

# SURBHI GUPTA

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Results- Oriented professional with 5 years of experience in US insurance healthcare Revenue Cycle Management (RCM) seeking to leverage expertise and MBA in Operations to transition into a Customer Success role. Proven ability to optimize processes and drive client satisfaction, eager to apply skills in a customer-centric capacity.

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## EDUCATION

**Master of Business Administration, Operation Management | SVKM's Narsee Monjee Institute of Management Studies, Mumbai**  
December 2022

**Bachelor of Commerce | School of Open Learning Delhi University, New Delhi**

June 2019

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## EXPERIENCE

**R1 RCM (formerly Accretive Healthcare), Gurugram**

*Revenue Cycle Management Quality/ JULY 2023 – PRESENT*

- Query and analyze quality assurance data stored in databases using SQL to identify trends, root causes of issues, and areas for improvement.
- Generate custom reports and dashboards to visualize quality assurance metrics and share insights with management and the customer success team.
- Implement targeted advertising campaigns to promote quality assurance initiatives, such as employee training programs or process improvement workshops.
- Track the performance of ad campaigns targeting employees to ensure maximum engagement and participation in quality assurance activities.
- Use CRM data to track the resolution of quality-related issues reported by customers and monitor customer satisfaction levels over time.
- Measure the impact of marketing efforts on user engagement with quality assurance content or resources, such as training videos, tracker or SOP's
- Analyze user behavior to identify potential issues or areas for improvement in the user experience, such as navigation difficulties or form submission errors.
- Track quality-related events or actions within the analytics platforms and use them as indicators of overall process effectiveness.

*Operations Senior Analyst / JULY 2021 - JUNE 2023*

- Oversaw end-to-end revenue cycle operations for a portfolio of healthcare providers, ensuring timely and accurate reimbursement.

- Implemented process improvements by querying and analyzing large datasets to identify denial trends and billing issues which ultimately resulted in reduction in claim denials and increase in revenue collection.
- Acted as a liaison between On-shore and Off-shore teams, addressing On-shore concerns and facilitating effective communication.
- Review and provide training to team members, other departmental staff, and interdepartmental staff.
- Tracking and analyzing user interactions on payment portals or billing platforms.
- Monitoring KPI's related to accounts receivables.
- Providing insights into user engagement and behaviors within the CRM system.
- Documenting all communications with insurance carriers in the CRM system
- Optimizing collections strategies based on data-driven insights derived from SQL queries analysis.
- Collaborating closely with the AR Manager to discuss denial trends and billing issues causing denials.

#### ***Operations Analyst | JULY 2021 - JUNE 2023***

- Analyzed operational workflows and identified opportunities for efficiency gains within the insurance claims processing department.
- Led cross-functional teams to implement automation solutions, resulting in reduction in processing times.
- Provided training and support to staff on new systems and processes to ensure smooth transitions.
- Serve as a resource to others to resolve complex problems and issues.
- Utilize interpersonal skills to ensure good working relationships with insurance carriers.
- Process all denied and corrected claims in collaboration with the Biller and Revenue.
- Handling patients' billing queries and updating their account information.
- Reviewing EOB denials received from insurance carriers and taking proper action
- Making physical calls following international norms and applicable rules for confidentiality and HIPAA compliance.
- Tracking and measuring individual performance against targets related to collections and claims resolution.
- Correcting and resubmitting claims with insurance carriers.
- Reviewing provider claims that have not been paid by insurance companies.
- Checking the appropriateness of insurance information given by patients if inadequate or unclear.
- Escalating difficult collection situations to management in a timely manner.

## **SKILLS**

- Working on Revenue Cycle Management.
- US Insurance Healthcare Industry Knowledge.
- Skilled in CRM platforms including HubSpot, Zoho, Moengage, CleverTap, Cerner Patient Relationship Management, Electronic Health Record (EHR) Systems for customer relationship management.
- Proficient in Google Analytics, and Firebase Analytics for web and mobile app analytics.
- Experience with MMPs such as Google Firebase.
- Strong proficiency in SQL for data analysis and reporting.
- Familiarity with ad platforms such as Google Ads, Meta (formerly Facebook), and Snapchat.

## TOOLS

- Customer Relationship Management (CRM) Systems like HubSpot, Zoho, Moengage, CleverTap, Cerner Patient Relationship Management, Electronic Health Record (EHR) Systems
  - Workflow Automation Tools.
  - Business intelligence (BI) like SAAS, SQL and Analytics Tools like Google Analytics, Firebase Analytics.
  - Communication and Collaboration Platforms like google ads.
  - Learning Management Systems (LMS).
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## AWARDS

Recognized 8 times Stars and Venus of the month.