MEDICAL AUDIT IN HEALTH INSURANCE



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GENTEX Training Center LLC | Orlando - FL, USA
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Introduction

Medical Audit in Health Insurance Training Course equips claims, medical review and compliance professionals to examine the clinical and financial basis of health insurance claims. Participants learn how medical necessity, coding accuracy and treatment appropriateness are assessed, and how audit findings reduce leakage without denying legitimate care. The programme covers medical audit methodology, clinical coding review, billing accuracy, provider profiling, pre-authorisation control and fraud detection. Furthermore, it addresses sampling, evidence standards and reporting to committees and regulators. As a result, delegates can run a medical audit function that is fair, documented and effective. Gentex Training Center delivers the programme through audit case workshops and provider review work.

Medical Audit in Health Insurance Course Objectives

- Explain the purpose and scope of medical audit within health insurance.
- Apply audit methodology including planning, sampling and evidence standards.
- Assess medical necessity and appropriateness against clinical criteria.
- Review clinical coding and diagnosis-related group assignment accuracy.
- Examine billing, charge and unbundling errors in claims.
- Apply pre-authorisation and utilisation review controls.
- Profile providers by cost, volume, quality and outlier behaviour.
- Detect fraud, waste and abuse indicators in claims data.
- Prepare audit findings, recovery claims and corrective action plans.
- Report audit outcomes to management, committees and regulators.

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Course Methodology

The course combines clinical briefings with audit case workshops and claims review exercises. Participants audit a sample of claims, identify coding and billing issues and prepare a findings report. In addition, structured peer review and group discussion reinforce each technique, and every day closes with an applied audit task.

Who Should Take This Course

- Medical audit and claims review professionals in insurers.
- Medical officers and clinical reviewers in health insurance.
- Health insurance claims and adjudication staff.
- Provider network and contracting managers.
- Compliance, anti-fraud and internal audit professionals in health insurance.
- Health authority staff overseeing insurance scheme integrity.

Medical Audit in Health Insurance Course Outlines

Day 1: Medical Audit Framework and Objectives

- Purpose of medical audit: quality, appropriateness and cost control.
- Regulatory and contractual basis for audit rights.
- Audit types: pre-payment, post-payment and concurrent review.
- Governance, independence and audit committee oversight.
- Ethical considerations and patient confidentiality.
- Audit policy, mandate and escalation routes.
- Workshop: designing an annual medical audit plan.

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Day 2: Clinical Criteria, Necessity and Coding Review

- Medical necessity definitions and clinical criteria applied to claims.
- Evidence-based guidelines and coverage policy assessment.
- Diagnosis and procedure coding systems and common errors.
- Diagnosis-related group assignment and payment implications.
- Upcoding, unbundling and code substitution indicators.
- Documentation review against clinical records.
- Workshop: reviewing claims for necessity and coding accuracy.

Day 3: Billing Accuracy, Provider Profiling and Utilisation

- Charge review, fee schedule application and duplicate billing.
- Pharmacy, laboratory and imaging claim review points.
- Provider profiling by cost, volume, case mix and outcomes.
- Benchmarking providers against peer norms.
- Length of stay and readmission analysis.
- Network management and contracting consequences of audit findings.
- Workshop: building a provider profile and interpreting outliers.

Day 4: Fraud, Waste and Abuse Detection

- Fraud, waste and abuse definitions and behavioural indicators.
- Data analytics and exception reporting for claims patterns.
- Phantom billing, service unbundling and misrepresentation.
- Collusion, kickback and referral pattern indicators.

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- Investigation process, evidence handling and legal considerations.
- Recovery, sanctions and referral to authorities.
- Workshop: identifying fraud indicators in a claims data set.

Day 5: Findings, Recovery and Reporting

- Structuring audit findings with documented evidence.
- Quantifying overpayment and preparing recovery claims.
- Corrective action plans and provider engagement.
- Reporting to management, audit committees and regulators.
- Quality assurance of the audit function itself.
- Building a medical audit roadmap and capability plan.
- Workshop: presenting a medical audit report before a review panel.

Conclusion

By successfully completing Medical Audit in Health Insurance Training Course, participants will have acquired the knowledge to examine health insurance claims for clinical appropriateness, coding accuracy and billing integrity. They will understand audit methodology, clinical criteria, coding review, provider profiling, fraud detection and recovery, and they will know how to report findings with documented evidence. As a result, delegates protect scheme funds while supporting fair provider relationships. Gentex Training Center builds the programme around current health insurance audit practice.

FAQs for the Medical Audit in Health Insurance course

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Q1 What is the "Medical Audit in Health Insurance" course about?

It covers how health insurance claims are audited for clinical and financial correctness. You learn audit methodology and sampling, medical necessity assessment, clinical coding review, billing accuracy, provider profiling, fraud detection and recovery reporting, with practical claims audit exercises.

Q2 What are the key benefits of the "Medical Audit in Health Insurance" course?

You gain the ability to identify leakage and inappropriate billing with documented evidence rather than suspicion. You also improve coding accuracy, strengthen provider profiling, build defensible recovery claims, and report audit outcomes that stand up to provider challenge and regulatory review.

Q3 What skills will I gain from the "Medical Audit in Health Insurance" course?

You will gain medical audit methodology and claims review, medical necessity and clinical coding assessment, billing accuracy and provider profiling analysis, and fraud detection, recovery and audit reporting.

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Q4 What tools, methods, or standards are covered in the "Medical Audit in Health Insurance" course?

The course covers audit planning and statistical sampling, medical necessity criteria and evidence-based guidelines, diagnosis and procedure coding with diagnosis-related group assignment, coding error typologies including upcoding and unbundling, charge and fee schedule review, provider profiling and peer benchmarking, data analytics and exception reporting for fraud indicators, overpayment quantification, and recovery and reporting procedures.

Q5 How is the "Medical Audit in Health Insurance" course applied in real-world practice?

Graduates apply it to plan and run claims audit cycles, review clinical documentation against coding, quantify overpayments and raise recovery claims, profile providers and act on outliers, detect fraud indicators through exception reports, prepare findings for provider discussion, and report audit outcomes to management, committees and regulators.