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## Case Management Nurse Board Certification Test Content Outline – effective date: November 1, 2008

There are 175 questions on this examination. Of these, 150 are scored questions and 25 are nonscored pretest questions. Questions are pretested to determine how well they perform before they are used in the scored portion of the examination. The pretest questions cannot be distinguished from those that will be scored, so it is important that a candidate answer all questions. However, a candidate's score is based solely on the 150 scored questions. Performance on pretest questions does not affect a candidate's score.

This Test Content Outline identifies the areas that are included on the examination. The percentage and number of questions in each of the major categories of the scored portion of the examination are also shown.

Category	Domains of Practice	No. of Questions	Percent
I	Clinical Practice	38	25.33%
II	Management of Data	15	10.00%
III	Resource Management	28	18.67%
IV	Processes of Quality Management	18	12.00%
V	Legal and Ethical Considerations	15	10.00%
VI	Principles of Education/Learning	12	8.00%
VII	Tools of Case Management Practice	16	10.67%
VIII	Professional Development	8	5.33%
	<b>Total</b>	<b>150</b>	<b>100%</b>

# Case Management Nurse Board Certification

## Test Content Outline – effective date: November 1, 2008

### I. Clinical Practice (25.33%)

#### A. Nursing case management concepts

1. Definition
2. Role functions and principles of case management

#### B. Nursing process

1. Assessment
  - a. Physical/clinical
  - b. Psychosocial (including support systems/family dynamics)
  - c. Developmental
  - d. Financial (e.g., insurance, personal funds)
2. Planning (e.g., individualized health care options, plan of care development)
3. Implementation and coordination
  - a. Goal setting
  - b. Negotiation skills (with insurance provider, suppliers, health care providers, etc.)
  - c. Contracting (with patient, vendor/provider)
4. Monitoring and evaluation
  - a. Outcomes measurement
  - b. Patient compliance with plan of care
  - c. Services (e.g., services authorized by payor, community services; are the services working?)
5. Interaction
  - a. Collaboration
  - b. Consultation and referrals
  - c. Communication skills (e.g., interpersonal communication, conflict resolution, facilitation)

#### C. Management of disease

1. Pathophysiology
2. Psychosocial conditions (e.g., support systems, financial resources, living conditions)
3. Cultural/religious influence on disease
4. Clinical standards of care (e.g., American Diabetes Association, American Cancer Society, American Heart Association)
5. Health education (e.g., theory, readiness)

#### D. Wellness promotion and illness prevention

1. Physical characteristics of wellness (including symptom control)
2. Psychosocial characteristics of wellness
3. Cultural/religious perspective of wellness
4. Readiness for change (e.g., lifestyle changes)

## **II. Management of Data (paper and electronic data) (10.00%)**

- A. Individual data
  - 1. Collection
  - 2. Analysis (e.g., cost-benefit analysis)
  - 3. Evaluation
  - 4. Reporting
  - 5. Application
- B. Aggregate data
  - 1. Collection
  - 2. Analysis (e.g., predictive modeling, stratification of data)
  - 3. Evaluation
  - 4. Reporting
  - 5. Application

## **III. Resource Management (18.67%)**

- A. Support services
  - 1. Emergency assistances (e.g., food, clothing, medications, housing, transportation)
  - 2. Voluntary/charitable/religious organization services
  - 3. Social services (e.g., adult/child protective services, food stamps, financial counseling)
  - 4. Public health services (e.g., reporting communicable diseases)
  - 5. Educational services
  - 6. Vocational services
  - 7. Legal services
- B. Level of care options
  - 1. Acute care (e.g., hospital, long-term acute care, acute rehabilitation)
  - 2. Home care (e.g., hospice, skilled care, private duty, infusion)
  - 3. Subacute care (e.g., skilled nursing facility, subacute rehabilitation)
  - 4. Custodial long-term care
  - 5. Assisted living facility/home
  - 6. Outpatient treatment facilities (e.g., infusion, rehabilitation, wound care)
- C. Medical supplies
  - 1. Medical disposable supplies
  - 2. Pharmaceuticals
  - 3. Durable medical equipment (DME)/maintenance
- D. Utilization management
  - 1. Benefit design/coverage
  - 2. Authorization and certification
    - a. Preauthorization
    - b. Concurrent review
    - c. Retrospective review
  - 3. Contract interpretation and negotiation
  - 4. Discharge planning
  - 5. Denial and appeals process

- E. Payor and reimbursement methods
  - 1. Government (e.g., Medicare, Medicaid, US Department of Veterans' Affairs [VA], Tricare)
  - 2. Private (e.g., preferred provider option [PPO], health maintenance organization [HMO], point of service provider [POS], self-insured)
  - 3. Forms of payment (e.g., fee for service, capitation, diagnostic related groups [DRG], prospective payment, subrogation, stop loss)
  - 4. Disability insurance (e.g., short-term disability/long-term disability, Social Security Disability Insurance)
  - 5. Workers' compensation

**IV. Processes of Quality Management (12.00%)**

- A. Benchmarking
- B. Peer review (organizations/ombudsman)
- C. Best practice profiling/evidence-based practice
- D. Variance tracking/outlier analysis
- E. Continuous quality improvement/performance improvement
- F. Core measures
- G. Risk management
- H. Health Plan Employer Data and Information Set (HEDIS)
- I. Accreditation (e.g., National Committee for Quality Assurance [NCQA], URAC, The Joint Commission)

**V. Legal and Ethical Considerations (10.00%)**

- A. Confidentiality (e.g., Health Insurance Portability and Accountability Act [HIPAA])
- B. Patient rights (e.g., Bill of Rights, patient self determination)
- C. Documentation
- D. Advanced directives
- E. Legal responsibilities (e.g., negligence, malpractice, abandonment, reporting of abuse, informed consent, guardianship)
- F. Conflict of interest
- G. Access to care
- H. Government policies and regulations (e.g., related to occupational safety and health, workers' compensation, Americans with Disabilities Act, Emergency Medical Treatment and Active Labor Act [EMTALA])
- I. Quality versus cost

**VI. Principles of Education/Learning (as pertaining to educating patients, families, communities, staff, providers, and payors) (8.00%)**

- A. Learner readiness
- B. Learning style
- C. Cultural influences
- D. Shared responsibility for learning
- E. Interpreter services/materials

**VII. Tools of Case Management Practice (10.67%)**

- A. Standards of practice
- B. Review criteria (e.g., Interqual, Milliman Care Guidelines)
- C. Screening tools (e.g., CAGE, SF-36, BASIS 32, risk screening)
- D. Clinical guidelines
- E. Clinical pathways/care practice algorithms
- F. Satisfaction surveys

**VIII. Professional Development (5.33%)**

- A. Mentorship and preceptorship
- B. Staff development
- C. Self evaluation/peer review
- D. Professional activities (e.g., continuing education, publishing, presentations, research)

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