QUEST
Professional Center

PROFESSIONAL TRAINING COURSE

Course No. 2039

Health Insurance Claims Management & Cost Control Training Course

LIFE & HEALTH INSURANCE
INSURANCE & RISK MANAGEMENT

DURATION
5 Days

DELIVERY
Classroom

Course Overview

The Health Insurance Claims Management & Cost Control Training Course provides a comprehensive and practical framework for managing health insurance claims efficiently while controlling medical costs and maintaining appropriate service quality. The programme is designed to strengthen participants' capabilities in claims assessment, utilization management, fraud prevention, provider controls, and financial performance management.

The course examines the complete health insurance claims lifecycle, including claims registration, eligibility verification, coverage validation, medical assessment, coding and documentation review, authorization, adjudication, settlement, payment, recovery, and dispute management. Participants will explore how effective claims processes contribute to operational efficiency, customer satisfaction, financial sustainability, and regulatory compliance.

Particular emphasis is placed on identifying and controlling key cost drivers, including medical overutilization, inappropriate treatment, excessive service frequency, high-cost claims, provider billing irregularities, claims leakage, fraud, waste, and abuse. Participants will learn how to use claims data, medical indicators, utilization patterns, provider performance, and cost trends to identify opportunities for intervention.

The programme also covers provider network management, claims controls, medical necessity assessment, pre-authorization, case management, claims analytics, performance indicators, and continuous improvement. Through practical case studies and claims analysis exercises, participants will develop effective approaches for reducing avoidable costs while protecting service quality and policyholder interests.

Objectives

- By the end of this training course, participants will be able to:
- Analyze the complete health insurance claims management lifecycle.
- Evaluate claims eligibility, coverage, documentation, and medical requirements.
- Assess claims using structured medical and financial review processes.
- Identify major drivers of health insurance claims costs.
- Evaluate medical utilization and treatment patterns.

- Apply effective claims cost-control strategies.
- Assess high-cost, complex, and catastrophic health insurance claims.
- Identify claims leakage, errors, fraud, waste, and abuse.
- Evaluate provider billing and claims submission practices.
- Apply appropriate pre-authorization and utilization management controls.
- Analyze claims data to identify abnormal patterns and emerging risks.
- Develop provider performance and cost-monitoring approaches.
- Improve claims processing efficiency and settlement accuracy.
- Establish claims management and cost-control performance indicators.
- Strengthen claims governance, internal controls, and compliance.
- Develop an integrated health insurance claims management and cost-control strategy.

Who Should Attend

This course is designed for health insurance claims managers, claims supervisors, medical claims specialists, health insurance operations managers, medical reviewers, and insurance professionals responsible for claims assessment and management.

It is also suitable for healthcare utilization managers, provider network managers, medical auditors, insurance analysts, risk professionals, fraud investigators, finance professionals, internal auditors, compliance specialists, and senior operational personnel involved in claims and cost management.

The programme is particularly relevant to professionals working in health insurance companies, insurance groups, healthcare insurers, third-party administrators, insurance brokers, healthcare organizations, reinsurance companies, and regulatory or supervisory bodies involved in health insurance claims management.

Learning Outcomes

- Upon completion of the course, participants will be able to:
- Map the end-to-end health insurance claims process.
- Evaluate eligibility, coverage, medical necessity, and claims documentation.

- Assess claims accuracy and identify processing deficiencies.
- Analyze claims frequency, severity, utilization, and cost trends.
- Identify abnormal utilization and high-cost claims patterns.
- Evaluate provider billing and claims submission risks.
- Detect indicators of fraud, waste, abuse, and claims leakage.
- Apply utilization management and pre-authorization controls.
- Assess complex and catastrophic claims using structured approaches.
- Develop effective claims cost-reduction interventions.
- Analyze provider performance and healthcare cost drivers.
- Use claims data and analytics to support cost-control decisions.
- Improve claims turnaround times and settlement quality.
- Establish meaningful claims and cost-control performance indicators.
- Strengthen governance and internal controls across claims operations.
- Prepare a comprehensive health insurance claims management and cost-control improvement plan.

Course Outline

DAY 01

Health Insurance Claims Management Framework

- Fundamentals of health insurance claims
- Claims lifecycle and operating model
- Claims registration and eligibility verification
- Coverage and benefit validation
- Claims documentation and information requirements
- Medical assessment and review
- Claims adjudication and settlement
- Payment, recovery, and reconciliation
- Claims disputes and escalation

DAY 01 — CONTINUED

> **PRACTICAL APPLICATION**
> Mapping and evaluating an end-to-end health insurance claims process

DAY 02

Medical Claims Assessment and Utilization Management

- Medical claims assessment principles
- Medical necessity and appropriate treatment
- Treatment patterns and utilization review
- Pre-authorization and approval processes
- Inpatient and outpatient claims management
- High-cost medical services
- Chronic and complex conditions
- Case management and utilization controls
- Claims review standards and quality assurance

> **PRACTICAL APPLICATION**
> Assessing medical claims and identifying utilization-control opportunities

DAY 03

Claims Cost Control, Leakage and Fraud Prevention

- Health insurance claims cost drivers
- Claims frequency and severity analysis
- Medical cost inflation
- Claims leakage and payment errors
- Overutilization and inappropriate treatment
- Fraud, waste, and abuse indicators
- Suspicious claims and provider behavior
- Recovery and claims adjustment processes

DAY 03 — CONTINUED

- Cost-control strategies and intervention models

PRACTICAL APPLICATION

Developing a claims cost-control and fraud-risk framework

DAY 04

Provider Management, Claims Analytics and Performance Control

- Healthcare provider networks and claims management
- Provider billing and payment controls
- Provider performance monitoring
- Provider cost and utilization analysis
- Claims data analysis and trend identification
- Abnormal claims patterns and early warning indicators
- Claims dashboards and management reporting
- Service-level and turnaround-time monitoring
- Claims quality and operational performance

PRACTICAL APPLICATION

Developing a provider and claims performance monitoring framework

DAY 05

Strategic Claims Management and Continuous Cost Optimization

- Claims governance and internal controls
- Claims management performance indicators
- Cost, quality, and service optimization
- High-cost and catastrophic claims management
- Data-driven claims decision-making

DAY 05 — CONTINUED

- Digital claims processing and automation
- Continuous improvement of claims operations
- Cost-control programme governance
- Strategic claims management and financial sustainability
- Final Integrated Workshop: Developing a comprehensive Health Insurance Claims Management & Cost Control Strategy for an insurance portfolio

Register or Request More Information

Course page: https://quest-training.com/courses/health-insurance-claims-management-cost-control-training-course
Website: https://quest-training.com
Email: info@quest-training.com
Phone: +905016771440