## Anoop Kumar Chaturvedi

# CONTACT Anoop1413kumar@gmail.com

Phone: - 9821822235

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 and RCM profile)**

* Knowledge about provider’s Credentialing
* Working on Correspondence and Documentation and Preparing appeals and sending to payer Via email, website
* Insurance calling, Eligibility Verification, follow up on appeals.
* Create proper note for future follow up. Perform pre-call analysis and check 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.
* Following 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 application.
* Monitor all patient demography error and eligibility and verification.
* Work with new team member resolve the Global query.
* 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 call to the insurance company for patient plan, and I check copay, co-insurance, deductible, If the payment is not received, follow up on the calls to secure payments.
* Discuses with insurance company for patient payment.
* 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](http://www.everestvision.com/medical-billing-denials-and-actions/#capitation), [Coverage terminated](http://www.everestvision.com/medical-billing-denials-and-actions/#member-coverage-terminated), [Duplicate Claim](http://www.everestvision.com/medical-billing-denials-and-actions/#duplicate-claim), [Medically not necessity](http://www.everestvision.com/medical-billing-denials-and-actions/#medically-necessity), [Missing/Invalid Diagnosis code](http://www.everestvision.com/medical-billing-denials-and-actions/#invalid-dx), [No authorization](http://www.everestvision.com/medical-billing-denials-and-actions/#auth), [Past timely filing](http://www.everestvision.com/medical-billing-denials-and-actions/#past-timely), [This care may be covered by another payer per coordination of benefits](http://www.everestvision.com/denial-code-co-22-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)**

* Connecting with our Client’s business partners in united health insurance.
* follow up on outstanding account and pending cases.
* I do check patient Responsibility copay, co-insurance, deductible
* Analyzing medical insurance claims for Quality assurance.
* I do appeals if 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’s and investigate all details for insured.
* Investigated all denials claims and settlements and provide update on all file.
* Maintain records of all benefits and resole all issue in claim processes.
* Coordinated with respective team leader for correct correction.

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 R1 RCM global pvt Ltd. in 2019.
* Awarded with “100% Quality” at R1 RCM global pvt Ltd. in 2019.

Declaration

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

Work