

Dr. Mohith

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Synopsis: 14 years in Medical and Health Insurance sector. Customer focused individual with willingness to explore and take up challenges. Adept at claims management, cost containment, loss analysis and forecasting.

Academic qualification:

* Post Graduate in Health Services & Hospital Management - London South Bank University, 2005.
* General Medicine (MD) - Odessa State Medical University, 2001.

Certification & Trainings:

* Dale Carnegie, Power of communication 2013
* Dale Carnegie, Customer Care Excellence 2013
* CPC Training 2013 – yet to complete.
* Time Management and Multitasking 2011
* Dr. Edward De Bono’s Direct Attention Thinking Tool 2010
* Health Insurance Training by HANOVER Re 2010
* Delighting your customer 2009
* NEBOSH, International General Certificate 2008
* Six Sigma, Green Belt Certification 2006

Work experience:

Manager Claims/Approvals @ AXA-Green Crescent Insurance Company PSJC, Dubai (2013 till date)

Job profile includes but not limited to:

* Supervise overall (TPA) claims process and functions to provide exceptional service to insured members.
* Oversee Direct billing pre-authorization activities and requests in coordination with claims team.
* Oversee reimbursement claims process and settlement.
* Analyze loss ratios and assist underwriting team in risk analysis.
* Maintain healthy Client/brokers/provider relations.
* Maintain Operational Excellence via team members in medical department
* Liaise and solve disputes effectively with TPAs/Brokers/Clients/Reinsurers.
* Audit Direct billing claims before payment processing.
* Solve medical coding disputes (up coding and unbundling).
* Effective reconciliation & claims settlement to provider within the TAT.
* Weekly reporting to Head of Operations
* Travel Health Management & timely assistance to control cost.
* Chronic medication program management.
* Complaints handling and visits to health authorities.
* Fraud & abuse management.
* Provider onsite visits on disputed/high costing cases.
* Maintain confidentiality, quality; analyze and improve workflow.
* Integration Project Lead.
* Prepare Claim department Procedure and Workflow manuals.

Achievements: On a Weekly basis, up to 35% cost savings from the Direct-billing Pre-authorization requests; and an average of up to 25% errors recorded/reported from daily claims audit.

Claims Manager Life & Medical @ Guardian Insurance Brokers, Abu Dhabi (2011 to 2013)

* Manage/monitor claims cycle (Claim evaluation, Follow up, settlement, resubmission & TAT)
* Maintain Client/Provider Relationship (regular presentation/visits to ensure after sales satisfaction).
* Solve disputes effectively with local and international insurance companies.
* Attend queries within 24hrs time frame.
* Provide valuable input and suggestions to CEO and Unit Head on overall operations of medical department.
* Effective re-conciliation of denied and unapproved claims.
* Extensive support & advice to member in obtaining Pre-authorization.
* Negotiate commercially important cases with insurance providers for ex-gratia settlement.
* Analyze/solve technical and service delivery problems.
* Ensure Quality & satisfaction in Service delivery.
* Monitor team performance & documentation.
* Quality Audit of service providers.
* Bridging of new business in co-ordination with sales team.
* Enable smooth renewals of existing portfolios by efficiently managing claims/denials.

Achievements: Up to 68% of resubmitted claims effectively reimbursed for the year 2012.

Assistant Manager Medical Claims @ Oman Insurance Company PSC (2009 to 2011)

* Oversee the operational activities of direct billing department.
* Costs containment /Uncompromised Quality/Smooth and uninterrupted workflow/Customer satisfaction.
* Second audit of Direct-billing, Reimbursement claims & effective reconciliations, within the KPIs.
* High cost/suspicious cases presentation at weekly team meetings.
* Claims Quality & Quantity analysis of each processor; recommend solution to improve & achieve targets.
* Fraud and Abuse management.
* Induction and software training for newly joined processor/medical officers.
* Timely addressing, managing and escalating issues to higher management.
* Negotiate volume discounts on high costing claims/procedures.
* Analyze Claim utilization report & closely work with medical underwriting team in areas to generate profits.
* Obtain second opinion with network and non-network providers.
* Manage claims flow distribution and motivate team to meet deadlines.
* Support members with prior approval and encourage them to access network providers.
* Maintain client confidentiality.
* Team building and performance monitoring with six sigma tools.
* Strictly maintain and follow company guidelines & standards.
* Work towards continuous improvement in quality.

Achievements: Set new quantity and quality parameter in reimbursement claims audit by increasing the number of claims audited per day from 75 to 200; at the same time reducing reimbursement reconciliations.

Health Counselor @ VLCC International LLC (2007 to 2009)

* Oversee team performance and manage revenue by converting walk-ins to buyers.
* Prepare extensive reports for senior management (Executive committee meeting)
* Maintain detailed knowledge of the company's products and services.
* Liaise with customers (which may include actual selling).
* Counseling clients on health and obesity related issues.
* Set up monthly targets for each employee; allocate areas to sales executives.
* Identify new business opportunities and development of marketing strategies.
* Attend to staff requests and needs, channeling them to pertinent people if necessary.
* Ensure safe work practice/environment and culture.
* Ensure service delivery meets the quality standards
* Handle client complaints and ensure improvisation.
* Supervise, motivate and train sales team.
* Identify and improve productivity of underutilized areas.
* Liaise with other line managers on ideas to improve sales.

Achievements: Joined, as Health Counselor- Proved consistency & achieved 30-38% over the set targets of AED 80,000 per month resulting in “Highest performer” awards for 4 consecutive months.

General Practitioner @ R.P Hospital, Kerala (2002 to 2004) & (2005 to 2006)

* Accountable for day-to-day management of medical inpatients and outpatient cases.
* Assessment/management of emergency cases in coordination with the senior practitioner and follow-up of all patients.
* Timely rounds and referrals of complex cases to higher facility.
* Monitor accuracy and timeliness of medical reports.
* Oversee administration of Outpatient department.
* Assist in developing services for patient health and welfare activities.
* Coordinate with management on budget planning and establishing rates for hospital services.
* Assist in developing policies and procedures for various hospital activities.

One year Internship @ District Hospital, Kollam, Kerala (2001 to 2002)

Computer skills: MS Word, Excel & PowerPoint.

Personal details:

Nationality: Indian

Marital Status: Married

Valid UAE driving license

References: Shall be provided on request