



MOHAMMED ASHFAQ ALI

Process Analyst

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mdashfaqali966@gmail.com

EDUCATION

Bachelor of Commerce

Osmania University
2013 - 2016

Intermediate

St. John's Jr College
2011 - 2013

SSC

Mother Meera High School
2011

EXPERTISE

- Process flows
- Adaptability
- Negotiation
- Microsoft Excel
- Communication Skills
- Team building
- Data Analysis

PROFILE

Accomplished Process Analyst with a proven track record at Solugenix India Pvt Ltd., excelling in cross-functional coordination and data analysis.

Demonstrated adaptability and problem-solving aptitude, significantly enhancing process flows and SLA accomplishment. Expert in Microsoft Excel, adept at leading teams to achieve operational excellence without exceeding a single numerical percentage in achievements.

WORK EXPERIENCE

Solugenix India Pvt. Ltd

May 2024 - Present

Process Analyst

- **Order Management:** Efficiently processed orders, quotes, requests, and issues received via phone and email, ensuring timely and accurate service to healthcare business clients regarding Steralization Products.
- **Payment and Invoice Processing:** Managed all payment transactions and invoice processing within the department, maintaining accuracy and adherence to financial protocols.
- **Account Creation and Billing Setup:** Created new accounts and set up billing structures in SAP for clients, ensuring smooth integration and seamless financial operations.
- **Back Order Management:** Addressed and resolved back orders and backdated invoices, collaborating with team members to clear outstanding issues and maintain client satisfaction.
- **Payment Denials and Escalations:** Handled payment denials and escalations, ensuring resolution while complying with HIPAA and FDA regulations
- **Claims Management:** Processed, reviewed, and submitted claims related to Botox injections, ensuring adherence to payer guidelines and accuracy in documentation.

AWARDS

- Spot New Hire
- Quality Appreciation
- Initiating workflow

LANGUAGE

- English
- Hindi
- Urdu

Fortrea

Sep 2023 – May 2024

Program Specialist

- **Claims Management:** Processed, reviewed, and submitted claims related to Botox injections, ensuring adherence to payer guidelines and accuracy in documentation.
- **Denial Resolution:** Analyzed denial reasons, communicated with insurance providers, and implemented corrective actions to resolve denials and ensure timely reimbursement.
- **Documentation Compliance:** Ensured all claims and appeal submissions were compliant with healthcare regulations, including HIPAA and FDA requirements, maintaining up-to-date and accurate records.
- **Provider Communication:** Acted as a liaison between healthcare providers and insurance companies to address and resolve claim issues, facilitating clear and effective communication.
- **Appeals Handling:** Prepared and submitted appeal documentation for denied claims, following up with insurance companies to track the status and outcome of appeals.
- **Revenue Cycle Optimization:** Collaborated with the billing team to identify trends in denials and implement strategies to reduce future claim rejections, enhancing overall revenue cycle efficiency.

RIRCM

Sep 2022 – Apr 2023

Senior Analyst

- **Claims Processing:** Accurately handled claims related to backdated transactions, ensuring that all relevant documentation and data were complete and accurate.
- **Payment Posting:** Managed the posting of payments to the appropriate accounts, ensuring timely and accurate allocation of funds to maintain financial accuracy.
- **Backdate Management:** Oversaw the handling of backdated claims to ensure compliance with organizational policies and payer requirements, rectifying any discrepancies effectively.
- **Accounts Reconciliation:** Conducted regular reconciliation of accounts to ensure that all transactions were recorded correctly and any discrepancies were identified and resolved promptly.
- **Denial Management:** Identified and addressed reasons for claim denials, working to resolve issues and resubmit claims as needed to secure reimbursement.
- **Reporting and Analysis:** Generated and analyzed reports on claim statuses, payment postings, and backdated transactions to provide insights and support decision-making processes.

STRENGTHS

- Critical Thinking
- Strong Work Ethic
- Time Management
- Self Confidence

SOFTWARES

- SAP
- Sales Force
- MS-Excel
- APEX
- Quantum
- Office 365
- ADP

MEDIC SOLUTIONS

Senior AR Caller

Oct 2020 - Jun 2022

- **Eligibility Verification:** Conduct thorough verification of patient eligibility for healthcare services, ensuring accurate determination of coverage and benefits.
- **Data Entry:** Accurately input and maintain patient eligibility information in the system, ensuring up-to-date records for easy retrieval and reference.
- **Communication:** Coordinate with insurance providers, patients, and healthcare providers to gather necessary information and clarify eligibility status.
- **Problem Resolution:** Address and resolve any discrepancies or issues related to patient eligibility, ensuring a smooth process for service delivery.
- **Documentation:** Maintain comprehensive documentation of eligibility checks and outcomes, adhering to compliance and privacy regulations.
- **Policy Adherence:** Ensure all processes comply with relevant healthcare regulations, including HIPAA, and stay updated with changes in insurance policies and procedures.
- **Payer Information Management:** Update and maintain accurate payer information in the system, ensuring seamless transitions for patient billing and claims processing.

Hinduja Global Solutions

Process Associate

Aug 2018 - Sep 2019

- **Authorization Request Management:** Efficiently process and manage authorization requests for healthcare services, ensuring all required information is accurately gathered and submitted.
- **Claims Handling:** Review, process, and manage claims related to authorizations, ensuring compliance with payer requirements and accurate documentation.
- **Denial Management:** Analyze and address denial reasons, communicate with insurance providers, and implement corrective actions to resolve denials and secure reimbursement.
- **Communication:** Handle inbound and outbound communication through both voice (phone) and email channels, providing clear and professional responses to inquiries from patients, healthcare providers, and insurance companies.
- **Documentation:** Maintain comprehensive records of authorization requests, claims, and denials, ensuring all documentation is complete, accurate, and compliant with HIPAA and other relevant regulations.
- **Follow-Up:** Perform regular follow-ups on pending authorization requests and denied claims, ensuring timely resolution and updating stakeholders on the status.