# **CURRICULUM VITAE**

* **Name:** Swapnil Gosavi
* **Address**: Flat No- 106, First floor, Pruthvi Ekdanta Homes, Near Ganesh Temple, Kesnand -Wagholi road, Wagholi, Pune 412207, Maharashtra.
* **Mob No:** 9284877837.
* **Email:** swapnil.gosavi01@gmail.com

**Career Objective**

To associate with an organization, this gives an adequate opportunity to display knowledge and professional skills in the chosen profession through continuous learning and development. I would like to enhance the growth of the organization, if given an opportunity I will put in my best effort with full enthusiasm and accomplish the task on time with quality.

**Experience Summary**

* Holding 8.8 years of experience in US Healthcare KPO Industry with covering aspects of Appeals & Grievances building, Claims processing, Adjudication, Adjustments, Reimbursements, Physician billing, DME billing, and AR & Denial Management, Rebate claim processing, Insurance claim billing, Medical coding & Health care life science, Python, SQL.

**Work Experience:**

* **Evolent Health International Pvt Ltd (Pune)**

**Duration: (July 16,2018 to till date)**

**Designation: Appeal-Grievances Coordinator**

**Software / Tools used:****Aldera & Identifi.**

**Job Profile**

* Receiving faxes, emails, and mail to initiate an appeal or grievance request utilizing multiple software applications.
* Making outbound calls when necessary to obtain additional information pertaining to the research of an appeal or grievance.
* Collect, organize, and track information received from a variety of resources to facilitate and expedite the processing of appeals and grievances.
* Generate acknowledgement letters for member appeals and grievances in accordance with regulatory standards.
* Initiate, research and resolve member grievances in accordance with company and regulatory standards
* Initiate, research and resolve provider appeals or refer to the Appeals RN, as necessary
* Generate resolution letters, as appropriate
* Claims adjudication, adjustments, and reimbursement of benefit medical claims.
* Working on different form as Standard and Nonstandard.
* Responsible for the settlement and approval for payments.
* Review the provided documents.
* Worked on Evolution and Management Coding Projects.
* Adjudicated complex medical benefits claim.
* Review the medical report and medical codes.
* Examining and adjudicating the medical bills submitted.
* Allocation of work, monitoring and driving Targets to meet client SLA (Service Level Agreement)
* Working on escalated & supporting the team on live processing.
* Responsible for focus audit & cross audit.
* Analyzing weekly and monthly project review.
* Conducting training session for new joiners in regards of adjudication process and software handling.
* E-mail communication and audio conferences with client on weekly and monthly reviews of account.
* Communication with client to get the resolution on any sort of client issue (Technical, Domain or software related)
* Updating and sharing production and quality MTD on weekly basis with team and management.
* Daily Reports: This report gives the value of charges, insurance receipts, patient receipts, write-offs and charge adjustments and the number of procedure units entered on a particular accounting date and the gross AR as on that date for the Client.

**Achievements:**

* Consistently maintained 99% financial and procedural accuracy and met desired results keeping

Commitments.

* Received Client appreciation for exceptional quality of work.
* Joined as a Claims adjudicator level 2 and promoted as Coordinator-Appeal & Grievances, First
* Point of Contact for entire onshore queue.

**Mmodal Global Services Pvt Ltd (Pune)**

* **Duration: (May 19,2016 to June 05, 2018)**
* **Designation: Process Executive.**
* **Software / Tools used:*****Brightree***

**Job Profile**

* Handled work order for less aged claims (0-90 days).
* Maximum exposure on older AR to prevent bad debts and crossing timely filing.
* Constantly keep track of both electronic and paper claims.
* Always be watchful for any major rejections or denials –clearing house/carrier.
* Constantly watch-out for payments and EOBs from major carriers, Pay-to address, provider numbers etc.
* Worked on Appeal project and generated revenue for organization where scope of payment was near to the ground.
* Co-ordinate with the Representatives of U.S Insurance Companies, Client co-ordination and solve problems.
* Providing training session to new joiners and auditing their jobs.
* Educating Team on new trends and process flow.
* Allocation of work, monitoring and driving Targets to meet client SLA (Service Level Agreement)
* Ensuring the compliance with all the insurance carriers in claims submission and other areas.
* Daily Reports: This report gives the value of charges, insurance receipts, patient receipts, write-offs and charge adjustments and the number of procedure units entered on a particular accounting date and the gross AR as on that date for the Client.

**Achievements:**

* Consistently maintained 98% accuracy and met desired results keeping commitments.
* Received Reward and recognition of Best AR for consecutive 6 months.
* Received Client appreciation for exceptional quality of work.
* **Wipro Lld. (Pune)**
* **Duration: (December 12, 2012 to April 01, 2015)**
* **Designation: Senior Associate.**
* **Software / Tools used: *SAP.***
* **Job profile:**
* Started with Eligibility Verification.
* Worked for member enrollment, insurance verification.
* Worked for AR calls to insurance, denial management.
* Ombudsman team to resolve medical documents verification.
* Worked for appeals.
* Research, Analysis and Resolution for queries and set up workflow trends.
* Handled client escalation.
* Mentored new team members with knowledge sharing and getting live into account.
* Handled queues – Medicare, Medicaid, Commercial.
* Assisting team with a quick resolution.
* Assisting work order whenever necessary.
* Team handling in absence of team lead.
* Planning, executing, controlling, and reporting the process flow.
* Understand the client requirement and direct the process per client expectations.
* Cross Verifying reviewing the deliverable data to maintain the quality.

**Achievements:**

* Joined as a Process Associate and promoted as Senior Process Associate and then First Point of

Contact for entire queue.

* Consistently maintained 99% accuracy and met desired results keeping commitments.
* Received Reward and recognition of top performer for 18 months.
* Received Reward and recognition of top performer for 04 quarters.

**Academic Qualification:**

* Completed Bachelor of Engineering in Electronics and Telecommunication with first class from North Maharashtra University.
* Completed HSC from Jai Hind Senior College with first class from Nasik Board.
* Completed SSC from Sadhana high school with first class from Nasik Board.

**Experience With Computer and languages:**

* MS-Excel.
* Basic Python.
* MS SQL
* Pandas, Matplotlib, Seaborn.
* Power BI
* Tableau Desktop.

**Portfolio Projects:**

* Exploratory data analysis, data cleaning, data visualization, data scraping.

URL: <https://github.com/Swap2023>

**Certifications:**

**URL:** https://github.com/Swap2023/CERTIFICATIONS

* **Hobbies:**
* Listening to music, Reading books.
* **Skills Set:**
* Strong Analytical background.
* Strong leadership and mentoring skills
* Target oriented and resolution mind set.
* Problem analyst and problem solving.
* Aptitude for customer care and negotiation skills.
* Excellent verbal and written communication skills
* Flexible to the shifts and positive attitude.
* **Declaration:**
* I hereby declare that the information furnished above is true to the best of my knowledge
* Date:
* Place:

Swapnil Gosavi.