



Insurance
INSTITUTE OF EAST AFRICA

FELLOW, ACADEMY FOR HEALTHCARE MANAGEMENT (FAHM®) DESIGNATION



Powered By:



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.



Healthcare Management-An Introduction

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

Governance, Legal Issues, Medicare, Medicaid

Module 1: Health Plan Environment

Module 2: Legal Organization of Health Plan

Module 3: Corporate Restructuring and Transactions

Module 4: Part 1- Health Plan Structures and Arrangement

Module 4: Part 2-Health Plan Structures and Arrangements

Module 5: Overview of Laws and Regulations

Module 6: Regulatory Agencies

Module 7: State Regulation of Health Plans

Module 8: State Regulation: Benefit Mandates and the Plan-Provider Relationship

Module 9: Other State Laws

Module 10: Workers' Compensation

Module 11: Pharmacy Benefit Managers

Module 12: Pharmacies and Pharmaceuticals

Module 13: Market Conduct Exams

Module 14: Overview of Federal Regulation

Module 15: ERISA

Module 16: Part 1- Wellness Programs

Module 16: Part 2-Wellness Programs

Module 17: Medicare Overview

Module 18: Medicare and Health Plans

Module 19: Medical Medicaid Coverage

Module 20: Medicaid LTC Coverage

Module 21: Fraud, Waste and Abuse

Module 22: Health Plan Governance

Module 23: Part A Accountability, Leadership, and Compliance

Module 23: Part B Accountability, Leadership, and Compliance

Module 24: Part A Strategic Planning

Module 24: Part B Strategic Planning



Health Plan Finance and Risks

Module 1: Intro to Health Plan Finance and Risks

Module 2: Stop-Loss and Reinsurance

Module 3: Managerial Accounting

Module 4: Financial Statements

Module 5: Cost Accounting

Module 6: Performance Measures

Module 7: Financial Statement Analysis

Module 8: Strategic Planning

Module 9: Long-Term Performance Measures

Module 10: Capital Budgeting and Financial Planning

Module 11: Risk Management

Module 12: Risk Management Framework and Risk Control Processes

Module 13: Risk and Capital Management

Module 14: Medicare and Medicaid

Module 15: Health Plan Funding Methods for Employer Plans

Module 16: Reserving for Health Plans

Module 17: The Relationship Between Rating and Underwriting

Module 18: Pricing and Rate Setting for Health Plans

Module 19: Underwriting

Network Management

Module 1: Network Management and Course Overview

Module 2: Road to Network Adequacy

Module 3: Building the Network: Structure and Recruitment

Module 4: Provider Contracting Pt 1 Overview of Provider Contracting Process

Module 5: Provider Contracting Pt 2 Contract Negotiation

Module 6: Provider Contracting Pt 3 Responsibilities Under Contracts

Module 7: Provider Contracting Pt 4 Compensation Arrangements

Module 8: Retention: Keeping Providers Happy

Module 9: Pharmacy Network Management

Module 10: Provider Networks for Workers Comp

Medical Management

Module 1: Medical Management in Health Plans

Module 2: Quality Part 1 (Healthcare Quality and Quality Management)

Module 3: Quality Part 2 (Quality Assessment and Measurement)

Module 4: Quality Part 3 (The Performance Measurement System)

Module 5: Quality Part 4 (Reporting and Challenges in Measurement)

Module 6: Utilization Review Part 1 (How UR Works)

Module 7: Utilization Review Part 2 (Appeals, Regulation and Accreditation, & Other Issues)

Module 8: Case Management Part 1 (What It Is and How It Works)

Module 9: Case Management Part 2 (Issues in Case Management)

Module 10: Disease Management

Module 11: Acute Care Part 1 (Inpatient and Emergency Care)

Module 12: Acute Care Part 2 (Clinical Pathways and Centers of Excellence)

Module 13: Post-Acute Care

Module 14: Preventive Care and Wellness

Module 15: Pharmacy Benefit Management Part 1 (Formularies & Pricing)

Module 16: Pharmacy Benefit Management Part 2 (Medical Mgmt Approaches)

Module 17: Specialty Services

Module 18: Medicare

Module 19: Medicaid

Module 20: Course Summary



Enroll today and get ready to learn, achieve and succeed.

Visit www.iieacourses.com/category/health-insurance-designations

Call: +254 723 334 408

Email: healthinsurance@iiea.co.ke



Insurance Institute of East Africa
Brunei House, 3rd Floor | Witu Road off Lusaka Road
P.O. Box 16481 - 00100 Nairobi, Kenya
Tel: +254 20 6530128 | 6530298
Mobile: + 254 723 334 408 | 733 812 695
E-Mail: info@iiea.co.ke | www.iiea.co.ke