

# ANU RAWAT

## MEDICAL RECORDS REVIEWER

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### SUMMARY

Detail-oriented and highly skilled medical underwriting and claims professional with 4 years of experience in Group Medical Underwriting, Claims Processing, Claims Adjudication, and Medical Summarization. Adept at assessing medical necessity and interpreting claims based on contractual benefits, medical circumstances, and clinical guidelines. Proven track record in troubleshooting complex claims issues, making sound recommendations for claim resolution, and managing escalated cases with minimal supervision. Strong ability to collaborate with cross-functional teams to ensure compliance and effective decision-making.

### TECHNICAL SKILLS

- Group Medical Underwriting
- Medical Claims Adjudication
- Claims Processing & Review
- Medical Policy Interpretation
- Utilization Review (Prospective, Concurrent, Retrospective)
- Medical Summarization
- Clinical Knowledge & Application
- Troubleshooting Complex Claims Issues
- Documentation Review & Compliance
- Risk Assessment & Mitigation
- Training & Mentorship

### PROFESSIONAL EXPERIENCE

#### Medical Records Reviewer, Elevate Services

July 2023 - Present

- Perform group medical underwriting tasks by evaluating risk factors, medical records, and coverage requirements to establish appropriate pricing and underwriting recommendations.
- Conduct detailed assessments of medical claims, ensuring compliance with contractual benefits and medical policies.
- Collaborate with claims adjusters to resolve discrepancies in claim submissions and recommend resolutions for disputed claims requiring further professional review.
- Utilize clinical knowledge to identify cases requiring prospective, concurrent, or retrospective utilization reviews based on medical necessity and appropriateness of care.
- Successfully reduced underwriting cycle time by 15% by implementing automated tracking and review systems for high-risk group medical plans.
- Resolved complex claims escalated by junior team members, providing training and support to help them improve decision-making and reduce processing errors.

#### Medical Summarizer, Telegenisys

Oct, 2022 - June 2023

- Assessed medical claims for a wide range of group policies, applying clinical knowledge to ensure proper adjudication of claims and identification of potential fraud or policy violations.
- Reviewed medical documentation from physicians and healthcare providers to determine the medical necessity of treatments and services rendered.
- Collaborated with internal teams to ensure accurate claim documentation and resolve discrepancies in payment and benefit allocation.
- Played a key role in the development and implementation of new underwriting guidelines for group policies, improving consistency and clarity for claims adjudication.
- Reduced claim rework by 20% through enhanced documentation review protocols.

#### Business Process Delivery Associate, Accenture

May 2021 - Aug 2022

- Conducted comprehensive medical underwriting assessments for group health insurance policies, evaluating risk levels and medical histories of applicants.
- Worked closely with brokers and healthcare providers to collect and assess necessary medical records and other documents for underwriting decisions.
- Utilized knowledge of medical policies and benefit structures to ensure all claims were handled efficiently and in accordance with contractual obligations.
- Provided training and mentorship to junior team members in reviewing claims and summarizing medical case details for committee review.
- Spearheaded a project to enhance the medical documentation review process, reducing claim processing time by 18%.

#### Claims Processor & Adjudicator, Capgemini

Nov, 2020 - May 2021

- Processed and adjudicated medical claims for a variety of healthcare plans, including individual and group policies.
- Reviewed claims for accuracy, completeness, and adherence to policy guidelines, ensuring timely and accurate payment of claims.
- Resolved claims discrepancies by identifying errors in documentation, billing, or policy terms, and collaborating with healthcare providers to obtain necessary corrections.
- Acted as a point of contact for escalated claims, troubleshooting issues and providing resolutions to ensure claims were processed correctly and efficiently.
- Reduced claims backlog by 30% through process improvements and streamlined communication with healthcare providers.

### EDUCATION

#### Bachelor of Pharmacy

Aug, 2016 - Sep, 2020

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- Major in Pharmacy
- Project on reduction of Satronidazole with electrocoagulation.

## ADDITIONAL INFORMATION

- **Languages:** English, Hindi
- **Certifications:** Digital Marketing Foundations, Advanced Excel, Data Management for Clinical Research, Privacy Law and HIPAA, Power BI for beginners.
- **Awards/Activities:** Most Talented Employee (2021), Overall Best Employee Division Two (2022), Star of the month (2024)

### Technological proficiencies

- Underwriting Software: Milliman Intelliscript, Pega
- Claims Management Systems: Pega, Billing Pro, Guidewire
- Microsoft Office Suite: Excel, Word, PowerPoint
- Data Analytics & Reporting Tools: Power BI
- EHR Systems: Epic, Allscripts.