



Medical Claims & Coding: Value-Based Payment Strategies



AGILE LEADERS
Training Center

Medical Claims & Coding: Value-Based Payment Strategies

Course Overview

The *Medical Claims & Coding Specialization: Value-Based Payment Strategies* course provides an in-depth, 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

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

Day 2: Medical Coding

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

Day 3: DRG Diagnosis-Related Group Systems

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

Day 4: Value-Based Claims Payment

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



Day 5: Data Analysis for Healthcare Claims Intelligence

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



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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

CONTACT US



UAE, Dubai Investment
Park First



+971585964727
+447700176600



sales@agile4training.com