**Suraj Bhatt**

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**Career Objective**

Aspiring to be part of a well-established firm scale new career heights, oriented to the firm’s expectations by working with team spirit, enthusiasm, be innovative, enrich myself professionally and individually and contribute substantially for the company’s growth.

**Educational Profile**

* Graduation (B. Com-Computers) from AIITC, Hyderabad.
* Intermediate from Board of Intermediate, Gowtham Junior College, Hyderabad.
* SSC from Board of secondary school Education, Balaji high school, Hyderabad.

**Individual Strengths**

* Ability to work under pressure and meet organizational goals
* Excellent Time management & Interpersonal skills
* Ability to be a good team player and display adequate leadership qualities
* Ability to critically evaluate and take effective decisions
* Ability to grab new things fast and execute them better

**Technical Skills**

* Operating systems- Windows 98, 2000, XP, Vista.
* Software skills- MS-Office (Word, Excel & PowerPoint)

**Work Experience**

**RAYDEN INTERACTIVE: June’2022 to Oct’2022.**

Rayden Interactive, has been founded in 2010, to enhance patient experience, create new benchmarks of healthcare service, and ease millions of human-medicine interfaces everyday through an honest, creative and human-centric approach. We provide services related to UI/UX Designing and Development, Market Research, Product Support and more.

Worked as Senior Analyst under Client Services team

**My responsibility includes:**

• Providing expert consulting services in the areas of workflow analysis, application training and application build activities, go live support, and post go-live optimization.

• Lead implementation tasks including technical application build, end user training, go-live support, and post go-live optimization

• Support go-live activities, observing results, refining and driving continuous delivery

improvement

• Collaborate with different teams, including Support, Account Management, Product Management

and Sales to address customer asks and concerns

• Maintain complete understanding of contract deliverables to ensure project is delivered on time

and within budget

• Grow revenue by identifying clients that have the opportunity for add on/upsell products,

demonstrate those products, then implement them

• Handle client escalations and appropriately escalate to senior resources

• Work with senior consultants to develop & refine implementation tools and processes

• Perform gap analysis to identify implementation issues and consult on options to address issues

• Maintain understanding of how the application is used and configured, including the ability to

provide a product demonstration.

**AMPS HEALTHCARE INDIA (Advanced Medical Pricing Solutions): Feb’2020 Apr’2022.**

AMPS is a pioneer in healthcare cost management. provides market leading healthcare cost management services for self-funded employers, public entities, brokers, TPAs, and reinsurers. AMPS mission is to help clients attain their goals of reducing healthcare costs while keeping members satisfied with quality healthcare benefits.

Worked as Healthcare Operations Analyst under Operations team.

**My responsibility includes:**

* Responsible for leading by managing a team size of 7 FTE’s.
* Ensuring all the tasks are done within the TAT given.
* Manages day-to-day operations including balancing the workloads, attendance, and outage to minimize customer impact.
* Prepare and Review Production and Quality reports and shared with Onshore on weekly and monthly basis.
* Monitors the process/function performance regularly and takes appropriate corrective actions in case of deviation.
* Enforce Refresher training to bridge the knowledge gap among the team members
* Conduct one on one review and give feedback to team members on monthly basis.
* Coordinating with the clients on process related issues and updates.
* Accountable for the production and quality targets.
* Analyzing and challenging technical process initiative to provide improvement opportunities.
* Respond to all inquiries from the claim processors.
* Research processing issues and find resolutions
* Ensure consistent communication and best practices
* Maintain inventory levels to meet service level agreements
* Responsible for all processor up trainings
* Piloted program that included sitting in on new hiring training to ensure no gaps in the process and training needs are met.
* Serve as point of contact when supervisor is out of the office
* Conducting daily team huddles with team
* Determine covered medical insurance losses by studying provisions of policy/certificate
* Ensure legal compliance by following company policies, procedures, guidelines and insurance regulations
* Maintain quality customer services by following customer service practices, responding to customer inquiries
* Protect operations by keeping claims information confidential
* Clarifying team queries and sending production and quality report internally
* Accomplish organization goals by accepting ownership for accomplishing new and different requests; exploring opportunities to add value to job accomplishments
* Documents medical claims actions by completing forms, reports, logs, and records
* Working extensively on patient consolidation, Group mapping
* Worked with cross-cultural teams ensuring optimal utilization of resources leading to overall profitability; strong problem-solving, planning, team building and management skills
* Expertise in maximizing customer satisfaction levels through prompt resolution of business queries and qualitative service delivery
* Credit of consistently delivering high-quality services to the business through informative, well-organized scope documents and business requirements
* Analyzing the contracts and agreements and pricing of the claims.
* Releasing of the HCFA claims which are worked by the doctor.
* Analyzing the plan documents, benefits in the contract for effective pricing.
* Getting trained on new processes and training the team as per requirement.
* Identifying the issues and resolving them, being either member issues, patient credentialing issues, or any kind of front-end rejections which restrict the claims in payment.

**Optum Global Solutions (United Health Group):** June' 2016 to October' 2018

UnitedHealth Group is the most diversified health care company in the United States and a leader worldwide in helping people live healthier lives and helping to make the health system work better for everyone.

Worked as **Quality Specialist** in **United Data Mining** process under **Payment Integrity** Team.

**My responsibility includes:**

* Duplicate and COB Claims Auditing. Platform (UNET)
* To review, identify and validate claim overpayments, using available tools and resources. Types of Overpayment reviews will include, but are not limited to duplicate payment, contract compliance, and coordination of benefits (COB) overpayments.
* Getting trained on new algorithms and training the team as per requirement.
* Working on Team’s MIS Dashboards which includes Daily Report, Quality Reports, Performance Dashboards, Attendance Tracking, and Utilization Dashboard.
* Working on Team Quality Audits.
* Reviewing the High dollar claims of the team and provide them with the necessary support to complete them on time.
* Part of Inventory Management Team.
* Assigning re-audits to the team when inventory is not there and generating the Re-audit production report on weekly basis.
* Handling the desk level clarifications and working on team clarification tracker.
* Taking error review sessions to the team based on previous month errors.
* Providing feedback to the team members who received errors and help them in understanding the errors and conducting refresher training if required.
* Mentoring new hires depending on business requirements.
* Pre-validation for new hires and help them to understand the process in and out with quality standards.
* Generating Quality & Production report for assigned mentees.
* Active participation in team activities.

Worked as **Quality Auditor** in Provider Hospital Business: June2014 till June 2016

**My responsibility includes:**

* Analyzing, auditing, and investigating assigned client's A/R process in order to ensure quality, resolve errors, and provide strategic solutions.
* To conduct regular Feedback sessions for Agents.
* To conduct calibration sessions with operations and training team.
* Providing trainings to agents on quality parameters, KRA's and expectations.
* Generating daily, weekly & monthly Quality Reports.

**ACHIEVEMENTS:**

* Maintaining High Quality Standards and exceeding production Targets.
* Active part in the Value Lab team for GB projects.
* Awarded with “Quality Awards” for consecutive quarters in 2015, 2016 and 2017.
* Quantum certified for maintaining exceptional quality.
* Received appreciations from Onshore for maintaining high quality and for calibrations.
* Effectively transitioned two algorithms.
* Rated “Outstanding Performer” for the year 2016.

**Sutherland Global Services (Apollo Health Street):** September’ 2010 to December’2013

Worked as **Senior Revenue Cycle Analyst** in **RCMS** process on medical claims (Hospital claims) and analysis of Accounts Receivables.

**My responsibility includes:**

* Identifying the issues and resolving them, being either provider issues, provider credentialing issues, or any kind of front-end rejections which restrict the payers in paying the claims.
* Call the payers for claim resolution in favor of providers.
* Insurance follow-up on hospital claims (hospital claims for services rendered in a multispecialty hospital)
* Handling denial management with the ability to send the claims for reprocessing/review on the call if denied incorrectly by the payers.
* Worked on GA Medicaid, NC Medicaid, and PA Medicaid.
* Responsible for meeting the individual productivity & accuracy target.
* Responsible for sharing updates with the team on regular basis.
* Attending inbound calls of medical insurance companies and patients toward queries and giving correct and timely feedback.
* Maintaining record of correspondence with insurance companies through mails and faxes of important documents like corrected bills, medical records, remittance, repricing sheets, denial letters, and checks.
* Proactively identifying and escalating issues and improving existing follow-up processes.
* Co-ordinate with client service teams and onsite reps to identify and resolve project specific issues and procedures.
* Generate reports for tracking aging and high dollar claims, forecasting cash collection, and client reporting.
* Research and develop documentation related to Commercial insurance (medical/worker’s compensation/no fault) AR follow up, which is used to train new process associates.
* Mentored new joiners and trained them in the process.

**Achievements**

* Received several appreciations from client for the work.
* Received quality awards for two consecutive years.

**SITEL India: -January’ 2010 to September’2010**

Worked as **Customer service professional** on **T-Mobile** (UK process). My responsibility includes:

* Handle most critical and wide list of activities like Network issues, payments and broadband issues.
* Handle customer queries with great efficiency and accuracy.

**Genpact**: - Febuary’2008 to July’2009

Worked as **Process Associate** & Support **Global Purchasing and Supply Chain** functions of **General Motors** my responsibilities include:

* Handle most critical and wide list of activities like Expediting, Cost & timing and Supplier relations.
* Follow up with suppliers on PO Confirmation.
* Requisition to PO Conversion
* Editing the PO as per the forecast (Demand Management).
* Following up for Price Quotes and shipping date for production parts for GMNA and Holden process.
* Reporting the daily updates on the status of the parts to the Management and Requestor.
* Work extensively on EDS Host link and Global purchasing system mainframe applications.

**Key Projects and Accomplishments**

* Coordinate with suppliers on a day to day basis on status of open orders and expedite delivery.
* Ensure on time delivery of material required.
* Have achieved an on-time TAT (Turnaround Time) of 98.7%.

**Achievements**

* Received spot awards for participation in Extra Curricular activities.
* Received STAR awards for exceptional productivity and quality.

**Trainings**

* Call taking Excellence
* Business writing skills
* Communicate for Results.

**Personal Profile**

Name : Suraj Bhatt

Father’s Name : Baikunth Bhatt

Date of Birth : 13/12/1984

Nationality : Indian

Marital Status : Married

Languages Known: English, Telugu and Hindi.

Hobbies : Music, playing cricket & travelling.

**Suraj Bhatt**