BLACKBIRD FOR TRAINING

AI for Claims and Fraud Detection in Insurance

28 March – 1 April 2027
Amman (Jordan)



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Introduction

Claims are among the most influential operations in insurance companies because they directly affect compensation costs, processing speed, service quality, customer satisfaction, risk exposure, and fraud control. As claims volumes increase and fraud patterns become more complex, insurance organizations need stronger analytical methods to identify suspicious behavior, reduce losses, and improve claims decision-making.

This course focuses on the practical use of artificial intelligence in insurance claims analysis and fraud detection. It covers AI-driven claims analytics, suspicious pattern identification, anomaly detection, fraud prevention, risk assessment, loss reduction, claims process optimization, and claims reporting. The content is aligned with the provided topic: AI for Claims & Fraud Detection.

The course follows a clear one-week sequence. It begins with the foundations of claims analysis using AI, then moves into claims data preparation, claims lifecycle analysis, fraud detection, anomaly identification, risk assessment, loss reduction, and AI-driven reporting.

Course Objectives

By the end of this course, participants will be able to:

- Understand the role of AI in insurance claims analysis and decision support.
- Identify claims data sources and prepare them for AI-driven analysis.
- Analyze the claims lifecycle and connect it with cost, risk, processing speed, and service quality.
- Use AI techniques to identify suspicious patterns in claims data.
- Detect anomalies that may indicate fraud, error, or control weakness.
- Analyze repeated, high-value, delayed, or unusual claims.
- Apply risk assessment methods to prioritize claims requiring further review.
- Support loss reduction through claims cost analysis and leakage identification.
- Improve claims process efficiency by analyzing processing time and bottlenecks.
- Build analytical reports and dashboards for claims, fraud, risk, and performance monitoring.
- Connect AI outputs with escalation, investigation, approval, or rejection decisions.
- Develop a practical framework for using AI to improve claims operations in insurance companies.



Course Outlines

Day 1: Introduction to Insurance Claims Analysis Using AI

- The concept of insurance claims analysis and its role in improving financial and operational performance.
- The role of AI in supporting claims decisions and reducing processing errors.
- The relationship between claims, fraud, losses, risk, and customer satisfaction.
- Key claims data sources, including policies, customers, payments, settlements, and service providers.
- The importance of data quality in accurate analysis and anomaly detection.
- Practical exercise on identifying the required data for an insurance claims analysis case.

Day 2: Claims Data Preparation and Claims Lifecycle Analysis

- Integrating claims data from multiple sources into a structured analytical model.
- Cleaning claims data by handling duplicates, missing values, and operational errors.
- Analyzing claim stages from registration to review, settlement, and closure.
- Measuring processing time, settlement duration, and delay rates.
- Identifying operational bottlenecks that affect claims speed and quality.
- Practical exercise on preparing a report for claims lifecycle analysis.

Day 3: Fraud Detection and Suspicious Pattern Identification

- The concept of insurance claims fraud and its impact on losses and profitability.
- Using AI to detect unusual and repeated claims.
- Identifying suspicious patterns such as frequency, abnormal values, unusual timing, and irregular relationships.
- Analyzing claim deviations by customer, policy type, region, or service provider.
- Developing indicators to classify claims according to suspicion level.
- Practical exercise on designing a fraud detection indicator dashboard for claims.

Day 4: Risk Assessment, Loss Reduction, and Claims Process Optimization

- Analyzing claims risk by product type, customer segment, channel, and region.
- Measuring claims costs, loss ratios, and factors driving cost increases.
- Using AI-driven analytics to identify claims that require priority review.
- Linking fraud indicators and risk indicators with escalation and investigation decisions.
- Improving claims procedures to reduce waste, financial leakage, and delays.
- Practical exercise on building an initial model for claims risk assessment and loss reduction.



Day 5: AI-Driven Claims Analytics, Reporting, and Integrated Application

- Preparing claims analytical reports using fraud, risk, and performance indicators.
- Designing dashboards for open, delayed, high-value, and suspicious claims.
- Using AI outputs to support claims teams and management decisions.
- Monitoring claims processing performance and connecting results with improvement plans.
- Reviewing AI usage controls to ensure accuracy, transparency, and human review.
- Integrated case study covering claims analysis, suspicion detection, risk assessment, and process improvement.

Why Attend this Course: Wins & Losses!

- Gain practical knowledge of using AI in insurance claims analysis.
- Improve the ability to detect suspicious indicators and unusual claim patterns.
- Support claims teams in identifying cases that require review or investigation.
- Reduce losses through claims cost analysis and financial leakage detection.
- Improve claims processing speed and efficiency through lifecycle analysis.
- Build clear indicators for monitoring fraud, risk, performance, and cost.
- Strengthen data-driven decision-making in claims operations.
- Improve analytical reporting for claims teams and executive management.
- Link AI-driven analysis with fraud prevention and loss reduction plans.
- Develop a better understanding of the relationship between claims, customers, policies, and service providers.
- Support compliance and control by reviewing high-risk claims.
- Use intelligent analytics to improve productivity and service quality.

Conclusion

The AI for Claims and Fraud Detection in Insurance course provides a practical framework for using artificial intelligence to improve claims management, detect fraud, reduce losses, and enhance operational efficiency. It covers the key areas that connect claims data, suspicious patterns, anomaly detection, risk indicators, claims costs, loss reduction, and performance reporting.

The program follows a structured sequence. It begins with the nature of insurance claims and the role of AI in analyzing them, then moves into data preparation and claims lifecycle analysis. It then focuses on fraud detection and anomaly identification, followed by risk assessment, loss reduction, and process optimization. The final day brings all topics together through AI-driven claims analytics, reporting, and an integrated case study.

By the end of the course, participants will understand how to use AI to transform claims data into practical insights. The course supports insurance companies in improving claims processing speed, reducing losses, strengthening fraud detection, and supporting claims decisions through accurate analytics and clear,

