Adam Morton

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SUMMARY

Senior **healthcare payer** analyst with nine years of experience across **Facets Product & Benefits** configuration, benefit design, claims operations, product implementation, testing, and production support. Brings more than six years of hands on Facets experience across Commercial, Medicare Advantage, Medicaid, Exchange, and ASO products. Translates business, operational, regulatory, and product requirements into accurate benefit configurations covering copays, coinsurance, deductibles, accumulators, **out of pocket maximums**, coverage tiers, limits, exclusions, cost sharing, and network rules. Leads solution reviews, cross functional workshops, testing, defect resolution, migrations, renewals, product launches, release readiness, and stabilization. Uses SQL, data analysis, configuration comparison, and **root cause analysis** to connect claims outcomes with eligibility, membership, pricing, provider networks, interfaces, and downstream systems. Ready to contribute practical payer insight, clear communication, and dependable configuration delivery.

EXPERIENCE

Senior Facets Product & Benefits Analyst

January 2023 - Present

NorthStar Payer Solutions

Minneapolis, MN

Owns **Facets Product & Benefits** delivery for Commercial, Medicare Advantage, and ASO offerings. Leads **solution design**, configuration governance, testing, release readiness, production stabilization, and analyst mentoring across payer operations.

- Translated product designs into Facets **cost sharing**, accumulators, limits, exclusions, tiers, and **network rules**.
- Led solution reviews with claims, pricing, eligibility, membership, networks, compliance, QA, and technology partners.
- Directed unit, system, integration, regression, and **user acceptance testing** through claims adjudication validation.
- Used SQL and configuration comparisons to isolate claim discrepancies and document sustainable corrective actions.
- Coordinated renewals, launches, **release readiness**, migrations, and stabilization with audit ready decision records.
- Mentored analysts on Facets configuration, defect triage, testing discipline, and cross system impact analysis

Facets Configuration Analyst

July 2020 - December 2022

Great Lakes Health Plan Services

Madison, WI

Supported Facets configuration and implementation for Medicaid, Exchange, and Commercial plans. Connected benefit changes with claims, eligibility, pricing, **provider networks**, interfaces, batch processes, testing, and release controls.

- Configured Medicaid, Exchange, and Commercial benefits from approved specifications and plan documents.
- Analyzed downstream effects across **eligibility**, **membership**, networks, pricing, batch processes, and interfaces.
- Built unit, system, integration, regression, and user acceptance scenarios with reproducible evidence.
- Compared legacy and target configurations during product migration, reconciling benefit differences for phased releases.
- Performed SQL checks and **root cause analysis** across configuration, eligibility, **pricing**, provider, and interface conditions.
- Maintained configuration documentation, **compliance controls**, release artifacts, and audit ready evidence

Healthcare Benefits Configuration Specialist

June 2018 - June 2020

PrairieCare Benefit Administrators

Des Moines, IA

Maintained Commercial and ASO benefit configurations while supporting Facets changes, annual renewals, claims validation, testing, issue investigation, and traceable implementation documentation for payer stakeholders.

- Maintained **Commercial** and ASO copay, **coinsurance**, deductible, accumulator, limit, and exclusion configurations.
- Implemented Facets changes and verified network variations against intended claims adjudication results.
- Prepared regression and user acceptance cases, reconciled claim outputs, and documented exceptions.
- Investigated benefit inquiries through Facets configuration and claims history, escalating evidence based defects.
- Supported annual renewals by inventorying changes, validating updates, and coordinating stakeholder status.
- Organized implementation records and control evidence from approved requirements through tested production changes

Claims and Benefits Analyst

June 2017 - May 2018

Midwest Member Health Cooperative

Omaha, NE

Analyzed Commercial claims and member benefit inquiries, building foundational payer expertise across eligibility, networks, pricing, cost sharing, adjudication, testing, documentation, and cross functional issue resolution.

- Analyzed Commercial claims and member inquiries across eligibility, networks, pricing, and **cost sharing**.
- Researched claim outcomes against plan documents and system benefit records for accurate escalation.
- Produced issue summaries with claim context, expected behavior, member impact, and system evidence.

- Used spreadsheet reconciliations and introductory **SQL** queries to identify recurring claim patterns.
- Prepared representative claim scenarios for **user acceptance testing** and recorded results for review.
- Maintained case documentation and audit trails while coordinating updates across claims and member services

PROJECTS

Facets Product Migration **December 2022**

Compared legacy and target benefit configurations for a phased payer migration. Reconciled coverage differences, tested representative claims, documented dependencies, and prepared validated release packages for stakeholders.

Medicare Advantage Benefit Renewal **September 2025**

Coordinated annual benefit renewal updates across Facets, claims, pricing, eligibility, and networks. Validated cost sharing, accumulators, limits, exclusions, and production outcomes before release.

LEADERSHIP & AWARDS

- Recognized by payer leadership for dependable Facets configuration delivery and clear production issue analysis.
- Selected to mentor analysts on benefit testing, defect triage, configuration comparison, and cross system impact review.
- Received team recognition for maintaining audit ready release evidence during migrations and annual renewals.

EDUCATION

Bachelor of Science in Health Information Management 2017

University of Nebraska at Omaha GPA: 4.0 *Omaha, NE*

Coursework: *Healthcare administration, health information systems, healthcare data analysis, claims processing*

CERTIFICATIONS

- AHIP Medicare Training 2026
- Facets Product & Benefits Advanced Configuration Certificate 2024

TECHNICAL SKILLS

- **Facets Product Configuration:** Facets Product & Benefits, benefit rules, accumulators
- **Benefit Design:** Copays, coinsurance, deductibles
- **Cost Sharing:** Out of pocket maximums, coverage tiers, limits
- **Payer Products:** Commercial, Medicare Advantage, Medicaid
- **Exchange and ASO:** Exchange plans, ASO products, network variations
- **Testing Methods:** Unit testing, system testing, integration testing
- **Release Testing:** Regression testing, user acceptance testing, production validation
- **Data Analysis:** SQL, spreadsheet reconciliation, claims data analysis
- **Configuration Tools:** Configuration comparison, Facets batch, Facets interfaces
- **Claims Operations:** Claims adjudication, defect triage, production support
- **Delivery Methods:** Agile delivery, solution design, requirements analysis
- **Governance and Controls:** Compliance controls, audit evidence, release documentation

SKILLS

- Facets Configuration
- Benefit Design
- Claims Adjudication
- SQL
- Data Analysis
- Requirements Analysis
- Solution Design
- User Acceptance Testing
- Root Cause Analysis
- Product Launches
- Benefit Renewals
- Migrations
- Agile Delivery
- Compliance Controls
- Stakeholder Management

PROFESSIONAL AFFILIATIONS

- AHIP professional learning community participant, with ongoing focus on Medicare policy and payer operations.
- Healthcare information management professional network member, sharing practical insight on data quality and claims administration.

LANGUAGES

- English (Native)
- Spanish (Beginner)

ADDITIONAL INFORMATION

Work Status : Authorized to work in United States. No sponsorship required.

REFERENCES

AVAILABLE ON REQUEST