JIMMAR M. VICTORIOSO

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OBJECTIVE

To work for an organization that will allow me to develop professionally and allow me to improve my abilities and skills in order to contribute to the accomplishment of the purpose and vision of the business.

EXPERIENCE

July 2022 - Present
HR Shared Services Assistant Manager, Wipro Philippines Inc.

May 2017 – July 2022
HR Shared Services Lead

- Single Point of Contact for Philippine location.
- Responsible for the daily management of a Background Screening team that provides operations support and services to internal and external stakeholders in accordance with the architecture and procedures of Wipro.
- Provide evaluative judgement based on analysis of information and in-depth knowledge of policies and procedures in complicated and unique situations.
- Perform End-to End Background Screening Coordination activities for all bands level employees.
- Adherence and Compliance to the Global Background Screening Policy.
- Ensure compliance with government regulations as they pertain to Background Screening through the evaluation and implementation and appropriate control and testing measures.
- Building strong compliance culture and adherence to the defined process and guidelines during case management.
- Case management, Investigation, and resolution for all the cases/non-compliances raised for / against the employees.

EDUCATION

University of the Visayas – Gullas Medical Center

Mandaue City

Cebu

KEY SKILLS

- BACKGROUND SCREENING
- ONBOARDING
- COMPLIANCE
- EMPLOYEE RELATION
- CASE MANAGEMENT
- PROJECT MANAGEMENT
- VENDOR MANAGEMENT
- PROJECT DELIVERY
- SERVICE DELIVERY
- TEAM LEADERSHIP
- BUSINESS PROCESS IMPROVEMENT
- INSURANCE – CLAIMS MANAGEMENT

- Review case details, check policy, establish course of action and discuss approach with the employee, facilitate resolution.
- Communicate with Ops Managers or Training Leads to discuss on how to clear discrepancies that are found during verification on their existing hires.
- Facilitate call to Managers or Training Leads to discuss on how to clear discrepancies that are found during verification on their existing hires.

August 2011–May 2017
Report Specialist, CIBI Information Inc.

- Performs higher level of pre-screening of subject's profile and applications; ensures directly with subject on their submission of pending requirements to proceed with the process and to complete the report.
- Performs actual checking and verification on subject's information when necessary; matches data, performs external and internal (i.e., CIBI database) employment verification and / or conducts actual interviews to verify data.
- Conducts monthly compliance and business review meeting with the client.
- Utilize data to identity trends and opportunities for improvement.
- Analyze trends, data, notes, root cause analysis etc.
- Perform Quality Assurance (QA) on reporting analysis performed by other reporting groups as needed (including clients).

April 2010–August 2011
Project Coordinator / Team Leader / Claims Processor Analyst
CIBI Information Inc.

- Manages all communications with clients and related concerns.
- Submit daily, weekly, and monthly reports to monitor the performance of the report.
- Gather issues and concern with claims processing and scanning.
- Communicates with IT Team regarding issues and concerns during process client claims.
- In-charge / resolves or analyzes unprocessed claims processing which were tag as pending due to issues encountered.
- Conduct training if there's new hired for claims processors.
- Process and approve claims if necessary.

- Process claims adjudication (evaluating and processing claims – Professional fee and Hospital Bill claims).
- Maintain working relationships with the team.

December 2008–April 2010
Claims Processor Analyst, Maxicare Healthcare Corporation

- Process claims adjudication (Professional Fee and Hospital Bill Claims.
- Verification (verify claims, enrollment, and benefit forms)
- Respond to inquiries and resolve pertaining to specific claim issues.
- Take responsibility of payment of all claims in compliance with rules.
- Assist staff in processing complicated claims.

REFERENCES

Available upon request