**Abhinav**

**Experience: 9+ years | SQL, FACETS, US Health Care, Python**

**B.E. | Computer Science and Engineering, RNS Institute of Technology, Bengaluru**

**Phone: +91 996 208 1577|Email: abhijim007@gmail.com|Location: Bengaluru, India**

**LinkedIn: https://www.linkedin.com/in/abhinav25/**

|  |
| --- |
| **Professional Experience** |

* **UnitedHealth Group |Optum Global Solutions |Senior Software Engineer|18th December 2017 to Present (60 Months) | SQL, FACETS, Python, US Health Care**

Optum is a Health Services and Innovation Company. At Optum, we are dedicated to helping people live healthier lives and helping make the health system work better for everyone. We deliver simple, cost effective, and comprehensive solutions to organizations and consumers across the whole health system.

**Job Role –** Working for Community & State Production Services Team, we provide operational support, incident management, emergency maintenance, service requests, problem management, adaptive/perfective maintenance, and application monitoring. UnitedHealthcare Community & State is dedicated to providing health care products and services to states that care for the economically disadvantaged, the medically underserved and those without the benefit of employer-funded health care coverage.

**Key Responsibilities –**

* Subject Matter Expert for Claims with complete knowledge of claims life cycle, claim load process, member and provider pick and claims adjudication.
* Worked on 450+ service tickets from business and customers related to claims and providers which involved identifying issues and providing solution.
* Automated and developed custom processes which improved the application and reduced manual work and failures in production.
* Application monitoring and quick resolution of issues to make sure critical process meet SLA.

**Projects –**

* **Self-Healing** – Working on this project initiative in Python language which will monitor the jobs automatically for performance issues and do the workaround automatically.
* **Parallel Extract Mechanism in Aux DB Process** – Implemented parallel extract process to generate the extracts which reduced the time for extracts generation and eventually helped in sending the files to downstream process in time. This improvement had significant amount of dollar savings.
* **NDB Post XPF Load Dependency issue** – Developed a new dependency which made sure the successor jobs should not wait if there are more than one instances of same job in schedule.
* **Enable Adjudication job running long** – One of our key jobs had issue due to stale stats of one table and due to which process used to run long. We had to perform workaround for almost 4-5 hours to make sure this job completes. After the process improvement this job is completing in few minutes.
* **Member Liability Code issue** – The process had a logic issue where patient liability amount was not getting applied on the claims properly. After the analysis and code fix, we were able to apply correct patient liability on the claims.
* **ACS Group|Engineer-IT|23rd March 2017 to 24th October 2017 (8 Months) |**

**Deloitte Consulting US India Private Limited | Reporting and Analytics**

Deloitte is the world’s largest consulting firm and has the capacity and experience to solve every business questions.

Deloitte member firm client service teams help create powerful business solution for organizations operating around the world. Deloitte also offers a dynamic range of tax, audit, and advisory services.

**Job Role –** Solution Analyst (II) in the Modernized Migration project for Anthem in Heath Care domain. Identify and confirm the current system-generated operational and client reports for the Claims, Product, Provider, Claims-Downstream financial, Clinical, Channels & Service experience, ITS Host, Sales & Post Sales, and Renewal domains and to determine how the current report will be impacted. Rationalize, enhance and/or optimize letters to support modernized workflow.

**Key Responsibilities –**

* Understand the Anthem WGS System for Claims, Enrollment and Billing.
* Conducted on-boarding training sessions (Health care basics, Claims, Enrollment, Billing) for both offshore and onshore offices for the newcomers in the project with a target audience of around 50-100 for a duration of over 2 months.
* Validate and analyze the received reports to raise any questions to SMEs.
* GAP Analysis - Perform comparative analysis between legacy system and WGS Inventory.
* Analyzed FACETS reports and compared with WGS reports to search for similarities and discrepancies between them.
* Provide recommended WGS/Prime development, modifications, and legacy candidates for decommission via offline reviews for select functionalities.
* **Cognizant Technology Solutions | Product Specialist–Technical|8th November 2013 to 16th March 2017(40 Months) |US Health Care, FACETS, SQL**

Cognizant Technology Solutions is one of the world's leading professional services companies that provides information technology, consulting, and business process outsourcing services, dedicated to helping the world's leading companies build stronger businesses.

**Job Role –** Product Analyst, TriZetto FACETS - Membership, Claims, Authorization. Worked for US Health Care Payer client. Gained US Health Care business knowledge and implemented the knowledge to meet the business needs related to development of new applications and automation of manual tasks performed by the client.

**Key Responsibilities –**

* Understood the business requirements received.
* Created design documents for the received business requirements.
* Developed the required solutions needed for the client which involved developing applications using skills like Oracle PL/SQL, Windows Script File (WSF), SQLPLUS, SQL Loader, Pervasive Business Integrator (PBI) ETL tool.
* Performed the testing for the developed applications and supported the testing team for SIT and UAT.
* Worked on files related to EDI transaction sets 837, 835, 834, 270/271, 278, 276/277.

**Projects –**

* **NIA 278 Authorization Process** – Automated the manual authorization process which involved EDI 278 transactions sets having the authorization details of the members. The authorization details after passing through the business validation must be loaded into FACETS. After loading the data into FACETS, the outbound response file must be generated to be sent to business for review along with the appropriate messages in the file.
* **Automate CC Eligibility File for TP’s -** Eligibility files generated for different trading partners consists of the eligibility count for its members. The count needs to be verified from the count in the table and the response has to be sent back to the trading partners.
* **NMFIT Claims Process** - Developed a process which takes the eligibility files from trading partner, then process the files for validations using stored procedures and generate the report files using SQL Plus which is sent back to the trading partner via FTP.
* **PHP Cerner Wellness Program** - Developed a process to register the members using web services request from the UI. Then processing the requests and generating the responses for the operations like registering and deleting the members from the database, fetching the details of the registered members form database and generating the report for sending it to business for review. Getting the details of the new members to be registered from the business using SQL loader and processing it further.
* **Provider Directory** - Developed the web services for updating the provider details for real-time web requests. It involved updating the provider details received from the providers from UI into the table and generating the provider extracts to be sent to the business.
* **Automation of HIPAA Failure clean-up** - Automated the clean-up process for TriZetto HIPAA gateway Failures.
* **EPIC Referrals** – Developed a process such that the members referred by provider automatically identified for claims processing and authorized for the services provided by the provider.

|  |
| --- |
| **Certifications** |

* Facets Business Medical Associate Certification (FBAC) by TriZetto.
* Cognizant Certified Professional in Advanced HealthCare Management (AHM 250).
* MR Certified Level 3 – Professional (UnitedHealthcare)

|  |
| --- |
| **Education** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification** | **College/University** | **Year of Passing** | **Percentage (%)** |
| B.E. (Computer Science & Engineering) | RNS Institute of Technology, Bengaluru, Karnataka | 2013 | 82.76 |
| XII(CBSE) | D.A.V. Public School, Khagaul, Patna, Bihar | 2008 | 72.80 |
| X(CBSE) | D.A.V. Public School, Khagaul, Patna, Bihar | 2006 | 84.00 |

|  |
| --- |
| **Additional Skills and Information** |

* Participated in GPT Hackathon – Implemented self-healing of Facets Job which involved Natural Language Processing in Python.
* Received Bravo awards for process improvement and performance at OGS.
* Received Associate of the Month-May 2016 award for my work at Cognizant.
* Ranked first in college during B.E. in 1st and 8th semester with university ranks 4th and 2nd respectively.
* A team player with good communication, analytical, presentation, problem solving and interpersonal skills.
* Capability to provide timely and effective support to other team members.
* Flexibility to adapt to any new environment and technologies.
* Personal Interest – Playing Football, Cricket, Table Tennis. Travelling to various places with friends and family.
* Languages – English and Hindi.