



# 2018

## URAC CASE MANAGEMENT PERFORMANCE MEASUREMENT:

**AGGREGATE SUMMARY PERFORMANCE REPORT**

December 2018

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## Executive Summary

Presented in this report are the 2017 measurement year (2018 reporting year) results based on URAC's Case Management (CM) Accreditation program performance measures.

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 2018 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 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 2018 Case Management Reporting Instructions.

## Data Analysis Procedures and Future Considerations

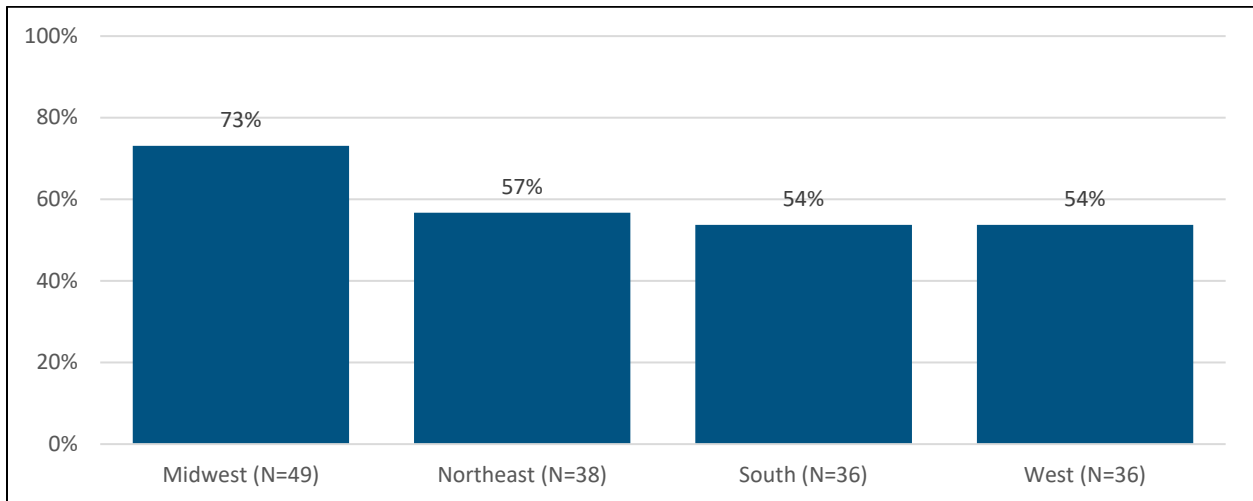
URAC implemented a relational database management system to capture and normalize all accreditation submission data into a consistent format across programs. This improvement allows for a consistent model to be used year over year and allows for trends to build. In addition, URAC implemented Microsoft 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 URAC and noted in the data files and at the end of this report (Exhibit 49, Exhibit 50). 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 67 URAC accredited Case Management organizations reported 2017 measurement year data for the 2018 reporting year. The Midwest represented the largest number of organizations at 73% (n=49), and 40.30% (n=27) of organizations served populations in all four regions. The other three regions were distributed relatively evenly ranging from 54% to 57% (Exhibit 1).

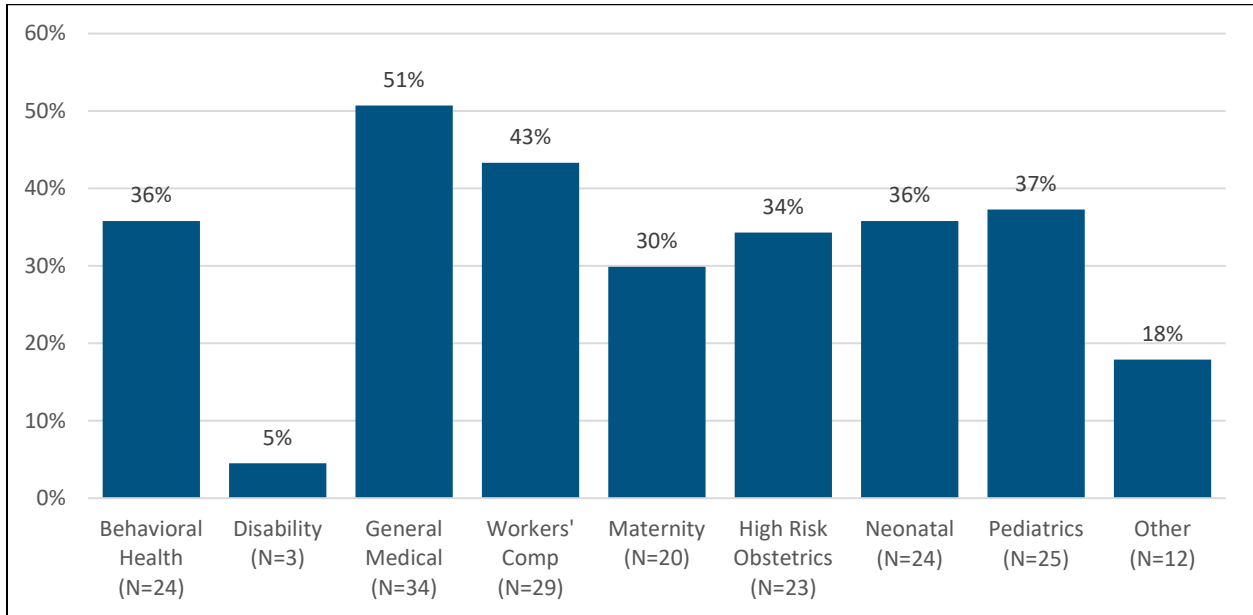
Exhibit 1: Regional Areas Served



Note: Multiple responses accepted.

Most organizations (50.75%, n=34) performed General Medical case management, while Disability case management represented the least (4.48%, n=3) (Exhibit 2). Responses indicated as "Other" include, but are not limited to: Catastrophic, Maternity, Obesity, Oncology, Surgical, and Transplant.

Exhibit 2: Type of Case Management Performed



Note: Multiple responses accepted.

There are 354,950 unique cases represented by the responding organizations, ranging from zero to 92,723 per organization with a mean of 5,297 and median of 1,089 unique cases. There were 47.76% (n=32) of organizations that reported managing less than 1,000 unique cases during the 2017 calendar year, and 52.24% of organizations (n=34) managed 1,000 or more unique cases during 2017 (Exhibit 3 and Exhibit 4). There were 34.33% (n=23) that managed less than 300 unique cases and less only 11.94% (n=8) 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)

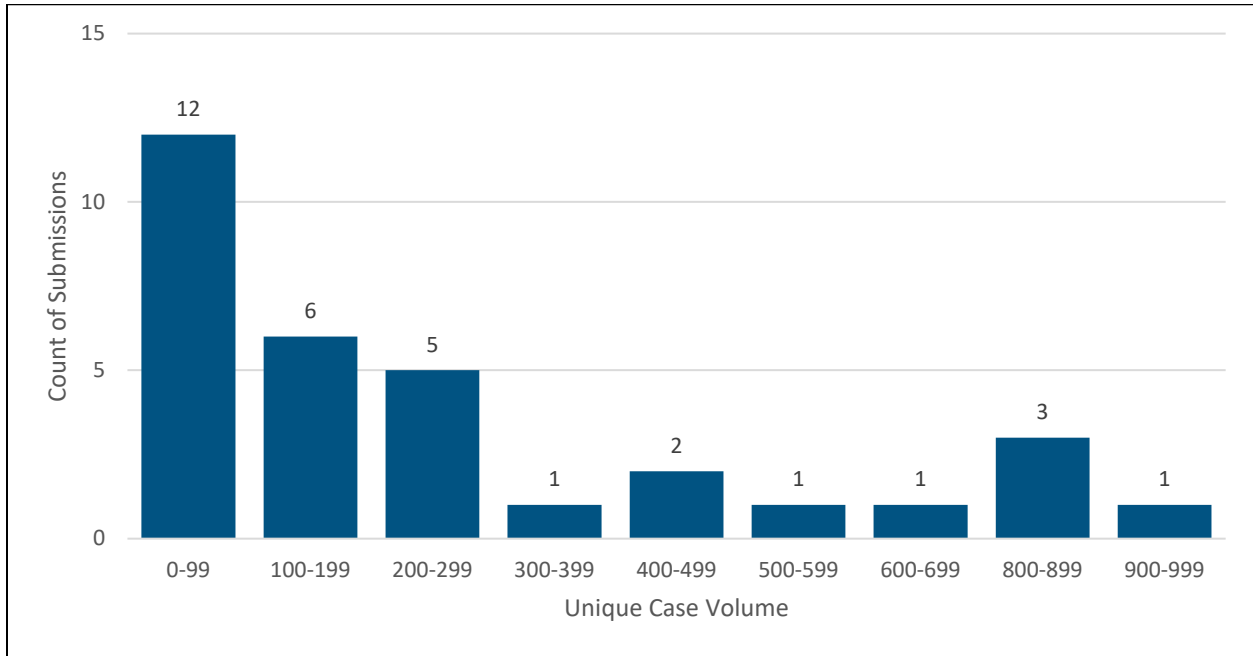
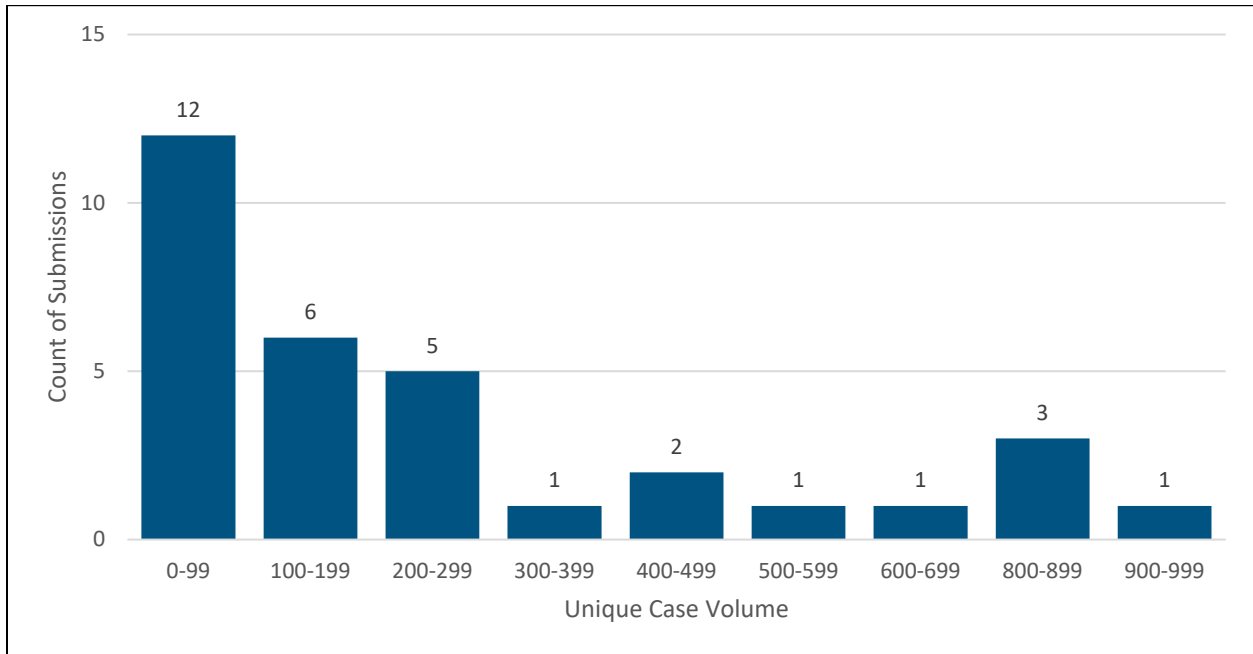


Exhibit 4: Case Management Organization Volume  $\geq 1,000$  (Number of Unique Cases)



There were 40.30% (n=27) 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, 40.30% (n=27) indicated that they verify the readmissions are correctly coded (Exhibit 5). Of the organizations tracking hospital readmissions, 70.40% (n=19) track hospital readmissions through a

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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 85.19% of organizations (n=23) that become aware of hospital readmissions within 30 days of discharge (Exhibit 7). In addition, of the 59.70% (n=40) of organizations that indicated they do not track hospital readmissions after discharge, 90.00% of organizations (n=36) are not planning to use this indicator in the future (Exhibit 8).

Exhibit 5: Case Management Organizations that Track and Verify Readmissions

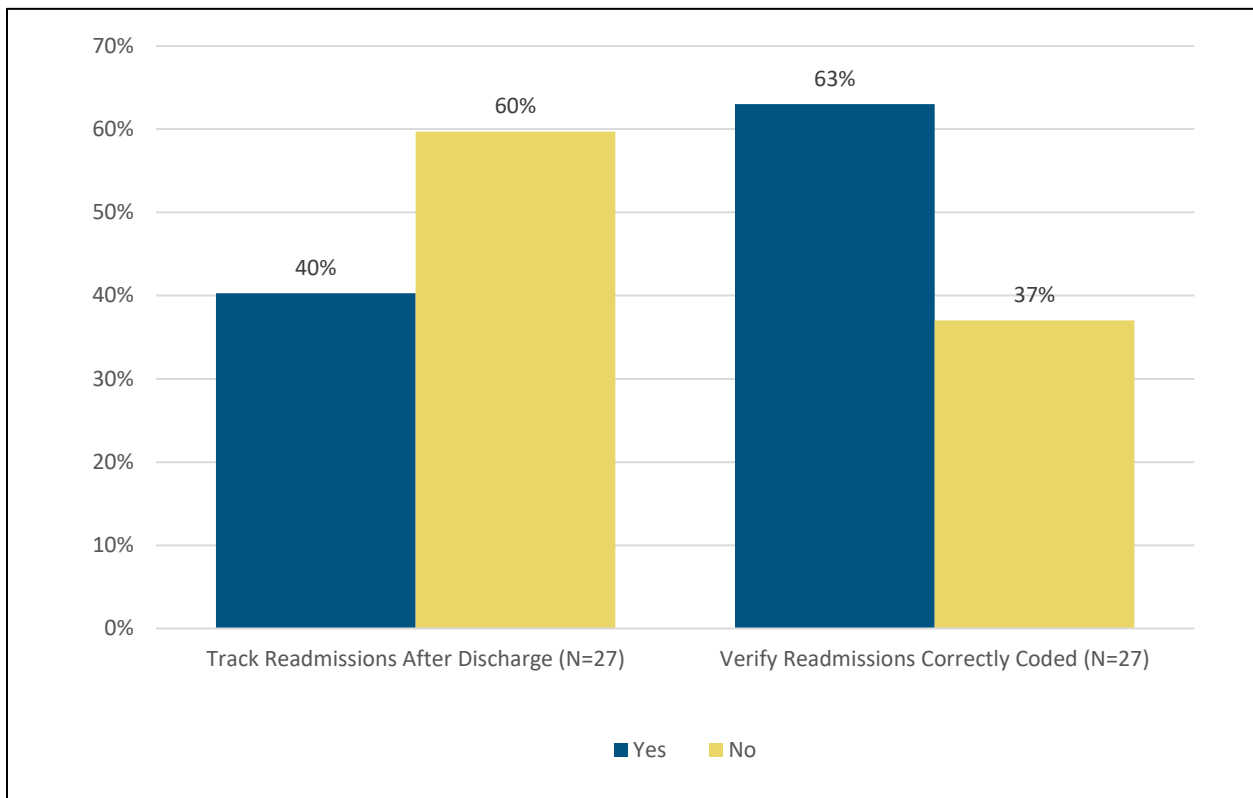
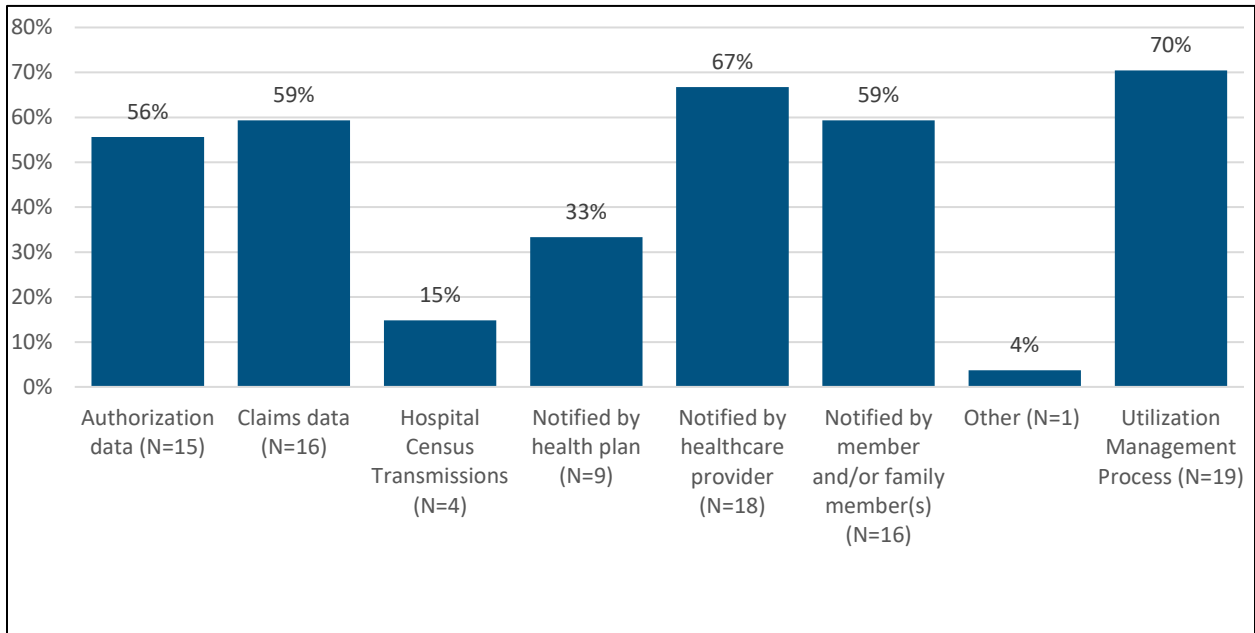
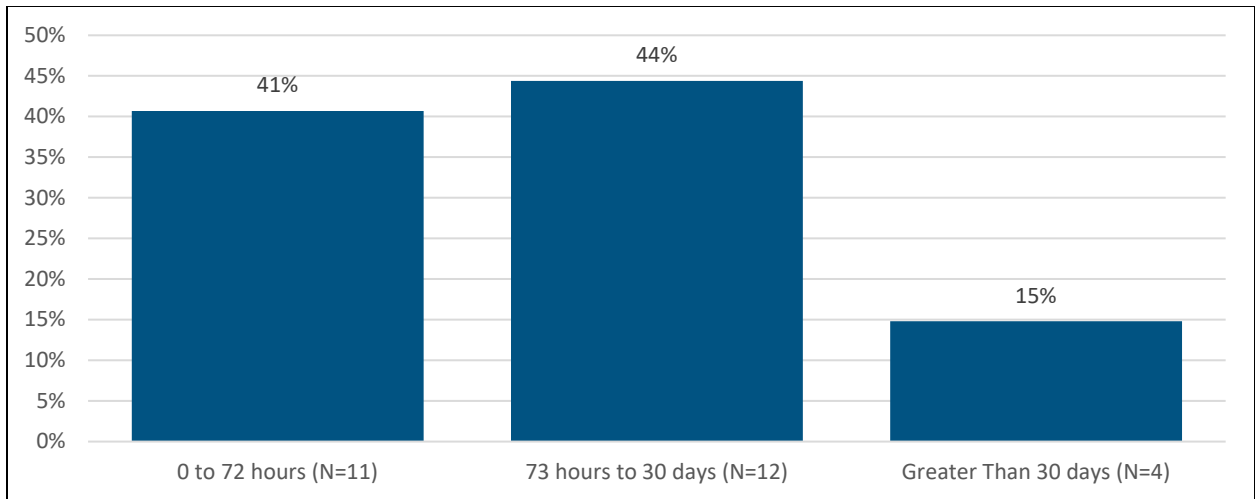


Exhibit 6: Method to Track Hospital Readmissions



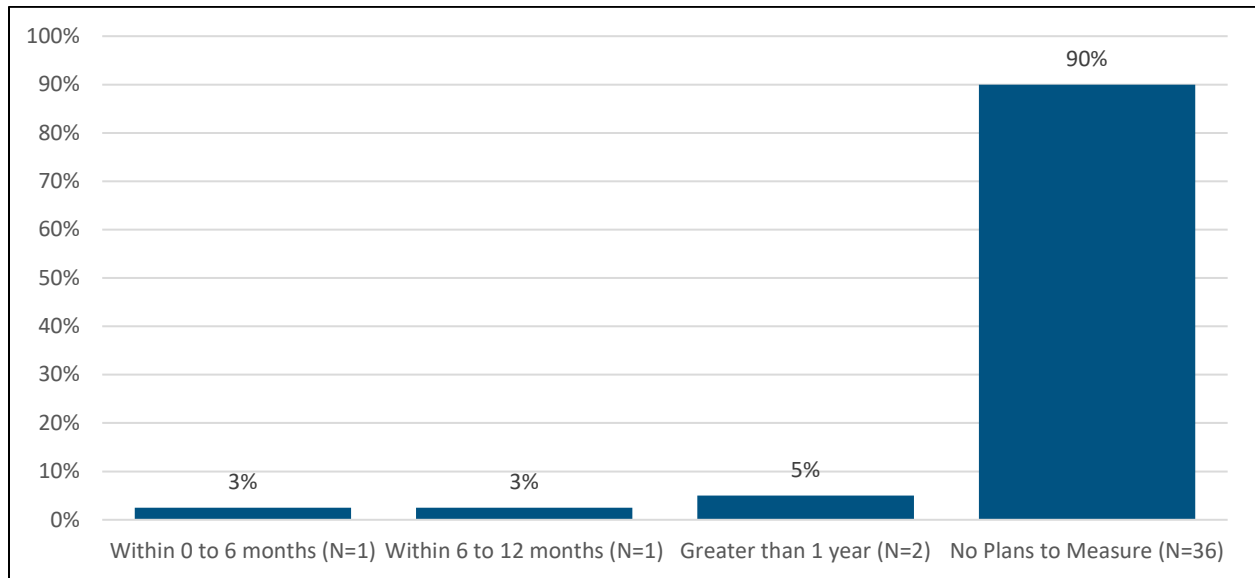
Note: Multiple responses accepted.

Exhibit 7: When Organizations Become Aware of Readmission



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



## Results: Case Management Measures

Sixty-seven 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)

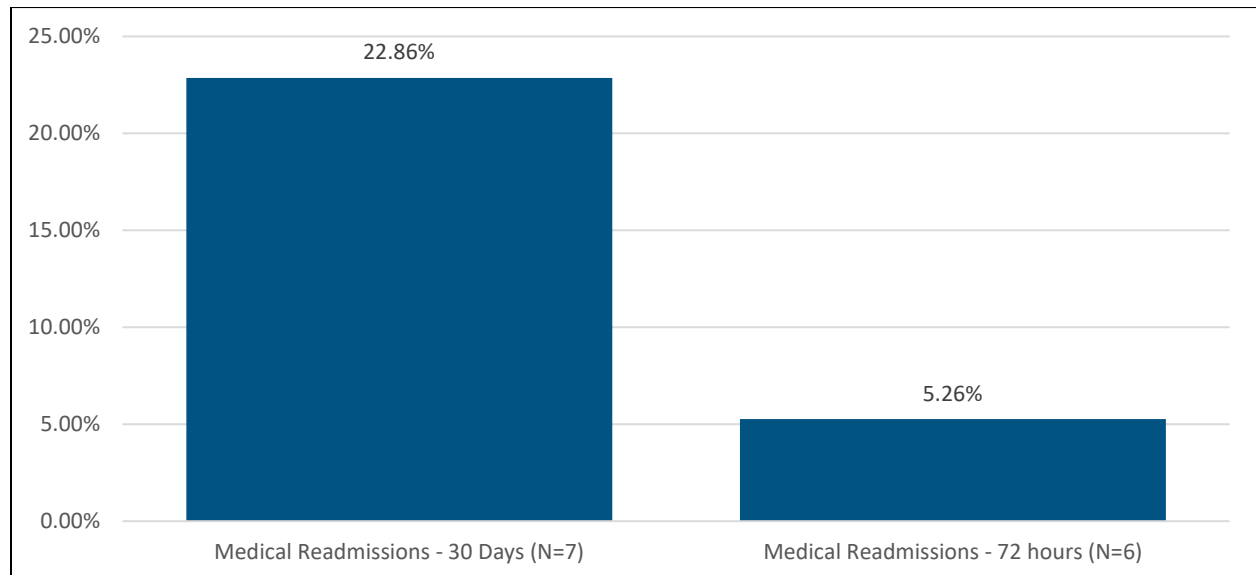
#### Measure Description

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

Eight 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 # 112 given the large denominator size of 854,808. (This represents over 80% of the aggregate denominators; most denominators for this measure are less than 1,000.) The mean for readmissions within 30 days was 17.89%, and the mean for readmissions within 72 hours was 4.12%.

Exhibit 9: Medical Readmissions



Note: Lower rate represents better performance.

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Exhibit 10: Medical Readmissions (by Response ID)

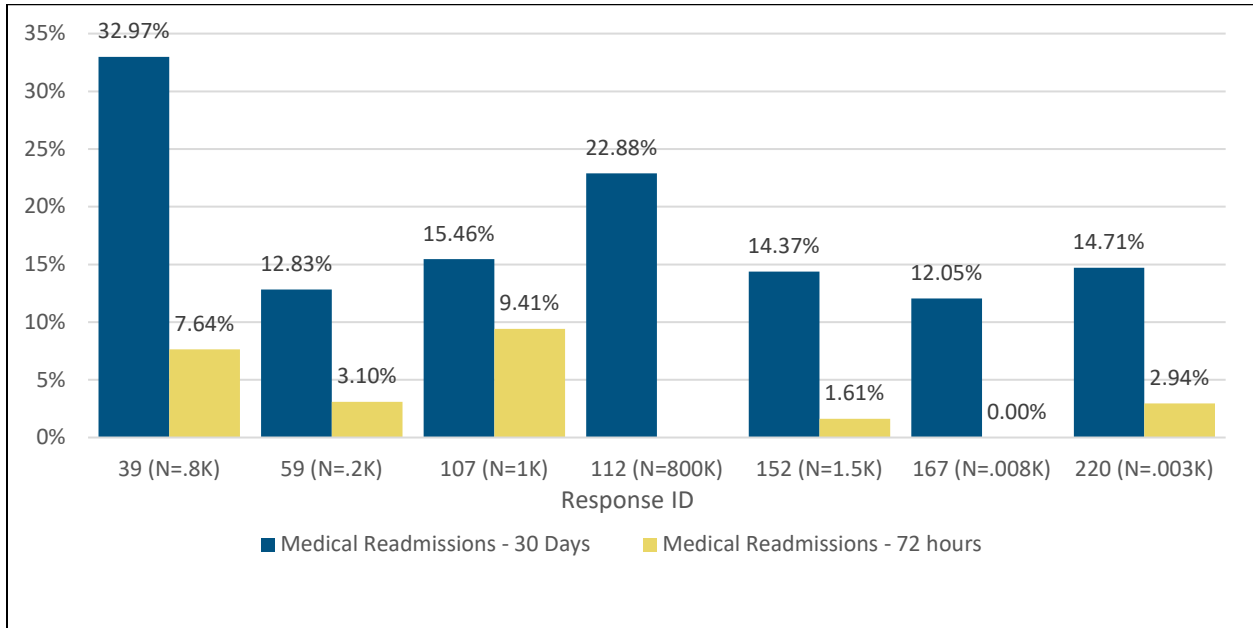


Exhibit 11: Medical Readmissions (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Medical Readmissions - 30 Days	196,325	858,782	22.86%	17.89%	7
Medical Readmissions - 72 hours	210	3,974	5.28%	4.12%	6

Exhibit 12: Medical Readmissions (Benchmarks and Percentiles)

Measure	Min	10th	25th	50th	75th	90th	Max
Medical Readmissions - 30 Days	12.05%	26.92%	19.17%	14.71%	13.60%	12.52%	32.97%
Medical Readmissions - 72 Hours	9.41%	8.52%	6.50%	14.54%	13.22%	12.44%	0.00%

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## **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**

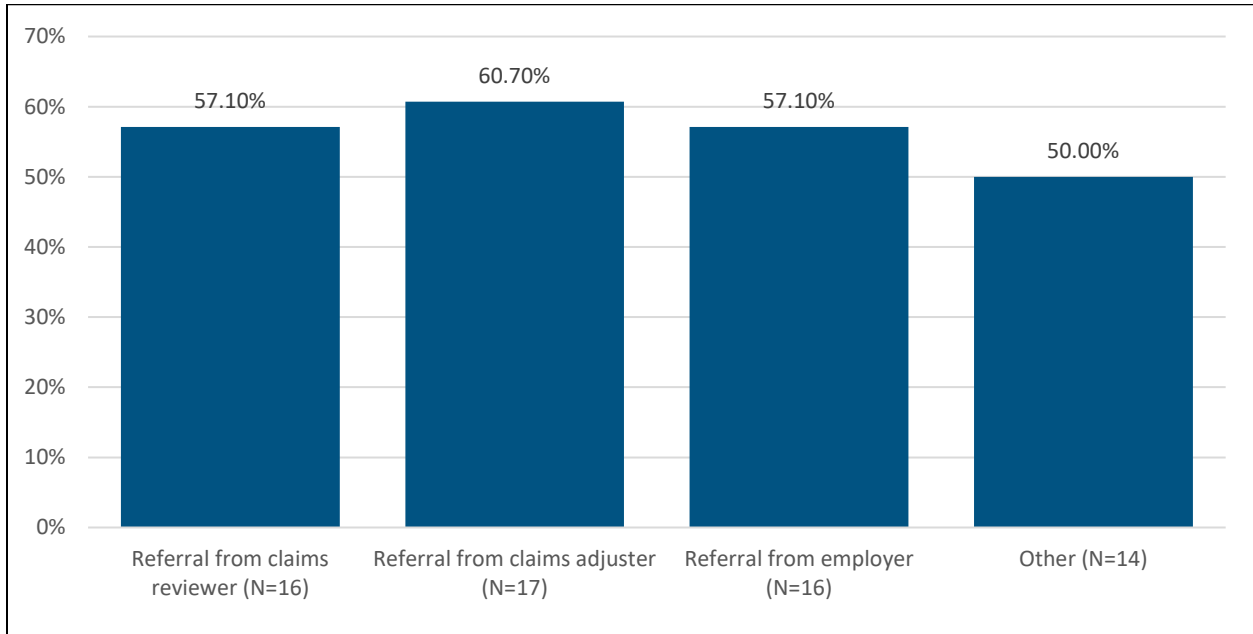
This measure is specified for Disability and Workers Compensation service categories. Given only one organization managed a Disability program, analysis was performed for Workers Compensation only.

There were 27 organizations reporting across Part A and B of the measure. Of which, 18 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 nine respondents had varying definitions of ‘onset of lost time’. Most referrals to case management programs are assigned from employer (n=19). Other responses varied widely (Exhibit 13).

Ten organizations reported data for both Part A and Part B, 14 for Part A only, and 16 for Part B only. There were some inconsistencies in organizations’ interpretation of reporting denominators by stratification. URAC adjusted the data to be consistent with measure specifications. Stratifications with no denominators and/or data limitations are noted.

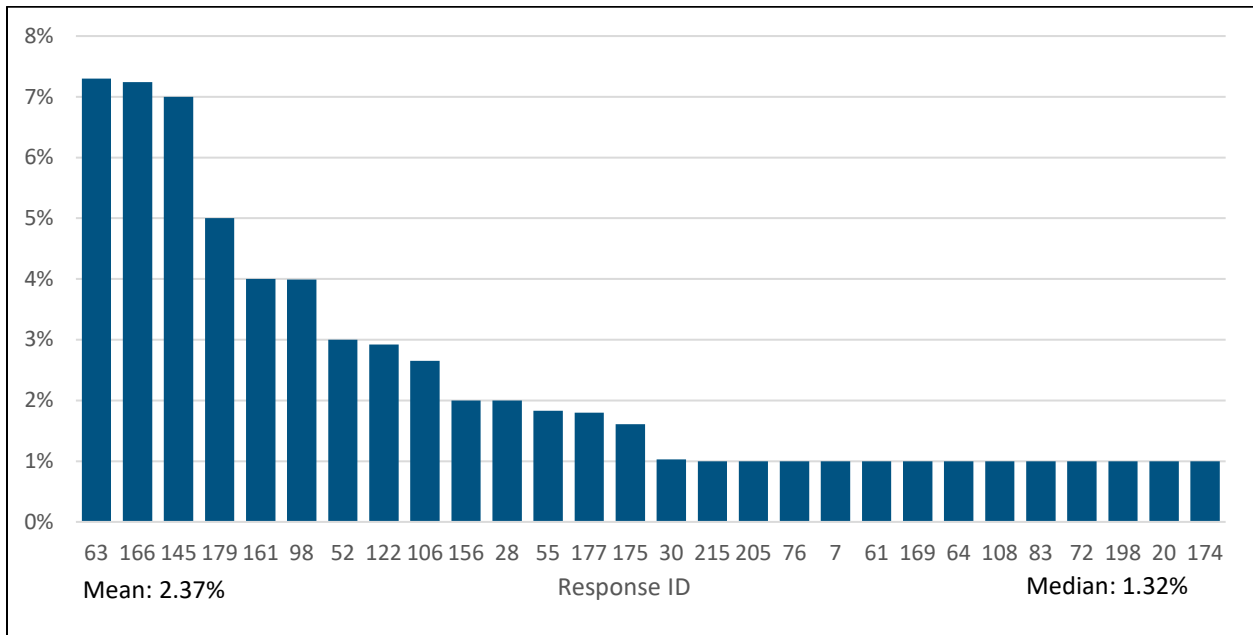
The mean percentage of workers’ compensation cases managed as catastrophic is 2.37% with the median of 2.37% (Exhibit 14). The mean and median age was 46 years of age Exhibit 14. Males represented the majority of cases at 66%. Data anomalies were seen in one response where total gender was less than 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



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Exhibit 15: Average Age of Workers Compensation Case Management Population

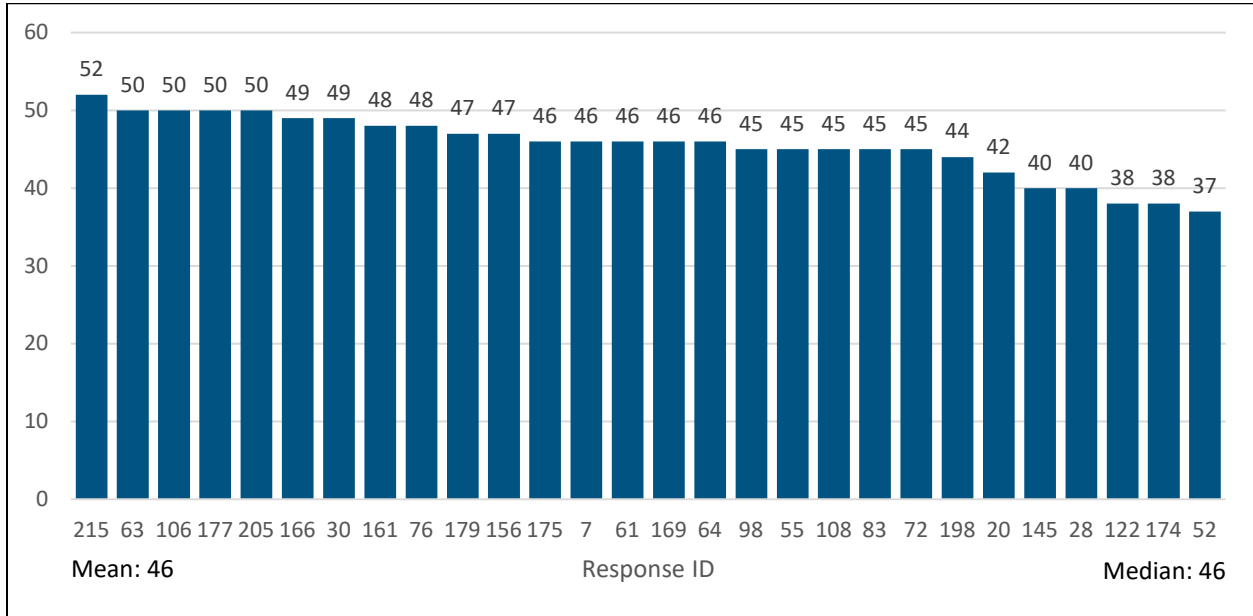
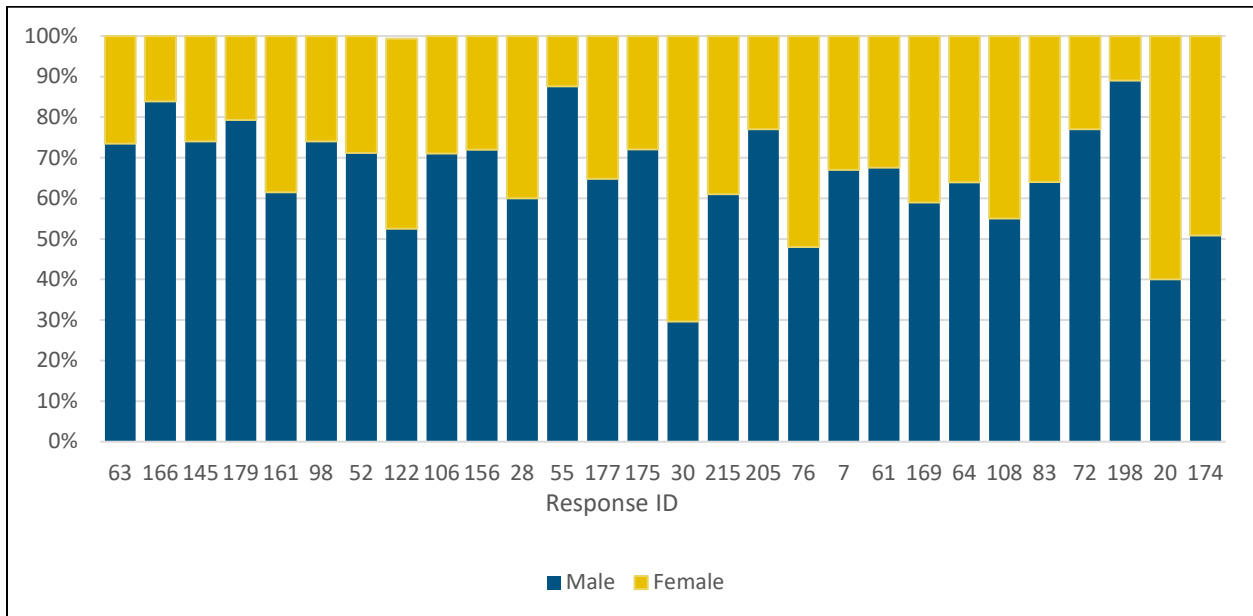


Exhibit 16: Workers Compensation Case Management Managed for Return to Work



Note: One organization reported total gender proportions less than 100%

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### ***Part A: Telephonic Case Management***

Sixteen total organizations reported on Part A. URAC cleaned and normalized one organizations' denominators given inconsistencies in reported denominators (Exhibit 50). An Unknown RTW category was created by URAC for the sum of each stratification to equal 100%. *Future reporting should include a data validation check on denominators and the totals per stratification.*

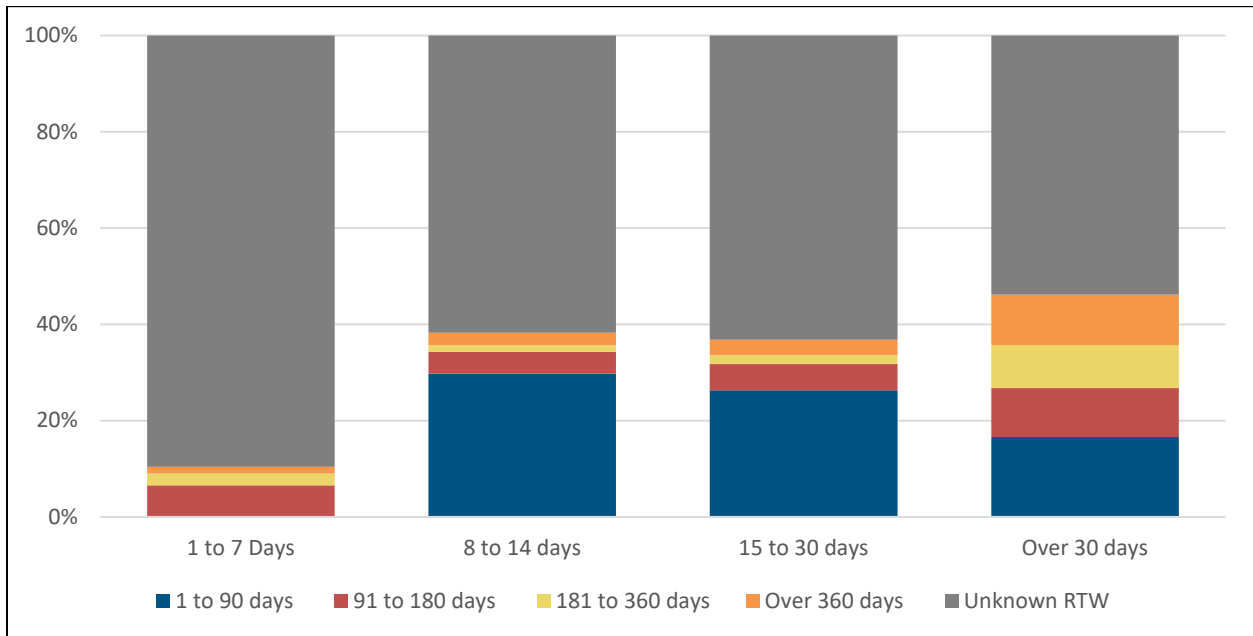
Results indicated that only 6.58% of cases that are referred to case management within seven days of onset of lost time returned to work within 180 days. Further, 29.75% of cases that are referred to case management within eight to 14 days of onset of lost time returned to work within 90 days; 26.31% 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 16.61% 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 no significant positive association in RTW days where referrals occur sooner. Slightly 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 eight to 14 days of onsets. Within Telephonic Case Management, the shorter the time of referral to case management infers the sooner the individual can return to work. Tests of statistically significant differences were not conducted given small sample sizes and data validation limitations.

Exhibit 17: Telephonic 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
	Time between onset of lost time to medical release				
1 to 7 Days	1 to 90 days	0	0	0%	0
	91 to 180 days	1,010	15,355	6.58%	16
	181 to 360 days	376	15,355	2.45%	16
	Over 360 days	216	15,355	1.40%	16
	Unknown RTW	13,753	15,355	89.57%	
8 to 14 days	1 to 90 days	3,916	13,162	29.75%	15
	91 to 180 days	598	13,162	4.54%	15
	181 to 360 days	181	13,162	1.38%	15
	Over 360 days	343	13,162	2.61%	15
	Unknown RTW	8,124	13,162	61.72%	
15 to 30 days	1 to 90 days	3,629	13,794	26.31%	15
	91 to 180 days	749	13,794	5.43%	15
	181 to 360 days	257	13,794	1.86%	15
	Over 360	446	13,794	3.23%	15
	Unknown RTW	8,713	13,794	63.17%	
Over 30 days	1 to 90 days	2,774	16,703	16.61%	14
	91 to 180 days	1,697	16,703	10.16%	14
	181 to 360 days	1,484	16,703	8.88%	14
	Over 360 days	1,762	16,703	10.55%	14
	Unknown RTW	8,986	16,703	53.80%	

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

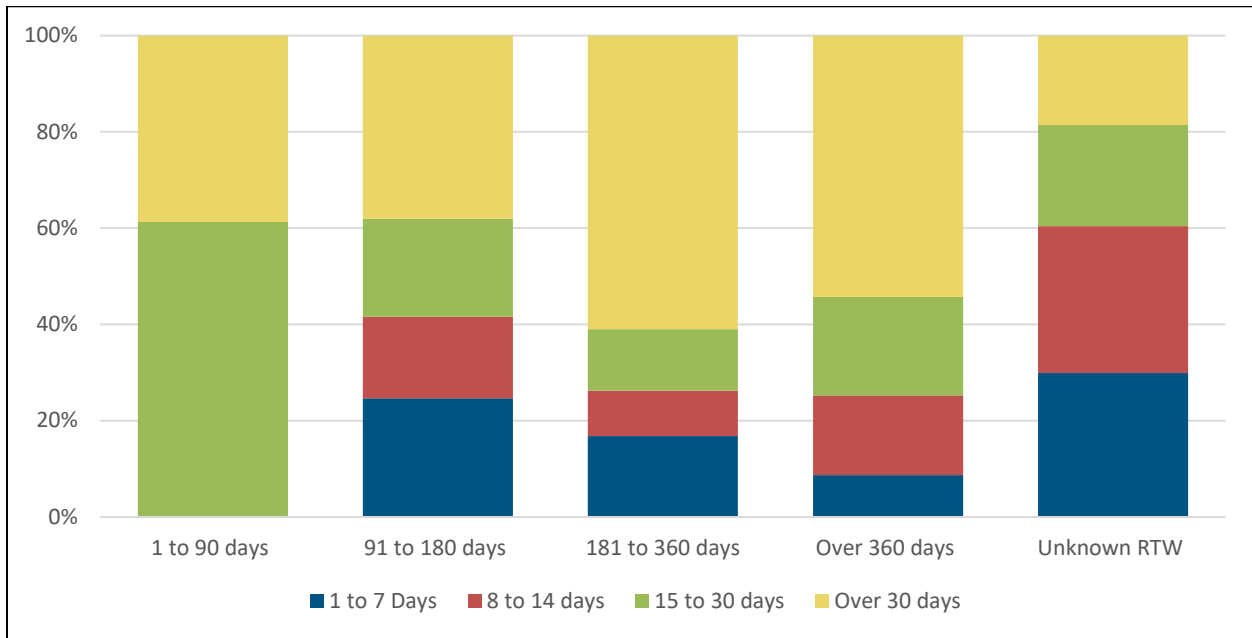


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Exhibit 19: Telephonic Case Management – Workers Compensation Case Management (Benchmarks and Percentiles)

Time from onset of lost time to referral to case management (calendar days)	Stratification	Min	10th	25th	50th	75th	90th	Max
1 to 7 days	1 to 90 days	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	91 to 180 days	2.49%	4.06%	8.13%	10.29%	14.45%	19.97%	28.43%
	181 to 360 days	0.00%	0.00%	1.32%	2.86%	5.11%	5.88%	9.02%
	Over 360 days	0.00%	0.00%	0.00%	0.29%	2.93%	5.13%	11.76%
8 to 14 days	1 to 90 days	3.56%	5.95%	10.87%	40.74%	65.93%	74.92%	84.00%
	91 to 180 days	1.69%	0.00%	1.89%	7.41%	15.77%	24.37%	25.60%
	181 to 360 days	0.00%	0.05%	1.00%	2.49%	5.94%	9.71%	8.82%
	Over 360 days	0.00%	0.00%	0.00%	0.09%	2.78%	5.35%	14.16%
15 to 30 days	1 to 90 days	2.81%	8.15%	13.76%	57.35%	71.49%	78.32%	82.09%
	91 to 180 days	0.00%	2.08%	3.54%	7.41%	14.16%	18.36%	11.54%
	181 to 360 days	0.00%	0.13%	0.70%	2.56%	4.60%	5.67%	11.54%
	Over 360 days	0.00%	0.00%	0.00%	0.08%	3.78%	11.06%	14.55%
Over 30 Days	1 to 90 days	1.74%	1.94%	2.98%	13.99%	33.79%	56.84%	67.44%
	91 to 180 days	0.32%	0.00%	0.75%	5.01%	16.51%	18.12%	34.89%
	181 to 360 days	0.00%	1.60%	4.03%	5.98%	19.00%	27.06%	43.17%
	Over 360 days	0.00%	0.00%	0.25%	2.25%	8.99%	31.10%	38.08%

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



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## Part B: Field Case Management

Sixteen total organizations reported on Part B. An Unknown RTW category was created by URAC 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 statistically significant differences were not conducted given small sample sizes and data validation limitations.

There were 25.32% of cases referred to case management within seven days of onset of lost time that returned to work within 90 days. Further, 12.74% of cases referred to case management within eight to 14 days of onset of lost time returned to work within 90 days; 11.77% of cases referred to case management within 15 to 30 days of onset of lost time returned to work within 90 days, and 15.56% 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)

	Stratification				
Time from onset of lost time to referral to case management (calendar days)	Time between onset of lost time to medical release	Total Numerator	Total Denominator	Aggregate Summary Rate	Submissions
1 to 7 Days	1 to 90 days	2,604	10,284	25.32%	16
	91 to 180 days	797	10,284	7.75%	16
	181 to 360 days	517	10,284	5.03%	16
	Over 360 days	370	10,284	3.60%	16
	Unknown RTW	5,996	10,284	58.30%	
8 to 14 days	1 to 90 days	1,136	8,918	12.74%	16
	91 to 180 days	500	8,918	5.61%	16
	181 to 360 days	376	8,918	4.22%	16
	Over 360 days	259	8,918	2.90%	16
	Unknown RTW	6,647	8,918	74.53%	
15 to 30 days	1 to 90 days	1,002	8,512	11.77%	16
	91 to 180 days	334	8,512	3.92%	16
	181 to 360 days	260	8,512	3.05%	16
	Over 360	160	8,512	1.88%	16
	Unknown RTW	6,756	8,512	79.37%	
Over 30 days	1 to 90 days	2,085	13,399	15.56%	16
	91 to 180 days	2,168	13,399	16.18%	16
	181 to 360 days	1,785	13,399	13.32%	16
	Over 360 days	3,786	13,399	28.26%	16
	Unknown RTW	3,575	13,399	26.68%	

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

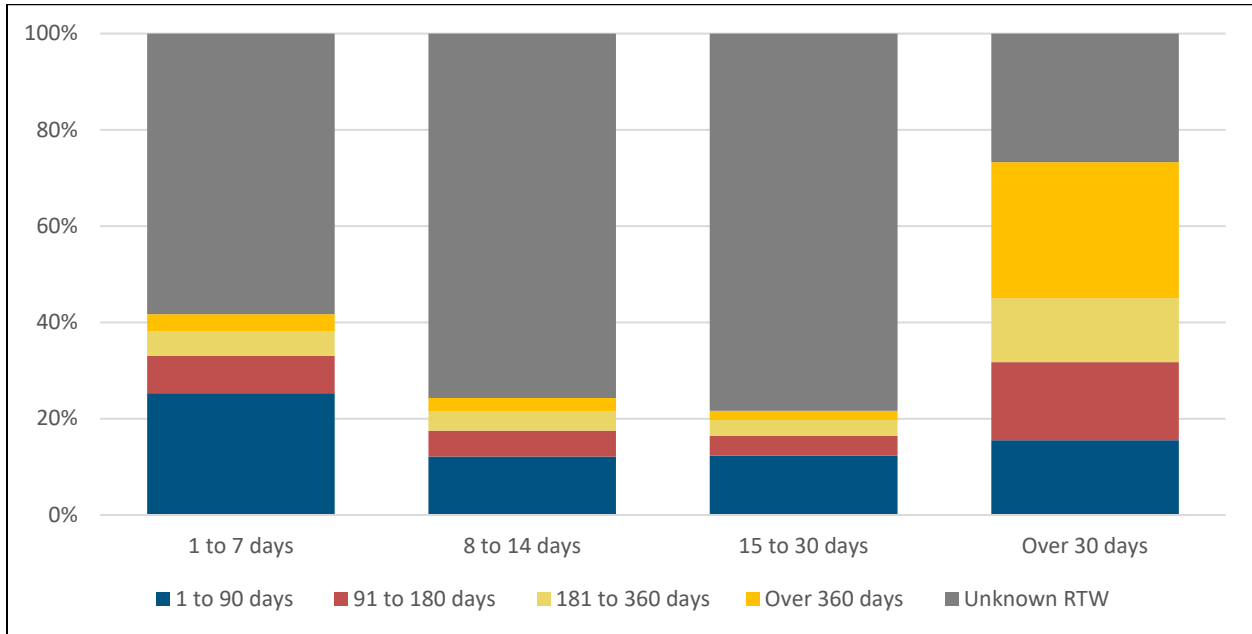
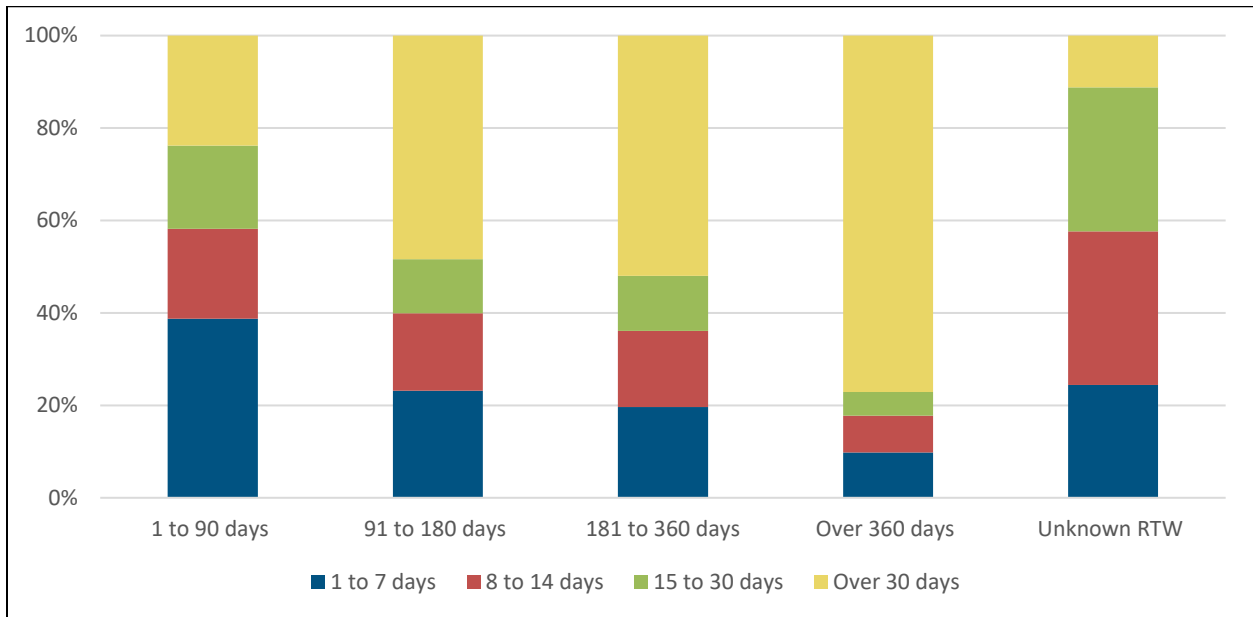


Exhibit 23: Field Case Management – Workers Compensation Case Management (Benchmarks and Percentiles)

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	3.09%	12.46%	26.55%	38.51%	55.74%	67.76%	90.32%
	91 to 180 days	2.07%	3.05%	5.26%	10.21%	19.09%	25.17%	30.43%
	181 to 360 days	0.00%	0.99%	2.18%	5.54%	11.23%	15.35%	26.84%
	Over 360 days	0.00%	0.00%	1.08%	3.32%	8.44%	12.78%	34.04%
8 to 14 days	1 to 90 days	2.40%	4.90%	7.21%	16.40%	43.82%	73.00%	97.37%
	91 to 180 days	0.99%	1.27%	1.64%	3.73%	18.53%	24.03%	41.30%
	181 to 360 days	0.00%	0.14%	1.10%	2.37%	14.52%	23.47%	39.13%
	Over 360 days	0.00%	0.00%	0.09%	1.40%	6.51%	12.29%	34.92%
15 to 30 days	1 to 90 days	2.81%	5.10%	7.78%	21.79%	44.47%	67.16%	97.67%
	91 to 180 days	0.00%	0.76%	1.19%	2.81%	21.56%	29.59%	41.15%
	181 to 360 days	0.00%	0.40%	1.00%	2.40%	14.44%	21.42%	27.69%
	Over 360 days	0.00%	0.00%	0.32%	2.29%	9.73%	11.76%	46.91%
Over 30 Days	1 to 90 days	2.30%	4.78%	6.78%	15.30%	28.50%	57.76%	98.75%
	91 to 180 days	0.00%	2.04%	2.81%	10.62%	19.47%	27.42%	30.89%
	181 to 360 days	1.25%	4.03%	4.64%	8.23%	15.95%	27.36%	46.34%
	Over 360 days	0.00%	0.66%	2.20%	12.04%	31.74%	40.35%	49.13%

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



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## 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 67 organizations submitted data for this measure. Only two organizations indicated they do not have a system to track complaints received from consumers, and two organization indicated they do not have a system to track response time. Further, the majority of organizations (n=38) do not have a system for prioritizing complaints (Exhibit 25). Organizations typically have an average response time goal of less than 20 business days with the most frequently used 30 business days response time (Range: 1 to 30 business days).

Of the 67 organizations, including those that had a denominator size of less than 30, 32.80% (n=22) reported No Complaints. Almost two-thirds of organizations (59.70%) reported 100% response within time frame. The remaining 7.46% (n=5) reported rates ranging from 64.26% to 84.43% (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

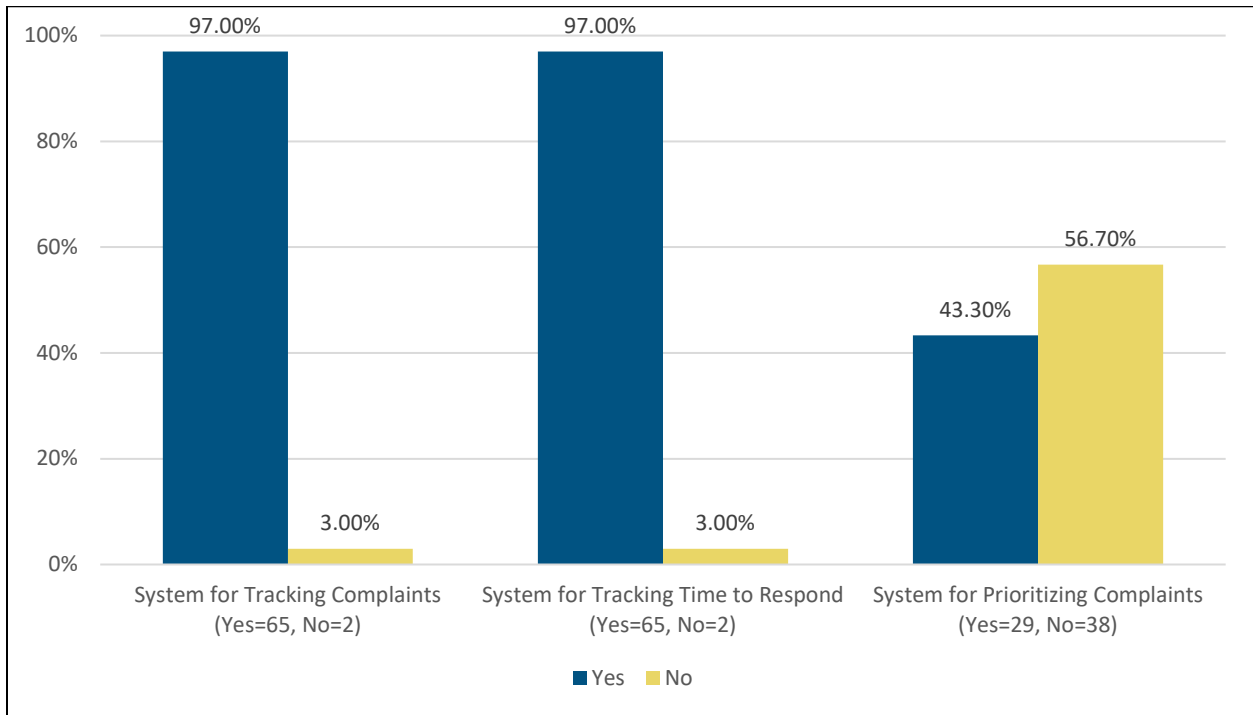
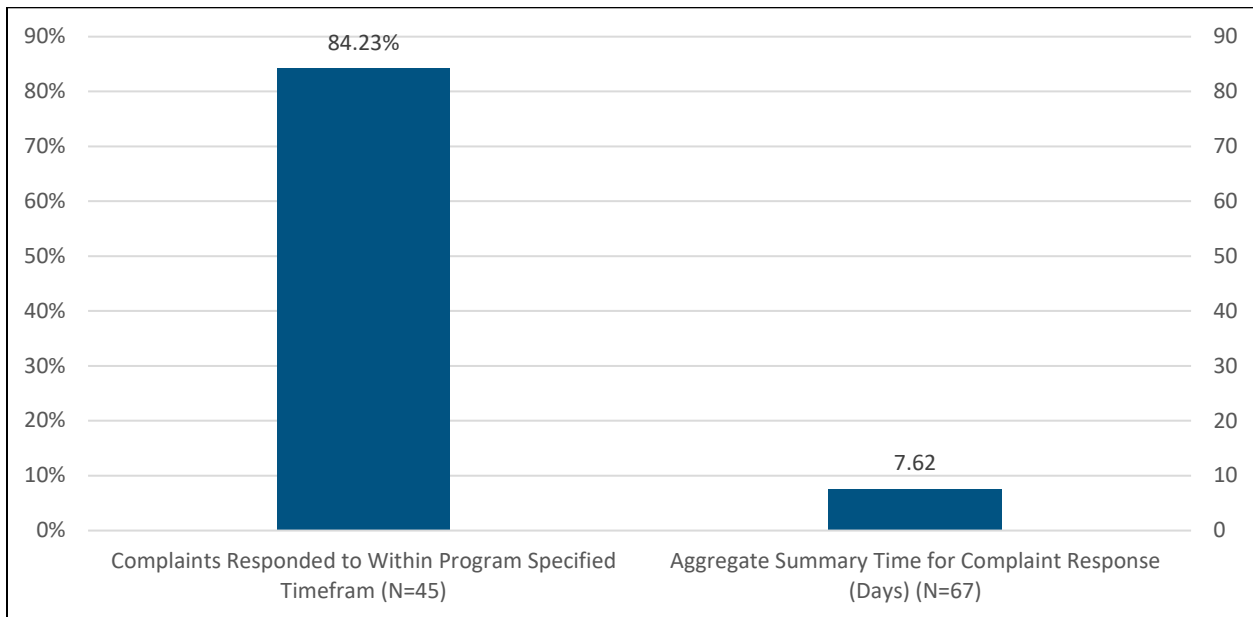


Exhibit 26: Complaint Response Timeliness



Note: Given ideal performance is indicated by no complaints, denominators of less than 30 have been included.

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

Forty-five organizations responded that they did receive a complaint for the measurement period, of which one had a denominator of zero for Part A. Forty-seven respondents indicated a goal response timeframe of less than 20 business days. The low bar results in the percentiles being skewed towards 100% of goal achieved (40 organizations or 59.70% reported 100% regardless of small denominator size). Given that most responses had a low denominator of less than 30 complaints, there were only four valid data submissions for the aggregate analysis. Excluding small denominators of less than 30 complaints, the aggregate summary rate would be 78.70% of complaints are responded to within the organization's set goal timeframes.

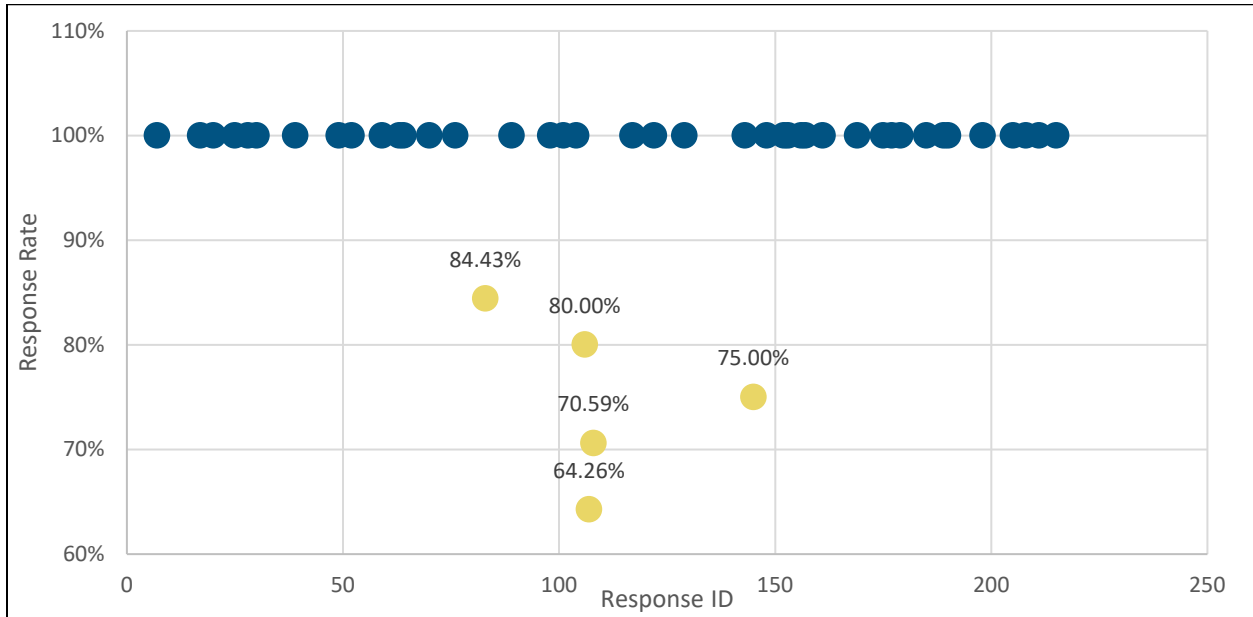
Exhibit 27: Percentage of Complaints Responded to Within Program-Specified Timeframe  
(Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Complaints Responded to Within Program-Specified Timeframe	629	745	84.43%	97.21%	67

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	64.26%	90.66%	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=22) and 59.70% reported 100% of goal met (n=40). 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 has improved in that complaints received a substantive response within 7 business days across all populations (in 2017, this was less than 10 business days).

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

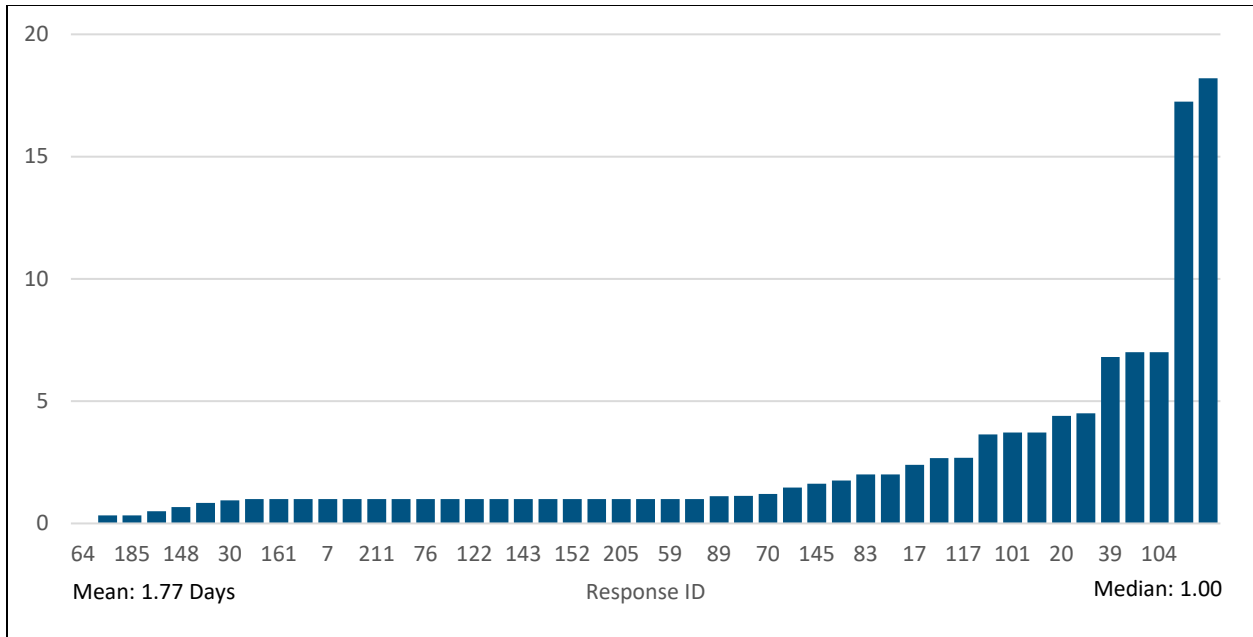
Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Aggregate Summary Time for Complaint Response (Days)	5,646	741	7.62	1.77	67

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)	18.81	3.99	1.54	1.00	0.00	0.00	0.00

Exhibit 32: Average Time for Complaint Response

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Note: Lower rate represents better performance. Organizations with a response rate of zero are not shown.

## 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 39 organizations submitted data for this measure. There were 76.90% (n=30) of organizations that reported using an internally developed consumer satisfaction survey, and 15.40% (n=6) indicated using both an internally and an externally developed consumer survey. Further, 76.90% (n=30) of organizations reported that their consumer satisfaction surveys were administered primarily via mail.

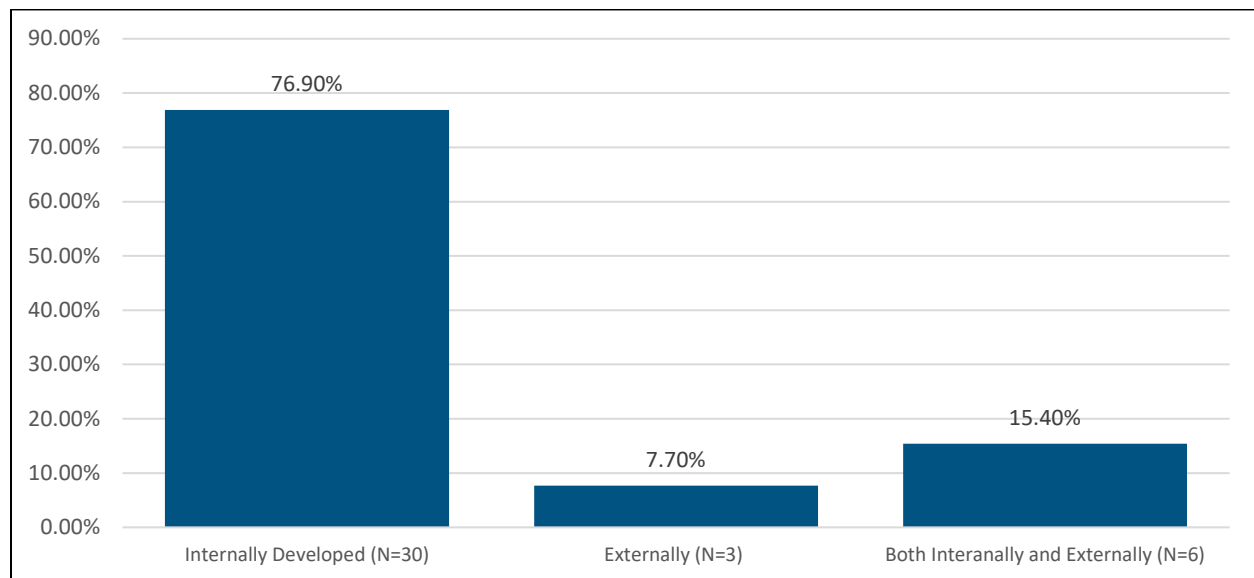
On average across all organizations fielding surveys, seven questions were used to assess consumer satisfaction. Most of the organizations, 35.90% (n=14), used a five-point scale. There were 74.36% of organizations that used ten or less survey questions. The concise nature of the surveys may have been a factor in achieving high completed survey response rates.

At least 50% of organizations used a consumer satisfaction survey for the following case management programs: general medical (84.60%, n=33), medical catastrophic (69.20%, n=27), transplant (64.10%, n=25), oncology (64.10%, n=25), behavioral health (61.50%, n=24), high risk maternity (56.40%, n=22), medical pediatric (56.40%, n=22), high risk neonate (56.40%, (n=22), and surgical (56.40%, n=22).

The majority of organizations (74.40%, n=29) surveyed all closed cases (vs. random sample). Of the surveys returned, organizations indicated that 20.51% were over 50% completed by respondents, with 2 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 95.72% with a mean of 94.60% and median of 97.19%.

Exhibit 33: Development of Consumer Satisfaction Survey



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Exhibit 34: Method by Which Consumer Satisfaction Survey Administered

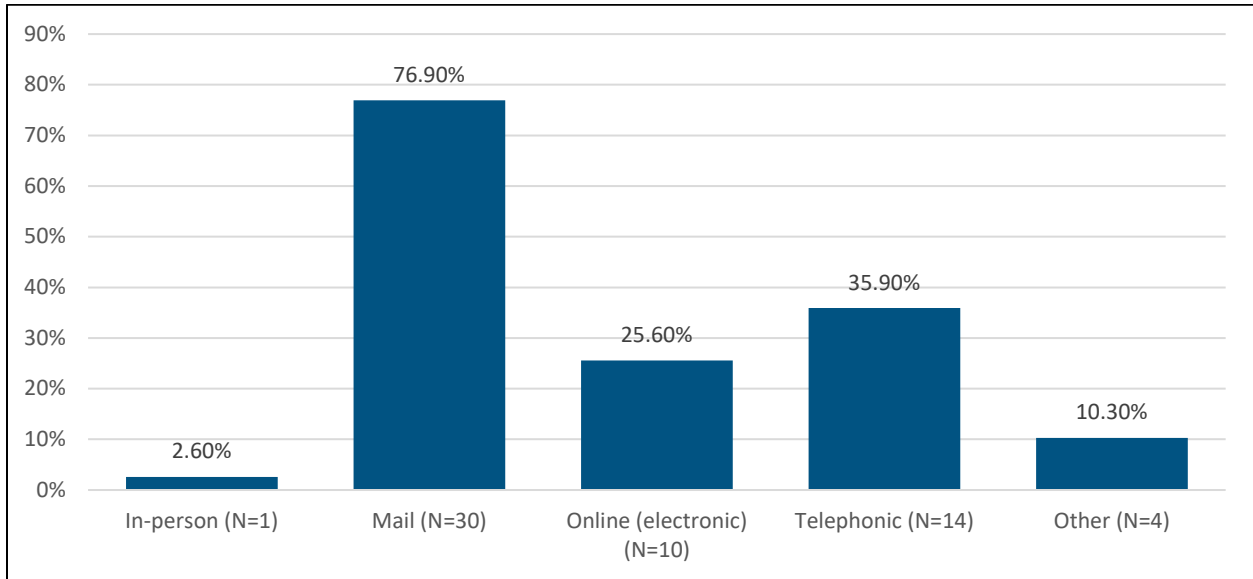
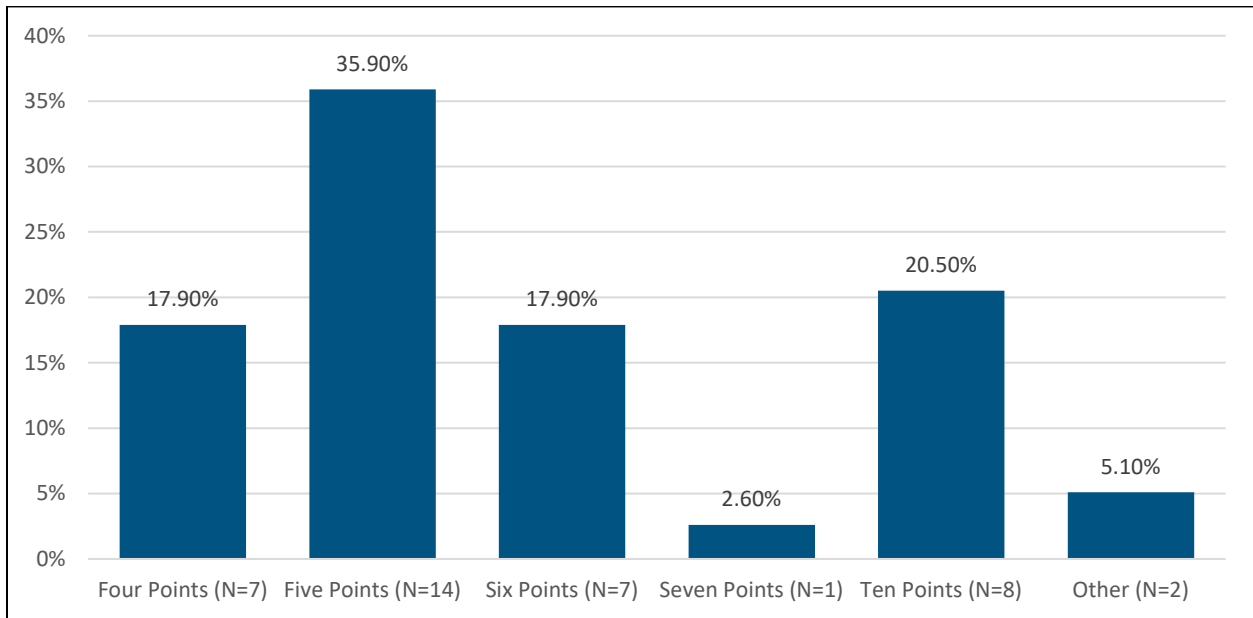


Exhibit 35: Survey Response Scale Used to Calculate Overall Satisfaction



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

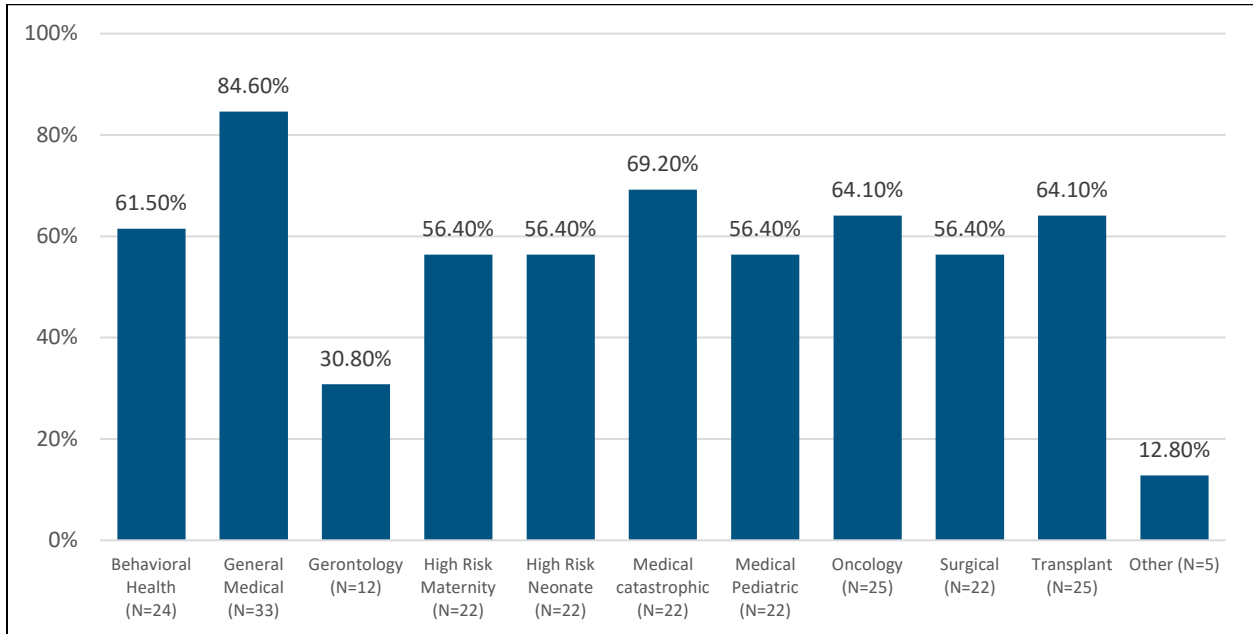
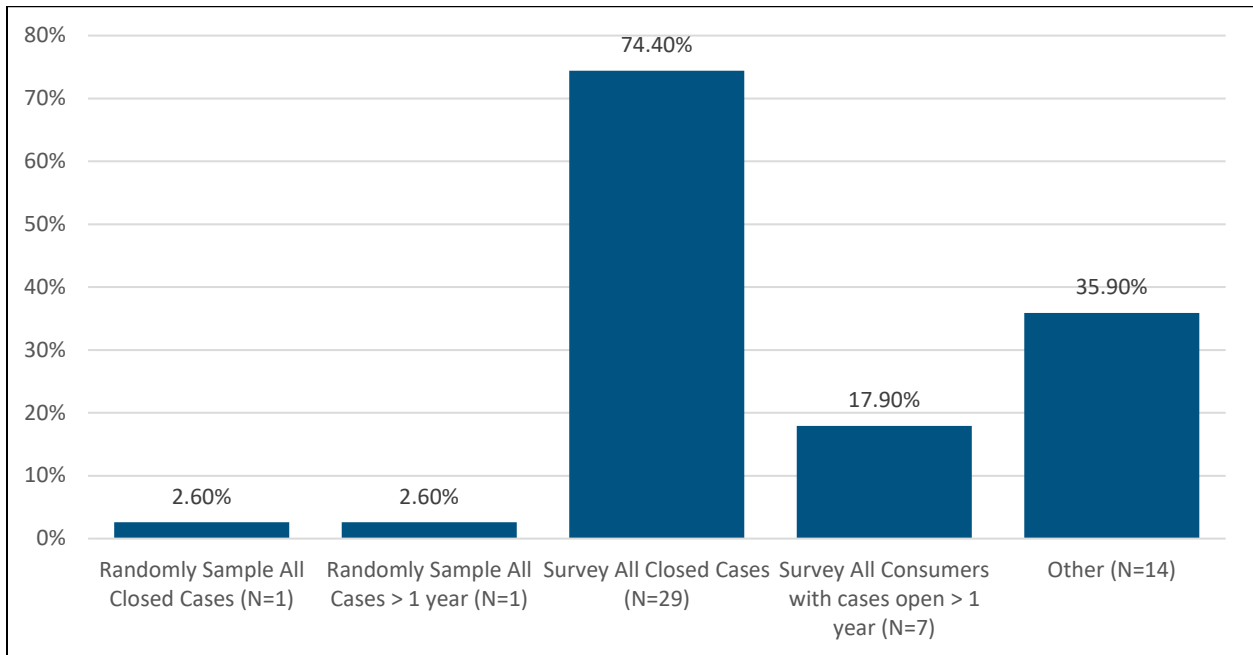


Exhibit 37: How Consumers are Surveyed



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Exhibit 38: Customer Satisfaction Survey Response Rate

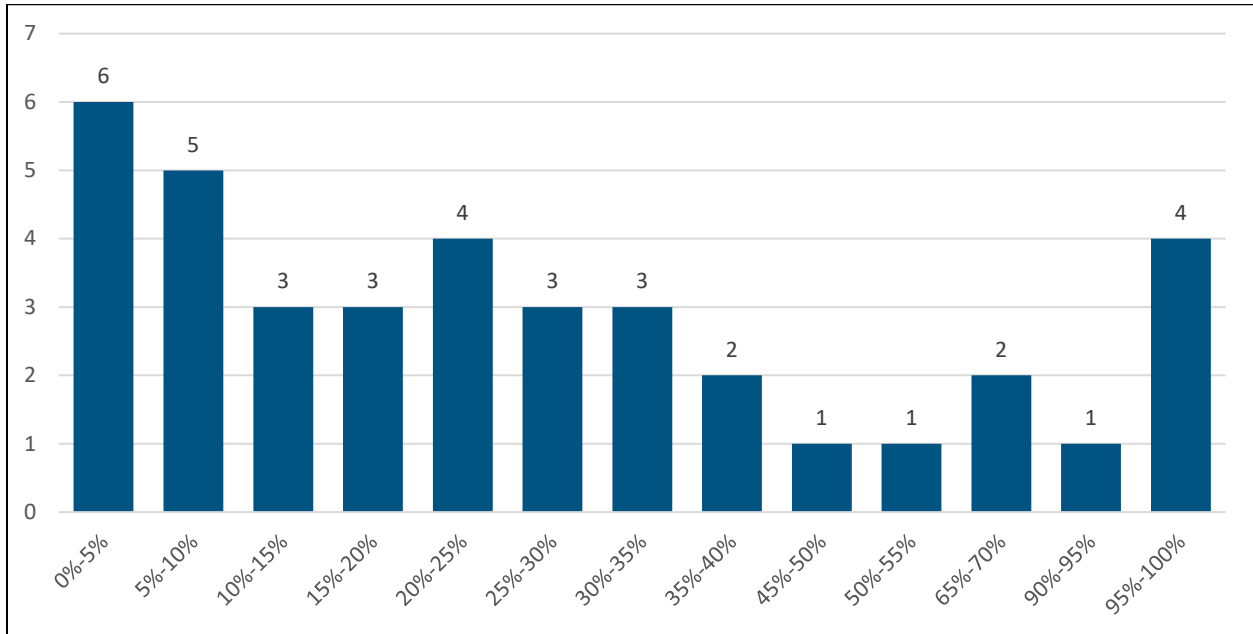


Exhibit 39: Consumer Satisfaction (Summary Data)

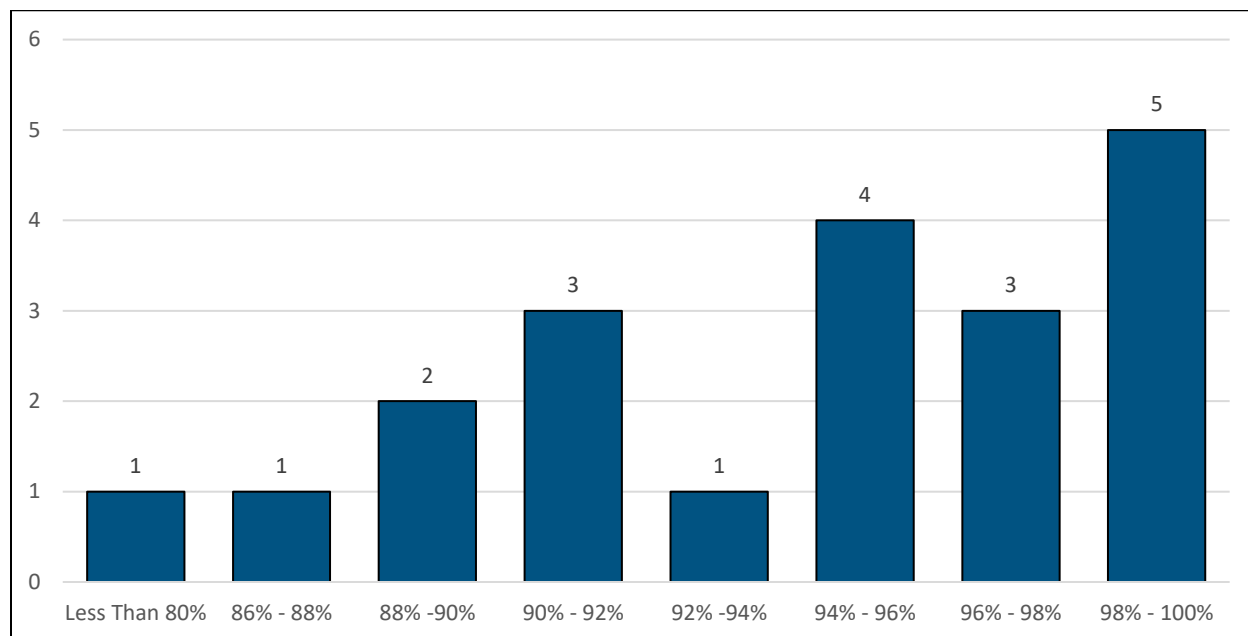
Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Overall Consumer Satisfaction	14,187	14,841	95.72%	94.60%	25

Exhibit 40: Consumer Satisfaction (Benchmarks and Percentiles)

Measure	Min	10th	25th	50th	75th	90th	Max
Overall Consumer Satisfaction	66.67%	88.52%	91.98%	96.20%	99.28%	100%	100%



Exhibit 41: Consumer Satisfaction Rate



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## 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 60 organizations submitted data for this measure. Most of the reporting organizations (93.30%, n=56) 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 15.78% for Medical Case Management and 1.17% for Workers Compensation Case Management and 9.09% for Disability Case Management.

Exhibit 42: Organizations that Track and Document Case Management Refusals

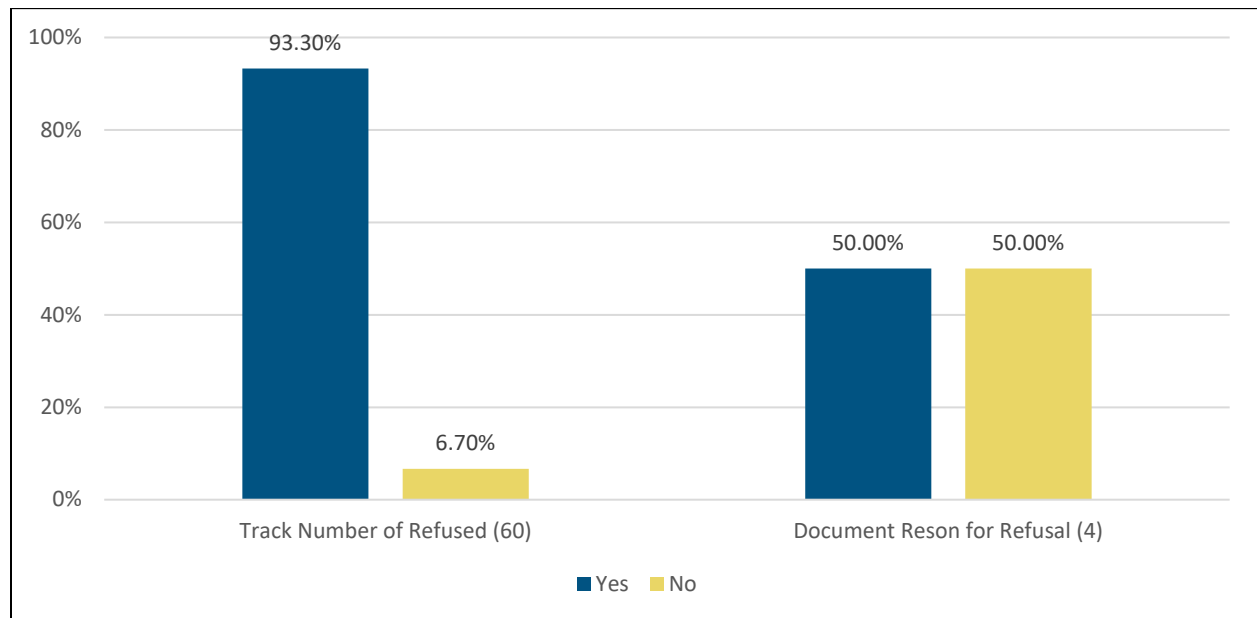


Exhibit 43: Common Reasons for Refusal

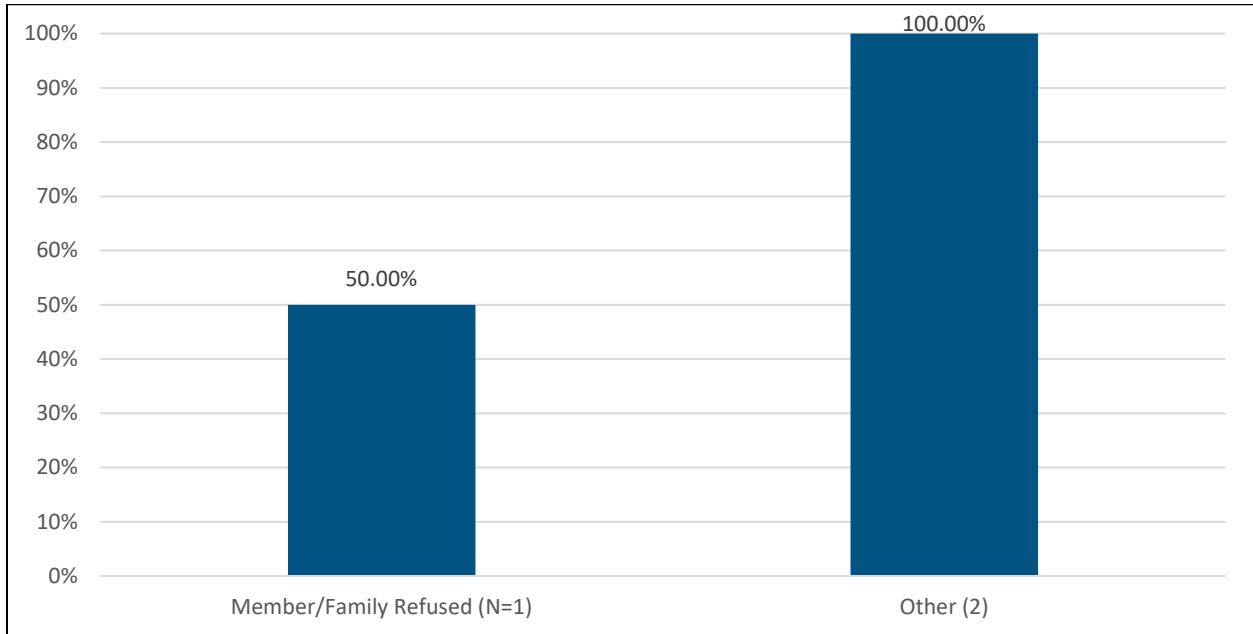
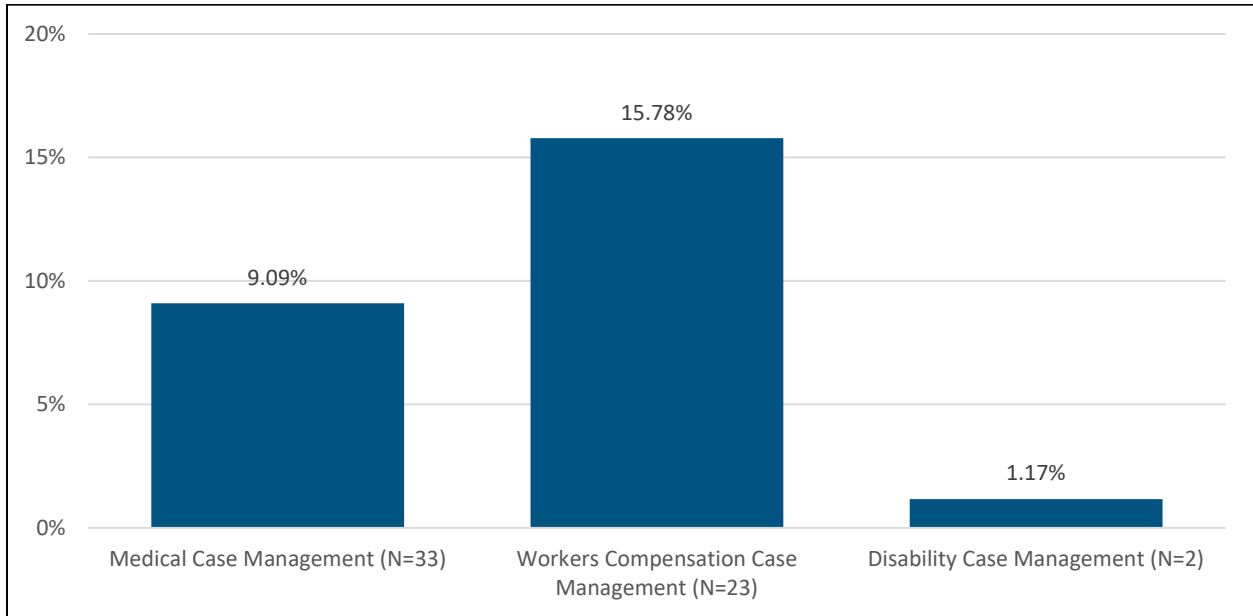


Exhibit 44: Percentage of Individuals That Refused Case Management by Service



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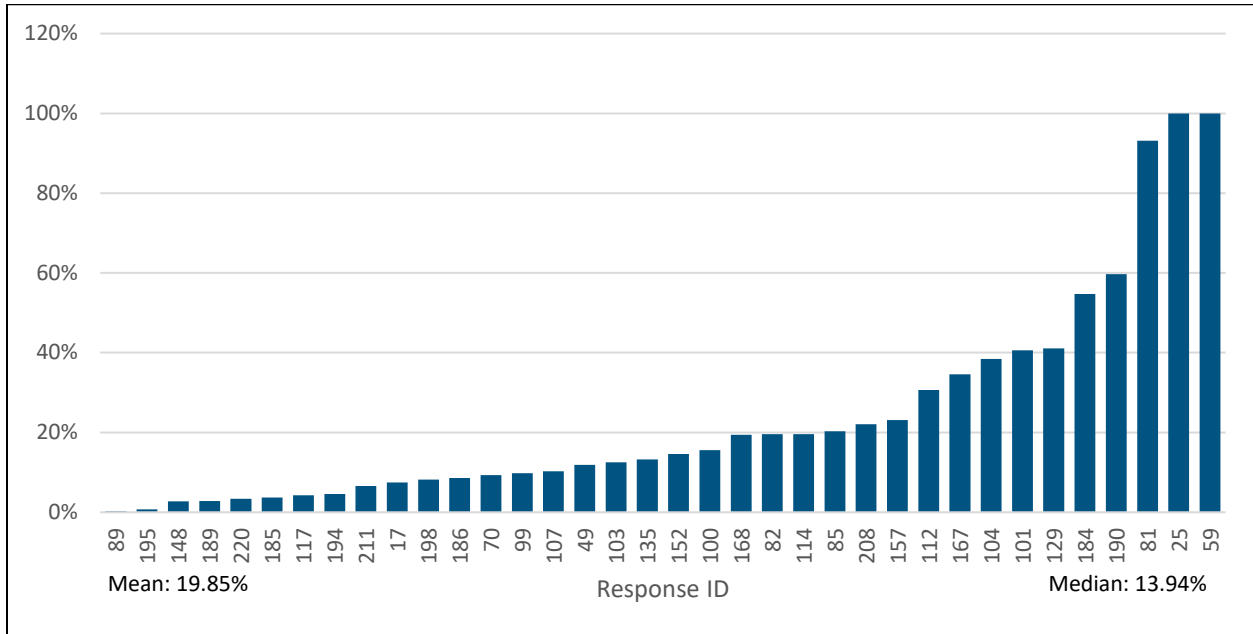
Exhibit 45: Individuals that Refused Case Management Services (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Disability Compensation Case Management Refusal Rate	1	11	9.09%	50%	2
Medical Case Management Refusal Rate	42,061	266,458	15.73%	19.85%	33
Workers Compensation Case Management Refusal Rate	1,022	87,225	1.17%	5.23%	23

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

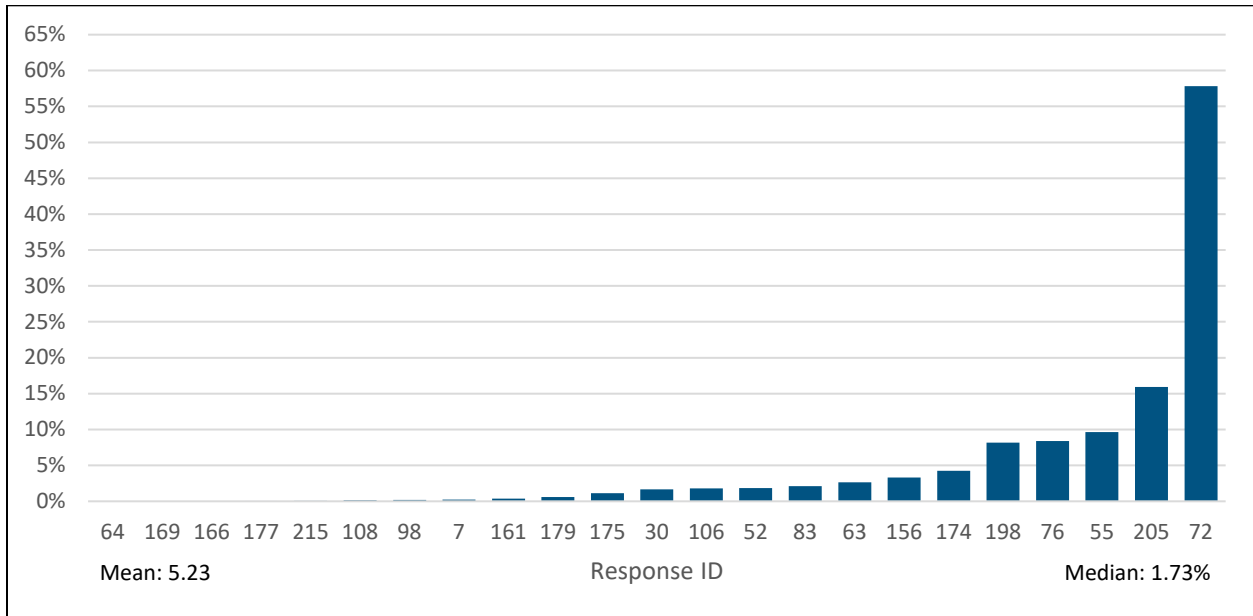
Measure	Min	10th	25th	50th	75th	90th	Max
Disability Compensation Case Management Refusal Rate	100.00%	90.00%	75.00%	50.00%	25.00%	10.00%	0%
Medical Case Management Refusal Rate	93.15%	40.97%	23.10%	13.24%	6.62%	2.93%	.27%
Workers Compensation Case Management Refusal Rate	57.81%	9.38%	3.79%	1.67%	0.16%	0.00%	0%

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.

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## **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**

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

## 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. Information is shared in the following section regarding this measure's value and the steps to take to obtain a license for use.

### Summary of Findings

Only three 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 URAC

Exhibit 49: Data Entry Errors – Duplicate Submission Removal

Measure	Sub-Measure	Response ID	Book of Business	Measure Status
All	All	19	All	Duplicate submission. Removed from results by URAC
All	All	56	All	Duplicate submission. Removed from results by URAC
All	All	57	All	Duplicate submission. Removed from results by URAC
All	All	69	All	Duplicate submission. Removed from results by URAC
All	All	84	All	Duplicate submission. Removed from results by URAC
All	All	121	All	Duplicate submission. Removed from results by URAC
All	All	193	All	Duplicate submission. Removed from results by URAC

Exhibit 50: 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	106	All	Carry denominators to RTW categories with no submitted denominators
CM2013-04 - Overall Consumer Satisfaction	Overall Consumer Satisfaction	114	All	Set Numerator to 3 from 3.6

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](mailto:ResearchMeasurement@urac.org).