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**Synopsis**

**PROFESSIONAL SUMMARY:**

Quality-focused Medical Accounts Receivable Specialist offering more than 11+ years’ experience in Revenue Cycle Management. Results-driven with strong attention to detail and desire to help transform business operations. Dedicated and skillful in quickly identifying errors to minimize losses. Professional with expertise submitting medical claims to Insurance Carriers. Considered a team-oriented person with great decision-making skills. Adept at posting and collection payment and an expert in handling customer complaints and comments. Proficient with preparing Reporting and analysis on Excel environment.

**SKILLS:**

* Customer Service
* Credit and collection
* Payment management
* Investigative research
* Adjustment posting
* Billing dispute resolution
* Claim processing
* Medical terminology
* Medical Insurance
* Statement issuing
* Accounts receivable management
* Payment Posting
* Medical billing knowledge
* Highly proficient of Insurance coverages related to Medical (Medicare, Medicaid & Commercial), Worker’s Compensation, Auto Liability and General Liability Coverages
* Able to multitask and handle multiple projects at same time
* Ability work independently as well as in a team environment
* Excellent written and verbal communication
* Highly proficient in Excel, including modeling complex graphs derived from data sets
* Time Management

**Knowledge of Billing Software & IT Tools**

**Billing Software:**

* EPIC, Meditech, Care Tracker, Paragon, Claims Management, Cerner, EDM, Health Quest
* SSI, EDI, Kerio, EDI

**IT Tools:**

* Use COUNT, COUNTIF, COUNTIFS, SUM, SUMIF, SUMIFS, SUMPRODUCT, AVERAGE, AVERAGEIF, DATEDIF, NETWORKDAYS, RANDBETWEEN [Generating E-codes], CONCATENATE, TRIM, LEFT, RIGHT, MID and Logical Operators as (AND, OR & IF) commands for Data Manipulation.
* Using Tables, Structured References, Pivot Tables & Slicers for prepare Reports.
* Use V-Lookup, H-Lookup, Offset, Index & Match commands for Reports
* Sorting, Filtering Data, Data Sub-totalling, Grouping and Outlining Data.
* Data Consolidation, Formatting & Conditional Formatting
* Use Web Query for extract data from Internet in directly Excel.
* Knowledge of Making Dashboard as per requirement.
* Knowledge of connect data with Excel Sheet and Auto Email send to respective user.

**PROFESSIONAL SNAPSHOT**

**Sr. Quality Auditor - AR TransUnion RUBIXIS Technology Feb’2021 to May’2022**

**Vikaspuri, Delhi, India**

**Handled 3 Hospital as Charter Hospital (RI), Crozer Hospital (PA) and Waterbury Hospital (CT) as AR Auditor on EPIC, MEDITECH & Paragon Billing Software**

* Daily 70 to 80 Claims Audit for AR and Taking Extra initiative (weekends & daily late 1 hour sit) on as Audit 100 to 150 of Back Office Accounts as Payment Posting, Remit Creation, for all assigned Processes
* Auditing Random Sampling as 15% which received from MIS Team.
* Using Client Software as MEDITECH, CERNER, SSI for Scrubber, EDM, INVISION, Paragon for audit of Claims with RUBIXIS APPLICATION.
* Weekly calibration calls with client.
* Weekly Calibration Call with Ops Team for discuss on weekly High $ amount accounts.
* Taking care of all new updates for team.
* Daily floor support for team accounts related queries.
* Daily Quality Report for Company all AR Processes.
* Monthly Error Analysis Report Publish
* Publish daily Auditor Productivity Report.
* Adhere to all established goals and procedures
* Identify trends/recurring issues and present to supervisor
* Assist in educating to team on new insurance guidelines
* Assist in training new staff
* Claims processing timeliness, financial accuracy, interest payment accuracy, denial accuracy, etc
* Communicate training issues to management as identified through audits and adjustments
* Participates in communication with Business Operations management regarding trends in order to improve claims processing accuracy and documented business rules for incorporation into training programs, policies and procedures
* Performs special project audits and reviews as requested by other departments / regions
* Responsible for the development of Corrective Action Plans
* Works independently but sometime take Quality Manager guidance on problem.

**Sr. Quality Auditor - AR CORONIS Health Sept’2020 to Feb’2021**

**Mohali, Punjab**

**Handled St Louis Hospital (CA) as AR Auditor on MEDITECH Billing Software**

* Using EPIC Software for Claims Reviewing and for billing Assurance Scrubber.
* Daily 50 to 60 audits completed as Log Review Sampling instead of Sampling % Client Instructions.
* Providing Floor Support related on office and also WFH associates via Teams.
* Providing Feedback on each Error as one-on-one with email send to individual feedback.
* Error marked as per DPO and DPU both method because Internally using DPU and Send to Client Process Quality on DPO method.
* Preparing Daily Quality Report and published on Excel to Respective Process and Upper Management.
* Publish Rework Data with Dashboard to Upper Management on Excel.
* Publish WTD & MTD Quality Report to Upper Management on Excel.
* Publish Associate Performance Report with Production & Quality Score.
* Publish MTD Quality Error Report on the basis of RCA under Pareto Analysis.
* Assist in training new staff
* Claims processing timeliness, financial accuracy, interest payment accuracy, denial accuracy, etc
* Create and foster a team environment that encourages initiative, creativity, and solutions for overall company goal achievement
* Eligibility Review to ensure systems are set up in accordance with current eligibility documentation for the processing of claims
* Keeps management apprised of issues that may arise
* Providing instructive and constructive feedback

**Sr. Analyst AR Follow-Up eMDS Private Limited August’2019 to April’2020**

**Noida, UP, India**

**Handled Adventist Hospital (CA) as AR Auditor on Convergent Billing Software**

* Worked on Denial as COB, Medical Necessity, Bundle Services, Duplicate Claims, Patient Not Eligible, Expense Occurred After Coverage just like as (CO-50, CO-22, CO-31, CO-27, CO-18, etc.)
* Checked Electronic EOB on EDI and also check for Eligibility and Claim Acknowledgement for submitted claim to Insurance.
* Checked Paper EOB on SSI with PDF format.
* Worked on different type of Insurance as Medicare, Medicaid & Commercial Claims.
* Worked on Follow-up with Insurance for Denied & Rejected Claims on Call from Insurance Representative.
* Worked on Follow-up with different type of Insurance Website as Noridian, WPS, UMR, UHC, Availity, EZ-net, One Health Port, Navient, and Molina & Meridian with Medicaid Michigan Web portal etc.
* Claim resolved as per Client SOP follow and if any claim needs to patient review or COB then review from Client.
* Complete medical records requests and corresponding invoices
* Convey pertinent billing information to patients and offices
* Resolve errors and make claim edits assigned in work queues
* Verify patients’ insurance coverage and answer billing questions
* Perform timely follow up on all of assigned claims

**Analyst AR Follow-Up nThrive Business Solution Pvt. Ltd Nov’2017 to Aug’2019**

**Noida, UP, India**

**Handled Centegra Hospital as AR Follow-Up on Claims Management Software**

* Worked on Citrix based Health Quest System.
* Checked Electronic EOB on EDI and also check for Eligibility and Claim Acknowledgement for submitted claim to Insurance.
* Checked Paper EOB on Console with PDF format.
* Worked on different type of Insurance as Medicare, Medicaid & Commercial Claims.
* Worked on Follow-up with Insurance for Denied & Rejected Claims on Call from Insurance Representative.
* Worked on Follow-up with different type of Insurance Website as Noridian, WPS, UMR, UHC, Availity, EZ-net, One Health Port, Navient, and Molina & Meridian with Medicaid Michigan Web portal etc.
* Accurately process professional and institutional claims
* Analyse and adjudicate claims to ensure accurate payment
* Analyse and identify trends and provides reports as necessary
* Interpret Fee for Service (FFS) and capitated provider contracts
* Manage all administrative claim functions such as reserving, claim payments and file notes via electronic means and at times from remote locations
* Meet Department Quality and Accuracy Standards
* Regular attendance
* Provide expertise or general claims support by reviewing, researching, investigating, negotiating, processing and adjusting claims

**Sr. Claims Associate MCKIOL Business Solutions Private Limited June’2014 to Nov’2017**

**Karkarduuma, Delhi, India**

**Handled Professional Claims on Care Tracker Software**

* Worked on Care Tracker Software for resolve the claims.
* Post the payment as ERA and EOB per the payment posting parameters
* Worked on Appeals where sent the letters to Insurance for payment.
* After payment posting done then work on Denials on backend.
* Ensure accurate entry of work into designated billing systems
* Identifies procedures and principal diagnosis performed on each patient and properly codes each procedure
* Inputs charges, payments and adjustments to computerized system or posting to manual records
* Prepares batch for dates of services, posts, balances and closes for the day
* Responsible for processing payments, adjustments and denials according to established guidelines (Payment Poster)
* Review medical record documentation to identify services provided by physicians and mid-level providers as it pertains to claims that are being filed
* Work claims and clam denials to ensure maximum reimbursement for services provided
* Works directly with insurance companies to get claims processed and paid
* Assist in educating your team on new insurance guidelines
* Complete medical records requests and corresponding invoices
* Identify trends/recurring issues and present to supervisor
* Assist in generating letters and other correspondences
* Assist in simple claims processing work
* Good working knowledge of Claim processing and of Claim policies and procedures
* Manage the salvage process
* Other duties assigned by management
* Analyses and identifies trends for all appeals and grievances
* Result-oriented and goal-driven

**Sr. Claims Adjudicator MetLife Global Operations Support Center Sept 2010 to April, 2014**

**Noida, UP, India**

**Handled WC Claim (Auto & Home) for MetLife Insurance as Claim Adjudicator & Adjuster**

* Assess coverage and review claims for purposes of investigations, action plans, evaluation, fraud and resolution potential
* Complete quality investigations by gathering all pertinent information (recorded statements, review of police and medical reports, photographs and appraisals/estimates of damages, etc.)
* Completes quality investigation by gathering all pertinent information (recorded statements, review of police and medical reports, photographs and appraisals/estimates of damages, etc.)
* Conduct a thorough analysis of the claim; continually assess exposure and evaluate for accurate reserves
* Continually assess exposure and evaluate for accurate reserves
* Determines if subrogation exists and takes steps necessary to initiate recovery efforts
* Documents and communicates all claim activity timely and effectively and in a manner which supports the outcome of the claim file
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* Eligible to Work from home 5 out of every 10 days after completing 90 days of employment contingent on the supervisors’ approval
* Good analytical abilities to review, exercise judgment and evaluate claims in order to make sound decisions
* Good knowledge of insurance theory and practices; insurance contracts and their application
* Knowledge of claim procedures, policies, technology, state and federal laws and insurance regulations
* Oversee and direct a majority of litigated or potentially litigated claims, directing and controlling the work and expenses of investigative services or attorneys
* Oversee and direct claims, directing and controlling the work and expenses of investigative services or attorneys
* Prepare Large Loss Reports and maintain ongoing claim updates
* Verifies coverage and policy conditions
* Will demonstrate complete knowledge of the claim file process through presentation of actions and responses to client questions

**SCHOLASTICS**

* Bachelor in Commerce from Chaudhary Charan Singh University.