<table>
<thead>
<tr>
<th>Course Name</th>
<th>Module Name</th>
<th>Objectives</th>
</tr>
</thead>
</table>
|                                 | Basic Principles of Physician Advising           | - List key characteristics of a successful physician advisor.  
- Explain potential advantages of an effective physician advising program  
- Give examples of case-based reviews.  
- Provide examples of basic case-series reviews and more advanced topics.  
- Recognize limits on physician advising vis-à-vis peer review.  
- List outcomes from a broad, balanced approach to utilization management.  
- Describe a PA advocacy activity spanning the continuum of care. |
| 101-17: Scope of Services       | Part 1 and 2: Core Conceptual Topics of Physician Advising | - Understand and define system-based practice.  
- Understand the role that patient safety, quality improvement and patient advocacy play in the physician advisor’s work.  
- Understand health insurance plan fundamentals and payment methodologies.  
- Recognize and understand health plan design and various care and payment models including: accountable care, transitions of care, the patient-centered medical home, value-based purchasing and chronic disease management models.  
- Define basic terms related to PA practice and the variety of health plans. |
|                                 | General Approach to Reviews                       | - Understand the structure of the review process and apply the structure to an effective case reviews.  
- Identify policies and regulations required for patient care and appropriate utilization.  
- Recognize the necessary documentation needed in medical record for denials or appeals. |
| 201-17: Communication           | General Communication for the Physician Advisor  | - Describe communication theory and methods of successful communication.  
- Identify what enhances and what creates roadblocks to successful communication.  
- Identify with whom the Physician Advisor will communicate with on a regular basis.  
- Define collaboration and the value of collaboration to achieve desired outcomes. |
|                                 | Utilization Management: Tools and Responsibilities | - Understand the CMS Conditions of Participation governing the Utilization Management (UM) Plan.  
- Identify the required composition of the UM Committee.  
- Understand the clinical case review process.  
- Know the Electronic Health Record (EHR) and its uses.  
- Define Secondary Review.  
- Understand the PA role in documentation and Secondary Review. |
|                                 | Physician Advisors as Teachers                    | - Understand the Physician Advisor’s role as teacher.  
- Identify the stakeholders and audience for teaching efforts.  
- Understand how to identify education content, setting and tools.  
- Use Adult Learning Theory to tailor education for maximum comprehension, recall and impact.  
- Understand when and how to transition from teacher to coach. |
<table>
<thead>
<tr>
<th>301-17: Medical and Legal Topics</th>
<th></th>
</tr>
</thead>
</table>
| **Change Management** | • Identify ways to tailor education to learning style and personality of the audience as well as the situation.  
• To learn to recognize impediments to change.  
• To understand what change management is and how it works.  
• To identify the steps involved in change management to maximize effectiveness. |
| **Conflict Management** | • To learn to recognize conflict, particularly as it arises in the change management process.  
• To learn the multi-step conflict resolution process.  
• To understand when and how to escalate unresolved conflicts. |
| **Understanding Medicare Program Oversight** | • 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)** | • 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. |
| **HIPAA, Patient Rights and Conflicts of Interest** | • Define HIPAA, its intent and the Privacy Rule.  
• Understand the application of HIPAA to covered entities and business associates.  
• Recognize the implications of the ACA on patient rights and know the premise of the “Patient Bill of Rights.”  
• Understand the various types of conflict of interest, their appropriate reporting and potential legal implications. |

<table>
<thead>
<tr>
<th>401-17: Patient Classifications</th>
<th></th>
</tr>
</thead>
</table>
| **Patient Status, Level of Care and Observation** | • 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** | • 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. |
<p>| <strong>The Two Midnight Rule</strong> | • Discuss CMS 1599-F. |</p>
<table>
<thead>
<tr>
<th>Topic</th>
<th>Key Points</th>
</tr>
</thead>
</table>
| Medicare Patient Notifications                                       | • 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.  
• 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. |
| General Review Principles                                            | • Understand and be able to identify the general principles of Utilization Management (UM).  
• Identify the types of UM reviews.  
• Understand the UM structure and functions.  
• Understand the CMS Conditions of Participation and the requirements of a Utilization Review (UR) Plan.  
• Define medical necessity.  |
| UM Committee and Related Functions                                  | • Understand the UM committee structure and functions.  
• Understand the CMS Conditions of Participation and the requirements of a Utilization Review (UR) Plan.  
• Identify where escalation may be necessary outside of the UM Committee.  
• Apply appropriate judgment when determining scope and function of UM committee.  |
| Coverage and Clinical Appropriateness                               | • Understand the distinction between coverage and clinical appropriateness.  
• Understand and identify the role of documentation and other criteria in coverage determinations.  
• Identify proactive tools and processes to help in denial management and appeals.  
• Understand the role of consumer-driven healthcare in utilization of services.  |
| Metrics, Feedback and Peer-to-Peer Discussions                      | • Identify useful metrics for tracking variances, provider liable cases, waits and delays.  
• Understand the application of metrics to effective utilization management.  
• Identify useful feedback and recommendations to attending physicians to minimize variances.  
• Recognize appropriate strategies for peer-to-peer discussions.  
• Highlight the roles, functions and advantages of Physician Advisors in overall utilization management.  |
| High Value Care and High Cost Outliers                               | • Understand the stewardship role the PA 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.  |
<table>
<thead>
<tr>
<th>601-17: Resource Management</th>
<th>• Recognize alternatives to outlier treatments when appropriate and strategies to minimize impact on net reimbursement when alternatives are not appropriate.</th>
</tr>
</thead>
</table>
| Part 1 and 2: Readmissions, Transitions and Barriers to Care | • Understand the impact and cost to hospitals of readmissions.  
• Increase awareness of the types of tools that support reductions in readmissions.  
• Understand the discharge planning mandate in the CMS Conditions of Participation.  
• Become familiar with EMTALA regulations.  
• Identify and define the post-acute levels of care.  
• Identify some of the most common barriers to care and resources to address them. |
| 701-17: Reimbursement | • Understand the different types of payment models.  
• Describe cost containment strategies and their impact on care providers.  
• Describe risk-based payments.  
• Describe Population Health and Accountable Care Organizations. |
| Medicare Overview | • Identify the individuals covered under Medicare.  
• Describe Medicare Part A, B, C and D.  
• Understand Medicare reimbursement policies.  
• Describe Medicaid. |
| The Impact of Documentation and Coding | • Describe the role of the Physician Advisor in reimbursement practices.  
• Describe DRG, APR-DRG and high volume/high risk DRG.  
• Describe MDC and MS-DRG.  
• Understand the reimbursement implications of various coding options and the role of the CMI. |