

VISHWAS S

Experienced RCM Billing| Claims| Appeals and grievance

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Summary

Dedicated and detail-oriented Sr. Revenue Analyst with experience in medical billing, claims, and appeals. Proficient in payment posting, insurance follow-up, and ensuring accurate and timely charge closures. Strong background in analyzing EOB information and resolving unpaid claims efficiently. Committed to meeting production standards and maintaining quality in compliance with HIPAA and CMS guidelines. Enthusiastic about contributing to a team that aligns with your mission in the medical billing industry.

Experience

Greenway Health

Bangalore, KA, India

Sr. Revenue analyst 2

2022 - Present

Medical billing RCM Insurance follow-up Charge/Payment posting

- Oversaw daily agenda planning and task allocation for 5 team members, ensuring efficient workflow
- Processed and reconciled incoming payments, handling over \$15 million annually
- Successfully submitted 15k per month insurance claims, maximizing revenue retrieval
- Analyzed 10K EOB'S annually to verify accurate patient balances, improving financial integrity
- Reduced unpaid claims by 15% through diligent insurance follow-ups
- Participated in daily weekly and monthly training and meetings enhancing team collaboration and performance

Carelon Global Solutions

Bangalore, KA, India

Sr claim processor

2018 - 2022

Processing CMS-1500 UB-04 in-network out of network and denied claims

- Ensured accuracy and compliance for 5K+ patient referrals monthly by verifying insurance and benefits
- Improved provider relations by communicating claim statuses and information requirements for 50K+ claims
- Adjudicated 100+ claims and adjustments, ensuring timely and accurate processing
- Maintained strict adherence to PHI HIPAA and CMS guidelines safeguarding patient information integrity
- Achieved department quality and production standards, exceeding targets by 100% by optimizing processes

XLHealth

Bangalore, KA, India

Appeals and grievance Rep

2015 - 2018

Closing 100 appeals and grievance complaints daily

- Reviewed 20K+ scanned documents from providers, ensuring accuracy and compliance
- Resolved 25K+ written/verbal grievances, complaints, appeals, and disputes, improving member and provider satisfaction
- Achieved 120% of departmental production standards by streamlining document review processes

Education

Government science college

GSC, KA, India

Bachelor's of Science in Chemistry

2009 - 2012

Oxford college of science

Oxford college , KA, India

Master's of Science in Biochemistry (incomplete)

2012 - 2014

Languages

English Advanced ●●●●●

Skills

Analytical skills & Communication • Effective time management • Team player • leadership • Medical billing software • Medicaid • Medicare • Prior Authorization • Medical Records

Certification

Basics of medical billing and coding — Alison

Workplace Leadership and Management Skills — Alison