

# Pawan Kumar

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## PROFILE

Would like to work for an organization where I can secure a responsible career opportunity to fully utilize my skills for the growth of the company.

## EDUCATION

- **Graduation (B.A Hons.)**  
Sri Guru Gobind Singh college  
of Commerce  
University of Delhi  
2011 – 2015
- **Intermediate (12<sup>th</sup>)**  
Rashtra Shakti Vidyalaya  
2009
- **Hight School (10<sup>th</sup>)**  
Rashtra Shakti Vidyalaya  
2007

## PROFESSIONAL SKILLS

- Computer proficiency
- Interpersonal and Organization Skills
- Time Management
- Problem Solving
- Team management

## PERSONAL DETAILS

- Date of Birth: 02-01-1992
- Marital status: Unmarried
- Nationality: Indian
- Languages: English & Hindi

## WORK EXPERIENCE

### 1. Optum Global Solution: NOV 2018 – CURRENT

#### **Credentialing Process: Nov 2018 – Jan 2020**

My roles and responsibilities as a credentialing were:

- We had to Collect all the data and documents required for filing credentialing applications from the physicians/provider.
- We had to verify details below details before submitting details to payers:  
CAQH profile, expiry date for State DEA License, Certificate of insurance (COI), Board certificate, and Malpractice Insurance
- we had to Store the documents centrally on our secure document management systems
- we had to apply as per the payer-specific formats
- We had to timely follow-up with the Payer to track application status
- We had to obtain the enrollment number from the Payer and communicate the state of the application to the physician/provider
- Periodic updates of the document library for credentialing purposes
- Obtain missing documents through outreach call/fax/IVR and updating on the payer's database

#### **Sr. Appeal Representative: Feb 2020 till now**

My roles and responsibilities as an Sr. Appeal Representative are:

- To review, research, analyse and work on Appeals received against the denials issued to members and physicians/providers by different departments.
- Have to request and obtain the medical records or any additional documents (if required) through Outreach call/Fax from Member or physicians/providers.
- Have to determine whether an appeal request against denial requires clinician review or administrative review.

- Have to contact and work with other internal resources to process the incorrectly denied claims as per SOP
- We work and issue the pre or Post authorization (if required)
- We work mostly on denials issued due to Credentialing status of, Medical necessity, Authorization and Timely filing issues.
- Maintain confidentiality of members and providers information per relevant regulations and guidelines (e.g., HIPAA)
- Needs to Communicate appeal or grievance Status or Resolution through Letter to members, providers/physicians and internal/external parties within the required timeframes/TAT.

## **2. Concentrix Daksh Services Pvt. Ltd – Practitioner (CSR)** **Nov 2014 – Nov 2016**

My roles and responsibilities were:

- To handle member's concern and provide appropriate solutions within the time limits and follow up to ensure resolution.
- To determine the cause of the problem and provide accurate, valid and complete information by using the right methods or tools.
- To educate the members about "Policies, Product & services".
- To follow policies and Quality parameters to assist the members.
- To keep a record of Interaction with members on a daily basis.
- To escalate the necessary issues and technical problem to dedicated team.