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**Question: 658**

A case manager is assessing the effectiveness of a new patient navigation program. If the program costs \$100,000 and results in a 25% increase in preventive care utilization among 400 patients, what is the estimated financial benefit if preventive care saves \$500 per patient annually?

- A. \$80,000
- B. \$100,000
- C. \$200,000
- D. \$50,000

Answer: D

Explanation: A 25% increase means 100 more patients are utilizing preventive care. The total savings from the increased utilization is  $100 \text{ patients} \times \$500 = \$50,000$ , which does not cover the program cost.

**Question: 659**

A case manager is evaluating a patient's eligibility for Medicare coverage for therapy services. Which of the following conditions must be met for the patient to qualify for these services?

- A. The patient must demonstrate a significant improvement in their condition within 30 days
- B. The patient must require therapy services for a minimum of 60 days
- C. The therapy must be deemed medically necessary and prescribed by a physician
- D. The patient must attend therapy sessions at least three times a week

Answer: C

Explanation: For Medicare coverage, therapy services must be deemed medically necessary and prescribed by a physician, ensuring compliance with coverage criteria.

**Question: 660**

A case manager is analyzing the financial outcomes of a community health initiative that required a budget of \$250,000. If the initiative resulted in a 30% decrease in smoking rates among 1,000 participants, what is the potential financial benefit if the average cost of smoking-related healthcare is \$3,000 per person?

- A. \$600,000
- B. \$700,000
- C. \$900,000
- D. \$800,000

Answer: C

Explanation: A 30% reduction means 300 fewer individuals smoking. The financial benefit is calculated

as  $300 \times \$3,000 = \$900,000$ .

**Question: 661**

While coordinating care for a patient transitioning from an acute care setting to home health services, the case manager discovers a discrepancy in medication lists between the hospital discharge summary and the outpatient pharmacy. What action should the case manager take first to resolve this issue?

- A. Assume the outpatient pharmacy is correct and update the care plan accordingly
- B. Instruct the patient to use the medications listed by the outpatient pharmacy
- C. Schedule a follow-up appointment to review the medications with the patient
- D. Contact the hospital's pharmacy to verify the discharge medications

Answer: D

Explanation: Contacting the hospital's pharmacy to verify the discharge medications is the first step to ensure safe and accurate medication management, which is critical for patient safety during transitions of care.

**Question: 662**

A case manager is tasked with developing a care plan for a patient with a history of substance use disorder. According to the Case Management Society of America (CMSA) Standards of Practice, which of the following principles should take precedence when creating this plan?

- A. Prioritizing the patient's immediate medical needs over psychosocial factors
- B. Ensuring the plan is strictly confidential and only shared with the healthcare team
- C. Focusing on compliance with treatment protocols to minimize relapse risk
- D. Involving the patient and their family in the decision-making process

Answer: D

Explanation: Involving the patient and their family in the decision-making process is essential as it fosters collaboration and ensures that the care plan aligns with the patient's values and preferences, which is a core principle of the CMSA Standards.

**Question: 663**

A case manager is tasked with evaluating the effectiveness of a newly implemented care coordination program. Which method would provide the most comprehensive data regarding the program's impact on patient outcomes?

- A. Reviewing hospital readmission rates alongside patient feedback and health outcomes
- B. Conducting a patient satisfaction survey only
- C. Analyzing staff workload and efficiency metrics only
- D. Gathering anecdotal evidence from case managers involved in the program

Answer: A

Explanation: Combining multiple data sources, including readmission rates and patient feedback, provides a holistic view of the program's effectiveness and its impact on patient outcomes.

**Question: 664**

A case manager is reviewing a discharge plan for a patient with chronic kidney disease. Which component is essential to include in the plan to prevent complications?

- A. Generic information about kidney disease
- B. A list of medications without dosage instructions
- C. A schedule for follow-up appointments without specific timings
- D. A referral for nutritional counseling focused on renal diet

Answer: D

Explanation: A referral for nutritional counseling focused on a renal diet is essential for managing chronic kidney disease and preventing complications related to dietary indiscretions.

**Question: 665**

A 65-year-old woman with multiple chronic conditions is experiencing difficulty managing her health due to cognitive decline. What is the most appropriate intervention for the case manager to implement in this situation?

- A. Schedule more frequent follow-up appointments to monitor her conditions
- B. Refer her to a geriatric specialist for comprehensive assessment
- C. Involve a caregiver or family member in her care planning and management
- D. Provide written instructions for self-management without follow-up

Answer: C

Explanation: Involving a caregiver or family member in her care planning provides essential support and ensures that her health management is sustained and effective, especially in the context of cognitive decline.

**Question: 666**

A case manager is assessing a patient's understanding of their chronic illness. What approach is best to ensure that the patient comprehends their health status and treatment plan?

- A. Use medical jargon to explain
- B. Encourage questions and provide clear explanations

- C. Provide written materials only
- D. Assume the patient understands without confirmation

Answer: B

Explanation: Encouraging questions and providing clear explanations fosters understanding and empowers the patient in their care management.

**Question: 667**

During a compliance audit, a case manager identifies that certain patient records lack proper documentation of informed consent for treatment. What is the best course of action to rectify this issue?

- A. Update the documentation without notifying the providers involved
- B. Ignore the oversight as it is a minor issue
- C. Train staff on the importance of informed consent and implement a checklist
- D. Document the oversight in the compliance report without further action

Answer: C

Explanation: Training staff on the importance of informed consent and implementing a checklist is crucial to ensure compliance moving forward.

**Question: 668**

In a hospital setting, a case manager identifies that patients with chronic pain are frequently readmitted. What is the best strategy for addressing this issue?

- A. Increase the use of pain medications for all patients
- B. Collaborate with pain management specialists to create individualized care plans
- C. Discharge patients with chronic pain after a set number of days
- D. Focus solely on physical therapy as a treatment modality

Answer: B

Explanation: Collaborating with pain management specialists allows for tailored care plans that address the multifaceted nature of chronic pain, potentially reducing readmissions.

**Question: 669**

In a case where a patient has limited understanding of their treatment options, which approach should the case manager take to ensure informed consent is obtained?

- A. Use complex medical terminology to explain options
- B. Rely solely on the physician's explanation of treatment
- C. Allow family members to make decisions on behalf of the patient



D. Provide clear, simplified information and check for understanding

Answer: D

Explanation: Providing clear, simplified information and checking for understanding is crucial for ensuring that the patient can make an informed decision regarding their treatment options.

**Question: 670**

In a case management scenario, a patient is experiencing barriers due to cultural differences and misunderstanding of the healthcare system. What is the case manager's most effective initial response?

- A. Educate the patient about the healthcare system without considering their culture.
- B. Assess the cultural factors influencing the patient's healthcare experience.
- C. Recommend that the patient follow the standard protocols.
- D. Document the cultural barriers and move on to the next case.

Answer: B

Explanation: Assessing cultural factors is essential for tailoring communication and interventions to meet the patient's unique needs and enhance understanding.

**Question: 671**

A patient recently discharged after heart surgery reports difficulty understanding follow-up care instructions. What is the most appropriate action for the nurse to take to improve the patient's comprehension?

- A. Provide all instructions verbally to avoid confusion
- B. Use teach-back methods to confirm understanding
- C. Give the patient a list of resources to read
- D. Assume the patient will remember the information discussed

Answer: B

Explanation: Using teach-back methods allows the nurse to verify the patient's understanding and reinforces the information in a patient-centered manner.

**Question: 672**

During a multidisciplinary team meeting, a case manager identifies a gap in services for a patient transitioning from hospital to home care. Which strategy should the case manager prioritize to advocate for policy changes that address this issue within the healthcare system?

- A. Develop a budget proposal for new services
- B. Collaborate with local legislators to influence policy reform

- C. Organize a community awareness campaign
- D. Conduct a survey to assess patient needs

Answer: B

Explanation: Collaborating with local legislators to influence policy reform is essential for addressing systemic gaps in services. This approach can lead to legislative changes that provide better support for patients transitioning from hospital to home care.

**Question: 673**

A case manager is developing a care plan for a patient with a recent knee replacement who is experiencing significant pain and limited mobility. Which of the following interventions would best support the patient's recovery process?

- A. Recommend bed rest to minimize pain
- B. Encourage gradual increase in physical activity and coordinate with physical therapy
- C. Focus only on pain management with medications
- D. Suggest the patient avoid any movement to prevent further injury

Answer: B

Explanation: Encouraging gradual physical activity and coordinating with physical therapy is essential for recovery post-surgery, promoting healing and improving mobility.

**Question: 674**

A case manager is tasked with coordinating care for a patient with complex needs. Which accreditation standard should guide the care coordination process to ensure compliance with best practices?

- A. The facility must maintain a minimum occupancy rate
- B. The facility must implement a patient-centered approach to care
- C. The facility must prioritize cost-effective treatment options
- D. The facility must limit the number of specialists involved in the patient's care

Answer: B

Explanation: Implementing a patient-centered approach to care is a fundamental accreditation standard that guides effective care coordination and ensures compliance with best practices.

**Question: 675**

A case manager is tasked with developing a budget for a new mental health outreach program. If the program costs \$350,000 and is expected to prevent \$1 million in costs associated with untreated mental health issues, what is the overall financial benefit?

- A. \$700,000
- B. \$500,000
- C. \$600,000
- D. \$650,000

Answer: D

Explanation: The overall financial benefit is calculated as the savings minus the costs:  $\$1,000,000 - \$350,000 = \$650,000$ .

**Question: 676**

A case manager is tasked with improving care coordination for patients with multiple chronic conditions. Which payment model would best support this initiative by incentivizing comprehensive care management?

- A. Fee-for-service
- B. Capitation
- C. Bundled payments
- D. Value-based care

Answer: D

Explanation: Value-based care models incentivize comprehensive care management by linking reimbursement to patient outcomes, making it an ideal choice for improving care coordination for patients with multiple chronic conditions.

**Question: 677**

In a transition from hospital care to a home-based care model, which of the following practices should the case manager implement to ensure patient safety and effective communication?

- A. Provide the patient with a brochure about home care services only
- B. Depend solely on the patient to relay information to home health providers
- C. Limit follow-up communication to email correspondence
- D. Establish a communication protocol between the hospital and home health providers to share updates on the patient's condition

Answer: D

Explanation: Establishing a communication protocol between the hospital and home health providers is critical for ensuring that all parties are updated on the patient's condition and needs.





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