

SONALI ASHOK CHAVAN

Subject Matter Expert (SME)

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PROFILE SUMMARY

A highly skilled Professional with 5+ years of experience in the healthcare industry, specializing in receivables management, claims resolution, and team leadership. Proficient in steering project teams and coaching staff to achieve operational excellence, with a solid background in analyzing healthcare billing and insurance claims to maximize reimbursement strategies. Known for meticulous documentation, effective stakeholder communication, and implementation of efficient billing practices.

KEY HIGHLIGHTS

- **Accounts Receivable Management:** Resolved high volumes of denied claims, improving cash flow and collection rates
- **Claims Resolution & Management:** Managed complex receivables portfolios, enhancing claim resolution efficiency and minimizing discrepancies
- **Documentation & Compliance:** Ensured all necessary documentation for claims processing was accurate and readily available, streamlining billing operations
- **Strategic Analysis & Process Improvement:** Analyzed receivables data to inform strategic improvements, increasing collections and optimizing trial balance management
- **Team Leadership & Operational Management:** Led daily operations to meet and exceed performance metrics, fostering a culture of continuous improvement and high productivity

AREAS OF EXPERTISE

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|----------------------------------|-----------------------------------|------------------------------|
| ➤ Accounts Receivable Management | ➤ Medical Coding | ➤ Revenue Cycle Optimization |
| ➤ Financial Reporting | ➤ Claims Analysis & Resolution | ➤ Quality Assurance & Audit |
| ➤ Documentation Management | ➤ Operational Management | ➤ Audit Procedures |
| ➤ Budgeting and Cost Control | ➤ Insurance Policy Interpretation | ➤ Employee Coaching |
| ➤ Appeal processing | ➤ Legal CBO connects | ➤ HIPPA validation |

TECHNICAL SKILLS

- Expertise in CPT, ICD coding, medical terminology and modifiers
- Familiar with various healthcare billing systems such as EPIC, Meditech, Embillz and Jaguar.
- Proficient in MS Access, PowerPoint, and advanced database management techniques

WORK EXPERIENCE

SME (Subject Matter Expert) | Primera Medical Technologies Pvt Ltd. Hyderabad, India Nov 2022 – Present

- Lead day-to-day operations and manage a team of production auditors on assigned projects, ensuring adherence to project specifications and client standards
- Train team members on system and workflow protocols to maintain high standards of operation
- Prioritize high-risk accounts to mitigate zero payments and enhance revenue collection
- Oversee the On-the-Job Training (OJT) period, ensuring effective training timelines and integration
- Engage in complex case discussions, provide educational support to the team, and maintain communication with company and client leadership
- Analysing the accounts based on the required expected amount. Making sure all the Accounts are eligible for NSA and passes required regulations for no surprise act.
- Downloading all the required documents for NSA appeal and using MACRO. Creating packets of the documents for mailing. Also worked in response team of NSA. Managing emails responding to the insurance email on appealed claim and keeping track of the emails and assigning the inventory of emails to user to take the follow up.
- Once the appeal is filled, we receive negotiation email my job was to respond to the emails and negotiate the amount based on expected amount.
- If the negotiation fails my job is to assign the inventory to onshore team of Primera and let the attorney handle the claim.

Achievements:

- Successfully implemented new strategies in Aged Trial Balance (ATB) management, resulting in increased collections and higher resolution rates
- Conducted detailed reviews of adjustments, payment postings, and billing reports, identifying key areas for process improvement based on rejection reasons
- Streamlined management of accounts for contracted payors, achieving optimal resolutions and significantly improving payment

outcomes for the following quarters

Senior Account Receivable | Omega Healthcare Technologies, Bangalore, India

Oct 2019 – Aug 2022

- Performed pre-call and post-call analysis to check claim status and resolve issues using payer systems and web portals
- Maintained client documentation to ensure accurate delivery to insurance companies
- Analyzed accounts receivable data to identify underpayments and denials, applying appropriate codes for effective documentation
- Created and managed an internal document generator for enrollment, reimbursement, payment processes, coding and appealing for reimbursement technologies (RTI inc.)
- Appealing if the payer disagrees with any service provided or any submission error withholds reimbursement payment
- Manage assigned receivables portfolio by ensuring outstanding/denied claims are resolved.
- Updated appeal templates and attached necessary medical documents based on procedure codes
- Responsible for billing and collection processes for ambulance trips for Hawaii and California region. (American medical response)
- Taking the Codes prepared by the medical coder and submit claims to the insurance company.
- Then follow up with both the insurance company and the patients to make sure the medical office is compensated properly, the patient is billed correctly, and timely payments are made
- Also my job role required to provide adequate knowledge about process flow and how to understand the denial and resolve with the help of sop and action codes within the Hawaii region and provide proper floor support to the new joiner

Achievements:

- Developed and executed a comprehensive training and feedback system for OJT users that improved overall team performance and production quality
- Enhanced claims resolution efficiency, reducing unresolved claims through systematic pre-call and post-call analyses
- Developed an internal document generator that increased operational efficiency in billing and coding

Account Receivable | Gebbs Healthcare Solutions, Airoli India

May 2019 – Oct 2019

- Handled assigned receivables portfolio, resolving outstanding denied claims
- Analyzed outstanding insurance claims to ensure physician efforts were compensated
- Identified billing error trends and communicated findings to stakeholders to prevent future issues
- Performed pre-call and post-call analyses using payer systems to maintain claim accuracy
- Maintained client documentation for accurate submissions to insurance companies
- Analyzed accounts receivable data to address underpayments and denials, applying appropriate coding in documentation
- Developed an internal document generator for enrollment, reimbursement, payment posting, coding, and appeals

Achievements:

- Reduced outstanding denied claims, enhancing portfolio management efficiency
- Improved recovery rates for physician services through meticulous claim analysis and review
- Decreased billing errors by effectively identifying trends and educating stakeholders
- Enhanced claims processing efficiency via robust pre-call and post-call analyses

Executive AR | Hexaware Technologies, Ghansoli, India

Oct 2018 – March 2019

- Initiate calls to insurance companies requesting status of claims for the outstanding balances on patient accounts and taking appropriate actions.
- A brief understanding on the entire medical billing cycle and work on provider claims accordingly.
- Also, my job role required to provide adequate knowledge about process flow and how to understand the denial and resolve with the help of sop and action codes

PROFESSIONAL DEVELOPMENT

- **Data Science - Odin School, India | June 2023 – Dec 2023**
 - Modules: Statistics | SQL Foundation | SQL Advanced
 - **Pursuing:** Python Foundation | Python Advanced | Power BI | Machine Learning
- **Advanced Excel Course - Great Learning, India – 2023**
 - Focus: Basic and Advanced Excel Techniques

CERTIFICATIONS

- MSCIT (Maharashtra State Certificate in Information Technology)

EDUCATION

- **Bachelor of Engineering in Production, G.V Acharya engineering and technical education– 2021**