

**Nursing Case Management Board Certification  
 Test Content Outline - Effective Date: 2/6/2015**

There are 175 questions on this examination. Of these, 150 are scored questions and 25 are pretest questions that are not scored. Pretest questions are used to determine how well these questions will perform before they are used on the scored portion of the examination. The pretest questions cannot be distinguished from those that will be scored, so it is important for a candidate to answer all questions. A candidate's score, however, 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.

<b>Category</b>	<b>Domains of Practice</b>	<b>No. of Questions</b>	<b>Percent</b>
I	Fundamentals	40	26.9%
II	Resource Management	28	18.4%
III	Quality Management	21	13.9%
IV	Legal and Ethics	33	22.2%
V	Education and Health Promotion	28	18.5%
<b>Total</b>		<b>150</b>	<b>100%</b>

**I. Fundamentals (26.9%)**

A. Concepts, Standards, and Tools

Knowledge of:

1. Nursing case management concepts (e.g., functions, principles, roles)
2. Standards of practice for case management
3. Clinical guidelines and pathways
4. Tools (e.g., assessment, evaluation, screening)

B. Processes

Knowledge of:

1. Biopsychosocial health
2. Evidence-based practice

Skills in:

3. Conducting screenings and assessments
4. Identifying and managing risk factors and barriers
5. Developing a client-focused plan of care using evidence-based practice
6. Verifying interventions are consistent with the client's needs and goals
7. Linking the client to available resources
8. Implementing a client-focused plan of care using evidence-based practice
9. Modifying the plan and services based on the evaluation of outcomes
10. Synthesizing pertinent data from multiple sources
11. Communicating the plan, interventions, and outcomes to stakeholders
12. Collaborating with stakeholders
13. Facilitating communication, problem-solving, and conflict resolution with stakeholders

**II. Resource Management (18.4%)**

A. Health Care Utilization

Knowledge of:

1. Utilization of management concepts (e.g., authorizations, benefits, contract management, criteria, denials and appeals, discharge planning)
2. Payor and reimbursement methodology (e.g., forms of payment, government, private, disability, worker's compensation, uninsured)

Skills in:

3. Determining level of care using utilization review criteria
4. Negotiating benefits for clients
5. Planning for transition of care
6. Facilitating resolution of denials and appeals

B. Support Services

Knowledge of:

1. Community and support resources
2. Medical supplies and durable medical equipment
3. Benefit and payment options for support services (e.g., insured, uninsured, charity)

Skills in:

4. Negotiating for support services (e.g., medical supplies, durable medical equipment, pharmaceuticals)

C. Provider Services

Knowledge of:

1. Scope of services for providers (e.g., primary care, specialty providers, ancillary services)

Skills in:

2. Identifying providers (e.g., contracted, nonparticipating, preferred, participating)
3. Negotiating with providers to facilitate care services

**III. Quality Management (13.9%)**

A. Quality and Performance Improvement

Knowledge of

1. Quality and performance improvement processes and concepts
2. Quality indicators (e.g., core measures, outcome measures)
3. Risk management concepts
4. Benchmarking principles and concepts

Skills in

5. Identifying potential risks and liabilities (e.g., client, facility, financial, safety)
6. Collecting data (e.g., variance tracking, benchmarking)
7. Conducting a cost-benefit analysis

B. Outcome Evaluation

Knowledge of

1. Outcome evaluation tools
2. Data management (e.g., individual, aggregate)

Skills in

3. Synthesizing data to improve services (e.g., client, program)

**IV. Legal and Ethics (22.2%)**

A. Legal and Regulatory

Knowledge of

1. Accreditation and licensure
2. Scope of practice
3. Governmental regulations and policies that affect health care delivery
4. Legal responsibilities (e.g., abandonment, abuse and neglect, malpractice, guardianship)

Skills in

5. Documenting the case management process

B. Ethics

Knowledge of

1. Nursing code of ethics
2. Professional code of conduct for case managers
3. Standards of practice for case management

Skills in

4. Identifying potential conflicts of interests
5. Facilitating resolution of ethical issues

C. Patient Advocacy and Rights

Knowledge of

1. Patient's bill of rights
2. Advanced directives and living wills
3. Informed consent

Skills in

4. Collaborating with multiple providers to facilitate access to care
5. Advocating for the client throughout the continuum of care

**V. Education and Health Promotion (18.5%)**

A. Education and Learning

Knowledge of

1. Change theories and concepts (e.g., motivational interviewing, behavioral change)
2. Interpreter services and materials

Skills in

3. Assessing readiness for change
4. Selecting educational materials for specific learner needs
5. Providing client-focused instruction
6. Evaluating educational outcomes

B. Population Health Management

Knowledge of

1. Disease management
2. Wellness promotion and disease prevention
3. Biopsychosocial characteristics of wellness
4. Cultural perspectives of wellness
5. Predictive modeling concepts and principles

Skills in

6. Identifying at-risk populations
7. Conducting population screenings
8. Referring clients for interventions (e.g., health maintenance, symptom management, wellness promotion)

Last Update: 10/25/2013