# Objectives

I want to be a part of an organization that recognizes my talent and allows me to utilize my knowledge and experience for fulfillment of organizational goals.

# Experience

**SHIEKH KHALIFA GENERAL HOSPITAL,** Umm Al Quwain, UAE

May 4th 2014-May 16th 2017

Deputy Manager Revenue Cycle

* Responsible for maximizing the collection of medical services payments and reimbursements from patients, insurance carriers, financial aid and guarantors.
* Responsible for insurance eligibility processes, charge processing, claim submission and

processing, payment processing, collections and accounts receivable management, denial

management, reporting of results and analysis, concurrent and retrospective auditing, proper coding, credentialing, insurance contract review and oversight, customer services relative to revenue cycle, training and development relative to revenue cycle, analytics, and all other revenue cycle management activities.

* Management oversight of all business related functions of the patient visit from point of entry to accurate adjudication of the patients’ accounts.
* Specific areas of responsibility include Revenue Cycle Training, Credentialing Registration,

Claims Management, Billing, Collections, Patient Insurance, Data Processing, Integrity of Patient

Accounts, Accounts Receivable Management, practice management system file maintenance, and third party revenue cycle vendors.

* Responsible for provider reimbursement programs, policies, and strategies to ensure unit cost controls meet or exceed corporate objectives for medical cost containment.
* Analyzed claims, utilization, and medical cost data.
* Developed strategic, cost effective programs, and makes system or network changes to enhance competitive position.
* Monitored aged accounts and verifies appropriate collections procedures are being followed.
* Managed revenue cycle projects at the Practice level, such as audits and budgets.
* Regularly provides upper management with revenue cycle status including reports, metrics, and

Presentations.

* Developed, monitored and assessed business metrics in order to refine processes and improve efficiencies.
* Establishes internal goals and identifies external benchmarks.
* Managed and directed a full staff of 57 which included a Cashier Team, Admission Team, Insurance Team, Billing and Invoicing Team, and Social Affairs team.

CLEVELAND CLINIC OF ABU DHABI, UAE

July 15th 2012- January 27th 2014

Billing Manager

* Responsible for direct management of the Billing Department.
* Managed the daily start-up operations which included process development of billing functions, charge capture, development of the Charge Description Master, Policy and procedure development and system (EPIC) charging and data scheme.
* Responsible for collection, aging, establishing write-off standards and claim denial management.
* Conducted assessment with the project management department on patient billing and revenue collection system (EPIC) and (Lawson), to design and implement revenue cycle improvements.
* Developed and introduced plans, process, policies and procedures that would reduce bad debt and collection costs.
* Served as the project lead for implementation of financial statement information by education sessions to other administrative and clinical departments.
* Managed and reviewed all agreed operational procedures and established the objectives with my department.
* Wrote and produced the departmental manual.
* Managed and developed all aspects along with the project management office, the department design, improvements, enhancements and regulatory requirements for all billing system requirements for EPIC build.
* Established with the project management office, the guidelines and project schedules.
* Managed, trained and developed a staff of 23 direct reports including hiring, professional development and annual evaluations.

**SHEIKH KHALIFA MEDICAL CITY, Abu Dhabi, UAE**

5-22-2011-5-22-2012

Project Manager Consultant (Revenue Cycle Management)

This position was Temporary Contract

* Responsible for working closely with the Billing and Recovery Team developing both a submission and resubmission policy guidelines as specified in the HAAD Claims and Adjudication Rules.
* Developed both submission and resubmission Training Manual.
* Provided recommendation plan and assessment on all denial claims.
* Reduced the denial rate from 30% to 15% starting with the first quarter of the year 2012.
* Provided and developed opportunities to optimize revenue, improve cash flow and strengthen the hospitals financial position to benefit overall project success.
* Assisted IT to develop comprehensive reports of metrics as defined by the Director of Revenue Cycle. These reports were used to identify areas of claim denial process for increase recovery percentage.
* Assisted in establishing metrics for areas in which workflow improvements had been initiated.
* Provided analysis of prior state to current state, suggested continuous process improvements and enhancements for the work flow addressed. (Denial Management, Revenue Recovery, Submission and Resubmissions along with coding guidelines).
* Database management and reporting guidelines were established to ensure documents where complete, updated and stored properly.
* Created and executed project work plans and revising as appropriately to meet changing needs and requirements.
* Identified resources needed and assigned individuals responsibilities accordingly.
* Reduced denial rate for 2011 from 52% to 24% by focusing on Medical Necessity denials and educating physicians on using the correct CPT codes and Diagnosis codes.
* Worked with facility staff for on-site resolution-oriented billing and collections follow-up to achieve cash recovery and A/R goals.

**SEVEN HILLS BEHAVIORAL HOSPITAL**

1-6-2006-4-29-2011

Revenue Recovery Supervisor (Finance)

• Manage day-to-day activities of the Revenue Recovery Operation which audits daily

Submissions and re-submissions of claims, invoicing, denials and other billing criteria

. Worked closely with CFO, Patient Financial Services Director, other business office

supervisors and Finance department to achieve financial strength, good public relations, accounts receivable control and

information flow.

Reviewed and analyzed accounts receivable accounts and variance reports. Periodically

reviewed and reported the status of accounts receivable to the Director of Patient

Financial Service and CFO.

* Developed and implemented policies and procedures for financial the recovery and monitor of financial Transactions resulting in standardized reports.
* Ensured data accuracy accountability for divisional financial performance, charging methodologies and capture, and revenue enhancement.
* Supervised, monitored and managed front-end department billing production workflow along with the denial management and recovery section.
* Coordinated efforts across all departments to decrease billing errors and increase revenue, I worked closely with the Billing and Collections Manager to determine opportunities for growth.
* Provided support to the Billing and Collections Manger in managing the quality of developed policies and standards and provided my input on regulatory policy.
* Reviewed policies and standards that where developed by staff for accuracy and creditability regarding the subject matter.
* Focused on process improvements in accordance with policy standards.

**Griffin Hospital**

4-9-1990 – 5-30-2005

Senior Billing Manager

* Responsible for collections, aging, establishing write-off standards and claims denial.
* Provided instruction, leadership and supervision for a team of 20 employees.
* Handled financial analysis and reporting of billing revenue cycle and practice operations.
* Monitored revenue against benchmark front-end metrics and accounts receivable targets.
* Resolved budget variances.
* Wrote policies and procedures for billing, collections and posting.
* Trained physicians and administration staff to ensure compliance on correct coding and

Documentation.

* Resolved coding issues for clinical and financial staff.
* Maintained quality levels by conducting random charge/coding audits and work with

Staff to resolve issues.

* Worked with payers to ensure all claims were processed and received by the insurance
* Companies in a timely manner. Reduced denials from 39% to 15% in a 6 month period.
* Analyzed the top denials for each insurance company and identified solutions to increase

Cash and A/R days.

# Education

High School Diploma-Graduated June 6th 1974

MTI Business College-Graduated April 10th 1978-Business and General Accounting

Merritt College-Graduated 2 year Degree June 19th 1982-AA Business Administration

Golden Gate University-Graduated 4 year degree December 19th 1985 ⦁ BA Law

Golden Gate University-Graduated 4 year Degree December 15th 1990-MA Business

Administration in Finance

MTI Business College-Graduated June 6th 1996-BA in Accounting and Business

Applied Applications in Finance

# Communication

SKILLS

* Medical Billing, Collections Management, Denial Management
* Claims Submission and Re-submission Management
* Customer Service and Patient First Skills
* Medical Terminology-CPT, HCPCS, ICD-10, Coding Rules and guidelines
* Billing Adjudication
* Claims Data and Data Scheme
* HAAD Policies and Mandates
* HAAD Adjudication
* DHA Billing Regulations
* PC and Application Skills: Microsoft Office, SharePoint, Microsoft Office Suite 2010 and 2013
* Microsoft Word, Excel, PowerPoint, Publisher, OneNote and Outlook
* Knowledge of Adobe Acrobat (PDF)
* IT EMR/HMR: Meditech, Cerner and Cerner Mellimium, EPIC
* Excellent Communication and Verbal skills
* Excellent English Language, Understand some Arabic
* Able to work independently
* Adaptable to all working environments
* Strong decision-making skills and problem solving skills
* Willingness to learn new areas and develop what is learned
* Strong Leadership skills

**Salary, Travel and Relocation**

Salary Requirements Range: 135,000-244,000 US yearly

Travel: No restrictions on Travel-Passport current until 2025

Current Resident Visa-3 years UAE

Relocation: No Problem