Kapil Dev

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Summary

Having 13 years experience in US Healthcare and worked in different domain (SME-1 years, Transition- 2 years, Quality for Billing and A.R (Account Receivable) - 5 years, Medical Billing, Authorization, Credentialing and Registration- 3 years and Claim Adjudication- 2 years). Set up the three new Transitions name Evansville,
 Pensacola and Indianapolis while there was no Trainer, MT and Manager and provided training to 78 Employees for Charges posting, Payment posting and Registration and now they are working on different process like, Payment, Charges posting and UHC Claims.

Experience

Quality Auditor R1 RCM 01/12/2017 to 07/18/2022

- Monitor the quality of process and create testing parameters for process improvement, develop
 quality control procedures, perform audits and taking update from overseas quality control
 teams, CBO and understand different business updates and share with team.
- Manage the Team Quality and provide new updates to team members.
- Share the update tracker to team.
- Taking the weekly refresher session and providing floor support to OPS users.
- Attend the weekly calibration call with CBO and take approval from CBO on updates for process improvement and share that update with OPS team.

Senior Analyst R1 RCM 04/12/2014 to 30/11/2017

- Claim processing.
- Updates Master log on daily basis.
- Send queries to the clients for resolving problem.
- Provide and sort out the query, problems of new entrants.

Subject Matter Expert (SME) Medimax 02/01/2013 to 06/01/2014

- Job role involved work allocation, team mentoring, documentation and reconciliation of batches.
- Manage the Team Quality and Productivity.
- Provide new updates of the process to team members.
- Maintained a flexible schedule to meet training needs.
- Collaborated across teams and leadership to share information and coordinate on new ideas.
- If not on time, make sure the client is aware.
- Mentored and trained new employees accomplish the goal and concerns to a successful conclusion.

Senior Executive E4E Healthcare 01-01/2009 to 01/01/2013

- Claim Management: Charge posting and Registration.
- Coordinate with the team and trainer to find process improvement ideas.
- Provide feedback to employees regarding errors and counseling them to improve their performance.
- Coordinate with I.T department, admin, training, H.R and other department regarding respective issues/programs
- Handled team in absence of team leader.
- Handling workflow and finish at end of the day

Claim Adjudicator Patni Computer Systems 01/10/2007 to 15/10/2008

- Reviews and analyzes data for in-process claims in order to identify and resolve errors prior to final adjudication..
- Evaluates and processes claims in accordance with company policies and procedures.

Skills

Client service, Leadership, Communication skills, Time management, Inventory Control, Team Building, Integrity, Mediator, Positive Attitude, Respects Team Members, Expert in Delegating Tasks, Efficient Problem Solving Skills, Training & Development.

Education

- Graduate from Ram Lal Anand College, Delhi University.
- DOEACC 'O' level diploma in computer application and programming assistant.
- Java and Web designing from SSI ltd.

| Date of Birth: | 26/01/1980 |
|-----------------|------------------|
| Marital Status: | Married |
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| | Thanks& regards, |
| | Kapil Dev |

Mr. Ramanand Jamdagni

Father's Name: