

CASE MANAGEMENT MANDATORY MEASURES



Note: Mandatory measures are those measures that are a requirement of accreditation and must be reported to URAC on an annual basis.

MEASURE	URAC DOMAIN	MEASURE NAME	MEASURE STEWARD	MEASURE DESCRIPTION	NUMERATOR	DENOMINATOR	DATA SOURCE
CM2013-01	Communication and Care Coordination	Medical Readmissions (Excludes Behavioral Health and Disability and Workers' Compensation Populations)	URAC	This measure assesses the percentage of the eligible population that participated in onsite general medical case management services that had an unscheduled readmission to an acute care hospital within 30 days (mandatory) and within 72 hours (exploratory) of discharge.	The number of consumers in the denominator that had an unscheduled readmission to an acute care hospital during the measurement period stratified by within 30 days (mandatory) and within 72 hours (exploratory) after discharge. Discharges should be stratified by those that accepted and declined case management services.	All consumers who were admitted to an acute care hospital with a primary medical diagnosis (not a primary behavioral health diagnosis) during the measurement period and were referred to case management through an onsite general medical case management service at the time of discharge from the initial admission (i.e., index hospital admission).	Medical Records
CM2013-02	Prevention and Treatment	Percentage of Participants That Were Medically Released to Return to Work (Disability and Workers' Compensation Only)	URAC	This measure assesses the percentage of disability or workers' compensation case management cases that were managed for return to work and whose participants were medically released to return to work (RTW) in a specified time frame during the measurement period. This measure has two parts: Part A is for participants who received telephonic case management. Part B is for participants who received field case management.	Part A: The number of cases included in each denominator stratification where the participant was medically released to return to work, stratified by time (calendar days) between onset of lost time and receipt of a medical release to return to work. Part B: The number of cases included in each denominator stratification where the participant was medically released to return to work stratified by time (calendar days) between onset of lost time and receipt of a medical release to return to work.	The number of cases that were managed for return to work under a disability or workers' compensation case management program using telephonic (Part A) or field (Part B) case management during the measurement period, stratified by time (calendar days) between lost time and referral to case management.	Medical Records

Disclaimer: URAC reserves the right to update its measures and measure sets to maintain measure relevancy and to remedy any unintended consequences that may arise during implementation. Further, URAC may add and/or align its measures with regulatory requirements of federal, state, and local governments.

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CM2012-13	Engagement and Experience of Care	Complaint Response Timeliness	URAC	This measure has two parts: Part A assesses the percentage of consumer complaints to the case management program to which the organization responded within the time frame that the program has established for complaint response; Part B assesses the average time, in business days, for complaint response.	Part A: The number of complaints in the denominator to which the organization responded within the target timeframe the case management program has established for complaint response. Part B: The sum of business days to respond to each consumer complaint ($n_1 + n_2 + \dots + n_x$, where n_1 = number of business days to respond to complaint 1, n_2 = number of business days to respond to complaint 2 ... n_x = number of business days to respond to complaint x).	Count of all consumer complaints that the case management program received in the measurement period.	Admin Data
CM 2013-04	Engagement and Experience of Care	Overall Consumer Satisfaction (Excludes Disability and Workers' Comp)	URAC	The percentage of program participants who completed a consumer satisfaction survey and reported that they were "satisfied" overall with the case management plan during the measurement period.	The number of program participants in the denominator who reported that they were "satisfied" overall with the case management program.	All program participants who completed greater than (>) 50% of a consumer satisfaction survey during the measurement period.	Survey Data
CM2013-05	Communication and Care Coordination	Percentage of Individuals that Refused Case Management Services	URAC	This measure assesses the percentage of individuals eligible for and offered case management services that refused services during the measurement period.	The number of consumers in the denominator that refused case management services.	All cases eligible for case management services in which the consumer was contacted and offered case management services during the measurement period.	Medical Records

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CASE MANAGEMENT EXPLORATORY MEASURES



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MEASURE	URAC DOMAIN	MEASURE NAME	MEASURE STEWARD	MEASURE DESCRIPTION	NUMERATOR	DENOMINATOR	DATA SOURCE
CM2013-06	Communication and Care Coordination	3-Item Care Transition Measure	University of Colorado Health Sciences Center	The 3-Item Care Transition Measure* (CTM-3) is a hospital level measure of performance that reports the average patient reported quality of preparation for self-care response among adult patients discharged from general acute care hospitals within the past 30 days. This measures the satisfaction rate across CMT-3 survey respondents.	The hospital level sum of CTM-3 scores for all eligible sampled patients.	The number of eligible sampled adult patients discharged from a general acute care hospital during the measurement period.	Survey Data

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MEASURE	URAC DOMAIN	MEASURE NAME	MEASURE STEWARD	MEASURE DESCRIPTION	NUMERATOR	DENOMINATOR	DATA SOURCE
DM2012-10	Engagement and Experience of Care	Patient Activation Measure	Insignia Health	The Patient Activation Measure (PAM) is a survey that assesses the knowledge, skills, and confidence integral to managing one’s own health and health care. With the ability to measure activation and uncover related insights into consumer self-management competencies, care support and education can be more effectively tailored to help individuals become more engaged and successful managers of their health. This measure is reported to URAC in four parts: Part A measures the total number of responses received to the initial PAM survey; Part B measures the stratification of activation levels across respondents; Part C measures the total number of responses to a re-assessment PAM survey; Part D measures the total number of respondents that moved to a higher activation level at the time of re-assessment from baseline evaluation.	Part A: The number of participants in the denominator who completed the PAM baseline survey. Part B: The number of participants in the denominator who were segmented into the appropriate activation level at baseline. Part C: The number of participants in the denominator who completed a PAM re-assessment survey. Part D: The number of participants in the denominator who moved to a higher activation level in the re-assessment survey from baseline.	Part A: All participants who received a PAM baseline survey. Part B: All participants who received and completed a PAM baseline survey. Part C: All participants who received a PAM re-assessment survey. Part D: All participants who received and completed a PAM re-assessment survey.	Survey Data

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