Function: Operations - Provider Network

Designation: Management Trainee

Job Description:

Responsible for providing assistance in various departments of Operations like policy servicing, Provider network, claims management, group operations etc.

Provide assistance in managing day to day operations, special initiatives etc. while focusing on customer experience and process efficiency

- Grievance and escalation management
- Partner management support in PPMC and HA services
- Quality survey of the network hospital
- Provide score and publish report
- Central operation processes like tariff updations
- MIS and analytics etc.
- Providing support in claims adjudication, TAT management etc.
- MIS and analytics
- Fraud and abuse control
- Care managers and other special initiatives

Compensation Grid for Profile:

Total Fixed Cost	3.0 Lacs + Incentives*

Function: Operations – New Business

Designation: Management Trainee

- The role will be responsible for day to day operational & transactional activities of Retail Policy Issuance (New Business Issuance) and ensure that the same is delivered with adherence to all statutory, regulatory and internal guidelines. Processing of transactions
    - Policy Issuance
    - Cancellation and Refund
    - Policy Endorsement
- Quality drive
- Process Documentation
- MIS Reporting
- IT projects and drive on production issues
- Assist in launch of new products
- Communication with stakeholders
- Close all transactions to ensure issuance within given TAT
- Ensure implementation of the new products / plan are within the set timelines
- Implement system development and process improvement

Compensation Grid for Profile:

Total Fixed Cost	3.0 Lacs + Incentives*

Function: Operations - Claims

Designation: Management Trainee

Job Description:

Responsible for all Claims deliverables by managing the Claims function for the assigned business.

The role includes managing the assigned specialized business handling of any one or more of the following activities:

- Monitoring **claim** trends and identify fraud indicators and take appropriate action.
- Responsible for Accurate Claim Process, QC & Processing TAT as per SOPs defined by Claims Team
- Identify best practices across the health **claims** business and offer solutions.
- Coordinate with **Insured** as well as with **Service Provider/Brokers** in resolving the queries or convey status via phone or e-mail.
- Issuing Claim deficiency & reminder letters; & maintain a track record for the same.
- Efficiency in Claims Financial Adjudication with calculations pertaining to Non-Medicals, Co-pay, discounts, policy terms, etc.
- Analyzing claims trends across various channels and providing feedback and recommendations to claims and underwriting

1. Management of cases from prospect of Case registration.
2. Management of Cases from prospect of Claims Financial Adjudication(Calculations).

Claims System Development, Indemnity and Fixed benefit products, Address complaints/queries from Customers, Intermediaries, Sales, other departments within the Company, Brokers. Training/BCP/Risk, Review, MIS/Compliance

Compensation Grid for Profile:

Total Fixed Cost	3.0 Lacs + Incentives*