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EXPERIENCE

Right Medical Centre – Sharjah, UAE. **Insurance Manager**

Aug-2018 to Current

- Handling all the Insurance billing work flow including approval, claim submission, claim reconciliation, payments, coding and pricing and new insurance contract.
- Ensure medical claims are adjudicated timely and accurately in compliance with organizational goals.
- Designing and implementing claim policies and procedures, hiring of claims staff and training them as per the UAE procedure.
- Knowledge in ICD-10, CPT and HCPCS coding conventions. (Certified Professional coder by AAPC)
- Handling claim submission through DHPO as well as insurance portal.
- Tracking the insurance batches until client received from their end.
- Tracking the insurance payment and denial
- Direct and supervise staff of reception, approval, accounts and nurses team.
- Observe/identify error trends and root cause, provide a summary of analysis with written recommendations for operational improvements to the team.
- Oversight of collections, account receivables, accounts analysis and claims submissions on behalf of 10 doctors.
- Executing quality and service standards for claims turnaround time.
- Oversight Reconciliation of claims payment, insurance claims submission and denial including internal and external error.
- Assist with physicians for approval and claims procedure.
- Audit and review of claims payments resulting in reducing the claims denial.
- Applying procedures to ensure timely update of system coding to facilitate appropriate billing and claims processes.
- Coordinate with marketing team and increasing the insurance patient flow.
- Prepare the denial statistics.
- Managing work flow with all the staffs and reducing insurance patient waiting time.
- Preparing monthly report of insurance payment and denial volume.

- Preparing yearly financial report of insurance and patient flow report.

Al Amumah Medical Center. Administrator and Insurance Coordinator

Mar-2016 to Jul-2018

- Handled in the Patient billing section, Transaction billing & Insurance claim process.
- Worked to get new insurance contract and add the new providers.
- Checked the insurance eligibility and coverage.
- Processed pre authorization approval as per the insurance policy.
- Submitted the claim and resubmission through EClaim link.
- Follow up the pending payment from insurance company.
- Resolved the patient complaints.
- Regularly audit the accounts and invoices for errors.
- Purchased the medical equipment and medicine depends upon the requirements.
- Included the all administrative routine works.
- Prepared monthly accounts statement.
- Handled MOH licence, Medical centre licence renewal, adding new staff, staff licence renewal, cancelling the staff licence.
- Recruited the people depends upon the requirements.
- Prepared monthly and yearly financial status and payroll preparation for every month and maintaining employees leave status.

Access Healthcare services P Ltd. Senior Subject Matter Expert

Mar-2011 to Oct-2015

- Worked for USA Hospital provider.
- Processed Patients Demo, Charges, Payments, Denials, Filed Rejects, Account Receivable, Refunds/Overpaid & RCM Management as per the United States of American Law.
- Handled a team of 60 associates.
- Achieved the Monthly collection goals.
- Provided the training to new associates to gear up their performance.
- Handled internal mails and client mails.
- Prepared client reports & presentation for client call.
- Maintained the customer quality percentage and the TAT/SLA.
- Completed any new project within timeframe.
- Provided new ideas and resolving software issues.
- Audited the random claims before claim submission.

Achievement:

- Obtained **Perfect Attendance, loyalty & Team player award** for the year of 2012.
- Obtained **Star Achiever award** for the year of 2013.

DELL – Perot Systems.
Senior Transaction Executive

Aug-2007 to Jan-2010

- Worked for USA Hospital provider.
- Processed patient Demo, Charges, Payment and Denial.
- Achieved 100% production.
- Maintained the error grid percentage.
- Completed the batches within the TAT.

Sairam Enterprises
Sales and Servicing Engineer.

Apr-2002 to May-2007

- Sales and servicing the telecommunication product.
- EPABX and FAX

Education

- **B.Tech** – Information Technology - College of Engineering, Chennai, 2009
- **DECE** - Electronics & Communication Eng - C.C.M.R.Polytechnic, Thanjavur, 2002

Skills & Key knowledge

- Certified Professional Coder (AAPC) – ICD 10 – CM, CPT & HCPCS.
- Cross-Domain Supervision.
- Team Building & Mentoring.
- Customer Relations & Business.
- Team building, Training and Leadership
- Advanced MS office Tools.

Declaration

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

Date:

signature