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HEALTH INSURANCE CLAIMS AND TPA MANAGEMENT

Start Date:	26/10/2026	**End Date:**	30/10/2026
Categories:	Human Resources	**Venues:**	Berlin
Formats:	In Person	**Instructors:**	

OVERVIEW

Claims and the relationship with the insurer or third-party administrator are where a medical scheme is tested. This program covers how claims flow, how to work effectively with a TPA, and how to resolve disputes. Participants learn to manage the claims process on behalf of employees, monitor performance, and hold the administrator accountable to the service standards agreed.

OBJECTIVES

By the end of this course, participants will be able to: – Describe the end-to-end claims process – Explain the role of the TPA and the insurer – Manage pre-authorization and approvals – Track and reconcile claims activity – Resolve rejected or disputed claims – Monitor TPA service levels and performance – Support employees through claims issues

COURSE OUTLINE

1- The Claims Process End to End 2- Roles of the Insurer and TPA 3- Pre-Authorization and Approvals 4- Cashless and Reimbursement Claims 5- Documentation Requirements 6- Claim Rejections and Common Causes 7- Disputes, Appeals and Escalation 8- Handling Complex and High-Cost Claims 9- Reconciliation and Reporting 10- Monitoring TPA Performance and SLAs 11- Identifying Trends and Cost Drivers 12- Supporting Employees Through Claims

TARGET AUDIENCE

HR and benefits staff who manage medical claims and the relationship with the insurer or TPA.

METHODOLOGY

The program uses claims case studies, sample rejection scenarios, and a service-level review exercise. Participants practice dispute resolution and performance monitoring across the week, finishing with a case clinic.

CONCLUSION

Participants leave able to manage claims confidently, resolve disputes, and hold the administrator

to the agreed standard of service.

DAILY AGENDA

Day 1: The Claims Process and Key Roles

Walks through the end-to-end claims process, defines the distinct roles of the insurer and TPA, and covers the pre-authorization and approvals framework.

Day 2: Claim Types, Documentation and Rejections

Examines cashless and reimbursement claim pathways, documentation requirements, and the common causes of claim rejections.

Day 3: Disputes, Appeals and Complex Claims

Covers the process for managing disputed and rejected claims, escalation routes, and the handling of complex or high-cost claim situations.

Day 4: Reconciliation, Reporting and TPA Performance

Develops skills in claims reconciliation and reporting, monitoring TPA service levels and SLAs, and identifying cost trends.

Day 5: Employee Support and Claims Case Clinic

Focuses on supporting employees through claims issues, finishing with a case clinic working through live-format claims and dispute scenarios.

For more information, please contact us:
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