

Anoop Kumar Chaturvedi

CONTACT

Anoopchaturvedi84@gmail.com

Phone: - 9717792398

OBJECTIVES

To acquire a rewarding and responsible position in a growth-oriented company where excellent analytical and technical skills can help to improve company's profitability. Proven skills in managing teams to work in sync with the corporate set parameters & motivating team for the achieving business and individual goals.

WORK EXPERIENCE

Wipro Limited

12th dec 2021 to till date

Associate (AR caller and RCM profile)

- Making calls to insurance companies to follow-up on pending claims and denied claims
- Working on Correspondence EOB.
- Insurance calling, Eligibility Verification, follow up on appeals.
- Create proper notes for future follow-up. Perform pre-call analysis and check the status by calling the payer or using IVR or web portal services
- Monitor all outstanding balances on denial cases.
- Identifying the root cause for claim denials is one of the important processes in Accounts Receivable management.
- Follow up on the AR on a timely basis is very important for uninterrupted cash flow. A good Accounts Receivable management team will keep track of all claims that have been filed. Also, it will execute an action plan immediately if the claims are not paid within the 30-day time limit. The team will also ensure that there is no underpayment or overdue payment
- Working on denial claims
- Initiate telephone calls to insurance companies requesting the status of claims in the queue.
- I have good knowledge about healthcare applications.
- Monitor all patient demography errors and eligibility and verification.
- Work with new team members resolves the Global query.
- Audit claims for internal quality and external quality.

- Working on aged inventory and resolve pending case posting cases.
- I have good knowledge about advance excel.

R1 RCM global private Ltd.

7th Jan 2019 – 10th Dec-2020

Senior Analyst (Healthcare AR with Denial RCM)

- I do make calls to the insurance company for the patient plan, and I check copay, co-insurance, and deductible, If the payment is not received, follow up on the calls to secure payments.
- Discuss with the insurance company for patient payment.
- make calls to insurance companies to follow-up on pending claims and denied claims
- Contact CLIENT's Agents to obtain or correct diagnosis or procedure information,
- Send Dunning letters and emails to the customer. If the payment is not received, follow up on the calls to secure payments, resolve any issues and discrepancies in the claim by contacting various parties and resubmit the claims
- Worked on denial claims (Capitation, Coverage terminated, Duplicate Claim, Medically not a necessity, Missing/Invalid Diagnosis code, No authorization, Past timely filing, This care may be covered by another payer per coordination of benefits)
- Monitor vital signs and patient demography details.
- makes follow-up calls to patients and provides accurate information.
- I do work on auth claims and pending denial claim
- Working on email cases for patient collection payments.
- Manage all insurance transactions.

United health Group

07/01/2013 –28/12/2018

Claim Associate (RCM)

07-01-2013 – 28-02-2016

- Connecting with our Client's business partners in united health insurance.
- follow up on outstanding accounts and pending cases.
- I do check patient Responsibility copay, co-insurance, deductible
- Analyzing medical insurance claims for Quality assurance.
- I do appeals if the provider is not satisfied with the denial reason...
- I used to apply critical thinking and critical decision-making for completing transactions.
- Checked all claim details and policy information and investigate all details for the insured.
- Investigated
- Maintain records of all benefits and resolve all issues in claim processes.
- Coordinated with the respective team leader for correct correction.

- I have good knowledge about healthcare applications.
- Worked on denial claims
- worked on calling cases with decent quality.
- Monitor all patient demography errors and eligibility and verification.
- Work with new team members resolves the Global query.
- Worked on aged inventory and resolve pending case posting cases.
- Maintain records of all benefits and resolve all issues in claim processes.
- Coordinated with the respective team leader for correct correction.
- make calls to insurance companies to follow-up on pending claims.

QUALIFICATIONS

- 2008-2011: Bachelor of Art – Kanpur University, Uttar Pradesh
- 2007-2008: Senior Secondary Examination – Class XII - UK Inter collage, Uttar Pradesh
- 2006-2007: Higher Secondary Examination – Class X – UK Inter collage, Uttar Pradesh

SKILL SET

- Team Management
- Self-Motivated
- Knowledge of Advance Excel, PowerPoint, MS Access, Excel macro
- Innovative
- Positive Attitude

AWARDS AND TRAINING

- Awarded with “Best Team member” at united health care. in 2018.
- Awarded with “100% Quality” at R1 RCM global pvt. Ltd. in 2019.
- Awarded with Best Team member” at Wipro limited. in 2022.

Declaration

I, Anoop Kumar, hereby declare that the information contained herein is true and correct to the best of my knowledge and belief.

