

## DR. GAURAV GUPTA

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To excel in the field of Healthcare & Insurance Sector and to strive for organizational growth as well as personal development.

### PROFESSIONAL PROFILE

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- Highly self motivated individual **with 6.8 years** experience primarily within the Insurance industry and healthcare, with extensive exposure in the Asian and UAE market.
- **Presently I am leading a team of 10 qualified insurance professionals including Doctors, Pharmacists and nurses.**
- My main responsibility remains to provide effective services in terms of CLAIMS (group life, group medical & workmen's compensation), customer service, problem solving, and complaint resolution and to deliver organization's capabilities to our valued corporate clients.

### CORE COMPETENCIES

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- **Claims Management:** Managing and analyzing health, life and workmen compensation claims to determine extent of company's liability, make approval or denial decisions and negotiate settlements with claimants in accordance with policy provisions. of major international insurance companies in the Middle East.
- **Business development:** Conducting competitor analysis by keeping abreast of market trends to achieve market share metrics. Acquiring new customers, providing services and enhancing existing relationships with customers.
- **Client Relationship Management:** Maintaining cordial relations with customers to sustain the profitability of the business. Maximizing customer satisfaction level by on time delivery, monitoring customer complaints and providing efficient services. Ensuring quality delivery of services to the clients.
- **Employee Benefit Management:** Strong management & medical background. Established resource in employee benefits field, with expertise in such products as life, short/ long term disability and medical stop loss insurances.
- **Underwriting & Risk Analysis:** Deep and extensive experience in personal lines & group medical underwriting, medical terminologies, as well as company procedures, policy provisions, compliance regulations and insurance law which support senior underwriters and financial analysts to figure out statistical evaluation of risk and assist in risk management.
- **Provider & Networking:** Managing providers for various insurance companies, minimizing claims loss by efficient negotiation in terms of tariff, expansion of medical network providers across region. Managed a team of network executives and their operations on day to day basis.

### PROFESSIONAL EXPERIENCE

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**Since May 2013: Guardian Insurance Brokers, Abu Dhabi, UAE – Claims Manager**

#### Highlights:

- Reviews and responds to **claim referrals** and **questions** from claims staff.
- Review the **CPT, ICD** and **DRG codes** used in the claim documents to increase the efficacy of the claim processing by avoiding delay for the required information from the clients.
- Exposure to **ERP Analyst**.
- Reviews and responds to **claim appeals** and **grievances**.

- Investigates and **responds to complaints** regarding claims processing.
- **Reviews and analyzes vendor reports** for outsourced activities such as bill review, bill audits and medical reviews.
- Ensures **program management**, carriers receives appropriate claim notifications and referrals on **large or potential large claims**.
- Exercises general and/or **technical supervision** through lower-level supervisors, professional, technical, and administrative support employees..
- **Leading a diverse team** of claims administrators and managers to ensure company objective is met.
- **Effective management of Group Life and Medical claims** for corporate clients.
- **Preparation and implementation of process flows** for claims administration.
- **Preparation & Analysis** of weekly/monthly claims **TAT report** as required by client/management.
- **Maximizing operational performance** by providing technical advice to team members and their training in line with company compliance.
- **Review the disputed/declined claims** and **verify if the denial** is in line with policy terms and conditions. **Negotiate grey area claims with the insurers.**
- Arrange regular **meetings with clients/insurers** for amicable resolution of such disputed claims.
- Coordinate and arrange **health awareness sessions/presentations** for clients.
- Preparation of **SoEs** for Group Life claims.
- **Coordination with CRMs/Insurers** and clients for any premium issues.
- Managed excellent **relationship with the insurers/TPAs & clients.**
- Preparation of **Claims Process & Procedure** for our clients and guide them through these procedures.
- **Assist the CRMs** for **employee presentations** on benefits/processes etc.

#### **Aug 2010 -May 2013: Iffco Tokio General Insurance, India - Sr. Relationship Manager**

##### **Highlights:**

- To look after **operations** for Rashtriya Swathaya Bima Yojina policy (**Micro insurance**) in Rajasthan, Orissa, Karnataka, Madhya Pradesh.
- To look after Rajasthan Cooperative Dairy Federation operations in Rajasthan state.
- **Empanelment & Depanelment** of the Hospitals for RSBY and RCDF.
- To attend **client meeting** and maintain a good strong relationship **to ensure more business inflow.**
- Worked on web based **AAKASH** portal (Sun Solaris based application).
- To **maintain proper interdepartmental operations** in the corporate office.
- To **analyze claims reports** over software and check for the fraudulence if any.
- To **visit hospitals** to check their integrity, claims record **for investigation** purpose.
- Timely **audit of hospitals** in various states of India.
- Also worked in **pre authorization department** as **team leader** for almost a year in Head Office.
- Responsible for the **day-to-day planning** and operations that **support the goals** of the claims team.
- Ensure required claims **data and reports** are accurate and complete for **business reporting purposes.**
- **Manage claim liability** through implementing appropriate client and **claims management / risk management strategies.**
- **Support Manager** in developing **client portfolio management strategy**, planning and carrying out **Claims Audits / Reviews to ensure alignment to business goals and priorities.**
- Ensure aligned **client audits** are conducted within internal audit framework, and **oversee implementation of any remedial actions** to improve claims standards
- **Access and manage claims** implementing effective claims management strategies with clients within the terms and conditions of the policy and pricing assumptions.
- **Support the business unit** in tendering **for new business, innovative product development**

- and in promoting claims profile and expertise in the Local Markets.
- **Work closely with Client Markets and Underwriting.**

**Jun 2008 -Aug 2010: Paramount Health Services (TPA) Pvt. Ltd., India - Team Leader**

**Highlights:**

- Medical **Scrutiny** of the health **claims** in terms of **medical coding** and processing.
- To provide **Cashless authorization** for the claims.
- Worked on **ORACLE** based software.
- **Auditing** of Medical Reports, Cashless and Reimbursement Claims.
- Empanelment & Depanelment (**provider management**) of the Hospitals and Diagnostic Centers on the Account of Credibility.
- To visit the Hospitals for **Investigation of Medclaims**.
- To performance review of the Hospitals, Diagnostic Centers and other vendors.
- To **minimize the cost** of the Claims.
- **Exposure to various departments in a TPA** like Cashless, Medical Scrutiny, Providers & Networking Department, Investigation and Case Management.
- To look after **operations** for **pre policy** and **pre employment** checkups.
- Organize and coordination of **health camps** and **health talks** as and when required by corporate groups under **employee benefit**.

**ACADEMIC & CREDENTIALS**

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- **B.H.M.S.(GP, Doctor)** from Nehru Homoeopathic Medical College - University of Delhi, India in 2008 with **1<sup>st</sup> Division**.

**IT Skills**

- Good knowledge of MS Office tools (Word, Excel, PowerPoint)
- Internet Applications.
- Well versed with Oracle and Java applications used for claim processing and analyze claims data.
- Exposure to **ERP Analyst, Sunsolaris** based application, **Oracle** based application required for claims and analysis purpose.

**PERSONAL DETAILS**

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Date of Birth:	27/06/1985
Address:	<b>Airport Road, Abu Dhabi, United Arab Emirates.</b>
Languages known:	English and Hindi
Nationality:	Indian
Passport No.:	<b>K6998936</b>
Visa Status:	<b>Residence</b>
Driving License:	No
Marital Status:	Married
Dependents:	<b>0</b>