



Basics of Case Management: Five Part Webinar Series

LHA # M2449057

DATES & TIME:

Tuesday, Oct. 1, 2024
Tuesday, Oct. 8, 2024
Tuesday, Oct 15, 2024
Tuesday, Oct. 22, 2024
Tuesday, Oct. 29, 2024

All Sessions: 9 a.m. – 11 a.m. CT

WHO SHOULD PARTICIPATE:

CMOs, CNOs, compliance personnel, ED personnel, joint commission coordinators, medical records staff, case managers, social workers, quality improvement personnel, risk managers, legal counsel, and anyone else interested in the topic

OVERVIEW:

Due to a rapidly changing environment, it can be challenging to stay knowledgeable about the issues that impact your role as a case manager. Reimbursement has changed dramatically, as has utilization management, transitional planning, and length of stay management. The Centers for Medicare & Medicaid Services (CMS) has incorporated changes that impact payments related to readmissions, length of stay, and cost of care. This webinar series will provide the core knowledge needed to enhance skills and understand the foundational work of case management. Webinar 1 will cover fundamental issues, including reimbursement systems, the history of case management, and common trends, and will include an introduction to community case management. Webinar 2 will cover the role of utilization management, including rules, regulations, and strategies for incorporating utilization into your daily routine. Webinar 3 will provide insights and up-to-date information on the role of discharge planning, including new rules instituted in 2020. Webinar 4 will provide an in-depth review of care coordination. Webinar 5 will discuss how to integrate the roles and functions reviewed in previous sessions. There will also be a comparison of two state-of-the-art case management models. In addition attendee's will learn about the complementary but separate roles of RN case managers and social work case managers.

LEARNING OBJECTIVES:

At the conclusion of this series, participants should be able to:

Part One:

- Understand the history of case management;
- Recall reimbursement structures and their application to case management;
- Explain how case management fits into today's healthcare system; and
- Discuss the ways in which case management is a strategy for managing cost and quality under the latest CMS reimbursement models.

Part Two:

- Describe the differences between utilization review and utilization management;
- Discuss the best strategies for managing utilization reviews and other issues related to utilization management; and
- Identify ways in which a strong utilization management process can reduce payment denials.

Part Three:

- Describe discharge planning as a process, not an outcome;
- Discuss the new CMS changes related to transitional and discharge planning and how they can impact your practice; and
- Identify best practice strategies for transitioning patients across the continuum of care.

Part Four:

- Explain the key elements of effective care coordination;
- Discuss ways to incorporate care coordination into your daily workflow; and
- Identify how care coordination can become derailed and how to get it back on track.

Part Five:

- Describe the different skill sets and roles of RN case managers and social work case managers;
- Discuss specialty case management roles and determine new or updated roles for your contemporary case management department;
- Explain the evolution of case management models; and
- Identify the best model to ensure a contemporary case management department.

MEET YOUR FACULTY: Toni G. Cesta, PhD, RN, FAAN, Founding Partner, Case Management Concepts, LLC; [Speaker Bio](#)

CONTINUING EDUCATION:

Nursing: Up to 10.0 contact hours will be awarded for this offering by the Louisiana Hospital Association for complete attendance and evaluation of the program. The LHA is approved by the Louisiana State Board of Nursing – CE Provider #39.

Other Participants will receive, upon completion of this program and evaluation, a certificate documenting the completed continuing education/clock hours.