

Compass for Case Managers (2017)

Course	Module	Objectives
100-17: Scope of Services, Practice and Education	Case Management History, Regulations and Practice Settings	<ul style="list-style-type: none"> • Understand the mission of case management in the hospital setting. • Present the history of case management. • Understand the regulatory issues that influence case management services now and in the future. • Identify the case management practice settings.
	Education, Scope of Practice and Standards of Practice	<ul style="list-style-type: none"> • Create awareness of the need for continuing education. • Identify certifications available to case managers. • Define the scope of practice for case management. • Identify the case management standards of practice.
200-17: The Professional Case Manager	Professionalism and Communication	<ul style="list-style-type: none"> • Define professionalism in case management. • Provide an overview of professionalism as it relates to individuals engaged in the practice of case management. • Describe the attributes of a case management professional. • Understand methods of professional and effective communication.
	Accountability and Responsibility	<ul style="list-style-type: none"> • Define accountability and responsibility in the profession of case management. • Explain how accountability and responsibility relate to the role of hospital case manager. • Discuss the importance of applying all elements of accountability and responsibility to the everyday practice of case management.
	Advocacy	<ul style="list-style-type: none"> • Identify the key advocacy functions provided by hospital case managers. • Discuss key factors of self-determination, patient choice and patient rights. • Describe the key aspects of the hospital case manager role as it relates to end-of-life care. • Identify the key elements of successful negotiation. • Explain how capacity is determined and the difference between guardianship and conservatorship.
300-17: Medical Legal Topics	Understanding Medicare Program Oversight	<ul style="list-style-type: none"> • Define the roles of the RAC, MAC other regulatory auditors. • Explain the impact that regulatory auditor activity has on healthcare organizations. • Discuss proactive strategies that case management departments can use to minimize risk and provide successful appeals. • Define the five levels of appeal.
	EMTALA and the Medical Screening Exam (MSE)	<ul style="list-style-type: none"> • Define EMTALA and associated terminology. • Understand the requirements of a Medical Screening Exam (MSE). • Understand the regulatory requirements of a dedicated Emergency Department (ED). • Know the regulations governing the transfer of patients to another facility. • Understand when EMTALA investigations occur and what is involved.
	Patient Rights, Organizational Ethics and Legal Issues	<ul style="list-style-type: none"> • Define patient rights. • Explain the concept of consistency of care. • Explain the role of ethical standards in case management. • Discuss the management of patient information.

		<ul style="list-style-type: none"> • Discuss the rules for liability of the case manager and organization.
	Guardianship and Protective Custody	<ul style="list-style-type: none"> • Define guardianship. • Define protective custody. • Discuss how case managers are involved in guardianship and protective custody cases.
	Patient Protection & Affordable Care Act	<ul style="list-style-type: none"> • Discuss key provisions of the Patient Protection and Affordable Care Act (PPACA). • Explain how the ACA impacts case management. • Discuss case management's role in the ACA.
400-17: Care Coordination	Care Coordination Overview	<ul style="list-style-type: none"> • Define aspects of care coordination related to case management. • Describe activities of care coordination across the continuum. • Discuss key factors of communication and documentation applicable and necessary for effective and appropriate coordinated care.
	Transition Management and Discharge Planning	<ul style="list-style-type: none"> • Describe the key components of the transition and discharge planning process. • Discuss the rules and regulations pertaining to discharge planning activities. • Discuss transition management coverage and legal rights for undocumented immigrants. • Explain the process of transition management and discharge planning from patient arrival to patient discharge. • Explain differences in post-acute levels of care and triggers for transitions. • Discuss the elements of cost-benefit analysis.
	Readmissions	<ul style="list-style-type: none"> • Explain the negative impact of readmissions on the patient and healthcare organization. • Discuss the CMS regulations concerning reimbursement for readmissions. • Explain the Root Cause Analysis method of preventing readmissions. • Identify key strategies and interventions for preventing readmissions. • Identify established tools and systems for preventing readmissions.
500-17: Transition Management	Transition Planning	<ul style="list-style-type: none"> • Describe the key components of the transition and discharge planning process. • Discuss the rules and regulations pertaining to discharge planning activities. • Identify transition management coverage and legal rights for undocumented immigrants. • Explain the process of transition management and discharge planning from patient arrival to patient discharge. • Discuss post-acute levels of care and triggers for transitions. • Discuss the elements of cost-benefit analysis.
	Part 1: Post-discharge Facilities and Services	<ul style="list-style-type: none"> • List all the levels of post-acute care facilities and services. • Describe the appropriate post-acute level for patient needs • Identify the rules and regulations of admission to nursing homes and skilled nursing facilities. • Discuss insurance and CMS coverage for post-acute care.
	Part 2: Post-discharge Facilities and Services	<ul style="list-style-type: none"> • Discuss the levels of post-acute care facilities and services for nursing homes, skilled nursing facilities, and inpatient rehabilitation facilities • Describe the rules and regulations of admission to nursing homes and skilled nursing facilities.

		<ul style="list-style-type: none"> • Discuss insurance and CMS coverage for a long term acute-care hospital patient.
	Community Resources and Private Transportation	<ul style="list-style-type: none"> • Identify community and charity organizations that exist to assist patients. • Cite clinical indications for post-acute care non-medical modes of transportation. • Describe rules and regulations pertaining to post-acute care non-medical modes of transportation.
	Ambulance Transportation Options	<ul style="list-style-type: none"> • Cite clinical indications for ambulance transportation. • List Medicare, Medicaid and other payor coverage and limitations for ambulance transport. • Describe rules and regulations pertaining to ambulance transportation.
600-17: Patient Status and Level of Care	Patient Status, Level of Care and Observation	<ul style="list-style-type: none"> • Define patient status. • Differentiate between patient status and levels of care. • Describe the application of clinical criteria in determining patient status and level of care. • Define observation services. • Describe requirements for managing patients receiving observation services. • Describe implications of the Balanced Budget Act of 1997 on use of observation services. • Define the new rules applied to observation services associated with reimbursement in 2010.
	Inpatient Admission and Observation Services in Action	<ul style="list-style-type: none"> • Differentiate between inpatient admissions versus patient placement with observation services. • Determine appropriate classifications based on individual case studies. • Understand the rationale behind patient status and observation services.
	Medicare Patient Notifications	<ul style="list-style-type: none"> • Become familiar with the tools available to comply with Medicare Conditions of Participation. • Provide examples of how and when to utilize the tools. • Understand the regulatory requirements that govern the 'Important Message' from Medicare regarding discharge.
700-17: Utilization Management	Overview of Utilization Management	<ul style="list-style-type: none"> • Discuss the key components of utilization management activities • Discuss accurate bedding orders and level of care placement • Define roles and responsibilities of Physician Advisors • Review denial and appeal process • Apply correct documentation into daily practice
	Metrics, Complex Cases and Preventing Denials	<ul style="list-style-type: none"> • Identify reasons and processes for escalation of patient issues and challenges. • Define roles and responsibilities of Physician Advisors • Review denial and appeal process. • Apply correct documentation into daily practice. • Define the case manager's responsibilities in management of length of stay and other metrics.
	Overview of Resource Management and Federal Resources	<ul style="list-style-type: none"> • Understand the stewardship role the case manager has in resource management. • Outline key influencers on resource management. • Identify the measures of cost of care. • Identify cost reduction interventions.

800-17: Resource Management		<ul style="list-style-type: none"> • Identify common high-cost outliers. • Recognize alternatives to outlier treatments when appropriate and strategies to minimize impact on net reimbursement when alternatives are not appropriate.
	Workers' Compensation and Veterans Health Administration	<ul style="list-style-type: none"> • Describe COBRA insurance coverage. • Outline worker's compensation coverage. • Discuss role the case manager plays when working with worker's compensation insurance adjusters. • Describe veteran's insurance coverage and benefits through the Veterans Health Administration. • Discuss the Dignified Wounded Warriors Care Act of 2007. • Describe aspects of the Veteran's Millennium Health Benefits Act.
	Indian Health Services, Crime Victim Programs and Other Resources	<ul style="list-style-type: none"> • Identify benefits of Indian Health Services. • Find resources for patients who have been victims of crime. • Discuss how charities are designed to help patients in need. • Identify optional healthcare alternatives. • Describe the role of rural clinics in patient care.
900-17: Reimbursement and Patient Coverage	Overview of Diagnosis-Related Groups (DRGs)	<ul style="list-style-type: none"> • Define DRGs and how they are used in healthcare. • Discuss transfer DRGs and how they impact organizations. • Discuss key strategies for managing DRGs and length of stay.
	Medicare Program Administration and Eligibility	<ul style="list-style-type: none"> • Provide a high-level overview of Medicare program. • Review government program rules as they relate to case management. • Describe Medicare's Conditions of Participation. • Describe the Hospital Payment Monitoring Program. • Identify eligibility requirements for beneficiaries.
	Medicare, Medicaid and Coverage Options	<ul style="list-style-type: none"> • Provide a high-level overview of Medicare and Medicaid programs. • Describe Medicare Part A, B, C and D. • Understand Medicare reimbursement policies.
	The Two Midnight Rule	<ul style="list-style-type: none"> • Discuss CMS 1599-F. • Understand the "Two-Midnight Rule" and its implications for case management practice. • Discuss requirements for the 20-day certification statement. • Discuss the qualifying nights for a skilled nursing facility transfer. • Define the use of provider liable.
	Accountable Care Organizations (ACO)	<ul style="list-style-type: none"> • Define "Accountable Care Organization." • Understand the purpose and desired outcomes of ACOs. • Explain the implications of ACOs for case management, and the case management function within an ACO.