

€ TRAINING

Medical Insurance Management



10 - 14 June 2024
Paris (France)



Medical Insurance Management

REF: S1373 DATE: 10 - 14 June 2024 Venue: Paris (France) - Fee: 6555 Euro

Introduction:

This training program offers participants a structured curriculum to develop expertise in navigating the complexities of health insurance. Through it, participants are equipped with the knowledge and skills necessary to effectively manage health insurance files and maximize coverage benefits for stakeholders within healthcare settings.

Program Objectives:

At the end of this program, participants will be able to:

- Gain a comprehensive understanding of various types of health insurance policies available.
- Identify key stakeholders involved in medical insurance, including insurers and healthcare providers.
- Define the roles and responsibilities of participants in the issuance and management of insurance claims.
- Effectively manage health insurance files, including documentation and record-keeping practices.
- Develop negotiation skills to successfully renew contracts with health insurance providers.
- Articulate knowledge of health insurance contracts and different coverage options available to insured individuals.

Targeted Audience:

- Insurance agents and brokers specializing in medical insurance.
- Healthcare administrators and managers responsible for insurance billing and reimbursement.
- Medical office personnel involved in insurance verification and claims processing.
- Insurance underwriters assessing medical insurance policy applications.
- Healthcare professionals seeking to understand the complexities of medical insurance for patient care coordination.

Program Outlines:

Unit 1:

Introduction:

- Insurance providers.

- Origin of insurance and risk management.
- Objectives and benefits.
- Insurance terms and principles of insurance.

Unit 2:

Medical Insurance:

- Types of insurance.
- Health insurance law.
- Types of health insurance policies.
- Permanent health insurance cover.
- Preparation of health insurance programs.
- Overpayments and Endurance Rates.

Unit 2:

Management of Medical Insurance Contract:

- Health Insurance Correspondence, Versions and Claims.
- Management of medical expenses and management of premiums and finance.
- Self-financing funds for health insurance.
- Method of calculating the health insurance premium and the most important factors affecting the insured's decision insurance company.
- Medical Services.

Unit 3:

Technical Study of Medical Insurance:

- Introduction to the health care delivery system.
- Coverage in health insurance.
- Negotiate the renewal of contracts with health insurance.
- Analyze trends and developments in medical insurance.

- Evaluate the impact of regulatory changes on medical insurance practices.

Unit 4:

Personal Accident Document and its Importance for Medical Insurance Contract:

- Define personal accident document and its role in insurance contracts.
- Explore the coverage provided by personal accident documents.
- Examine the process of linking personal accidents to medical records for insurance claims.
- Analyze case studies illustrating the importance of personal accident documents in medical insurance.
- Develop strategies for optimizing personal accident document management within insurance contracts.

Unit 5:

Disclosure of Fraud in Medical Insurance:

- Understand the importance of detecting and preventing fraud in medical insurance.
- Explore common types of fraud in medical insurance and their impact on stakeholders.
- Learn methods and techniques for detecting fraudulent insurance claims.
- Discuss the legal and ethical implications of fraud detection in medical insurance.
- Develop protocols and procedures for effectively managing and disclosing instances of fraud in medical insurance.