



# -Medical Claims & Coding: Value Based Payment Strategies



**AGILE LEADERS**  
Training Center

29 Mar - 02 Apr 2027

عمان



# Medical Claims & Coding: Value-Based Payment Strategies

الرجوع: 103600472\_68399 التاريخ: 29 Mar - 02 Apr 2027 الموقع: عمان الرسوم: Euro 4100

## Course Overview

This course provides an in-depth, Medical Claims & Coding Specialization: Value-Based Payment Strategies. The practice-oriented understanding of how artificial intelligence and data analytics are reshaping the entire medical claims ecosystem—from adjudication and coding to DRG classification and value-based reimbursement. Participants explore how automation, predictive modeling, and healthcare data analysis improve claim accuracy, streamline coding compliance, reduce fraud and denials, and support fair, value-driven payment models.

The course integrates modern techniques to detect anomalies, validate coding integrity, optimize DRG assignments, and enhance adjudication processes using AI-powered healthcare fraud analytics. Through Gulf region and international case studies, learners gain hands-on insights into the relationship between coding accuracy, DRG integrity, and efficient value-based payments.

By the end of the program, participants will be able to design analytical frameworks, apply automation tools, and implement data-driven reimbursement strategies that strengthen transparency, compliance, and operational performance across the claims lifecycle—supporting a sustainable, efficient, and accountable healthcare delivery system.

## Target Audience

- Medical Claims Adjudication Officers
- Claims Automation and Process Managers
- Health Insurance Operations and Quality Auditors
- Medical Coding and Billing Specialists
- DRG and Reimbursement Analysts
- Value-Based Payment and Revenue Cycle Managers
- Healthcare Data Analysts and Compliance Professionals
- Internal Auditors and Health Informatics Managers

## Targeted Organizational Departments

- Medical Claims Adjudication and Audit Units
- Medical Coding and Revenue Integrity Departments
- Data Analytics and AI Implementation Divisions
- Finance, Billing, and Reimbursement Operations
- Quality and Compliance Management Divisions
- Health Insurance and Provider Relations Departments

## Targeted Industries

- Health Insurance Companies
- Hospitals and Healthcare Provider Networks
- Third-Party Administrators TPAs
- Medical Billing and Coding Firms
- Government Health Authorities and Regulators
- Private and Public Healthcare Systems

## Course Offerings

By the end of this course, participants will be able to:

- Apply automation and AI tools to medical claims adjudication and review processes
- Detect anomalies and reduce fraud in medical coding and DRG classification
- Integrate data analytics into healthcare reimbursement and audit frameworks
- Use AI models to improve claims accuracy and compliance in payment systems
- Implement value-based payment strategies aligned with outcomes and performance
- Strengthen data governance and interpretability across claims operations
- Develop dashboards and key metrics for claims integrity and reimbursement efficiency

## Training Methodology

This program uses a blended, interactive learning model that includes:

- Interactive lectures
- Case simulations and scenario analysis
- Group discussions
- Hands-on analytical demonstrations

Participants analyze real healthcare claim scenarios, practice automation workflows, apply data analytics for fraud detection, and evaluate DRG and coding integrity. They explore policy-driven decisions, benchmarking techniques, and performance analytics used globally and within the Gulf region.

The methodology emphasizes:

- Data-driven scenario analysis
- Adjudication automation walkthroughs
- Interactive coding and DRG workshops
- Simulation of value-based reimbursement systems
- Real-world case applications

## Course Toolbox

Participants will work with:

- Claims adjudication workflow models
- AI-supported coding validation tools
- Coding accuracy and DRG integrity checklists
- Fraud and anomaly detection analytical frameworks
- Predictive models for payment accuracy
- Performance dashboards and KPI templates
- End-to-end adjudication-to-payment workflow maps
- Case study datasets for hands-on analysis

## Course Agenda:

### Day 1: Medical Claims Adjudication and Automation

- Fundamentals of Medical Claims Adjudication and Insurance Review Topic 1:
- Common Adjudication Errors, Denials, and Fraud Indicators Topic 2:
- Automating Adjudication with AI and Data Analytics Topic 3:
- Predictive Models for Claims Validation and Risk Scoring Topic 4:
- Workflow Automation and Claims Management Dashboards Topic 5:
- Compliance Integration in Automated Adjudication Systems Topic 6:
- AI Automation and Fraud Detection Reflection & Review:

### Day 2: Medical Coding

- Overview of ICD, CPT, and HCPCS Coding Systems Topic 1:
- Linking Clinical Documentation to Coding Integrity and Reimbursement Topic 2:
- AI-Assisted Medical Coding Validation and Automation Topic 3:
- Detecting Upcoding and Unbundling Using Analytics Topic 4:
- Quality Assurance and Coding Audit Best Practices Topic 5:
- Natural Language Processing NLP in Coding Optimization Topic 6:
- Accurate Coding and Compliance Reflection & Review:

## Day 3: DRG Diagnosis-Related Group Systems

- Introduction to DRG Principles and Healthcare Finance Topic 1: •
- DRG Grouping, Weights, and Reimbursement Methodologies Topic 2: •
- AI and Analytics for DRG Accuracy and Fraud Detection Topic 3: •
- Identifying DRG Upcoding and Misclassification Risks Topic 4: •
- Linking DRG Data with Claims Adjudication Performance Topic 5: •
- DRG Analysis for Benchmarking Cost and Quality Topic 6: •
- DRG Systems and Reimbursement Reflection & Review: •

## Day 4: Value-Based Claims Payment

- Overview of Value-Based Healthcare and Payment Models Topic 1: •
- AI in Monitoring Outcomes-Based and Bundled Payments Topic 2: •
- Fraud and Anomaly Detection in Value-Based Claims Topic 3: •
- Designing Performance Dashboards for Quality Metrics Topic 4: •
- Predictive Analytics for Payment Accuracy and Compliance Topic 5: •
- Linking Reimbursement Models to Healthcare Value Indicators Topic 6: •
- Aligning Claims Integrity with Value Reimbursement Reflection & Review: •

## Day 5: Data Analysis for Healthcare Claims Intelligence

- Foundations of Healthcare Data Analysis and Visualization Topic 1: •
- Data Collection, Cleansing, and Transformation Topic 2: •
- Statistical and Predictive Techniques for Fraud Recognition Topic 3: •
- Building Dashboards and Analytical Models for Claims Monitoring Topic 4: •
- AI Explainability Tools SHAP, LIME for Transparency Topic 5: •
- Case Study □ End-to-End Adjudication-to-Payment Data Flow Topic 6: •
- Integrating Analytics for Continuous Improvement Reflection & Review: •



## فئات الدورات التدريبية



HR TRAINING & DEVELOPMENT

دورات إدارة و تطوير الموارد البشرية



دورات إدارة و تحليل البيانات ودورات علم البيانات



دورات إدارة الجودة وتطوير العمليات



الدورات التدريبية في مجال البيئة والاستدامة



دورات التسويق وإدارة علاقات العملاء وإدارة المبيعات



دورات التدريب القانوني والمشتريات والتعاقدات



دورات الاتصال الجماهيري و السياسات والعلاقات العامة



دورات النظم السبراني ودورات تقنية المعلومات



دورات الصيانة ودورات المجالات الهندسية المتنوعة



دورات الصحة والسلامة والأمن المهني



دورات السكرتارية و إدارة المكاتب



دورات الحوكمة وإدارة المخاطر والامتثال



## فئات الدورات التدريبية



دورات معتمدة بشهادة CPD



دورات في مجالات القيادة والإدارة



دورات المهارات الشخصية وتطوير الذات



دورات المحاسبة و التمويل و دورات الإدارة  
الهائية



دورات مكتب إدارة المشاريع وإدارة المشاريع  
الرشيقية



دورات معتمدة من قبل هيئات دولية

## مدن التدريب



اسطنبول - تركيا



أمستردام - هولندا



أنقرة - تركيا



أثينا - اليونان



الرياض - المملكة العربية السعودية



الدوحة - قطر



الدار البيضاء - المغرب



الجبيل - المملكة العربية السعودية



باريس - فرنسا



المنامة - مملكة البحرين



الكويت - الكويت



القاهرة - مصر



براغ - جمهورية التشيك



بانكوك - تايلاند



بالي - جمهورية إندونيسيا



باكو - أذربيجان

## مدن التدريب



جاكرتا - جمهورية اندونيسيا



تيليسي - جورجيا



بوكيت - تايلاند



برشلونة - اسبانيا



روما - ايطاليا



دبي - الامارات العربية المتحدة



جوهانسبرغ - جنوب افريقيا



جنيف - سويسرا



شهر الشيخ - مصر



سيول - كوريا الجنوبية



سان دييغو - الولايات المتحدة  
الامريكية



زنبار - تنزانيا



طوكيو - اليابان



طشقند - اوزبكستان



طرابزون - تركيا



شيكاغو - الولايات المتحدة  
الامريكية

## مدن التدريب



كوالالمبور - ماليزيا



فيينا - النمسا



عن بعد - منصة زووم



عمان - المملكة الأردنية الهاشمية



ماربيا - اسبانيا



لندن - المملكة المتحدة



لانكاوي - ماليزيا



كيب تاون - جنوب إفريقيا



ميلان - إيطاليا



مونترنو - سويسرا



مسقط - سلطنة عمان



مدريد - إسبانيا



نيس - فرنسا



نيروبي - كينيا



ميونخ - ألمانيا

# WHO WE ARE

Agile Leaders is a renowned training center with a team of experienced experts in vocational training and development. With 20 years of industry experience, we are committed to helping executives and managers replace traditional practices with more effective and agile approaches.

## OUR VISION

We aspire to be the top choice training provider for organizations seeking to embrace agile business practices. As we progress towards our vision, our focus becomes increasingly customer-centric and agile.

## OUR MISSION

We are dedicated to developing value-adding, customer-centric agile training courses that deliver a clear return on investment. Guided by our core agile values, we ensure our training is actionable and impactful.

## WHAT DO WE OFFER

At Agile Leaders, we offer agile, bite-sized training courses that provide a real-life return on investment. Our courses focus on enhancing knowledge, improving skills, and changing attitudes. We achieve this through engaging and interactive training techniques, including Q&As, live discussions, games, and puzzles.



**AGILE LEADERS**  
Training Center

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