

RAJESH.N

Candidate Portfolio	Current offer status (Holding/InDiscussion/Final Stages)	No
	Bench/Market Profile	Market
	Has the candidate been interviewed for PwC with respect to any role in the last 3 months' (Yes/No)	NO
Skill Portfolio	Key Skills	Patient Accounting
	Communication Skill Rating (0-5)	4
	Technical Skill Rating (0-5)	4
1st Connect with the candidate		
Date & Duration	16 th Dec 2022, 9 Minutes	
Summary	<ul style="list-style-type: none"> He has overall 5.4 years and relevant 5.4 years in patient accounting 	

Email: Rajesh.ncb@gmail.com

Cell No: 7829555722

OBJECTIVE:

To achieve a challenging and fulfilling career in progressive organization, and be organized as good team player.

EDUCATION OUALIFICATION:

	Institution/University	Qualification	Percentage
	National college Bangalore university.	B.sc (Electronics)	2nd class
	national college Bangalore university. Aggregate marks: 62.67%	PUC	2nd class
	Navodhaya school bangalore university Aggregate marks : 59.60%	SSLC	2nd class

PROFESSIONAL EXPERIENCE:

NTT Data	Designation – SR Analyst claims From July 22 to till date
Company – Cognizant (CTS)	Designation – Subject matter Expert(SME), 5 Years From Dec 6th 2016 to (July 15 2022)
Company - HGS	Designation – Senior Claim Process Executive(SP), 3 years 6 Months

Cognizant Project - Cigna : Provider data maintain (Health care domain)
Narrow networking team, (Provider Data & Cash Posting in Medical Billing)

- Worked as a SME (contract implementation analyst) for the narrow network operation team.
- Analysis of EOB's under payment or over payment amount
- Match the payment posted amount to actual deposit amount & Any underpayment /denials are informed to Analyst.
- Payment posting not only consists of posting the payments to the particular patient accounts, but also involves posting the adjustments, denials and accurately billing the balance to patient.
- Work based on the provider network, creating new network for the provider who is tied under the Cigna health insurance, holistically data management.
- Have undergone all the pre-requisites for this project like critical thinking and logically thinking course, Email etiquettes, US accent training.
- Accounting the payment received from the payers against the claims submitted to the Insurance companies for the health care services provided. This process involves identifying Patient
 - accounts, doctors/provider, DOS, procedure, billed amount, allowed amount, paid amount, write off, offset amount, Tax ID# and applying the Payments in the billing software.

Payment posting team receives the payment file and applies the payments in the billing software against the appropriate patient account.

Project description:

- It was a pilot batch project called Provider Data Management team PDM. (First outsourcing project from India), it's highly critical process which requires more of analyzing and critical thinking , managing the provider network information from legacy network in the CPF (central provider file) to the HCPM (health care professional manager) application and making the patient's life easy to find the out nearby providers in case of emergency.
- After the adjudication of the claim from the payer, the claim will be either paid or denied and a document known as EOB/ EOR (Explanation of Benefits/Explanation of Review), will be sent to the healthcare provider and insured. If the claim is processed towards payment from payer, then a check will be issued or EFT (Electronic Fund Transfer) will be done to the provider from payer along with the EOB. Claim will be paid to
- provider only if the patient has signed the assignment of benefits (AOB) documents. If patient has not signed the AOB, then the payment will go to the patient Payment posting is done in two ways: Manual Posting & Auto Posting.

Additional Responsibilities:

1. Preparing BOD and Reports and circulating to Onshore and Offshore.
2. Maintaining the Attendance Tracker for all the team members.
3. Participated in BCP Situations as EOD and when its required voluntarily. **Patient Registration.** Patient registration is the first step on any medical billing flow chart.

4. Financial Responsibility & Superbill Creation. ...
5. Claims Generation & Claims Submission
6. Monitor Claim Adjudication as well as Patient Statement Preparation then will go for Statement Follow-Up.

2. HGS Project - Aetna: Claim Adjudication process (Health care domain)

3 year 6 months of experience in HGS US Insurance company
for International Non voice process as Claim processor BPO sector,

- Working experience directly with client.
- Good working experience on delegation of work and status update.
- Possess excellent interpersonal, communication and organizational skills with proven abilities
- In banking (Abbey-UK), corporate insurance (Zurich-UK) and Investment Banking (Zurich International Life).

Project Description:

1. Handling rework claim and finalized on time.
2. Analyzing medical and facility claims to ensure correct payments in accordance with the benefit plan.

TECHNICAL SKILLS:

Operating Systems Tools: Windows XP, Windows 7.

- Ms-Excel – Pivot, Sort, Vlookup
- MS-Word, MS-PowerPoint
- Microsoft Outlook, Microsoft Office, Office 365
- Ticketing, Active directory

COMPETENCIES:

- Zeal to learn continuously.
- Proficient with Good Typing skills.
- Patience and good listening ability.
- Positive Outlook.
- Effectively work.
- Confidence.
- Effective team management skills.

PERSONAL DETAILS

- Father's Name : Naghbhushan
- Mother's Name : Lakshmidēvi
- Date of Birth : 29th Nov 1988
- Address : 6 8 th cross rachenahalli thanisandra
Bangalore. 560077
- Sex : Male.
- Linguistic Proficiency: English. Hindi , telugu, kannada, tamil
- Hobbies : Playing cricket. Watching T V.
- Marital Status : Married

Declaration

I hereby declare that all the information mentioned above is true to the best of my knowledge. I will make it my earnest Endeavour to discharge competently & carefully the duties you may be pleased to entrust with me.

Place: Bangalore

(Rajesh N)