**Johnson Mongi**

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## **CAREER SUMMARY**

* Qualified professional with 6+ years of extensive experience in the field of Business System Analysis working with the technical staff to implement management and staff's business requirements into the software application in Healthcare. Extensive working experience with TriZetto’s Facets tool.
* Expertise in documenting the Business Requirements Document (BRD), Technical Requirement Document (TRD), generating the UAT Plan, maintaining the Traceability Matrix and assisting in Post Implementation activities.
* Good experience in the EDI transactions and knowledge on EDI transaction process flows.
* Strong experience and understanding of health care industry, claims management process, Knowledge of Medicaid and Medicare Services.
* Good documenting and excellent communication skills.
* Knowledge and Implementation experience in Eligibility System, Facets Data model, Configuration Implementation of FACETS module.
* Involved in using FACETS for various health insurance areas such as products, enrollment, members and other modules related to FACETS.
* Expertise in understanding and supporting the client with Project Planning, Project Definition, Requirements Definition, Analysis, Design, Testing, System documentation and user training.
* Used Rational Clear Case for Version Control of requirement documents.
* Experience with TriZettos Facets Application Groups: Claims Processing, Guided Benefit Configuration, Medical Plan, Provider, Subscriber/Member, Utilization Management.
* Well versed in writing queries/Scripts for Data Analysis and QA reporting and testing.
* Good knowledge of Workflows and Content Management Tools.
* Medical Claims experience in Process Documentation, Analysis and Implementation in 835/837/834/270/271/277/997(X12 Standards) processes of Medical Claims Industry from the Provider/Payer side.
* For Executing Scripts manually, Involved in preparing data in FACETS.
* Expert in creating Use Cases, Use Case Diagrams, Class Diagrams, Sequence Flows using MS Visio and UML concepts.
* Experienced in EDI and HIPAA Testing Privacy with multiple transactions exposure such as Inbound 834Membership Enrollment, 837Institutional, 837Professional, 837 Dental, 835 Claim Payment/Remittance Advise, 270/271 Eligibility Benefit Inquiry/Response, 276/277 Claim Status Inquiry/Response Transactions and testing in Client Server systems and Mainframe Applications.
* Worked with different Business Areas like Claims and Enrollment to document proposed ICD 9 – 10 Code changes.
* Performed GAP analysis for EDI transactions such as 837,834,820 to support state specified X12 5010 file formats.
* Knowledge and expertise in working with Claims, Provider, Enrollment, Finance, Benefits, and Vendor Management Business Areas.
* Maintained the Traceability Matrix table to track the Business Requirements to the design to the testing keeping track of all requirements in the BRD.
* Change Control Process – Led the Change Control Process for changes submitted for the BRD once the document was submitted to IT department.
* Experience in conducting User Acceptance Testing (UAT) and documentation of Test Cases

## **TECHNICAL SKILLS**

**Project Methodologies**: SDLC, RUP, UML, Agile, Waterfall,

**Business Modeling Tools**: Microsoft Visio, Rational Rose

**Healthcare Tools** EDI X12, HIPAA, 4010, 5010, Trizetto FACETS, ICD 10,To ICD9

**Platforms** Windows

**Testing tools:** Mercury Quality Center,

**Change Management Tools:** Rational Clear Quest

**Office Tools:** MS Project, MS Office, MS Visio

**Version Control Systems:** Rational Clear Case

**Database:** MS SQL Server, MS Access, and Oracle

## **PROFESSIONAL EXPERIENCE**

**Affinity Health Plan, Bronx, NY  June 2018-Nov 2019**

**EDI System Analyst**

I worked for the Affinity Health Plan as a Business System Analyst. I have participated in full software development life cycle implementations (SDLC) from project initiation to final deployment. I have worked with various Business Areas like Enrollment, Claims, Finance, Providers, and Benefits Admin. The project involved gathering Business Requirements for the Claims Business Area and updating EDI Transactions like EDI 837, 835, 276 and 277 with the HIPAA 5010 Changes. Affinity Health Plan implemented Facets Enterprise administrative system, a new core system built by TriZetto, with updated technology to allow for more efficient claims processing, membership enrollment and provider data maintenance & getting access to customer records. X12 EDI and HIPAA standards were followed thorough the project.

**Responsibilities:**

* Gathered Business Requirements from the Subject Matter Experts (SMEs) and documented the requirements in the BRD.
* Documented complex Business requirements and made process flow diagram for the 837, 270/271, 276/277 & 835Remittance transactions as per the 5010 implementation for the Medicaid claim processing system enhancement.
* Full knowledge of the Diagnosis and Procedural Code changes for Healthcare Entities like Payers, Employer Groups, and Providers. Worked on ICD 10 codes and gathered future requirements based on ICD 10 codes. Managed creation of sample mappings for the conversion of EDI X12 transactions code sets version 5010 and translation of ICD 10 codes.
* Used TriZetto HIPAA Gateway to comply with HIPAA standards (270/271, 276/277 & 837) for EDI transactions
* Analyzed the impacts of HIPPA 5010 project on inbound 837 claims
* Gathered requirements from the users and analyzed the requirements for RQ System, Facets etc.
* Extensively worked with FACETS Implementation, FACETS Billing, Claim Processing and Subscriber/Member module.
* Gathered and documented functional requirements for testing and verification of HIPAA.
* Web Portal Development – Worked as a Business Analyst gathering requirements to develop a referral portal.
* Worked on As-Is To-Be analysis of ICD 10 codes for the new qualifiers used in the 837 claims for the diagnosis and procedure/HCPCS codes.
* Performed manual testing by building 837 claims, converting them into EDI file, uploading them into mainframe region and doing error resolution & testing for 5010 requirements& NPI crosswalk.
* Created process flow diagrams describing provider and member access to the web portals.
* Analyzed and evaluated User Interface Designs, Technical Design Documents and the performance of the application from various dimensions.
* EDI file testing for checking the HIPAA 5010 (X12) compliance of the inbound 837 claims.
* Created Business Requirement Documents as a result of meetings with the Business Areas. Obtained business sign offs on the documents after reviewing the final documents with them.
* Assisted in creation of the Functional Design Document from the Business Requirements Document which was used as the reference by the development team while preparing the design and held the responsibility of the required data setup for unit testing.
* Documented the UAT Plan for the project and worked with the UAT Team to ensure every acceptance criteria for the requirements has been included in the UAT task plan.
* Maintained the Traceability Matrix Table to uniquely trace the identified business requirements to general design to testing as proof that requirements requested have been developed into a solution and that it has been tested and tracked.
* 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.
* Involved in daily scrum meeting to discuss any roadblocks or impediments in the project path.
* Identified various points of integration among the new and existing applications and required integration with other IT components.
* Worked closely with the business team, development team and the quality assurance team to ensure that desired functionalities will be achieved by the application.
* Provided business and technical suggestions and recommendations during the project life cycle.

**Humana, Louisville, KY                                          Sep 2016-May 2018**

**EDI Analyst**

I worked in a project involving Electronic Claims (EDI) Handling and Transaction Processing of Claimants' records. The project included enhancing applications to include duplicate claim numbers in various systems.

**Responsibilities:**

* Identified the problem of SSN/SID duplication.
* Worked on various applications such as EAB mainframe, CARE, FACETS, FLEXX mainframe, HIPAA data enquiry, SIR, Look up.
* Worked on following applications to cut down the duplication.
* Solid expertise with MS Word, Excel, PowerPoint, and Project
* FACETS operational support member.
* Also worked on FACETS member’s implementation.
* As a part of operational production support team, received work request tickets for resolving on daily basis.
* Performed GAP analysis for EDI transactions such as 837,834,820 to support state specified X12 5010 file formats.
* Responsible for data management, data modeling and data mapping, for writing story card and check if they are implemented on time, for mapping EDI X12 data into XML and then to the FACETS system using Extreme
* Worked on various applications such as EAB mainframe, CARE, FACETS, FLEXX mainframe, HIPAA data enquiry, SIR, Look up.
* 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.
* Assisted project manager for planning and organizing the project activities, and in communicating with other business center managers and stakeholders of the project.
* Participated in various meetings and discussed enhancement and modification request issues.
* Facilitated Joint Application Development (JAD) Sessions for communicating and managing expectations.
* Involved in analysis of requirements for Medicaid and Commercial line of businesses.
* Experience with Trizetto Facets System especially with the Managed Care Credit policies.
* 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.

**Blue Cross Blue Shield of Massachusetts, Boston, MA Feb 2015-Aug 2016**

**Business System Analyst**

The application is a web- based application mainly used by the Sales and Business Department. It includes both Consumer as well as Internal Member Enrollment process. Application is designed as such that individuals can enroll themselves by logging in themselves or by enrolling themselves through internally by a sales rep. In this project I was responsible for validating and testing different aspects of the application by creating different scenarios.

**Responsibilities:**

* Responsible for gaining a good understanding of User needs and accurately representing them in a well-documented software functional specifications document.
* Gathered Business Requirements, Interacted with the Users, Designers and Developers, Project Manager and QA Team to get a better understanding of the Business Processes.
* Interacted with the “End-Users” by interviewing them, by preparing appropriate questionnaire to better understand end-user needs and the business process.
* Worked with all Facets Provider of software development from requirements gathering to testing, configuration and international deployment.
* Involved in project planning, coordination and QA methodology in the implementation of the Facets in the EDI transaction of the claims module.
* 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.
* Identifying the requirements for accommodating HIPAA 5010 standards for EDI X12 transactions and capture these requirements for mapping purposes.
* Involved in creating Business Process Documentation. Identified Use Cases from the requirements. Created UML Diagrams including Use Case Diagrams, Activity Diagrams, Sequence Diagrams, and Collaboration Diagrams using MS-Visio.
* Experienced with Trizetto Facets System membership enrollment involving HIPAA EDI 834.
* 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.
* Configured THG (Trizetto Hipaa Gateway), to receive EDI message for batch transaction into XC DB
* Recommend ways and workarounds for HIPAA 5010 (EDI X12 837, 834, 278, 270) upgrades.
* Reviewed various customer transactions using the FACETS application.
* For Project management purpose worked on Microsoft Project, used Microsoft Share Point for maintaining the updated Documentation.
* Microsoft Office (Outlook, Word, Excel, Visio, Access) at various phases of development for documenting the requirements.
* Worked on EDI X12 transactions, HIPAA standard transaction codes including 837, 835, 270, 271, 276, 277 and performed analysis and testing of such transactions.
* Conducted Business Analysis on 5010, data mapping and testing 837 and 835 transactions.
* 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.
* Involved in working on the EDI Transactions 835, 837 and Request Response, 270, 271.
* Identifying and understanding the business critical areas from the user perspective.
* Managed change of the requirements and associated requirements to other requirements for traceability using Enterprise Architect.
* Involved in drawing data flow diagrams and process flow diagrams using MS Visio for the Claim Adjudication module.
* Experiences working in ANSI x12 270-271 EDI Transaction.
* Created Test Scenarios, Test Cases, Test Scripts in Quality Center.
* Involved in conducting Manual and Automated testing at various phases of the project development.
* Prepared test data for positive and negative test scenarios as per application specifications and application requirements and wrote test plans.
* Participated in the bug review meetings, updated requirement document as per business user feedback and changes in the functionality of the application.
* Organized meetings to discuss outstanding issues with QA team and developers.
* Involved in User Acceptance Testing.
* Coordinated with the development team in documenting End User Manual.

**CIGNA Healthcare, Raleigh, NC Apr 2013-Jan-2015**

**Business Analyst**

CIGNA Healthcare provides quality health insurance at affordable prices. I worked particularly on analyzing Facets interfaces involving a new feature for SPP (Strategic Partnership program). My duties included working with claims module and processing them for various scenarios. I had responsibility of testing mainframe systems for CBoR (Claim Book of Records). As an analyst, worked on ETL projects to construct and verify data requirements. Experienced in working in ANSI x12 270-271 EDI Transaction. Involved in documenting EDIs according to code set X12 835 Claim Payment & Remittance Advice Claims processing and 837 Claim transactions.

**Responsibilities:**

* Conduct gap analysis between the current system and new requirements to be implemented thereby mapping the business requirements to the application.
* Prepared high level and detailed system requirements documents for the application
* Analyzed HIPAA 5010 standards for 837P transactions, related to providers, payers, subscribers and other related entities.
* Identified the requirements for accommodating HIPAA 5010 standards for 837P transactions and captured these requirements to develop new GUI for the internet based application
* Extensively used Unified Modeling Language (UML) to diagram business logic.
* Performed UAT testing by manual test scripts. Created test cases for functional testing.
* Identified the requirements that go in each sprint, collect them in the sprint backlog and collecting and managing the requirements that are not part of the current sprint into the product backlog
* Designed the Internet based application and managed the business and design specifications in the business specific wikis
* Followed Workgroup for Facets Electronic Data Interchange standards for testing that need to comply with the HIPAA guidelines.
* Wrote user stories and acceptance criteria for the requirements of the project
* Involved in daily scrum meeting to discuss any roadblocks or impediments in the project path
* Involved in sprint planning session to identify the features and functionalities that should be achieved by the new application
* Preparing Requirements Traceability Matrix and Test cases to insure the desired functionalities are present
* Identified various points of integration among the new and existing applications and required integration with other IT components
* Worked closely with the business team, development team and the quality assurance team to ensure that desired functionalities will be achieved by the application