

Healthcare Management, An Introduction (AHM250)

Module 1: Evolution of Health Plans

Module 2: Basic Concepts of Health Insurance

Module 3: Health Plan Benefits and Networks

Module 4: Provider Compensation Fee-for-Service to Value-Based Care

Module 5: The Health Maintenance Organization (HMO)

Module 6: Types of HMOs and ACO Basics

Module 7: PPOs and other Health Plan Types

Module 8: Health Plans for Specialty Services

Module 9: Consumer-Directed Health Plans Part I

Module 10: Consumer- Directed Health Plans Part II

Module 11: Provider Organizations and Compensation Modules

Module 12: Network Structure and Management

Module 13: Utilization Management

Module 14: Utilization Review

Module 15: Quality Assessment and Improvement

Module 16: Quality Standards, Accreditation, and Performance Measures

Module 17: Marketing

Module 18: Underwriting, Rating, and Plan Funding

Module 19: Information Management

Module 20: Claims Administration

Module 21: Member Services

Module 22: Federal Laws and Regulation

Module 23: The Affordable Care Act

Module 24: State Laws and Regulation

Module 25: Government Programs: Medicare

Module 26: Government Programs: Medicaid

Module 27: Ethics