



Mohamed al Nawaskhan

Subject Matter Expert - Insurance
Coordinator/Medical Coding

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SUMMARY

AR Specialist with 10 years of experience in US Healthcare billing and revenue cycle management. Expert in claim processing, denial resolution, and ensuring regulatory compliance. Proven ability to reduce outstanding receivables and optimize cashflow. Skilled in analyzing complex billing scenarios and implementing process improvements. Strong team player with experience mentoring staff and driving operational efficiency.

EXPERIENCE

Subject Matter Expert - Account Receivable (Insurance Coordinator/Medical Coding) 07/2022 - 08/2025
Cascade Revenue Management - Private Limited

- Served as a key SME for end-to-end revenue cycle management (RCM), providing expertise in medical billing, AR follow-ups, claim denials, and reimbursement processes for US healthcare providers.
- Led complex claim investigations, resolving aged and high-dollar denials, ensuring timely and accurate payment from commercial, government, and private payers.
- Developed and implemented best practices, standard operating procedures (SOPs), and escalation protocols to improve AR efficiency and reduce Days in Accounts Receivable (DAR).
- Provided mentorship and training to AR teams, enhancing team knowledge on coding compliance (ICD-10, CPT, HCPCS), payer-specific guidelines, and claim adjudication processes.
- Collaborated with cross-functional teams, including coding, billing, and compliance, to ensure seamless claim processing and adherence to US healthcare regulatory standards.
- Conducted detailed analysis of AR reports and dashboards to identify trends, process gaps, and areas for improvement, leading to a measurable reduction in claim denials and outstanding AR.

Account Receivable Executive - (Insurance Coordinator/Medical Coding) 04/2020 - 05/2022
Miramed Ajuba Solutions Private Limited (US Healthcare Services)

- Monitored and managed client accounts to ensure accurate and timely billing, collections, and reimbursement.
- Handled end-to-end Accounts Receivable (AR) follow-ups, including claim status checks, denial management, and escalations.
- Conducted periodic account reviews with clients to address performance, outstanding AR, and process improvement opportunities.
- Coordinated with payers, providers, and internal teams to resolve claim denials, rejections, and underpayments.
- Ensured compliance with HIPAA regulations, payer policies, and client-specific service level agreements (SLAs).
- Generated and analyzed account performance reports to track KPIs such as DSO, collections, and denial trends.
- Supported clients with queries related to EOBs, payments, adjustments, and insurance coverage verification.

Quality Assurance Specialist - (Insurance Coordinator/Medical Coding) 03/2015 - 03/2020
Omega Healthcare Private Limited (US Healthcare Services)

- Conducted detailed quality audits of AR processes, including claim submissions, denials, and reimbursements, ensuring compliance with US healthcare standards.
- Reviewed medical billing for accuracy in ICD-10, CPT, and HCPCS coding to minimize errors and prevent payment delays.
- Identified patterns in claim denials and operational gaps, providing actionable feedback to AR teams for process improvement.
- Maintained QA reports and dashboards to monitor performance metrics and drive efficiency in revenue cycle operations.
- Collaborated with AR specialists and management to implement best practices, maintain compliance, and enhance overall billing accuracy.

EDUCATION

Computer Science

08/2010 - 05/2014

Mohamed Sathak A.J College of Engineering, Chennai (Affiliated to Anna University) - Bachelor of Engineering

- GPA - 60%

HSC

06/2008 - 05/2010

Muthiah Memorial Matriculation Higher Secondary School, Chennai - 12th STD

- GPA - 69%

SSLC

06/1998 - 05/2008

Muthiah Memorial Matriculation Higher Secondary School, Chennai - 10th STD

- GPA - 75%

CERTIFICATES

HIPAA Workforce Proficiency

08/2024 - Present

HIPAA Workforce Proficiency is the ability of an organization's workforce to understand, apply, and comply with HIPAA rules in their daily work. This includes knowledge of:

- Privacy Rule – Protecting patient health information (PHI) from unauthorized access.
- Security Rule – Ensuring the confidentiality, integrity, and availability of electronic PHI (ePHI).
- Breach Notification Rule – Reporting breaches according to regulatory requirements.

SKILLS

Insurance Claims & Denial Management

Process Improvement & Team Training

AR Aging Analysis & Cash Flow Optimization

Data Analysis & Reporting

HIPAA & Regulatory Compliance

Root Cause Analysis & Issue Resolution

LANGUAGES

Hindi

Basic

English

Fluent

Tamil

Fluent