



2016

URAC CASE MANAGEMENT PERFORMANCE MEASUREMENT:

AGGREGATE SUMMARY PERFORMANCE REPORT

December 2016

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Executive Summary

Presented in this report are the 2015 measurement year results on URAC's Case Management (CM) Accreditation measures. Please note that only aggregate summary rates are presented, and no individual performance results are identified for public reporting.

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 2016 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. Item Care Transition (CM2013-06)* [E]
7. Patient Activation Measure (DM2012-10)* [E]

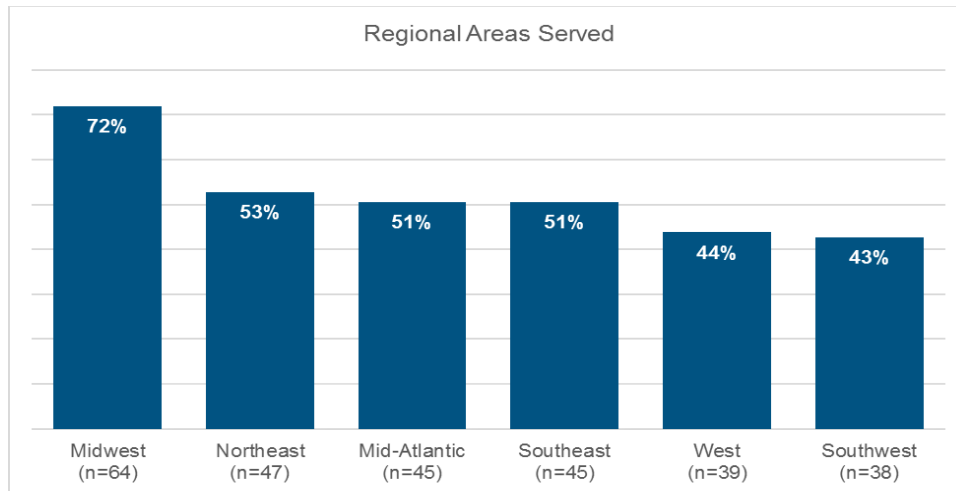
*No respondents provided data for these exploratory measures; therefore, analysis was not conducted for these measure and results are not included in this report.

For 2015, manual data review and cleaning was required, data entry errors were corrected and noted in the data files. There were no material issues impacting the calculation of aggregate statistics and benchmarks in this report. Respondents will be notified in the individual reports where data entry corrections were made.

Results: Case Management General Questions

A total of 89 URAC accredited Case Management organizations reported 2015 measurement year data for the 2016 reporting year. Seventy-two percent (n=64) of organizations served populations in the Midwest with 33% (n=29) of organizations serving all six regions. The other five regions were distributed relatively evenly ranging from 43% to 53% (Exhibit 1).

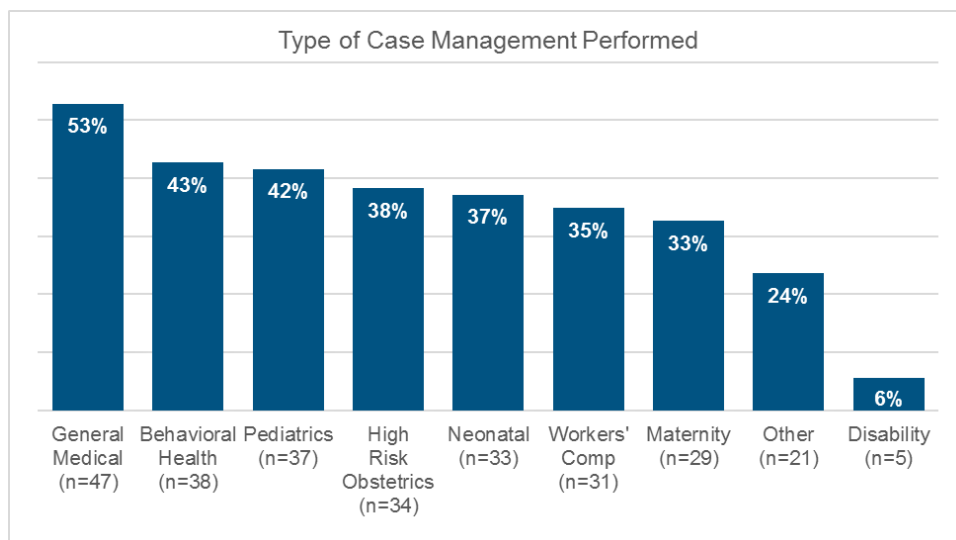
Exhibit 1: Regional Areas Served



Note: Multiple responses accepted.

Most organizations (53%, n=47) performed general medical case management (Exhibit 2). Overall, most case management organizations provided services that were classified as “general medical” followed by specialty areas such as behavioral health and pediatrics. Case management companies indicated that there are few providers of services for disability. Responses indicated as “Other” include, but are not limited to, Medical Catastrophic, Transplant, Oncology, Geriatric, Surgical, and Long Term Support.

Exhibit 2: Type of Case Management Performed



Note: Multiple responses accepted.

Fifty-seven percent (n=51) of organizations reported managing less than 1,000 unique cases during the 2015 calendar year (Exhibit 3 and Exhibit 4). Thirty-eight percent (n=34) managed less than 300 unique cases and 19% managed over 40,000 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)

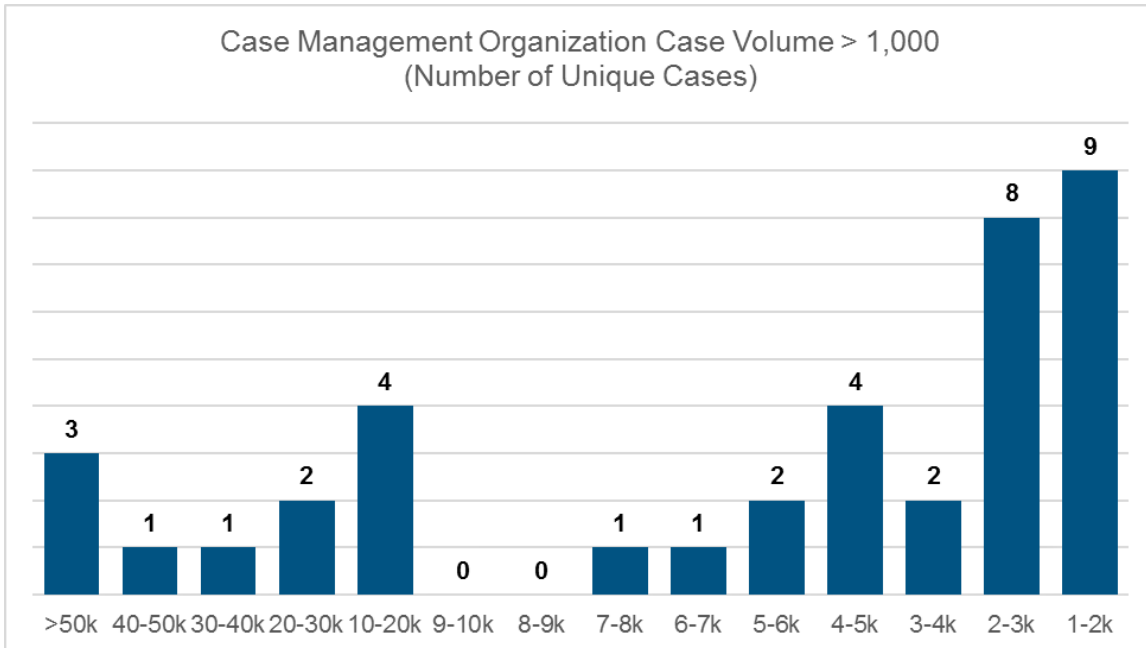
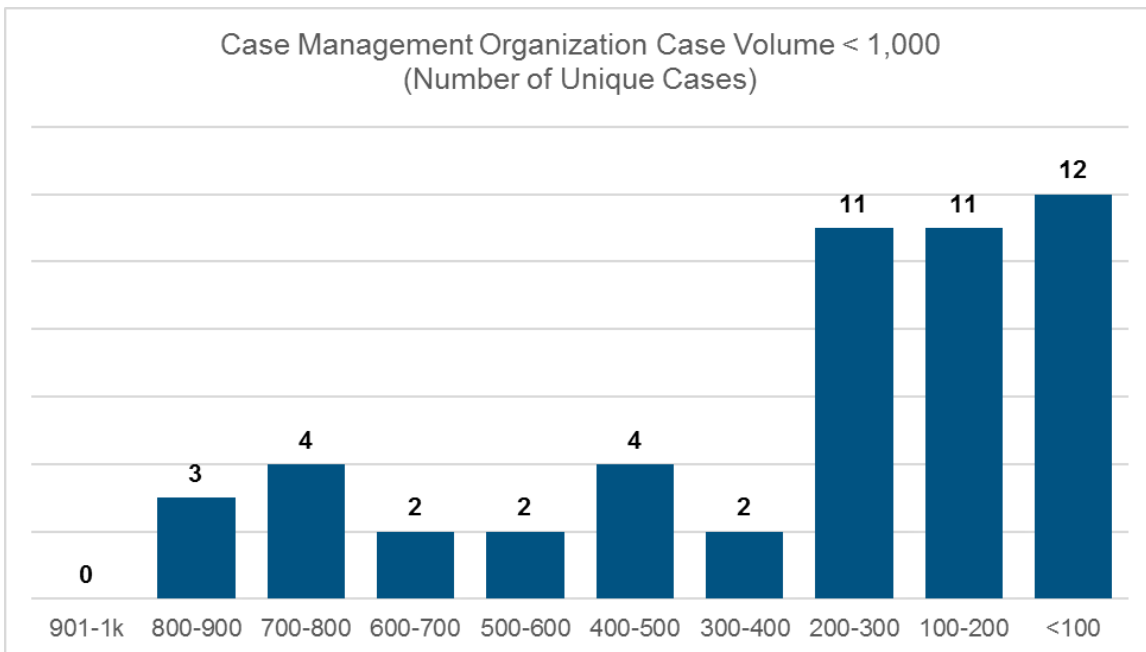


Exhibit 4: Case Management Organization Case Volume <1,000 (Number of Unique Cases)



Fifty-one percent (n=45) of organizations reported tracking the number of consumers with a hospital re-

admission after discharge from an acute care facility, and 71% (n=32) verify that readmissions are correctly coded (Exhibit 5). Of the organizations tracking hospital readmissions, two-thirds track hospital readmissions through Utilization Management Process or claims data, and 84% (n=38) become aware of hospital readmissions within 30 days of discharge (Exhibit 6 and Exhibit 7). In addition, of the organizations that indicated that they are not planning to track and measure hospital readmissions after discharge, 91% (n=40) stated that they are not planning to use this indicator in the future (Exhibit 8).

Only half of accredited organizations are able to track hospital re-admissions, less than three quarters verifying that readmissions are correctly coded, and 41 organizations indicated “no plans to measure readmission.”

Exhibit 5: Case Management Organizations that Track and Verify Readmissions

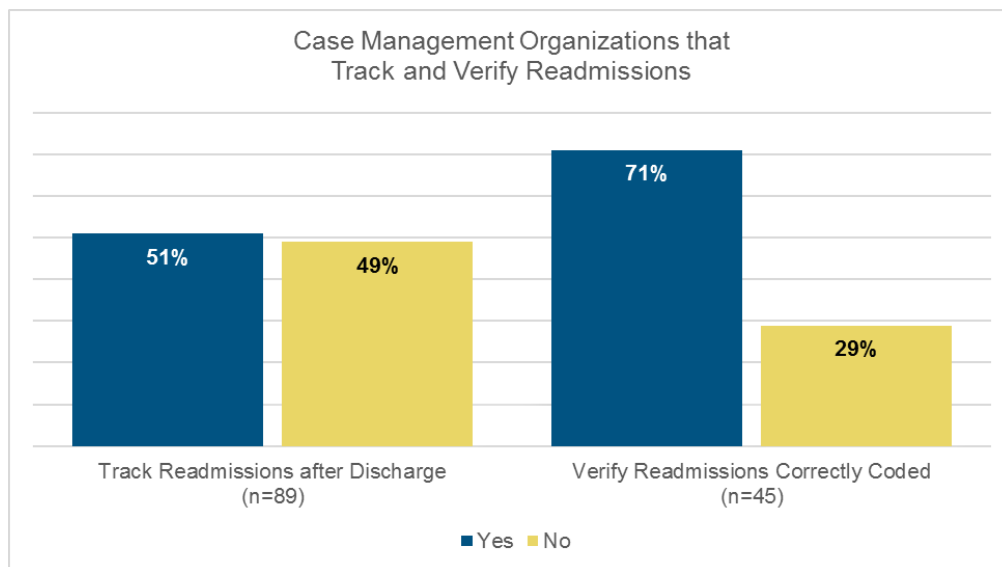
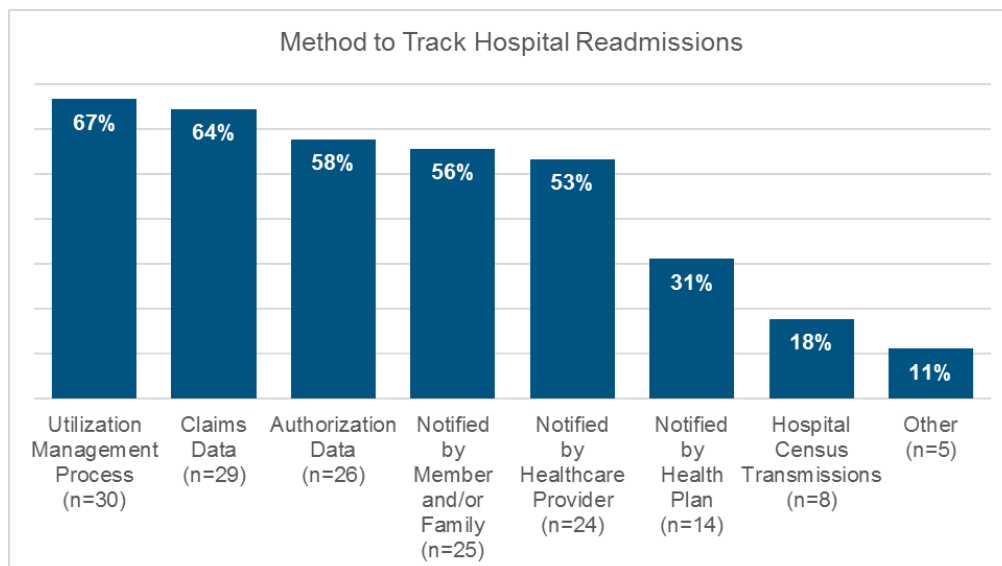
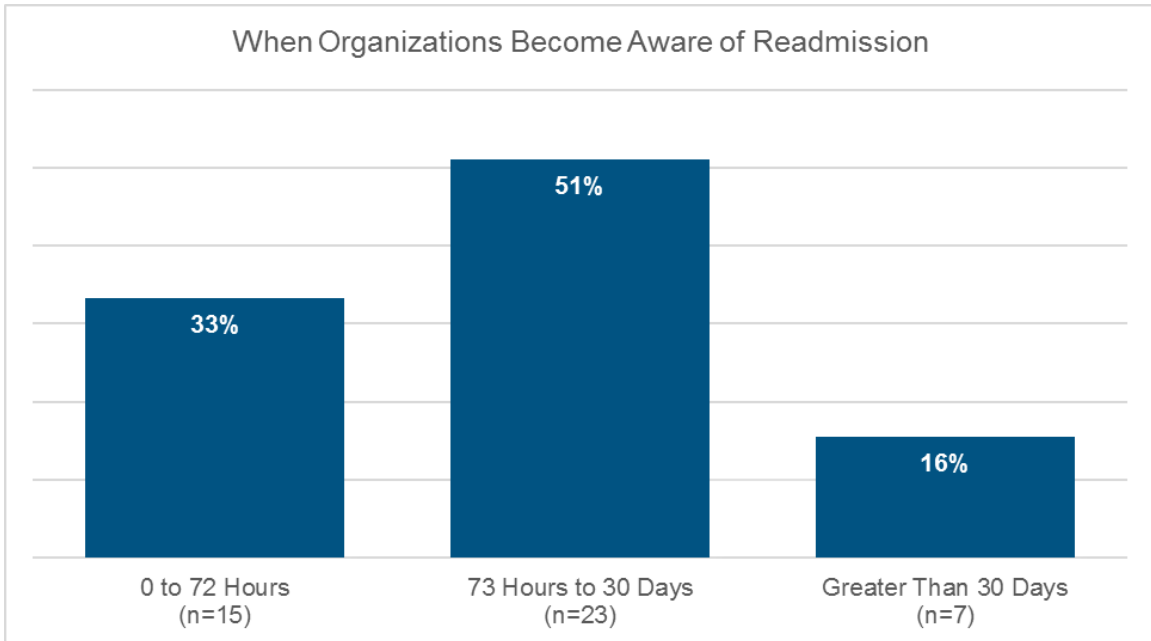


Exhibit 6: Method to Track Hospital Readmissions



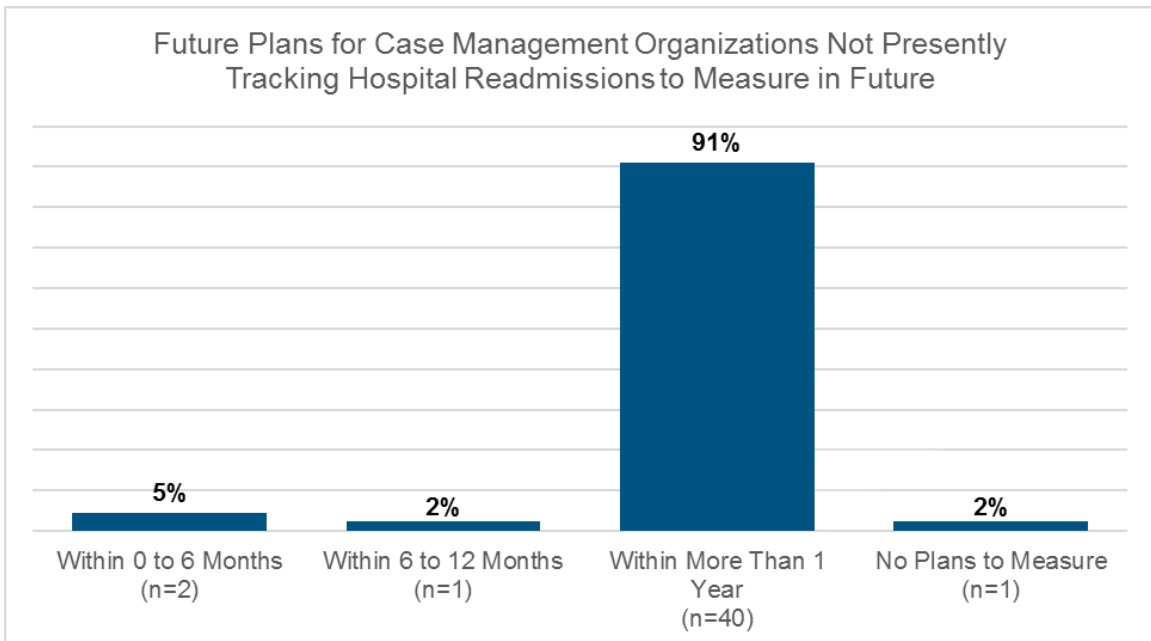
Note: Multiple responses accepted. Responses indicated as “Other” did not capture the write in response in survey tool.

Exhibit 7: When Organizations Become Aware of Readmission



Note: Represents the 45 organizations tracking readmissions.

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



Note: Represents the 44 organizations not currently tracking hospital readmissions.

Results: Case Management Measures

Eighty-nine URAC accredited Case Management organizations reported on 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 indicates better performance for this measure.

Summary of Findings:

Six organizations reported a rate for unscheduled readmissions to an acute care hospital within 30 days of discharge and of those three organizations reported a rate for unscheduled readmissions to an acute care hospital within 72 hours of discharge (Exhibit 9). Aggregate results were strongly influenced by Response ID # 92 given the large denominator size of 1,418 (typical denominators for this measure are less than 200). Response ID # 37 reported a denominator for both measures, and did not have any numerator positives (reported rate = 0.0%). Response ID # 144 had a variance in denominator sizes for the two measures.

Given that 45 organizations responded in the General Questions section that they are tracking hospital readmissions, only six organizations reported data for the 30 Day measure (Exhibit 9 and Exhibit 10). For the organizations that did report data for these measures, they should be recognized for participation regardless of performance result.

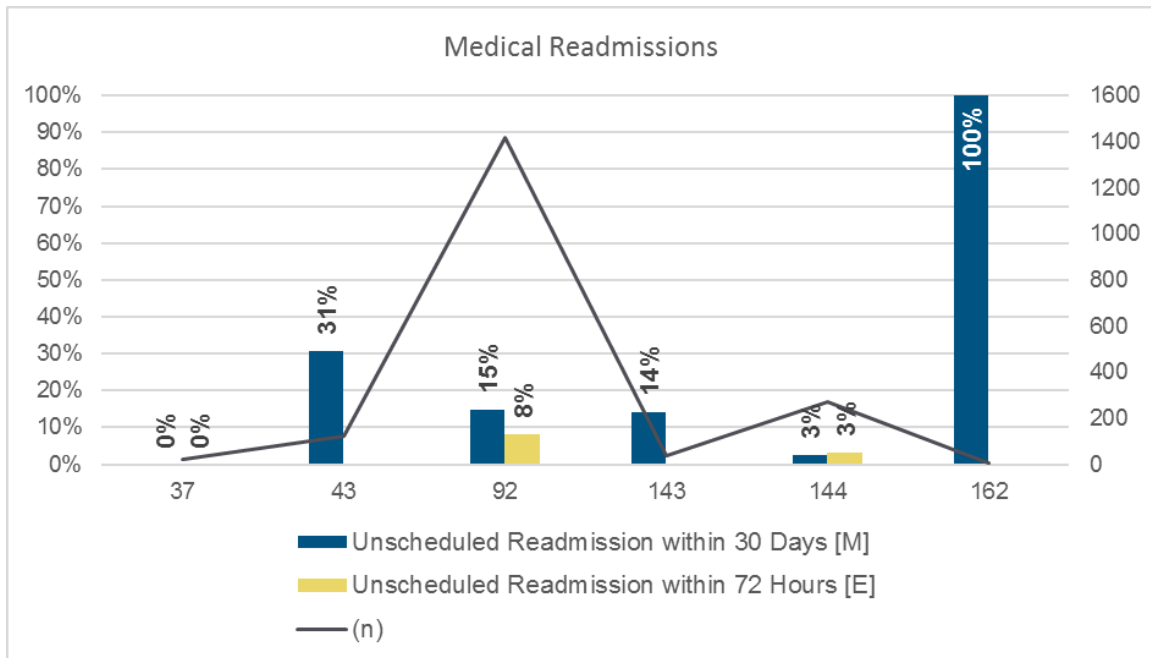
A limitation to the exploratory measure of 72 hours may be impacted by the ability to capture claims data in a timely manner if the organization is highly reliant upon data transactions versus other methods of tracking hospital readmissions.

Exhibit 9: Medical Readmissions (Summary Data)

| Unscheduled Readmission to an Acute Care Hospital within: | Total Numerator | Total Denominator | Aggregate Sum Rate | Number of Reports |
|---|-----------------|-------------------|--------------------|-------------------|
| 30 Days of Discharge [M] | 267 | 1,873 | 14.3% | 6 |
| 72 Hours of Discharge [E] | 118 | 1,501 | 7.9% | 3 |

Note: Excludes Behavioral Health and Disability and Workers Compensation Populations.

Exhibit 10: Medical Readmissions



Note: Six organizations reported the within 30 Day measure [M] and three (Response ID # 37, 92, 144) reported the within 72 Hour measure [E]. The (n) line represents the denominator size of the 30 Day measure for each data submission.

Exhibit 11: Medical Readmissions (Benchmarks and Percentiles)

| Unscheduled Readmission to an Acute Care Hospital within: | Min | 90 th | 75 th | 50 th | 25 th | 10 th | Max |
|---|------|------------------|------------------|------------------|------------------|------------------|------|
| 30 Days of Discharge [M] | 0.0% | 1.3% | 5.5% | 14.6% | 26.8% | 65.4% | 100% |
| 72 Hours of Discharge [E] | 0.0% | 0.7% | 1.7% | 3.3% | 5.7% | 7.2% | 8.1% |

Note: Excludes Behavioral Health and Disability and Workers Compensation Populations. Benchmarks and percentiles are reversed to demonstrate that a lower result indicates better performance. The percentiles are also limited by the small sample size of organizations reporting data for this measure.

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

Measure Description:

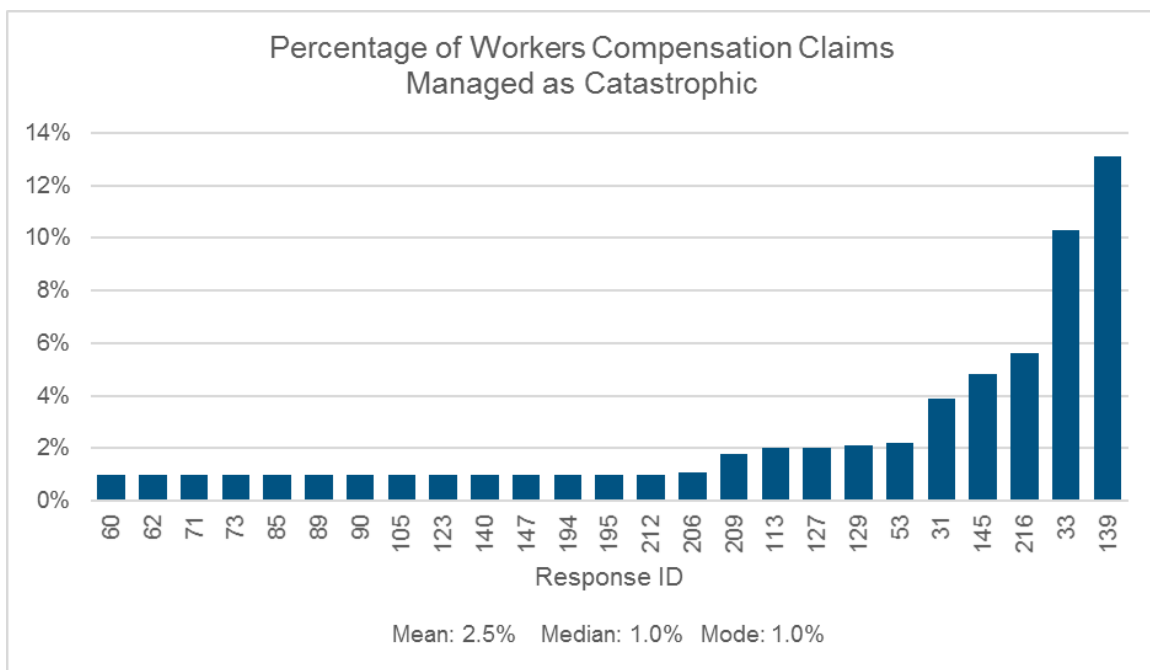
This measure assesses the percentage of disability or workers’ compensation case management cases that were managed for return to work (RTW) and whose participants were medically released to work in a specified time frame during the measurement period. This measure has two parts and reporting is *mandatory* 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; however, small sample size allowed for reporting of Workers Compensation only. There were 25 organizations reporting across the measures. Eight organizations reported data for both Part A and Part B, 15 for Part A only, and seven for Part B only. There were some inconsistencies in interpretation of reporting denominators by stratification. The data was adjusted to be consistent with measure specifications. Stratifications with no denominators and/or data limitations are noted below.

The mean percentage of workers’ compensation managed as catastrophic is 2.5%, with over 50% managing 1% or less as catastrophic, and 8% managing 10% or greater as catastrophic (Exhibit 12).

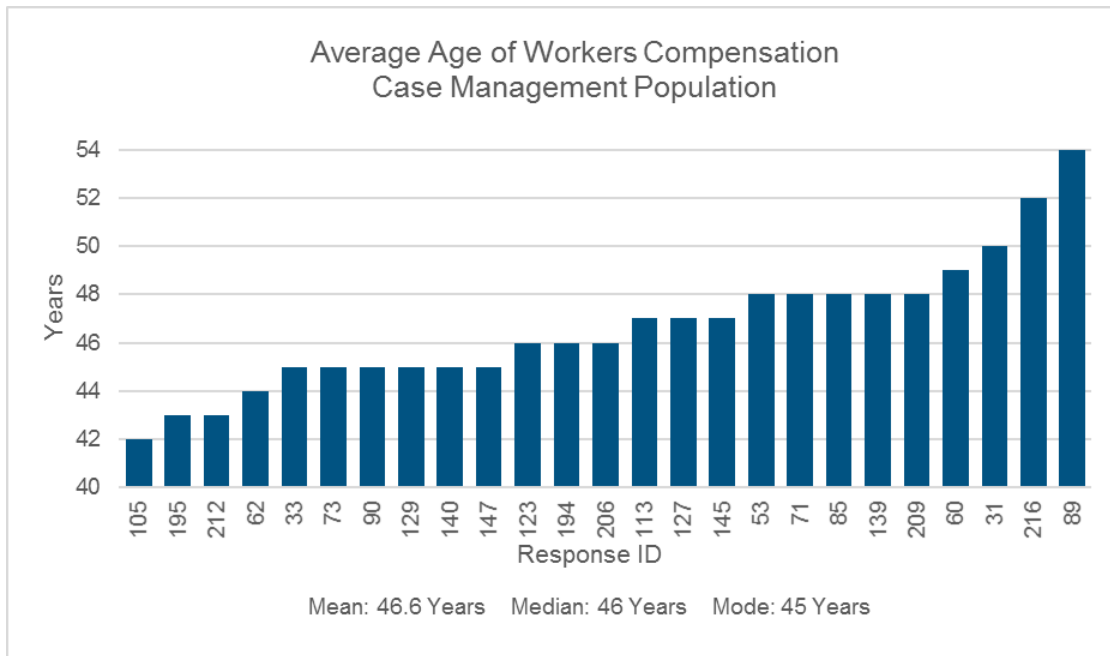
Exhibit 12: Percentage of Workers Compensation Claims Managed as Catastrophic



Note: Chart displayed from lowest to highest percentage.

The average age was 46.6 years for workers' compensation claims managed as catastrophic with a Median age of 46 years and the Mode age of 45 years (Exhibit 13).

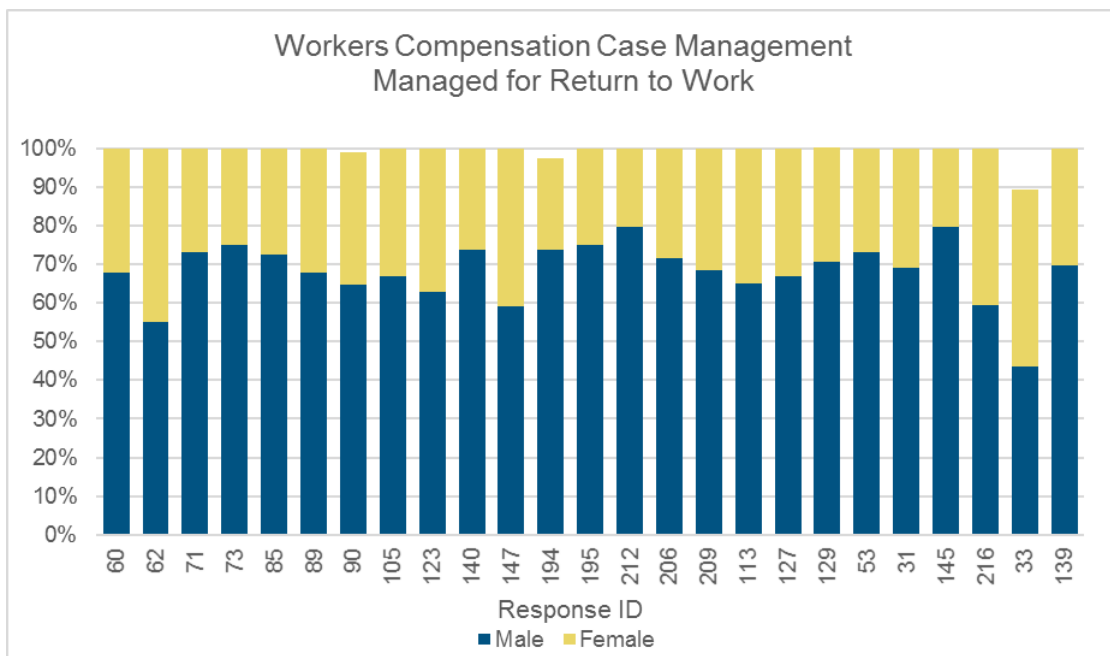
Exhibit 13: Average Age of Workers Compensation Case Management Population



Note: Chart displayed from lowest to highest mean age per respondent.

Sixty-eight percent of the population are male and 32% are female. (Exhibit 14). Data anomalies were seen in five responses where total gender was less than 100% or greater than 100%, but overall the results show a two-thirds to one-third mix of genders.

Exhibit 14: Workers Compensation Case Management Managed for Return to Work



Note: Response ID # 33, 90, 127, and 194 did not sum to 100% and Response ID# 129 was over 106%.

Measure Results – Part A: Telephonic Case Management

Twenty-three organizations reported on Part A with eight reporting on Part B as well. Normalization of five denominators was completed, given inconsistencies in reported denominators with seven reporting the same denominator across the stratifications for time from onset to referral to case management. The common denominator across stratifications was not corrected given the inability to determine appropriate number. One respondent did not report any cases that were referred over 30 days. An Unknown Return To Work category was created for the sum of each stratification to equal 100%.

Over 50% of cases that are referred to case management within seven days RTW within 90 days; however, 34% of cases are not reported for RTW for the stratification. Over 36% of cases that are referred to case management within eight to 14 days RTW within 90 days, 32% of cases that are referred to case management within 15 to 30 days RTW within 90 days, and 27% of cases that are referred to case management after 30 days RTW within 90 days. Similar proportion of unknown RTW days across these stratifications was observed. 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 (Exhibit 15 through Exhibit 18).

Telephonic Case Management (Part A) outperforms Field Case Management (Part B). RTW results are higher across the stratifications when comparing Part A and Part B results. Within Telephonic Case Management, the shorter the time of referral to case management infers the sooner the individual can return to work. There appears to be little to no difference in RTW for referral between the 8-14 Days and 15-30 Days categories. Tests of statistical significant differences were not conducted given small sample sizes and data validation limitations.

Exhibit 15: Telephonic Case Management – Workers Compensation Case Management (Summary Data)

| Stratification | | Total Numerator | Total Denominator | Aggregate Sum Rate | Number of Reports |
|---|--|-----------------|-------------------|--------------------|-------------------|
| 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 | 7,185 | 13,648 | 52.6% | 23 |
| | 91 to 180 days | 1,070 | 13,648 | 7.7% | 23 |
| | 181 to 360 days | 424 | 13,648 | 3.1% | 23 |
| | Over 360 days | 262 | 13,648 | 1.9% | 23 |
| 8 to 14 days | 1 to 90 days | 4,122 | 11,406 | 36.1% | 23 |
| | 91 to 180 days | 663 | 11,406 | 5.8% | 23 |
| | 181 to 360 days | 265 | 11,406 | 2.3% | 23 |
| | Over 360 days | 280 | 11,406 | 2.5% | 23 |
| 15 to 30 days | 1 to 90 days | 3,660 | 11,473 | 31.9% | 23 |
| | 91 to 180 days | 682 | 11,471 | 5.9% | 23 |
| | 181 to 360 days | 291 | 11,471 | 2.5% | 23 |
| | Over 360 days | 293 | 11,429 | 2.6% | 23 |
| Over 30 days | 1 to 90 days | 4,113 | 15,522 | 26.5% | 22 |
| | 91 to 180 days | 1,672 | 15,522 | 10.8% | 22 |
| | 181 to 360 days | 1,503 | 15,522 | 9.7% | 22 |
| | Over 360 days | 1,565 | 15,513 | 10.1% | 22 |

Exhibit 16: Telephonic Case Management for Workers Compensation by Time to Referral

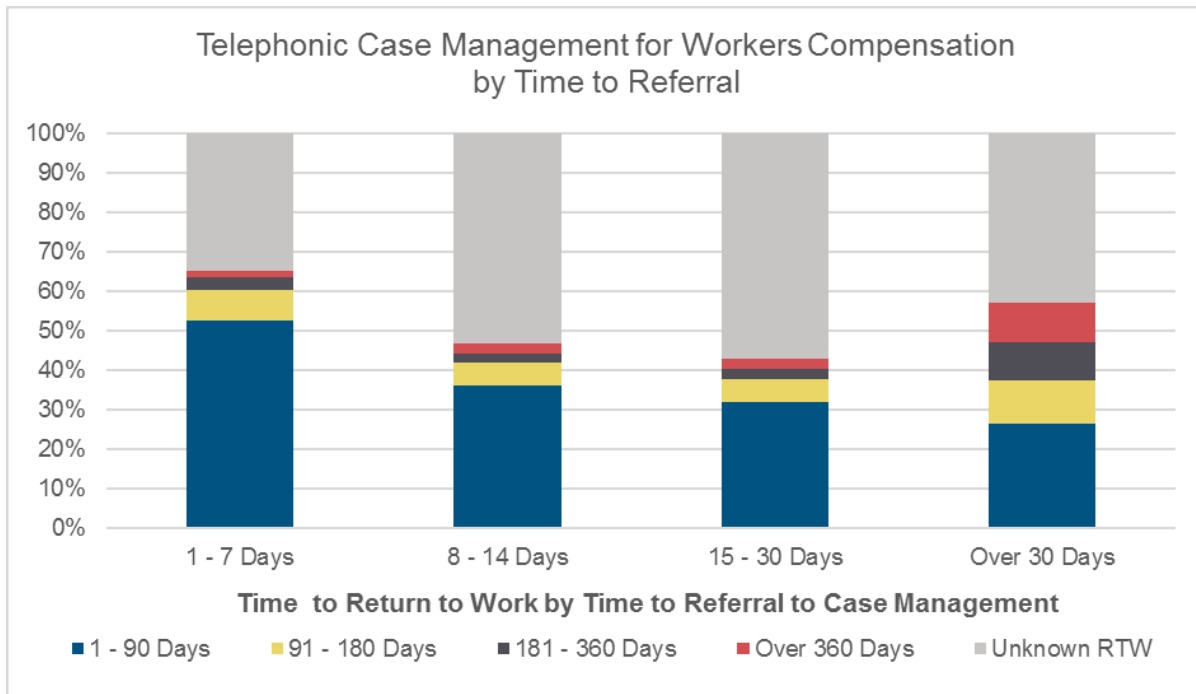
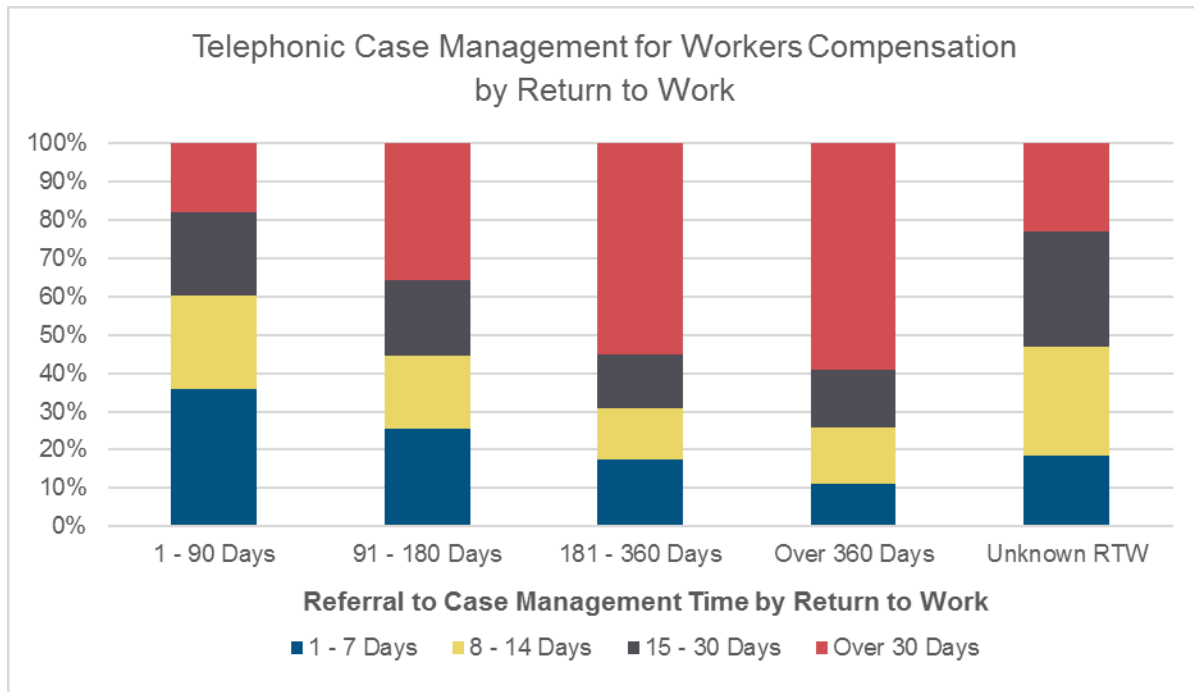


Exhibit 17: Telephonic Case Management – Workers Compensation Case Management (Benchmarks and Percentiles)

| Stratification | | Min | 10 th | 25 th | 50 th | 75 th | 90 th | Max |
|----------------|-----------------|-------|------------------|------------------|------------------|------------------|------------------|-------|
| 1 to 7 days | 1 to 90 days | 12.7% | 26.1% | 32.8% | 61.2% | 75.4% | 78.4% | 100% |
| | 91 to 180 days | 0.0% | 4.4% | 5.8% | 7.6% | 15.0% | 18.1% | 35.3% |
| | 181 to 360 days | 0.0% | 0.7% | 1.9% | 3.8% | 7.2% | 11.4% | 17.7% |
| | Over 360 days | 0.0% | 0.0% | 0.0% | 0.5% | 1.9% | 5.5% | 8.5% |
| 8 to 14 days | 1 to 90 days | 0.0% | 9.0% | 15.7% | 60.0% | 73.9% | 81.3% | 87.5% |
| | 91 to 180 days | 0.0% | 1.7% | 2.2% | 8.2% | 15.2% | 23.0% | 30.0% |
| | 181 to 360 days | 0.0% | 0.0% | 0.1% | 2.8% | 4.5% | 9.7% | 14.3% |
| | Over 360 days | 0.0% | 0.0% | 0.0% | 0.0% | 1.1% | 4.0% | 8.7% |
| 15 to 30 days | 1 to 90 days | 2.0% | 7.0% | 13.7% | 44.4% | 67.0% | 87.3% | 100% |
| | 91 to 180 days | 0.0% | 0.1% | 1.8% | 4.4% | 12.7% | 24.7% | 42.9% |
| | 181 to 360 days | 0.0% | 0.0% | 0.0% | 0.9% | 4.7% | 12.0% | 26.5% |
| | Over 360 days | 0.0% | 0.0% | 0.0% | 0.0% | 0.5% | 6.5% | 22.2% |
| Over 30 days | 1 to 90 days | 0.0% | 1.5% | 5.2% | 16.6% | 32.7% | 45.8% | 99.3% |
| | 91 to 180 days | 0.0% | 0.0% | 0.8% | 5.7% | 19.5% | 32.6% | 100% |
| | 181 to 360 days | 0.0% | 0.0% | 0.4% | 2.8% | 12.3% | 28.8% | 44.4% |
| | Over 360 days | 0.0% | 0.0% | 0.0% | 0.0% | 16.4% | 20.0% | 48.7% |

Exhibit 18: Telephonic Case Management for Workers Compensation by Return to Work



Measure Results – Part B: Field Case Management

Fifteen organizations reported on Part B with eight of those reporting for Part A as well. Normalization of three denominators was completed given inconsistencies in reported denominators with six reporting the same denominator across the stratifications for time from onset to referral to case management. The common denominator across stratifications was not corrected as unable to determine appropriate number. One respondent did not report any cases that were referred 8 to 14 Days stratification. An Unknown Return To Work was created for the sum of each stratification to equal 100%.

Field Case Management performs lower than Telephonic Case Management, but similar trends occur across the stratifications. The lower performance with Field Case Management may be a result of more challenging logistics (e.g., scheduling) vs. an ease of reaching clients via telephone. Within Field Case Management, the shorter the time of referral to case management infers the sooner the individual can return to work. There appears to be little to no difference in RTW for referral between the 8-14 Days and 15-30 Days categories Exhibit 19 through Exhibit 22). Tests of statistical significant differences were not conducted given small sample sizes and data validation limitations. Over 35% of cases that are referred to case management within seven days, RTW within 90 days; however, 47% of cases are not reported for RTW for the stratification. Over 18% of cases that are referred to case management within eight to 14 days RTW within 90 days, 21% of cases that are referred to case management within 15 to 30 days RTW within 90 days, and 24% of cases that are referred to case management within after 30 days RTW within 90 days. Similar proportion of unknown RTW days across these satisfactions was observed. Based on the data reported, there is directionality in RTW days where referrals occur sooner. Longer RTW days are seen when cases are not referred within 30 days.

Exhibit 19: Field Case Management – Workers Compensation Case Management (Summary Data)

| Stratification | | Total Numerator | Total Denominator | Aggregate Sum Rate | Number of Reports |
|---|--|-----------------|-------------------|--------------------|-------------------|
| 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 | 2837 | 7921 | 35.8% | 15 |
| | 91 to 180 days | 800 | 7921 | 10.1% | 15 |
| | 181 to 360 days | 362 | 7921 | 4.6% | 15 |
| | Over 360 days | 159 | 7274 | 2.2% | 15 |
| 8 to 14 days | 1 to 90 days | 1145 | 6265 | 18.3% | 14 |
| | 91 to 180 days | 325 | 6265 | 5.2% | 14 |
| | 181 to 360 days | 161 | 6265 | 2.6% | 14 |
| | Over 360 days | 53 | 6265 | 0.8% | 14 |
| 15 to 30 days | 1 to 90 days | 1389 | 6792 | 20.5% | 15 |
| | 91 to 180 days | 565 | 6792 | 8.3% | 15 |
| | 181 to 360 days | 210 | 6792 | 3.4% | 15 |
| | Over 360 days | 69 | 6792 | 1.1% | 15 |
| Over 30 days | 1 to 90 days | 2420 | 10221 | 23.7% | 15 |
| | 91 to 180 days | 1731 | 10221 | 16.9% | 15 |
| | 181 to 360 days | 1490 | 10221 | 14.6% | 15 |
| | Over 360 days | 1356 | 10221 | 13.3% | 15 |

Exhibit 20: Field Case Management for Workers Compensation by Time to Referral

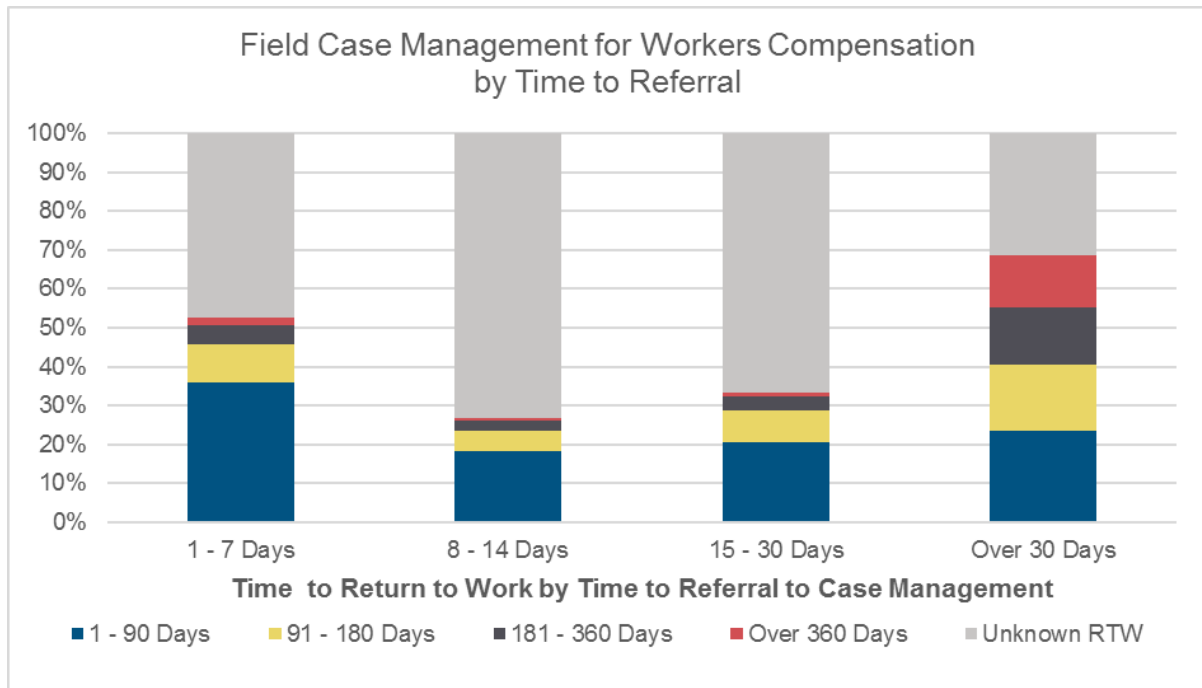
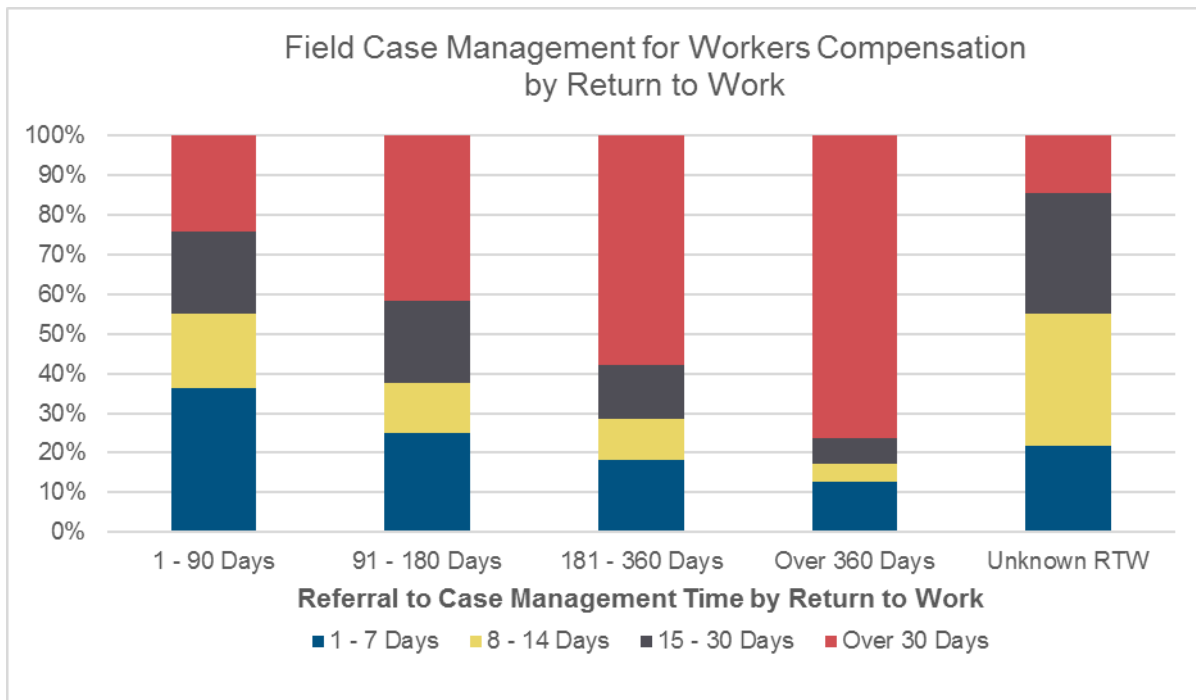


Exhibit 21: Field Case Management – Workers Compensation Case Management
 (Benchmarks and Percentiles)

| Stratification | | | | | | | | |
|---|--|-------|------------------|------------------|------------------|------------------|------------------|------|
| Time from onset of lost time to referral to case management (calendar days) | Time between onset of lost time to medical release | Min | 10 th | 25 th | 50 th | 75 th | 90 th | Max |
| 1 to 7 days | 1 to 90 days | 11.0% | 11.8% | 20.1% | 40.9% | 59.6% | 78.1% | 100% |
| | 91 to 180 days | 0.0% | 0.8% | 2.7% | 5.3% | 20.0% | 29.3% | 100% |
| | 181 to 360 days | 0.0% | 0.2% | 0.8% | 2.3% | 11.9% | 46.5% | 100% |
| | Over 360 days | 0.0% | 0.0% | 0.0% | 0.1% | 2.8% | 10.2% | 100% |
| 8 to 14 days | 1 to 90 days | 5.5% | 6.8% | 8.9% | 16.5% | 58.4% | 83.1% | 100% |
| | 91 to 180 days | 0.0% | 0.5% | 1.2% | 1.9% | 21.0% | 41.0% | 100% |
| | 181 to 360 days | 0.0% | 0.0% | 0.0% | 0.6% | 10.5% | 21.0% | 100% |
| | Over 360 days | 0.0% | 0.0% | 0.0% | 0.5% | 2.5% | 8.9% | 100% |
| 15 to 30 days | 1 to 90 days | 6.8% | 6.9% | 9.1% | 13.8% | 62.5% | 86.7% | 100% |
| | 91 to 180 days | 0.0% | 0.4% | 1.2% | 2.5% | 28.4% | 48.3% | 100% |
| | 181 to 360 days | 0.0% | 0.0% | 0.0% | 0.7% | 8.1% | 10.6% | 100% |
| | Over 360 days | 0.0% | 0.0% | 0.0% | 0.1% | 2.0% | 3.4% | 100% |
| Over 30 days | 1 to 90 days | 5.8% | 8.3% | 13.6% | 26.2% | 42.2% | 48.6% | 100% |
| | 91 to 180 days | 0.0% | 3.3% | 6.3% | 12.0% | 25.8% | 48.1% | 100% |
| | 181 to 360 days | 0.0% | 3.0% | 4.7% | 10.9% | 20.4% | 28.0% | 100% |
| | Over 360 days | 0.0% | 0.8% | 1.9% | 7.0% | 20.3% | 30.1% | 100% |

Exhibit 22: Field Case Management for Workers Compensation by Return to Work



Measure 3 – Complaint Response Timeliness (CM2013-03)

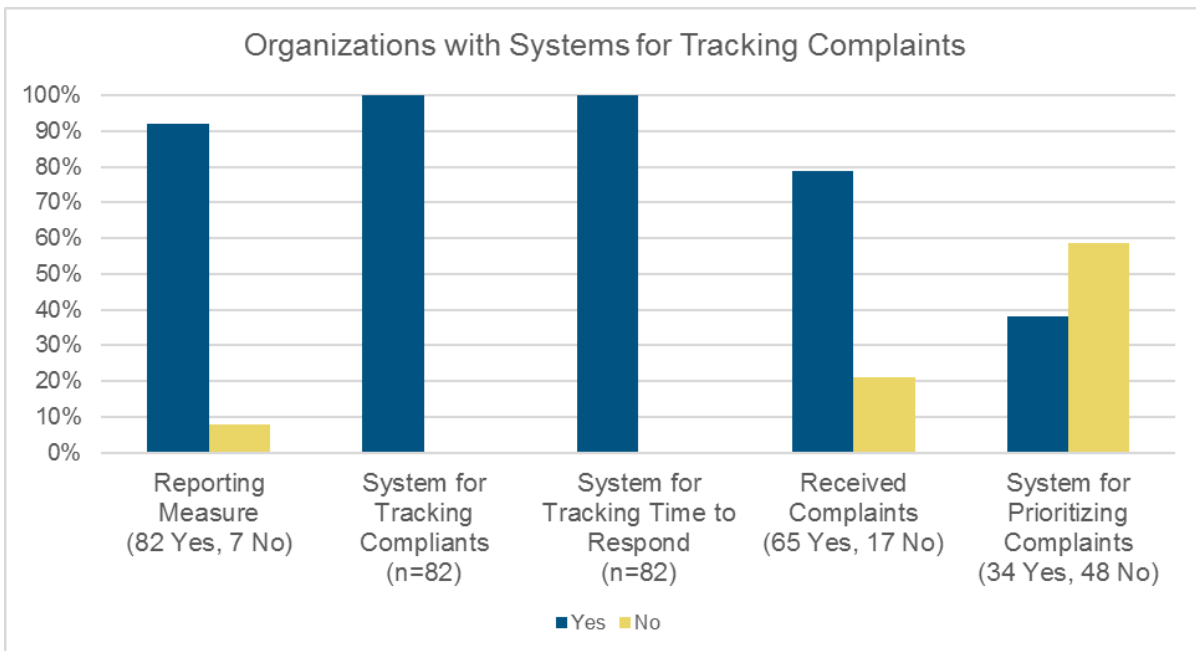
Measure Description:

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.

Summary of Findings:

A total of 82 organizations submitted data for this measure. All organizations that reported this measure indicated they have a system to track complaints received from consumers and a system to track response time. Only 42% (n=34) of organizations have a system capable of prioritizing complaints (Exhibit 23). Organizations typically have an average goal of 15 business days' response time (Range: 1 to 90 business days) and in aggregate, 78% of complaints are responded to within set goal time frames with 67% reporting 100% and 21% reporting No Complaints. The remaining 12% (n=9) reported rates ranging from 1.4% to 96.6%. On average, organizations respond to consumer complaints within six business days; however, 13% (n=11) of organizations indicated that there is variation in this time frame across programs offered and more urgent complaints are resolved more quickly. 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 23: Organizations with Systems for Tracking Complaints



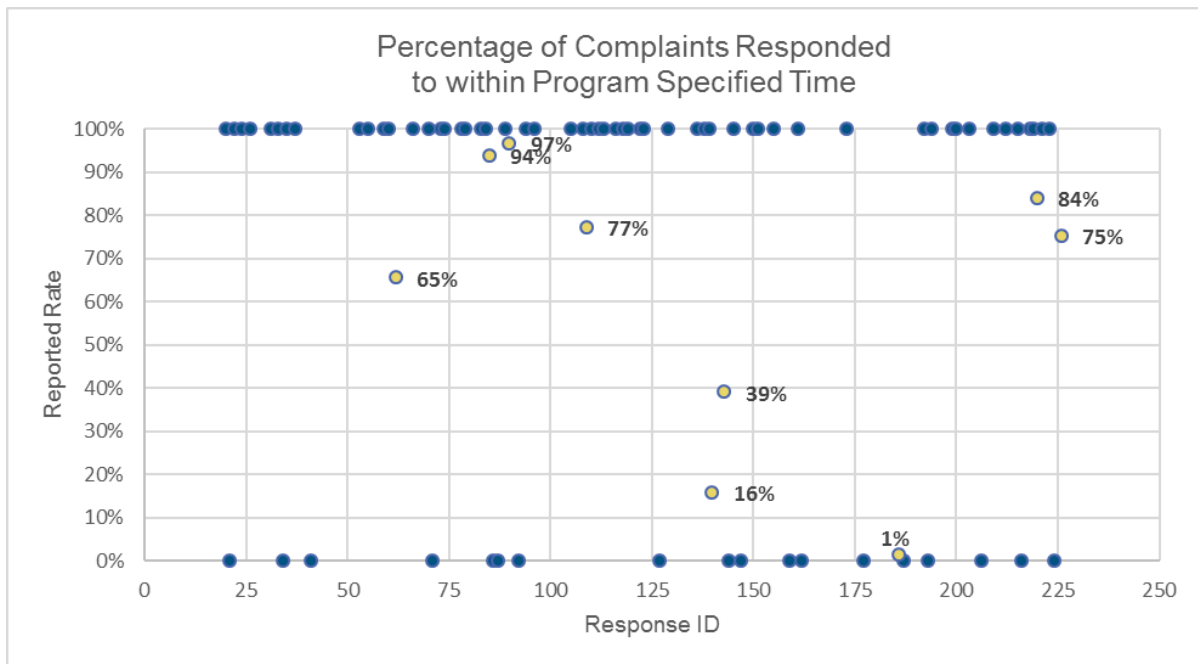
Measure Results – Part A: Percentage of Complaints Responded to Within Program-Specified Timeframe for this Measurement Period

Thirty respondents indicated a goal response timeframe of 20 business days or greater with one of 90 days. The low bar results in the percentiles being skewed towards 100% of goal achieved. There were two respondents that indicated they were not reporting the measure; however, they indicated in their rationale that they only received one or two complaints. There was a data anomaly for one organization where it reported a goal of 30 days and had an average response time of less than three days, but reported 65% of complaints responded to within program specified timeframe.

Exhibit 24: Percentage of Complaints Responded to Within Program-Specified Timeframe (Summary Data, Benchmarks, and Percentiles)

| Across all CM Programs | | Total Numerator | Total Denominator | Aggregate Sum Rate | Number of Reports | |
|----------------------------|------------------|------------------|-------------------|--------------------|-------------------|------|
| | | 667 | 860 | 77.6% | 82 | |
| Benchmarks and Percentiles | | | | | | |
| Min | 10 th | 25 th | 50 th | 75 th | 90 th | Max |
| 1.4% | 86.8% | 100% | 100% | 100% | 100% | 100% |

Exhibit 25: Percentage of Complaints Responded to Within Program Specified Timeframe



Note: Responses at 0.0% represent No Complaints received and Not Applicable (n=18) and 67% reporting 100% (n=55). Use of scatter plot to display wide variation in submitted rates.

Measure Results – Part B: Average Time for Complaint Response for this Measurement Period

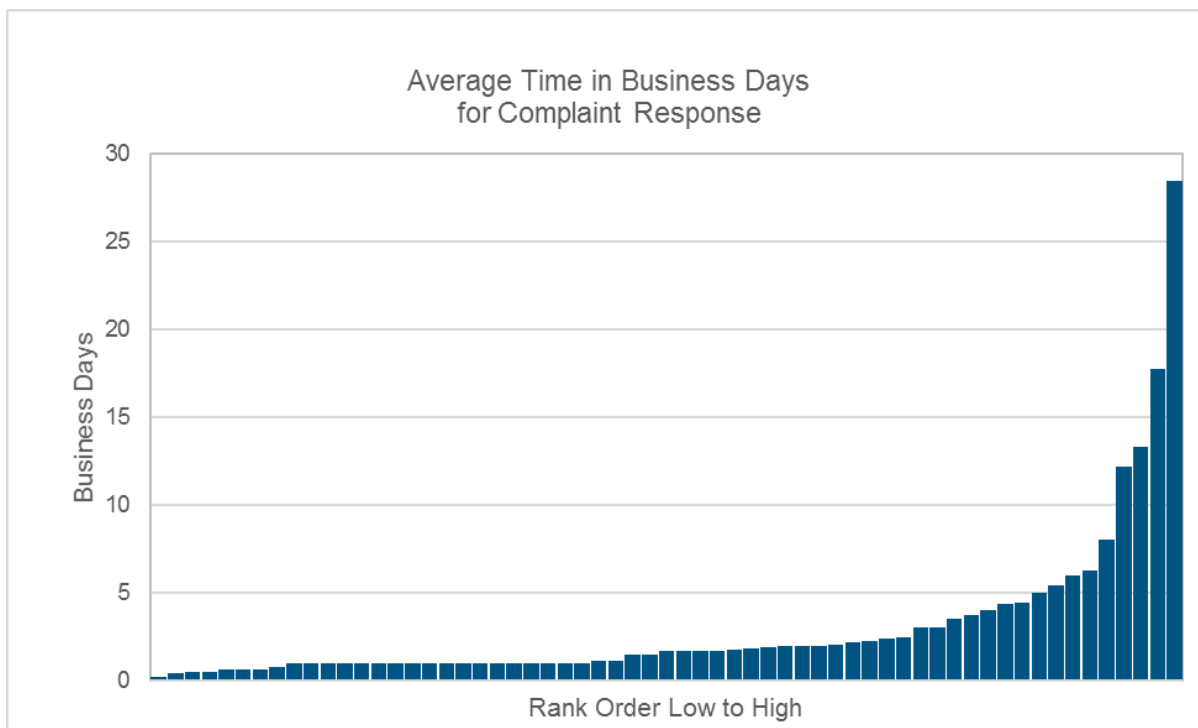
Overall, the performance of this measure is acceptable in that complaints received a substantive response within six days across all populations. The contemplated measures would count the number of cases responded to within 10 and five days over the total number of complaints received by the organization. The aggregate summary rate and percentiles for current data support this recommendation for continuous quality improvement and performance differentiation. Additionally, a member experience survey measure would allow for determining exceptional customer service levels.

Exhibit 26: Average Time for Complaint Response (Summary Data, Benchmarks, and Percentiles)

| Across all CM Programs | | Total Sum Days | Total Sum Complaints | Aggregate Sum Rate | Number of Reports | |
|----------------------------|------------------|------------------|----------------------|--------------------|-------------------|-----------|
| | | 4306 | 736 | 5.9 Days | 62 | |
| Benchmarks and Percentiles | | | | | | |
| Min | 90 th | 75 th | 50 th | 25 th | 10 th | Max |
| 0.0 Days | 0.7 Days | 1.0 Days | 1.6 Days | 2.9 Days | 5.9 Days | 28.4 Days |

Note: Benchmarks and percentiles are reversed to align with a lower result indicates better performance.

Exhibit 27: Average Time for Complaint Response



Note: Eighty-five percent of organizations reported less than five days for average time to response.

Measure 4 – Overall Consumer Satisfaction (CM2013-04)

Description:

This 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 59 organizations submitted data for this measure. Seventy percent (n=41) of organizations reported using an internally developed consumer satisfaction survey, and roughly 19% (n=11) indicated using both an internally and an externally developed consumer survey (Exhibit 28).

Fifteen percent (n=9) of organizations reported that their consumer satisfaction surveys were administered primarily via mail and telephone (Exhibit 29). Of the surveys returned, 32% were over 50% completed by respondents, with 15 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%. On average across all organizations fielding surveys, seven questions were used to assess satisfaction. Thirty-four percent used a five-point scale, 29% used a ten-point scale, and 10% used other. The concise nature of the surveys may have been a factor in achieving high completed survey response rates.

The consumer satisfaction survey measures reported applies to general medical (78%, n=46), medical catastrophic (71%, n=42), transplant (68%, n=40), oncology (64%, n=38), high risk neonate (61%, n=36), medical pediatric (59%, n=35), behavioral health (59%, n=35), high risk maternity (59%, n=35), surgical (53%, n=31), gerontology (34%, n=20), and other case management programs (27%, n=16) (Exhibit 30). About 68 percent (n=40) of organizations used all closed cases to survey for consumer satisfaction, and approximately 34 percent (n=20) of organizations used a five-point scale to calculate their overall satisfaction rates (Exhibit 31 and Exhibit 32). Completed (>50%) survey response and returned rates varied widely (Exhibit 33).

Exhibit 28: Development of Consumer Satisfaction Survey

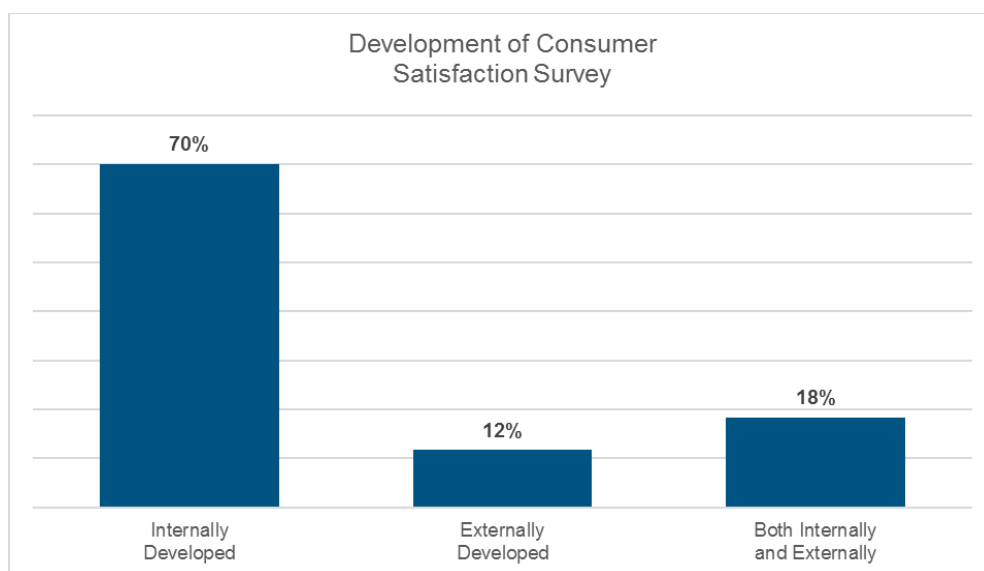


Exhibit 29: Method by Which Consumer Satisfaction Survey Administered

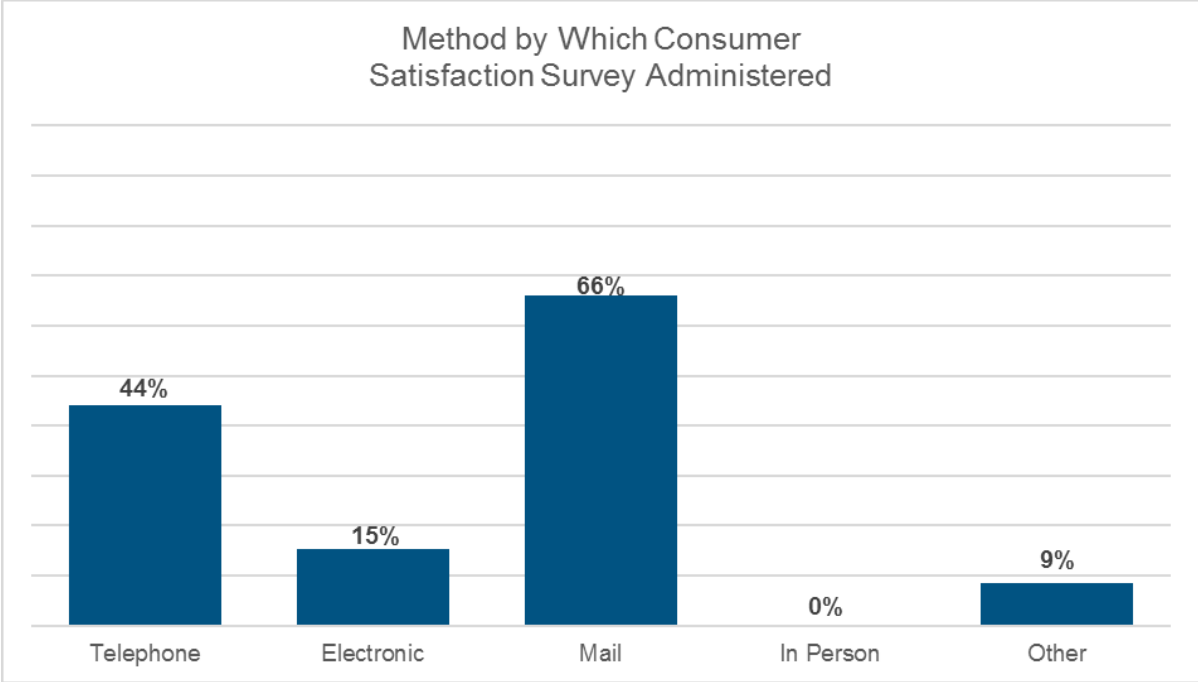


Exhibit 30: Case Management Program Types Applicable to Overall Consumer Satisfaction

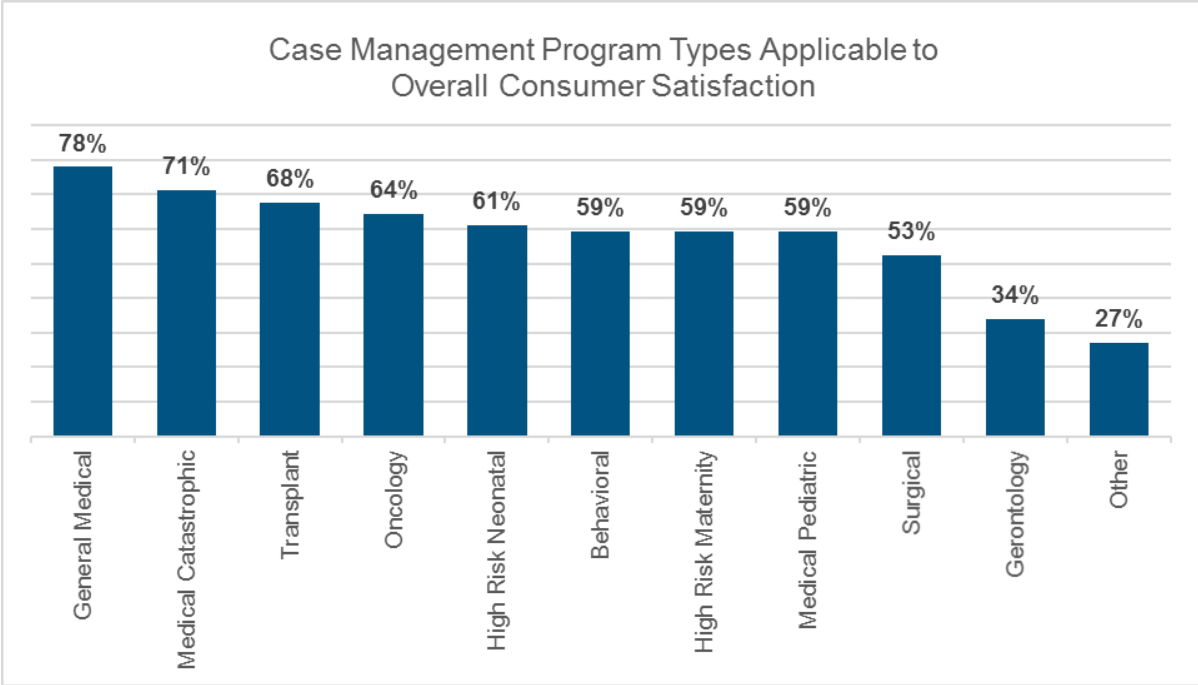
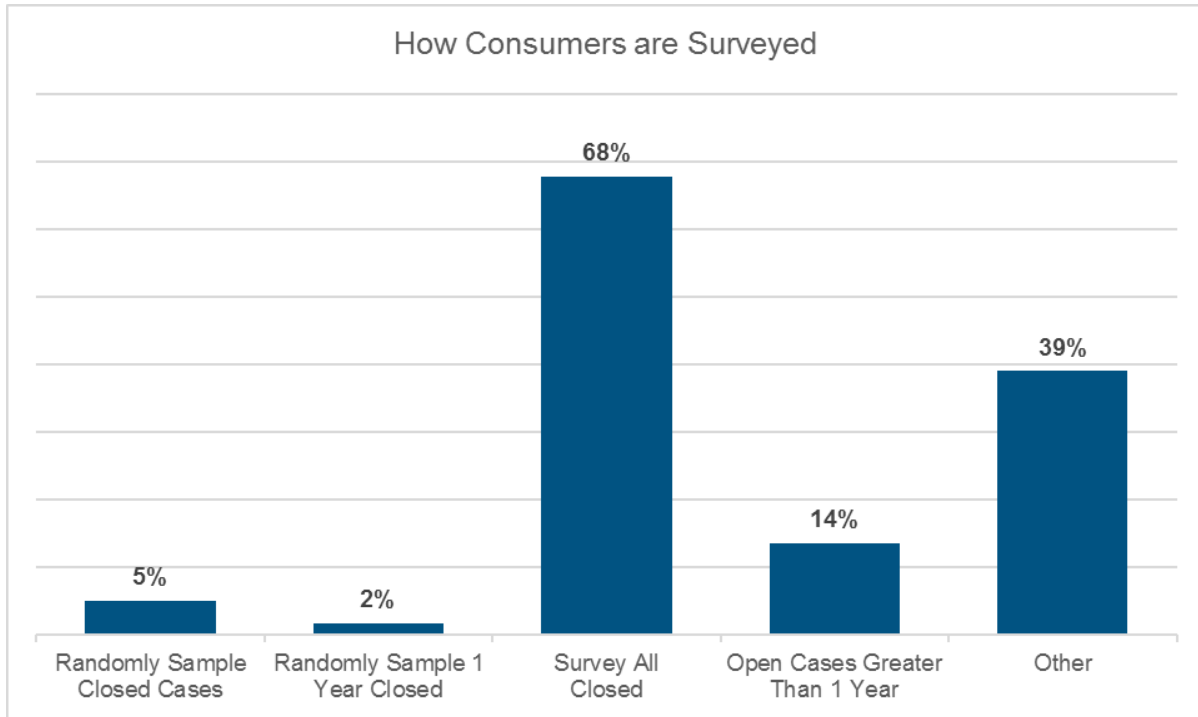


Exhibit 31: How Consumers are Surveyed



Note: Multiple entries were submitted. Nine duplicated entries indicated Survey All Closed or Open cases but indicate the time frame in Other category for further detail.

Exhibit 32: Survey Response Scale Used to Calculate Overall Satisfaction

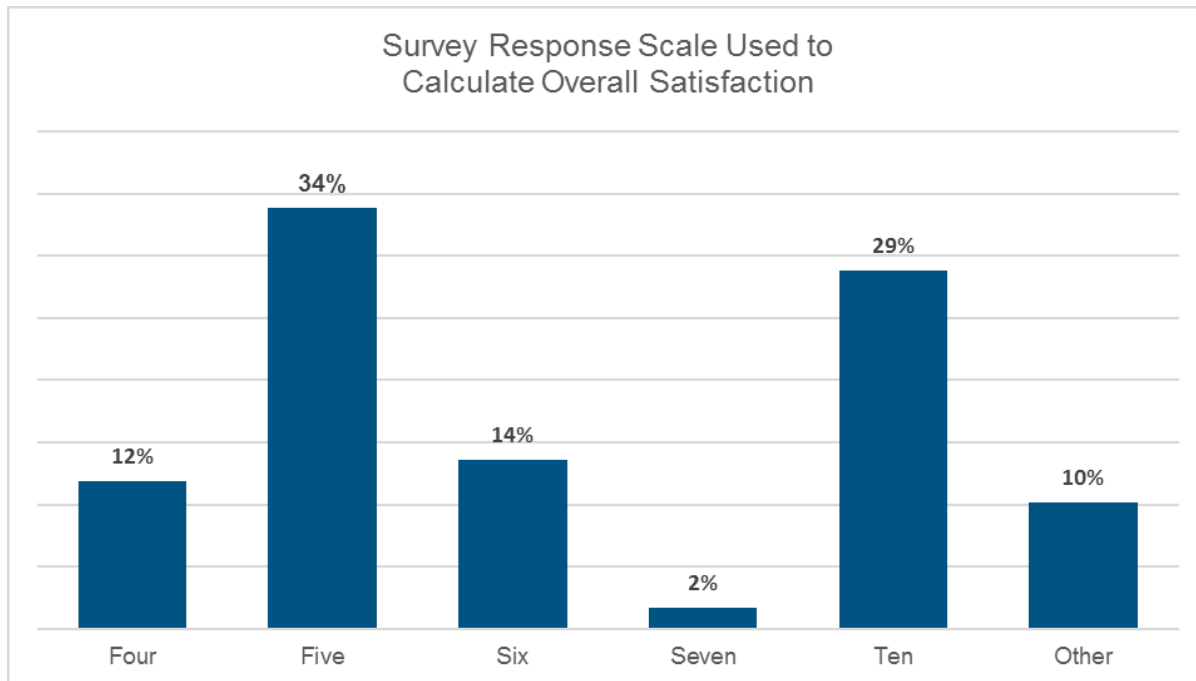
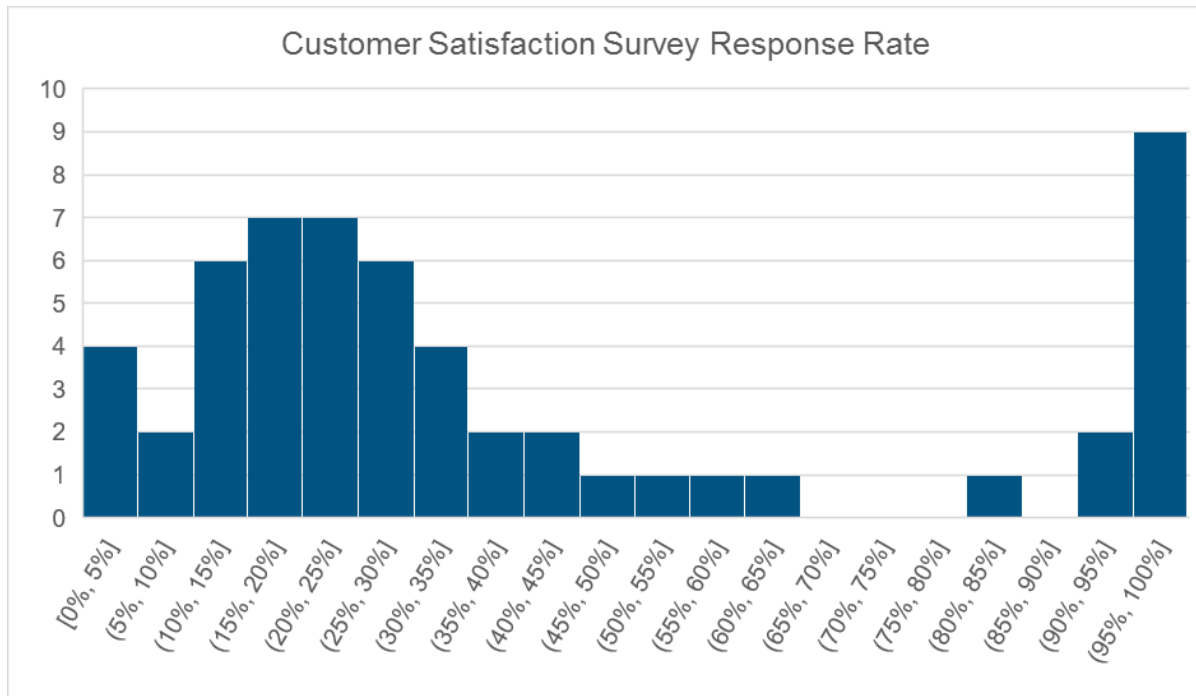


Exhibit 33: Customer Satisfaction Survey Response Rate



Note: Mean response rate is 40% with Median of 28% completing 50% of survey and returning.

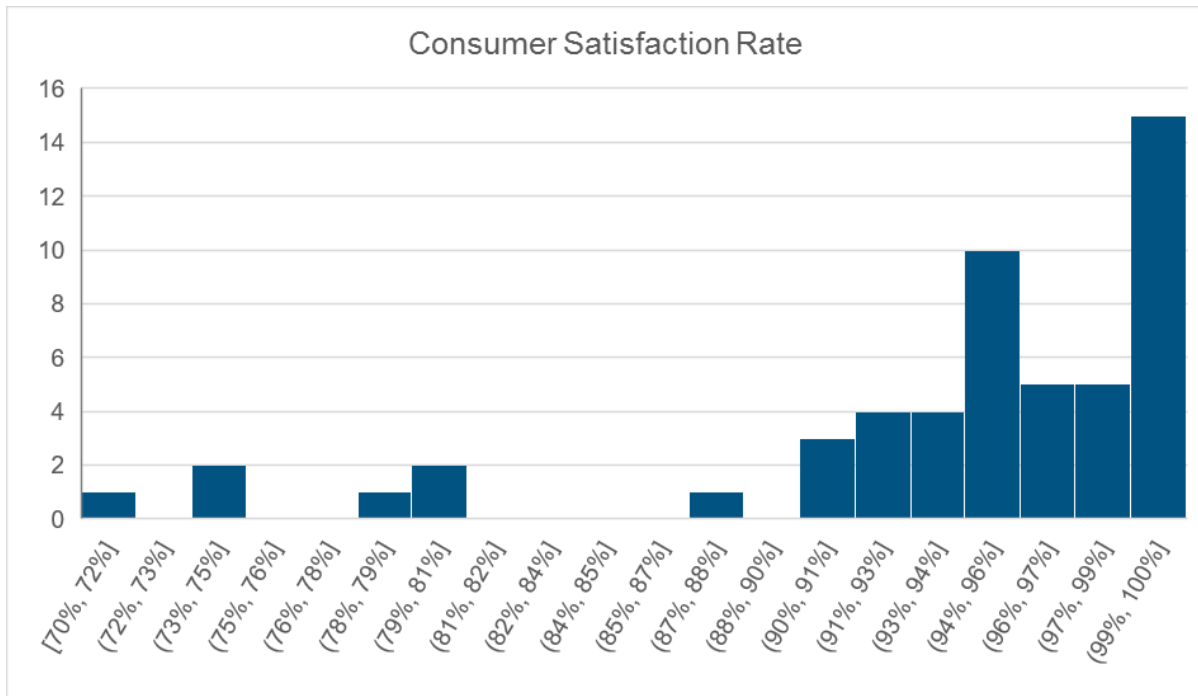
Measure Results

Overall results for consumer satisfaction were near 90%. There were multiple inconsistencies in the number of completed surveys received and denominators used to calculate measure rate. Two responses were removed given reporting of the same numbers for survey completion rate. *Data validation checks are needed in future reporting instructions.* Over a quarter of the calculated rates had denominators of less than 30 but were included in this analysis and report.

Exhibit 34: Consumer Satisfaction (Summary Data, Benchmarks, and Percentiles)

| Across all CM Programs | | Total Numerator | Total Denominator | Aggregate Sum Rate | Number of Reports | |
|----------------------------|------------------|------------------|-------------------|--------------------|-------------------|------|
| | | 27,122 | 30,312 | 89.5% | 57 | |
| Benchmarks and Percentiles | | | | | | |
| Min | 10 th | 25 th | 50 th | 75 th | 90 th | Max |
| 70.0% | 83.6% | 92.8% | 95.2% | 100% | 100% | 100% |

Exhibit 35: Consumer Satisfaction Rate



Note: Fifteen organizations had less than 30 completed surveys returned with six of those having less than 10.

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

Measure Description:

This measure assesses the percentage of individuals eligible for and offered case management services that refused services during the measurement period.

Summary of Findings:

A total of 79 organizations submitted data for this measure. Ninety-seven percent (n=77) of organizations tracked the number of individuals that refuse case management, and approximately 65% (n=50) of organizations documented the reasons for refusal (Exhibit 36 and Exhibit 37). The most common reason for refusals of case management services were members and family refusal (58%, n=45). There were multiple entries for reason for refusals and data was not removed but noted.

This measure was defined for Medical Case Management, Disability Case Management, and Workers Compensation Case Management; however, small sample size limited reporting to Medical Case Management and Workers Compensation Case Management only.

Exhibit 36: Organizations that Track and Document Case Management Refusals

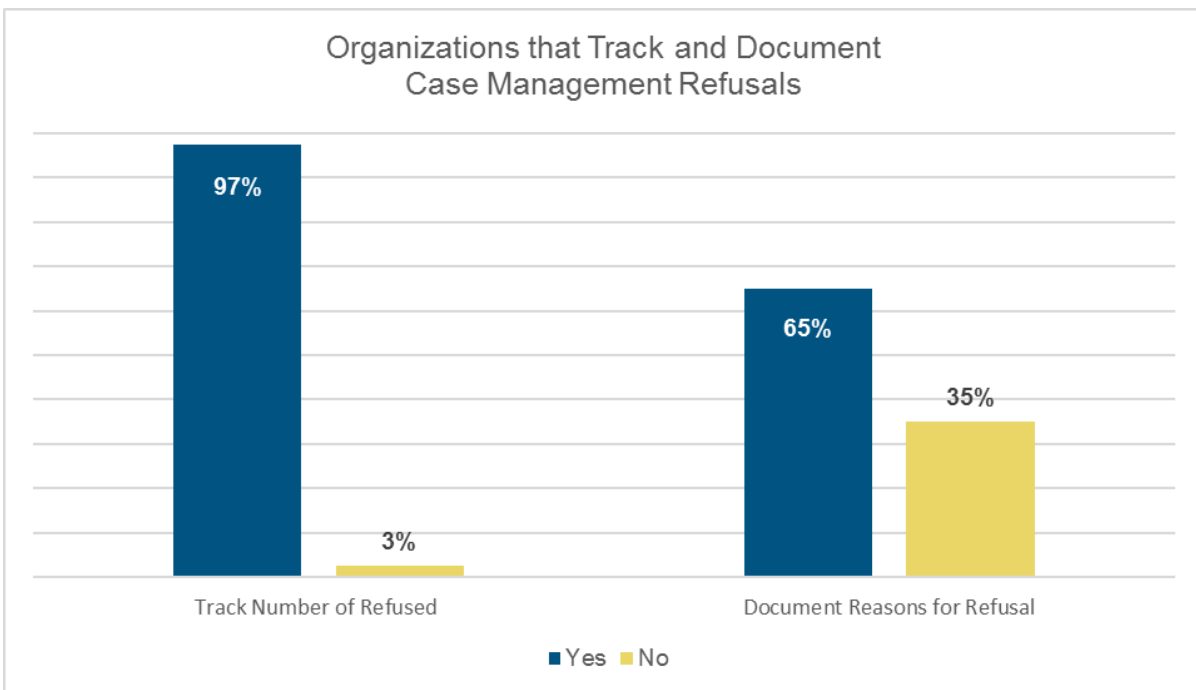
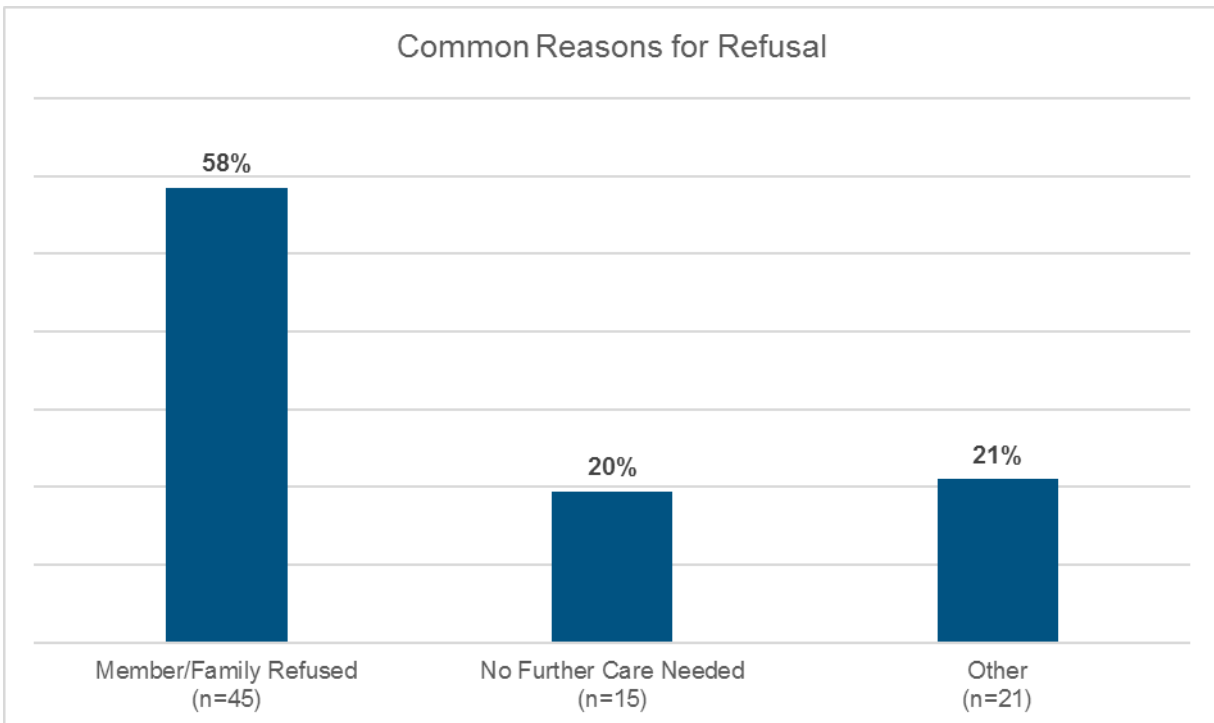


Exhibit 37: Common Reasons for Refusal



Note: Fourteen responses indicated both Member/Family Refused and Satisfied with Care Received leaving only one response of refusal given satisfaction with care received. Fifteen responses indicated both Member/Family Refused and Other.

Measure Results

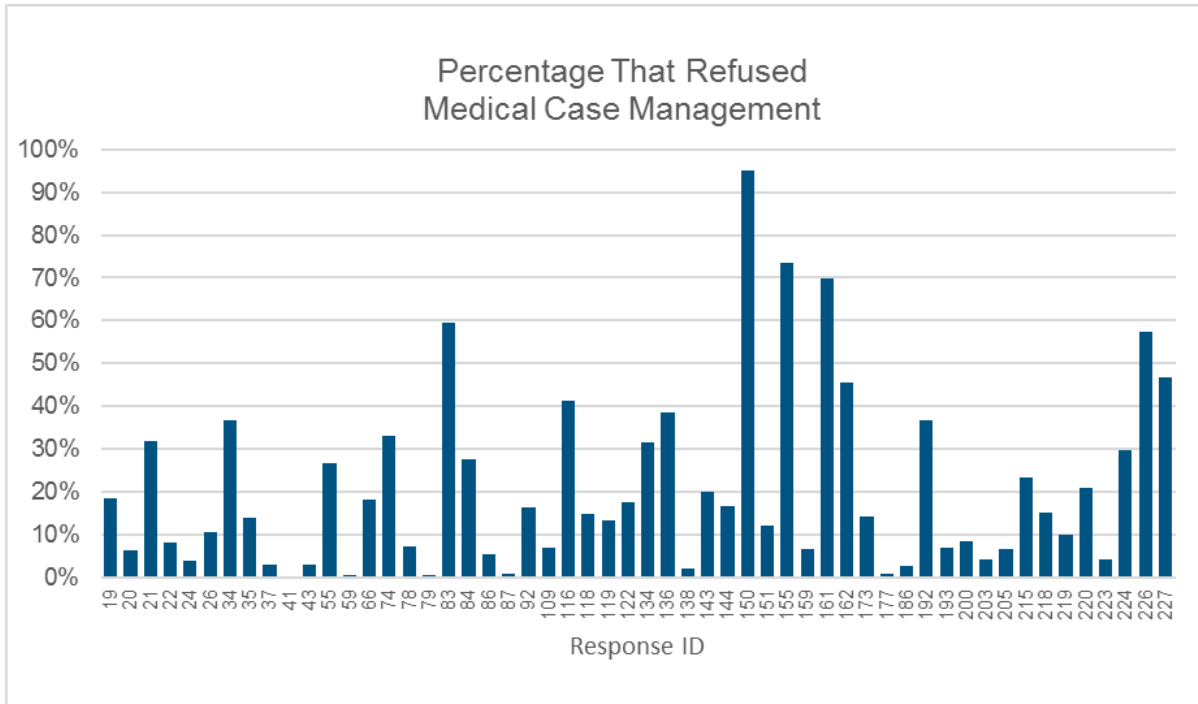
The proportion of members that refused case management services is less than 14% for Medical Case Management and less than 5% for Workers Compensation Case Management.

Exhibit 38: Individuals that Refused Case Management Services (Summary Data, Benchmarks, and Percentiles)

| | Total Numerator | Total Denominator | Aggregate Sum Rate | Number of Reports | | | |
|--------------------------------------|-----------------|-------------------|--------------------|-------------------|------------------|------------------|-------|
| Medical Case Management | 52,680 | 391,973 | 13.4% | 54 | | | |
| Workers Compensation Case Management | 3,074 | 66,260 | 4.6% | 21 | | | |
| Benchmarks and Percentiles | | | | | | | |
| | Min | 90 th | 75 th | 50 th | 25 th | 10 th | Max |
| Medical Case Management | 0.0% | 2.1% | 6.2% | 14.5% | 31.1% | 46.4% | 95.1% |
| Workers Compensation Case Management | 0.0% | 0.3% | 1.0% | 2.0% | 7.8% | 46.2% | 57.1% |

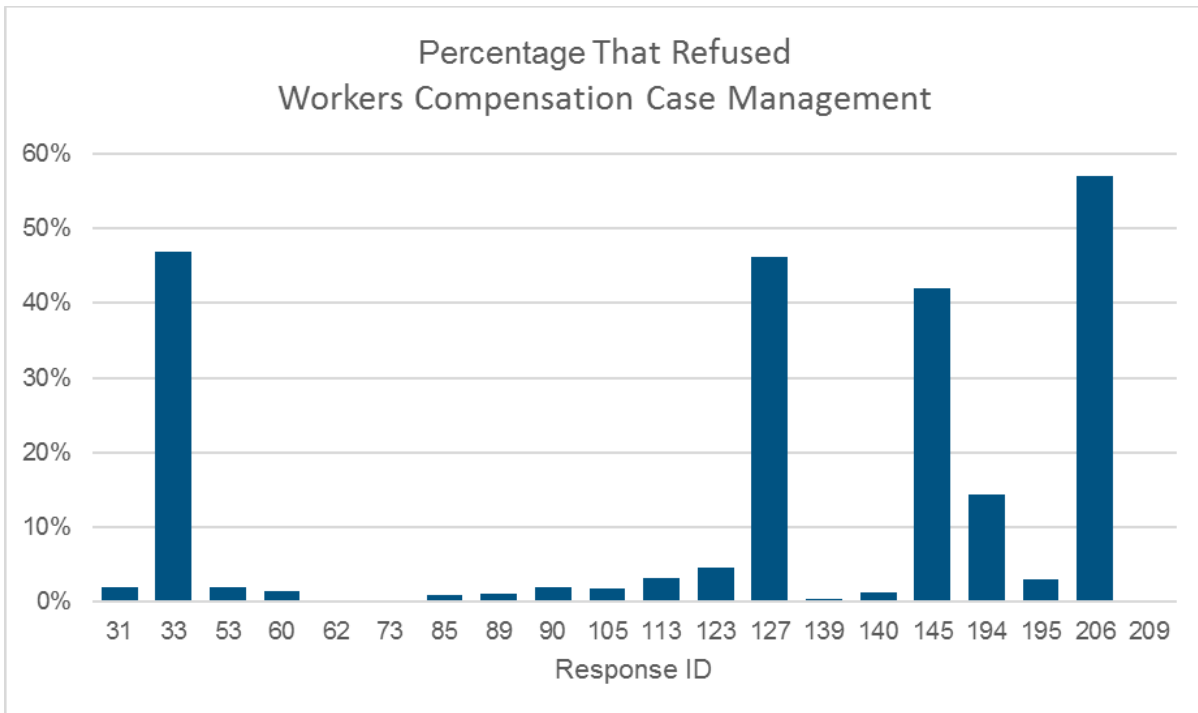
Note: Benchmarks and percentiles are reversed to align with a lower result indicates better performance.

Exhibit 39: Percentage that Refused Medical Case Management Services



Note: Response ID # 41 had zero refusals of case management services.

Exhibit 40: Percentage that Refused Workers Compensation Case Management



Note: Response ID # 73 had zero refusals of case management services. Response ID # 62 and 209 had large denominators with minimal refusals of case management services.

Concluding Remarks

This performance report has been prepared by the URAC Quality, Research, and Measurement Department. If you have any questions about the results contained herein, please contact us at: ResearchMeasurement@urac.org.

Disclaimer: Data has been cleaned and, where appropriate, outliers were removed; rates were recalculated using client-submitted numerators and denominators.