graceraj413@yahoo.com



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|  |  | Dr. Renju |
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| **June 2010 - Aug 2010**  **Medical Officer - Reimbursement Department • NAS Administration Services L.L.C, U.A.E**  • Rendered comprehensive, systematic medical claims adjudication adhering to stipulated turnaround time and member eligibility.  • Affected payments to the members in various currencies for/and on behalf of the respective payers.  • Dealt with a vast repertoire of international clients and queries.  • Provided member guidance and assistance on coverage/network providers/explanation of benefits.  • Reconciliation with various providers.  • Proposed VIP service to royal members identified as such by insurers/self-informed groups.  Nov 2010–Oct 2012  **Medical Consultant - Medical Preauthorization • TPA Dubai**  **•** Medical management, which included pre-authorization, case management and utilization review.  • Worked towards issuing in-patient/out-patient/pharmacy authorizations/denials and verbal approvals to providers in accordance with policy terms and conditions based on medical and technical grounds.  • Arranged second opinions for case management with reputed specialists when beneficial.  • Emails to clients which included both local and international self-insured groups and insurance companies.  • Efficiently addressed member and provider queries.  Mar 2013–Feb 2015  **Insurance Co-ordinator • Belhoul European Hospital**  **•** Supervised and guided the performance of Belhoul European Hospital LLC -Insurance Department and managed a team consisting of 5 medical staff.  •  • Dealt with management & provider network staff of more than 40 international & local payers.  • Instrumental in smooth rolling out of the e-claim mandate and transition from the manual claims submission to mandatory e-claims submission on the DHPO.  • Assisted with formulation of payer specific CPT coded pricelists as per standard coding guidelines for more than 25 insurers in the market.  • Directed the negotiation & enlisting of new / unlisted services to tariff at competitive rates with 40+ insurers / payers.  • Implemented new strategies and guideline manuals thereby reducing the backlog of e-claim resubmission on DHPO and TAT reduction from one month to one week.  • Arranged for regular staff and in-house doctors’ training / seminars on insurance operations protocols / e-claim updates /claims submission, resubmission, and reconciliation procedures to ensure efficient daily operations.  • Comprehensive understanding of hospital and physician financial and operational issues.  • Utilized appropriate technology to achieve quality, cost containment, and network access.  • Performed research analysis and prepared data analysis reports relating to hospital departments or insurance companies.  • Addressed and settled pre-authorization disputes between treating physicians and payers, attended to patient / insurer queries and complaints as per JCIA complaint redressal mechanism.  • Worked as a member of the Quality Improvement Committee with active involvement in the JCIA Accreditation process and improved the processes of the Insurance Department.  May 2015–Dec 2018  **Medical Reviewer • Mednet Global Healthcare Solutions**  • Retrospective e-claims evaluation of network outpatient and in-patient claims.  • Consistent delivery of daily output target for both retrospective e-claims and paper claims while maintaining a minimum e-claim denial rate of 18-20%.  • Identifying abusive provider trends and reporting the same.  Proven improvement in RCM through successful completion of e-claims backlog clearance and reduction of e-claims resubmission TAT to ideal TAT.  • Self-disciplined team player and flexible at work.  • Open for night shifts remotely.  Jan 2019 – Sep 2019  **Medical Auditor • Medical Investigation Unit • Mednet Global Healthcare Solutions**  • Conducted external Providers’ audit.  • Assessed the utilization trends of healthcare providers to report fraud and abuse. • Examined the medical record of members to assess any discrepancy in the providers’ billing of services.  • Validated medical necessity of services performed. • Investigated suspected member misuse and abuse.  • Prepared the final audit report following the investigation; communicated the audit findings and perform the corrective adjustments/actions like claw back/suspension from network etc. • Followed-up on the recovery process related to the audited claims.  • Followed up on reconciliations before settlement to payers.  **Education**  MBBS, Dr. SMCSI Medical College, Kerala  CPC-A  Associate of Insurance Studies, Insurance Institute of India Summary • Solid professional experience of 9 years in the U.A.E medical insurance sector.  **Leadership**  Managed Insurance Department at Belhoul European Hospital Dubai.  **References**  Can be furnished upon request. |
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