**Manjunath Mugali Correspondence Address:**

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Mob:9160561155 Manjunath Mugali

LIG 184, Radhakrishna Nagar Mulgund road

Gadag-582103

**CAREER OBJECTIVE**

Seeking a responsible and challenging position in a growth oriented progressive Institution where my experience and skills will significantly contribute to the overall success of the organization and Provide opportunities for my career growth.

B**ASIC ACADEMIC CREDENTIALS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Degree** | **Name of the Institute** | **Year of Pass Out** | **University** | **Aggregate %** |
| **MBA** | Intech IBM | Jun 2010 | Bangalore University, Bangalore | 61.00% |
| **B.Sc** | J.T.College.Gadag | April 2007 | Karnataka University Dharwad | 60.73%. |

**Work Experience**

* **Company Name : WNS GLOBAL SERVICES PVT LTD *@* Visakhapatnam**
* **Duration : 17thOct 2016 to 20th Feb 2020**
* **Process : COVENTRY**
* **Domain : Medical Insurance (US Health care)**
* **Position : Senior claim associate**

**Profile Summary Medical Bill Review (MBR) on Workers' Compensation Claims**

**Roles and Responsibilities:**

* Verifying all medical bill Data Points from client software to Hospital Bill images make sure all data captured correctly like PAT, DOS, units, Bill date ,patient name etc..
* Processing the bills as per clients specific guidelines.
* Need to price manually if system through error code on invalid procedure code as per state guidelines.
* Need to verify Duplicates bills submitted by same provider.
* Denying the Bills if provider used incorrect billing form or missed any information to keen on form.
* Need to verify all supporting documents attached and Authorization report to process the bill for payments.
* Invoice calculations manually where provider submit invoice for what item they used and how much quantity they used.
* Verifying providers and their billing and physical address to make the payment to correct Billing provider.
* Sending MOM reports and updates to team happened on weekly support call.
* Doing internal Audit.
* Taking care of external errors from clients and sending Disputes if any error charged incorrectly.
* Helping team to understand the process to meet the clients expectations.
* Make sure meeting the production and accuracy as per client requirement.

**ACHIEVEMENTS**

* Received **WNS “Client”** award for leading the Pilot team and achieving the client requirements.
* Received four times best performance award.
* Become **SME** in the process.
* Provided Help to Recruitment panel for new Hires during the peak seasons of Business.
* Received appreciation for Bright Idea submission and idea got implemented.

**Previous Experience**

* **Company Name : United Health Group @ Hyderabad**
* **Duration : 18thAug 2014 to 5th July 2016**
* **Process : Benefit Installations**
* **Domain : Medical Insurance (US Health care)**
* **Position : Claim Associate( Installation)**

**Profile Summary Case Installation Team IBAAG**

* As an **IBAAG** (Intranet Benefits At A Glance) installation analyst we analyze all pertaining information from respective SOTs which contains customer information, coverage, benefits (coins, deductible, copy, out of pocket maximum, limits).
* Need to close policies within TAT
* Once this analysis is done with the analysis part, then need to implement the complete benefits

in the tool called “IBAAG”.

* This implemented iBAAG would be the SOT for downstream areas like TOPS, claims.
* In addition to that these benefits will even be captured in a site “myuhc.com” which can be accessible by customer.
* If any clarification required need to call or mail to onshore client managers.
* Identifying process improvement opportunities and reporting the same to supervisor.
* To impart training and assist junior claim examiners on the job training.

**ACHIEVEMENTS**

* Received **Venus Award** for the month for Highest Production with **100%** Quality.
* Provided Help to Recruitment panel for new Hires during the peak seasons of Business.
* Received appreciation for Bright Idea submission and idea got implemented.

**Previous Experience**

* **Company Name : Hinduja Global Solutions @ Bangalore**
* **Duration : April-2011 to Aug-2014**
* **Process : Claims adjudication**
* **Domain : Medical Insurance (US Health care)**
* **Position : Claims Process Executive (CPE)**

**Profile Summary Financial Recovery Team Special Projects**

* Worked with Special Projects Team which is financial recovery in terms of overpayment and underpayment.
* Coordination of benefits with multiple insurance companies.
* Identifying duplicate claims and denying
* Mentoring the newly joined Analysts.
* Member liability calculations for par and non-par provider issues.
* Claims Adjudication on both DOS and WINDOWS based.
* Experience on payer side of adjudication
* We need to pay the claims amount on basis of contract agreement system and various reimbursement methods.
* Identifying process improvement opportunities and reporting the same to supervisor.

**ACHIEVEMENTS**

* Received appreciation for selecting AIM (All Idea Matters) out of 859 ideas only 10 ideas got selected.
* Received Perfect service Award for Dollar savings in process.

**STRENGTHS**

* Ability to rapidly build relationship and set up trust.
* Confident, Determined, optimistic
* Ability to cope up with different situations.
* Belief in self capabilities, Listening ability, & patience.

**Technical Skills**

* MS-office all the versions, Internet.
* Operating System worked with Windows 7, Windows 98/2000/XP/Vista.
* MS Ecxel, Pivot table,conditional formating, Vlookup.

**PERSONAL DETAILS**

* **Father’s Name :** Sangappa.F.Mugali
* **Permanent Address :** HIG - 24,Radhakrishna Nagar, Mulgund Road, GADAG
* **Date of Birth :** 01/06/1986
* **Language Known :** English, Hindi, Kannada and Telugu.
* **Marital Status :** Single
* **Nationality/Religion :** Indian
* **Passport :** Yes

**DECLARATION**

I hereby declare that the above written particulars are true to the best of my knowledge and belief.

**Place:**

**Date: Manjunath Mugali**