## GAYATRI RAOTE [gayatri0106@outlook.com](mailto:gayatri0106@outlook.com) 757 2865504

## Sr. Business Analyst

* Over 7+ years of diverse experience as Business Analyst with projects focused in the field of Healthcare Medicare, Medicaid and Pharmaceutical based industries and Finance.
* Strong project management skills including planning, scheduling, monitoring and budgeting with experience in **gap analysis**, **risk analysis**, effort estimation.
* Hands on experience in **eliciting** user demands and translating them into **data, functional, quality,** and **usability requirements**.
* Experienced in gathering user requirements, analyzing and preparing **Project Deliverables** such as **Business Requirement Document (BRD) and Functional Requirement Document (FRD)** and proposed changes for process improvement using **Rational Requisite Pro.**
* Experienced in **Business Processes, Business Process re-engineering, Business Requirements** gathering, **Process Flows, Process Modeling**, **Use Case Modeling** and **Unified Modeling Language (UML) using MS Visio** and **Rational Rose.**
* In depth knowledge of **Software Development Life Cycle (SDLC) with Waterfall and Agile methodologies(SCRUM),** Health Level Seven International standards (HL7), **Rational Unified Process (RUP)** in all four phases of a project: **Inception, Elaboration, Construction and Transition**.
* Experienced on **Batch Processing** &**EDI interfaces** in healthcare domain.
* Working knowledge of requirement gathering by conducting personal interviews, developing questionnaire, brainstorming, conducting **JAD (Joint Application Development) sessions**, or role playing to get a better understanding of client business processes and creating requirements traceability matrix for tracking the requirements.
* Experienced on **Health insurance exchange** programs during the project and worked with many insurance clients and companies for the billing and claiming issues.
* Worked on various Line of business PPO, HMO, FEP, Medicare and Medicaid (CMS),   
  Health-Insurance Exchange (HIX), Healthcare Claims processing.
* Deep knowledge of **Medicare- Medicaid rules**, **NCPDP**, **HIPAA**, **ICD9/ICD10 codes**, **CPT,EMR**, **EDI transactions (270/271, 276/277, 820, 834, 837/835)**
* Deep knowledge in conversions from **HIPAA 4010 to 5010**.

**Technical Qualifications**

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| Methodologies | RUP, Agile, Waterfall, , Six Sigma, , UML, Business Process Modeling and Data Modeling |
| Office Tools | MS Word, MS Excel, MS PowerPoint, MS Access, MS Project |
| Process/Modeling tools | MS Visio, Rational Rose, Rational Requisite Pro, Smart Draw, Clear Case, ClearQuest |
| Database | MS Access, SQL Server 2000, Oracle |
| Quality Management | HIPAA, Six Sigma, TQM |
| Operating System | Windows Vista, NT/2000/2003/ XP/98, MS DOS |
| Languages | C/C++, Java, SQL, PL/SQL, HTML, XML |

**PROFESSIONAL EXPERIENCE**

***WellPoint, Virginia Beach, Virginia Business Analyst Aug-2014-Till Now***

Into Healthcare project to develop application was development similar to Pega and EC gateway while loading data from T837 Claim Processing. This application will provide a single, intelligent interface for users to process claims. Users will be able to view, perform, and complete a claim using the Pega Claims Workstation application eliminating the need for toggles to other applications and enabling faster decision making on aspects of the claim. Furthermore the application will capture any work that has been done on a claim in the history making the data available for reporting and tracking.

**Responsibilities:**

Mapping data of EDI 837I & P and Paper claims from EC gateway to excel spread sheet.

* Gap analysis to change EC gateway to Pega
* Followed the HIPAA implementation guides for preparing the EDI files.
* Developed business process models in **Agile** to document **existing** and **future** business processes.
* Created and maintained **Business Use cases** and **System Use cases**, **Use Case diagrams**, Flow Diagrams, **Business Flow Diagrams**, **Activity diagrams**, Sequence diagrams throughout the SLC using MS Visio.
* Working on HL7 standard, LOINC and SNOMED codes to provide framework to carry our transfer of electronic healthcare information.
* Supporting developers with unit testing and troubleshoot where the issues emerging.
* Using Facets to compare and test the claims Facilitated **requirement gathering sessions** with the business team to collect the **business**, **security** and **service level** requirements and documented them.
* Performed **Gap Analysis** to compare all elements of existing **"as is"** with desired **"to be"** processes. **Reengineered** the **user interface** of the application.
* Thoroughly studied the existing application features and functions and then assessed and analyzed the **scope** and **impact** on **business needs**.
* Extracted, discussed, and refined **User and Business Process Requirements** from **SME’s** from Business User Groups. Also, **co-authored User** and **Functional Requirements** Documents by interacting with development team.
* Developed business process models in **Agile** to document **existing** and **future** business processes.
* Created and maintained **Business Use cases** and **System Use cases**, **Use Case diagrams**, Flow Diagrams, **Business Flow Diagrams**, **Activity diagrams**, Sequence diagrams throughout the SLC using MS Visio.
* Validating HL7 messages, transforming Business Requirements into System Requirements.
* Processed EDI 837P, 837I and 837D transactions, verified 837 transactions were converted correctly to XML file format and verified the claims data loaded to Facets for further processing.
* Worked with Medicare part D for drug validation project.
* Drafted the **Physical Data Mapping document for the data flow from Facets to the data warehouse.**
* Followed the HIPAA implementation guides for preparing the EDI files.
* Documented various key elements of **HIPAA compliance** and made sure that they are understood by the development teams. Test cases written for the project were HIPAA complaint.
* Managed the team of consultants responsible for developing on-demand Medicaid Management System reports.
* Detailed understanding of ICD 9/ANSI/HL7 to ICD 10/ANSI/HL7coding standards in Medicare and Medicaid domains of the healthcare industry.
* Thorough understanding of Integration and operating HL7 interfaces using Ensemble Integration Engine
* Worked primarily on HIS systems such as MEDITECH v5.64 and v5.66.
* Prepared **Need Analysis Documents** of the requirements gathered through **JAD** sessions and individual elicitation sessions with different IT Group Department Managers and refined the requirements. Conducted **user interviews, facilitated Joint Requirement Planning (JRP)** to reduce the Scope Creep and document analysis in requirements elicitation.
* Extensively worked on **version control**, **library services**, **work flow**, **lifecycle management**, security and audit trails using Document.
* Authored **progress** and **completion reports**, which were then submitted to **project management** on a **weekly basis**. Worked closely with management to **keep track** of the status of project and **draft strategies** for the near future. Used **MS Project** to **manage schedules, deadlines, and resources** for the project.
* **Involved in both** Manual **and** Automated test scripts **representing various transactions, documenting the load testing process and methodology at various phases of the PLC.**
* Conducted and participated in **walkthroughs** to discuss certain issues with the **development, design team and QA team**.
* Prepared **test data** for **positive** and **negative test scenarios** as per application specifications and application requirements, test plans and provided test data for the QA team for testing and also generate reports. **System Integration Testing** and **User Acceptance tests** were also carried out.
* Used **Rational Clear Quest** for **defect tracking, facilitating** and **monitoring** the process
* Re-engineering and capturing of EDI transactions with legacy systems [Enrollment -834, Eligibility Transaction (270/271).
* Solely responsible for pharmacy operation coordination for HIX project for the states migration. Migration was from Different systems to one system. ( FACETS).

**Environment**: SQl, oracle, facets, HL7, Pega, MS Visio, SharePoint, JIRA,MS Outlook, MS Project, MS Word, MS Excel

***VANGUARD HEALTH SYSTEMS, NASHVILLE, TN Business Analyst Nov-2012-Jul-2014***Vanguard Health Systems, Inc. (Vanguard) owns and operates acute care hospitals, complementary outpatient facilities and related health plans principally located in urban and suburban markets. In addition, certain of its facilities provide on-campus and off-campus services, including outpatient surgery, physical therapy, radiation therapy, diagnostic imaging and laboratory services.The focus of the project was the replacement of 22 year old Medicaid Management information System (MMIS). It included technical and professional services related to analysis and assessment of the current MMIS and EDI claims, documentation of business and technical requirements, preparation of cost analysis and implementation of new MMIS automation system.

**Responsibilities:**

* Propose strategies to implement HIPAA 4010 in the new MMIS system & eventually move to HIPAA 5010.
* Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS. Also, accountable for Medicaid Claims Resolution/Reimbursement for peach state health plan using MMIS.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for Medicaid Part C and Part D Claims.
* Involved in HIPAA/EDI Medical Claims , Design and Documentation
* Extensively used Agile Methodology in the process of the project management based on SDLC.
* Performed testing for Medicare, Medicaid for Medicaid Management Information System (MMIS)
* Checked inbound/outbound HIPPA regulated EDI transactions facets
* Facilitated SME interviews and assisted in identifying and analyzing the possible technical solutions.
* Regression Testing of Web applications and applications dealing with MEDICAID and MEDICARE Services
* Worked on solving the errors of EDI 834 load to Facets through MMIS.
* Involved in claims submission and payment (remittance) retrievals by using ASC x12N 834 for the Inbound Enrollment and Maintenance ASCX12 276/277 for the claims status enquiry and response; and ASC X12 835
* acceptance testing (UAT), developing and maintaining quality procedures and ensuring that appropriate documentation is in place.
* Worked with the full SDLC, elicit, analyze and define requirements.
* Responsible for creating business work flows and processes and creating management reports based on the analysis.
* Work with business representatives to understand data marts requirements and priorities and ensure that IT works is appropriately aligned.
* Followed the UML based methods using Rational rose to create Use Cases, Activity Diagram, Sequence Diagram, Collaboration Diagram that include Functional and Non-Functional specifications to hand off to development teams.
* Transformed project data requirements into project data models using ERWIN 7.0.
* Involved in modeling business processes through UML diagrams using Rational Rose.
* Created entity/process association matrices, functional decomposition diagrams and data flow diagrams from business requirements documents using Rational Rose.
* Conducted logical data model walkthroughs and validation.
* Facilitated transition of logical data models into the physical database design and recommended technical approaches for good data management practices.
* Extensively worked on SQL queries and good experience on data transformation and data mapping from source to target database schema.

**Environment**: Microsoft Office (MS Word, MS Excel, MS PowerPoint, MS Visio, MS Access), RUP, MS Project, ANSI X12- EDI UML, Rational Requisite Pro, MS Word, Visio, SQL, MS Excel, ERWIN

***Universal Health Care, St. Petersburg, FL Business System Analyst Aug-2010-Oct-2012***

Project is to develop Enterprise Claims System (ECS) online and efficient for policyholders across the country. Claim Management was one of the critical projects of the ECS program which is responsible for completing business and technical requirements, design, development, and implementation for the Claim Management components which are Claim notification, Task assignment, Claim processing, Claim tracking, and settlement.  
**Responsibilities:**

* Responsible for gathering and synthesizing business requirements and **translated into functional and non-functional requirements** to be used as input to the functional design specifications.
* Gathered business requirements through interviews, surveys, prototyping and observing from account managers and **User Interface (UI)** and Business Process of the existing Insurance Architecture. Conducted brainstorming sessions with project focus groups.
* Studied the existing functions and problems to arrive at cost-effective, sound solutions that can be implemented quickly.
* Authored the **Business Requirements Documents (BRD)** containing the essential business elements, detailed definitions, and descriptions of the relationships between the actors to analyzed and document business data requirements.
* Analyzed and prioritized Business Process and User Interface (UI) requirements as system requirements that must be included while developing the Application. Created automation profile of the process.
* Planned and defined system requirements to **Use Case Scenarios** and Use Case Narratives using the UML methodologies and created **UML based models**: Use Case Diagrams, **Activity Diagrams**, Sequence Diagrams in **MS Visio.**
* Involved in testing EDI Transactions 834, 837, 835, 270/271 & 276/277
* Extensive knowledge of **Medicaid**, **Medicare**, **Procedural and Diagnostic codes,** and **Claims Process**. Also, have worked on **FACETS.**
* Worked with **FACETS** Team for **HIPAA** Claims Validation and Verification Process (Pre-Adjudication).
* Claim validation and Pend/Denied Claims Analysis for the Health plans **Medicaid programs.**
* Worked with **Claims, enrollment, eligibility verification for members and providers**, **benefits setup**, and backend payment cycle in F**acets.**
* Conducted Project Management activities and acted as a Technical Resource from a system requirement standpoint, to both business users and the technical team.
* Scheduled and conducted **JRP** sessions with client/user work group (Subject Matter Experts) members to identify requirements, documented them in System Requirement Specification Documents and Identified Priorities
* Involved in analysis of the technical specifications of the current system and the infrastructure needs, performed **Gap analysis**
* Analyzed the flow diagrams on the application and design test scenarios and test scripts
* Involved in Technical writing of documents for Function and **User Requirements Documents**, **Test Plan, various Test Plans, Test Cases and Test Scripts**.
* Performed **project planning, project scheduling, and status reporting, cost and time estimation using MS Project.**
* Used Visual SourceSafe to make safe alterations to existing code and track changes across users, projects, and time.
* Worked closely with both development and testing teams to improve quality of the application.
* Worked on **Black Box** and **White Box Testing**. Experience with QA Methodology and QA Validations to ensure the QA Control.
* Conducted training sessions for the users and also prepared user manuals for better understanding of the designed system for the users.
* **Worked as Product Manager in conjunction with marketing team to build strategies and implement them**

**Environment:** UML, RUP, MS Office, MS- Visio, Quick Test Pro, Rational Requisite Pro, Rational Clear Quest,

***Bank of the West, California Business Analyst Sep-2008-Jul-2010***

**The application** was developed specifically to support Wealth Management Groups to provide most valuable advisory services to clients on **Asset Projections, Executive stock option models, Portfolio Rebalancing, Investment Holdings, Liquidity needs and future goals**. The systems solutions advise the clients on wealth management strategies, provide clear and complete picture of the clients assets in position and those that are held by other providers, full brokerage capabilities, access to IPO’s and other 3rd party products, research data and tax and insurance information

**Responsibilities**

* Responsible to build enterprise reporting system to support Risk Analysis, Securities and their valuation, Asset Management- risks and returns, Bond Pricing, Financial Derivatives, Strong knowledge of financial statements, cash flow etc, Financing Structures, Capital Management, Portfolio Analysis, Stock Valuation, Amortization, Capital Structures and Budgeting, Value Based management, P& C insurance.
* Created targeted Questionnaires for **SMEs** (Subject Matter Experts) to gather requirements.
* Conducted requirement workshops among all project stakeholders to verify and validate the business requirements in **UI designs.**
* Defined program and project goals, objectives, products, services, constraints, assumptions, risks and facilitated processes by working with the project team, sponsor, and stakeholders to baseline the scope of the work and enable development of the plan.
* Implemented the full **software development lifecycle** phases including requirements gatherings, development and quality assurance.
* Involved in **GUI Testing**, **Unit Testing**, **System Testing**, **Integration Testing**, **Regression Testing.**
* Involved in the Preparation and execution of **Test Plans**, **Test cases**, Writing **Test scripts** using **Test Director**
* Conducted user interviews at both in-house and client locations.
* Monitored and assisted in designing and development of**Use Cases, Activity Diagrams, Sequence Diagrams using UML using MS Visio.**
* Conducted **Joint Application Development (JAD)** sessions as a facilitator and moderator to gather requirement.
* Identified, researched, investigated, analyzed, defined and documented **business processes** and **Use Case Scenarios**.
* Performed **Gap analysis** by identifying existing technologies, documenting the enhancements to meet the end state requirements.
* Assist with user testing of systems **(User Acceptance Testing),** developing and maintaining quality procedures, and ensuring that appropriate documentation is in place
* Worked with development and testing teams to accomplish timely release objectives.
* Provided superior client interaction to ensure all needs are met.
* Ensured on-time and on-budget performance of the assigned efforts to the mutual satisfaction of the business partners/ sponsors.
* Review or update supply chain practices in accordance with new or changing environmental policies, standards, regulations, or laws.

**Environment:** MS Visio, Java, ASP, Rational Requisite Pro, MS Project, MS Office Suite, Crystal Reports, Java, PL/SQL, Windows 2000