**Curriculum vitae**

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**Name : Russell**

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**SUMMARY**

I, Russell, finished my **M.Sc. Medical Sociology** graduation at **Loyola College**with a passion for learning and waiting for opportunity. Energetic and enthusiastic medical insurance professional motivated to succeed in a fast–paced and deadline–driven professional environment. Trained in all aspects of medical insurance, billing with comprehensive knowledge of hospital based insurance procedures, contracts, claims, E-claims, clinical auditing and payment cycle.

**EDUCATIONAL QUALIFICATION**

**M.Sc. Medical Sociology**at **Loyola College** in the year 2014–Chennai-60034 with aggregate of 70%

**Bachelor of Economics** at **Loyola College**in the year 2012 **-**Chennai-60034 with aggregate of 55%

**Computer Skills**

* Knowing Office Package: Microsoft Word, Microsoft Excel, Microsoft Access, Microsoft PowerPoint and Microsoft Outlook Express.
* Knowing Operating Systems: Windows9X, Windows2000, Windows ME, Windows XP and Windows Vista.

**LANGUAGES KNOWN**

Read, Write and Speak: Tamil, English and French

**INTERNSHIP TRAINING**

* Internship Training in the Department of Human Resources, Sutherland Global Services Pvt Limited from December 2011 to January 2012.
* Second Semester Internship Training at Appasamy Hospitals from November 2012 to March 2013, Chennai.
* Summer Internship Training at Chevalier Roche J.L.P. Society from May 2013 to June 2013, Tuticorin.
* Third semester Internship Training at V trust organization from July to October 2013, Chennai.
* Fourth Semester Internship Training at World Vision India from November 2013 to March 2014, Chennai.

**EXPERIENCE**

**Executive Claims-Non Medico** at Good Health Plan TPA Services, Madurai (INDIA) from June 2014 TO February 2015.

**Job Responsibility:**

* Analyze customer problems.
* Resolve inbound calls from patients, customers, carriers and providers.
* Assist and support customers regarding their insurance problems.
* Identify and correct reimbursement discrepancies.
* Resolve outstanding customer issues.
* Represent customers in appeals processes and patient liabilities.
* Process claims status checks, denial claims and appeals.
* Resolve payment issues.
* Create and manage collection plan audit, unpaid claims, denials, and partial payments reports.
* Coordinate and support other processing staff.

**Medical Insurance - Claims Denial management Co-ordinator ( Paper Claims & E-Claims) - at Rak Hospital, Ras Al Khaimah, UAE from March 2015 to March 2018.**

Supervises and manages the functions of medical insurance department, billing department, claims processing, E-claims, re-submission, and receivables department.

**Job Responsibility:**

* Coordinating all programs of insurance.
* Re-process claims with necessary changes and justifications and submit to the payer for re-evaluation.
* Review the price list and contract terms with payer if rejection is related to the same.
* Complete review of medical documents and provide medical justification to payers for services claimed.
* Provide suggestions for corrective steps to be implemented to reduce rejection rates.
* Monthly analysis of rejections to obtain relevant evidence and information regarding therejected claims to frame precautionary measures to minimize rejections.
* Monthly Re-submission of claims analysis report to the management insurance company wise.
* Daily audit of insurance claims, EMR, invoices and correcting of errors before submission to maintain accuracy and reduce rejections.
* Quarterly auditing of medical records along with the quality department to check forany medical miss use and fraud.
* Monthly submission of KPI’s of the Department, to help in analyzing the department performance.
* Providing medical justification for medically rejected claims.

**Achievements:**

* Reduced loss ratios with through fair and prompt processing of claims.
* Obtained relevant evidence and information regarding rejected claims and minimized rejections.
* Improved payment cycle.
* Reduced the time period of authorizations.
* Improved EMR/EHR compliance with through auditing

**Current Learning:**

Initial submission & Re submission through E-claim link - Dubai Health Authority which is time consumable, submission are done without any errors. There by the files filtered with errors during the E-claim submission are been verified & is been resubmitted. Main errors so far analyzed were CPT code errors, Diagnosis errors which can be corrected at the time of submission.

**Medical Insurance - Claims Submission Coordinator (Approvals & E-Claims) - at Ras Al Khaimah, UAE from April 2018 to Current.**

**Job Responsibility:**

* Performing and supervising daily operations of insurance.
* Maintaining insurance data and other records.
* Performing as a liaison between insurance companies.
* Providing complete information of claim status to client.
* Processing insurance and disability claims in a timely approach.
* Maintaining strict confidentiality with client's information.
* Documenting all information of insurance and other policies.
* Providing appropriate assistance to assistant insurance coordinator and insurance agents.
* Directing implementation of insurance requirements.
* Complete analysis of factors that led to the non- or partial payment against submitted claims.
* Review the price list and contract terms with payer if rejection is related to the same.
* Complete review of medical documents and provide medical justification to payers for services claimed.
* Provide suggestions for corrective steps to be implemented to reduce rejection rates.
* Continuous correspondence with the network officials and finance officials for follow-upof payment & Reconciliation.
* Quarterly auditing of medical records along with the quality department to check forany medical miss use and fraud.
* Monthly submission of KPI’s of the Department, to help in analyzing the department performance.

**PERSONAL INFORMATION**

**Name :** Mr. Russell

**Date of Birth :** 19 Feb 1991

**Marital Status :** Bachelor

**Hobbies :** Playing football, cricket, listening music.

**Nationality :** Indian

**DECLARATION**

I hereby declare that the information furnished above is true to the best of my knowledge and belief.

**Place : Ras Al Khaimah**

**(Russell)**