



2017

URAC DISEASE 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 Disease Management (DM) 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 nine mandatory measures, and they had the option to report data for five exploratory measures. The measures are either cross-cutting (i.e., broadly applicable across multiple clinical settings or specialties) or disease-specific (i.e., applicable to a specific condition). Below is the list of mandatory [M] and exploratory [E] measures for 2017 reporting with indication of whether the measure is cross-cutting or disease-specific:

1. Screening and Cessation Counseling for Tobacco Use (DM2012-02) [M] *Cross-Cutting*
2. Unhealthy Alcohol Use: Screening and Brief Counseling (DM2012-03) [M] *Cross-Cutting*
3. Prevention and Management of Obesity for Adults (DM2012-04) [M] *Cross-Cutting*
4. Screening for Clinical Depression & Follow-Up Plan (DM2012-05) [M] *Cross-Cutting*
5. Pediatric Asthma Event Rate (DM2012-30) [M] *Disease-Specific*
6. Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Event Rate (DM2012-31) [M] *Disease-Specific*
7. Hypertension Event Rate (DM2012-37) [M] *Disease-Specific*
8. Heart Failure Event Rate (DM2012-38) [M] *Disease-Specific*
9. Diabetes Short-Term Complications Event Rate (DM2012-73) [M] *Disease-Specific*
10. Patient Activation Measure (DM2012-10) [E]* *Cross-Cutting*
11. Proportion of Days Covered: Rates by Therapeutic Category (DM2012-12) [E]* *Cross-Cutting*
12. Drug-Drug Interactions (DM2012-13) [E]* *Cross-Cutting*
13. Adherence to Non-Warfarin Oral Anticoagulants (DM2015-01) [E]* *Cross-Cutting*
14. Medication Therapy for Persons with Asthma (DM2012-26) [E]* *Disease-Specific*

*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 Disease 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.

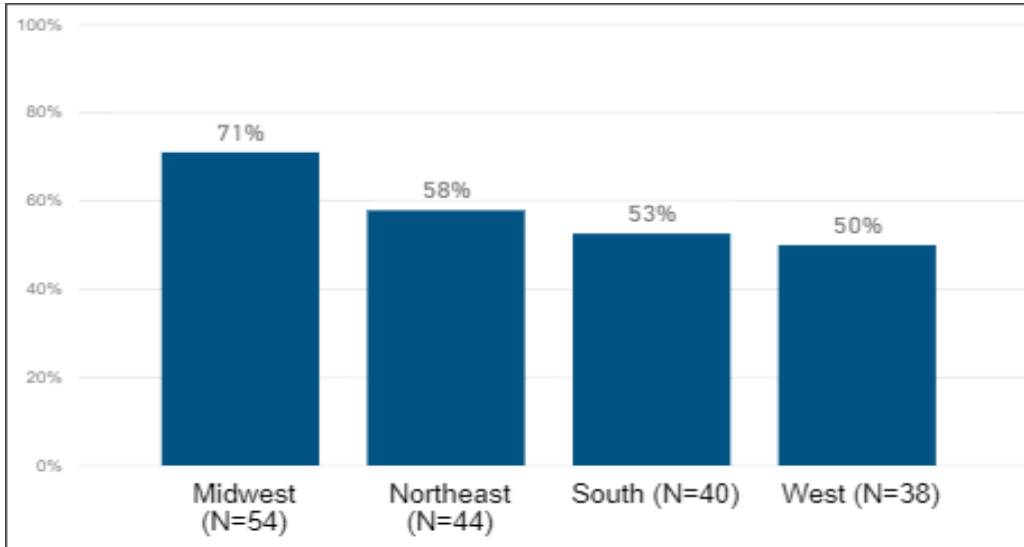
Disease Management Organization Characteristics

Sixteen URAC accredited Disease Management organizations reported 2016 measurement year data for the 2017 reporting year. One organization provided only plan characteristics and no measure results

The Midwest (71%, n=54) represented the largest population served by the organizations, and the West (50%, n=38) represented the least (Exhibit 1). The total number of unique individuals eligible for disease management ranges from two to 1.2 million members across the respondent organizations with a median population of 22,741 (Note: Range is from 2 to 1.2 million individuals eligible by organization).

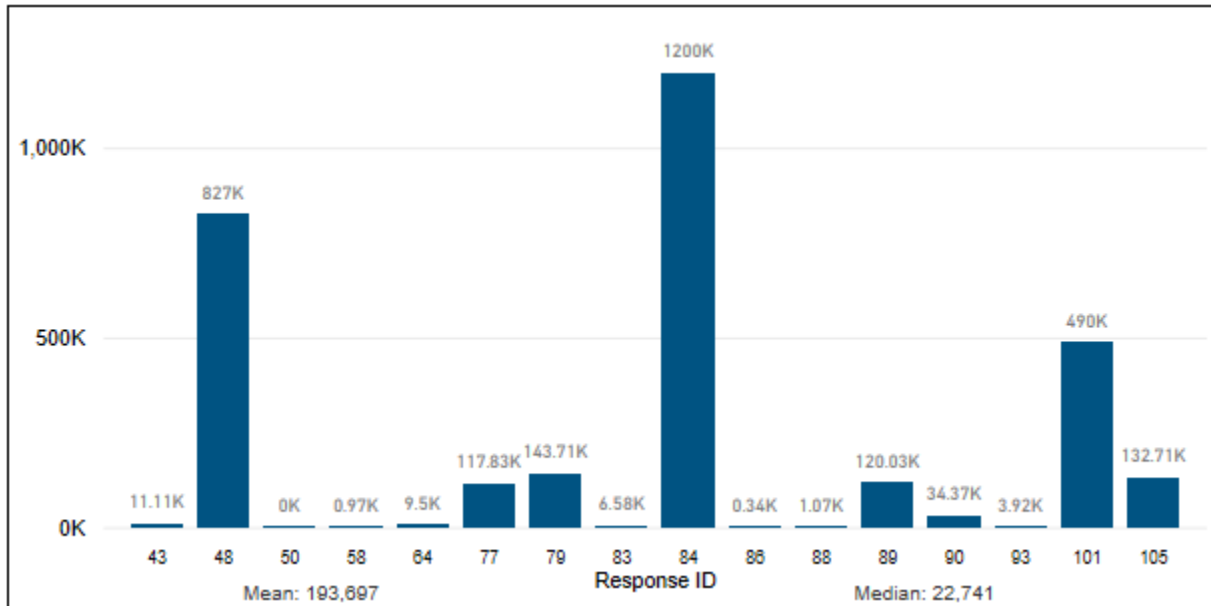
Exhibit 3(Exhibit 2).

Exhibit 1: Regional Areas Served



Note: Multiple responses accepted.

Exhibit 2: Total Number of Unique Individuals Eligible for Any Disease Management Program



Note: Range is from 2 to 1.2 million individuals eligible by organization.

Exhibit 3: Eligible Population per Disease Management Measure – Commercial

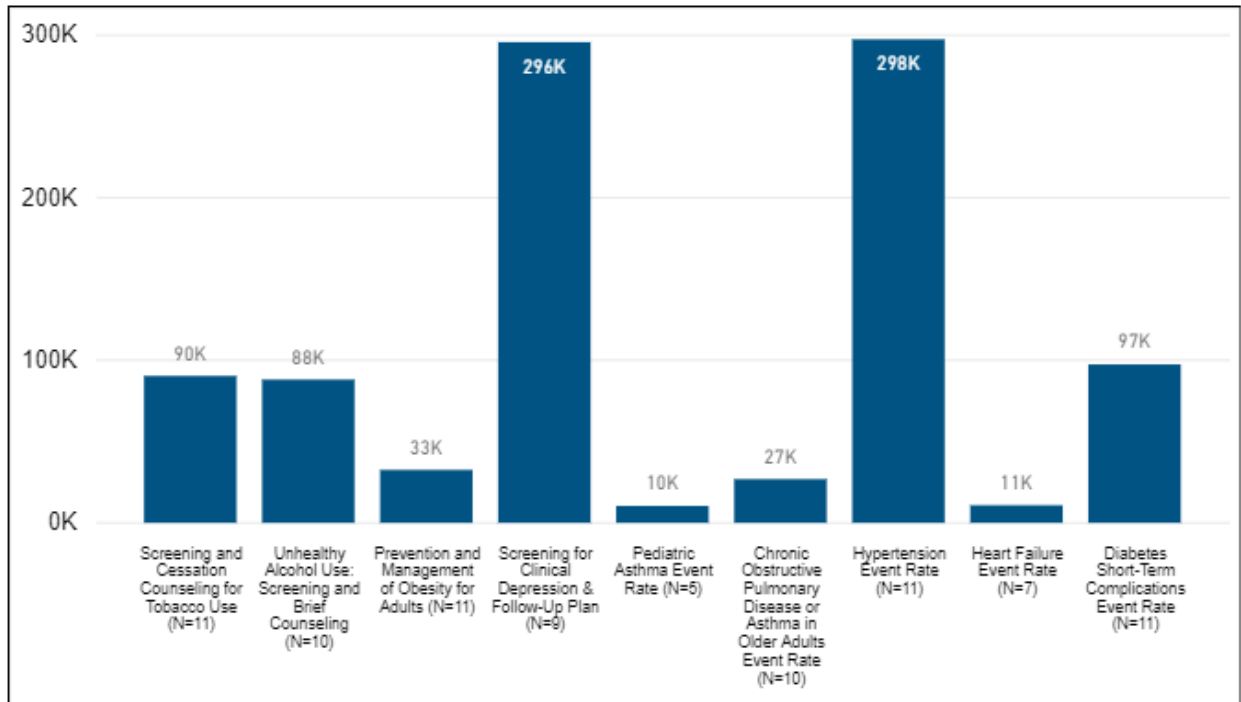


Exhibit 4: Eligible Population per Disease Management Measure – Medicaid

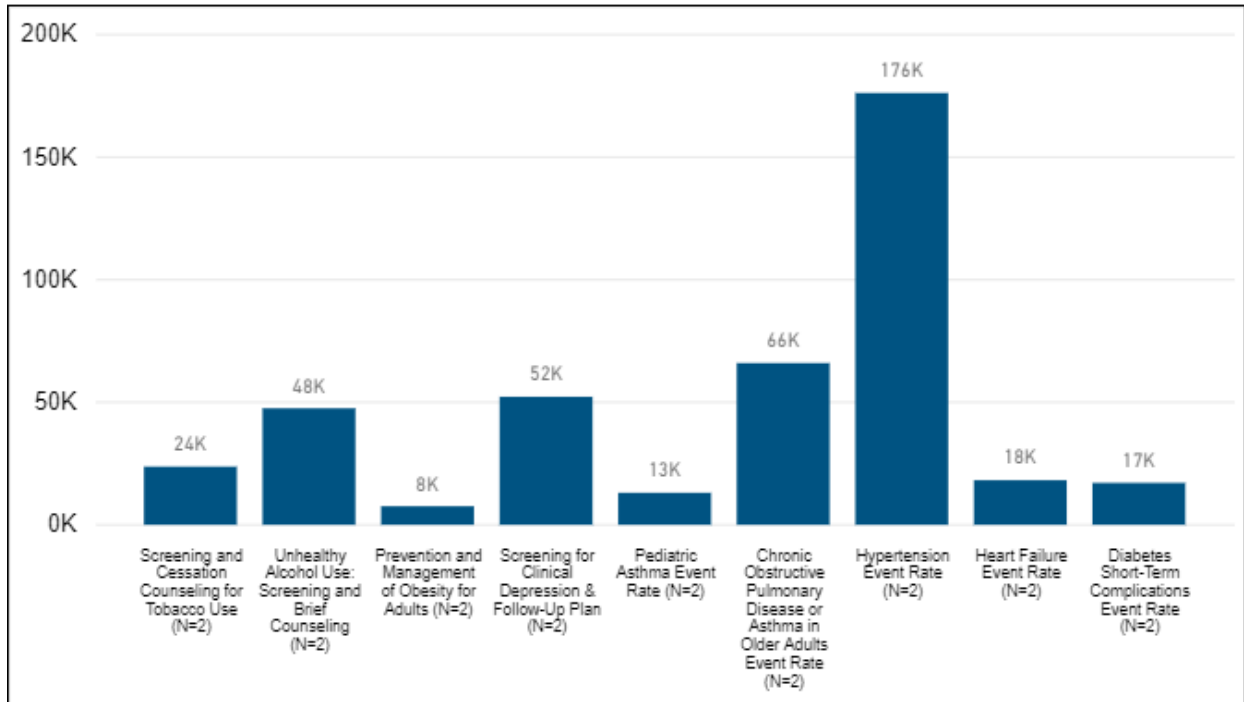


Exhibit 5: Eligible Population per Disease Management Measure – Medicare

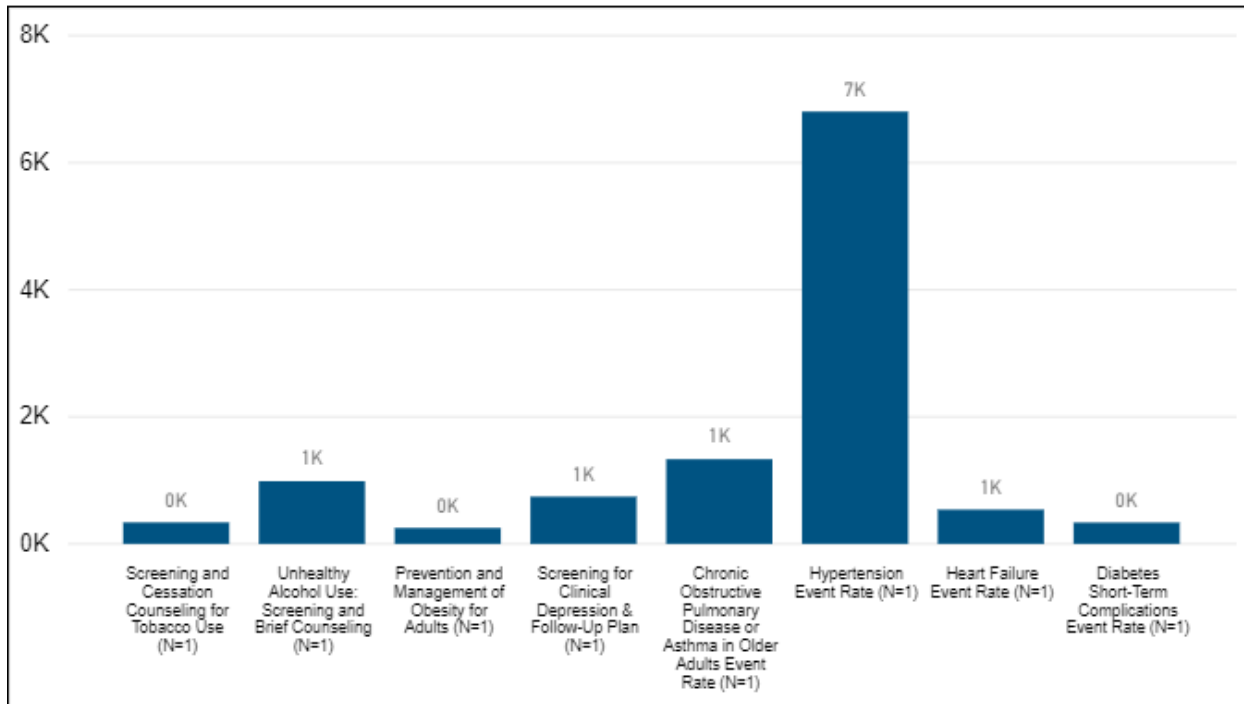


Exhibit 6: Eligible Population per Disease Management Measure – All Other Population

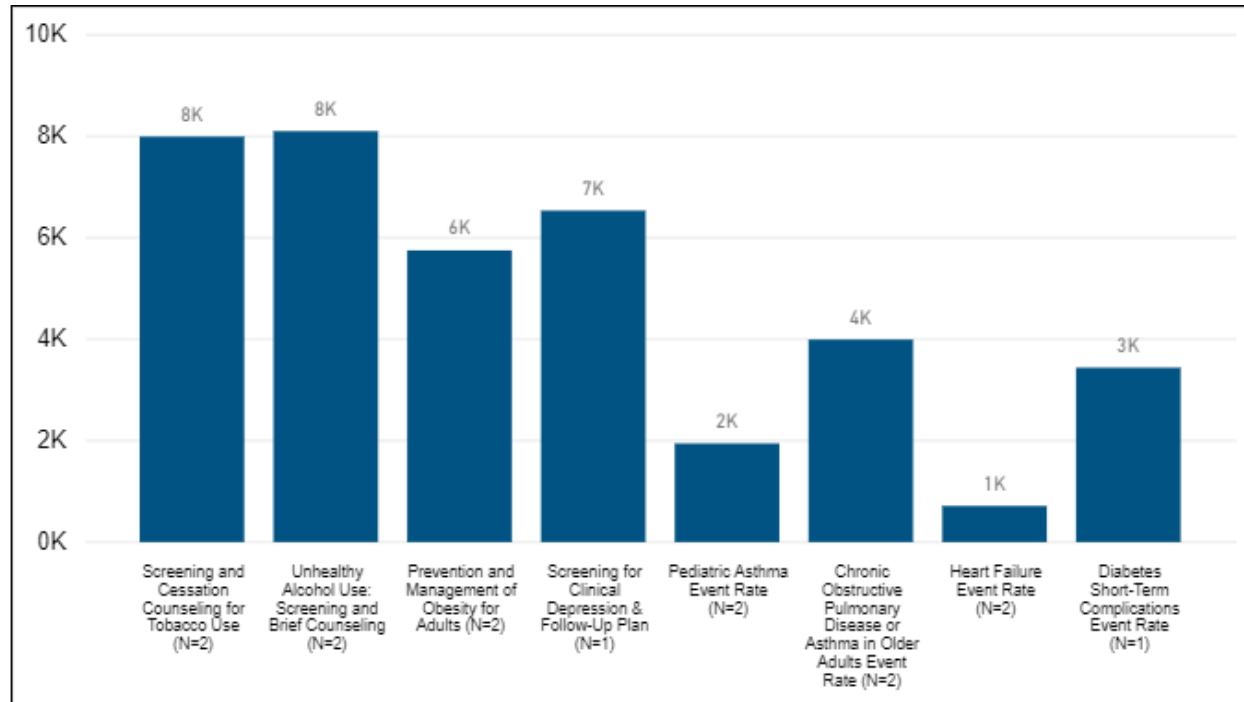


Exhibit 7: Aggregate Rate by Measure – Commercial Population

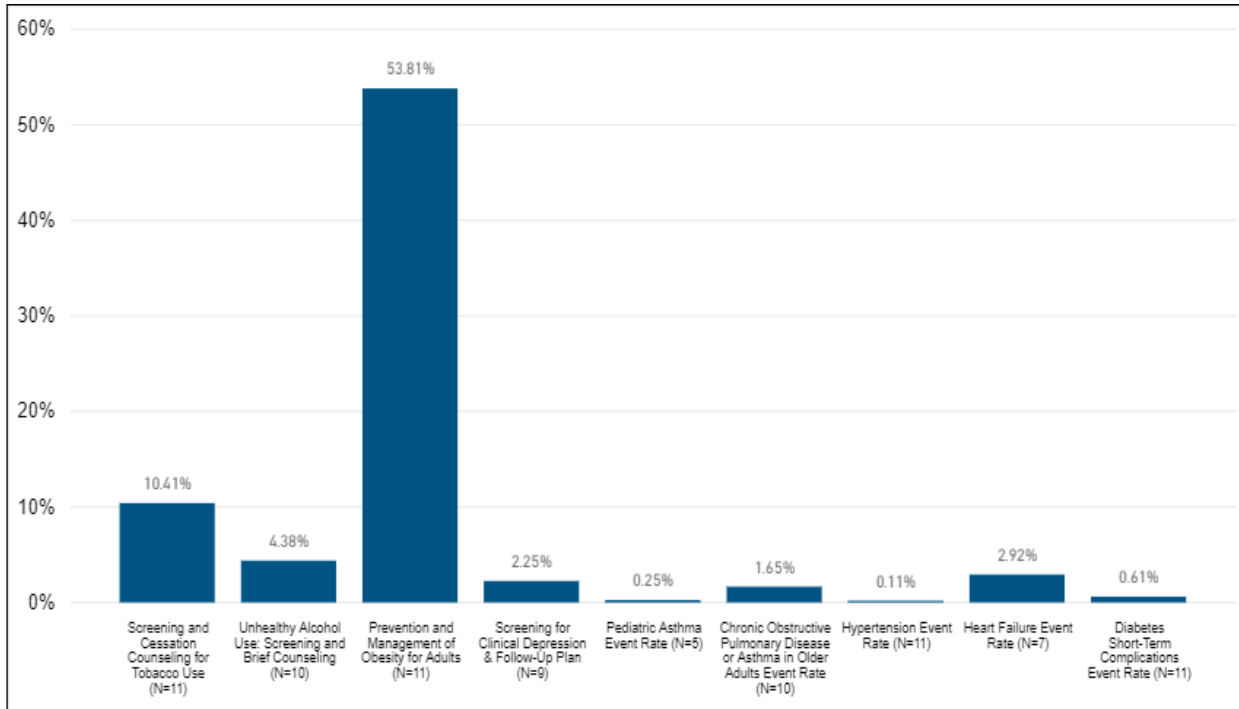


Exhibit 8: Aggregate Rate by Measure – Medicaid Population

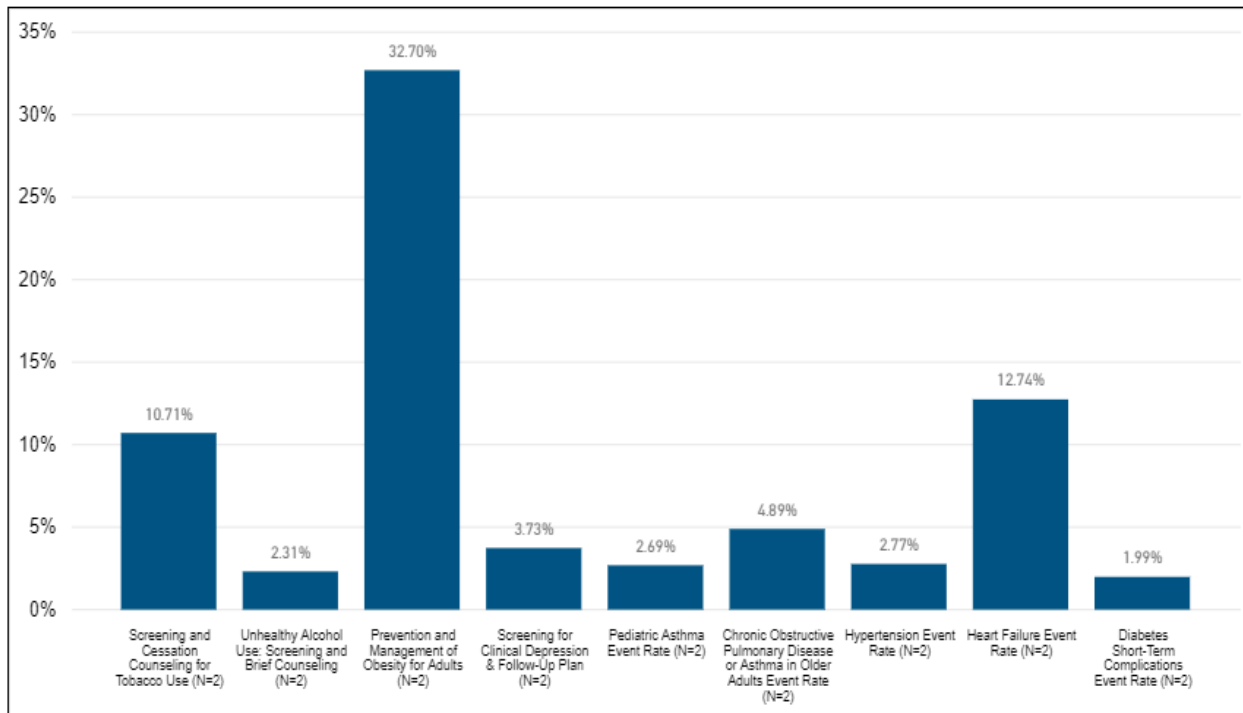


Exhibit 9: Aggregate Rate by Measure – Medicare Population

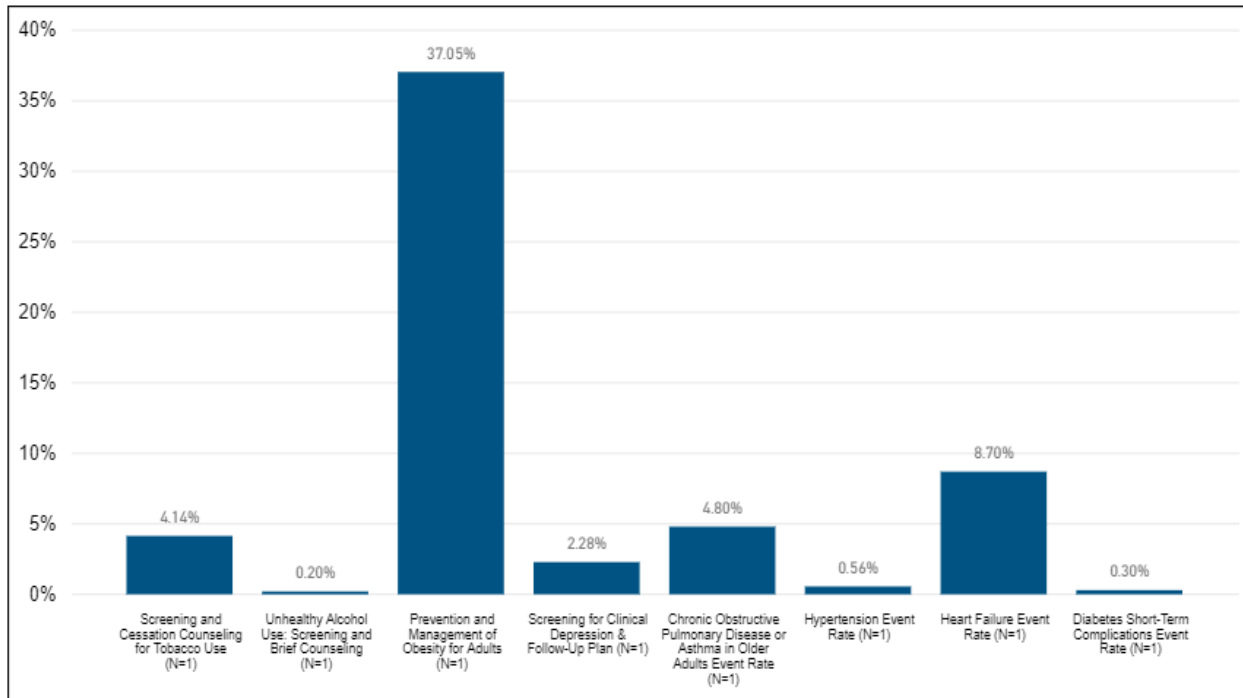
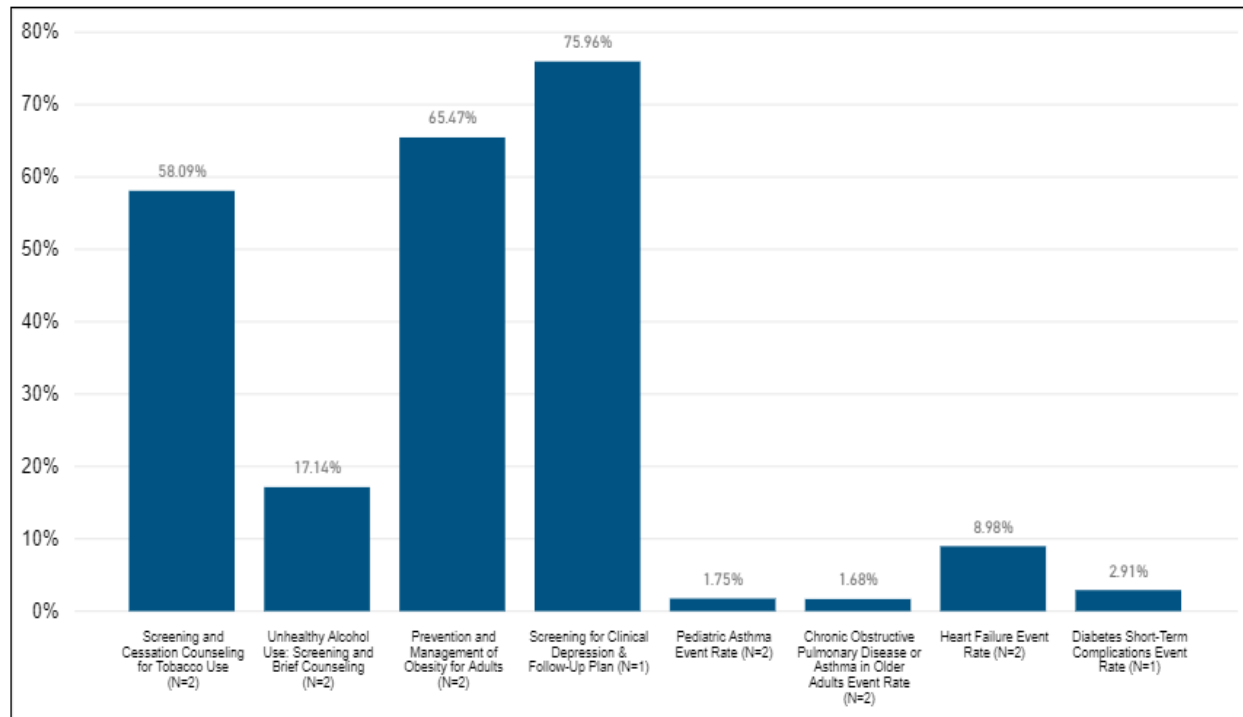


Exhibit 10: Aggregate Rate by Measure – All Other Population



Results: Disease Management Measures

Fifteen of the 16 organizations reported data for at least one of the performance measures. The organizations are primarily classified as Commercial programs. In some cases, organizations in their first year of reporting data were not able to stratify by book of business and thus classified their submission as Across All Other Populations. The analysis results are included for each measure, but due to limited number of organizations that reported as Medicaid, Medicare, and Across All Other Populations, details and narratives were not included in this report.

Measure 1 – Screening and Cessation Counseling for Tobacco Use (DM2012-02)

Measure Description

This *mandatory* measure assesses the percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months and who received cessation counseling intervention, if identified as a tobacco user.

Summary of Findings

Eleven organizations submitted data for Commercial, two submitted data for Medicaid, one submitted data for Medicare, and two submitted data for All Other Population. It is noted that one of the All Other respondents indicated their reported rate represented members that were only screened and identified as needing tobacco intervention.

The aggregate summary rate for Commercial is 10.41% with a mean of 32.17% and median of 9.61%. One data submission (Response ID 84) had an extreme outlier denominator of 69,877 given it was a large regional organization and had a measure rate of 1.88%. Removing this submission results in an aggregate summary rate of 39.38% with a mean of 35.20% and median of 13.71%.

Exhibit 11: Screening and Cessation Counseling for Tobacco Use

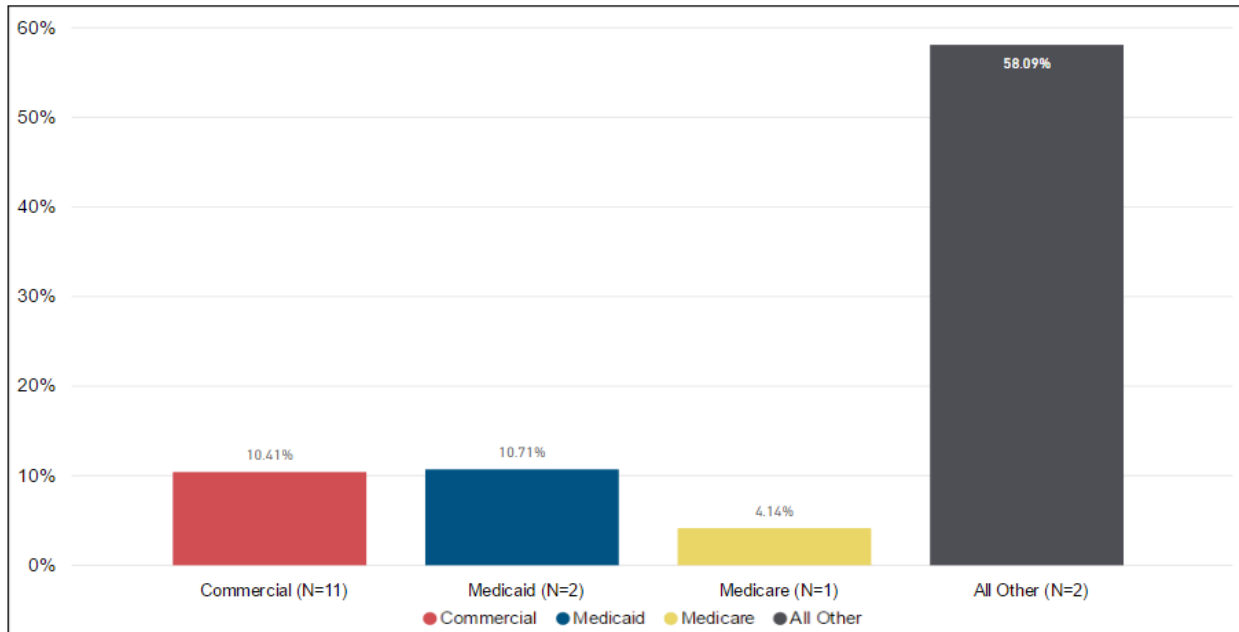


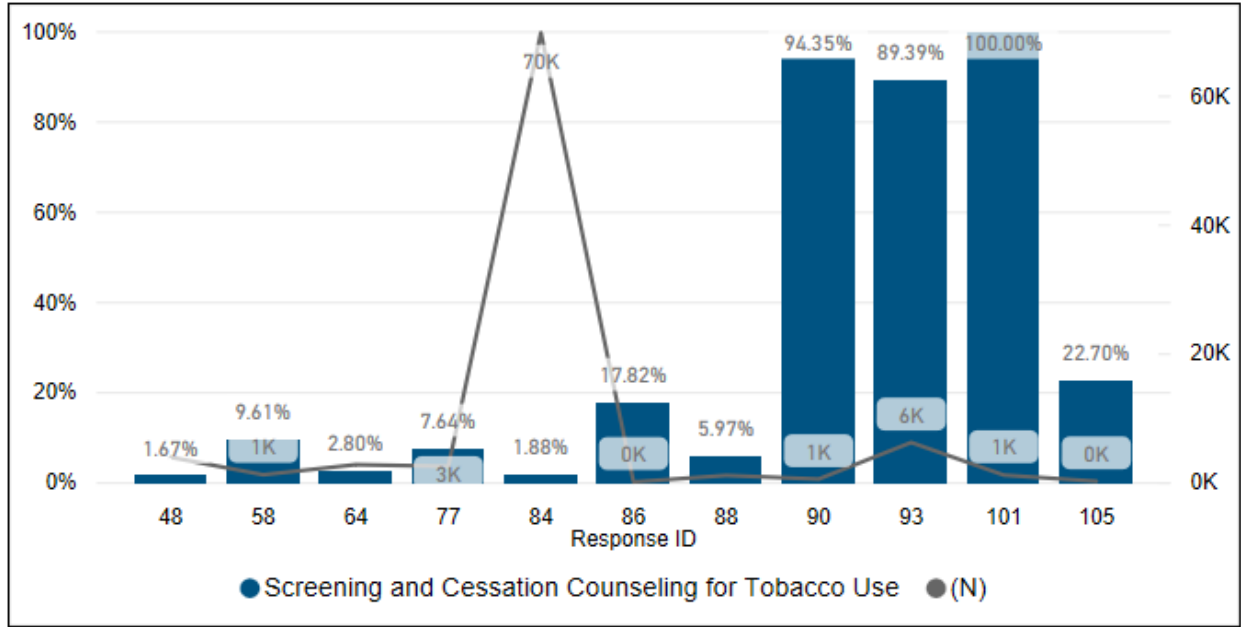
Exhibit 12: Screening and Cessation Counseling for Tobacco Use (Summary Data)

Measure:	Screening and Cessation Counseling for Tobacco Use				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	9,411	90,429	10.41%	32.17%	11
Medicaid	2,542	23,741	10.71%	9.99%	2
Medicare	14	338	4.14%	4.14%	1
All Other	4,644	7,994	58.09%	66.17%	2

Exhibit 13: Screening and Cessation Counseling for Tobacco Use (Benchmark Data)

Measure:	Screening and Cessation Counseling for Tobacco Use						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	1.67%	1.88%	4.39%	9.61%	56.04%	94.35%	100.00%
Medicaid	6.54%	7.23%	8.26%	9.99%	11.71%	12.75%	13.43%
Medicare	4.14%	4.14%	4.14%	4.14%	4.14%	4.14%	4.14%
All Other	57.92%	59.57%	62.04%	66.17%	70.29%	72.77%	74.42%

Exhibit 14: Screening and Cessation Counseling for Tobacco Use – Commercial Results



Measure 2 – Unhealthy Alcohol Use: Screening & Brief Counseling (DM2012-03)

Measure Description

This *mandatory* measure assesses the percentage of patients 18 years or older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months and who received brief counseling if identified as an unhealthy alcohol user.

Summary of Findings

Ten organizations submitted data for Commercial, two submitted data for Medicaid, one submitted data for Medicare, and two submitted data for All Other Population. It is noted that one of the All Other respondents indicated their reported rate represented members that were only screened and identified as needing alcohol intervention only.

The aggregate summary rate for Commercial is 4.38% with the mean of 33.54% and median of 9.19%. One data submission (Response ID 84) had an extreme outlier denominator of 68,320 given it was a large regional organization and had a rate of 0.03%. Removing this submission results in an aggregate summary rate of 19.36% with a mean of 37.27% and median of 9.76%.

Exhibit 15: Unhealthy Alcohol Use: Screening & Brief Counseling

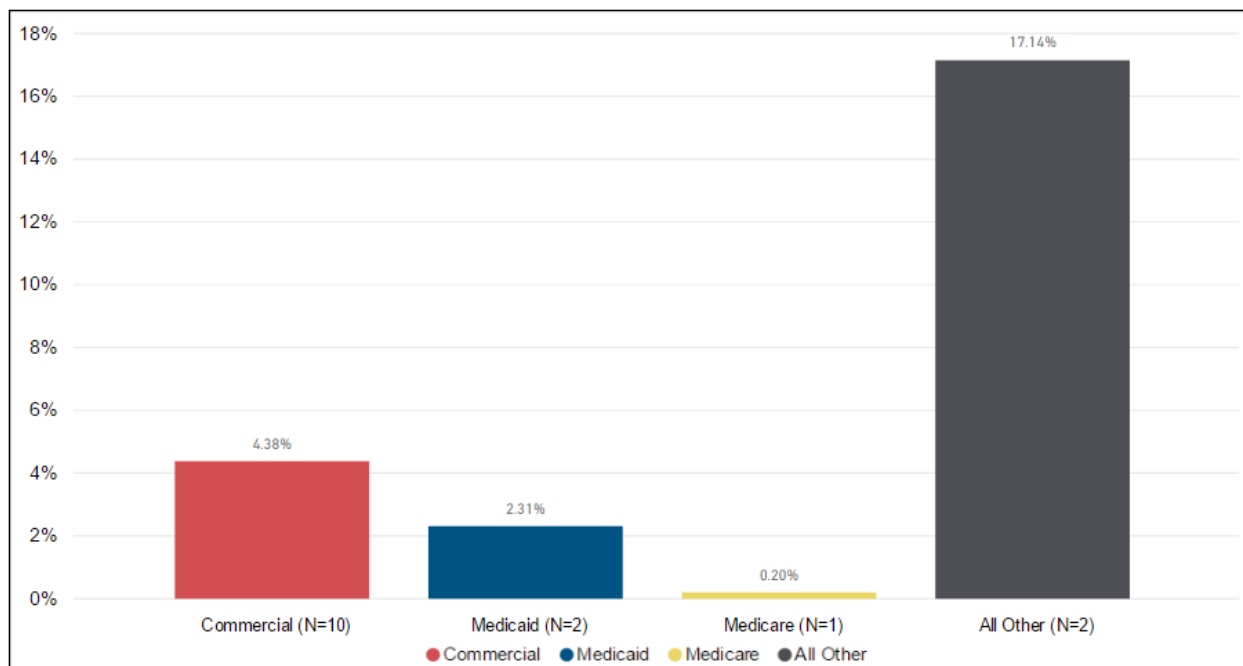


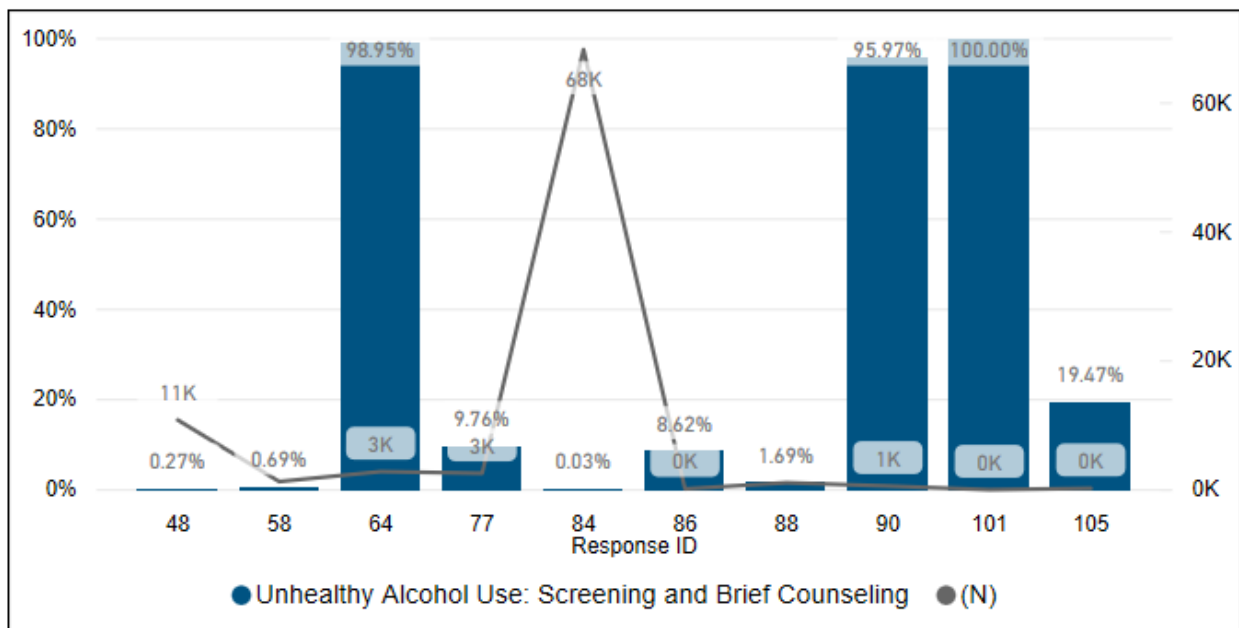
Exhibit 16: Unhealthy Alcohol Use: Screening & Brief Counseling (Summary Data)

Measure:	Unhealthy Alcohol Use: Screening and Brief Counseling				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	3,862	88,157	4.38%	33.54%	10
Medicaid	1,100	47,544	2.31%	3.75%	2
Medicare	2	987	0.20%	0.20%	1
All Other	1,389	8,102	17.14%	29.29%	2

Exhibit 17: Unhealthy Alcohol Use: Screening & Brief Counseling (Benchmark Data)

Measure:	Unhealthy Alcohol Use: Screening and Brief Counseling						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	0.03%	0.24%	0.94%	9.19%	76.84%	99.05%	100.00%
Medicaid	0.13%	0.86%	1.94%	3.75%	5.55%	6.64%	7.36%
Medicare	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%
All Other	16.77%	19.27%	23.03%	29.29%	35.54%	39.30%	41.80%

Exhibit 18: Unhealthy Alcohol Use: Screening & Brief Counseling – Commercial Results



Measure 3 – Prevention and Management of Obesity for Adults (DM2012-04)

Measure Description

This *mandatory* measure assesses the percentage of participants 18 years or older with a documented body mass index (BMI) greater than or equal to 25 who received education and counseling for weight loss strategies that include nutrition, physical activity, lifestyle changes, medication therapy, and/or surgical considerations during the measurement period.

Summary of Findings

Eleven organizations submitted data for Commercial, two submitted data for Medicaid, one submitted data for Medicare, and two submitted data for All Other Population. The aggregate summary rate for Commercial is 53.81% with a mean of 56.69% and median of 51.19%.

Exhibit 19: Prevention and Management of Obesity for Adults

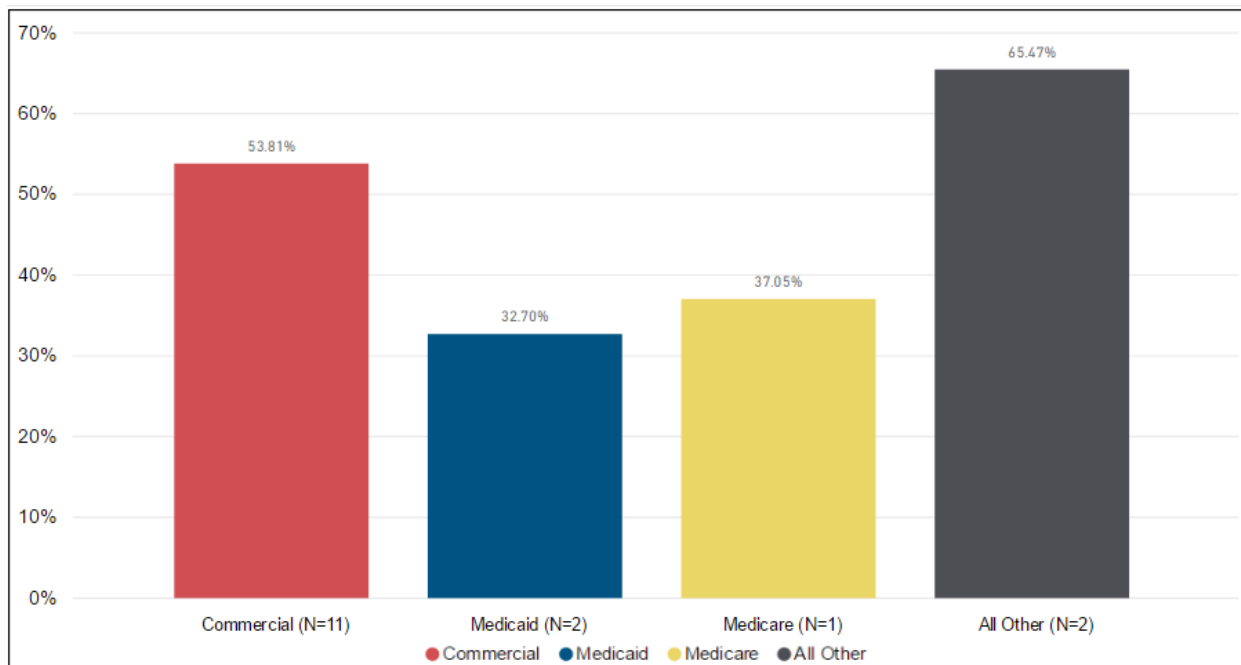


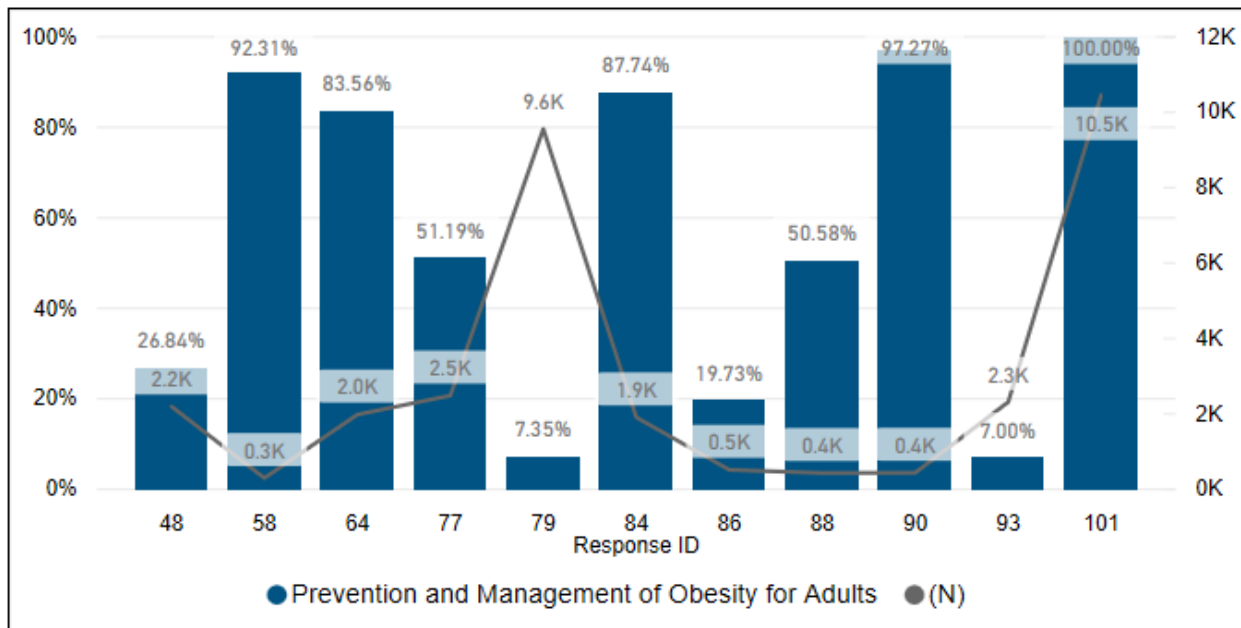
Exhibit 20: Prevention and Management of Obesity for Adults (Summary Data)

Measure:	Prevention and Management of Obesity for Adults				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	17,539	32,594	53.81%	56.69%	11
Medicaid	2,479	7,582	32.70%	23.69%	2
Medicare	93	251	37.05%	37.05%	1
All Other	3,765	5,751	65.47%	67.19%	2

Exhibit 21: Prevention and Management of Obesity for Adults (Benchmark Data)

Measure:	Prevention and Management of Obesity for Adults						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	7.00%	7.35%	23.29%	51.19%	90.02%	97.27%	100.00%
Medicaid	13.85%	15.82%	18.77%	23.69%	28.62%	31.57%	33.54%
Medicare	37.05%	37.05%	37.05%	37.05%	37.05%	37.05%	37.05%
All Other	64.87%	65.34%	66.03%	67.19%	68.35%	69.05%	69.51%

Exhibit 22: Prevention and Management of Obesity for Adults – Commercial Results



Measure 4 – Screening for Clinical Depression & Follow-Up Plan (DM2012-05)

Measure Description

This *mandatory* measure reports the percentage of participants 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool, and, if positive, a follow-up plan is documented on the date of the positive screen.

Summary of Findings

Nine organizations submitted data for Commercial, two submitted data for Medicaid, one submitted data for Medicare, and one submitted data for All Other Population. The aggregate summary rate for Commercial is 2.25% with the mean of 47.84% and median of 44.96%. One data submission (Response ID 84) had an extreme outlier denominator of 277,421 given it was a large regional organization and had a rate of 0.59%. Removing this submission results in an aggregate summary rate of 27.47% with a mean of 53.74% and median of 63.12%.

Exhibit 23: Screening for Clinical Depression & Follow-Up Plan

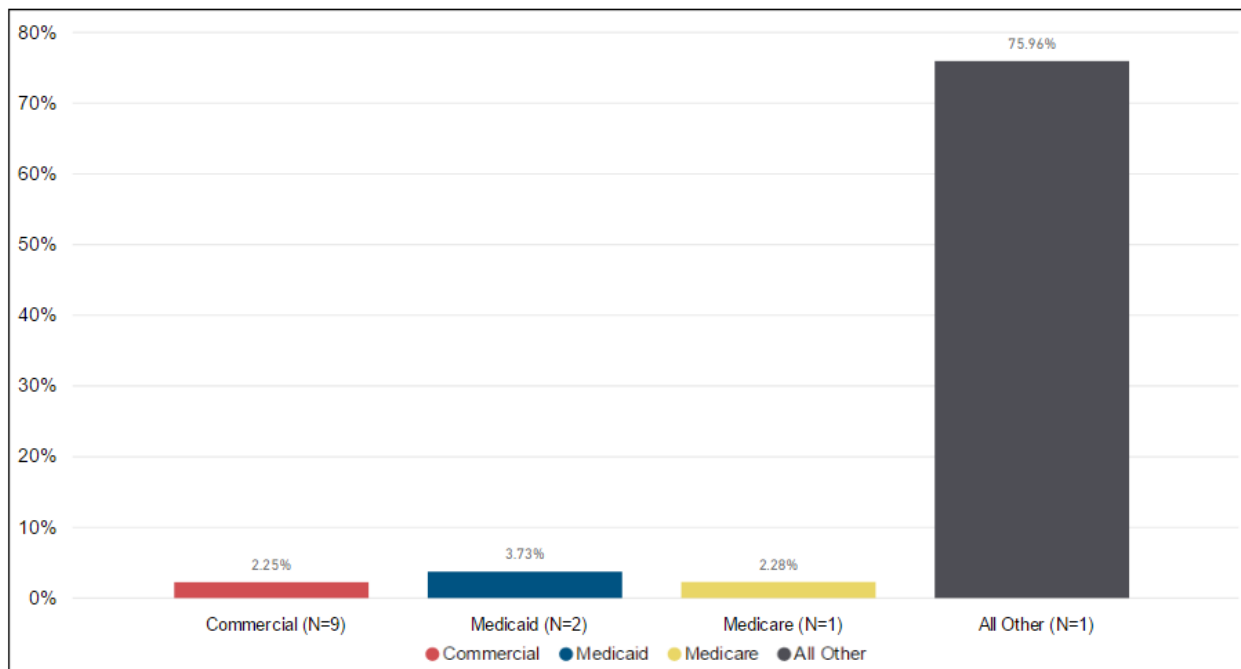


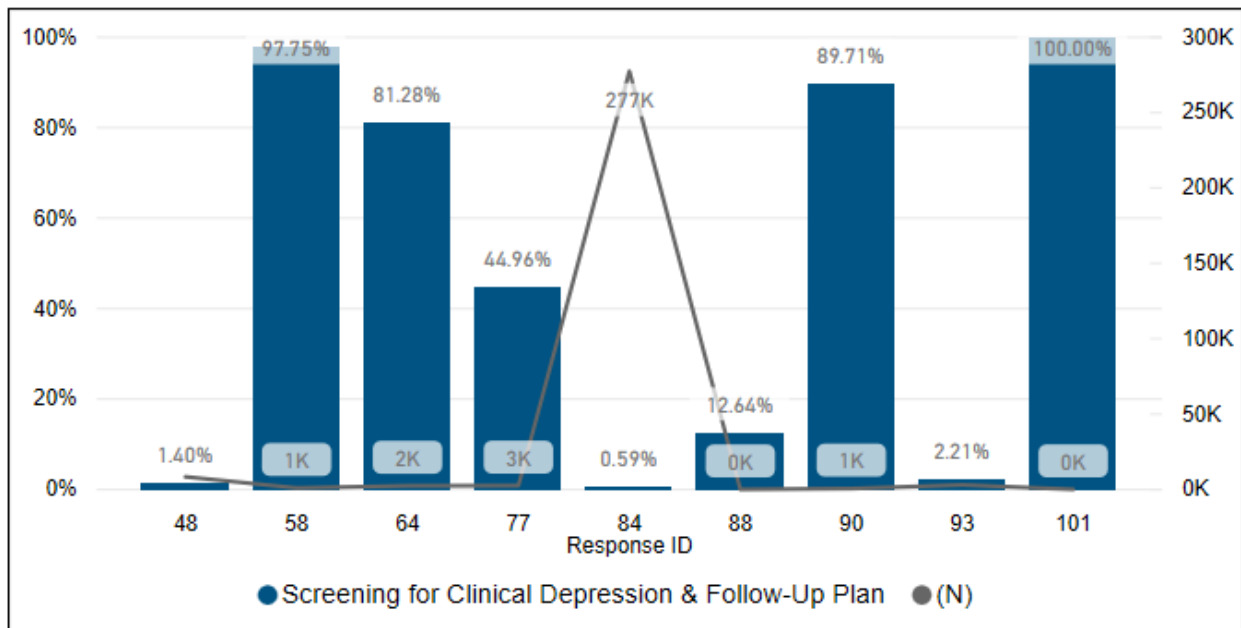
Exhibit 24: Screening for Clinical Depression & Follow-Up Plan (Summary Data)

Measure:	Screening for Clinical Depression & Follow-Up Plan				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	6,668	295,780	2.25%	47.84%	9
Medicaid	1,951	52,242	3.73%	4.05%	2
Medicare	17	744	2.28%	2.28%	1
All Other	4,964	6,535	75.96%	75.96%	1

Exhibit 25: Screening for Clinical Depression & Follow-Up Plan (Benchmark Data)

Measure:	Screening for Clinical Depression & Follow-Up Plan						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	0.59%	1.24%	2.21%	44.96%	89.71%	98.20%	100.00%
Medicaid	0.98%	1.59%	2.51%	4.05%	5.59%	6.51%	7.12%
Medicare	2.28%	2.28%	2.28%	2.28%	2.28%	2.28%	2.28%
All Other	75.96%	75.96%	75.96%	75.96%	75.96%	75.96%	75.96%

Exhibit 26: Screening for Clinical Depression & Follow-Up Plan – Commercial Results



Measure 5 – Pediatric Asthma Event Rate (DM2012-30)

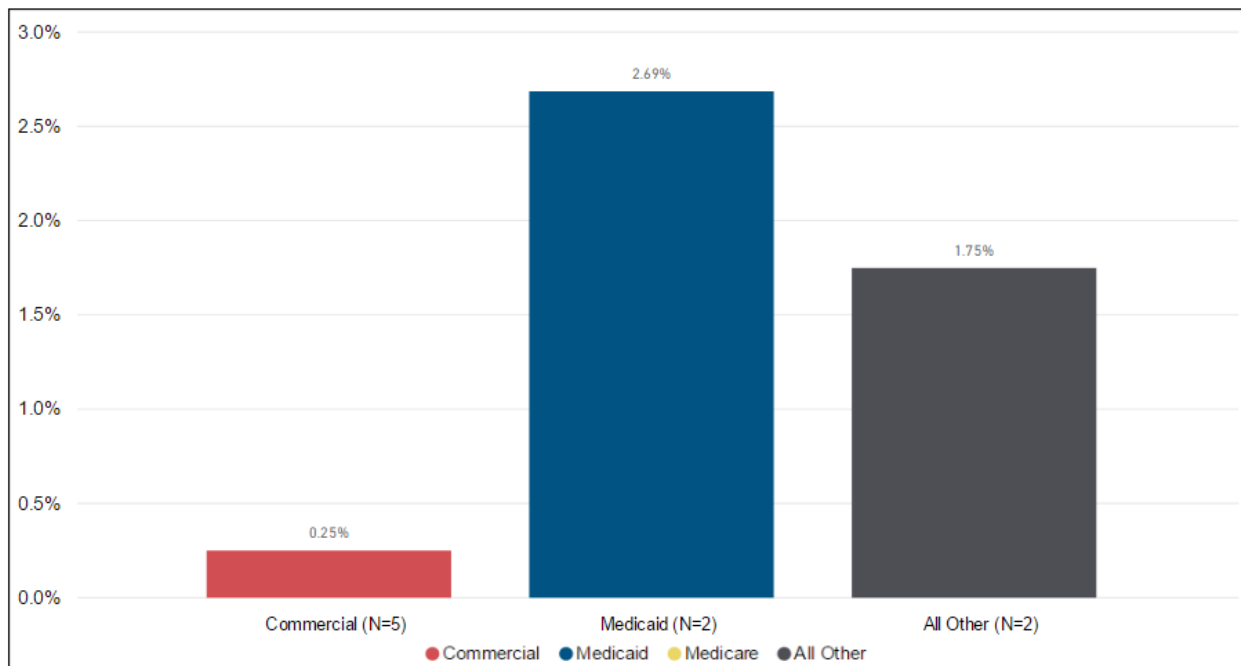
Measure Description

This *mandatory* measure assesses the number of hospital events for asthma of asthmatic children ages 2 to 17 during the measurement period. **A lower rate represents better performance.**

Summary of Findings

Eight organizations submitted data for Commercial, two submitted data for Medicaid, and two submitted data for All Other Population. Three organizations had small denominators for the Commercial submissions and were not included in analysis. The aggregate summary rate for Commercial is 0.25% with a mean of 1.18% and median of 0.18%. One data submission (Response ID 84) had an extreme outlier denominator of 9,773 given it was a large regional organization and had a rate of 0.18%. Removing this submission results in an aggregate summary rate of 1.28% with a mean of 1.43% and median of 0.59%.

Exhibit 27: Pediatric Asthma Event Rate



Note: Lower rate represents better performance.

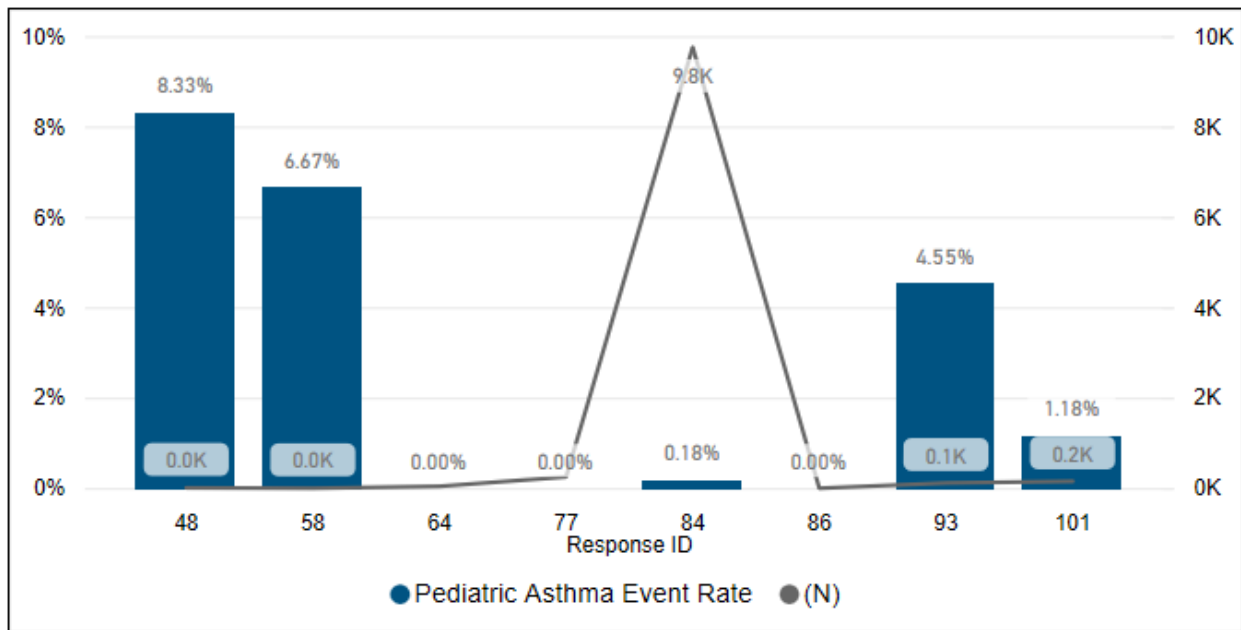
Exhibit 28: Pediatric Asthma Event Rate (Summary Data)

Measure:	Pediatric Asthma Event Rate				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	26	10,398	0.25%	1.18%	5
Medicaid	351	13,068	2.69%	1.86%	2
All Other	34	1,944	1.75%	1.43%	2

Exhibit 29: Pediatric Asthma Event Rate (Benchmark Data)

Measure:	Pediatric Asthma Event Rate						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	4.55%	3.20%	1.18%	0.18%	0.00%	0.00%	0.00%
Medicaid	2.71%	2.54%	2.29%	1.86%	1.43%	1.18%	1.01%
All Other	2.59%	2.36%	2.01%	1.43%	0.86%	0.51%	0.28%

Exhibit 30: Pediatric Asthma Event Rate – Commercial Results



Measure 6 – Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Event Rate (DM2012-31)

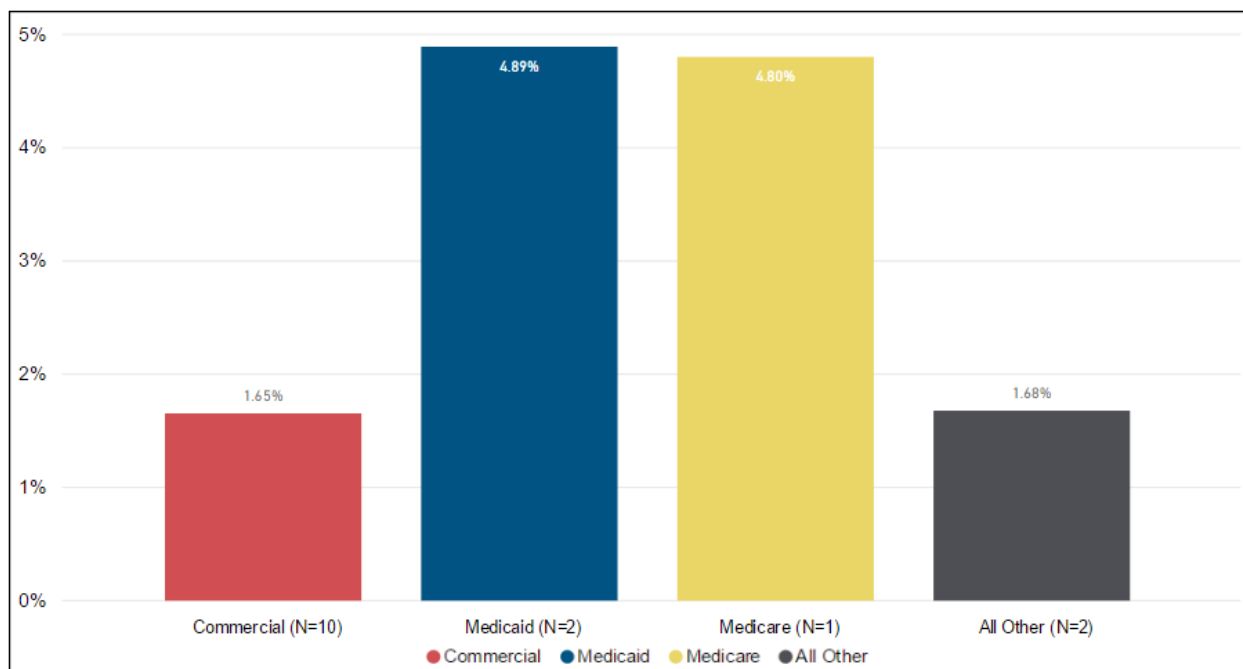
Measure Description

This *mandatory* measure assesses the number of hospital events for asthma or Chronic Obstructive Pulmonary Disease (COPD) per number of adult members age 40 years and older with a chronic diagnosis of asthma or COPD during the measurement period. **A lower rate represents better performance.**

Summary of Findings

Ten organizations submitted data for Commercial, two submitted data for Medicaid, one submitted data for Medicare, and two submitted data for All Other Population. The aggregate summary rate for Commercial is 1.65% with a mean of 5.17% and median of 2.10%.

Exhibit 31: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Event Rate



Note: Lower rate represents better performance.

Exhibit 32: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Event Rate – Commercial Results

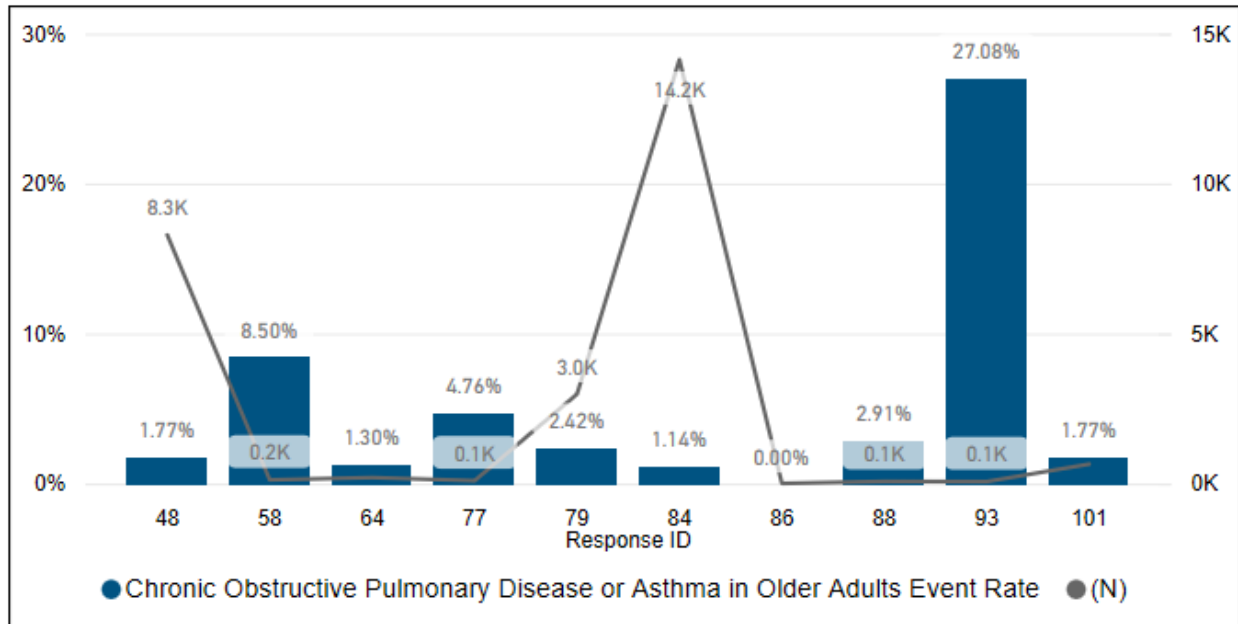


Exhibit 33: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Event Rate (Summary Data)

Measure:	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Event Rate				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	445	26,911	1.65%	5.17%	10
Medicaid	3,228	65,985	4.89%	4.58%	2
Medicare	64	1,333	4.80%	4.80%	1
All Other	67	3,994	1.68%	3.07%	2

Exhibit 34: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Event Rate (Benchmark Data)

Measure:	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Event Rate						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	27.08%	10.36%	4.30%	2.10%	1.42%	1.03%	0.00%
Medicaid	4.93%	4.86%	4.75%	4.58%	4.40%	4.30%	4.22%
Medicare	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%
All Other	5.26%	4.83%	4.17%	3.07%	1.98%	1.32%	0.89%

Measure 7 – Hypertension Event Rate (DM2012-37)

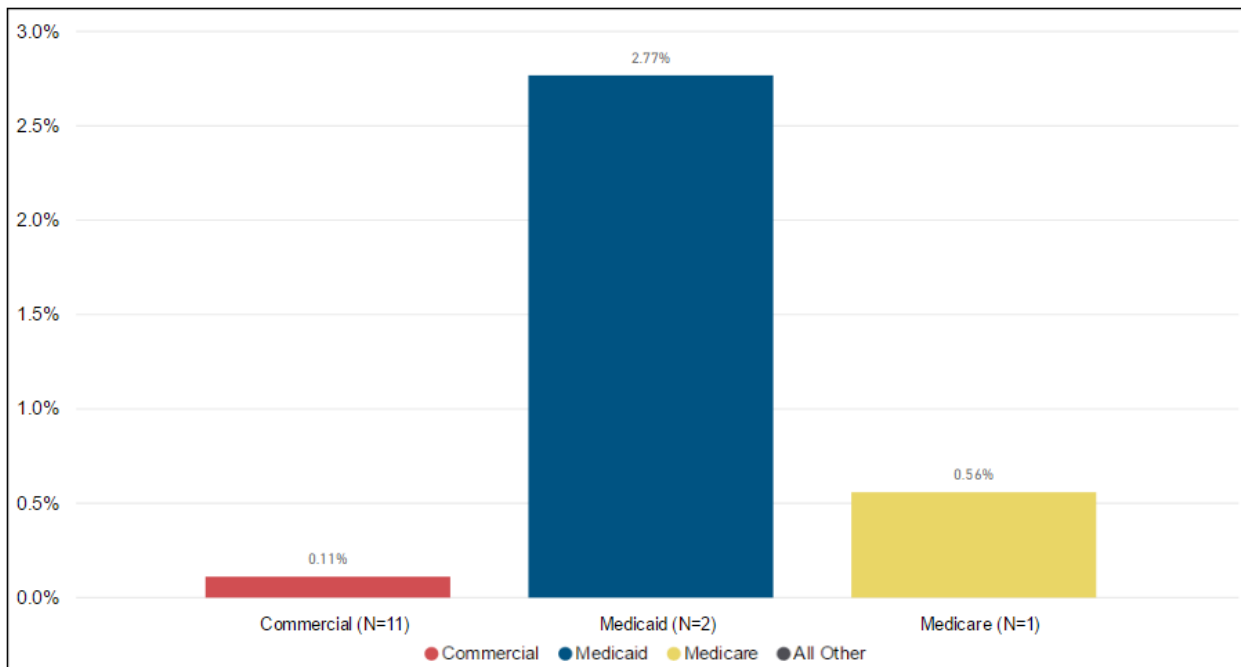
Measure Description

This *mandatory* measure assesses the number of hospital events for hypertension per number of adult members 18 years or older with chronic hypertension during the measurement period. **A lower rate represents better performance.**

Summary of Findings

Eleven organizations submitted data for Commercial, two submitted data for Medicaid, one submitted data for Medicare. No organizations submitted data for All Other Population. The aggregate summary rate for Commercial is 0.11% with a mean of 9.04% and median of 0.09%. One data submission (Response ID 84) had an extreme outlier denominator of 197,215 given it was a large regional organization and had a rate of 0.04%. Removing this submission results in an aggregate summary rate of 0.26% with a mean of 9.04% and median of 0.12%. The overall results show high performance with few hospitalizations and small variation between organizations.

Exhibit 35: Hypertension Event Rate



Note: Lower rate represents better performance.

Exhibit 36: Hypertension Event Rate – Commercial Results

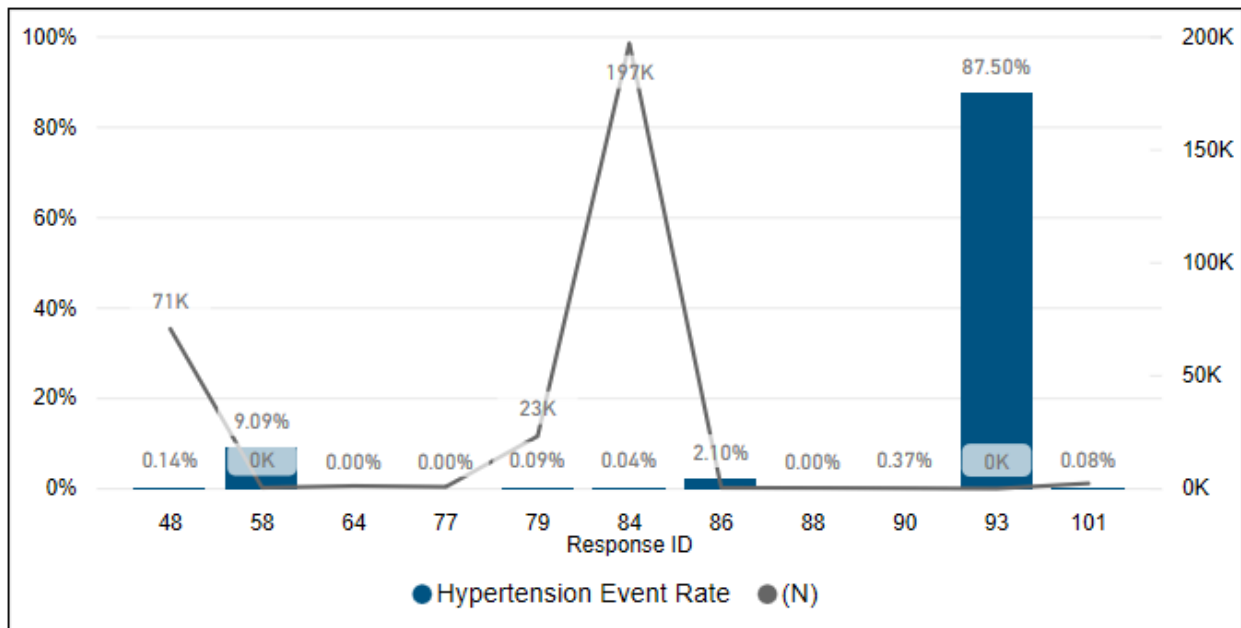


Exhibit 37: Hypertension Event Rate (Summary Data)

Measure:	Hypertension Event Rate				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	330	297,509	0.11%	9.04%	11
Medicaid	4,876	176,192	2.77%	1.52%	2
Medicare	38	6,805	0.56%	0.56%	1

Exhibit 38: Hypertension Event Rate (Benchmark Data)

Measure:	Hypertension Event Rate						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	87.50%	9.09%	1.23%	0.09%	0.02%	0.00%	0.00%
Medicaid	2.89%	2.61%	2.20%	1.52%	0.84%	0.43%	0.16%
Medicare	0.56%	0.56%	0.56%	0.56%	0.56%	0.56%	0.56%

Measure 8 – Heart Failure Event Rate (DM2012-38)

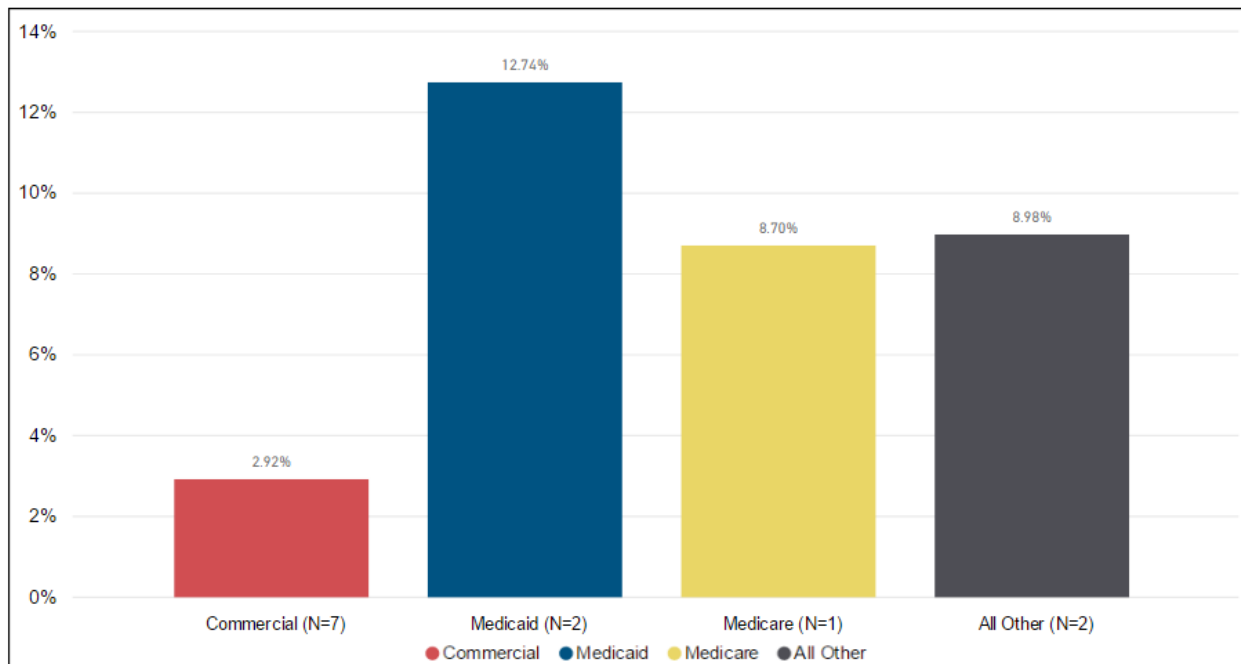
Measure Description

This *mandatory* measure assesses the number of hospital events with a principal diagnosis of heart failure per number of adult members with diagnosed heart failure. **A lower rate represents better performance.**

Summary of Findings

Seven organizations submitted data for Commercial, two submitted data for Medicaid, one submitted data for Medicare, and two submitted data for All Other Population. Four organizations had small denominators and were not included in analysis. The aggregate summary rate for Commercial is 2.92% with a mean of 9.96% and median of 3.49%. One data submission (Response ID 84) had an extreme outlier denominator of 7,420 given it was a large regional organization and had a rate of 1.17%. Removing this submission results in an aggregate summary rate of 6.74% with a mean of 11.42% and median of 6.05%.

Exhibit 39: Heart Failure Event Rate



Note: Lower rate represents better performance.

Exhibit 40: Heart Failure Event Rate – Commercial Results

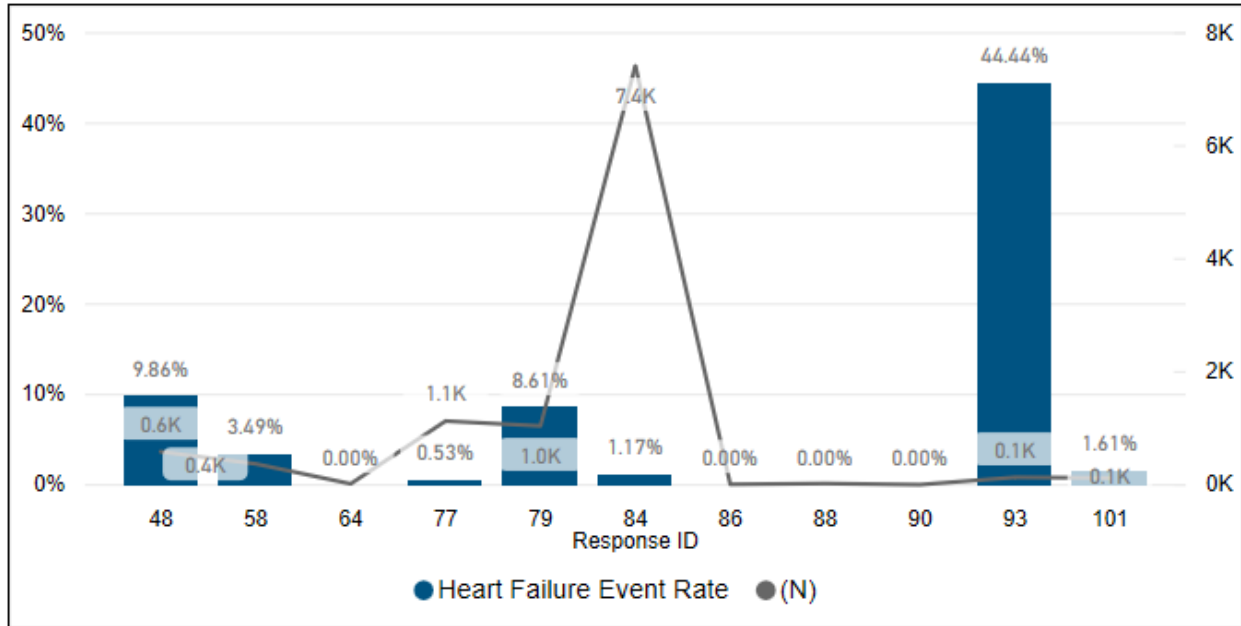


Exhibit 41: Heart Failure Event Rate (Summary Data)

Measure:	Heart Failure Event Rate				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	316	10,816	2.92%	9.96%	7
Medicaid	2,319	18,201	12.74%	11.23%	2
Medicare	47	540	8.70%	8.70%	1
All Other	64	713	8.98%	9.15%	2

Exhibit 42: Heart Failure Event Rate (Benchmark Data)

Measure:	Heart Failure Event Rate						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	44.44%	23.70%	9.24%	3.49%	1.39%	0.92%	0.53%
Medicaid	13.24%	12.84%	12.23%	11.23%	10.23%	9.63%	9.22%
Medicare	8.70%	8.70%	8.70%	8.70%	8.70%	8.70%	8.70%
All Other	11.52%	11.04%	10.33%	9.15%	7.97%	7.26%	6.79%

Measure 9 – Diabetes Short-Term Complications Event Rate (DM2012-73)

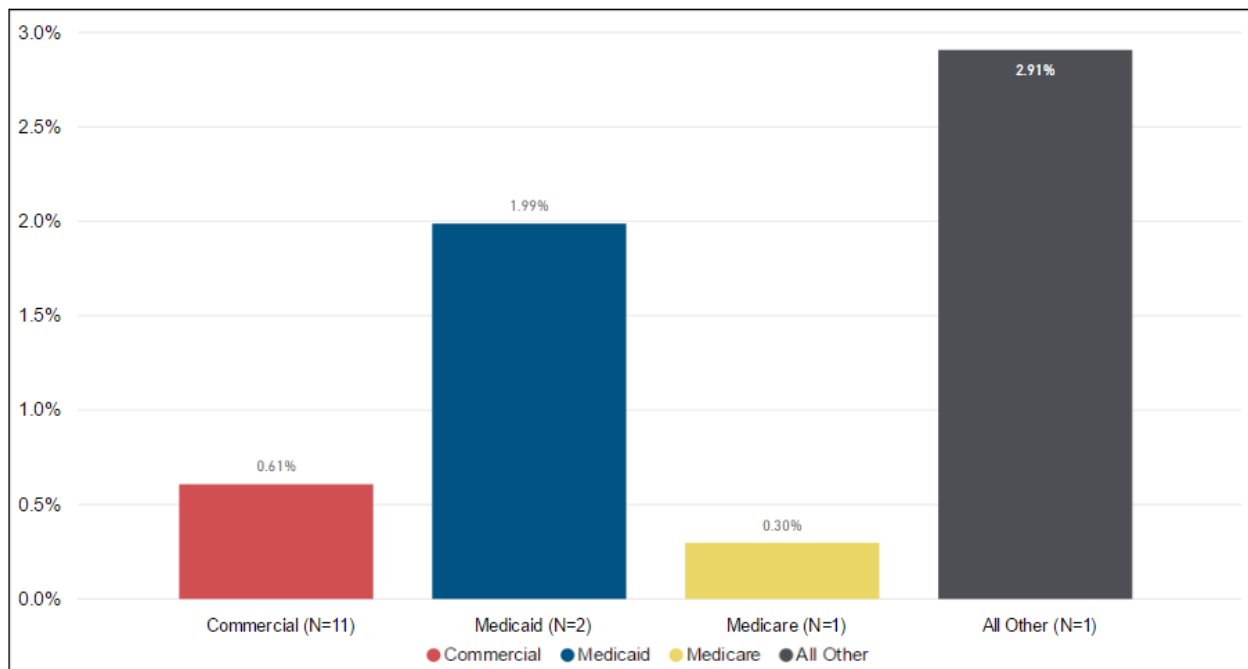
Measure Description

This *mandatory* measure assesses the number short-term diabetes complication events (ketoacidosis, hyperosmolarity, or coma) in adults 18 years and older per number of chronic diabetic adult members as of the end of the measurement period. **A lower rate represents better performance.**

Summary of Findings

Eleven organizations submitted data for Commercial, two submitted data for Medicaid, one submitted data for Medicare, and one submitted data for All Other Population. The aggregate summary rate for Commercial is 0.61% with a mean of 1.91% and median of 0.33%. One data submission (Response ID 84) had an extreme outlier denominator of 75,691 given it was a large regional organization and had a rate of 0.16%. Removing this submission results in an aggregate summary rate of 2.15% with a mean of 2.08% and median of 0.61%.

Exhibit 43: Diabetes Short-Term Complications Event Rate



Note: Lower rate represents better performance.

Exhibit 44: Diabetes Short-Term Complications Event Rate – Commercial Results

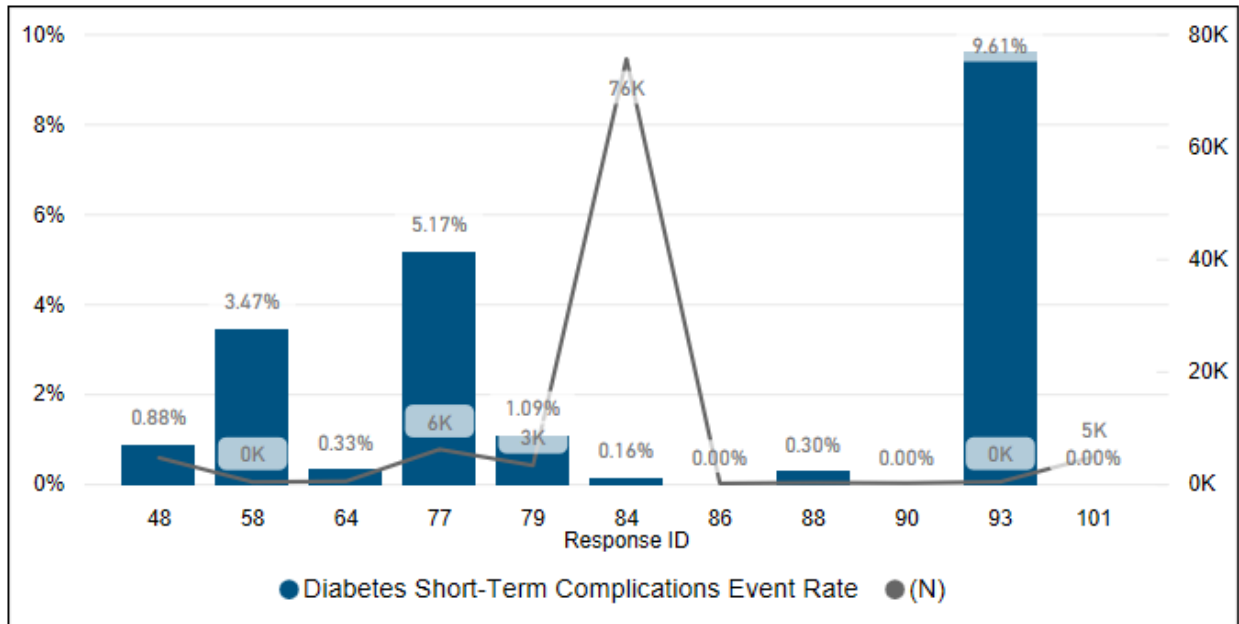


Exhibit 45: Diabetes Short-Term Complications Event Rate (Summary Data)

Measure:	Diabetes Short-Term Complications Event Rate				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	592	97,476	0.61%	1.91%	11
Medicaid	340	17,103	1.99%	1.87%	2
Medicare	1	336	0.30%	0.30%	1
All Other	100	3,439	2.91%	2.91%	1

Exhibit 46: Diabetes Short-Term Complications Event Rate (Benchmark Data)

Measure:	Diabetes Short-Term Complications Event Rate						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	9.61%	5.17%	2.28%	0.33%	0.08%	0.00%	0.00%
Medicaid	2.19%	2.13%	2.03%	1.87%	1.70%	1.60%	1.54%
Medicare	0.30%	0.30%	0.30%	0.30%	0.30%	0.30%	0.30%
All Other	2.91%	2.91%	2.91%	2.91%	2.91%	2.91%	2.91%

Measure 10 – 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) as an Exploratory Measure for Disease 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.

Measure 11 – Proportion of Days Covered (DM2012-12)

Measure Description

This *exploratory* measure assesses the percentage of patients 18 years and older who met the proportion of days covered (PDC) threshold of 80% during the measurement period. A performance rate is calculated separately for the following 10 medication categories: Beta-blockers (BB); Renin Angiotensin System (RAS) Antagonists; Calcium Channel Blockers (CCB); Biguanides; Sulfonylureas; Thiazolidinediones; DiPeptidyl Peptidase (DPP)-IV Inhibitors; Diabetes All Class; Statins; Anti-retrovirals (this measure has a threshold of 90% for at least 2 medications).

Summary of Findings

Only two organizations submitted data for Commercial category for Proportion of Days Covered. No other organizations submitted data in other categories for this measure.

Measure 12 – Drug-Drug Interactions (DM2012-26)

Measure Description

This *exploratory* measure assesses the percentage of patients who received a prescription for a target medication during the measurement period and who were dispensed a concurrent prescription for a precipitant medication.

Summary of Findings

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

Measure 13 – Adherence to Non-Warfarin Oral Anticoagulants (DM2015-01)

Measure Description

This *exploratory* measure assesses the percentage of patients 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80% during the measurement period for non-warfarin oral anticoagulants.

Summary of Findings

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

Measure 14 – Medication Therapy for Persons with Asthma (DM2012-26)

Measure Description

This *exploratory* measure assesses the percentage of participants with asthma who were dispensed more than 3 canisters of a short-acting beta2 agonist inhaler over a 90-day period and who did not receive controller therapy during the same 90-day period. Two rates are reported: Suboptimal Control, Absence of Controller Therapy.

Summary of Findings

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

Concluding Remarks

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.