow, management oversight and performance analysis.
  + Conducted Validations for different FACETS modules Providers, Claims and Membership.
  + Worked extensively with EDI X12, 837I/P/D, 835, 834, 820 and 276/277 transactions.
  + Involved in HIPAA lifecycle with traceability analysis, mapping, implementation, & also worked on different EDI X12 transactions.
  + Identified end to end requirements for all systems and business units that may be impacted by the project.
  + Developed requirements integrating Use Case diagrams and designed the testing process flows.
  + Established and maintained traceability matrix until business requirements were signed off.
  + Conducted walkthrough and lead work sessions.
  + Using MS-Visio analyzed business requirements and process through Use Cases, Class, Sequence, and Activity diagrams, and adapted UML standards to define modularized Data Process Models.
  + Involved in Testing the Member portal website and worked on the requirement gathering and Analysis for developing the Ad-hoc reports that are extracted from the consumer portal back end data.
  + System issue resolution of critical problems/tickets through data analysis and root cause analysis
  + Responsible for Report scheduling, Extracting and Distributing daily reports to the client leadership team.
  + Actively working with business users, development, QA teams and onsite/offshore team.
  + Conducting reviews of SRS written by peers and junior colleagues.
  + Analyzed Business Requirements and segregated them into high level and low level Use Cases, Activity Diagrams / State Chart.
  + Maintained proper communication with the developers ensuring that the modifications and requirements were addressed and also monitored these revisions.
  + Involved in compatibility testing with other software programs, hardware, Operating systems and network environments.