**TAMARA MONTGOMERY**

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**PROFESSIONAL SUMMARY**

* Versatile Insurance Professional with over thirteen years of insurance background including customer service, claims, project management, systems testing and implementation, sales and management
* Good Understanding of Medicare & Medicaid business and Health Plans
* Able to handle Requirement gathering and understanding and Client/SME meetings
* Sound knowledge of Facets Data Model and Business Components, including Benefits, Claims, Payments & Pricing, Provider Contracts and Membership/Enrollment
* Sound capability to perform Configuration and Testing including Test Plan, Test Cases creation and execution, QA, Audit, UAT, Unit, SIT and Regression Testing
* Experience supporting implementation and production deployment, review tasks and resolve issues independently
* Understanding of backend tables, writing queries, stored procedures and Data Dictionary
* Experience in Claims Adjudication/Processing
* Extensive knowledge and experience with all lines of health insurance including: Health Maintenance Organization, Preferred Provider Organization, Medicare, Amisys Advance, Medicare Supplement, Medicare Advantage, Dental, Life, Accident, Disability and Annuities; Health Insurance applications including Imaginator, Diamond, Claims Repository, Medical Terminology, Corporate Medical Clearance Application (CMCA), Home Plan Aid, Legacy Systems, ITS, COSMOS, Med Impact, TriZetto Facets 421 – 501, QNXT 47, SharePoint, CentreVu, Siebel, E-talk/E-witness, Epitome, Icare, iCES, Ika Systems

**WORK EXPERIENCE**

**Cognizant/AmeriGroup Jacksonville, Florida**

**Facets Configuration Analyst (September 2014 – March 2015)**

* Utilized Benefits Summary to build Medicare Advantage Plans in Facets 501
* Reviewed and updated Service ID Descriptions application to complimentapplicable Medical Plan benefits
* Created and updated Service and Revenue Supplemental Tables
* Set up Service Rules, Service Tiers, Service Payments, Utilization Management parameters, Service Related Parameters, Deductible Rules and Limit Rules
* Created and executed Unit and SIT/UAT test plans, test scenarios and test cases against Trizetto Facets 501 implementation and upgrade; resolved testing defects
* Utilized Microsoft Access to run queries needed to establish benefit tables

**DST Healthcare/Intellisouce Jacksonville, Florida**

**Business Analyst (March 2014 – September 2014)**

* Utilized Benefits Summary to build Medicare Advantage Plans in Facets 501
* Reviewed and updated Service ID Descriptions application to complimentapplicable Medical Plan benefits
* Created and updated Service and Revenue Supplemental Tables
* Set up Service Rules, Service Tiers, Service Payments, Utilization Management parameters, Service Related Parameters, Deductible Rules and Limit Rules
* Created and executed Unit and SIT/UAT test plans, test scenarios and test cases against Trizetto Facets 501 implementation and upgrade; resolved testing defects
* Utilized Microsoft Access to run queries needed to establish benefit tables

**Tek Systems Jacksonville, Florida**

**Facets Configuration Analyst (July 2013 – March2014)**

* Analyzed and interpret business requirements; Documented the configuration updates
* Created benefit configuration design based on business requirements
* Built Medical Plans per Benefit Summary via back end and front end utilizing all applicable Facets Applications
* Created, developed and executed detailed test claim scenarios and test cases for various Medical Plans 501; Performed System. Unit, UAT and Regression testing
* Utilized SQL to run queries
* Resolved claims adjudication defects via front and back end configuration

**Highpoint Solutions/United Health Group Jacksonville, Florida**

**Facets Benefit Configuration Trainer (October 2013 – December 2013)**

* Trained Staff on the Product Build of a Medical Plan including creating Groups, Plan ID, Line of Business, Services IDs, Product Components, Variable Components and Class/Plan link
* Educated Trainees on the 18 Steps of Medical Plan Building
* Created and developed Training Manuals, curriculum related activities and assessments
* Guided Trainees through the required Applications and Fields accessed during Product Build in Facets 501
* Acted as a Subject Matter Expert and resolve inquiries regarding the applications of the Medical Plan application
* Evaluated Post Training Assessments and make recommendations to Management regarding status of Trainees

**Highpoint Solutions/Fidelis Heath plans of New York Buffalo, New York**

**Facets Configuration Analyst (August 2013 – October 2013)**

* Implemented Facets Benefit configuration changes and new configuration requirements, including configuration analysis, design, build and test
* Configured Service definition, Service rules and Service Payments, Supplemental Procedure / Revenue code conversion, Accumulators, Service Related Parameters, Limits, Deductibles for Heath Benefit Exchange plans
* Set up PCA Rules, Warning Messages, EX Codes, User Defined Codes Utilized Microsoft Access and SQL to run queries needed to establish benefit tables

**Ika Systems Boston, Massachusetts**

**Business/Configuration Analyst (May 2012 – July 2013)**

* Manually configuredBenefit Plans per Summary of Benefits for Medicare Advantage Plans
* Designed and executed test plans, tracked and resolved defects
* Set up and designed System rules compliant with Client Business Rules to promote claim Auto Adjudication
* Updated and maintained Fee Schedules and Contract Setup
* Facilitated Training sessions and develop Training documents for Benefit Configuration specific responsibilities with Client and Inter Department
* Executed SQL queries to retrieve and develop reports of claims attached to specific Event Codes
* Developed and configured Pend Codes and Contingencies for claims that failed to Auto-Adjudicate
* Communicated the business directives, goals and needs to the technical team and serves as a Client interface for managing user expectations and Client satisfaction

**HP Technologies/ Kaiser Permanente Silver Spring, Maryland**

**Business Analyst/Consultant (January 2012 – March 2012)**

* Documented and trackedConfiguration changes  
  Developed test scenarios that comply with ICD 10 format for regression, parallel and user acceptance testing
* Tracked and lead resolution of detailed testing issues
* Identified and coordinated with Project Manager to minimize testing risks
* Utilized SQL to run queries needed to establish benefit tables in Xcelys

**Royale Class Consulting, Universal American Houston, Texas**

**BusinessAnalyst (November 2010 – December 2011)**

* Analyzed business requirements and objectives towards determining the optimal configuration of the requirements
* Assisted with configuration, testing and defect resolution forProvider agreements, Benefit configuration and Utilization Management configuration
* Created and executed Unit and SIT/UAT test plans, test scenarios and test cases against Trizetto Facets 441 implementation and upgrade

**Broadpath Healthcare /Cigna Healthcare Denison, Texas**

**Facets Configuration Analyst (November 2009 – November 2010)**

* Analyzed Benefit Grid to create the list of Services for the Medicare Advantage Plans
* Reviewed, updated and linked Procedure Codes and Revenue Codes to Service Codes using the Conversion applications
* Created Supplemental Service Conversions and Supplemental Revenue Conversion Tables
* Set up Service Payments, Service Rule, Service Related Parameters and tier information on copays, deductibles and coinsurance for the service rule
* Configured the Deductible Rules, Limit Rules, UM Parameters, PCAG and User warning messages

**Total Insurance Solutions/ Universal Healthcare Jacksonville, Florida**

**Facets Configuration Analyst (February 2007 – November 2009)**

* Utilized Benefits Summary to buildMedicaid and Medicare Plans in Trizetto Facets 441
* Reviewed and updated Service ID Descriptions and Supplemental tables
* Configured Service Payments, Service Rule, Service Tiers, Service Related Parameters, Deductible Rules, Limit Rules, UM Parameters, PCAG and User warning messages
* Created and executed Unit and SIT/UAT test plans, test scenarios and test cases against Trizetto Facets 441 implementation and upgrade

**Blue Cross Blue Shield of Florida Jacksonville, Florida**

**March 1999 – February 2007**

**Systems Analyst (July 2005 – February 2007)**

* Performed quality validation of configuration activities regarding institutional and professional provider contracts, benefits, authorizations, and/or claims/general configuration, system edit rules and fee schedules
* Validated configuration test claims to ensure accuracy of data loaded into the Diamond system

**LICENSE**

PL-215 Florida Life, Health, Variable Annuity

**EDUCATION**

Columbia College - Bachelor of Science in Business Management 2012 Jacksonville, Florida