BIKRAMA KESHARI MAHARANA

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**Career Objective**

A challenging growth oriented position in a progressive company where my skills will be effectively utilized to contribute towards the organization’s success.

**Core Competencies**

* Claims Analysis with proper collection data and study data to determine costs of business activities
* Analyse insurance data, extract and define the relevant information
* Interpret data for the purpose of determining past financial performance and to project a financial probability.
* Proficient in handling department database and generating required MIS as needed. Proven track record in coordinating with branches and providing quality customer service
* Proven track record in handling tough claim and specialize in processing claims from negative location.

**Work Experience**

**Employer: Vidal Health Insurance Third Party Administrator.**

**Duration: 03rd June 2015 to 31St Jan 2019**

**Designation: Team Lead**

**Department: Claims Audit**

* Working on Innovating the new different method of Health claim Analysis.
* Analyzed the pattern of claims and submitted report to the management
* Identified underpayments/overpayments and generated periodic reports.
* Informing policyholders about denial and acceptance of reimbursement requests
* Monitoring the medical processes being used by the hospitals, ensuring that they meet acceptable standards.
* Managed to generate accurate claim payments and reimbursement calculation of applicable fee schedules.
* Referring terms and conditions of insurance contracts and settling claims disputes
* Auditing check runs and performing check payment process
* Quality assessments of all Empanel hospitals along with fraud and investigation, problem solving

**Others Activity: Claims Operation**

* Handling and guiding 5 member’s team for any MIS related work on day to day activities.
* Management of ticketing system and allocation of work
* Coordination with Insurance team on any claims related issue
* Preparing the internal KPI, related to Health claims also preparing the CMD's Dashboard.
* Preparing the MIS such as quarterly, department monthly dash board MIS and random MIS as and when needed.
* Preparing MIS such as quarterly reinsurance report when needed.
* Reconcile the TMS data between internal software data whether the claims are incorporated in to internal application on monthly basis.
* Involving the any claim & MIS related development in internal software Team.

**Previous Employment**

**Organization Name: Exide Life Insurance Company Limited.**

**Duration: 02-02-2013 to 02-06-2015.**

**Team Lead– Claims**

**Job Description:**

* Registering the Policy in the system (Life400- Life Asia) and creating the liability and updating the further requirement.
* Preparation of Test Cases, Test Data, Test Plan, for various product implementation
* Leading a team of 4 members and looking after the operational activity. Assigning of team activity and monitored process to ensure accurate and timely settlement of all claims.
* Analyse claims to determine extent of company's liability, make approval or denial decisions in accordance with policy provisions.
* Handling total cheque preparation request (CPR) process and reconcile the same with Finance.
* Actively involved in User Acceptance Testing (ULIP, Traditional and Pension Products) for all new product and enhancement for existing Product in Life 400.
* Maintaining claims data base for cases assigned and keep a track of claims intimated, settled and pending.
* Preparing MIS such as quarterly reinsurance report, department monthly dash board MIS and random MIS as and when needed.

**Organization Name: Max Bupa Health Insurance Company Limited.**

**Duration:** 30th Sep, 2011 to 25th Jan 2013.

**Senior Executive** – Claims

**Job Description:**

* Assess claims intimated by network team and Coordinate with finance, network team, underwriter, customer service and IT department for customer query.
* Conducting a quality check on claims processed and issuing payments on daily Basis.
* Allocating cases to doctors and other team member.
* Preparing different type of MIS for the department.

**Organization Name: ICICI Lombard GIC Limited**

**Duration:** 15th May 2007 to 29th Sep 2011.

**Associate** – Claims

**Job Description:**

* Claim registration
* Handle branch & customer queries.
* Sending cases for investigation
* Preparing payments
* Dispatching customer correspondence
* Prepare MIS of all above activities.
* Prepare adhoc reports as and when required.

**Education Qualification**

* BA (Economic) from Utkal University, Bhubaneswar 2006
* Intermediate from H.S.E Board in 2003
* High School from Orissa. Board in1999
* Computer diploma & Tally from SPECE institute Cuttack. Orissa

**Personal Details**

Name : Bikrama Keshari Maharana

Father’s name : Raj Kishore Maharana

Gender : Male

Date of Birth : 07th May 1983

Marital status : Married

Nationality : Indian

Languages Known : English, Hindi and Oriya

Hobbies : Listening music & playing cricket