

Krutika Mahajan

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Mumbai, India - 421203

Skills

- Root Cause Analysis (RCA)
- Training skills
- Audits
- Computer knowledge
- Microsoft Excel
- Compliance Monitoring
- Relationship Building
- Problem-solving abilities
- Active Listening
- Problem-Solving
- Adaptability and Flexibility
- Written Communication
- Time Management
- Teamwork and Collaboration
- Continuous Improvement

Experience

HR Service Delivery Analyst 04/2016 - Current

Accenture, Mumbai, India

- Working on application like SAP, Workday, Snow and Siebel.
- Part of HR payroll process for UK and Ireland team
- Working on govt. Site like Insight Market place and ECS submission process
- Working on report on weekly basis.
- Maintain data on Share point and update semi-monthly basis
- Half yearly Maintain LWI (Local Work Instructions).
- Working on Ireland Govt Aconso site for fetching details.
- Working on Visa and reference request which is part of Immigration process.
- Updating SAP for BUPA employees, Gym subsidy, position maintain, Career Level change, Job title change, Employee remuneration changes
- For remuneration changes and for New career level we Prepare letter and share the letter with Employee
- Working on Vacation Balance.
- Visa date Re-newel for UK and Ireland employees
- Resolved payroll inquiries from employees in a timely manner.
- Conducted internal audits of payroll system to ensure accuracy of employee data.
- Working Overpayment process.
- We prepare Bank Salary certificate as per employee request.
- Also, doing audit for above all processes
- Analysed, reconciled and processed payroll data for accuracy and compliance with applicable regulations.
- Identified discrepancies in employee records and took corrective action as needed.
- Processed garnishments, bonuses, retroactive payments and other special payrolls.
- Helped with employee transfers and referrals.

Associate Consultant 04/2015 - 04/2016**Sutherland Pvt Ltd, Mumbai, India**

- Coordinated, liaised and networked between insurance companies
- Circulated documentation as needed for reviewing
- Maintained strict confidentiality related to medical records and other data.
- Data maintaining in Excel sheet
- Accept the applications for insurance claims
- Managed coordination of all the aspects of insurance programs
- Check daily basis response to the draft and AWT (a waiting customer response) and reply on this mails.
- Responsible for keeping a check on regular collection of premiums.
- Keep a check on proper record of all data pertaining to clients, collection of premiums, claims.
- Close coordination with different department heads
- Check the applications for authenticity, submitted document proofs, etc.
- Meet the insurance claim applicant, and send a team for authenticity check, in case of doubts
- Update the records after approval of claims
- Check the records to avoid duplication and errors.
- Developed data-driven insights from large datasets to identify trends and patterns for clients.

Transaction Processing Associate 04/2014 - 03/2015**Accenture, Mumbai**

- Worked on Health Insurance claiming process.
- Part of HCSC (Health care service co-operations) team
- Pulling claims through pie to emulator.
- As per prompt follow Blue source steps.
- Following blue sources step solving prompt and releasing claims.
- Also maintain claims count on hourly as well as on weekly basis with the help of excel
- X claim is display in PRAP
- C claim is display IWPM.
- Maintain data in excel like CPH (calculate per hour) of all team members on daily basis.
- With the help of blue source make power point presentation.
- Audit of pend getting claims and charged error in EPS and send email to employee
- And also maintain the charged audit error on monthly basis and send the report to team leader
- Also prepare process related challenging activity on every Friday
- Processed payments for health insurance claims according to established guidelines.
- Verified eligibility of patients for coverage under specific plans or policies.
- Collaborated with healthcare providers to resolve issues related to denied or delayed claims.
- Performed audits of processed claims to ensure accuracy prior to submission.
- Generated weekly status reports detailing progress on pending claims activities.
- Adhered strictly to all HIPAA privacy standards while handling confidential patient information.
- Reviewed claims for accuracy before submitting for billing.
- Inputted data into the system, maintaining accuracy of provider coding information and reported services.

Application Knowledge

- SAP
- Workday
- Service Now
- HCM
- Sales Force (Lightning)
- MS - Office

Education

Bachelor of commerce, commerce
Mumbai University DOMBIVLI
June 2011 - June 2012

- B.COM Graduate