



# 2021

## DISEASE MANAGEMENT PERFORMANCE MEASUREMENT

AGGREGATE SUMMARY PERFORMANCE REPORT

December 2021



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# EXECUTIVE SUMMARY

<b>14</b> Reporting Organizations	<b>913K</b> Eligible Individuals
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**Cessation Counseling for Tobacco Use**

**28.30%**

Of patients screened & counseled for tobacco use  
(median rate: 9.58%)

**Unhealthy Alcohol Use**

**40.14%**

Of patients screened & counseled for unhealthy alcohol use  
(median rate: 3.91%)

**Screening for Depression & Follow-Up Plan**

**5.79%**

Of participants screened & received follow-up  
(median rate: 6.63%)

**Diabetes Short-Term Complications Admissions**

**1,002/100K**

Admissions for complications in chronic diabetic adults  
(median rate: 538/100K)

Presented in this report are the 2020 measurement year (2021 reporting year) results based on URAC’s Disease Management Accreditation program performance measures.

URAC includes performance measures in multiple accreditation programs to align and harmonize with national priorities for healthcare quality and delivery improvement. Our priority of consumer protection and empowerment drives our measurement efforts on outcome measures, composite measures, and flexible measures collection. With the emphasis of the ACA on affordable, quality health care and access, it is imperative that performance measurement programs are in place to ensure that savings from cost cutting efforts in health care are not at the expense of the quality of care delivered to patients. The information provided by measures of performance can help stakeholders monitor the quality and accessibility of care across the nation.

Organizations are required to report data for 9 mandatory measures and have the option to report data for 1 exploratory measure.

Below is the list of measures for 2021 reporting:

### MANDATORY MEASURES

1. Screening and Cessation Counseling for Tobacco Use (DM2012-02)
2. Unhealthy Alcohol Use: Screening and Brief Counseling (DM2012-03)
3. Screening for Depression & Follow-Up Plan (DM2012-05)
4. Pediatric Asthma Admission Rate (DM2012-30)\*
5. Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (DM2012-31)\*
6. Hypertension Admission Rate (DM2012-37)
7. Heart Failure Admission Rate (DM2012-38)
8. Diabetes Short-Term Complications Admissions Rate (DM2012-73)
9. Asthma in Younger Adults Admission Rate (DM2017-01)\*

### EXPLORATORY MEASURE

1. Patient Activation Measure (DM2012-10)\*

\* Fewer than 5 organizations submitted data for this measure. Analysis and benchmarks were not produced given less than five valid data submissions.

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## DATA VALIDATION PROCEDURES

Kiser Healthcare Solutions, LLC executed standard procedures for data cleaning and validation prior to finalizing the results presented in this report. All organizations' measure submissions were reviewed for measure component quality. For example, numerators and denominators were checked against rates to ensure accuracy. Also, minimum, mean, median, and maximum rates were benchmarked nationally and regionally to ensure accuracy and to identify potential issues at an individual submission level.

Kiser Healthcare Solutions corrected for any data entry and duplicate submission errors based on manual data review and cleaning, documented at the end of this report.

### Basic guidelines for identifying valid submissions:

- Measure denominator is greater than 0
- Organization has indeed stated it is submitting the measure

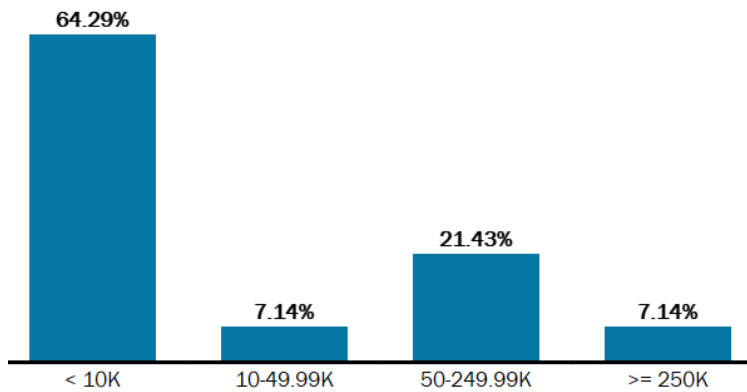
### Basic guidelines for aggregate rates:

- Measure denominator is greater than or equal to 30
- Organization has indeed stated it is submitting the measure
- Minimum of 5 reporting organizations

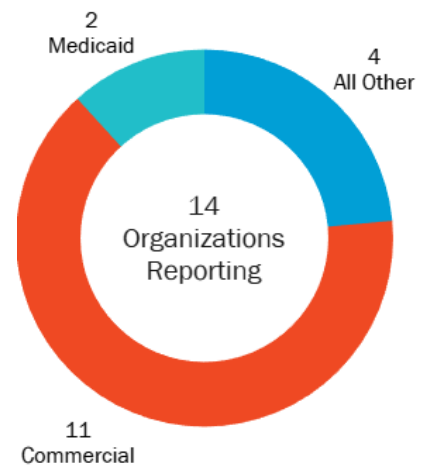
# RESULTS IN AGGREGATE

A total of 14 URAC-accredited Disease Management organizations reported 2020 measurement year data for the 2021 reporting year. The number of covered lives managed by responding organizations was 913,615, ranging from 160 to 503,534; about two-thirds of the organizations had fewer than 10,000 covered lives (**Figure 1**). About three-fourths of responding organizations (n=11) reported a Commercial line of business. No organizations reported a Medicare line of business (**Figure 2**). Of all lines of business reported among the valid submissions, only Commercial exceeded the minimum of five necessary for measure level reporting.

**Figure 1. Reporting by Program Tier Size**  
# of lives managed per organization (n=14)



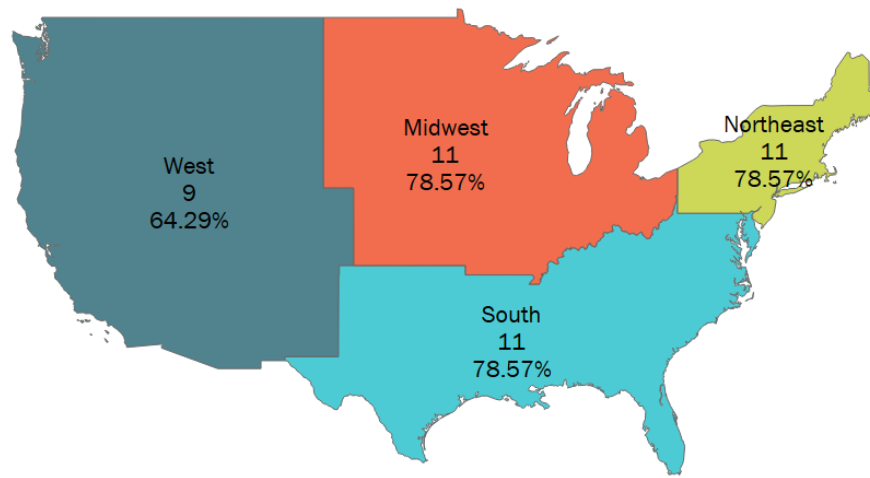
**Figure 2. Lines of Business Served**  
% of reporting organizations by payer (n=14)



## Regional Areas Served

Of the 14 DM organizations that submitted performance measurement data, 50% of the organizations (n=7) covered all 4 URAC-specified regions (Northeast, Midwest, South, and West), and 14.29% of the organizations (n=2) covered only a single region. The Midwest, Northeast and South had the most organizations submitting (78.57%, n=11) and the West had the fewest (64.29%, n=9) (**Figure 3**).

**Figure 3. Regional Areas Served**  
% of reporting organizations by region (n=14)



Note: Multiple responses accepted.

## 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.

Three rates are reported:

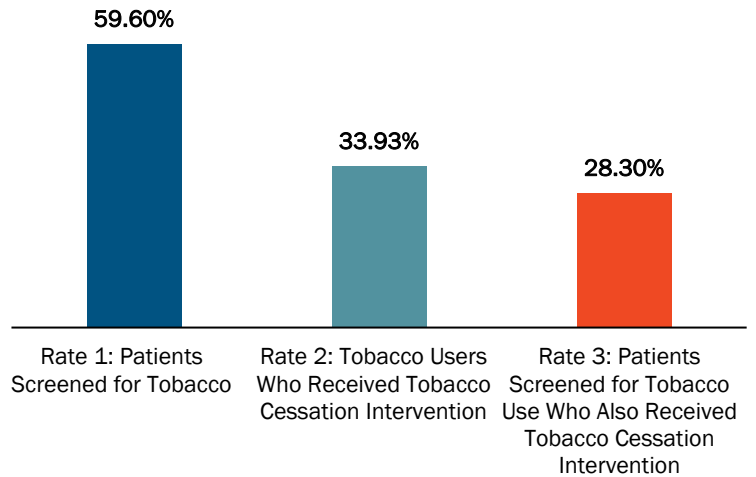
Rate 1: Patients screened for tobacco use

Rate 2: Patients identified as a tobacco user who received tobacco cessation intervention

Rate 3: Patients screened for tobacco use and received tobacco cessation intervention if identified as a tobacco user

This measure is reported separately for each of the organization's lines of business that are included in its URAC accreditation (i.e., Commercial, Medicare, and Medicaid).

Figure 4. Screening & Cessation Counseling for Tobacco Use



### Summary of Findings

A total of 12 organizations submitted valid data for this measure. The Commercial line of business is the only line of business with five or more valid submissions.

**9**  
Commercial
**2**  
Medicaid
**0**  
Medicare
**3**  
All Other

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Rate 1: Patients screened for tobacco use	16,517	27,714	59.60%	56.67%	9
Rate 2: Patients identified as a tobacco user who received tobacco cessation intervention	1,512	4,456	33.93%	58.03%	7
Rate 3: Patients screened for tobacco use and received tobacco cessation intervention if identified as a tobacco user	7,842	27,714	28.30%	25.61%	9

LINE OF BUSINESS	MIN	10 <sup>TH</sup>	25 <sup>TH</sup>	50 <sup>TH</sup>	75 <sup>TH</sup>	90 <sup>TH</sup>	MAX
Rate 1: Patients screened for tobacco use	0.47%	2.14%	23.16%	53.54%	96.39%	100%	100%
Rate 2: Patients identified as a tobacco user who received tobacco cessation intervention	0.31%	13.21%	22.28%	68.82%	96.25%	100%	0.31%
Rate 3: Patients screened for tobacco use and received tobacco cessation intervention if identified as a tobacco user	0.66%	2.07%	2.80%	9.58%	45.45%	56.36%	100%



## 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.

This measure is reported separately for each of the organization’s lines of business that are included in its URAC accreditation (i.e., Commercial, Medicare, and Medicaid).

### Summary of Reporting Organizations

A total of 11 organizations submitted valid data for this measure.

<b>8</b>	<b>2</b>	<b>0</b>	<b>2</b>
<b>Commercial</b>	<b>Medicaid</b>	<b>Medicare</b>	<b>All Other</b>

### Summary of Findings

The Commercial line of business is the only line of business with five or more valid submissions. The aggregate summary rate for Commercial is 40.14% (n=8, Range: 0.00 - 100.00%) with a mean rate of 20.48% and a median rate of 3.91%.

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	9,582	23,869	40.14%	20.48%	8

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	0%	0.07%	0.48%	3.91%	23.94%	54.60%	100%



## SCREENING FOR DEPRESSION & FOLLOW-UP PLAN (DM2012-05)

### Measure Description

This mandatory measure reports the percentage of participants 12 years and older screened for depression on the date of the encounter or 14 days prior to the date of encounter using an age- appropriate standardized depression screening tool AND, if positive, a follow-up plan is documented on the date of the encounter.

This measure is reported separately for each of the organization’s lines of business that are included in its URAC accreditation (i.e., Commercial, Medicare, and Medicaid).

### Summary of Reporting Organizations

A total of 9 organizations submitted valid data for this measure.

<b>7</b>	<b>1</b>	<b>0</b>	<b>2</b>
<b>Commercial</b>	<b>Medicaid</b>	<b>Medicare</b>	<b>All Other</b>

### Summary of Findings

The Commercial line of business is the only line of business with five or more valid submissions. The aggregate summary rate for Commercial is 5.79% (n=7, Range: 0.67 - 100.00%) with a mean rate of 20.30% and a median rate of 6.63%.

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	632	10,907	5.79%	20.30%	7

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	0.67%	1.71%	4.48%	6.63%	12.90%	48.49%	100%





## HYPERTENSION ADMISSION RATE (DM2012-37)

### Measure Description

This mandatory measure admissions with a principal diagnosis of hypertension per 100,000 population ages 18 years or older with chronic hypertension during the measurement period. **A lower rate represents better performance.**

This measure is reported separately for each of the organization’s lines of business that are included in its URAC accreditation (i.e., Commercial, Medicare, and Medicaid).

### Summary of Reporting Organizations

A total of 10 organizations submitted valid data for this measure.

<b>8</b>	<b>1</b>	<b>0</b>	<b>2</b>
<b>Commercial</b>	<b>Medicaid</b>	<b>Medicare</b>	<b>All Other</b>

### Summary of Findings

The Commercial line of business is the only line of business with five or more valid submissions. The aggregate summary rate for Commercial is 8,009 per 100,000 (n=8, Range: 67,181 - 0) with a mean rate of 10,275 and a median rate of 3,156.

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	1,083	13,522	8,009	10,275	8

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	67,181	23,030	3,674	3,156	640	227	0



## HEART FAILURE ADMISSION RATE (DM2012-38)

### Measure Description

This mandatory measure assesses admissions with a principal diagnosis of heart failure per 100,000 population ages 18 years and older with diagnosed heart failure. **A lower rate represents better performance.**

This measure is reported separately for each of the organization’s lines of business that are included in its URAC accreditation (i.e., Commercial, Medicare, and Medicaid).

### Summary of Reporting Organizations

A total of 8 organizations submitted valid data for this measure.

<b>5</b>	<b>1</b>	<b>0</b>	<b>3</b>
<b>Commercial</b>	<b>Medicaid</b>	<b>Medicare</b>	<b>All Other</b>

### Summary of Findings

The Commercial line of business is the only line of business with five or more valid submissions. The aggregate summary rate for Commercial is 1,951 per 100,000 (n=5, Range: 35,780 - 254) with a mean rate of 13,357 and a median rate of 7,186.

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	186	9,532	1,951	13,357	5

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	35,780	30,150	21,705	7,186	1,858	896	254



## DIABETES SHORT-TERM COMPLICATIONS ADMISSION RATE (DM2012-73)

### Measure Description

This mandatory measure assesses admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population ages 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.**

This measure is reported separately for each of the organization's lines of business that are included in its URAC accreditation (i.e., Commercial, Medicare, and Medicaid).

### Summary of Reporting Organizations

A total of 11 organizations submitted valid data for this measure.

<b>8</b>	<b>1</b>	<b>0</b>	<b>3</b>
<b>Commercial</b>	<b>Medicaid</b>	<b>Medicare</b>	<b>All Other</b>

### Summary of Findings

The Commercial line of business is the only line of business with five or more valid submissions. The aggregate summary rate for Commercial is 1,002 per 100,000 (n=8, Range: 4,223 - 0) with a mean rate of 1,066 and a median rate of 538.

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	159	15,866	1,002	1,066	8

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	4,223	2,357	1,147	538	334	227	0