



# 2017

## URAC CASE MANAGEMENT PERFORMANCE MEASUREMENT:

**AGGREGATE SUMMARY PERFORMANCE REPORT**

December 2017

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## Executive Summary

Presented in this report are the 2016 measurement year (2017 reporting year) results based on URAC's Case Management (CM) Accreditation program performance measures. The report includes only aggregate summary rates; there are no individual performance results included.

Organizations were required to report data for five mandatory measures, and they had the option to report data for two exploratory measures. Below is the list of mandatory [M] and exploratory [E] measures for 2017 reporting:

1. Medical Readmissions (CM2013-01) [M]
2. Percentage of Participants That Were Medically Released to Return to Work: Disability and Workers' Compensation Only (CM2013-02) [M]
3. Complaint Response Timeliness (CM2013-03) [M]
4. Overall Consumer Satisfaction (CM2013-04) [M]
5. Percentage of Individuals That Refused Case Management Services (CM2013-05) [M]
6. 3-Item Care Transition (CM2013-06)\* [E]
7. Patient Activation Measure (DM2012-10)\* [E]

\*Minimal respondents provided data for this exploratory measure; therefore, analysis was not conducted for this measure, and only measure descriptions are included in this report.

The URAC measure specifications are set forth within the 2017 Case Management Reporting Instructions.

## Data Analysis Procedures and Future Considerations

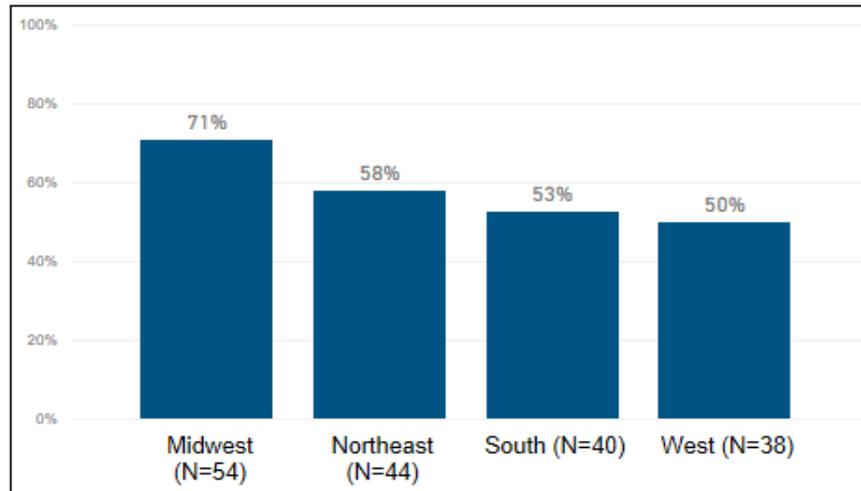
Kiser Healthcare Solutions implemented a relational database management system, Microsoft SQL Server (MSSQL), to capture and normalize all accreditation submission data into a consistent format across programs. This improvement allows for a consistent model to be used year over year and allows for trends to build. In addition, MSSQL aids in consolidating all data objects used for aggregations, guaranteeing consistent logic across programs and ease of updates. Finally, Kiser Healthcare Solutions implemented Microsoft Power BI as the business intelligence tool to develop the data visuals and tables in the report.

Through manual data review and cleaning, data entry errors were corrected by Kiser Healthcare Solutions and noted in the data files and at the end of this report (Exhibit 49, Exhibit 50, Exhibit 51). Respondent organizations will be notified in the individual reports where data entry corrections were made and where the data validation vendors indicated materially inaccurate results.

## Case Management Organization Characteristics

A total of 76 URAC accredited Case Management organizations reported 2016 measurement year data for the 2017 reporting year. The Midwest represented the largest number of organizations at 71% (n=54), and 38.16% (n=29) of organizations served populations in all four regions. The other three regions were distributed relatively evenly ranging from 50% to 58% (Exhibit 1).

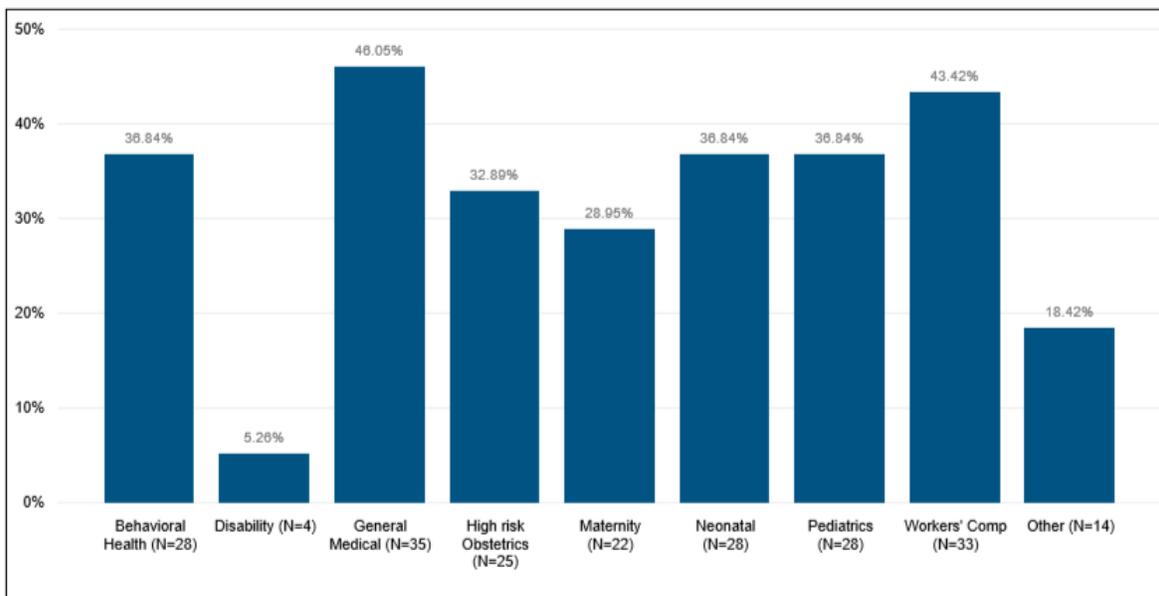
Exhibit 1: Regional Areas Served



Note: Multiple responses accepted.

Most organizations (46.05%, n=35) performed General Medical case management, while Disability case management represented the least (5.26%, n=4) (Exhibit 2). Responses indicated as “Other” include, but are not limited to, Catastrophic, Dialysis, Oncology, Surgical, and Transplant.

Exhibit 2: Type of Case Management Performed



Note: Multiple responses accepted.

There are 375,927 unique cases represented by the responding organizations, ranging from zero to

71,877 per organization with a mean of 4,946 and median of 939 unique cases. There were 51.32% (n=39) of organizations that reported managing less than 1,000 unique cases during the 2016 calendar year, and 48.68% of organizations (n=37) managed 1,000 or more unique cases during 2016 (Exhibit 3 and Exhibit 4). There were 31.58% (n=24) that managed less than 300 unique cases and less only 9.21% (n=7) managed over 10,000 unique cases with wide-spread small numbers in between the two extremes.

Exhibit 3: Case Management Organization Case Volume <1,000 (Number of Unique Cases)

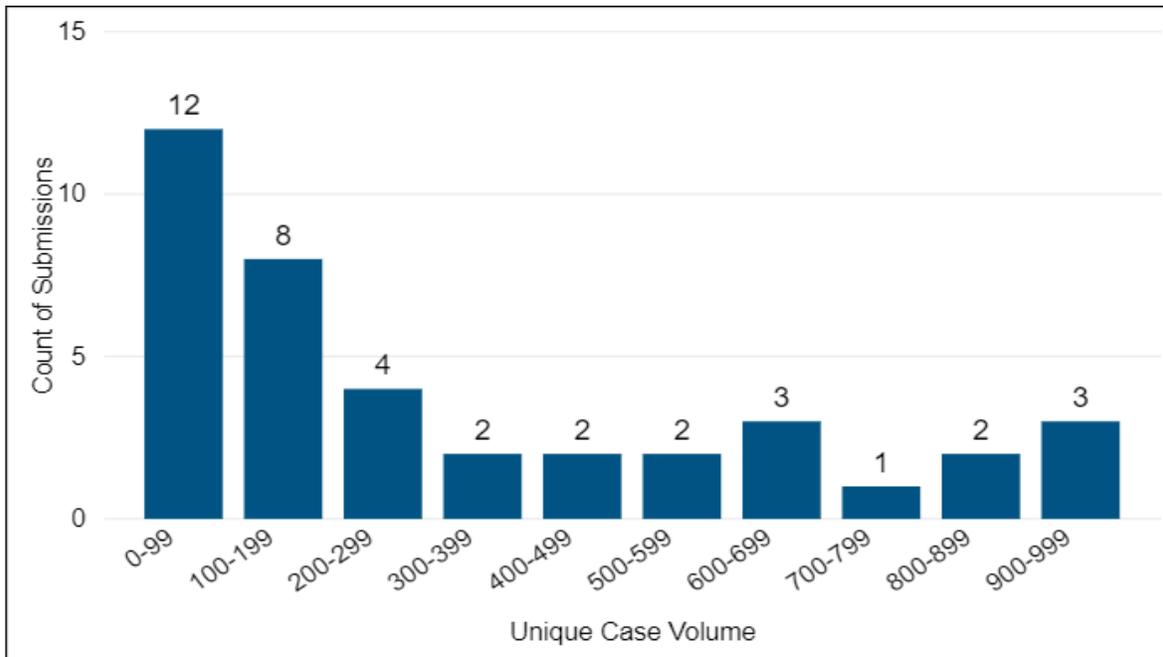
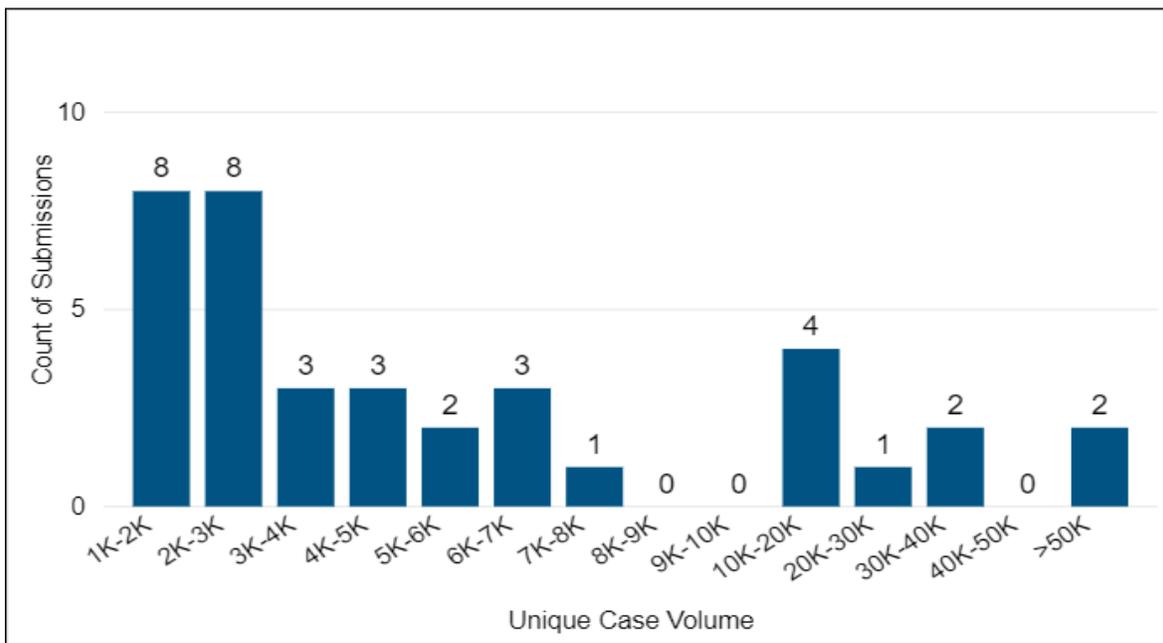


Exhibit 4: Case Management Organization Volume ≥1,000 (Number of Unique Cases)



There were 60.53% (n=46) of organizations that track the number of consumers with a hospital

readmission after discharge from an acute care facility, and those organizations that track readmissions, 70.00% (n=21) indicated that they verify the readmissions are correctly coded (Exhibit 5). Of the organizations tracking hospital readmissions, 83.33% (n=25) track hospital readmissions through a utilization management process, while the majority of other organizations track using authorization data, claims data, or via notification from the healthcare provider, member, and/or family (Exhibit 6). There were 80.00% of organizations (n=24) that become aware of hospital readmissions within 30 days of discharge (Exhibit 7). In addition, of the 60.53% (n=46) of organizations that indicated they do not track hospital readmissions after discharge, 84.78% of organizations (n=39) are not planning to use this indicator in the future (Exhibit 8).

Exhibit 5: Case Management Organizations that Track and Verify Readmissions

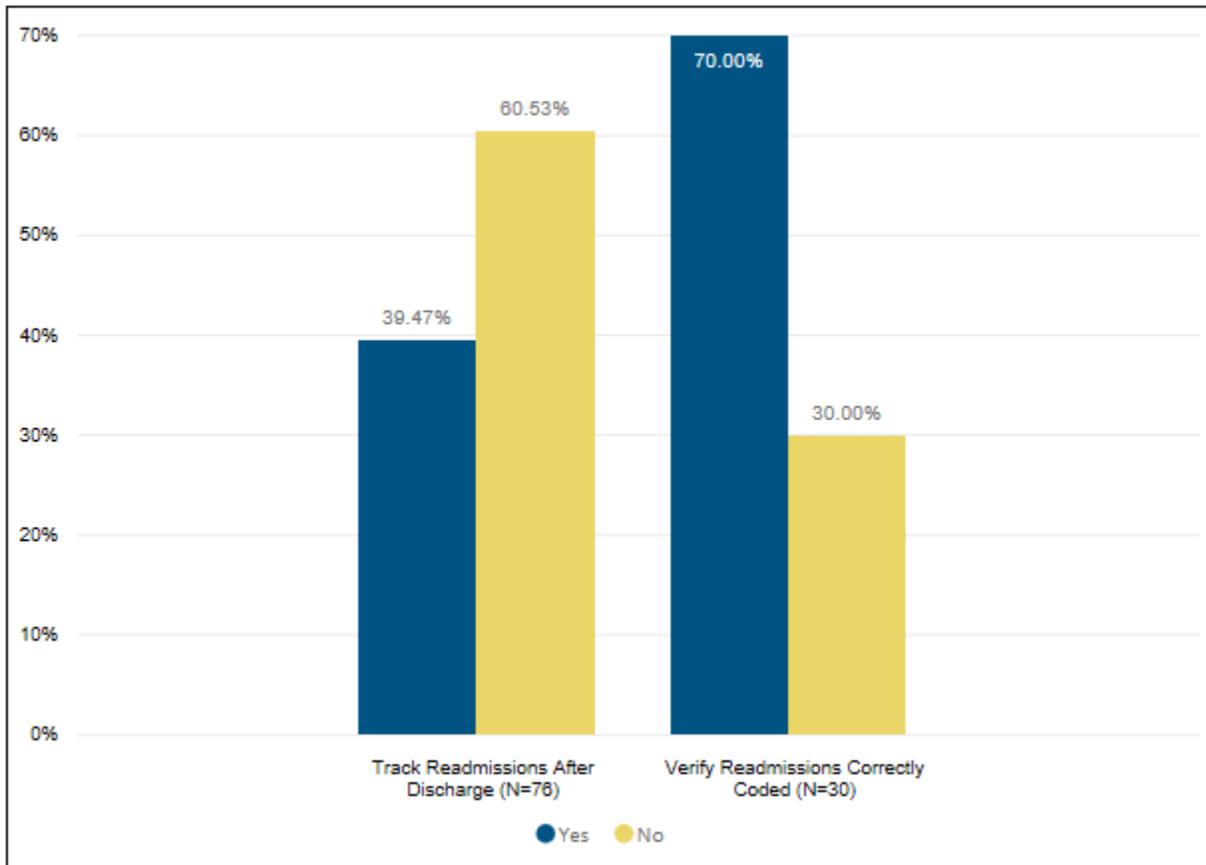
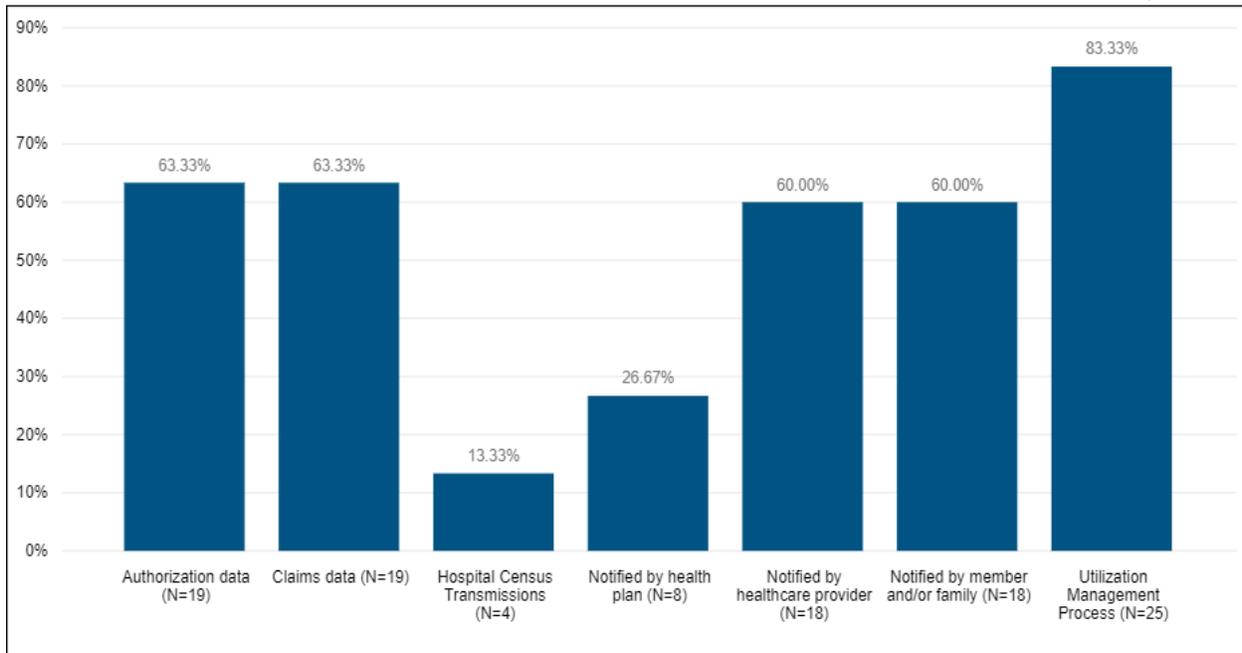


Exhibit 6: Method to Track Hospital Readmissions



Note: Multiple responses accepted.

Exhibit 7: When Organizations Become Aware of Readmission

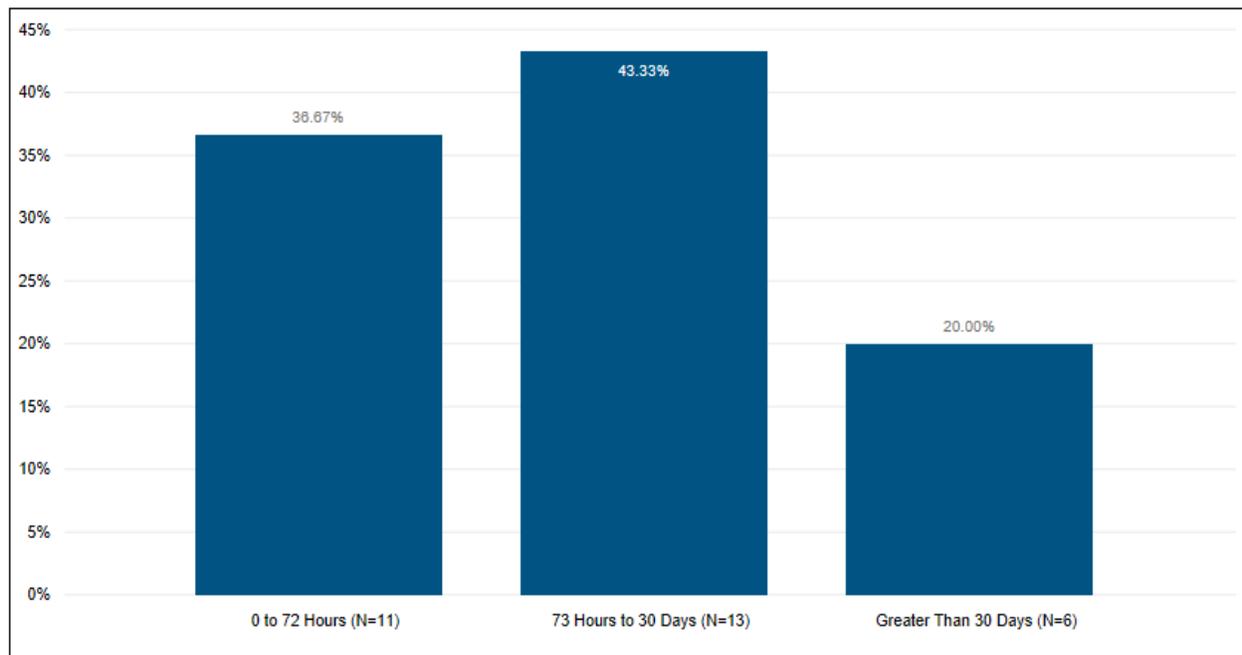
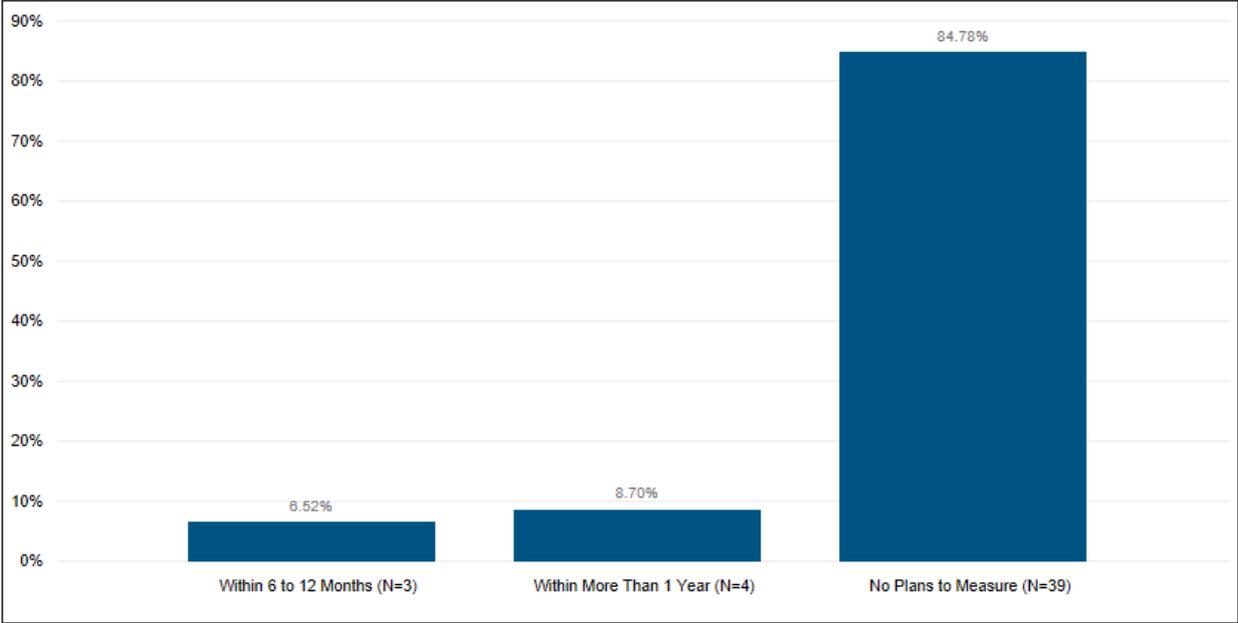


Exhibit 8: Plans for Case Management Organizations Not Presently Tracking Hospital Readmissions to Measure in Future



## Results: Case Management Measures

Seventy-six URAC accredited Case Management organizations reported the mandatory measures; however, not all mandatory measures were applicable for all reporting organizations. Therefore, sample sizes are noted for organizations where the measure was deemed applicable based on adequate sampling.

### Measure 1 – Medical Readmissions (CM2013-01)

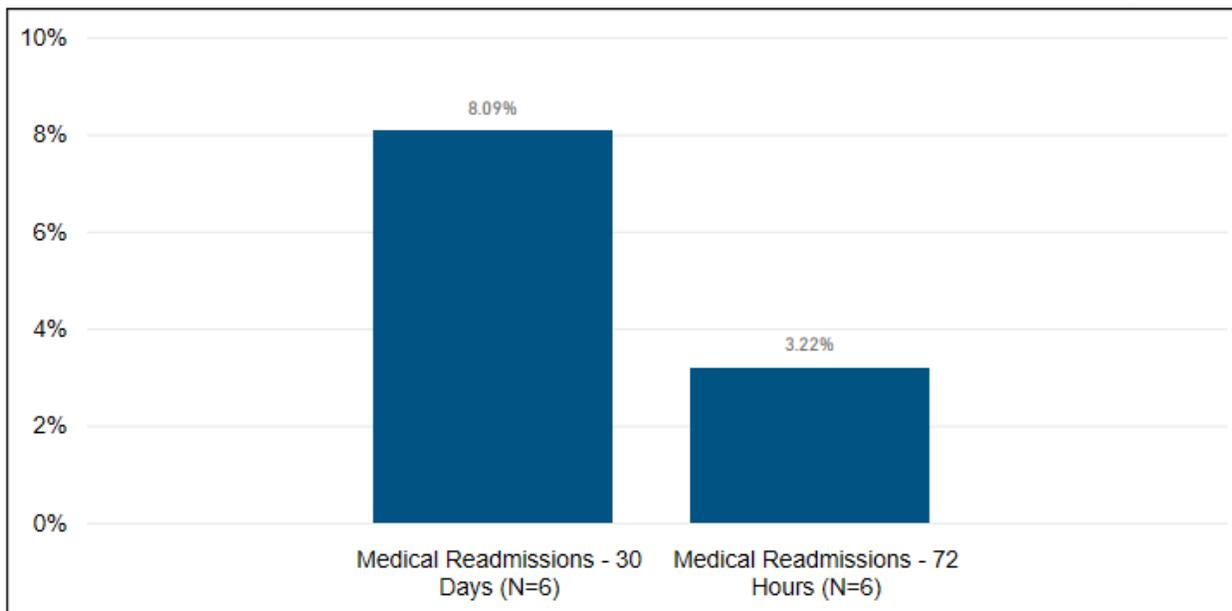
#### Measure Description

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. This measure excludes Behavioral Health, Disability, and Workers Compensation populations. **A lower rate represents better performance.**

#### Summary of Findings

Six organizations reported a rate for unscheduled readmissions to an acute care hospital within 30 days of discharge and within 72 hours of discharge. The aggregate results were strongly influenced by Response ID # 232 given the large denominator size of 6,699. (This represents over 60% of the aggregate denominators; most denominators for this measure are less than 200.) The mean for readmissions within 30 days was 15.97%, and the mean for readmissions within 72 hours was 3.06%.

Exhibit 9: Medical Readmissions



Note: Lower rate represents better performance.

Exhibit 10: Medical Readmissions (by Response ID)

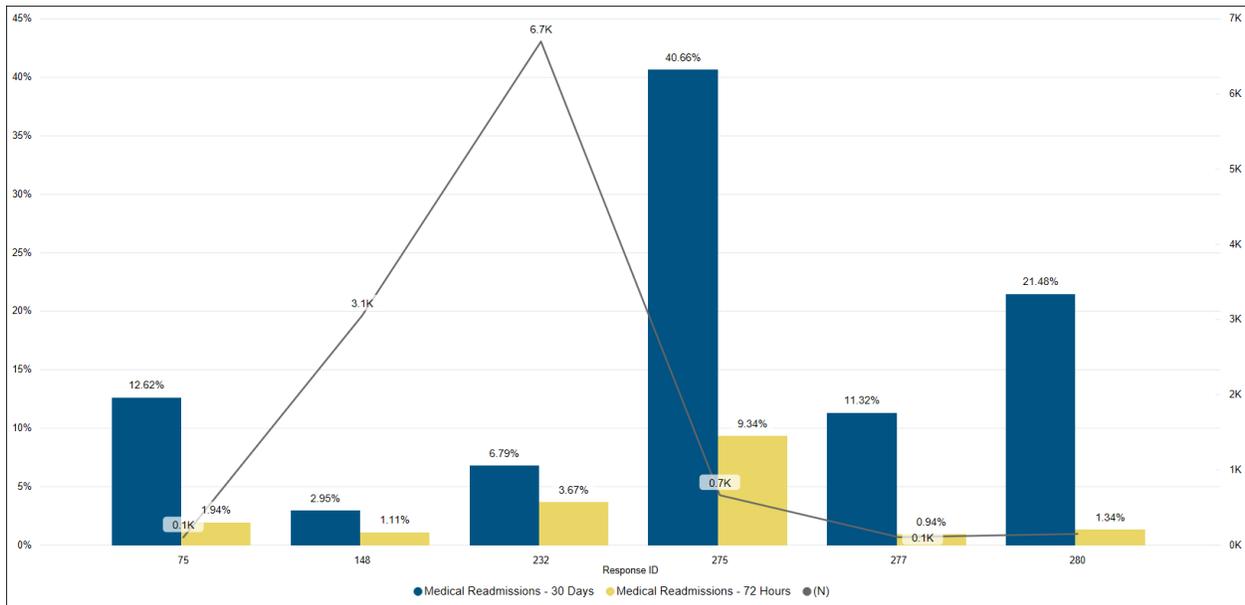


Exhibit 11: Medical Readmissions (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Medical Readmissions - 30 Days	872	10,774	8.09%	15.97%	6
Medical Readmissions - 72 Hours	347	10,774	3.22%	3.06%	6

Exhibit 12: Medical Readmissions (Benchmarks and Percentiles)

Measure	Min	10th	25th	50th	75th	90th	Max
Medical Readmissions - 30 Days	40.66%	31.07%	19.26%	11.97%	7.92%	4.87%	2.95%
Medical Readmissions - 72 Hours	9.34%	6.50%	3.24%	1.64%	1.17%	1.03%	0.94%

## Measure 2 – Percentage of Participants That Were Medically Released to Return to Work: Disability and Workers’ Compensation Only (CM2013-02)

### Measure Description

This measure assesses the percentage of disability or workers’ compensation case management cases that were managed for return to work (RTW) and whose participants were medically released to RTW in a specified time frame during the measurement period. This measure has two parts and reporting is *mandatory* for both Part A and Part B. Part A is for participants who received telephonic case management. Part B is for participants who received field case management.

### Summary of Findings

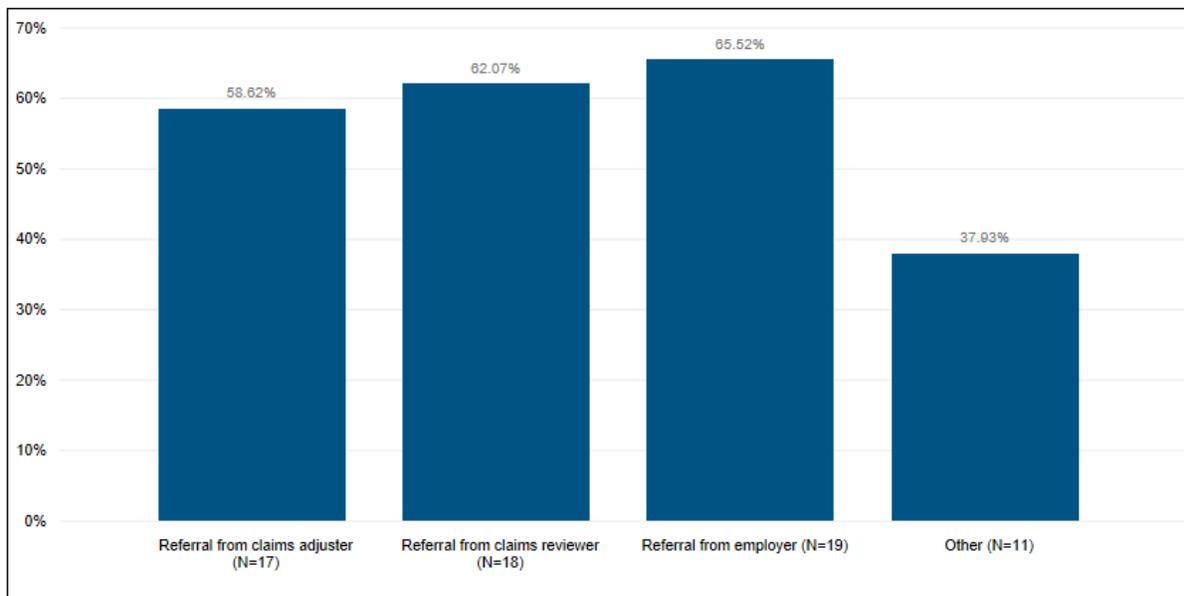
This measure is specified for Disability and Workers Compensation service categories. Given only one organization managed a Disability program, analysis was performed for Workers Compensation only.

There were 29 organizations reporting across Part A and B of the measure. Of which, 17 indicated that onset of lost time for their organization is defined as beginning when the individual receives a medical release from work (this may or may not be concurrent with the injury and with their work stop). The other twelve respondents had varying definitions of ‘onset of lost time’. Most referrals to case management programs are assigned from employer (n=19), with 13 responses indicating that claims reviewer, claims adjuster, and employer were used to assign to program. Other responses varied widely (Exhibit 13).

Ten organizations reported data for both Part A and Part B, 14 for Part A only, and 13 for Part B only. There were some inconsistencies in organizations’ interpretation of reporting denominators by stratification. Kiser Healthcare Solutions adjusted the data to be consistent with measure specifications. Stratifications with no denominators and/or data limitations are noted.

The mean percentage of workers’ compensation cases managed as catastrophic is 2.37% with the median of 1.23% (Exhibit 14). The mean and median age was 47 years of age Exhibit 14. Males represented the majority of cases at 66%. Data anomalies were seen in four responses where total gender was less than 100% or greater than 100% (Exhibit 16).

Exhibit 13: Percentage of How Patients are Assigned to Case Management Program



Note: Multiple responses accepted

Exhibit 14: Percentage of Workers Compensation Claims Managed as Catastrophic

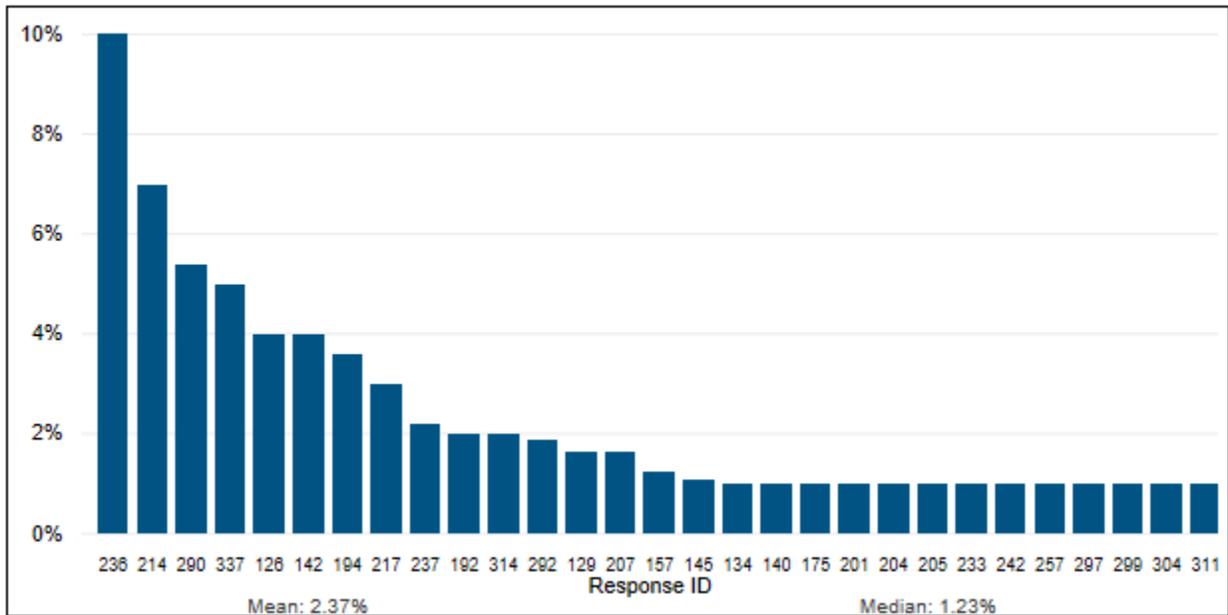


Exhibit 15: Average Age of Workers Compensation Case Management Population

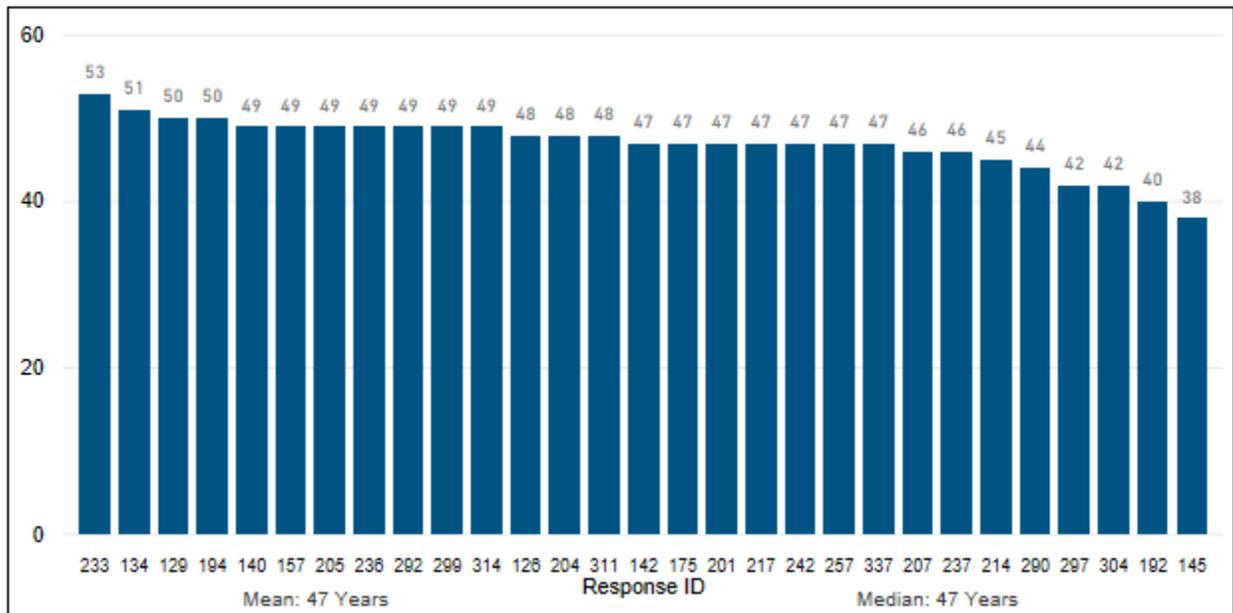
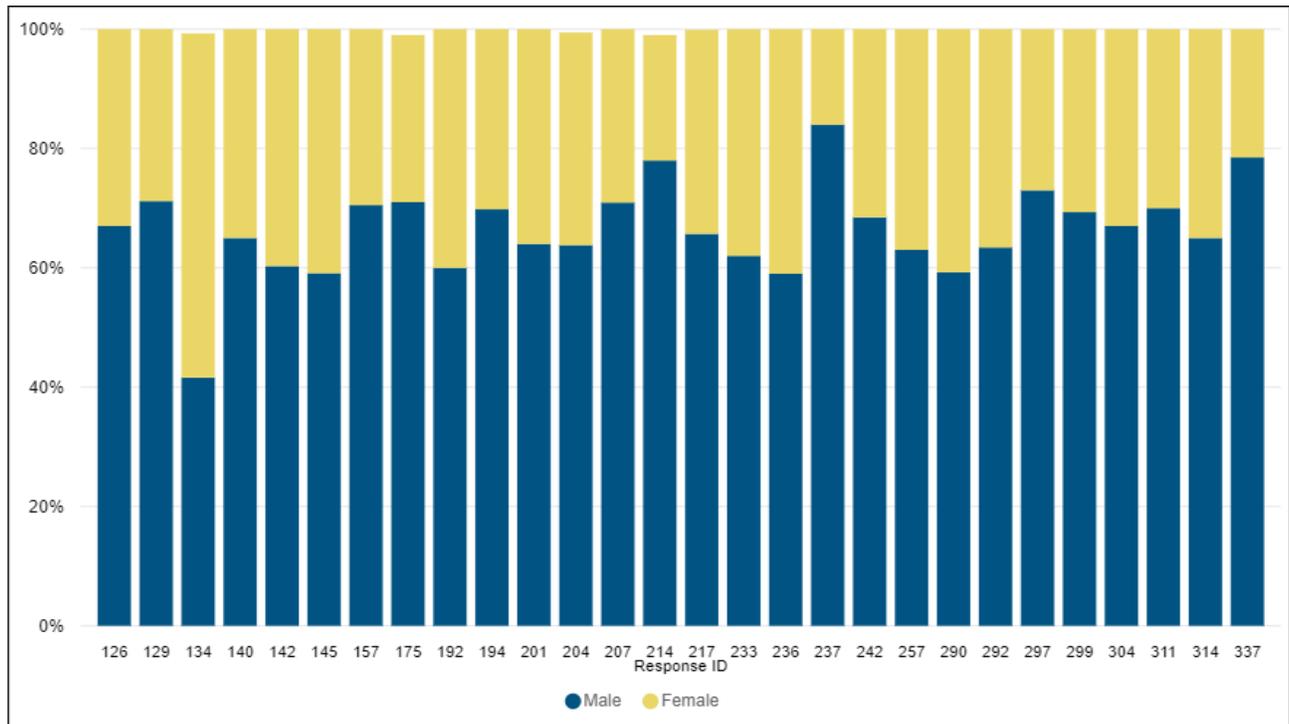


Exhibit 16: Workers Compensation Case Management Managed for Return to Work



Note: Four organizations' total gender proportions were less than 100%. One organization reported greater than 140% and was removed from the dataset.

### Part A: Telephonic Case Management

Fourteen total organizations reported on Part A. Kiser Healthcare Solutions cleaned and normalized eight organizations' denominators given inconsistencies in reported denominators (see Exhibit 51). An Unknown RTW category was created by Kiser Healthcare Solutions for the sum of each stratification to equal 100%.

Results indicated that 42.64% of cases that are referred to case management within seven days of onset of lost time returned to work within 90 days. Further, 20.52% of cases that are referred to case management within eight to 14 days of onset of lost time returned to work within 90 days; 13.02% of cases that are referred to case management within 15 to 30 days of onset of lost time returned to work within 90 days; and 8.35% of cases that are referred to case management after 30 days of onset of lost time returned to work within 90 days. Based on the data reported, there is a positive association in RTW days where referrals occur sooner. Longer RTW days are seen when cases are not referred within 30 days.

Telephonic Case Management (Part A) outperforms Field Case Management (Part B) when referrals occur within 14 days. Within Telephonic Case Management, the shorter the time of referral to case management infers the sooner the individual can return to work. Tests of statistical significant differences were not conducted given small sample sizes and data validation limitations.

Exhibit 17: Telephonic Case Management – Workers Compensation Case Management (Summary Data)

	Stratification	Total Numerator	Total Denominator	Aggregate Summary Rate	Submissions
Time from onset of lost time to referral to case management (calendar days)	Time between onset of lost time to medical release				
1 to 7 days	1 to 90 days	4,773	11,195	42.64%	14
	91 to 180 days	770	11,195	6.88%	14
	181 to 360 days	220	11,195	1.97%	14
	Over 360 days	61	11,195	0.54%	14
	Unknown RTW	5,371	11,195	47.98%	9
8 to 14 days	1 to 90 days	1,807	8,805	20.52%	14
	91 to 180 days	268	8,805	3.04%	14
	181 to 360 days	91	8,805	1.03%	14
	Over 360 days	22	8,805	0.25%	14
	Unknown RTW	6,617	8,805	75.15%	9
15 to 30 days	1 to 90 days	1,126	8,650	13.02%	14
	91 to 180 days	231	8,650	2.67%	14
	181 to 360 days	67	8,650	0.77%	14
	Over 360 days	29	8,650	0.34%	14
	Unknown RTW	7,197	8,650	83.20%	9
Over 30 days	1 to 90 days	735	8,804	8.35%	13
	91 to 180 days	353	8,804	4.01%	13
	181 to 360 days	245	8,804	2.78%	13
	Over 360 days	144	8,804	1.64%	13
	Unknown RTW	7,327	8,804	83.22%	9

Exhibit 18: Telephonic Case Management for Workers Compensation by Time to Referral

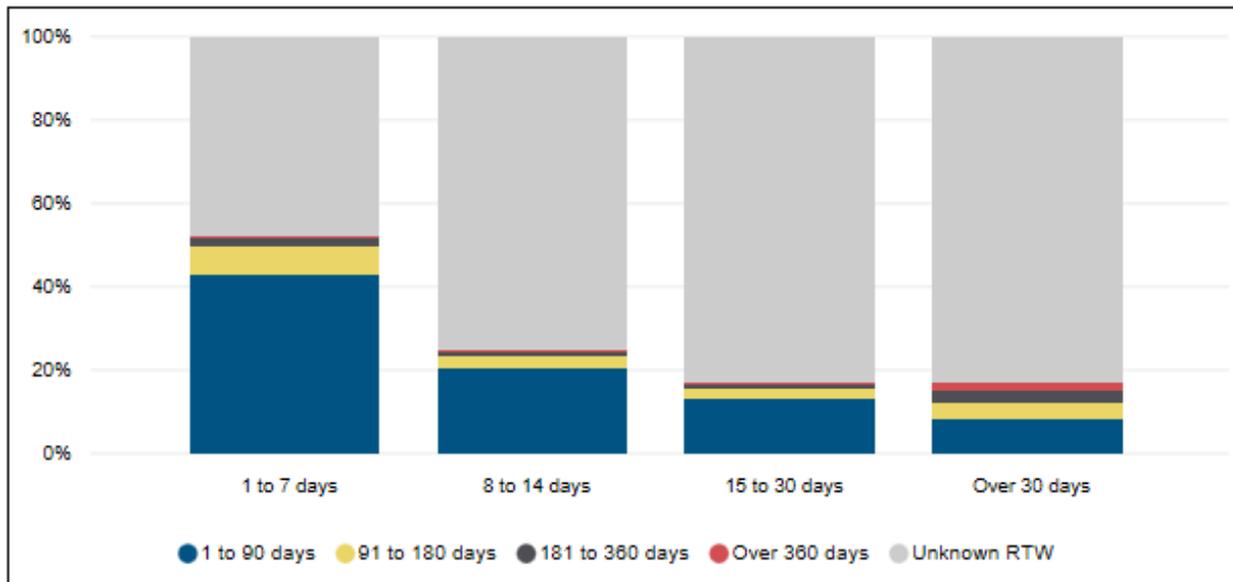
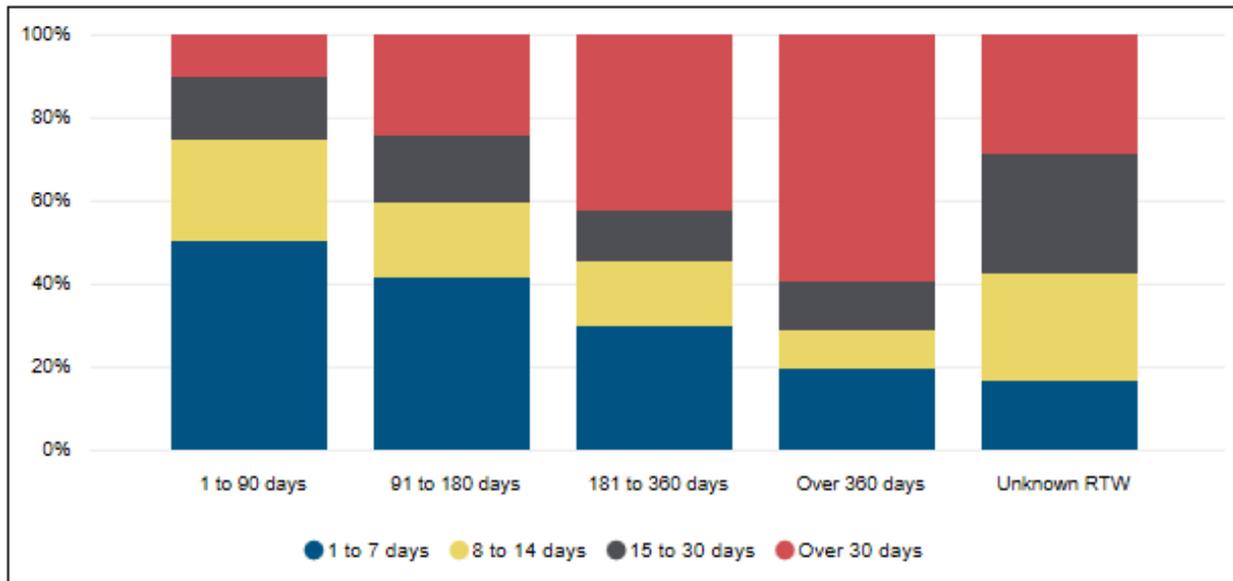


Exhibit 19: Telephonic Case Management – Workers Compensation Case Management  
 (Benchmarks and Percentiles)

		Stratification						
Time from onset of lost time to referral to case management (calendar days)	Time between onset of lost time to medical release	Min	10th	25th	50th	75th	90th	Max
1 to 7 days	1 to 90 days	2.68%	26.24%	38.11%	60.59%	73.46%	83.99%	90.82%
	91 to 180 days	0.00%	4.12%	5.97%	11.67%	14.41%	16.76%	79.46%
	181 to 360 days	0.00%	0.87%	1.58%	3.60%	5.91%	8.37%	10.13%
	Over 360 days	0.00%	0.00%	0.00%	0.49%	2.81%	4.96%	11.61%
8 to 14 days	1 to 90 days	5.56%	8.42%	10.98%	30.39%	66.52%	78.60%	90.67%
	91 to 180 days	0.00%	1.61%	2.01%	4.28%	16.59%	20.86%	23.21%
	181 to 360 days	0.00%	0.00%	0.41%	1.24%	2.47%	5.11%	10.53%
	Over 360 days	0.00%	0.00%	0.00%	0.00%	1.57%	4.64%	6.12%
15 to 30 days	1 to 90 days	0.00%	1.11%	5.27%	14.34%	67.63%	75.87%	90.13%
	91 to 180 days	0.00%	0.00%	0.68%	2.46%	12.42%	21.46%	23.08%
	181 to 360 days	0.00%	0.00%	0.02%	1.07%	2.97%	6.12%	10.26%
	Over 360 days	0.00%	0.00%	0.00%	0.00%	0.26%	10.81%	12.90%
Over 30 days	1 to 90 days	0.00%	0.37%	2.70%	6.58%	23.30%	76.46%	97.44%
	91 to 180 days	0.00%	0.00%	0.00%	1.85%	4.29%	31.46%	54.87%
	181 to 360 days	0.00%	0.03%	0.22%	1.57%	3.70%	7.86%	18.75%
	Over 360 days	0.00%	0.00%	0.00%	0.39%	1.96%	5.18%	20.83%

Exhibit 20: Telephonic Case Management for Workers Compensation by Return to Work



### Part B: Field Case Management

Thirteen total organizations reported on Part B. Kiser Healthcare Solutions cleaned and normalized eight organizations' denominators given inconsistencies in reported denominators (see Exhibit 51). An Unknown RTW category was created by Kiser Healthcare Solutions for the sum of each stratification to equal 100%.

Field Case Management performs lower than Telephonic Case Management when the referral occurs within 14 days; however, there is slightly better performance for RTW within 90 days when the referral occurs after 14 days. Tests of statistical significant differences were not conducted given small sample sizes and data validation limitations.

There were 37.86% of cases referred to case management within seven days of onset of lost time that returned to work within 90 days. Further, 18.58% of cases referred to case management within eight to 14 days of onset of lost time returned to work within 90 days; 19.57% of cases referred to case management within 15 to 30 days of onset of lost time returned to work within 90 days, and 17.59% of cases referred to case management after 30 days of onset of lost time returned to work within 90 days. Similar to the telephonic case management results, there is positive association in RTW days where referrals occur sooner. Longer RTW days are seen when cases are not referred within 30 days.

Exhibit 21: Field Case Management – Workers Compensation Case Management (Summary Data)

Time from onset of lost time to referral to case management (calendar days)	Stratification	Total Numerator	Total Denominator	Aggregate Summary Rate	Submissions
1 to 7 days	1 to 90 days	2,429	6,415	37.86%	13
	91 to 180 days	695	6,415	10.83%	13
	181 to 360 days	412	6,415	6.42%	13
	Over 360 days	178	6,415	2.77%	13
	Unknown RTW	2,701	6,415	42.10%	9
8 to 14 days	1 to 90 days	843	4,537	18.58%	12
	91 to 180 days	222	4,537	4.89%	12
	181 to 360 days	137	4,537	3.02%	12
	Over 360 days	45	4,537	0.99%	12
	Unknown RTW	3,290	4,537	72.51%	7
15 to 30 days	1 to 90 days	918	4,692	19.57%	12
	91 to 180 days	332	4,692	7.08%	12
	181 to 360 days	171	4,692	3.64%	12
	Over 360 days	49	4,692	1.04%	12
	Unknown RTW	3,222	4,692	68.67%	8
Over 30 days	1 to 90 days	1,413	8,033	17.59%	12
	91 to 180 days	2,110	8,033	26.27%	12
	181 to 360 days	1,399	8,033	17.42%	12
	Over 360 days	1,326	8,033	16.51%	12
	Unknown RTW	1,785	8,033	22.22%	8

Exhibit 22: Field Case Management for Workers Compensation by Time to Referral

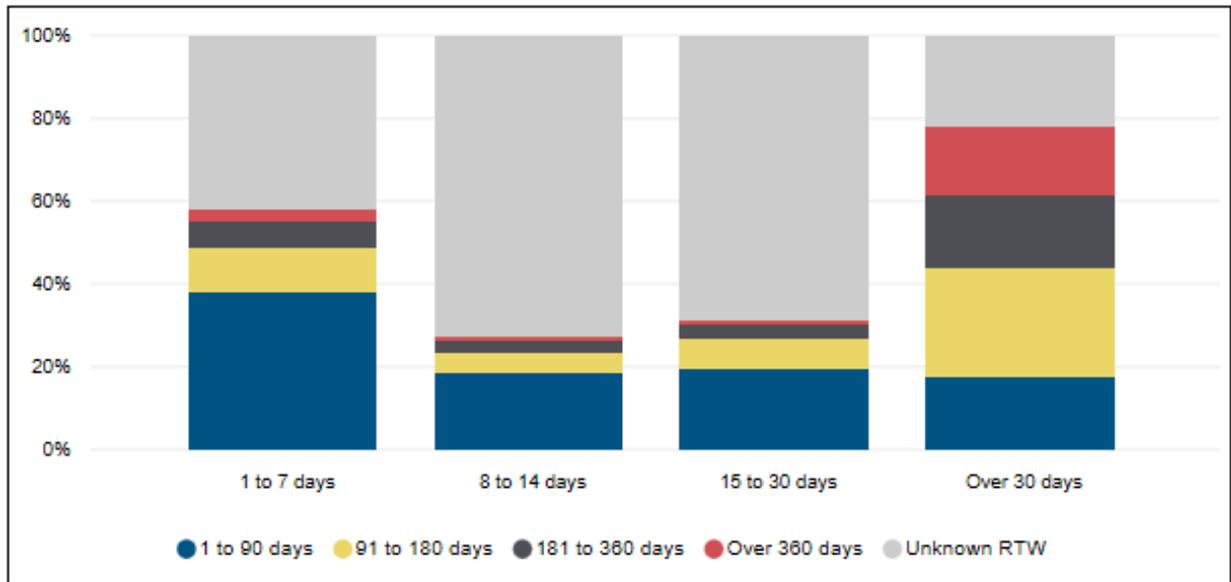
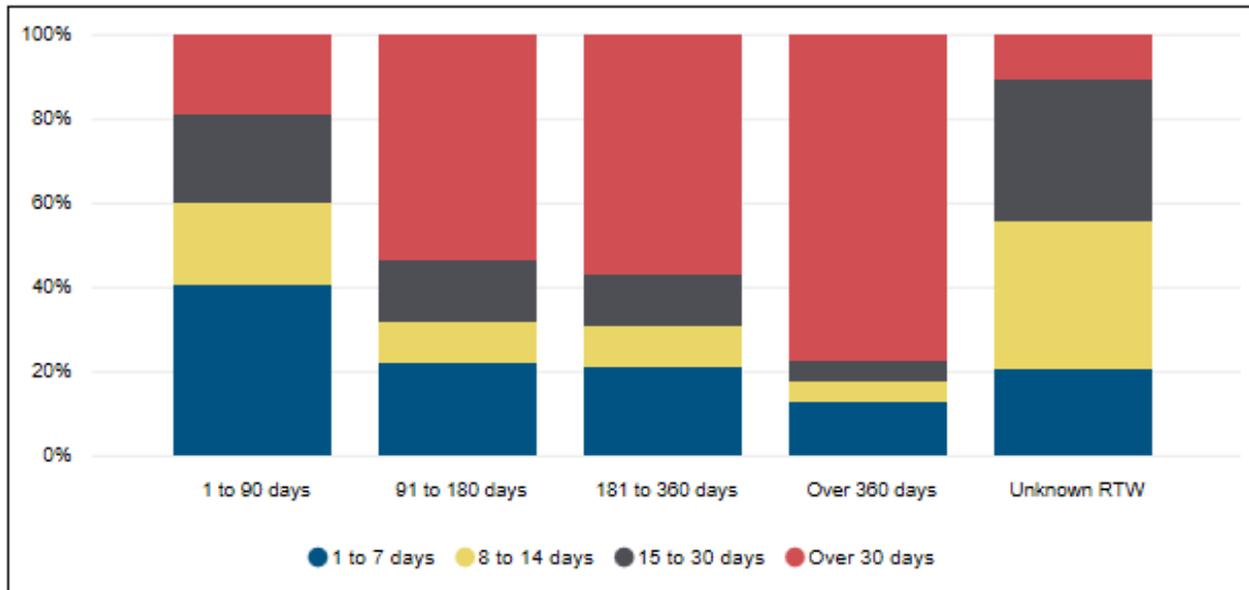


Exhibit 23: Field Case Management – Workers Compensation Case Management (Benchmarks and Percentiles)

Time from onset of lost time to referral to case management (calendar days)	Stratification	Time between onset of lost time to medical release						
		Min	10th	25th	50th	75th	90th	Max
1 to 7 days	1 to 90 days	2.02%	15.40%	30.63%	47.58%	56.66%	69.76%	80.95%
	91 to 180 days	4.07%	4.59%	7.57%	13.33%	17.72%	24.86%	25.26%
	181 to 360 days	0.00%	0.47%	2.30%	7.69%	13.26%	15.68%	16.13%
	Over 360 days	0.00%	0.16%	1.18%	2.70%	4.98%	6.67%	20.16%
8 to 14 days	1 to 90 days	0.88%	5.05%	6.69%	15.43%	58.30%	69.67%	80.00%
	91 to 180 days	1.17%	1.68%	1.82%	10.53%	18.76%	20.18%	25.49%
	181 to 360 days	0.00%	0.00%	0.06%	1.68%	11.65%	15.78%	16.62%
	Over 360 days	0.00%	0.00%	0.06%	1.15%	3.59%	4.81%	10.74%
15 to 30 days	1 to 90 days	0.00%	6.40%	9.57%	17.95%	57.03%	65.62%	82.22%
	91 to 180 days	0.00%	0.93%	1.85%	4.03%	19.16%	23.15%	25.78%
	181 to 360 days	0.00%	0.00%	0.35%	2.13%	14.30%	16.50%	20.37%
	Over 360 days	0.00%	0.00%	0.17%	1.49%	2.94%	5.89%	8.93%
Over 30 days	1 to 90 days	0.00%	5.12%	11.15%	15.32%	29.63%	41.03%	61.46%
	91 to 180 days	0.00%	6.29%	9.78%	17.71%	24.95%	27.49%	92.95%
	181 to 360 days	0.00%	4.27%	6.42%	14.13%	22.38%	27.42%	31.83%
	Over 360 days	1.74%	1.80%	2.32%	12.42%	26.41%	33.67%	33.85%

Exhibit 24: Field Case Management for Workers Compensation by Return to Work



## Measure 3 – Complaint Response Timeliness (CM2013-03)

### Measure Description

This measure has two parts and reporting is *mandatory* for both. 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. **A lower rate represents better performance for Part B. Responses with a denominator of less than 30 complaints are included given ideal performance is fewer complaints.**

### Summary of Findings

A total of 76 organizations submitted data for this measure. Only two organizations indicated they do not have a system to track complaints received from consumers, and one organization indicated they do not have a system to track response time. Further, the majority of organizations (n=43) do not have a system for prioritizing complaints (Exhibit 25). Organizations typically have an average response time goal of less than 15 business days with the most frequently used 30 business days response time (Range: 1 to 72 business days).

Of the 76 organizations, including those that had a denominator size of less than 30, 25% (n=19) reported No Complaints. Over two-thirds (68.42%) reported 100% response within time frame. The remaining 6.58% (n=5) reported rates ranging from 64.31% to 93.75% (Exhibit 29).

On average, organizations respond to consumer complaints within 15 business days. Given the degree of variation in the reported data, scatter plots are used to visually display the results for Parts A and B for this measure.

Exhibit 25: Organizations with Systems for Tracking Complaints

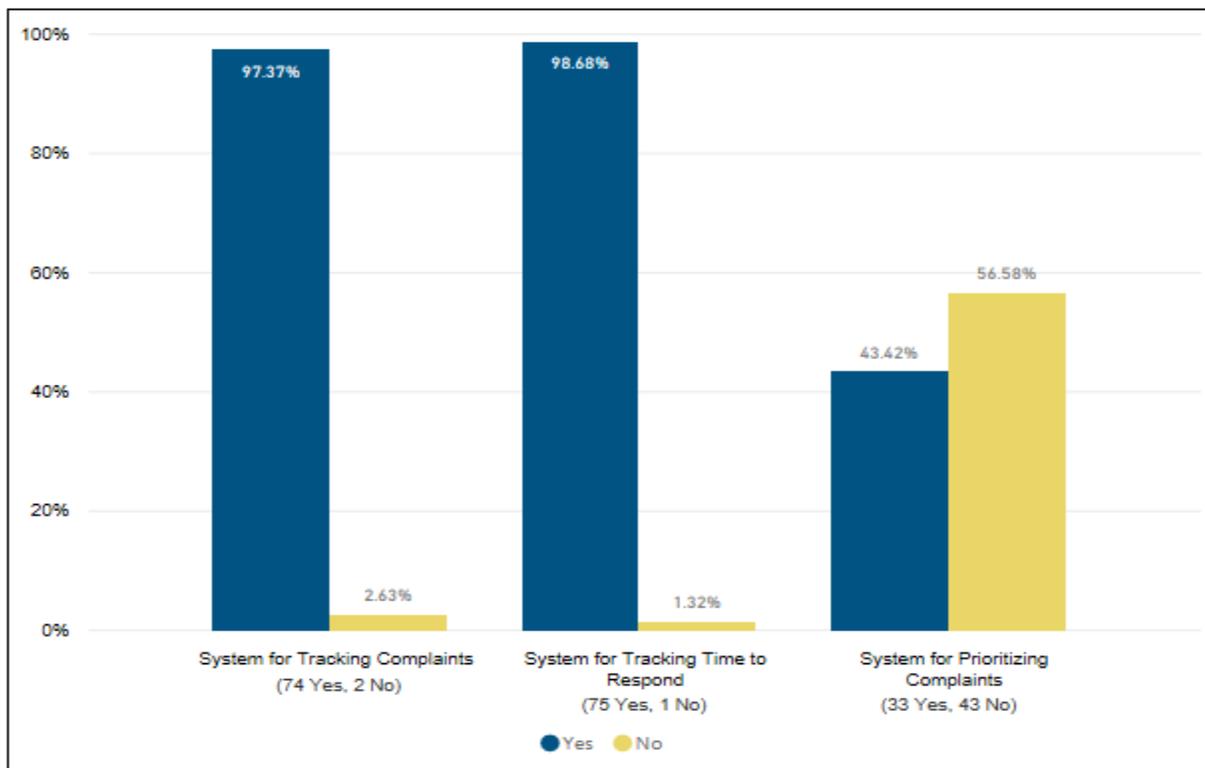
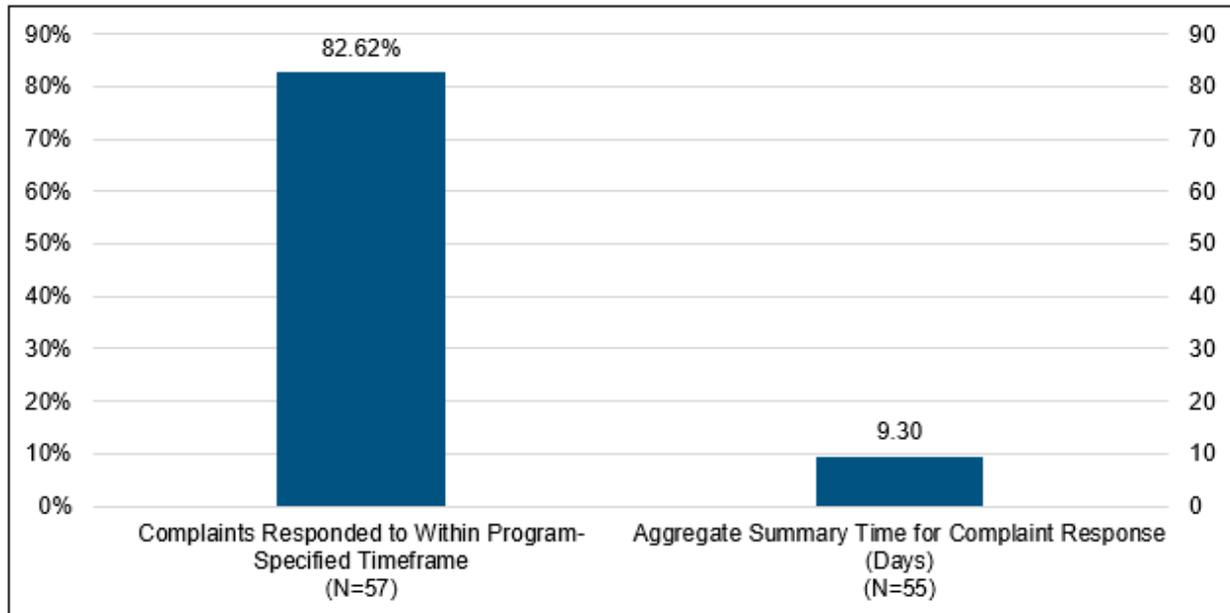


Exhibit 26: Complaint Response Timeliness



Note: Given ideal performance is indicated by no complaints, denominators of less than 30 have been included. Two organizations did not report on Time for Complaint Response.

### ***Part A: Percentage of Complaints Responded to Within Program-Specified Timeframe***

Fifty-eight organizations responded that they did receive a complaint for the measurement period, of which one had a denominator of zero for Part A. Twenty-seven respondents indicated a goal response timeframe of 20 business days or greater with one of 72 days. The low bar results in the percentiles being skewed towards 100% of goal achieved (52 organizations or 68.42% reported 100% regardless of small denominator size). Given that most responses had a low denominator of less than 30 complaints, there were only three valid data submissions for the aggregate analysis. Including all responses including small denominators of less than 30 complaints, the aggregate summary rate would be 78.52% of complaints are responded to within the organization's set goal timeframes. There was an invalid data entry for one organization where it reported a time frame goal of 2,230 days, this was removed by Kiser Healthcare Solutions from the dataset and not included in analysis.

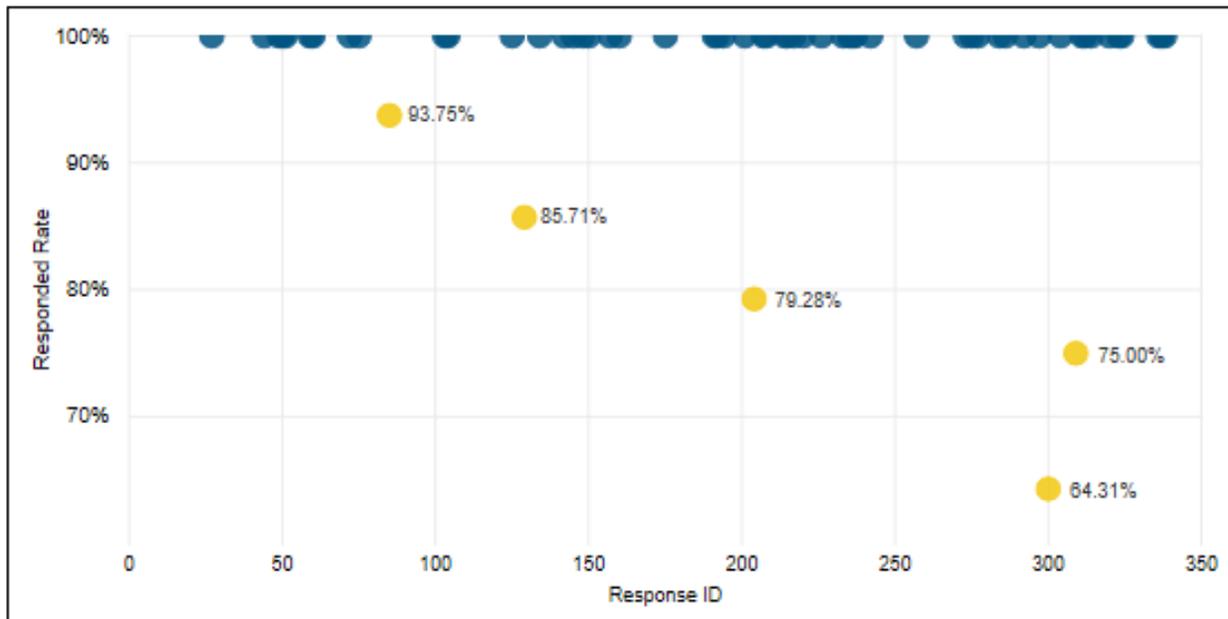
Exhibit 27: Percentage of Complaints Responded to Within Program-Specified Timeframe  
 (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Complaints Responded to Within Program-Specified Timeframe	580	702	82.62%	98.21%	57

Exhibit 28: Percentage of Complaints Responded to Within Program-Specified Timeframe  
 (Benchmarks and Percentiles)

Measure	Min	10th	25th	50th	75th	90th	Max
Complaints Responded to Within Program-Specified Timeframe	64.31%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Exhibit 29: Percentage of Complaints Responded to Within Program Specified Timeframe



Note: This plot includes responses with denominators of less than 30. Responses with zero complaints are not displayed (n=19) and 68.42% reported 100% of goal met (n=52). The scatter plot shows that 100% compliance may entail a less rigorous goal for responding to complaints. Responses represented in yellow reflect organizations with actionable performance goals.

### Part B: Average Time for Complaint Response

Overall, the performance of this measure is moderate in that complaints received a substantive response within 10 business days across all populations (in 2016, this was less than 7 business days).

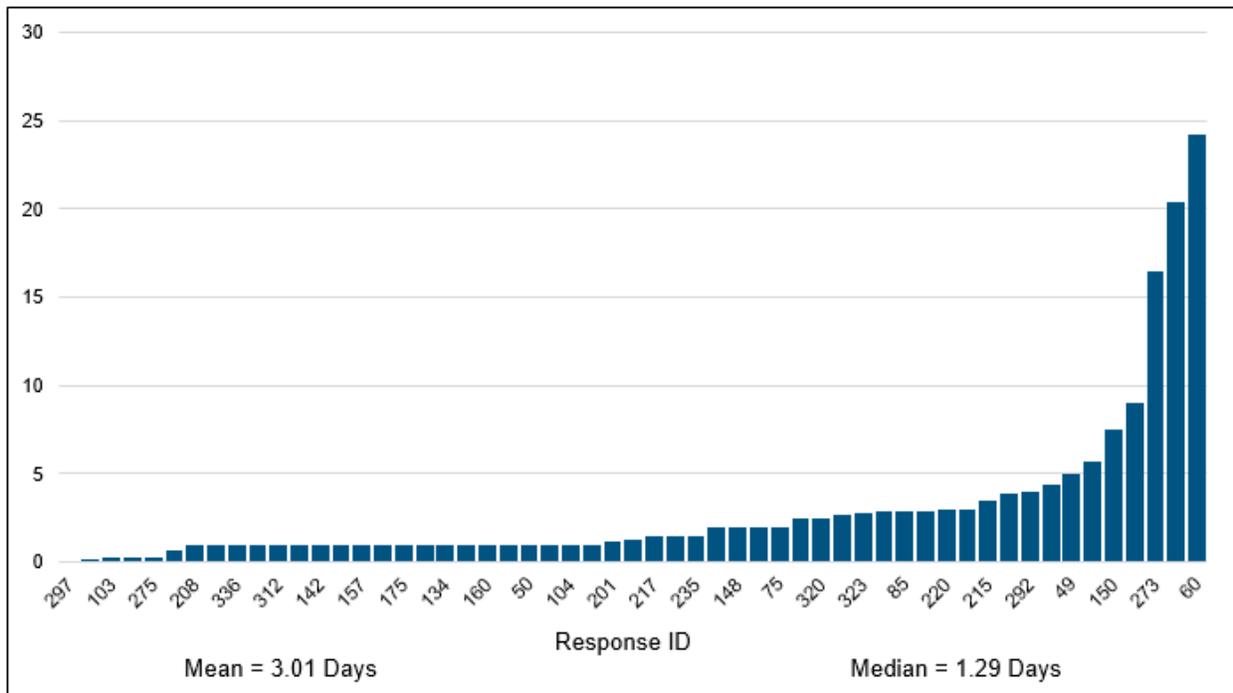
Exhibit 30: Average Time for Complaint Response in Business Days (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Aggregate Summary Time for Complaint Response (Days)	6,939	699	9.93	3.01	55

Exhibit 31: Average Time for Complaint Response in Business Days (Benchmarks and Percentiles)

Measure	Min	10th	25th	50th	75th	90th	Max
Aggregate Summary Time for Complaint Response (Days)	24.27	5.39	2.88	1.29	1.00	0.80	0.00

Exhibit 32: Average Time for Complaint Response



Note: Lower rate represents better performance.

## Measure 4 – Overall Consumer Satisfaction (CM2013-04)

### Measure Description

This *mandatory* measure reports 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.

### Summary of Findings

A total of 42 organizations submitted data for this measure. There were 78.57% (n=33) of organizations that reported using an internally developed consumer satisfaction survey, and 9.52% (n=4) indicated using both an internally and an externally developed consumer survey. Further, 80.95% (n=34) of organizations reported that their consumer satisfaction surveys were administered primarily via mail.

On average across all organizations fielding surveys, seven questions were used to assess consumer satisfaction. Most of the organizations, 42.86% (n=18), used a five-point scale. There were 69.57% of organizations that used ten or less survey questions. The concise nature of the surveys may have been a factor in achieving high completed survey response rates. There was one response that indicated 810 survey questions used to calculate overall satisfaction, however, Kiser Healthcare Solutions removed this data as invalid.

All organizations with a transplant case management program used a consumer satisfaction survey (100%, n=27). At least 50% of organizations used a consumer satisfaction survey for the following case management programs: general medical (78.57%, n=33), medical catastrophic (69.05%, n=29), oncology (64.29%, n=27), medical pediatric (57.14%, n=24), high risk neonate (54.76%, n=23), high risk maternity (54.76%, n=23), behavioral health (54.76%, n=23), and surgical (50.00%, n=21).

The majority of organizations (73.81%, n=31) surveyed all closed cases (vs. random sample). Of the surveys returned, organizations indicated that 28.56% were over 50% completed by respondents, with 12 organizations having less than 30 surveys that were 50% completed of the surveys returned. The survey response rate is good as surveys fielded externally typically show response rates of 10-15%.

Overall results for consumer satisfaction was 94.03% with a mean of 92.38% and median of 96.44%.

Exhibit 33: Development of Consumer Satisfaction Survey

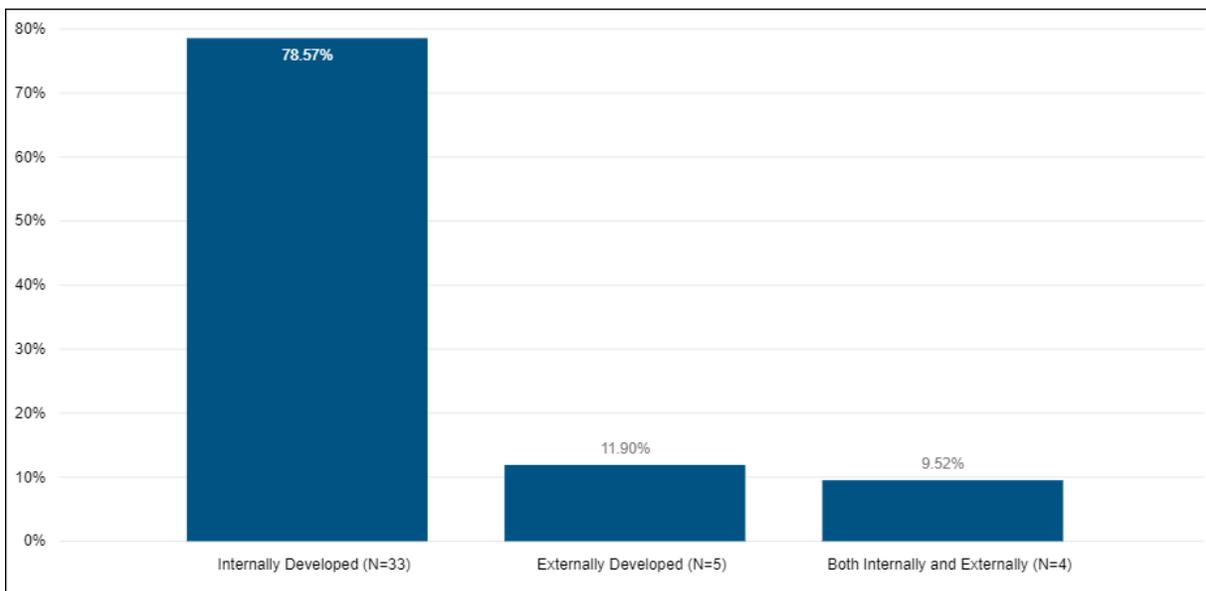


Exhibit 34: Method by Which Consumer Satisfaction Survey Administered

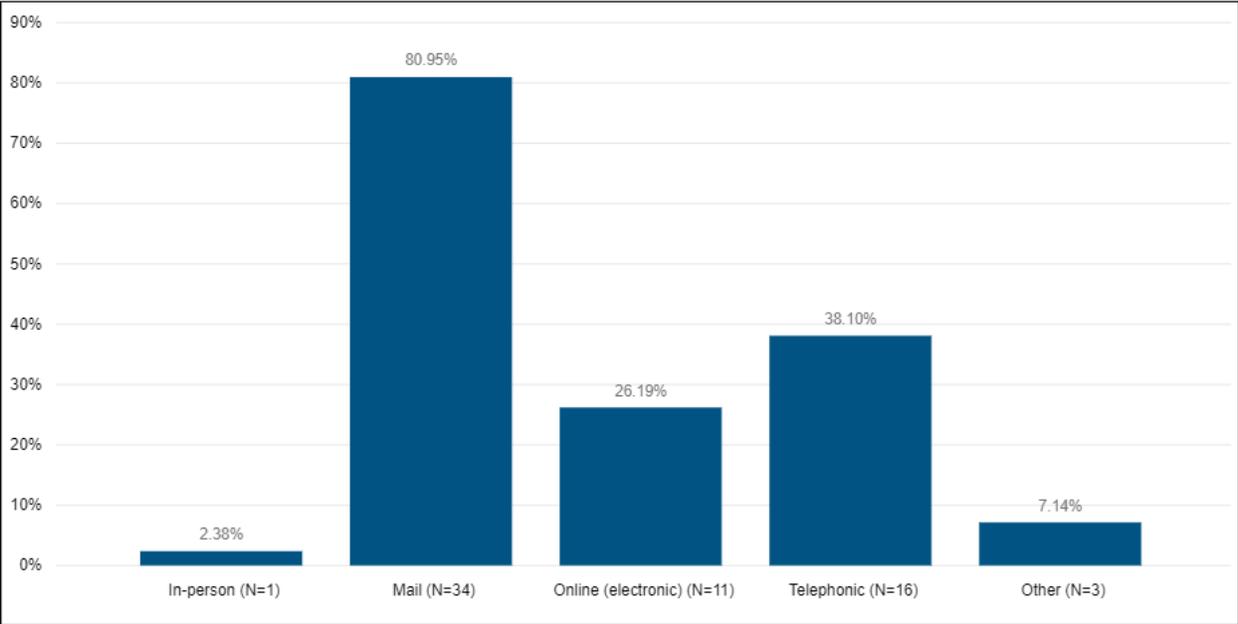


Exhibit 35: Survey Response Scale Used to Calculate Overall Satisfaction

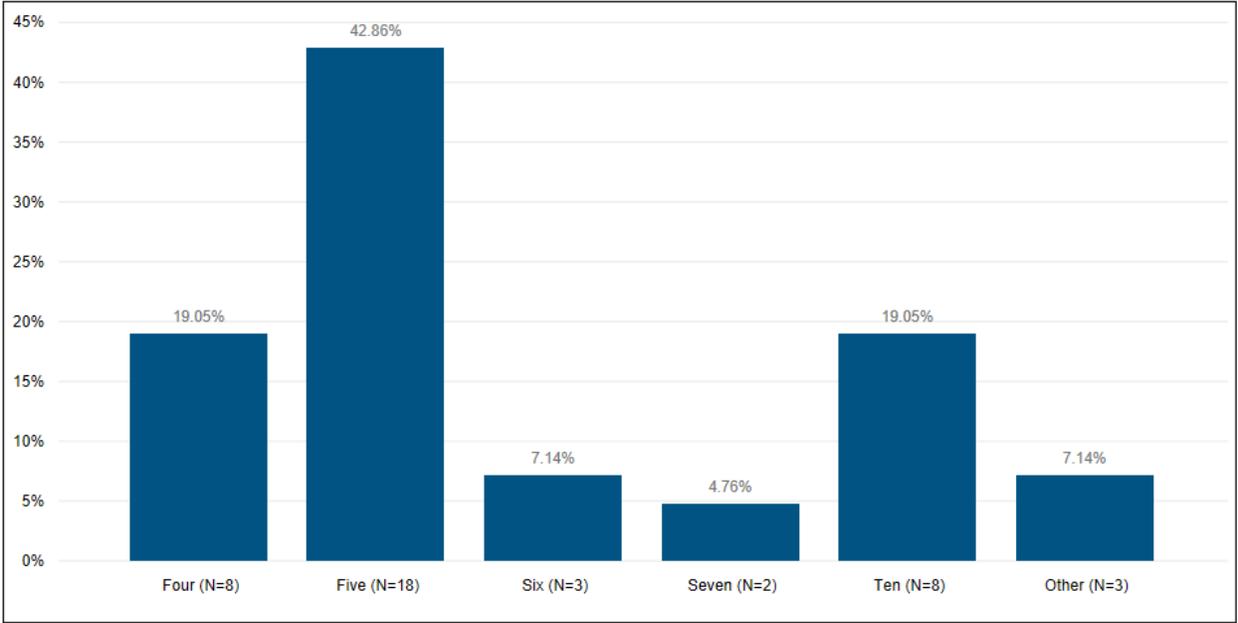


Exhibit 36: Case Management Program Types Applicable to Overall Consumer Satisfaction

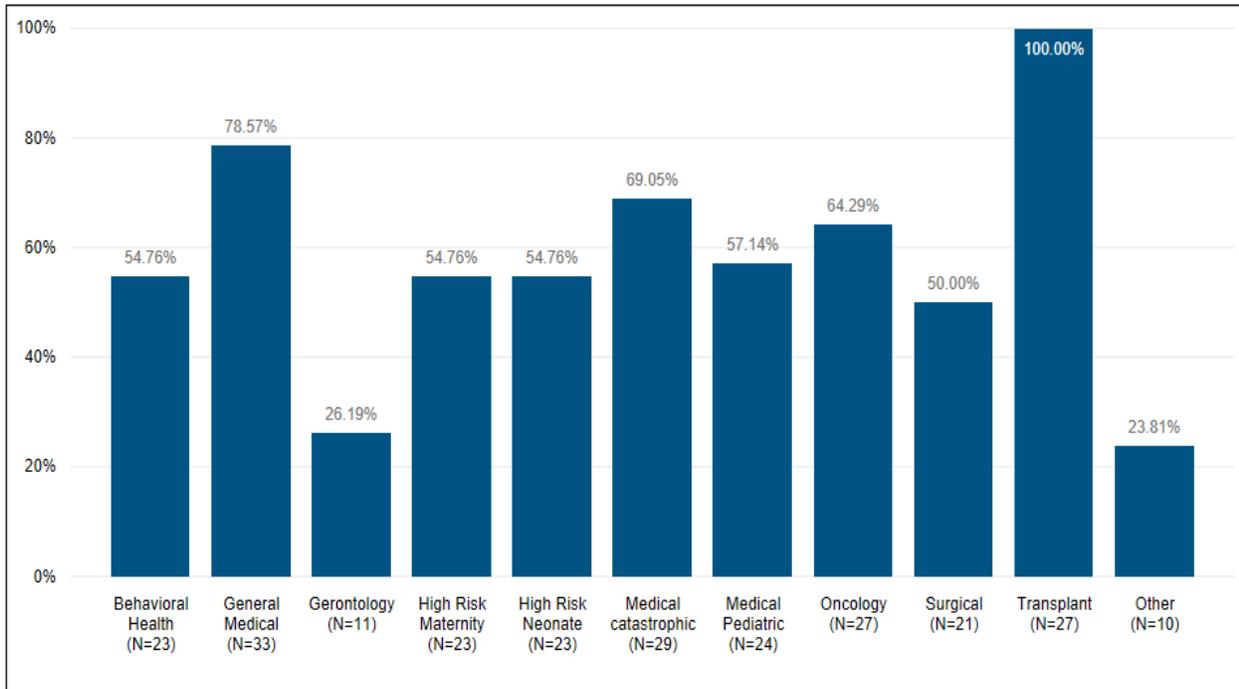


Exhibit 37: How Consumers are Surveyed

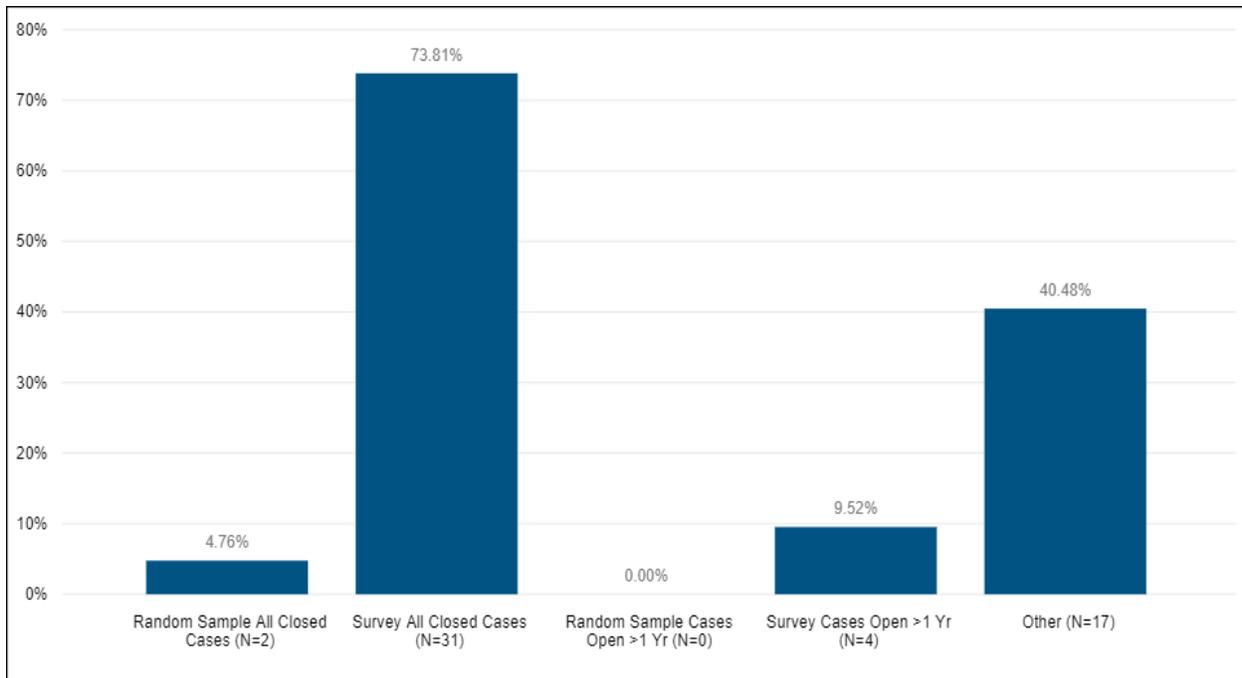


Exhibit 38: Customer Satisfaction Survey Response Rate

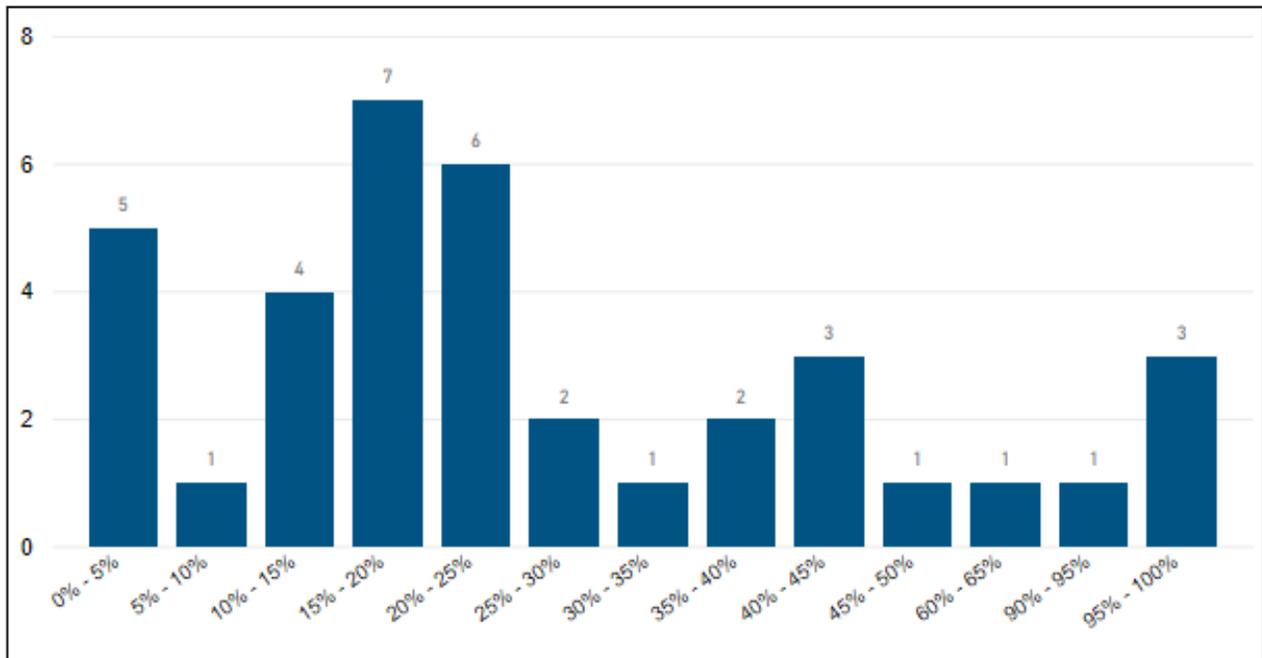


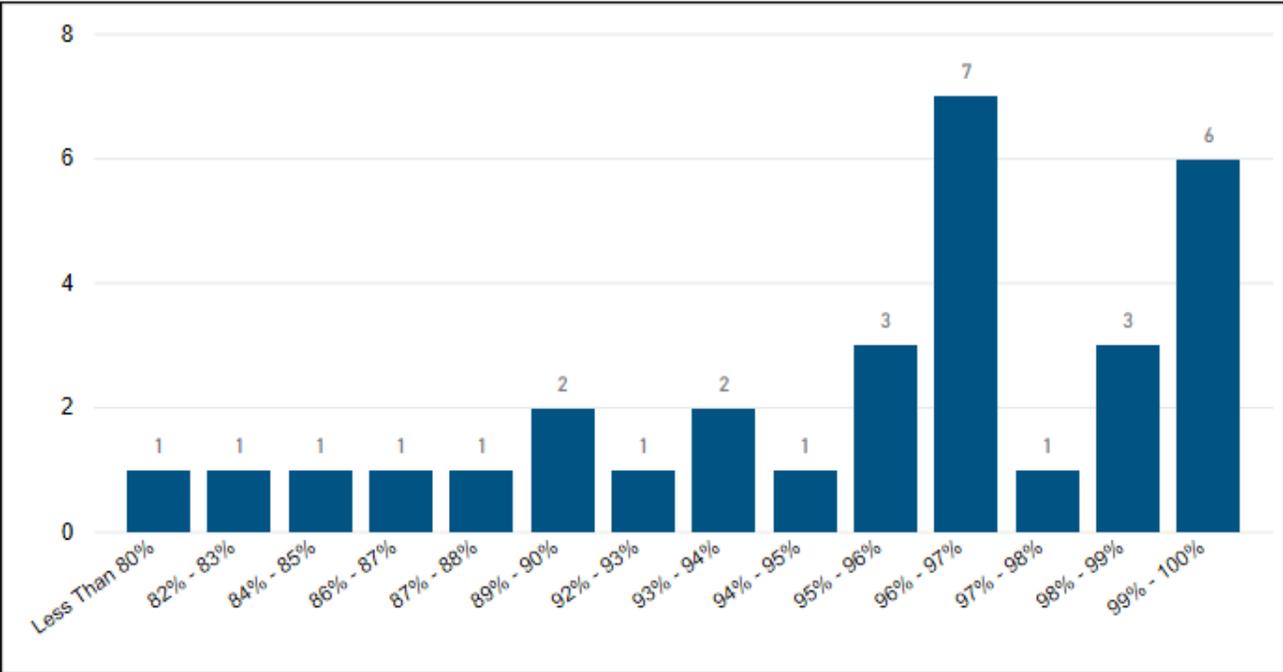
Exhibit 39: Consumer Satisfaction (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Overall Consumer Satisfaction	16,856	17,927	94.03%	92.38%	31

Exhibit 40: Consumer Satisfaction (Benchmarks and Percentiles)

Measure	Min	10th	25th	50th	75th	90th	Max
Overall Consumer Satisfaction	15.67%	86.97%	92.59%	96.44%	98.48%	100.00%	100.00%

Exhibit 41: Consumer Satisfaction Rate



## Measure 5 – Percentage of Individuals That Refused Case Management Services (CM2013-05)

### Measure Description

This *mandatory* measure assesses the percentage of individuals eligible for and offered case management services that refused services during the measurement period. **A lower rate represents better performance.**

### Summary of Findings

A total of 62 organizations submitted data for this measure. All of the reporting organizations (100%, n=62) indicated they track the number of individuals that refuse case management, and 50% of the organizations documented the reasons for refusal.

The aggregate summary rate of members that refused case management services is 16.91% for Medical Case Management, 1.78% for Workers Compensation Case Management and 2.08% for Disability Case Management.

Exhibit 42: Organizations that Track and Document Case Management Refusals

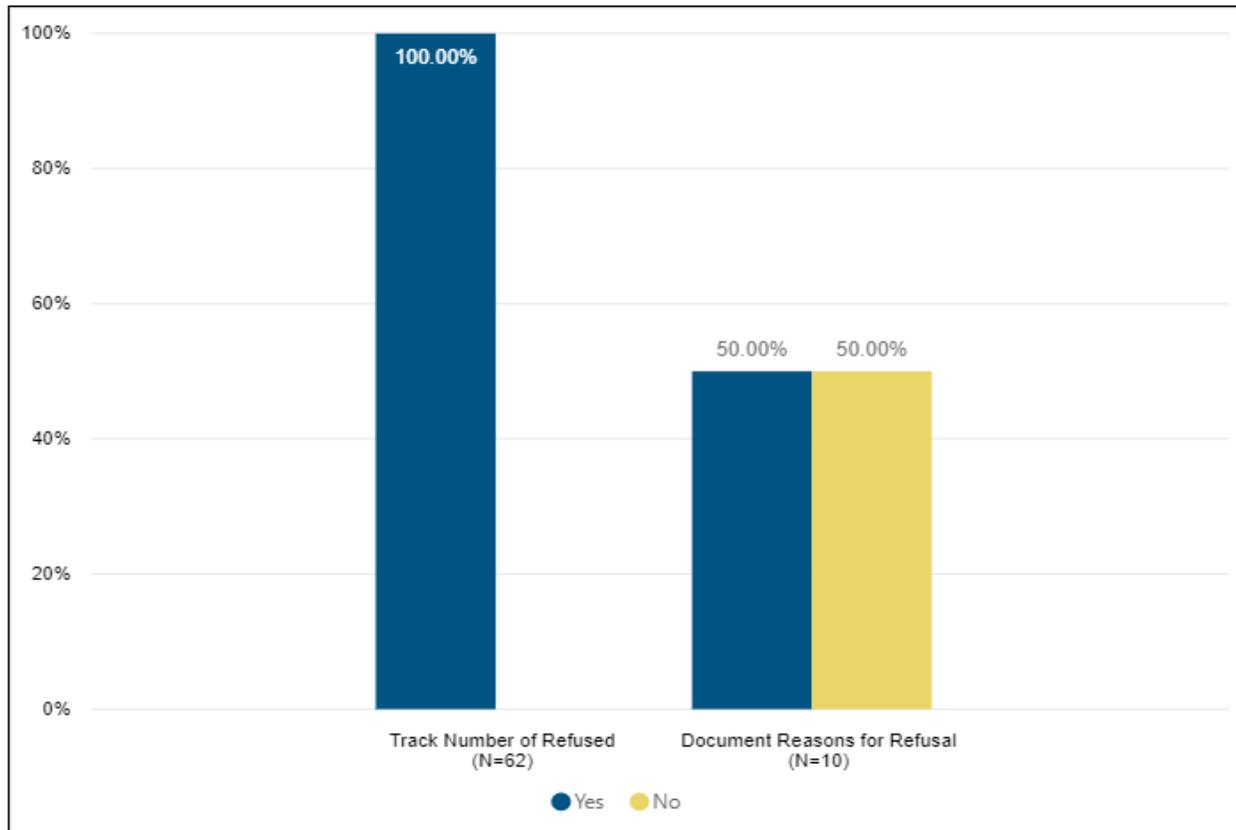


Exhibit 43: Common Reasons for Refusal

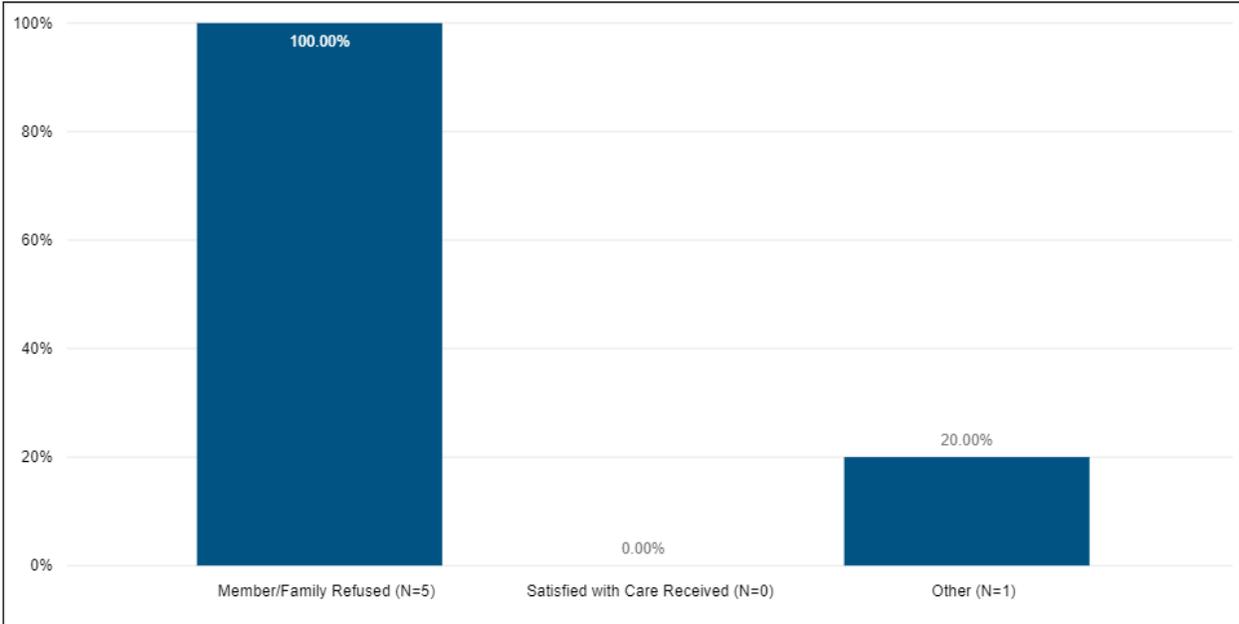


Exhibit 44: Percentage of Individuals That Refused Case Management by Service

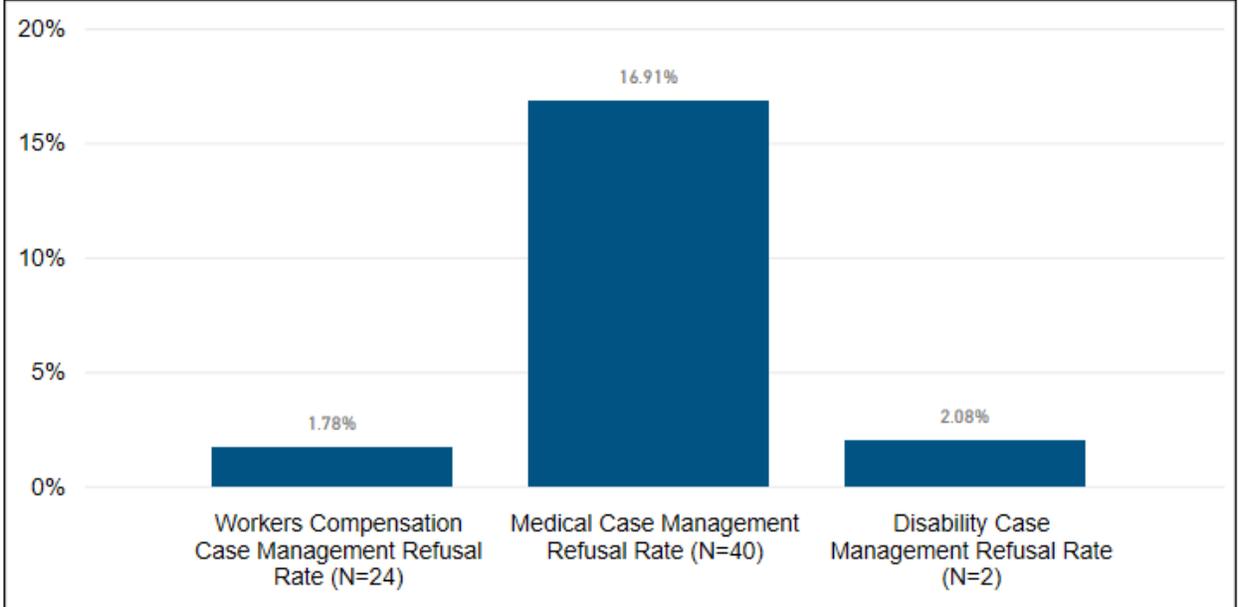


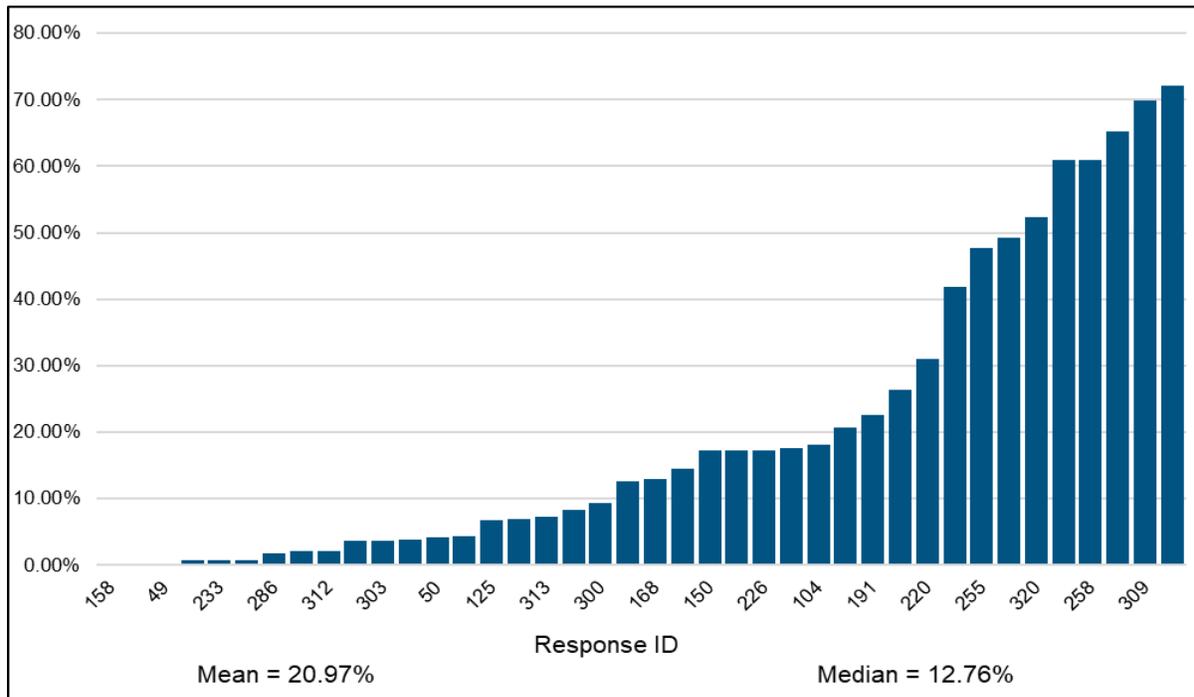
Exhibit 45: Individuals that Refused Case Management Services (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Disability Case Management Refusal Rate	2	96	2.08%	1.85%	2
Medical Case Management Refusal Rate	54,893	324,634	16.91%	20.40%	40
Workers Compensation Case Management Refusal Rate	1,911	107,460	1.78%	5.80%	24

Exhibit 46: Individuals that Refused Case Management Services (Benchmarks and Percentiles)

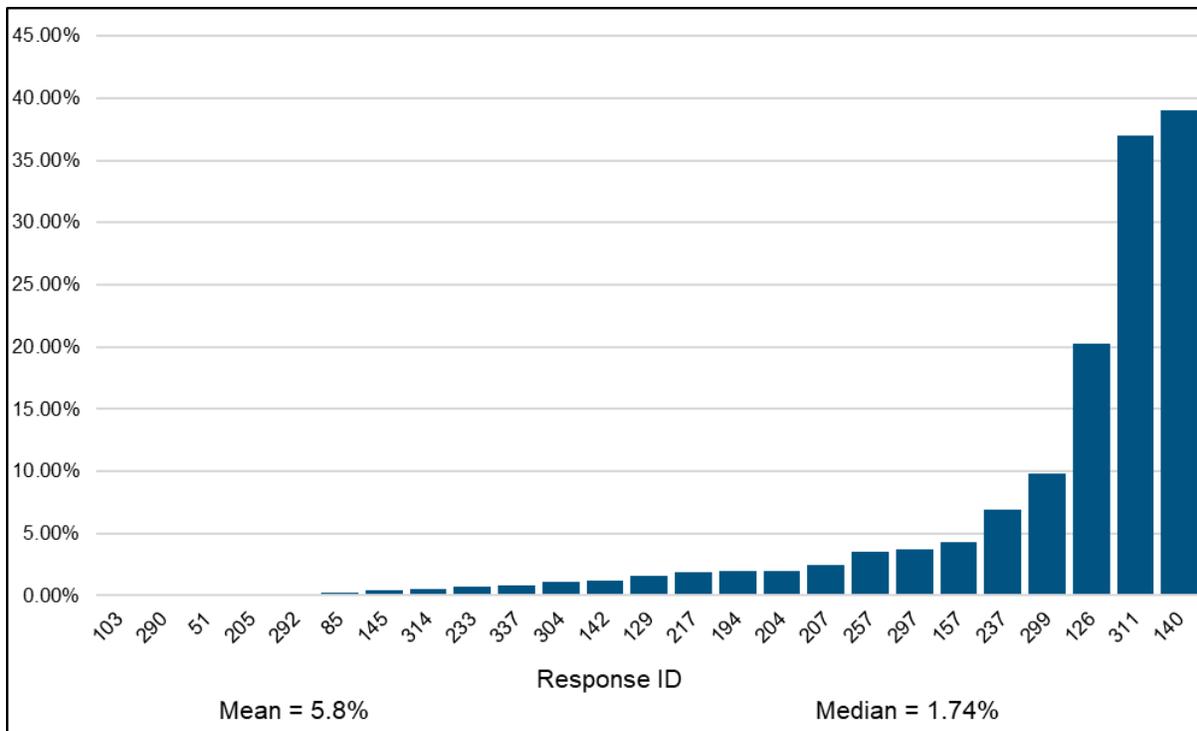
Measure	Min	10th	25th	50th	75th	90th	Max
Disability Case Management Refusal Rate	3.70%	3.33%	2.78%	1.85%	0.93%	0.37%	0.00%
Medical Case Management Refusal Rate	72.09%	60.97%	27.57%	12.76%	3.75%	0.75%	0.00%
Workers Compensation Case Management Refusal Rate	39.06%	17.09%	3.85%	1.74%	0.47%	0.00%	0.00%

Exhibit 47: Percentage that Refused Medical Case Management Services



Note: Lower rate represents better performance.

Exhibit 48: Percentage that Refused Workers Compensation Case Management



Note: Lower rate represents better performance.

## **Measure 6 – 3-Item Care Transition Measure (CTM-3) (CM2013-06)**

### **Measure Description**

This *exploratory* measure 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 CTM-3 survey respondents.

### **Summary of Findings**

No organizations reported results for this exploratory measure.

## Measure 7 – Patient Activation Measure (DM2012-10)

### Measure Description

This *exploratory* measure 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.

In 2012, URAC's Measures Advisory Group recommended the Patient Activation Measure® (PAM®) from Insignia Health ([www.insigniahealth.com](http://www.insigniahealth.com)) as an Exploratory Measure for Case Management accreditation. The use of PAM, however, requires individual licensing of the submitting organization with Insignia Health.

### Summary of Findings

Only two organizations submitted data for this measure. Analysis and benchmarks were not produced given there were less than five valid data submissions.

## Concluding Remarks

### Data Errors Corrected by Kiser Healthcare Solutions

Exhibit 49: Data Entry Errors – Duplicate Submission Removal

Measure	Sub-Measure	Response ID	Book of Business	Measure Status
All	All	27	All BOB	Duplicate submission. Removed from results by KHS
All	All	165	All BOB	Duplicate submission. Removed from results by KHS
All	All	280	All BOB	Duplicate submission. Removed from results by KHS
All	All	284	All BOB	Duplicate submission. Removed from results by KHS
All	All	287	All BOB	Duplicate submission. Removed from results by KHS

Exhibit 50: Data Entry Errors – Materially Inaccurate Removal

Measure	Sub-Measure	Response ID	Book of Business	Measure Status
CM2013-02 - Percentage of Participants That Were Medically Released to Return to Work	Return to Work	142	All BOB	Rated materially inaccurate by KHS
CM2013-02 - Percentage of Participants That Were Medically Released to Return to Work	Return to Work	145	All BOB	Rated materially inaccurate by KHS
CM2013-02 - Percentage of Participants That Were Medically Released to Return to Work	Return to Work	233	All BOB	Rated materially inaccurate by KHS

Exhibit 51: Data Entry Errors – Data Elements Cleaned

Measure	Sub-Measure	Response ID	Book of Business	Measure Status
CM2013-02 - Percentage of Participants That Were Medically Released to Return to Work	Return to Work	129	All BOB	Carry denominators to RTW categories with no submitted denominator.
CM2013-02 - Percentage of Participants That Were Medically Released to Return to Work	Return to Work	157	All BOB	Set 1 to 7 days denominator to 225 from 255.
CM2013-02 - Percentage of Participants That Were Medically Released to Return to Work	Return to Work	175	All BOB	Denominators and Numerators were reversed. KHS fixed them.
CM2013-02 - Percentage of Participants That Were Medically Released to Return to Work	Return to Work	214	All BOB	Carry denominators to RTW categories with no submitted denominator.
CM2013-02 - Percentage of Participants That Were Medically Released to Return to Work	Return to Work	257	All BOB	Carry denominators to RTW categories with no submitted denominator.
CM2013-02 - Percentage of Participants That Were Medically Released to Return to Work	Return to Work	311	All BOB	Carry denominators to RTW categories with no submitted denominator.
CM2013-03 - Complaint Response Timeliness	Return to Work	309	All BOB	Denominators and Numerators were reversed. KHS fixed them.
CM2013-04 - Overall Consumer Satisfaction	Return to Work	275	All BOB	Denominators and Numerators were reversed. KHS fixed them.

This performance report has been prepared for the URAC Quality, Research and Measurement Department by Kiser Healthcare Solutions, LLC. If you have any questions about the results contained herein, please contact us at: [ResearchMeasurement@urac.org](mailto:ResearchMeasurement@urac.org).