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, KeralaCPC-A Associate of Insurance Studies, Insurance Institute of IndiaSummary• 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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