

Course	Module	Objectives
CM100-18: Scope of Services, Practice, and Education	Case Management History, Regulations and Practice Settings	<ul style="list-style-type: none"> • Explain the mission of case management in the healthcare delivery setting. • Present and understand the history and evolution of case management. • Interpret the regulatory issues that influence case management practice, now and in the future. • Identify the different case management practice settings.
	Case Management Scope of Services, Practice and Education	<ul style="list-style-type: none"> • Create awareness of the need for continuing education. • Identify professional certifications available to case managers. • Define the scope of practice for case management. • Identify the case management standards of practice.
	Case Management Standards of Practice	<ul style="list-style-type: none"> • Identify the case management standards of practice. • Define collaboration, accountability, professionalism and advocacy as they relate to the practice of case management. • Explain the importance of care coordination and resource management.
CM200-18: The Professional Case Manager	Professionalism and Communication	<ul style="list-style-type: none"> • Define and 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. • Describe communication theory and methods of successful communication. • Identify what enhances, and what detracts from, successful communication. • Define collaboration and the value of collaboration to achieving desired outcomes.
	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 roles of health delivery case managers. • Discuss the importance of applying all elements of accountability and responsibility to the everyday practice of case management.
	Advocacy in Patient Rights and Negotiation	<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. • Identify the key elements of successful negotiation.

	Ethics and Legal Advocacy	<ul style="list-style-type: none"> • Describe the key aspects of the hospital case manager role as it relates to end-of-life care. • Explain how capacity is determined and the difference between guardianship and conservatorship. • Apply their role as an advocate towards victims of abuse.
CM300-18: Medical Legal Topics	EMTALA and the Medical Screening Exam (MSE)	<ul style="list-style-type: none"> • Define EMTALA and associated terminology. • Describe the requirements of a Medical Screening Exam. • State the regulatory requirements of a dedicated Emergency Department. • Know the regulations governing the transfer of patients to another facility. • Discuss 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. • Discuss the rules for liability of the case manager and organization.
	Gaurdianship 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 and Affordable Care Act	<ul style="list-style-type: none"> • Discuss key provisions of the Patient Protection and Affordable Care Act; • Explain how the ACA impacts case management; • Discuss case management’s role in the ACA.
CM400-18: Medicare and Medicaid	Understanding Medicare Program Oversight	<ul style="list-style-type: none"> • Define the roles of the RAC, MAC, and 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.
	Medicare Patient Notifications	<ul style="list-style-type: none"> • Apply 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.

	CMS Programs and Conditions of Participation	<ul style="list-style-type: none"> • Explain a high-level overview of Medicare programs. • Review government program rules as they relate to Case Management. • Describe Conditions of Participation. • Describe Hospital Payment Monitoring Program. • Identify eligibility requirements for beneficiaries.
	Medicare, Medicaid and Coverage Options	<ul style="list-style-type: none"> • Explain in a high-level overview the provisions of Medicare and Medicaid programs. • Describe Medicare Part A, B, C and D. • Discuss Medicare reimbursement policies.
	The Two Midnight Rule	<ul style="list-style-type: none"> • Discuss CMS 1599-F. • Describe 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.
CM500-18: Care Coordination	Overview of Care Coordination and Social Determinants	<ul style="list-style-type: none"> • Define aspects of care coordination related to case management. • Evaluate the importance of social determinants to the case managers’ role. • Discuss the five main social determinants of health. • Assess contributors to social determinants of health.
	Care Coordination Across the Continuum	<ul style="list-style-type: none"> • Describe activities of care coordination across the continuum. • Discuss key factors of communication and documentation applicable and necessary for effective and appropriate coordinated care. • Explain the importance of an early discharge plan to avoid delays in care.
	Discharge Planning	<ul style="list-style-type: none"> • Describe the key components of the discharge planning process. • Discuss the rules and regulations pertaining to discharge planning activities. • Explain the process of transition management and discharge planning from patient arrival to patient discharge.

	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 methods of preventing readmissions and the patient centered planning approach. • Identify key strategies and interventions for preventing readmissions. • Identify established tools and systems for preventing readmissions.
CM600-18: Transition Management	Transition Planning	<ul style="list-style-type: none"> • Describe the key components of the transition planning process. • Identify transition management coverage and legal rights for undocumented patients. • Explain the process of transition management 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-Acute Care 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-Acute Care Facilities and Services	<ul style="list-style-type: none"> • Discuss the specific post-acute availability and requirements for nursing homes, skilled nursing facilities and inpatient rehabilitation facilities. • Describe the rules and regulations of admission to nursing homes and skilled nursing facilities. • 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; • State 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"> • State clinical indications for ambulance transportation. • Identify Medicare, Medicaid and other payor coverage and limitations for ambulance transport. • Describe rules and regulations pertaining to ambulance transportation.
CM700-18: Patient Classifications	Patient Status and Level of Care	<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.
	Outpatient with Observation Services	<ul style="list-style-type: none"> • 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. • Apply appropriate classifications based on individual case studies. • Recognize the rationale behind patient status and observation services.
CM800-18: Utilization Management	Utilization Management Overview	<ul style="list-style-type: none"> • Identify the key components of utilization management activities; • Determine 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 Denial Prevention	<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 metrics.

CM900-18: Resource Management	Part 1: Overview of Resource Management	<ul style="list-style-type: none"> • Demonstrate 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. • Identify common high-cost outliers.
	Part 2: Overview of Resource Management	<ul style="list-style-type: none"> • Recognize alternatives to outlier treatments when appropriate and strategies to minimize impact on net reimbursement when alternatives are not appropriate. • Identify assistance programs for low-income individuals. • Define Social Security and disability benefits like Social Security Disability Insurance and Supplemental Security Income.
	Federal Resources	<ul style="list-style-type: none"> • Describe COBRA insurance coverage. • Outline worker's compensation coverage and the role the case manager plays when working with adjusters. • Describe veteran's insurance coverage and benefits through the Veterans Health Administration, including the Dignified Wounded Warriors Care Act of 2007 and Veteran's Millennium Health Benefits Act. • Identify 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.
CM1000-18: Reimbursement and Patient Coverage	Diagnostic Related Groups (Part One)	<ul style="list-style-type: none"> • Define DRGs and how they are used in healthcare. • Discuss how Complications or Comorbidity (CC) and Major Complications or Comorbidity (MCC) can affect the DRG. • Discuss relative weights and blended rates and how they impact reimbursement.

	Diagnostic Related Groups (Part Two)	<ul style="list-style-type: none"> • Define All Patient Refined and Transfer DRGs and how they impact organizations. • Discuss the variables that affect Case Mix Index. • Discuss key strategies for managing DRGs and LOS
	Introduction to ACOs and Case Management's Role	<ul style="list-style-type: none"> • Define “Accountable Care Organization.” • Explain the purpose and desired outcomes of ACOs. • Explain the implications of ACOs for case management, and the case management function within an ACO.
	ACO Models, Quality Measures and Bundled Payments	<ul style="list-style-type: none"> • Describe the different ACO models. • Explain the purpose and different models for bundled payments. • Explain the steps that a case manager can perform to improve quality measures.
CM1100-18: Effective Pediatric Case Management	Pediatric Care Coordination	<ul style="list-style-type: none"> • Identify the elements, benefits, and outcomes of the Family Centered Care model and family conferences. • Describe the importance of multi-disciplinary team members in identifying the child’s needs and family’s concerns. • Explain developmental phases and how they relate to coordinating care.
	Pediatric Utilization and Resource Management	<ul style="list-style-type: none"> • Describe why screening criteria is utilized to ensure the patient receives appropriate care at the correct level of care. • Discuss different coverage options and resources for low-income families. • Evaluate case management programs for effectiveness and process improvement.

	Pediatric Transitions of Care	<ul style="list-style-type: none"> • Discuss the components of a discharge plan and key aspects to take into consideration. • Describe the different pediatric transitional care options. • Explain the importance of identifying a follow up physician for a successful discharge plan.
	Pediatric Psychosocial Aspects of Care	<ul style="list-style-type: none"> • Identify the different types of child abuse and how to identify potential victims and abusers. • Discuss key factors of pediatric self-determination, cultural competence, and social needs. • Describe how drug abuse affects the pediatric population.
CM1200-18: Human Trafficking for Case Managers	What is Human Trafficking?	<ul style="list-style-type: none"> • Define human trafficking and the types of trafficking in persons. • Identify the three trade partners in human trafficking- the trafficker, consumer, and victim. • Identify laws that relate to human trafficking.
	Human Trafficking in the Healthcare Setting	<ul style="list-style-type: none"> • Explain health issues commonly identified in human trafficking victims; • Identify potential high-risk patients through the use of 'red flag' indicators; • Explain the neurology of trauma and how it affects the victims of human trafficking.
	Healthcare Protocols	<ul style="list-style-type: none"> • Explain factors affecting the decision to screen, considerations during screening, and provider and patient barriers that may affect disclosure. • Identify considerations for conducting the physical exam and for documentation. • Identify the needs a patient may have after the visit, including medical care, referrals, risk assessment and safety planning. • Describe the principles of victim-centered and trauma-informed care.

2018 Compass Course Outline

<i>Course</i>	<i>Module</i>	<i>Run Time</i>	<i>Nursing CE</i>	<i>Social Work CE</i>	<i>Quiz Questions</i>	<i>Interactive Case Studies</i>
CM100-18: Scope of Services, Practice, and Education (1:49:23)	Case Management History, Regulations and Practice Settings	32:31	1.5 CE	1.0 CE	10	-
	Case Management Scope of Services, Practice and Education	24:01			10	-
	Case Management Education	22:51			10	-
CM200-18: The Professional Case Manager (2:26:29)	Professionalism and Communication	33:03	2.5 CE	1.5 CE	10	-
	Accountability and Responsibility	28:41			10	-
	Advocacy in Patient Rights and Negotiation	26:35			10	-
	Ethics and Legal Advocacy	18:10			10	-
CM300-18: Medical Legal Topics (2:10:11)	EMTALA and the Medical Screening Exam (MSE)	22:27	2.0 CE	1.5 CE	10	-
	Patient Rights, Organizational Ethics and Legal Issues	31:19			10	-
	Guardianship and Protective Custody	12:38			10	-
	Patient Protection and Affordable Care Act	23:47			10	-
CM400-18 Medicare and Medicaid (3:12:35)	Understanding Medicare Program Oversight	32:28	3.0 CE	2.0 CE	10	-
	Medicare Patient Notifications	29:38			10	-
	CMS Programs and Conditions of Participation	26:42			10	-
	Medicare, Medicaid and Coverage Options	27:43			10	-
	The Two Midnight Rule	26:04			10	-
CM500-18: Care Coordination (2:22:36)	Overview of Care Coordination and Social Determinants	24:01	2.0 CE	1.5 CE	10	-
	Care Coordination Across the Continuum	25:54			10	-
	Discharge Planning	29:08			10	-
	Readmissions	23:33			10	-
CM600-18: Transition Management (3:10:14)	Transition Planning	27:19	3.0 CE	2.0 CE	10	-
	Part 1: Post-Acute Care Facilities and Services	36:30			10	1
	Part 2: Post-Acute Care Facilities and Services	27:11			10	2

	Community Resources and Private Transportation	20:40			10	-
	Ambulance Transportation Options	17:34			10	-
CM700-18: Patient Classifications (1:56:00)	Patient Status and Level of Care	16:08	2.0 CE	1.5 CE	10	0
	Outpatient with Observation Services	32:55			10	0
	Inpatient Admission and Observation Services in Action	5:57			5	11
CM800-18: Utilization Management (1:15:34)	Utilization Management Overview	25:52	1.0 CE	1.0 CE	10	-
	Metrics, Complex Cases and Denial Prevention	29:42			10	-
CM900-18: Resource Management (2:00:01)	Part 1: Overview of Resource Management	21:01	2.0 CE	1.5 CE	10	-
	Part 2: Overview of Resource Management	27:02			10	-
	Federal Resources	41:58			10	-
CM1000-18: Reimbursement and Patient Coverage (2:05:44)	Diagnostic Related Groups (Part One)	20:49	2.0 CE	1.0 CE	10	-
	Diagnostic Related Groups (Part Two)	25:20			10	-
	Introduction to ACOs and Case Management's Role	16:27			10	-
	ACO Models, Quality Measures and Bundled Payments	23:08			10	-
CM1100-18: Effective Pediatric Case Management * (2:28:10)	Pediatric Care Coordination	32:18	2.5 CE	1.5 CE	10	-
	Pediatric Utilization and Resource Management	16:12			10	-
	Pediatric Transitions of Care	16:52			10	-
	Pediatric Psychosocial Aspects of Care	26:48			10	5
CM1200: Human Trafficking for Case Managers* (2:01:57)	What is Human Trafficking?	35:51	2.0 CE	1.5 CE	10	-
	Human Trafficking in the Healthcare Setting	24:21			10	-
	Healthcare Protocols*	31:45			10	-
TOTAL	44 Modules	26:58:54	25.5 CE	17.5 CE	435	19