**CURRICULUM VITAE**

**Objective:** - Currently seeking for an opportunity as a Quality Assurance Leader

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| **Name** | Shrena Bhondve |
| **Fathers Name** | Anil Bhondve |
| **Date of Birth** | 21st April 1992 |
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**Key skills :-**

* **Effective Communication** – I have good conversational, interpersonal, presentation and motivational skills.
* **Team Player** – I enjoy sharing knowledge and help people groom on target areas.
* **Planning and Organizing** – I can handle challenging situations without compromising on given deadlines.
* **Problem Solving** – I have good analytical skills and always focused on improvement.
* **Reporting –** Good reporting knowledge with excel knowledge.
* **Six Sigma Certified (Yellow Belt)**

**Educational Qualification:-**

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| **Qualification** | **Name of School** | **University** | **Graduation date** |
| S.S.C | Vidya Bhawan | Mumbai University | 2008 |
| H.S.C | Bharati Vidyapeeth | Mumbai University | 2010 |
| B.B.A ( Bachelor in Business Administration) | Camp Education | Pune University | 2013 |

**Work Experience: -**

**I carry over 8 years of rich experience in the field of medical billing. I have worked in most of the segments as Sr AR, of RCM like Denials Management and no response claims. As Quality Analyst I audited for Cerner project in GeBBs and learned different types of daily, weekly and monthly reports. After promoted as Quality Team Leader learned to manage QA team and taught them about audits and reporting.**

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| **Company Name** | **Designation** | **Work Tenure** | **Project** |
| Gebbs Healthcare Solutions | Quality Assurance Leader | 2021-Current | FMC |
| Gebbs Healthcare Solutions | Quality Analyst | 2018-2021 | Cerner |
| Gebbs Healthcare Solutions | Sr AR Specialist | 2016-2018 | Cerner |
| NWRCM | AR Specialist | 2015 – 2016 | Bariatric Surgery |
| Gebbs Healthcare Solutions | AR | 2014 – 2015 | Avisena |

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**Gebbs Healthcare Solutions**

GeBBS Healthcare Solutions is a leading provider of Revenue Cycle Management (RCM), Health Information Management (HIM), and Risk Adjustment solutions. Before Covid Cerner is one of the biggest partners where we provide coding assistance, payment posting, patient calling, general follow-up and denials management of claims.

**Following are my responsibilities as QAL.**

* Team Management.
* Looking after attendance of team.
* Attending client calls
* Attending internal calls with Operations and Training Team
* Preparing reports - Weekly and Monthly Quality report, Reworks report – internal, external, random, MOMs of client calls, Weekly data, MRR,
* QA Report validation – MTD, Daily audit report, Call monitoring report, Audits Allocation, Quality report tasks,
* Audit to Auditor (Internal audits)
* Review escalations and updated received from client.
* Preparing Monthly QA activity tracker
* Arranging training for AR
* Monitoring QAT, PKT and FACT
* Sharing reports with operations and MTD scores
* Checking rebuttals
* Preparing data asked from manager on priority
* Monitoring Certifications

**Following are my responsibilities as QA.**

* Reporting progress and audit status to QAL.
* Maintaining and updating process specific documents.
* Ensuring that audit files are sent within TAT and reworks are completed.
* Major Role
  + Audits
  + Call audits
  + SBS (Side by Side) audits
  + Daily huddles/QAT
  + Feedback
  + To check if reworks on errors are completed.
  + Reports making
  + QAT, PKT, FACT
  + Certification
* Organizing folders to ensure required information is easily accessible.
* Ensuring overall accuracy of auditor’s team does not go below 98%.
* Updating their audit numbers for calculating their KRA’s
* Finding and reporting a trend to operations that were observed in audits.
* Attending client calls for calibration.
* Rebuttal Discussion with operations.
* Publishing weekly and MTD accuracy report to operations.
* Conducting monthly PKT to bridge knowledge gap amongst associates.
* Publishing accuracy dashboard to operations.
* Organizing focus group for bottom performers.
* Reporting weekly progress of bottom performers to operations.

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**NWRCM :-**

NWRCM known as North West Revenue Cycle management. They provide end to end medical billing solutions to doctors in the U.S.

**Following were my responsibilities.**

* Working on Denials and taking appropriate action on the account.
* Getting claim status from insurances.
* Resolving refund requests made by insurances.
* Following up on claims that have passed age of 30 days.
* Working on claims correction.
* Following up on claims with insurance that were unacknowledged by clearing house to identify if the claim is on file or not with the insurance.
* Following up on urgent request on claims made by the U.S office.
* Sending appeal and medical records via fax to insurance.
* Attending patient calls and answering their queries.
* Completing eligibility verification for patients to check coverage.
* Communicating with internal billing and posting team for updates and sharing feedback.
* Providing floor support by answering queries and attending Supervisor calls.
* Providing coaching and constructive feedback on follow-ups done by new team mates.
* Conducting refresher trainings as on when required with the team. Thus, ensuring each and every team member is cross trained on all the verticals. (Back end clients and Front end Clients)
* Providing training on Next Gen to new or existing clients/Dr’s office.

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**Gebbs Healthcare Solutions**

GeBBS Healthcare Solutions is a leading provider of Revenue Cycle Management (RCM), Health Information Management (HIM), and Risk Adjustment solutions. Worked for Project named Avisena (Radiology).

**Following were my responsibilities.**

* Following up on payment status with insurance which has passed 30 days.
* Assigning claims to appropriate bucket for next action.
* Follow up on denials
* Ensuring productivity and Quality targets are met as an individual.