

Shashi Raj Singh

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PERSONAL ATTRIBUTES

- Flexible, quick learner and a good team player with proactive attitude.
- Good verbal & written communication skills.
- Good team player.
- Independent and Self-motivated.

TECHNICAL SKILLS

- MediTech, EPIC, 3MTool, Relay, Next Gen, PM and FLOWCAST
- MS OFFICE
- 40 WPM Typing Speed

EDUCATION

- **B.com 2007**
V.V. College, Hyderabad.
- **MPC 2002**
Govt. City College, Hyderabad.
- **SSC 2000**
St. Alphonsas High School, Hyderabad.

WORK EXPERIENCE

PrimEra Medical Technologies
[\(primerahr@primehealthcare.com\)](mailto:(primerahr@primehealthcare.com))
(July, 2022 – Till date)
Designation: Quality Analyst

Looking for a position in a well-known organization which gives me an opportunity to exhibit my technical skills and giving scope for career and organizational growth.

SUMMARY OF EXPERIENCE

- 8.2 Years of Experience in US Healthcare.
- Worked on,

Payment Posting: ERAs Posting, Manual EOBs, Patient Payment, Hospital Billing & Denials Posting.

Credit Balance: Patient Credits and Payer Credits.

Charge Entry: Import Electronic Charges and Manual Charges, used work on specialities like Skill Nursing Facility (SNF) & HHA, Physical Therapy, Laboratory, Unassigned Payment Posting

AR Payment Posting (QA): Process Improvement plans, Transaction monitoring, Quality Report Publishing, Conducting huddle on daily basis for quality and performance improvement.

- Hands on experience: EPIC, MediTech, MediTech Magic, 3M Tool, Practices Management, NEXT GEN.
- Excellent problem-solving skills and good interpersonal skills.
- Planning and organizing the walk-through meetings for Requirements.
- Assigning the tasks to team members and preparing daily and weekly reports and Monthly RCA report.
- Analysing weekly status reports of team members and reporting to manager.

PrimEra has been operating in India since 2015, to provide comprehensive remote services with high quality, consistency and cost-effectiveness that seamlessly integrate with our partners operations.

Optum Global Solutions
www.optum.com
(Oct, 2018 – July, 2022)

Roles and Responsibilities:

Designation: Sr. Claims Associate

Optum has been operating in India since 2002 and has teams supporting digital health care, product development, automation, analytics, data solutions and health care operations.

- Review daily credit balance work list to initiate research of credit balance accounts.
- Review potential patient liabilities on credit balance accounts prior to recommending patient refunds and perform balance transfers as appropriate per department policies.
- Participates in the quality and process improvements as identified and needed by the department.
- Obtain all pertinent back-up data as follows: EOBs, insurance company correspondence, calculation sheets, refund letters of explanation and explanation of reimbursement from EPIC.
- Determines proper COB (Coordination of Benefit) when more than one insurance company is involved and COB reimbursement clause per contract to calculate the proper expected reimbursement
- Also working in Charge Entry Department - Posts charges within T2 hours as per process guidelines using our designated electronic/manual claims in All Scripts Software.
- Extract information from medical records, operative notes, invoices, progress notes and discharges to ensure completeness and accuracy.
- Monitoring Charge log on a daily basis to verify timely receipt of charges from clients as well as timely processing of charges by Operations team.
- Confirming processes completed for month end.
- Exceeds daily and weekly volume/productivity management reporting while maintaining a high quality review score.

IKS Health Pvt. Ltd
www.ikshealth.com
(Apr, 2015 – Oct, 2018)

Roles and Responsibilities:

Designation: Sr. Claims Associate

Since foundation in 2006, IKS Health have been focused on helping Provider Enterprises deliver better, safer and more efficient care at scale and provides solutions for over 35,000 providers across some of the largest and most prestigious healthcare provider groups in the country.

- Downloading the Payment files from the Provider Lockbox and Era Set up daily on basis & making the track of the received payment files in the local server & preparing the Batch status Report.
- Posting the payments into the Software (All scripts) & making the track of each account of posting and unposted amounts in consolidated production report.
- Working on the Refund & Offset Letters & EOB's, Denial letters, Claim Rejection Letters, Appeal Letters & Provider Misc. Account Letter etc., making the track & preparing the Report to escalate the Client on Daily Basis.
- Preparing the Daily pending log for the unposted accounts & escalations to update the Client & preparing the Consolidated Report for the Pending Log.
- Working on the Audit report from QA Team & responding the audit report within the given TAT.