**Ramprakash P** **phone**: +**91**-**9493887394**

**Email**: **rp0190888@gmail.com**

**Career Objective:**

To work in a challenging and responsible position in a dynamically progressing organization which will give scope to apply my skills, knowledge and experience and constantly grow with the company.

**Career Accomplishments:**

* 4+ years of experience in the industry with US healthcare operations for claims processing and adjustments as Sr. Claims Processing Executive and Process Specialist.
* US Health Insurance experience with Claims Adjudication, Recovery and adjustments.
* Currently working for adjustments team including the underpayment and overpayments.
* Well updated with the use of Microsoft excel and PowerPoint for reporting and presentation.
* Assisting the lead in assigning the inventory and managing the internal issues, responding to the client Emails and handling escalations.

**Achievements:**

* Worked on various claims lines of US healthcare business including PFFS, PPO and HMO.
* Got multiple top gun awards which are the monthly reward for being top in productivity and quality.
* Actively participated in various employee engagement activities conducted by the ER team and motivated other team members to participate.

**Strengths and Skills:**

* Attention to detail.
* Well versed with Microsoft office applications like, MS Word, MS Excel & Power Point.
* Also competent in working with Open office applications.
* Quality and SLA focused.
* Systematic and analytical approach to the problem with co-ordination ability.

**Work Experience:**

**Company: Cogizant technical solutions.**

**Role: Process specialist**

**Duration: June 2021 to Till Date**

**Responsibilities:**

* Responsible for various activities related to the provider network database which may include any or all of the following: Reporting and extracting data for various reports and analyses, initiating database improvement maintain standards for database integrity and quality assurance, coordinate corrective activities to clean database and retain users, and manage communication processes with other departments regarding database improvements
* Analyzing Provider source documents received via email or pdf, doc, etc

Updating the Provider records in Activity Manager tool as well as CPF tool for proper Down stream load.

* Reffering CAQH, NPPES, RECAP,USPS, CRED VIEWER, for Proper handling
* Taking Clarification from onshore relationship Manager for the Missing
* Focus Audit, taking refresher training for the Team to enhance the team quality
* As a Corporate Implementation Analyst to analyze the data in CPF as well as HCPM tool\
* Provider Demographic like provider license, DEA Medicare Medicaid I'd, education etc also Reimbursement update as per the source received
* Accurately interpret the data for loading into the Provider data management tool i.e HCPM, Running Cognos-1.5 tool to extract Provider data from CPF, Be responsible for end-to-end delivery of a project involving understanding the problem.
* Assigning the enrollment number for the Provider to enroll members correctly, Creating Pre-work IDs to batch the returns received from the Cgnos-1.5 report and maintain the same in HCPM and Follow up with Onshore/Client teams in case of delays, or clarification on policy and process via Intake or email
* Analyzing onshore escalation and Defects and giving proper CAPA and RCA for the issue
* Taking team huddles, Assignments, Peer coaching, RCA for internal Quality.

**Company: Hinduja Global Solutions Ltd.**

**Role: Senior Claims Processing Executive**

**Duration: April 2018 to April 2021.**

**Responsibilities:**

* Working on claims the Healthcare Service Provider or the Insured Member regarding the incorrect processing of the claims.
* Reviewing the claims images and verifying the revenue codes, diagnosis codes, type of bills and other details to resolve the payment issues and release of high dollar claims.
* The adjustment projects includes inpatient high dollar DRG and Rehab claims Duplicates, APC and various other project related to CMS bundling and coding edits.
* The recovery process includes review of overpaid claims per CMS guidelines and adjusting the claim for the overpayment (FR Setup). The providers are notified with the refund request for the overpaid claims.
* Well versed with **Metavance (MTV)** and **Claims Administrative Systems (CAS)** for claims processing.

**Academic Qualification**

* Bachelor’s Degree (BSc) from Sri Sai Degree College, railway koduru, AP.
* 12th from Board of Intermediate, AP.
* 10th from Raju High School Secondary School Board, AP.

**Personal Information**

Date of Birth : 12–07–1997.

Language Known : English, Telugu & kannada, Hindi.

Gender : Male

**Place**: **Bangalore**  **(Ramprakash)**