**Dr. R. S. RIKHI**

**MBBS, MBA, 6Sigma Green Belt, CPC (applied)**

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**Address: 1709, Crescent Tower B, IMPZ, Dubai**

**Date of Birth: 18th November 1973**

**Senior managerial experience and exposure in**

**strategic planning/operational execution/client servicing/team management**

**with organizations of repute in the health insurance sector**

**OVERVIEW**

I am a mission-focused individual with **20+ years of experience** including **last 14+ years in UAE** covering authorization requests, claims processing, liaison/coordination, client servicing, strategic planning, cost saving as well as various other allied operations. Currently I am working with **Saudi German Hospital Group UAE** in the capacity of **Group Insurance Manager (RCM).** I possess sound knowledge of the dynamics of health insurance industry encompassing authorization request processing, claim adjudication, hospital empanelment and allied negotiations, strategic planning, team management and motivation, relationship management and client servicing. I am deft in reviewing and reassessing medical claims of very high valuable, formulating client servicing techniques, strategizing standard operating procedures (SOPs) and am extremely successful in maintaining business relationships with insurance companies to achieve service norms by resolving their important service-related issues. Also have in depth expertise in Key Account Management and Channel Partner Management in healthcare insurance processes.

**ACADEMIC QUALIFICATIONS**

* **MBBS** from **Maulana Azad Medical College (MAMC), New Delhi** one of the most prestigious medical colleges in the country.
* **MBA in healthcare administration from Aberdeen Business School, United Kingdom**
* **6 Sigma Green Belt in healthcare management certified by KPMG consulting, Mumbai.**

**EMPLOYMENT DETAILS**

From Feb 2023 till date – **Saudi German Hospital Group, UAE**

**Group Insurance Manager: RCM**

* Tied up with various health **insurance companies/TPAs** in UAE like Daman, MetLife, NEXtCARE, NAS, AXA-Gulf, ADNIC, MedNet, Al Khazna etc.
* Was responsible for **empanelment, networking and negotiating contracts** with insurance companies and TPAs.
* Involved in **contract drafting and analysis** to make sure the contract was in line with the company’s profitability and in line with mandate set by DOH and DHA.
* Overseeing performance of all the verticals of Saudi German Hospitals and Clinics.
* Designated a **charge review committee** and an internal claims audit team. These teams were to analyze the reasons of the rejection rate and suggest solutions.
* **Supervising over a team of 15+ doctors** in the precertification department.
* Re adjudicating on high value claims (25, 000 AED & above) of doctors in the claims department.

From April 2021 till Jan 2023 – **Aster Healthcare and Medcare Group**

**Deputy General Manager: RCM**

* Trained the doctors on the DRG system of billing.
* Maintained relations with the various payers including **negotiating prices and empanelment** of the various facilities.
* Was leading the team for **contract renewals** with the payers.
* **Decreased the rejection rate** from 11% to 6% and am still formulating SOPs to further bring it down.
* Analyzed and evaluated **payer specific behavior patterns** and extrapolating the acquired data to formulate evidence-based understanding of their authorization requests and claim submissions.
* Setting employee potential & ability based achievable KRAs (Key result areas)
* Meeting client dictated TATs (Turnaround times) for claims processing.
* Formulating the **Standard Operating Procedure (SOP) and inter & intra departmental SLAs (Service Level Agreements)** defining end to end solutions.

From July 2017 to March 2021 – **NMC Healthcare**

**Head/Manager of the RCM department**

* Being a new 150 bedded hospital formulated and seamlessly **implemented the SOPs** of the RCM department.
* Involved in **contract analysis, review and drafting** with various health insurance companies/TPAs
* Am instrumental in conceptualizing the **custom-built software for the RCM** department taking into consideration all the intricacies and finer nuances of the end to end RCM workflow.
* Implemented **inter and intra departmental SLAs** whereby insuring the smooth functioning of the revenue cycle department in relation to other allied departments.
* Brought about **end-to-end paperless operations** from authorization request submission, claims settlement, reconciliation to final remittance advice generation.
* Assigned employee specific KPIs and allocated KRAs in accordance with the employees potential.

December 2012 – July 2017– **Daman National Health Insurance Company**

**Senior authorization case manager in the authorization and case management department**:

* Comprehending and adjudicating on provider requests from Dubai and AUH including high value cases, PET scans, hospital stay extensions etc. as per member specific policy terms and conditions, HAAD and DHA preset guidelines and internationally standardized NICE norms based on best medical practices.
* Determining and reporting the misuse of coding guidelines like bundling of CPT codes, claiming of unwarranted HCPCS, listing of unjustifiable ICD codes to raise the DRG severity etc. to name a few.

**Claims Department**:

* Adjudicating on claims submitted for reimbursement by providers based on HAAD guidelines and set best medical practices.
* Forwarding claims to MIAD as per preset criteria namely wrongly coded secondary diagnosis, suspicious transfer cases, unwarranted services rendered etc.
* Analyzing and determining the discrepancies if any between the requested service at the authorization level and the services actually rendered and listed in the claim submitted.

November 2011 – December 2012– **NEXtCARE, Dubai**

**Claims Supervisor, Health Insurance**

**Role:**

* Involved in training and implementing **the DRG system** to the employees of the company. Wrote a manual on the DRG system which will serve as a ready reckoner to the claims officers while adjudicating on claims related to the Abu Dhabi policies.
* Was in the team that rolled out the **PBM (Pharmacy benefit management)** system in the organization. Trained the employees to understand and work on the PBM system. Helped in the designing of the software for the use of the PBM system.
* Well versed with the **CPT and ICD coding** and wrote a manual detailing the efficient use of these codes for the employees. Constantly updated the codes in the company’s database.
* Related the prices of every procedure according to the **assigned CPT code** thereby ensuring the proper billing process in the company for the providers.

March 2005–November 2011 -**Bajaj Allianz General Insurance, Delhi**

**Senior claims officer: In House TPA**

**Role:** Heading the reimbursement claims processing team in North India.

**HIGHLIGHTS**

* Introduced a system of **daily MIS generation** in all the departments thereby monitoring the productivity of all the employees and rewarding the high and outstanding achievers.
* Defined the **KRAs of the entire team** and helped and motivated them to not only reach them but to surpass them thereby bringing out the best performance of the team.
* Represented Bajaj Allianz in several **consumer court cases** and presented the case before the bench in an effective manner, each time with excellent results.

April 2002 – Feb 2005–**Vipul Medcorp, Gurgaon (TPA)**

**Claims officer: Health claims department**

**Role:** Managing the empanelment team and the reimbursement claim processing team.

**HIGHLIGHTS**

* **Expanded the network of hospitals** providing cashless hospitalization to claimants thereby providing enhanced client convenience.
* **Negotiated substantial discounted rates** for routine medical ailments and surgical procedures thereby reducing the cost of claims for the insurance companies.
* Devised a **fraud detection questionnaire**, which was incorporated in the company software and made mandatory for every doctor to answer the fraud detection questionnaire while processing claim files thereby drastically reducing the claim ratio of various insurance companies.

**PAST ASSIGNMENTS**

February 1998 – March 2002Indraprastha Apollo Hospital, Delhi Emergency department

January 1997 – December 1998RML Hospital, Delhi Resident Doctor

**SHOLASTIC ACHEIVEMENTS**

* Awarded scholarships for 5 years running, from 6th to 10th class, based on scholastic achievements.
* **Aggregated 89%** in class 10th board examinations and stood 1st in the school by virtue of which my name was placed on the **Honors Board** of the school where it still stands.
* Was placed in the **All-India Merit List**, which comprises of the top 0.1% of all the candidates appearing in the class 10th board examination.
* Was invited to join the **“Ability Section” of DPS, R. K. Puram after class 10th results.**
* Awarded **scholar badge of merit** and an academic scholarship in 1990 at DPS.
* Got an aggregate of **92.5% in AISSE**, class 12th board in 1991 – was the top student of the batch.
* Awarded **merit scholarship at MAMC**

**CO-CURRICULAR ACHEIVEMENTS**

**Sports:**

* Captained the school (1988) table tennis team at the state level, adjudged as, “Player of the Tournament” at Deshpal Memorial tournament (1988)
* Member of the school football team (1989).
* Represented the college in the Inter College football championship in JIPMER, Pondicherry

**Cultural:**

* Took part and won several accolades/prizes in various intra as well as inter school and college level debate and declamation competitions
* Represented India in the Children International Summer Village camp held in Bangkok, Thailand in 1987. Four candidates were selected from India, with delegations from over 13 countries.
* Nominated House-Captain in GHP School (Vasant Vihar) in 1988.