

HEALTH INSURANCE COURSES



IMPRESSIVE CAREER CREDENTIALS START HERE

Health Insurance Online Courses

Health Insurance 101: An Orientation

Course Overview

This cornerstone course is more than an introduction to our fast-changing industry. It's a jumping off point that helps you get up-to-speed or up-to-date, to help you do your job even better. Created by AHIP insurance experts, the *Health Insurance 101: An Orientation* online course provides a comprehensive overview of how health insurance works while preparing you for opportunities to come.

Learning Objectives

What You'll Learn

- Gain a wide understanding of how today's health insurance industry works
- Learn the operational side: how the industry is organized, as well as such key areas as enrollment, claims, and customer service
- Dig deeper as you encounter such specialized areas as clinical quality, utilization management, and pharmacy benefit management
- Take a closer look at the regulatory side, including federal and state regulations, compliance, and ethics
- Examine how health insurance products are priced, marketing, and sold
- Explore how the culture of wellness and bending the cost curve are transforming health care
- Focus on the end user as you learn more about the customer experience

Who Should Take This Course

- Agents and brokers
- Employees new to the health insurance industry
- Individuals who wish to review health insurance fundamentals
- Underwriters
- Claims

Cost: US\$ 245.00

Customer Service Strategies for the Health Care Environment

Course Overview

To stay truly competitive in today's health care environment, customer-facing organizations understand the value of making service a priority. To help you better serve your members, clients, and customers, AHIP's *Customer Service Strategies for the Health Care Environment* online course provides you with the tools to turn your team into customer service stars, so your entire organization benefits.

Learning Objectives

What You'll Learn

- How to create a customer-driven organization
- Discover time-tested strategies for improving relationships with customers, including how to address the most common customer complains
- Become a better manager: learn how effectively manage and tap into the skills of today's multi-generational workforce
- Get a solid overview of the accreditation process and how it relates to customer service
- Define leadership qualities and the roles of effective leaders
- Explore new methods for monitoring problem areas
- Take home new tools for analyzing business service cycles
- Practice smart tactics for more effective communication
- Remove the barriers to outstanding service

Who Should Take This Course

- Account managers
- Business solutions specialists
- Call center employees
- Consumer and customer advocates
- Customer service representatives
- Eligibility business analysts
- Managers
- Technical advisors

Cost: US\$ 365.00

Healthcare Management - An Introduction

Course Overview

As health care professionals work to make health care better, more efficient, and more affordable, health care management has emerged as one of our industry's most valuable tools. AHIP's *Healthcare Management: An Introduction (AHM250)* online course will help you better-serve your members and clients by strengthening your understanding of the management principles transforming health care.

Learning Objectives

What You'll Learn

- Gain a practical understanding of the evolution of health care delivery and financing in the United States, from pre-paid plans to ACOs
- Understand the basic concepts of health insurance provider organizations
- Distinguish among HMOs, PPOs, POSs, and managed indemnity
- Recognize HSAs' and HRAs' roles in today's consumer-centric environment
- Identify different types of health insurance provider organizations
- Learn the importance of network structure and management in delivering quality healthcare
- Examine the interplay of information technology with essential functions of health insurance provider operations
- Explore the concepts of rating, underwriting, and claims administration in health insurance provider environments
- Delve into legislative and regulatory issues affecting the health insurance industry, including the Affordable Care Act (ACA) and the 21st Century Cures Act
- Understand role of government-sponsored programs, including Medicare and Medicaid, in providing coverage to large segments of the population
- Review relevant terms, industry issues, care scenarios, and concepts

Who Should Take This Course

- Agents and brokers
- Case managers
- Financial planners
- Health insurance provider staff
- Medical directors
- Medical management staff

Cost: US\$ 395.00

Medical Management

Course Overview

Over the last several years, landmark reports have brought attention to the gaps between evidence-based best practices and the care some patients actually receive. However, when health care organizations adopt medical management tools, the gap closes. As care improves, costs go down. The *Medical Management (AHM540)* online course provides the information tools you need to ensure that more consumers and patients receive safe, effective, affordable care.

Learning Objectives

What You'll Learn

- Understand the role of medical management in health insurance provider organizations
- Identify how and why a delegation is used in medical management
- Examine the role of medical management in providing pharmacy services
- Recognize the importance of preventive care and self-care programs
- Explore strategies for managing complex individual cases
- Understand disease management—its purpose, processes, and programs
- Learn how medical management is used in different types of care
- Quality management methods—measurement and improvements
- Recognize how medical management is used to deliver Medicare and Medicaid services

Who Should Take This Course

- Case managers
- Government benefit programs administrators
- Health insurance provider staff
- Medical directors
- Medical management staff
- Pharmacy benefit manager staff

Cost: US\$ 395.00

Network Management

Course Overview

Organizations that make network management a priority are better positioned to provide high quality, value-focused care, while maintaining financial sustainability. The *Network Management (AHM530)* online course is a deep dive into how health insurance providers leverage the network management function to seamlessly integrate health care providers, clinics, hospitals, pharmacies, and other essential stakeholders.

Learning Objectives

What You'll Learn

- Gain a detailed understanding of the scope and organization of the network management function within health insurance provider organizations
- Understand how network strategies improve access, quality, and cost-effectiveness
- Learn the process for network provider selection
- Master the essential elements of a contractual relationship between health insurance providers and health care providers
- Identify the primary responsibilities and obligations of health insurance providers and health care providers under a provider contract
- Map out how health insurance providers select, contract with, and compensate specialists and health care facilities
- Recognize special requirements that affect network management for Medicare, Medicaid, and workers' compensation networks
- Explore how health insurance providers ensure their provider networks remain adequate to meet member needs

Who Should Take This Course

- Agents and brokers
- Case managers
- Financial planners
- Health insurance provider staff
- Medical directors
- Medical management staff

Cost: US\$ 395.00

Fundamentals of Health Insurance, Part A

Course Overview

Health care spending represents about 18% of our nation's economy ...and growing. With so much at stake, it's essential to understand the role health insurance providers play in making health care better and more affordable. *Fundamentals of Health Insurance, Part A (Basics of Health Insurance)* takes a comprehensive look at our industry's business environment. Whether you're new to health care or want to widen your scope, this online course can help you do your job even better.

Learning Objectives

What You'll Learn

- Get the big picture: understand the importance of the life and health insurance industries
- Develop a practical understanding of how health insurance works
- Pinpoint the differences between types of coverage, including medical expense, supplemental, long-term care, and disability
- Compare different types of health insurance provider organizations
- Define the needs met by health insurance providers
- Assess the advantages and disadvantages of flexible benefit plans
- Explore contract provisions and how individual and group plans are underwritten
- Learn how health insurance products are marketed and sold
- Understand the role of reinsurance in promoting market stability and lower premiums
- Define relevant terms and key concepts

Who Should Take This Course

- Agents and brokers
- Case managers
- Health insurance provider staff
- Medical directors
- Technical business solutions advisors

Cost: US\$ 350.00

Fundamentals of Health Insurance, Part B

Course Overview

Go from theory to real life. After you master the basics covered in *Fundamentals of Health Insurance, Part A (Basics of Health Insurance)*, build from there by focusing on the operational side. The *Fundamentals of Health Insurance, Part B (Company Operations)* online self-study course provides a thorough introduction to the business principals, processes, and procedures that make health insurance work. You'll come away with practical knowledge that helps you do your job even better.

Learning Objectives

What You'll Learn

- Explore how group health insurance plans are administered
- Understand the landmark health care reform initiatives that underpin the health care industry
- Gain a solid foundation in policy issuance, installation, and the renewal process
- Get up to speed on premium billing and payment
- Learn how to manage, submit, and process claims
- Identify best practices for controlling operational costs
- Assess how health insurance providers promote cost-effective health care
- Put the brakes of fraud and abuse: learn how to define, detect, and prevent it
- Nail the concepts behind product pricing strategies
- Learn how to navigate the regulatory process at the state and federal levels
- Understand how advances in health information technology lead to improvements in health care quality and efficiency
- Dive into the concept of medical homes and see how their focus on preventive care lowers costs
- Learn the elements, implementation, and expected return from wellness programs
- Pinpoint who buys and sells health care and at what pricing levels
- Assess the federal government's role in advancing cost and quality transparency

Who Should Take This Course

- Agents and brokers
- Case managers
- Health insurance provider staff
- Medical directors
- Technical business solutions advisors

Cost: US\$ 365.00

Fraud, Part I (Introduction)

Course Overview

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 *Fraud, Part I (Introduction)*, you'll gain valuable expertise in detecting, deterring, and reducing health care fraud, to help you do your job even better

Learning Objectives

What You'll Learn

- Explore the methods investigators use to uncover and deter fraud against the health care and health insurance industries
- Compare the different ways fraud schemes work and where they often occur
- Understand how to identify fraudulent practice
- Focus on investigative methods at the organizational level, among health care consumers, and in other arenas where fraud can occur
- Navigate the legal, regulatory, and compliance issues impacting anti-fraud efforts
- Examine relevant terms, case scenarios, and key concepts

Who Should Take This Course

- Agents and brokers
- Claims analysts
- Compliance officers
- Corporate counsel
- Federal regulatory personnel
- Fraud examiners
- Health insurance provider staff
- Legal advisors
- Privacy officers
- State regulatory personnel

Cost: US\$ 365.00

Fraud, Part II (Key Products)

Course Overview

Take an even deeper dive into the fraud's impact on our health care system and how it occurs. AHIP's *Fraud, Part II (Key Products)* online course builds on the information covered in *Fraud, Part I (Introduction)* by focusing on specific private and government insurance products. To help you do your job even better, you'll learn how the federal government combats fraud, what's happening at the state level, and your organization's role.

Learning Objectives

What You'll Learn

- Focus on key products where fraud is often detected, including disability income, long-term care, and dental coverage
- Explore the area of specialized health care fraud and its impact on pharmaceutical, supplemental, and Medigap insurance
- Analyze how federal and state government entities combat health care fraud
- Understand the role of the private sector in detecting health care fraud and the legal constraints placed upon its enforcement efforts
- Discover how fraud is detected within the public and private sectors
- Gain a detailed understanding of legal constraints placed on enforcement efforts
- Learn relevant terms, case scenarios, and key concepts

Who Should Take This Course

- Agents and brokers
- Claims analysts
- Compliance officers
- Corporate counsel
- Federal regulatory personnel
- Fraud examiners
- Health insurance provider staff
- Legal advisors
- Professionals working in special investigation units (SIUs)
- State regulatory personnel

Cost: US\$ 365.00

An Introduction to Wellness Programs

Course Overview

Is your organization considering launching a worksite wellness program, or revamping an existing program? AHP's *An Introduction to Wellness Programs* online course can help make your program more outcome-focused, with data-driven evidence that demonstrates the return on your investment. One of the lasting benefits of workplace wellness initiatives is how they create a culture of wellness, helping employees of all ages avoid or lessen the effects of chronic disease, so this course explores the correlation between workplace wellness and health care costs.

Learning Objectives

What You'll Learn

- The basics of workplace wellness programs, including benefits to individual participants and opportunities for sponsoring organizations
- Wellness program design elements and options, health risk assessment, and the need for a wellness committee
- Establishing timelines and budget parameters
- The role of senior management; how gender, and diversity within the employee population factor into program design
- Attracting and maintaining employee participation including how to inspire, grow, you're your staff's interest
- Approaches to healthy aging including how wellness programs can help workers postpone infirmities associated with chronic diseases
- Steps for gathering data, evaluating outcomes, and achieving return on investment
- Legal issues under HIPAA, GINA, ADA, ERISA, and recent health care reforms
- Various models of care, including patient-centered medical homes, accountable care organizations, and value-based insurance design; how these approaches apply to or can be combined with wellness programs

Who Should Take This Course

- Agents and brokers
- Benefits specialists
- Corporate decision-makers
- Employee assistance professionals
- Health, fitness, and rehabilitation professionals
- Human resources professionals
- Long-term care professionals
- Occupational health professionals
- Underwriters
- Wellness managers

Cost: US\$ 350.00

Dental Benefits, Part A: An Overview of Dental Benefits and Dental Plans

Course Overview

When more consumers have access to dental coverage, our entire health care system does better. Recent data shows a compelling link between preventive oral health care and improvements in consumers' overall health and well-being. AHIP's *Dental Benefits, Part A: An Overview of Dental Benefits and Dental Plans* course provides the information you need to navigate and maximize this essential coverage.

Learning Objectives

What You'll Learn

- Gain a foundational understanding of how dental coverage works
- Examine the areas where dental plans and medical insurance are similar and how they differ
- Identify different types of dental plans
- Review coverage inclusions and exclusions
- Consider the legal requirements and methods for detecting and deterring fraud
- Understand the industry's regulatory environment
- Explore network building and how dental plans are marketed
- Learn relevant terms, case scenarios, and key concepts

Who Should Take This Course

- Agents and brokers
- Dental students
- Dentists
- Health insurance provider staff
- Plan administrators
- Product managers

Cost: US\$ 295.00

Dental Benefits, Part B: A Closer Look at Plan Types and Management

Course Overview

Build on what you learned in *Dental Benefits, Part A*. AHIP's *Dental Benefits, Part B: A Closer Look at Plan Types and Management* course goes deeper into the insurance products that provide approximately 170 million Americans with access to dental care. To help you do your job even better, this online course also focuses on management tactics to maximize high value care.

Learning Objectives

What You'll Learn

- Explore a range of models used in the delivery of dental benefits
- Master the rules of dental plan design
- Identify dental plans' varying organizational types, including PPOs and HMOs
- Take a closer look at the impact of cost drivers
- Examine how dental insurance products are priced, marketed, and sold
- Review best practices for health plan management and evaluation
- Become well-versed in quality standards, utilization, and performance measures
- Open case histories that provide real world insights

Who Should Take This Course

- Agents and brokers
- Dental students
- Dentists
- Health insurance provider staff
- Plan administrators
- Product managers

Cost: US\$ 310.00

Health Plan Finance and Risk Management (AHM520)

Course Overview

As the nationwide conversation about health care affordability continues to grow, it's more essential than ever to have a solid understanding of our industry's financial structure and how to sustainably manage risk. The newly updated *Health Plan Finance and Risk Management (AHM520)* online course includes more of what you need to know right now to do your job even better.

Learning Objectives

What You'll Learn

- Analyze the role of strategic financial planning in setting a health insurance provider's future direction
- Gain an understanding of risk, decisions regarding risk assumption, and how health insurance providers control risk
- Compare the difference between stop-loss insurance and stop-loss reinsurance from the perspective of health insurance providers
- Learn about the financial risks for health insurance provider organizations that provide health care services to Medicare and/or Medicaid populations compared to risks within the commercial population
- Distinguish between fully funded and self-funded plans and the increasing role of self-funding in the marketplace
- Discover how to identify claim related components of health insurance providers' financial statements
- Recognize different reserving methodologies used by health insurance providers

Who Should Take This Course

- Actuaries
- Agents and brokers
- Case managers
- Claims managers
- Financial planners
- Health insurance provider staff
- Medical directors
- Medical management staff
- Risk managers

Cost: US\$ 385.00

Health Insurance Designations

Health Insurance Associate Designation

Course Overview

In a competitive work environment, employers depend on key performers. When you earn your **Health Insurance Associate (HIA®)** designation, you'll be among 20,000+ professionals who have joined the industry's elite by mastering this challenging, but rewarding, professional program.

To earn this career-driving designation, start by completing the following required courses:

- Fundamentals of Health Insurance, Part A (Basics of Health Insurance)
- Fundamentals of Health Insurance, Part B (Basics of Company Operations)
- Health Insurance Advanced Studies, Part A
- Supplemental Health Insurance

Then complete two electives. Select from the following options:

- Disability, Part I (Primer)
- Disability, Part II (Advanced Issues)
- Disability, Part III (Group and Worksite Issues)
- Fraud, Part I (Introduction)
- Long-Term Care, Part I (Needs and Options)
- Long-Term Care Professional (LTCP) - Combined Course

Learning Objectives

On completion of this course you'll demonstrate to your colleagues and partners that you've achieved a thorough knowledge of all aspects of health insurance.

Important Notice: If Long-Term Care Professional (LTCP) - Combined Course is one of the electives selected, fees charged will vary. Enquire before enrollment.

Cost: US\$ 1,850.00

Dental Benefits Associate (DBA) Designation

Course Overview

Oral health provides a window into an individual's overall health. In fact, routine checkups and cleanings, which are 100% covered by most dental plans, can lower the risk of serious health problems. To learn more about how dental coverage works and why it makes it possible for more people to live healthier lives, earn your **Dental Benefits Associate (DBA)** designation.

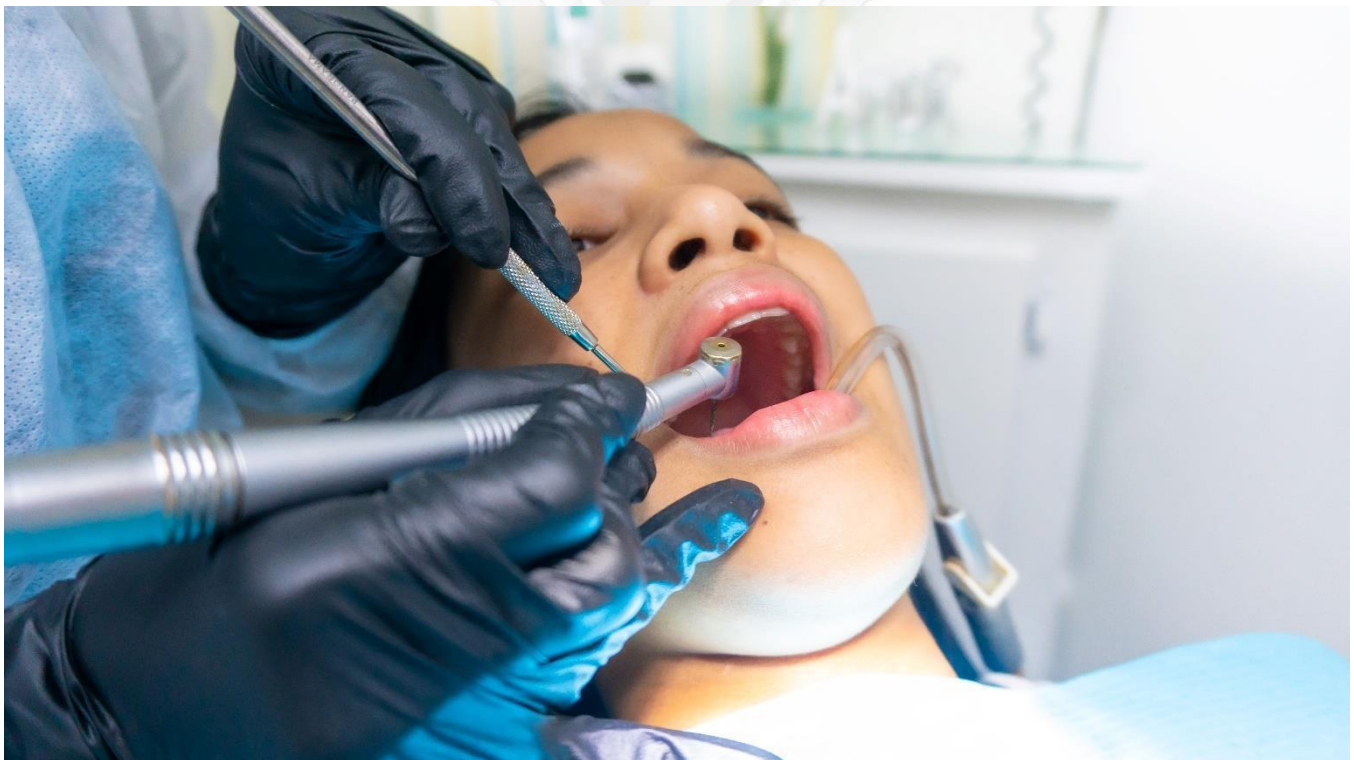
To earn your DBA, complete these required courses:

- Dental Benefits, Part A: An Overview of Dental Benefits and Dental Plans
- Dental Benefits, Part B: Dental Benefits: A Closer Look at Plan Types and Management
- Fraud, Part I (Introduction)
- Health Insurance Advanced Studies, Part A

Learning Objectives

Earning this career-driving designation will demonstrate to your organization that you've gained a deeper understanding of dental benefits, plan design, eligibility, and regulations impacting dental insurance coverage, to help you do your job even better.

Cost: US\$ 1,410.00



Fellow, Health Insurance Advanced Studies Designation

Course Overview

Grow your expertise as well as the versatility and value you bring to your organization by earning your Fellow, Health Insurance Advanced Studies designation. You'll gain a broader understanding of how such insurance products as disability, long-term care, dental coverage, and Medicare work together to make our entire health care system stronger.

To earn your FHIAS®, complete two required courses:

- Health Insurance Advanced Studies, Part A*
- Health Insurance Advanced Studies, Part B

Then, select one of the following electives:

- Marketing Medicare Advantage and Part D Prescription Drug Plans: Understanding Medicare Basics, Plan Options, and Marketing and Enrollment Requirements
- Medicare Primer
- An Introduction to Wellness Programs
- Wellness, Part Two: Combating Chronic Diseases through Workplace Wellness Programs

Learning Objectives

On completion of this designation, you'll gain a broader understanding of how such insurance products as disability, long-term care, dental coverage, and Medicare work together to make our entire health care system stronger.

Cost: US\$ 1,175.00



Disability Healthcare Professional (DHP) Designation

- Description
- Course Outline

Course Overview

The **Disability Healthcare Professional (DHP)** designation pairs two areas of expertise. Across five targeted courses, you'll gain a solid foundation in both how the health insurance industry works *and* how disability insurance (DI) protects individuals from the financial losses that often occur from accidents or severe health afflictions. You'll gain a deeper understanding of health insurance operations management, including cost management, pricing, sales, marketing, claims administration, policy issuance and renewal, customer service, government regulation, and fraud.

Start your path by completing these three courses:

- Disability, Part I (Primer)
- Disability, Part II (Advanced Issues)
- Disability Part III (Group and Work Site Issues)

Those first three courses (*Disability Income, Parts I, II, and III*) earn your **Disability Income Associate (DIA)** designation. But don't stop there! To turn your DIA into a DHP, complete these two required courses (for a total of five courses):

- Fundamentals of Health Insurance, Part A (Basics of Health Insurance)
- Fundamentals of Health Insurance, Part B (Basics of Company Operations)

Learning Objectives

On completion of this designation, you'll gain a deeper understanding of health insurance operations management, including cost management, pricing, sales, marketing, claims administration, policy issuance and renewal, customer service, government regulation, and fraud

Cost: US\$ 1,600.00

Fellow, Academy for Healthcare Management Designation

Course Overview

This impressive career credential positions you as a seasoned healthcare management professional versant in a range of specialties, including care management, financial management, network development, maintenance strategies, medical policies, governance, policy trends, and more.

Required Courses

- Healthcare Management: An introduction (AHM250)
- Governance, Legal Issues, Medicare and Medicaid (AHM510)
- Health Plan Finance and Risk Management (AHM520)
- Network Management (AHM530)
- Medical Management (AHM540)

Learning Objectives

Achieving this designation demonstrates to your colleagues, partners, and clients that you have a strong commitment to the industry and your organization's success.

Cost: US\$ 1,975.00



Health Care Anti-Fraud Associate (HCAFA) Designation

Course Overview

Industry professionals at every level—from senior counsel to staff assigned to special investigation units—are challenged every day with detecting and stopping health care fraud. By earning your **Health Care Anti-Fraud Associate (HCAFA)** designation, you'll demonstrate that you've achieved a big picture understanding of the various types of health care fraud, their impact on the health care industry, and how organizations like yours can combat fraud.

To earn your HCAFA designation, start by completing these required courses:

- Fraud, Part I (Introduction)
- Fraud, Part II (Key Products)

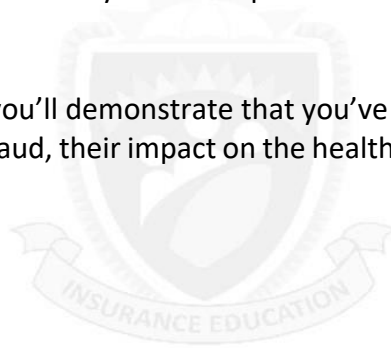
Then select your choice of one of these on-demand webinars:

- Fraud: Behavior Change, A New Approach to Defeating Fraud, Waste, and Abuse.
- Anti-Fraud, Waste, and Abuse-Theory and Principles

Learning Objectives

On completion of this designation, you'll demonstrate that you've achieved a big picture understanding of the various types of health care fraud, their impact on the health care industry, and how organizations like yours can combat fraud.

Cost: US\$ 895.00



Healthcare Customer Service Associate (HCSA) Designation

Course Overview

Is it possible to put a value on high quality customer service? Yes! Health insurance providers and health care organizations that make service their top priority understand the tremendous value outstanding customer service brings to their business. In fact, in today's consumer-centric environment, no one can afford to ignore the role customer service plays in growing a business.

To earn this career-driving professional designation, start by completing the following required online courses:

- Fundamentals of Health Insurance, Part I (Basics of Health Insurance)
- Fundamentals of Health Insurance, Part B (Basics of Company Operations)
- Customer Service Strategies for the Healthcare Environment

Then, take your choice of one of the following electives:

- Long-Term Care Professional (LTCP) - Combined Course
- Long Term Care, Part I (Needs and Options)
- Fraud, Part I (Introduction)
- Disability, Part I (Primer)

Learning Objectives

When you earn your **Healthcare Customer Service Associate (HCSA)** designation, you'll demonstrate to your colleagues, clients, and partners that you have a strong commitment to creating a corporate culture that puts the customer first.

Cost: US\$ 1,345.00



Professional, Academy for Health Care Management (PAHM®) Designation

Course Overview

When you earn this career-driving professional credential, you'll demonstrate to your colleagues and clients that you have achieved a thorough understanding of the fundamental building blocks of health care management and organizational structures. You'll also benefit from a comprehensive understanding of the basic concepts of health care management, as well as the legislative, regulatory and ethical issues that impact our industry, to help you do your job even better.

Learning Objectives

What You'll Learn

- Understand the basic concepts of health insurance provider organizations
- Distinguish among HMOs, PPOs, POSs, and managed indemnity
- Recognize HSAs' and HRAs' roles in today's consumer-centric environment
- Identify different types of health insurance provider organizations
- Learn the importance of network structure and management in delivering quality healthcare
- Examine the interplay of information technology with essential functions of health insurance provider operations
- Explore the concepts of rating, underwriting, and claims administration in health insurance provider environments
- Delve into legislative and regulatory issues affecting the health insurance industry, including the Affordable Care Act (ACA) and the 21st Century Cures Act
- Understand role of government-sponsored programs, including Medicare and Medicaid, in providing coverage to large segments of the population
- Review relevant terms, industry issues, care scenarios, and concepts

Cost: US\$ 565.00

Managed Healthcare Professional Designation

Course Overview

Gain the knowledge and skills to pursue a management position in the health insurance industry or take the next step in growing your career. Across multiple courses, you'll learn about managed care's operational functions, organizational structures, administration, and regulatory environment.

Required Courses

To earn this career-driving professional credential, start by completing the following required online courses:

- Fundamentals of Health Insurance, Part A (Basics of Health Insurance)
- Fundamentals of Health Insurance, Part B (Basics of Company Operations)
- Health Management: An Introduction (AHM 250)

Electives

Then complete your choice of one of the following elective courses:

- Healthcare Insurance Advanced Studies, Part A
- Dental Benefits, Part A: An Overview of Dental Benefits and Dental Plans
- Fraud, Part I (Introduction)

Learning Objectives

On completion on this designation, you'll gain a big picture understanding of the unique developments and trends that have shaped managed care as well as the policies, processes, and evaluation measurements that define quality.

Cost: US\$ 1,595.00

Disability Income Associate (DIA) Designation

Course Overview

When you earn this professional designation, you'll demonstrate to your colleagues and clients that you have gained a deeper understanding of the risks, costs, and benefits of disability insurance (DI), including how employer-sponsored programs work. As you advance through the three courses leading to your **Disability Income Associate (DIA)** designation, you'll gain a solid foundation in how DI fits into retirement, estate, and long-term care planning, to help you do your job even better.

To earn your DIA designation, complete these required courses:

- Disability, Part I (Primer)
- Disability, Part II (Advanced Issues)
- Disability, Part III (Group and Worksite Issues)

Learning Objectives

On completion of this designation you'll have gained a deeper understanding of the risks, costs, and benefits of disability insurance (DI), including how employer-sponsored programs work.

Cost: US\$ 1,075.00



Long-Term Care Professional (LTCP) Designation

Course Overview

Six out of ten seniors say they're worried about how health care costs could undermine their retirement goals. Yet while many think they already have long-term care (LTC) coverage, most do not, making them vulnerable to sudden changes that may require extended care. To help you have better conversations with your members, clients, and colleagues about planning for one's extended health care needs, start by earning your **Long-Term Care Professional (LTCP)** designation. This career-driving credential arms you with the information you need to grow your organization's LTC leadership. To earn your LTCP, complete the four courses described below, or take a single combined course covering the same information.

Choose one of two paths toward this career-driving credential.

Earn your LTCP in just one course:

- Long-Term Care Professional (LTCP) - Combined Course

Or in four courses:

- Long-Term Care, Part I (Needs and Options)
- Long-Term Care, Part II (Financing)
- Long-Term Care, Part III (The Product)
- Long-Term Care, Part IV (Insurance, Administration, and Claims)

Learning Objectives

What You'll Learn

- Understand what LTC is, when it is needed, and what it costs
- Delve into how LTC insurance works, including policy provisions, premiums, taxation, and employer-sponsored coverage
- Explore how LTC can and cannot be financed, including government programs, home equity, financial vehicles, and LTC insurance
- Review insurer operations, including sales, underwriting, claims, and administration
- Review relevant terms, including issues, care scenarios, and concepts

Who Should Take This Course

- Agents and brokers
- Case managers
- Claims analysts
- Financial planners
- Health insurance provider staff
- Health underwriters
- Medical directors

Cost: US\$ 945.00

Training That Gives You Real Credentials



For more information and to enroll contact us

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