



Insurance
INSTITUTE OF EAST AFRICA

HEALTHCARE INSURANCE FRAUD TRAINING

— Empower your teams to detect and prevent Fraud —



**In-House
Training**



**International Fraud
TRAINING GROUP**

| Accredited |

Overview

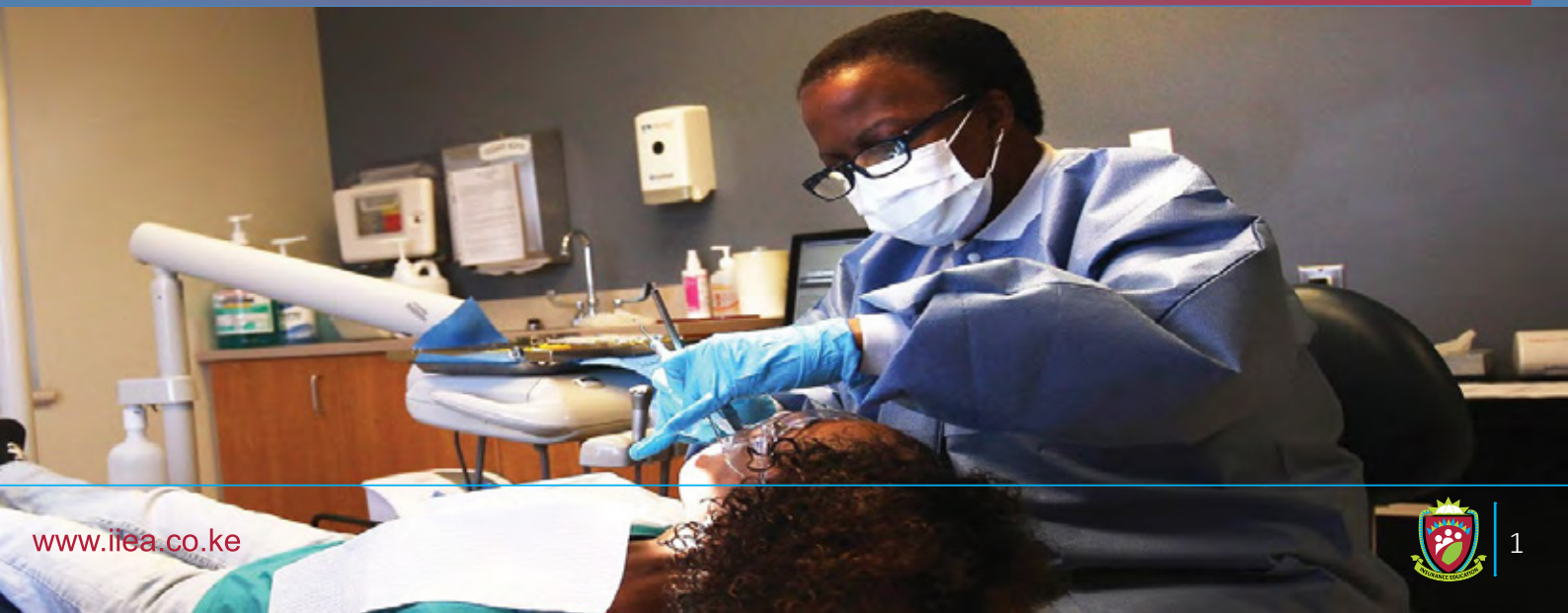
Insurance Fraud in Kenya

Insurance fraud remains a complex and most significant risk affecting operations of insurers and intermediaries. The IRA considers such incidences of insurance fraud as being out rightly criminal in nature. Motor and medical insurance classes are the most affected segments of the industry that account for more than half of the reported cases. High levels of fraud have the effect of pushing up the cost of premiums as insurers look to protect their margins.

It is estimated 40% of insurance industry income is fraudulently claimed. It is also estimated 30% of the motor insurance claims are fraudulent and that 40% of all medical claims are fraudulent. Fraud cases in Kenya's insurance sector rose 60% in the first three months of 2019 compared to a similar period in 2018. Motor insurance classes proved to be the most vulnerable to insurance fraud, with a total number of 18 fraudulent claims reported amounting to Sh52.4 million and these are only the detected ones otherwise numerous go undetected. A recent report released by Association of Kenya Insurers (AKI) estimated the cost of insurance fraud to be between 8 percent and 10 percent of the industry's total amount paid up for health care insurance costs and losses and damage to property (mostly vehicles). Fraud by agents engaged by underwriters was the most common type registered by the Insurance Regulatory Authority (IRA) in the fourth quarter of last year. According to new data from the IRA, more than half of the fraud cases reported by insurance companies were from the agents, normally paid on commission by the companies.

Kenya loses up to Sh33 billion to insurance fraud in the medical segment alone, the Rural Private Hospitals Association has said, pointing out to weak systems and collusion.

Health insurance providers, managed care organizations, and other health care stakeholders are increasingly tasked with achieving more on shrinking budgets. This places a premium on strategies that combat and deter the financial effects of health care fraud. With Healthcare Insurance Fraud Training you'll gain valuable expertise in detecting, deterring, and reducing healthcare insurance fraud and help you do your job even better.



About Insurance Institute of East Africa (IIEA)

The Insurance Institute of East Africa (IIEA) is a leading provider of insurance education across the various functional areas of the insurance industry and is an approved training provider by National Industrial Training Authority (NITA) under Ref: NITA/TRN/1365.

IIEA has partnered with leading global providers of insurance education to offer a wide range of professional insurance qualifications developed by industry experts. The partners include the Insurance Institute of America (The Institutes), Cambridge International College (CIC) Britain, Australian and New Zealand Institute of Insurance and Finance (ANZIIF), International Fraud Training Group (IFTG), America's Health Insurance Plans (AHIP), Chartered Insurance Institute (CII), Kaplan Financial Education and the Institute of Chartered Shipbrokers to offer world class professional qualifications, designations, certifications and insurance fraud management programs to the insurance industry in East Africa. These programs are highly regarded across the industry and provide learners with the skills and knowledge to succeed in their careers across functional areas of the insurance industry.

Accreditation

The course is accredited by the International Fraud Training Group (IFTG) of USA. The International Fraud Training Group (IFTG) is a full-service Insurance training and consulting firm providing training and compliance services throughout the World. It is one of the largest privately-held companies in the industry, offering structured programs for insurance carriers, self-insured's, and third-party administrators. The Insurance Institute of East Africa is the exclusive provider of IFTG's fraud training programs in East Africa.

Purpose

This one-day day course will help participants gain valuable expertise in detecting, deterring, and reducing health care fraud.

Suitability

This course is suitable for: -

- Medical Underwriters
- Claims Professionals
- Sales Teams (Business Development)
- Agents and Brokers
- Loss Adjusters
- Risk Managers
- Care Managers and Personnel
- Claim Investigators
- Call Centre/Customer Service Teams

What is Covered

Introduction to Insurance Fraud

This course will provide the insurance professional with an overview to Insurance Fraud, including the effects of insurance fraud, the growing statistics of insurance fraud, examples and current fraud schemes as well as their consequences, the efforts to reduce insurance fraud and the role that they play to combat fraud. Participants will learn about successful investigative techniques that can be used by themselves or the field investigators. It will provide knowledge on what outside field investigators can do, what they need to do, how to plan for the investigation and learn the types of investigations that can be conducted. This course also includes fraud detection tactics and red flag indicators for insurance fraud.

Healthcare Insurance Fraud

This course will provide the participants with very detailed knowledge of Health Care Fraud from a Global perspective. The course will provide the participants with thorough knowledge of medical and healthcare fraud in both the private and government sectors, the laws that are designed to protect consumers and taxpayers from losses suffered as a result of such fraud, and techniques both the public and insurance/investigative professionals can utilize to combat fraud. Participants will also learn about the current scams committed by both claimants and providers, the effects of this type of fraud, red flags for fraud recognition, and investigative tips and understand how to identify fraudulent practice. Completion of this training will provide participants with an all-inclusive understanding of the scope of this problem, ranging from the simplest situations to complex and sophisticated healthcare insurance fraud crimes and how to stop them.

Dental Fraud

This module will provide the insurance professional with knowledge of healthcare fraud and in particular, what Dental Fraud is. They will have an overview of terminology and procedures. They will learn ways to identify the frauds, how to investigate the frauds. The module will provide true examples of dental fraud and how it is being perpetrated within the insurance industry.

Fraud Risk Management

An effective fraud risk management encompasses controls that have three objectives namely Detection, Prevention and Response. Participants will learn in detail about those objectives and their application in fighting insurance fraud.

Course Delivery

This course combines formal but highly interactive lectures and discussions with dynamic exercises. Delegates will also be examined at the end of the training to qualify for a Certificate of Participation.

Course Summary

Location:	To be provided by Client
Duration:	1 Day
Fee:	Ksh 12,500 + VAT Per Participant
Dates:	Open



Contact Us

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