### ROBERT SMITH

# **Associate Claims Resolution Specialist**

Phone: (0123)-456-789 | Email: info@qwikresume.com | Website: Qwikresume.com

#### SUMMARY

Business professional with a ten year career in the healthcare and claim operations industry. Successful experience within claims, billing, and customer service and data analyst has given me an in-depth understanding of resource collaboration, teamwork, and business processes as it relates to healthcare operations and business analyst.

#### CORE COMPETENCIES

Medical Billing, Paralegal, Specimen Processing, Data Entry.

#### PROFESSIONAL EXPERIENCE

### **Associate Claims Resolution Specialist**

Blue Cross Blue Shield - September 2014 - 2020

#### **Key Deliverables:**

- Respond promptly and accurately to inquiries from Customer Service professionals, subscribers, providers, agents, brokers, physicians and other commercial insurance carriers regarding claims payment.
- Responsible for billing patients and submitting all claims to insurance Processing financial aid/hardship requests on behalf of the patient Cross.
- Assisted account managers with clients Processed medical claims Provided concierge service in locating physicians for members Explained guidelines to .
- Worked Correspondence from Medicare Contact Medicare for denials Complete follow-up resolution and denial management Correct and resubmit claims Work .
- Able to meet or exceed quality, accuracy, and production standards as determined by Avesis.
- Assist in understanding and evaluating warranty coverage Create work items from Claims and/or work orders Handle various dispatch activities Answer.
- Handle special projects as necessary; track and report on analysis of claims throughout the duration of the special project.

#### **Claims Resolution Specialist**

Delta Corporation - 2013 - 2014

### **Key Deliverables:**

- Assisting with processing C&G Appeals that are Customer Service related.
- Review claims for possible " fraud" and send to Special Investigations Unit for additional investigation.
- Process and adjustments received through a variety of queries and inquiries; work assignments and procedures change frequently.
- Maintain spreadsheets to capture inventory on a daily, or as required basis.
- Work may come in through emails, queues, escalated issues, etc.

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- Analyze claims and business processes to recognize issues, gaps and inconsistencies in workflows, and/or processed; recommends updates, alternatives and/or solutions Serve as a subject matter expert for projects, testing and validation of claims work, processes and procedures while serving as a first level of resolution for complex claims.
- Receiving and reviewing inbound claim files in multiple formats for negotiation preparations.

#### **EDUCATION**

BA in Business Information Systems - 2011(Ashford University)