Leading the Way in Insurance Education

AHIP’s educational programs provide professional knowledge to help improve job skills and performance. You, your team, and the agents and brokers with whom you work can benefit from innovative courses targeting trends and policies in health care, including:

The Basics, and More
Help your team learn the ins and outs of the health insurance industry with convenient online courses such as *Health Insurance 101: An Orientation*. Why stop there? Take your team to the next level. Provide training to help create lasting relationships with your members and clients with our *Customer Service Strategies for the Health Care Environment* course. See pages 8-9.

Prepare for the Future
Ready to help your clients plan for their future? We offer courses on Disability Insurance, Long-Term Care Insurance, and Senior Products to help you better prepare yourself to meet your clients’ needs. See pages 11-12.

Federally-Facilitated Marketplace (FFM) and Medicare Training
Gain essential information on the Affordable Care Act’s (ACA) rules and regulations for Marketplaces and Medicare. This training covers key aspects of Federal Marketplaces, including operations and structure, as well as the basics of Medicare, CMS guidelines, marketing, and the enrollment process. See page 3.

Look inside for our full listing of courses and designations, and visit [www.ahip.org/courses](http://www.ahip.org/courses) to register today.
Leading the Way in Health Insurance Education

Tens of thousands of industry professionals rely on AHIP for first-class educational courses, designation programs, conferences, workshops, and webinars to provide the most current and relevant information in health care.

Complement your online course study by attending one of our many educational conferences held throughout the year. These in-person programs offer direct participation in substantive and timely discussions on policy, health plan operations, consumer and digital health issues, and public programs. See page 18 or visit www.ahip.org/conferences.

For updates on AHIP’s courses and other educational and promotional programs, sign up for AHIP’s mailing list at www.ahip.org/subscribe1.

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Course and material pricing are subject to change.
Federally-Facilitated Marketplace Training

This unique online training program provides students with the knowledge and tools needed to fulfill CMS requirements to participate as an agent or broker registered with a Federally-Facilitated Marketplace (FFM), whether assisting individuals or small business owners. The core of this program focuses on the Affordable Care Act and Marketplace basics as well as privacy and security issues. Depending upon your specific needs and interests, students have the option to delve deeper into training materials focusing on the Federally-Facilitated Individual Marketplace, FF-SHOP Marketplace, or both.

Customer support is available online and by phone in English and Spanish.

Agents & Brokers Federal Marketplace Training

Available in English. Spanish version coming soon.

Topics include:
- Major health care reforms and consumer protections under the ACA
- Key functions of FFMs
- Medicare, Medicaid, and other programs outside FFMs providing health coverage
- Roles of agents, brokers, and web-brokers in FFMs
- General FFM registration requirements for agents and brokers
- Eligibility for enrollment in a qualified health plan (QHP) offered through an FFM
- How to assist households with potential barriers to obtaining health coverage
- Individual mandate and situations that may qualify for an exemption
- Appeals of FFM decisions
- Advanced premium tax credits and cost-sharing reductions
- Open enrollment rules and special enrollment periods
- Privacy standards
- Prohibited uses and disclosure of personal health information

Employer options for selecting health plan choices and contributions
Employee coverage through FF-SHOP

The fee for this course includes online study materials. Extra fees will apply for additional state-based modules (as available).

This course is available at www.ahip.org/FFM

Pricing starts at $125.00

Medicare Training

Medicare + Fraud, Waste and Abuse (FWA) Training

Available in English and Spanish

Receive a rigorous training in the basics of Medicare, CMS guidelines, plan options, marketing, and enrollment requirements. You will learn:
- The basics of Medicare fee-for-service eligibility and benefits
- The different types of Medicare Advantage and Part D prescription drug plans
- Eligibility and coverage
- Marketing and enrollment under the Medicare Advantage and Part D program requirements
- How to identify and combat fraud, waste, and abuse

The fee for this course includes online study materials.

This course is available at www.AHIPMedicareTraining.com

$175 AHIP Members; $175 Non-members

Medicare General Compliance Training

This course includes case studies and real-world examples of compliance issues designed to reinforce retention and on-the-job responses. You’ll learn how to:
- Understand how compliance problems impact Medicare health plans and their members
- Identify common compliance risks
- Determine the seven core elements that must be included in a Medicare compliance program and how those elements can be incorporated into day-to-day business practices

$195 AHIP Members; $255 Non-members
An Educational Program for IT Professionals

Change is the one term that describes the health care industry today. The ACA, ICD-10, and the move toward a consumer-centric delivery model are just a few of the hallmarks of this change, and information technology (IT) is critical. Having IT talent who understand the industry is a business imperative.

If you currently work in health care IT or you are thinking about entering health care as an IT professional, the knowledge you gain through this Series will help you get ahead and stay ahead. All courses provide credits leading up to two professional designations.

Information Technology Professional

Earn the IT Professional (ITP) designation by passing the following online courses:

Health Insurance 101: An Orientation
Learn the basics of how a modern American health plan operates. This course is flexible: you can study its nine modules in any sequence you choose. You’ll learn:
- Health plan structures and functions
- Products
- Customer experience
See page 8 for additional details.
$80 AHIP Members; $100 Non-members

ICD-10 and 5010 Mandate — A Technology View
This mobile-friendly course will provide a better understanding of the full impact of the new ICD-10 coding system. You’ll learn:
- A basic understanding of ICD-10 code sets
- ICD-9 to ICD-10 conversions
- Coding diagnoses and inpatient hospital procedures
$195 AHIP Members; $255 Non-members

Overview of Payer IT, Part A
You will learn comprehensive details about customer-facing systems and core payer systems. Topics include:
- Provider and member intake systems
- Membership management
- Claims processing
$195 AHIP Members; $255 Non-members

Overview of Payer IT, Part B
You will be introduced to the following aspects of the industry and the role played by technology in:
- Medical management
- Health and wellness
- Product development
- Anti-fraud activities
- Social media initiatives
- Consumer support and engagement
$195 AHIP Members; $255 Non-members

IT SERIES WEBINARS ON DEMAND
LEARN WHEN YOU WANT, WHERE YOU WANT

Improving Health Care One Connection at a Time — Connecting Health Care Systems to Deliver Results
To deliver the best care possible, caregivers need to have access to the complete picture of a member’s health. This webinar addresses best practices for presenting and integrating this essential data.

Managing Security and Privacy Risks of Today’s Health Exchange Models
Organizations use a variety of health care data exchange models. This webinar details the ways in which the privacy, security, and confidentiality of protected health information (PHI) must also be considered.

Enroll and view even more IT Series Webinars On Demand at www.ahip.org/ITWebinars

Visit www.ahip.org/courses for a full listing of courses, designations, webinars and live events.
Information Technology Fellow

Earn the IT Fellow (ITF) designation by initially acquiring 50 credits, and earn 20 additional credits every subsequent two-year period to maintain the designation.

Credits are obtained by:
- Passing the courses listed on page 4
- Participating in IT Series webinars
- Attending IT Series workshops
- Joining and regularly posting commentary in the IT Series group on LinkedIn®

As an IT Fellow, you will experience unique opportunities that will keep you informed of the latest health care IT needs, innovations, theories, and market trends as you participate in the IT Series’ programs.

Visit www.ahip.org/IT for more information.

SOCIAL LEARNING

We encourage those working toward earning the IT Professional and IT Fellow designations to participate in the IT Series Group on LinkedIn®.

The group is limited to individuals actively participating in the IT Series program. Involvement will enhance your learning experience and speed up the designation process. Plus, you will have the opportunity to communicate directly with leading health care IT strategists and thought leaders.

Find us on LinkedIn® by searching for the IT Series Group.

IT SERIES PRICING AND BUNDLED SAVINGS

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BUNDLED SAVINGS

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<tr>
<td>Webinar Bundle (12 month subscription to unlimited IT Webinars)</td>
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<td>All Access Bundle (Includes 4 courses, 4 webinars, and 1 workshop)</td>
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*Health Insurance 101: An Orientation. Member Price is $80, Non-member Price is $100.
Accountable Care Organizations (ACOs)
Learn about ACOs from their history to their future impact on health care delivery and payment reforms. The course covers:
- The definition, history, and purpose of ACOs
- The impact of ACOs on the Affordable Care Act and Medicare
- ACOs’ role beyond Medicare
$110 AHIP Members; $150 Non-members

Understanding Private Accountable Care Organizations (ACOs)
As health care reform progresses and more ACOs are formed, a newer payment and delivery model has evolved: the private ACO. This course takes a close look at private ACOs, including:
- Transitioning payment and delivery models
- Population health and maintaining affordability
- Care coordination payments, shared savings, and bundled payments
- The role of IT in ACOs
$110 AHIP Members; $150 Non-members

Health Insurance Exchanges and the Affordable Care Act
Understand Exchanges and their role in the changing health care system. You will learn:
- Definition, history, and purpose of Exchanges
- Case studies and the impact of Exchanges on the health insurance industry
- Structure and requirements of Exchanges under the Affordable Care Act
$110 AHIP Members; $150 Non-members

Understanding the Summary of Benefits and Coverage (SBC)
The Affordable Care Act mandates the Summary of Benefits and Coverage (SBC), a document distributed to consumers to help them more easily compare health insurance policies and select what is appropriate for their needs. You will learn:
- The definition and purpose of the SBC
- The information required in an SBC and the rules for each item of information
- The rules governing who should distribute an SBC, to whom, and when
- Issues that have arisen in relation to SBCs and the regulatory guidance that addresses these issues
$110 AHIP Members; $150 Non-members

Understanding Medicare
This course is designed for individuals who want a better understanding of the original Medicare, Medicare Advantage, and the role of supplemental insurance. You’ll learn about:
- Eligibility and costs
- Enrollment
- Benefits of Parts A and B
- Medicare and the Affordable Care Act
$110 AHIP Members; $150 Non-members

Visit www.ahip.org/courses for a full listing of courses, designations, webinars and live events.
AHIP has created the Healthcare Compliance Professional (HCP™) designation specifically for individuals who work to meet the requirements of the Affordable Care Act and ensure that their companies meet the parameters of all of the rules, regulations, and deadlines. We suggest anyone whose job is impacted by the ACA or who is responsible for any aspect of compliance to participate in this program. Courses include:

- Accountable Care Organizations (ACOs)
- Health Insurance Exchanges and the Affordable Care Act
- Understanding Medicare
- Understanding Private Accountable Care Organizations (ACOs)
- Understanding the Summary of Benefits and Coverage (SBC)

See page 6 for additional details.

From market conduct reviews, MLRs, and audits to setting up a compliance program, the educational activities leading up to earning the HCP™ designation will help you manage your job functions on a daily basis and plan for continued ACA implementation. Acquire 18 credits to initially gain the HCP™; earn 9 additional credits every subsequent two-year period to maintain the designation. Credits are obtained by any combination of the events below:

- Passing the courses listed above
- Participating in HCP™ webinars*
- Attending HCP™ conferences*

**HCP™ WEBINARS ON DEMAND**

**LEARN WHEN YOU WANT, WHERE YOU WANT**

**Compliance Habits of High-Performing Medicare Advantage and Prescription Drug Benefit Plans**

This webinar discusses the seven elements of an effective compliance program including policies and procedures, training and education, monitoring and oversight, and the development of a high-performance team.

**Best Practices for Managing (and Avoiding) Provider Disputes**

In this webinar, you will explore techniques for avoiding provider disputes before they arise, and effectively handling them when they do.

Enroll and view even more HCP™ Webinars On Demand at www.ahip.org/HCP

**HCP™ PRICING**

<table>
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*Events will be noted as HCP™-eligible in the AHIP online event calendar, www.ahip.org/eventcalendar.

**Conference credits will be based on length of sessions attended.
Health Insurance Basics for Those New to the Industry

Health Insurance 101: An Orientation

Health Insurance 101: An Orientation is a flexible course that teaches health insurance basics. It provides a comprehensive review that can enhance your skills and prepare you for career opportunities and challenges. The course is made up of nine 30-minute modules. Review the materials at your own pace and in the sequence you choose.

Lessons Include:
- Basics of health insurance
- Overview of today’s health insurance industry
- Organization and functions, including enrollment, claims, and customer service
- Clinical quality, utilization management, and pharmacy benefit management
- Pricing, sales, and marketing
- Federal and state regulations, compliance, and ethics
- Wellness and bending the cost curve
- Customizable products
- Customer experience

$80 AHIP Members; $100 Non-members

Affordable Care Act Training for Large Group Employers

Affordable Care Act Expert Series, Large Group Training

While some large employers may have significant resources and require little support, many are struggling to keep pace with the changing benefits landscape. The Affordable Care Act Expert Series, Large Group Training provides the strategic and consultative insights agents and brokers need to engage and support large employers. This interactive course integrates:
- Real-world employer scenarios
- Information on the employer mandate and eligibility
- Understanding large employers’ priorities under the ACA
- Plan design options that are ACA-compliant
- Instruction on employer compliance and reporting

$195 AHIP Members; $255 Non-members

OPTIONAL: For an additional fee, you may earn continuing education (CE) credits in most states. Please reach out to our Support Team at support@ahipinsuranceeducation.org for details.
General Health Insurance

**Fundamentals of Health Insurance, Part A (Basics of Health Insurance)**
Master the basic concepts and terminology of health insurance, including:
- The definition of insurance and how it works
- The major types of insurance
$165 AHIP Members; $215 Non-members

**Fundamentals of Health Insurance, Part B (Basics of Company Operations)**
Gain an understanding of health insurance operations, including:
- Procedures for issuance and installation of policies and renewal processes
- Premium billing and payment
- How to manage, submit, and process claims
$165 AHIP Members; $215 Non-members

**Health Insurance Advanced Studies, Part A**
Learn about the evolving health insurance system. To ensure that you stay current on health care reform implementation, we will send you periodic updates for 18 months following course completion. Topics include:
- Health insurance plan structures and alternatives
- Medicare and Medicaid
- New tax rules in a post-reform tax environment
- Consumer-driven plans
$195 AHIP Members; $255 Non-members

**Health Insurance Advanced Studies, Part B**
Become an expert on specific health insurance products and policy options, including:
- Disability insurance
- Long-term care insurance
- Supplemental insurance
- Dental insurance
- Health insurance Exchanges
$195 AHIP Members; $255 Non-members

**Customer Service Strategies for the Health Care Environment**
In this updated version you will learn best strategies for promoting positive, long-term relationships with clients, improving communication, and understanding cultural competency and its impact on the business environment.
- Understand the role of cultural competency and its positive effect on health care consumers
- A focus on techniques for communicating and conducting business more effectively in a diverse environment
- How to improve relationships with customers
- How to create a consumer-centric organization
- Ways to improve performance of the customer service team
$195 AHIP Members; $240 Non-members

**Supplemental Health Insurance**
Examine the impact of legislation:
- The facts and features of major supplemental products in the health insurance industry
- The impact of the most recent legislation on Medigap
- The administration of supplemental policies
$150 AHIP Members; $200 Non-members

**HIPAA-Excepted, Voluntary, and Supplementary Benefits**
The passage of the Affordable Care Act (ACA) coupled with economic factors has impacted the benefit packages of many individuals. Increasingly, employees are being asked to share a higher percentage of costs, creating opportunities for those who understand how to stretch dollars while providing an appropriate mix of coverage(s). Participants in this course will learn about:
- Products that are exempt from many of the rules surrounding the ACA
- How hospital indemnity, accident, disability, and other products can fill in the coverage gaps
- Why employers are turning to voluntary products as a way to offer their employees broader benefit selections tailored to their individual needs
$195 AHIP Members; $255 Non-members

Visit [www.ahip.org/courses](http://www.ahip.org/courses) for a full listing of courses, designations, webinars and live events.
Academy for Healthcare Management

Healthcare Management, An Introduction (AHM 250)
The interactive format will help you get up to speed on the concepts of health care management and organizational structures, as well as health care reform. Enjoy added flexibility as you’ll have 180 calendar days from the day you register to study and take the exam. You’ll learn about:
- The evolution of the case management model
- Consumer choice and consumer-directed plans
- Provider organizations: ACOs and patient-centered medical homes
- Information management, including the role of web communications to members and meeting HIPAA standards
- Electronic claims management
- Medicare and Medicaid

ONE COURSE DESIGNATION: Earn the PAHM® designation after completing this course.

$195 AHIP Members; $255 Non-members

Governance and Regulation (AHM 510)
Learn the formation, types, and structure of health care management organizations. You will have 120 calendar days to study and take the exam from the day you register. Topics include:
- How health insurance plans use reorganization and reengineering to improve performance
- Key legal issues in health insurance plans
- Federal and state regulatory requirements that affect health insurance plans

$195 AHIP Members; $255 Non-members

Health Plan Finance and Risk Management (AHM 520)
Take a comprehensive look at health insurance plan finance. You will have 120 calendar days to study and take the exam from the day you register. Topics include:
- Key accounting principles associated with a health insurance plan’s financial information
- Types of risks health insurance plans face and approaches they use to manage them
- Differences between fully funded and self-funded health insurance plans

$195 AHIP Members; $255 Non-members

Network Management (AHM 530)
Get insight into both network development strategies and network maintenance strategies. You will have 120 calendar days to study and take the exam from the day you register. You’ll learn about:
- The scope and organization of the network management function in health insurance plans
- Network strategies for access, quality, and cost-effectiveness
- The process for network provider selection

$195 AHIP Members; $255 Non-members

Medical Management (AHM 540)
Discover focused strategies for utilization management, disease management, case management, and quality management. You will have 120 calendar days to study and take the exam from the day you register. Topics include:
- The role of medical management in a health insurance plan
- How health insurance plans develop and implement medical policy
- The importance of preventive care

$195 AHIP Members; $255 Non-members

Visit www.ahip.org/courses for a full listing of courses, designations, webinars and live events.
**Anti-Fraud**

**Fraud, Part I (Introduction)**
Gain valuable insight from this broad overview of health insurance fraud, including:
- Methods investigators use to uncover and deter fraud perpetrated against the health care community
- How health insurance fraud schemes work
- How to identify fraudulent practices in medical expense insurance, managed care, and disability income insurance

$195 AHIP Members; $240 Non-members

**Fraud, Part II (Key Products)**
Looks at the impact of fraud on a range of insurance products, from disability income, life, long-term care, to dental coverage, including:
- Specialized health care fraud considerations that must be taken into account when working with pharmaceutical, supplemental, and Medigap insurance plans
- The roles of federal and state government entities in combating health care fraud
- The role of the private sector in detecting health care fraud and the legal constraints placed upon its enforcement efforts

$195 AHIP Members; $240 Non-members

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**Disability**

**Disability, Part I (Primer)**
Gain an understanding of the financial risk of disability insurance (DI), including:
- The need for having DI, the risk of not having it, and the costs associated with it
- Various sources of DI
- Underwriting processes, contractual provisions, claims, and taxation

$195 AHIP Members; $255 Non-members

**Disability, Part II (Advanced Issues)**
Acquire advanced knowledge of disability insurance (DI), including:
- The role of standard DI policies in providing basic coverage and personal, estate, and long-term care planning
- The variety of ways to structure disability insurance programs to meet employee needs
- Tax and ERISA considerations

$195 AHIP Members; $255 Non-members

**Disability, Part III (Group and Worksite Issues)**
Learn about group disability insurance (DI), including:
- Recent trends toward voluntary plans paid for largely by employees
- Facts about government programs like Social Security and workers’ compensation
- The difference between individual and group plans

$195 AHIP Members; $255 Non-members

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**FRAUD WEBINARS ON DEMAND**

**LEARN WHEN YOU WANT, WHERE YOU WANT**

*Fraud: Medical Identity Theft, Part 1 — The Stakes and Consequences for Health Plans*
This webinar focuses on the nature of the medical identity theft problem, its scale, the role it plays in health care fraud, and the stakes for health plans.

*Fighting Health Care Fraud — The Legal Landscape, the ACA, and Public-Private Partnership*
This webinar focuses on the health care fraud legal landscape, how the ACA is bringing about change in fraud and fraud-fighting, and a new public-private partnership to combat fraud.

Enroll and view even more Fraud Webinars On Demand at [www.ahip.org/ciepd/options/webinar_hcafa.html](http://www.ahip.org/ciepd/options/webinar_hcafa.html)
Long-Term Care

Long-Term Care, Part I (Needs and Options)
Look at the growing need for long-term care:
- How to identify people who may need care and where it is provided
- Ways of paying for long-term care and advantages and disadvantages of each method
- Facts and features of long-term care insurance, how it works, and why it is often the best solution for people who need it
$195 AHIP Members; $255 Non-members

Long-Term Care, Part II (Financing)
Gain a clearer understanding of the economic impact of long-term care and the variety of ways people pay.
Topics include:
- The pros and cons of using personal savings and assets, or tapping other resources like family, reverse mortgages, private annuities, or life insurance
- The role of government programs including Medicare and Medicaid
- The role of long-term care insurance in meeting long-term care needs
$195 AHIP Members; $255 Non-members

Long-Term Care, Part III (The Product)
You’ll examine the specific provisions that long-term care insurance (LTCI) policies often contain and how they can best work:
- The evolution of the LTCI product and innovations insurers have made to better meet consumer needs
- The impact of HIPAA
- The primary components of LTCI, including benefit eligibility, benefit amounts, inflation protection, elimination periods, policy maximums, no forfeiture, renewal, lapse, and other features
- Premium calculation
- The relation of LTCI to other insurance products
- The differences between group and individual coverage
- Relevant terms, industry issues, case scenarios, and key concepts
$195 AHIP Members; $255 Non-members

Long-Term Care, Part IV (Administration and Claims)
Learn the process of claims administration, with a focus on the impact of HIPAA:
- The practices and procedures in several administrative areas, including underwriting, issuance, premiums, policy maintenance, policyholder services, and reporting
- How claims are processed
- The steps insurers take to hold down premium prices by controlling claim costs
$195 AHIP Members; $255 Non-members

Long-Term Care Professional (LTCP) — Combined Course
AHIP offers the opportunity to earn the LTCP designation by completing one accelerated course and one exam. Enjoy added flexibility as you’ll have 180 calendar days from the day you register to study and take the exam. This comprehensive and in-depth exploration will cover:
- Long-term care — what it is, when it is needed, and what it costs
- How LTCI can, and cannot, be financed — government programs, home equity, financial vehicles, and LTCI
- How LTCI works — policy provisions, premiums, taxation, and employer-sponsored coverage
- Insurer operations — sales, underwriting, claims, and administration
- The latest developments in the industry, such as the new life and annuity hybrid products
COMBINED DESIGNATION: Earn the LTCP designation after completing one course and one exam.
$585 AHIP Members; $765 Non-members

NEW COURSE!
A Focus on Senior Products
The possibility of longevity brings many opportunities, but it is also accompanied by challenges. Gain expertise to help your senior and near-senior clients navigate these challenges successfully. Topics include:
- Long-term care insurance options
- Dental insurance coverage in retirement
- Medicare Supplement Insurance (Medigap)
$80 AHIP Members; $100 Non-members

Visit www.ahip.org/courses for a full listing of courses, designations, webinars and live events.
Dental Benefits

**Dental Benefits, Part A: An Overview of Dental Benefits and Dental Plans**
Gain an understanding of dental plans, including:
- The history of the development of dental plans
- Similarities and differences between dental and medical insurance
- Coverage inclusions and exclusions
$155 AHIP Members; $205 Non-members

**Dental Benefits, Part B: A Closer Look at Plan Types and Management**
Expand your knowledge of the delivery of dental benefits:
- Models used in the delivery of dental benefits
- Organizational types, including PPOs and HMOs
- Rules for design, marketing, and pricing of plans
$155 AHIP Members; $205 Non-members

Wellness Programs

**An Introduction to Wellness Programs**
Taking a practical approach to workplace wellness, you’ll discover:
- Wellness program design principles, goals, and objectives
- How to implement and manage wellness initiatives
- Techniques to gain employee participation
- How wellness ties to consumer health plans
- Theories on healthy aging
$195 AHIP Members; $255 Non-members

**Combating Chronic Diseases through Workplace Wellness Programs**
In this course you will:
- Examine health threats confronting workers
- Analyze how wellness approaches can prevent or slow the progression of serious health threats
- Gain a solid understanding of the workplace as a venue for combating chronic diseases
- Learn strategies for addressing unhealthy behaviors
$195 AHIP Members; $255 Non-members

* Required textbooks for these courses available at https://store.ahip.org/

Visit [www.ahip.org/courses](http://www.ahip.org/courses) for a full listing of courses, designations, webinars and live events.
### Professional Designations

**Information Technology Professional (ITP)**
See page 4, check online at [www.ahip.org/IT](http://www.ahip.org/IT), or call 800.509.4422 for more information.

**Information Technology Fellow (ITF)**
See page 5, check online at [www.ahip.org/IT](http://www.ahip.org/IT), or call 800.509.4422 for more information.

**Healthcare Compliance Professional (HCP)**
See page 7, check online at [www.ahip.org/HCP](http://www.ahip.org/HCP), or call 800.509.4422 for more information.

**Professional, Health Insurance Advanced Studies (PHIAS)**
This designation is meant for experienced health insurance industry professionals who are focused on gaining a deeper knowledge of how various topics work together in an evolving health care system.

**Fellow, Health Insurance Advanced Studies (FHIAS)**
The FHIAS designation expands on the course of study offered in the PHIAS program. In a more detailed look at products like disability, long-term care, dental, and Medicare, this designation will give you an upper hand with the knowledge of these important health insurance topics.

**Health Insurance Associate (HIA)**
While earning the HIA designation, you'll gain a thorough knowledge of the administration and evaluation of various kinds of coverage, and will examine principles, contracts, underwriting, and marketing. You'll also have an understanding of cost management, pricing, claims administration, policy issue and renewal, government regulation, and fraud.

**Professional, Academy for Healthcare Management (PAHM)**
When you earn the PAHM designation, you'll have a thorough grasp of the fundamental building blocks of health insurance plans and their functions, as well as a solid understanding of types of health insurance providers and products. You will also explore operational, legislative, regulatory, and ethical issues.

**Fellow, Academy for Healthcare Management (FAHM)**
If you're looking to position yourself as a seasoned health care management professional, the FAHM designation program offers in-depth coursework focused on specific operational areas. You'll gain a thorough orientation to current industry trends, governance and leadership issues, financial management techniques, network development, and maintenance strategies.

**Disability Income Associate (DIA)**
Insurance and health care professionals and financial planners pursue the DIA designation for increased awareness of the risks and costs associated with disability insurance. By completing this designation, you'll fully understand employer-sponsored disability insurance programs, including tax planning considerations. You will also learn how disability insurance fits into retirement, estate, and long-term care planning.

**Disability Healthcare Professional (DHP)**
The DHP designation expands on the specialized course of study offered in the DIA program. You'll acquire a solid background in basic product concepts and terminology, contracts, underwriting, and sales and marketing. You'll also have a thorough orientation in operations management, including pricing, claims, policy issue and renewal, customer service, government regulation, and fraud.

* An Academy for Healthcare Management (AHM) designation.

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**Disability Income Fellow (DIF)**

The DIF designation helps you fully understand disability income programs and how disability income insurance fits into retirement, estate, and long-term care planning. The DIF series of courses offers a closer look at personal and business DI programs and the special risk situations you may encounter.

**Long-Term Care Professional (LTCP)**

Enhance your professional expertise in long-term care insurance (LTCI). When you complete the program, you'll be well versed in the methods of financing long-term care needs, LTCI products, and issues surrounding claims and administration.

**Healthcare Customer Service Associate (HCSA)**

When you earn the HCSA designation, you signify that you’ve completed practical studies that sharpen your problem-solving skills and deepen your appreciation of the value customers bring to your organization. You’ll acquire proven strategies for solving customer service problems; learn the basics of managing, training, and hiring customer service staff; and discover ways to achieve quality service and create customer-driven organizations.

**Managed Healthcare Professional (MHP)**

Earning the MHP designation means that you’ve acquired knowledge about managed care’s management roles, organizational structures, operations, and administration. You will better understand the unique trends, policies, and processes that have shaped managed care into what it is today.

**Dental Benefits Associate (DBA)**

The DBA designation will provide you with an understanding of dental benefits, plan design, and current trends impacting dental benefit insurance coverage. You’ll also increase your understanding of the impact of fraud and legal requirements on both coverage and plan management.

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<td>Supplemental Health Insurance (p. 9)</td>
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<td>Understanding Medicare (p. 6)</td>
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<td>Understanding Private Accountable Care Organizations (ACOs) (p. 8)</td>
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<td>Understanding the Summary of Benefits and Coverage (SBC) (p. 6)</td>
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**WEBINARS AND WORKSHOPS**

IT Webinars (p. 4)
IT Workshops
HCP® Webinars (p. 7)
Fraud Webinars (p. 11)

* An Academy for Healthcare Management (AHM) course.
** The HCP™ designation is earned by participating in select online events, live events, and elective courses. Refer to page 7 for details or visit www.ahip.org/HCP.
*** You may take this one course to achieve the LTCP designation, or you may take four separate courses to achieve the LTCP. Refer to page 12 for details.

One (ONE) = Designation is awarded upon completion of single course as shown. Required (REQ) = Required Course. Possible of 1 Elective (EL1) = Possible of 2 Electives (EL2) = Possible of 2 Electives.
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<table>
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<tr>
<th>DATE</th>
<th>CONFERENCE</th>
<th>LOCATION</th>
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<tbody>
<tr>
<td>March 8, 2016</td>
<td>Health Insurance Exchanges Forum</td>
<td>Washington, D.C.</td>
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<tr>
<td>March 9-10, 2016</td>
<td>National Health Policy Conference 2016</td>
<td>Washington, D.C.</td>
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| June 15-17, 2016 | AHIP Institute & Expo 2016  
  *The Essential Event for the Health Care Industry* | Las Vegas, NV     |
| October 23-27, 2016 | National Conferences on Medicare & Medicaid and Dual Eligibles Summit | Washington, D.C.  |
| December, 2016   | Consumer Experience and Digital Health Forum         | Chicago, IL       |

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