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| **Mathew** **Mathew.371971@2freemail.com** |  |
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**OBJECTIVE**

As a dedicated Professional in the BPO Industry, I aim to develop my career in the field of Operations, utilizing my expertise gained over the last 16+ years. I would also want to be a part of an organization that provides opportunity for learning, growth, developing skills and to face new challenges to prove myself as a potential human capital.

**EDUCATIONAL DETAILS**

* Bachelor of Commerce (1997 – 2000), through correspondence from “**Madras University**”.
* HSc (+2), year of 1997
* SSLC, year of completion 1994
* HDSA – Higher diploma in software application, Aptech Adyar, Chennai

**SOFTWARE SKILLS**

* Well-versed in Microsoft Office. Have worked extensively in Microsoft Excel, Microsoft

Word, Microsoft PowerPoint, and MS Visio

**WORK EXPERIENCE**

* **Team Lead, Cognizant Technology Solutions India Private Limited** – from 6th Sep’16 till date
* **HC & Insurance Ops Supervisor (People Manager), Dell International Services -** from Jan 2011 till 2nd Sep’16
* **Team Lead, Perot Systems -** from November 2006 till December 2010
* **Group Coordinator, Perot Systems -** from May 2006 till October 2006
* **Financial Transaction Executive, Perot Systems -** from May 2004 till April 2006
* **Data Entry Operator –** **Vision Health Source -** from March 2003 till April 2004
* **Billing Document Specialist –** **Vision Health Source -** from January 2001 till February 2003
* **Have around 2 years of experience in the field of Sales & Marketing (in Companies like PEPSI CO (C&FA), and Vivek & Co (16th Mar’00 – 31st Dec’00) from 1999 to 2000 December, on a contract basis.**

**ROLES AND RESPONSIBILITY**

**Designation Held in “Cognizant Technology Solutions” - Team Leader Ops** from 6th Sep’16

**Objective**: To handle the team efficiently and effectively. The team implement and set-up a project for payers & providers in Clearing House

* + Payer (Claims & ERA) Implementation
	+ Submittor (provider) Implementation
	+ Real Time Monitoring
	+ CD Monitoring

**AS IS Process:**

* + Implementing Payers and Submitters in clearing house
	+ Converting existing Payers/Submitters from ANSI 4010 to ANSI 5010 format
	+ In line with compliance and information security policy, creating user login credentials with highly secured password and security Q&A
	+ Doing regular Quality and Information security management system to make sure all the appropriate security systems are in place and adhered without any gap
	+ Validating claims and reports, highlighting rejection reason with resolution
	+ Testing elements in testing platform for Payer and Submitter to deliver claims and to receive reports
	+ To prevent and protect the PHI, we transmit the files with encrypted PGP keys and via hosted secured FTP
	+ Creating service request tickets to mimic the test environment into Production environment
	+ Monitoring production environment for 30 days, post confirmation signoff from payer

**Designations Held in “Dell International Services”**

* + HC & Insurance Ops Supervisor (People Manager) from January 2011 till 2nd Sep’16

**HC & Insurance Ops Supervisor (People Manager):**

**Objective*:*** To handle the team efficiently and effectively.

1. Managing all verticals of the Revenue Cycle Management business
2. Focus on employee training and development, prepare and implement developmental plans
3. Ensure minimal staff attrition and high levels of engagement
4. Ensure the team is aware of the combined end goals and establish operation objective to meet the client deliverables
5. Optimizing resource utilization
6. Ensure TAT is met within the Service Levels guaranteed
7. Set Targets for team leads and processors
8. Timely Client communication (regular emails / MBR / QBR)
9. Monitor the quality and provide feedback to team leaders and processors regularly
10. Co-ordinate and closely work with the Quality Team to effectively implement the CQIP action items
11. Maintain process documents and ensure regular updates
12. Ensure all updates from client are recorded
13. Ensure individual associates performance
14. To schedule resources according to customer estimates to deliver the SLAs and to dynamically adjust the resources whenever necessary to maintain the SLAs
15. To constantly evaluate and adopt measures to improve service levels to meet changing business and customer requirements
16. Completes and approves employee time records. Reviews and approves time-off requests and coordinates coverage of staff
17. Responsible for training a “backup TL” in all areas to manage the team during my absence / TL absence

**INFORMATION SECURITY**

* Audited systems based on security standards
* Collaborated in teams of technical and non-technical experts
* Conducted IT-Security standards/compliance assessments
* Developed detailed recommendations for mitigating findings and process improvement projects
* Documented results and presented findings to technical staff and management alike
* Ensured compliance of Information Technology Security Policies and utilized vulnerability tools
* Identified and recommended solutions for various risks and security issues
* Presented and explained company's approach and methodology of security standards/compliance assessments and technical risk assessments to potential customers
* Provided expertise on IT-Security policies and guidelines, best practice approaches and solutions for compliance
* Validated and tracked security breach
* Worked with customers to determine their need for expert support in IT-Security, including applicability of standards, laws, and regulations to existing and future solutions

**ACHIEVEMENTS**

* Received a certificate from US Medicare (NMC) team on successfully completing the one time backlog process. Later based on the quality and TAT, Medicare team offered more projects on a regular basis, year 2008
* Played a major role in successfully transitioninga project from the On-Shore team in US
* Initiated various atomization and process enhancements during and after the transition, year 2009 - 2011
* Handled a Team sized to a maximum of 61 associates
* Successfully completed a Six Sigma Projects on, year 2012
	+ Denial Management & Documentation that helped the Team in negating Customer Complaints and bringing down the external and internal error rate,
	+ Lean Project:
* Payment auto posting, automating payment posting for few insurances with the help of OCR tool
	+ - Utilization Improvement – Cross training the team across all file types, which resulted in 09 FTE savings, $37,800 savings to company.
		- Remittance automation, automating the remittance payments, which resulted in 04 FTE savings, $19,600 savings to company.
		- With all the above three projects, a productivity improvement resulted from 116% to 121.55%
* Successfully completed a Lean Projects on, year 2015
	+ Automating the check download process from gateway portal onto the client application with zero manual intervention, which resulted in 25% increase Productivity Improvement, $13,500 and 2 FTE savings
	+ As a value add to client, cleared all outstanding RCM – Paid not posted claims, since 2013 till 2015, which resulted in $200,000
	+ Since the front end resolution % is very less, also due to lack to process instructions, initiated bi-weekly call and regular calls with client resulted in 31% increase from 61% to 100% in three months’ time
	+ Additionally, have done several KAIZEN projects which resulted in 2 FTE savings for 2015
* Have been recognized and awarded as
	+ “Attrition Speaker” for maintaining zero percentage attrition during the year 2010-2011
	+ “Bronze Award” implementing the above three lean projects that resulted in cost savings and PI improvement for the year 2012
	+ “Rock Star”, for maintaining above 92% survey result for the consecutive two years

**PROJECTS INFORMATION**

* From January 2011 to till 2nd Sep’16, handled multiple insurance projects, which consisted of 53 members, where the team has:
	+ Demo Entry (New & Established Patient)
	+ Charge Entry
	+ Cash posting
	+ Tape posting (exceptions alone)
	+ Denial posting
	+ Analyzing credit balance and requesting refunds
	+ Revenue Cycle Management
* From March 2009 to December 2010, I was selected as the project lead for recruitment and training for the transitioning of selected processes (credit balance), which consisted of 63 members, where the team has:
	+ Cash posting
	+ Denial posting
	+ Analyzing credit balance, requesting refunds and approving patient refunds which has a balance less than $500.00
* From September 2006 to February 2009, handled a hospital project, which consisted of more than 60 members, where the team has:
	+ Analyzing credit balance, requesting refunds
* From March 2003 to August 2006, handled an Insurance project, which consisted of 42 members, where the team has:
	+ Cash posting
	+ Tape posting (exception alone)
	+ Denial posting
* From January 2001 to February 2003, worked as BDMS (Billing Document Management Specialist)in network team.
	+ Download files from Client FTP
	+ Upload the files across all clients
	+ Tape Backup for all process
	+ Help desk requirements

**PERSONAL DETAILS**

**Sex :** Male

**Date of Birth :** 28th December 1978

**Nationality** : Indian

**GIST TO CONCLUDE**

* 16+ years of experience in the BPO Industry, Healthcare process
* Successful transition of a Process from the on-shore team.
* A person with voracious appetite to learn and to share knowledge.
* Utilize expertise knowledge acquired in attaining defined objective
* Ability to work under minimum supervision and demonstrate strong initiative
* Proficiency with billing and administration functions for practice management software systems.
* Proficiency with Microsoft Office Suite, including Word and Excel.
* Friendly with upbeat attitude and work effectively with diverse group of people. Have been recognized Tell Dell “Rock Star” (global people survey) for scoring 95% above for consecutive three years
* Provide staff members with positive reinforcement and motivate them to do their best.