**RESUME**

**MIR RASHED ALI**

Paramount Hills, Toli Chowki,

Hyderabad.500008 **Cell No-:** 8801713195

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**CAREER OBJECTIVE:**

A dynamic professional with 5+ years of rich experience in the US HEALTHCARE Industry - Operation profile & Creative innovative thinker with good Production & Quality. Worked in Complete RCM from Elig(Authorization) to Denials & Appeals.

**EDUCATIONAL QUALIFICATION:**

* Bachelor of Commerce (Computers) in 2012.
* Intermediate (C.E.C) from Board of Intermediate in 2009.
* S.S.C from All Saints High School, Abids, Hyderabad in 2007.

**Experience:**

* Working as an QUALITY ANALYST in GeBBS Healthcare Solution (May’2022-Present).
* Worked as an Sr. AR Caller in Sparc Cybertech Pvt Ltd (Dec’19-April’2022)
* Worked as a Sr.AR Caller in Sutherland Healthcare Solutions from June’18-June’19.
* Worked as an AR Caller (Authorization) with Harmony United Med solution Pvt Ltd from May 1st’17 to Oct 1st 2017(Contract).
* Worked as an AR Caller with Hinduja Global Solutions from March’15- July’16.

**Work Experience in Hinduja, Sutherland & Sparc:**

**DENIAL MANAGEMENT & CLAIMS FOLLOW UP**

* Calling Insurance companies on behalf of hospitals or facility and carry out a further examination on outstanding Accounts Receivables.
* Prioritizing unpaid claims for calling according to the length of time it has been outstanding.
* Calling insurance companies directly and convincing them to pay the outstanding claims.
* Checking the relevance of insurance info offered by the patient.
* Evaluating unpaid insurance claims.
* Calling insurance companies and check on the status of claims
* Transferring the outstanding balance to the patient if he/she doesn’t have adequate insurance coverage.
* If the claim has already been paid, ask the insurance company for Explanation of Benefits (EOB) for payment posting.
* Making necessary corrections to the claim based on inputs from the insurance company.
* Analyzing Claims which is processed & applied towards Offset & recoupment & if in Timeframe, Calling & sending Claims back for review.
* Analyzing Claims if adjustments Taken Correctly or Posted Incorrectly.
* Following up on 1st & 2nd Lvl Appeals.

**PREPARING APPEALS, FAXING & PLACING IN CLIENT FOLDER**

* Preparing Appeals Depends on scenario & faxing right away if we have fax# once prepared.
* Preparing Appeals with contract rates, highlighting to the payor that they processed the claim incorrectly as per Contract we should get paid Expected amt.
* Preparing Appeals if Payor is Asking for Complete MR or Emergency Records, or Test Results or Doctors Notes depends on Scenario what Payor is Denying claim for.
* Preparing Appeals with POTFL if claims are denied as Past Timely Filing limit.
* Preparing Appeals with Additional Info, as sometimes Payor deny claims for multiple reasons like Missing NDC or Dt of Occurrence, so Need to appeal with Proof we have.
* Preparing Appeals & Placing Packages in Client Folder which need to be mailed.
* Also Faxing claims along with MR in case of Workers comp.
* Also Faxing the info which we need for claims or Appeals Status as Some Workers Comp or other payor Don’t provide over the Call.

**Work Experience, Harmony Medsolutions:**

* Analyses insurance coverage and benefits for service to ensure timely reimbursement.
* Obtains all prior authorizations as appropriate based on insurance plan contracts / guidelines
* Authorize all routine and medical office visits, procedures, lab requests, injections, etc.
* Authorize additional services required by physicians at the time of service
* Authorize new patient coverage before scheduled appointment.
* Adhere to all HIPAA rules and regulations at all times
* Accurately and timely process requests
* Manage correspondence with insurance companies, physicians, specialists and patients as required.

**Work Experience, GeBBS Healthcare Solutions:**

* Reviewing the work performed by AR Analysts and documenting any quality issues.
* Reviewing call quality issues on various parameters such as conversational skills, claims resolution, and voice quality.
* Reviewing the work performed by AR Analysts and documenting any quality issues.
* Reviewing call quality issues on various parameters such as conversational skills, claims resolution, and voice quality.
* Conduction Daily QAT & Fact Sessions in the presence of TL's & sharing the MOM on the very same day.
* Sharing Daily Audit Report & Closing(Rebuttals, if any) on the Very same day.
* Attend Every Client Call & Cascade all New updates to the Team.
* Providing feedback and working with the training team to provide remedial training.
* Being in the center of ethical behavior and never on the sidelines.
* Identifying process gaps by analyzing Weekly Audit reports & based on parameter & Scenarios help Associates to hit numbers along with Quality.
* Excellent team motivator & Compliant with rules and regulations.
* Coordinating with clients and closing open issues, where if Agent comes up with the new Scenarios within Process or from Payors.Participating in maintaining our Quality Management System.
* Providing feedback and working with the training team to provide remedial training.

**TECHNICAL QUALIFICATION:**

* Fundamentals of computer.
* MS-Office
* Internet Operations
* Computer Assembling & Windows installation.
* Good knowledge of Computer Hardware(gpu,cpu,ram etc)

**STRENGTHS:**

* Effective strength in oral and written communication skills.
* Believing in self and Co-operative.
* Positive thinker.

**PERSONAL PROFILE:**

Name : **MIR RASHED ALl**

# Date of Birth : 29-11-1989

Nationality : Indian

Gender : Male

Father’s Name : Mir Zahed Ali

Marital Status : Married

Language Known : English, Hindi & Urdu

**DECLARATION:**

# Sir / Madam,

I do hereby declare that the above mentioned particulars are true to the best of my knowledge and belief.

## Place: Hyderabad

Date: **(MIR RASHED ALI)**