

Call for Fellows 2024-2025

AHIP's Executive Leadership Programs

ELP | ELP-MD



Lead the Future of Health Care

For more than 30 years, the Executive Leadership Program (ELP) and Executive Leadership Program for Medical Directors (ELP-MD) have been a touchstone for seasoned health insurance professionals who are passionate about leading the future of health care.

Curriculum

Over the course of 12 months, Fellows get a 360-degree view of the system, work with people outside of their wheelhouse, and leave with an insider's view of health care through unique learning and networking experiences, including:

- **Two intensive academic sessions**
- **One special intensive academic session** at Northwestern University's prestigious Kellogg School of Management.
- **Guided mentoring** throughout the year and a one- or two-day site visit.
- **Case study development** on real-life issues specific to your organization.
- **Practical leadership assessments and leadership action plans** based on constructive feedback.



2024-2025 Class Calendar

First Quarter 2024

- Application deadline: **April 1, 2024**. Please email **ELP@ahip.org** with questions.

Second Quarter 2024

- Fellow Selection notification: **May 2024**
- Summer Academic Session (I): **June 10-11, 2024**
- AHIP 2024: **June 11-13, 2024 (Las Vegas, NV)**

Third-Fourth Quarter 2024

- Fall Academic Session (II): **October 20-25, 2024 (Kellogg School of Management, Northwestern University)**
- Site Visit to Primary Mentor's Organization

First Quarter 2025

- Spring Academic Session (III): **March 24, 2025 (Baltimore, MD)**
- AHIP 2025 Medicare, Medicaid, Duals & Commercial Markets Forum: **March 25-27, 2025 (Baltimore, MD)**

Second Quarter 2025

- ELP/ELP-MD 2024-2025 Graduation and Reception: **June 16, 2025 (Seattle, WA)**

Do You Have What It Takes?

ELP Fellows are leaders who are willing to ask the tough questions. They have an acute interest in leading our health care system through positive change. They have the passion to find solutions to complex challenges.

Do You Meet the Criteria? You must...

- ☐ Be in a senior-level or above position at a U.S. health insurance plan.*
- ☐ Be interested in elevating yourself to an executive-level, C-Suite position and demonstrate strong leadership and succession ability.
- ☐ Display an unwavering commitment to the health insurance provider community and your organization and have the desire to expand your career within them.
- ☐ Demonstrate a proven track record in health care and the potential to drive the industry forward.



The Benefits of Being an ELP Fellow Are Tremendous

- **Fellows are considered a valuable asset**, bringing insight to the conversation.
- **Fellows become part of a nationwide network** of like-minded peers.
- **Fellows are recognized** with the Certified Healthcare Insurance Executive (CHIE) designation.
- **Fellows are awarded** Certificates of Professional Achievement from Northwestern University's Kellogg School of Management.
- **Fellows are an inspiration** for others within their organization and help advance a culture of excellence.
- **Fellows who are physicians may receive CME credits.**

Building One-to-One Connections with Mentors

Mentors are an integral part of the success of the ELP, and the experience is invaluable.

- **Fellows are paired with a Primary Mentor** who can be a CEO, COO, CMO/Medical Director, Senior Vice President, or other top executive from a non-competing health insurance provider organization.
- **Fellows are also paired with a Secondary Mentor** of their own choosing from within their own organization.
- **Fellows and their Mentors have regular communications** throughout the year and meet up at least once during a hosted site visit at the mentor's organization.

* Please read ELP Criteria and Benefits at [AHIP.org/ELPFellowCriteriaAndBenefits](https://www.ahip.org/ELPFellowCriteriaAndBenefits) to see if you are eligible.

Invest in Your Leaders

ELP Fellows are well-poised for success. They are groomed to be catalysts within their organization and within the industry. They are primed to take on pivotal leadership roles. Your support is critical to a Fellow's success, and your entire organization will benefit. Encourage your rising stars to apply.

The Benefits of Supporting an ELP Fellow Are Far-Reaching

You're investing in someone who cares deeply about your organization's future and will help you take it there. Gain a Fellow with the laser-focused mindset of a true leader, as well as:

- **Expertise** in best practices and successful strategies.
- **Unique solutions, innovative ideas, and actionable takeaways** that can be applied immediately.
- **Real-world insights** and the latest tools to achieve excellence.
- **Plus, ELP Fellows serve as inspiration** for others within your organization and are influential role models to help advance a culture of excellence.

Sharing Expertise and Experience

Mentors are an integral part of the ELP, and the experience is invaluable for all. Support your Fellow by being their Secondary Mentor. Support the entire program by signing up to be a Primary Mentor for a Fellow.



“As a mentor for AHIP's Executive Leadership Program, my mission is to illuminate a path and impart wisdom, empowering others on their transformative leadership journey. Through this enriching experience, I've discovered that I've gained as much as I've given, reinforcing the value of mentorship in shaping my own leadership voyage.”

Robert Gluckman, MD MACP, Chief Medical Officer, Providence Health Plan

So Many Reasons to Become a Fellow



“In this program, you will meet and have meaningful interactions with health plan and health care colleagues from across the country you wouldn’t otherwise meet. It provides you with the opportunity to expand your knowledge of the industry through first-hand conversations with others facing similar challenges. It also provides unparalleled leadership development that spans the entire year unlike typical leadership development courses that span an 8-hour session. I have grown as a leader thanks to this program.”

Angela Eberhardt, CHIE, Vice President, Provider & Operational Excellence, Highmark Inc.

“I stepped into this program hoping to gain valuable industry insight and powerful leadership skills. I graduated this program with all of that PLUS an unmatched sense of accomplishment, deep and meaningful connections with new friends, and a newfound sense of confidence as a leader in the industry...ELP will continue to be one of the most memorable and worthwhile experiences I’ve had the pleasure of being a part of along the journey of my career...”

Heather Schneider, DMD, CHIE, Dental Director, Delta Dental of Arizona

“The personal connections you make with other fellows are priceless. The time spent with the presenters and the week at Kellogg taught me more than I have learned in any other professional development opportunity to date.”

Jerry E. Spicer, DNP, RN, NEA-BC, CHIE, FACHE, Regional Chief Nurse Executive and Vice President, Clinical Effectiveness, Kaiser Permanente Southern California

Take the Next Step in Your Leadership Evolution.

Apply Today! Send your completed and signed application, along with your \$200 non-refundable application fee by e-mail to ELP@ahip.org; Attention: Precious Elliott.

Application Checklist

- ☐ **Completed Application Form with detailed Organizational Profile and Secondary Mentor Selection**
- ☐ **Curriculum Vitae or Résumé**
- ☐ **Letter of Recommendation**
- ☐ **\$200 Non-Refundable Application Fee.** A secure link will be emailed to you upon receipt of your application.
- ☐ **Essay 1 (one-page maximum), detailing:**
 - An outline of your expectations for the program;
 - A list of professional goals and objectives for your ELP or ELP-MD experience;
 - A list of three specific leadership/management competencies that you need to develop.
- ☐ **Essay 2 (one-page maximum), addressing from your perspective:**
 - What do you think you bring to the ELP program?
 - What do you think are your strengths and weaknesses as a leader? How would your supervisor answer this question? How would your direct reports answer this question?
 - Think back to an instance of strong disagreement or conflict with a colleague or team member during a meeting. Explain how you handled the situation. Do you think it was the right way to handle it? Why or why not? If it were to happen again, would you handle it the same way? Why or why not?
 - What has been your biggest challenge as a leader in your organization? Why do you think this is the case? How did you overcome it? Or alternatively what do you think you need in order to overcome it?

Please email ELP@ahip.org if you have any questions.

AHIP's Executive Leadership Programs

2024-2025 Application Form



Contact **ELP@ahip.org** for Details about Application Deadlines.

To Apply:

Your completed and signed application, along with your \$200 non-refundable application fee, must be received to be considered. Send your complete application packet by e-mail to **ELP@ahip.org**; Attention: Precious Elliott. Your application packet should include:

- **Completed Application Form** with detailed Organizational Profile and Secondary Mentor Selection
- **Curriculum Vitae** or **Résumé**
- **Letter of Recommendation**
- **\$200 Non-Refundable Application Fee:**
- E-mail **ELP@ahip.org** to receive a secure online link to pay electronically
- **Two Essays** (one-page maximum each): Please refer to the Application Checklist in the brochure for details

About You. Please Check One:

- ☐ I am applying for the Executive Leadership Program (ELP)*
- ☐ I am applying for the Executive Leadership Program for Medical Directors (ELP-MD)*

FULL NAME	DEGREE (IF APPLICABLE)	<input type="checkbox"/> DO	<input type="checkbox"/> JD	<input type="checkbox"/> MD	<input type="checkbox"/> MPA	<input type="checkbox"/> MPH	<input type="checkbox"/> PhD	<input type="checkbox"/> RN
TOTAL NUMBER OF YEARS' EXPERIENCE IN HEALTH CARE								
CURRENT JOB TITLE								
ORGANIZATION								
ADDRESS								
ADDRESS								
CITY	STATE	ZIP						
WORK PHONE (AREA CODE/NUMBER)					CELL PHONE (AREA CODE/NUMBER)			
FAX (AREA CODE/NUMBER)					E-MAIL (AHIP INTERNAL USE ONLY.)			

Your Signature

I understand and agree to the commitment and requirements for participating as a Fellow in the Executive Leadership Program.

APPLICANT SIGNATURE	DATE
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About Your Plan: Organizational Profile on next page.

* Please read ELP Criteria and Benefits at **AHIP.org/ELPFellowCriteriaAndBenefits** to see if you are eligible.

Important Dates

Monday, June 10, 2024

- Program begins with AHIP 2024

Tuition & Expenses

The Fellow's organization commits to:

- \$200 non-refundable application fee
- \$7,500 tuition due upon acceptance for full AHIP Member Organizations
- \$9,500 tuition due upon acceptance for AHIP Non-members
- To determine if your organization is an AHIP Member, call 202.778.8502 or email: **MembershipFrontline@ahip.org**
- Travel expenses for all sessions, including lodging and transportation
- Support time away from the Fellow's organization to participate in academic sessions, conferences, and site visits associated with the ELP and ELP-MD curriculum. In addition to the academic sessions and educational materials, the tuition includes registration for AHIP 2024 and the AHIP 2025 Medicare, Medicaid, Duals & Commercial Markets Forum (total value \$3,500)

Withdrawal

All withdrawal letters must be received by **June 3, 2024**. Should a Fellow need to withdraw from the program, the organization sponsoring the Fellow will be issued a tuition credit letter toward a future year, if requested. ELP and ELP-MD applicants from a sponsoring organization holding a credit letter are subject to the same application requirements and admission criteria as all other ELP and ELP-MD applicants.

Job Transition During Program

Should a Fellow change jobs during the ELP program year, it is the Fellow's responsibility to work out the details of the tuition reimbursement between their previous and new employer.

About Your Plan: Organizational Profile

Please Complete to the Best of Your Knowledge:

DATE FIRST BEGAN OPERATIONS	TAX STATUS
HEALTH CARE FACILITIES OWNED	OWNER
SERVICE AREA (BY STATE)	ACCREDITED BY

Markets Served (check all that apply):

- ☐ ACO
- ☐ Federal/State Exchange
- ☐ FEHBP
- ☐ Individual
- ☐ Large Employers/Commercial
- ☐ Medicaid
- ☐ Medicare
- ☐ Small Group
- ☐ State/County/Local Government
- ☐ Tricare
- ☐ Other (please specify)

Products Offered (check all that apply):

- ☐ Consumer-directed Health Products
- ☐ Dental
- ☐ Disability Insurance
- ☐ Disease Management
- ☐ HMO
- ☐ Long-term Care Insurance
- ☐ Major Medical
- ☐ Medicare Advantage
- ☐ Medicare Supplement
- ☐ PPO
- ☐ Stop Loss/Reinsurance
- ☐ Supplemental Products
- ☐ TPA/ASO
- ☐ URO
- ☐ Vision
- ☐ Other (please specify)

About Your Mentor

Please Provide a Description of the Type of Mentor that Would Be a Good Match for You:

Secondary Mentor Selection on next page.

Secondary Mentor Selection

Each ELP Fellow will have two mentors. A Primary Mentor is assigned to you. Please identify your Secondary Mentor from within your organization (CEO, COO, CMO/Medical Director, Senior Vice President, or other top executives). **Please have your Secondary Mentor fill in this section:**

FULL NAME

DEGREE (IF APPLICABLE) ☐ DO ☐ JD ☐ MD ☐ MPA ☐ MPH ☐ PhD ☐ RN

JOB TITLE

ORGANIZATION

ADDRESS

CITY

STATE/PROV

ZIP

COUNTRY

WORK PHONE (AREA CODE/NUMBER)

CELL PHONE (AREA CODE/NUMBER)

FAX (AREA CODE/NUMBER)

E-MAIL (AHIP INTERNAL USE ONLY)

Secondary Mentor's Signature

I recommend the applicant for participation in the ELP or ELP-MD. Accordingly, I agree to the time and financial commitment involved in sponsoring a Fellow and participating as a Secondary Mentor.

SECONDARY MENTOR'S SIGNATURE

DATE

In addition to serving as a Secondary Mentor, would you be interested in serving as a Primary Mentor to a Fellow outside of your organization? ☐ Yes ☐ No

If not, are there any individuals from your organization you would recommend to serve as a Primary Mentor? (CEO, COO, CMO/ Medical Director, Senior Vice President, or other top executives)

FULL NAME

JOB TITLE

E-MAIL (AHIP INTERNAL USE ONLY)

FULL NAME

JOB TITLE

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FULL NAME

JOB TITLE

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