



2022

CASE MANAGEMENT PERFORMANCE MEASUREMENT

AGGREGATE SUMMARY PERFORMANCE REPORT

February 2023



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EXECUTIVE SUMMARY

58

Reporting Organizations

371,792

Unique Cases Represented

Presented in this report are the 2021 measurement year (2022 reporting year) results based on URAC's Case Management (CM) 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 addressed 99.79% of complaints of within their specified timeframe
- 29.17% of organizations with rates in the 90th percentile for overall consumer satisfaction
- Positive association in time to return to work when early referral to case management occurred

Consumer Satisfaction

95.87%

Satisfaction with Case Management Program

Medical Readmissions

10.07%

Of patients readmitted within 30 days

Refusal of Case Management Services

9.96%

Of individuals refused *Medical* CM Services

Complaint Response Timeliness

3.50 days

To respond to a complaint

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

Below is the list of measures for 2022 reporting:

MANDATORY MEASURES

1. Medical Readmissions[®] (CM2013-01)
2. Percentage of Participants That Were Medically Released to Return to Work: Disability and Workers' Compensation Only[®] (CM2013-02)
3. Complaint Response Timeliness[®] (CM2013-03)
4. Overall Consumer Satisfaction[®] (CM2013-04)
5. Percentage of Individuals That Refused Case Management Services[®] (CM2013-05)

EXPLORATORY MEASURES

1. Patient Activation Measure (DM2012-10) *

* No organization submitted data for this exploratory measure

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DATA ANALYSIS 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.

Basic guidelines for identifying valid submissions:

- Measure denominator is greater than zero
- 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 required for analysis

RESULTS IN AGGREGATE

A total of 58 URAC-accredited Case Management organizations reported 2021 measurement year data for the 2022 reporting year. The number of unique cases represented by responding organizations was 371,792 with organizational case volume ranging from 29 to 143,856. More than half (n=34) of organizations reported managing less than 1,500 unique cases, with most organizations reporting between 0-1,500 unique cases (**Figure 1**). The Midwest represented the largest number of organizations 67.24% (n=39), and 36.21% (n=21) of organizations served populations in all four regions. The other three regions were distributed relatively evenly ranging from 48.28% to 51.72% (**Figure 2**).

Figure 1. Reported Unique Case Volume
of cases managed per organization (n=58)

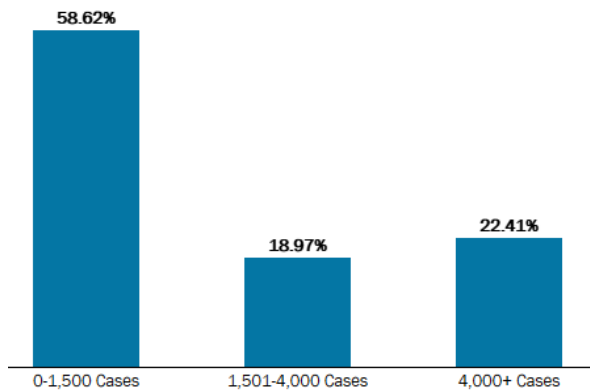
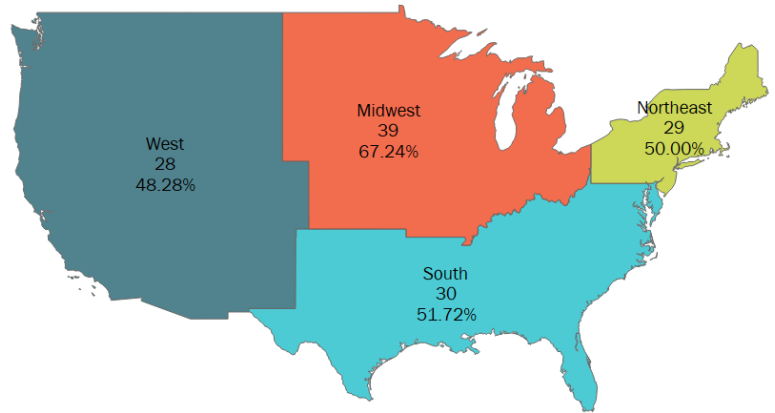


Figure 2. Regional Areas Served
% of reporting organizations by region (n=58)



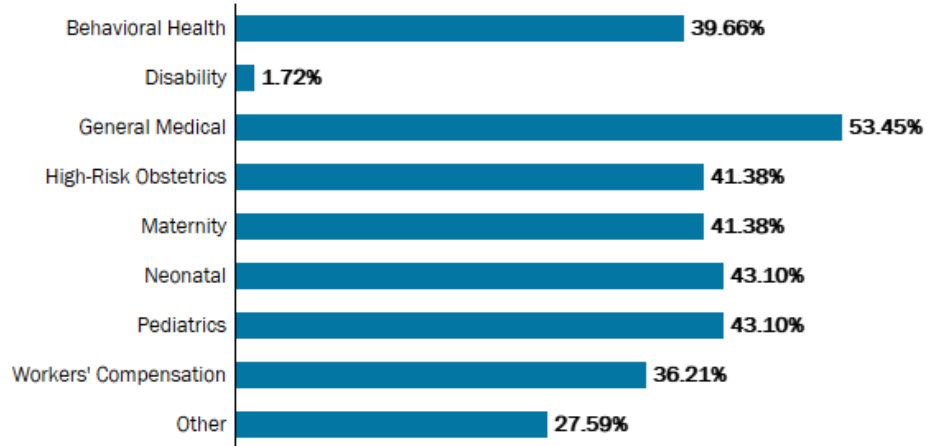
Note: Multiple responses accepted.

Case Management Types

More than eight types of case management were represented (reporting organizations could offer more than one type of case management). The most represented type was General Medical case management (53.45%, n=31), while Disability case management represented the least (1.72%, n=1) (**Figure 3**).

Responses indicated as “Other” include, but are not limited to Catastrophic, Dialysis, Maternity, Oncology, and Transplant.

Figure 3. Types of Case Management Represented
% of reporting organizations (n=58)



Note: Multiple responses accepted.

Tracking Hospital Readmissions

Less than half of reporting case management organizations (41.38%, n=24) track the number of patients with a hospital readmission after discharge from an acute care facility. Of those organizations that track readmissions, 91.66% (n=22) become aware of hospital readmissions within 30 days of discharge (**Figure 4**) and 62.50% (n=24) indicated that they verify the readmissions are correctly coded (**Figure 5**). Of the 34 case management organizations not presently tracking hospital readmissions, most (82.35%, n=28) have no plans to measure readmissions in the future.

Figure 4. Time to Become Aware of Readmission

% of reporting organizations tracking hospital readmissions (n=24)

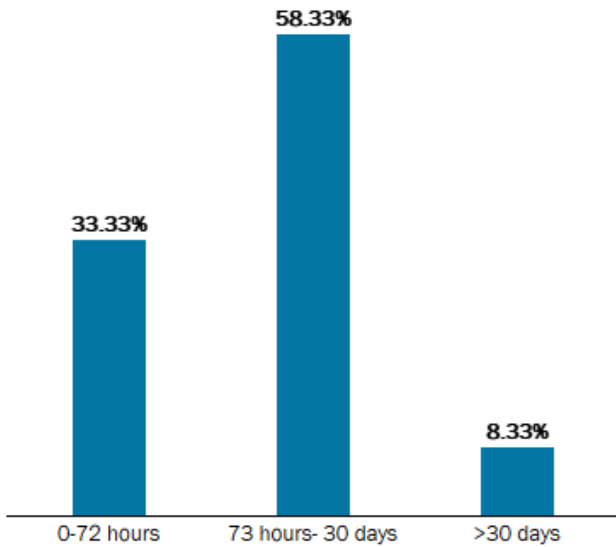
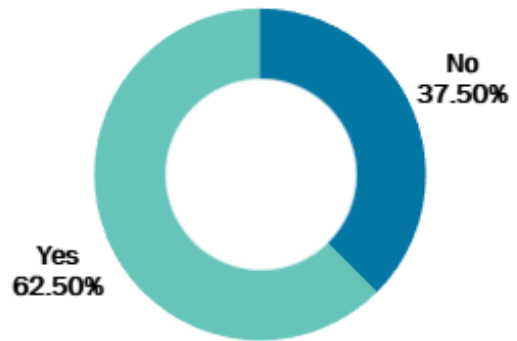


Figure 5. Verify Readmissions Coded Correctly

% of reporting organizations tracking hospital readmissions (n=24)

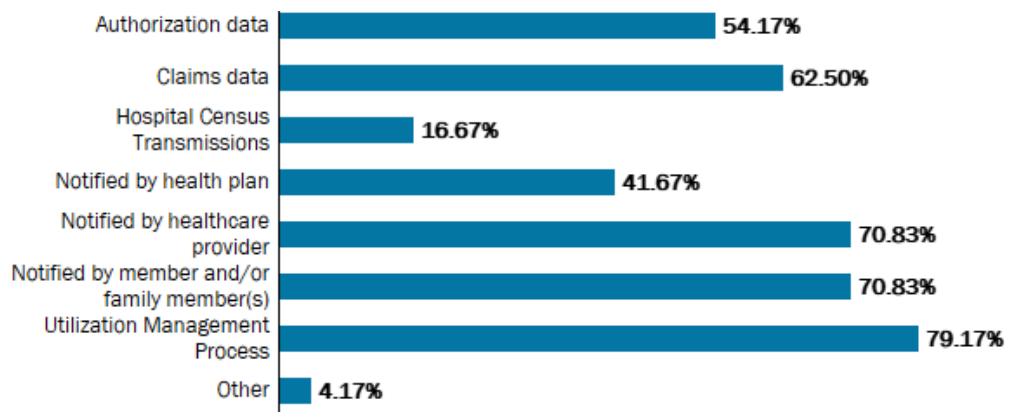


For 2022 reporting, hospital readmissions could be tracked using seven possible methods, and organizations could report the use of more than one method.

Most organizations reported tracking readmissions through a utilization management process, followed by notification from the healthcare provider, member, and/or family, using claims data, or via authorization data. (**Figure 6**).

Figure 6. Method for Tracking Readmission

% of reporting organizations tracking hospital readmissions (n=24)



Note: Multiple responses accepted.

MEDICAL READMISSIONS (CM2013-01)

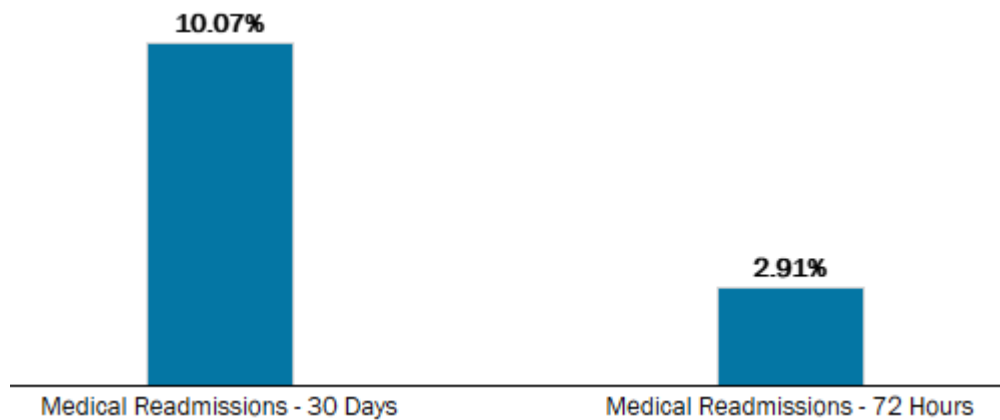
Measure Description

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 Disability, and Workers Compensation populations. **A lower rate represents better performance.**

Summary of Findings

Seven organizations submitted valid data for this measure. Of those seven organizations, five organizations reported data for the readmission within the exploratory 72 hours measure part.

Figure 7. Medical Readmissions within 30 Days & 72 Hours



Note: 72 Hour measure part is exploratory.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Medical Readmissions - 30 Days	1,627	16,149	10.07%	16.34%	7
Medical Readmissions - 72 Hours	419	14,407	2.91%	4.02%	5

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Medical Readmissions - 30 Days	42.55%	28.38%	18.89%	14.32%	7.31%	6.13%	5.08%
Medical Readmissions - 72 Hours	10.64%	8.06%	4.19%	3.27%	1.35%	0.92%	0.64%

PERCENTAGE OF PARTICIPANTS THAT WERE MEDICALLY RELEASED TO RETURN TO WORK: DISABILITY AND WORKERS' COMPENSATION ONLY (CM2013-02)

Measure Description

This *mandatory* 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: Part A is for participants who received Telephonic Case Management. Part B is for participants who received Field Case Management.

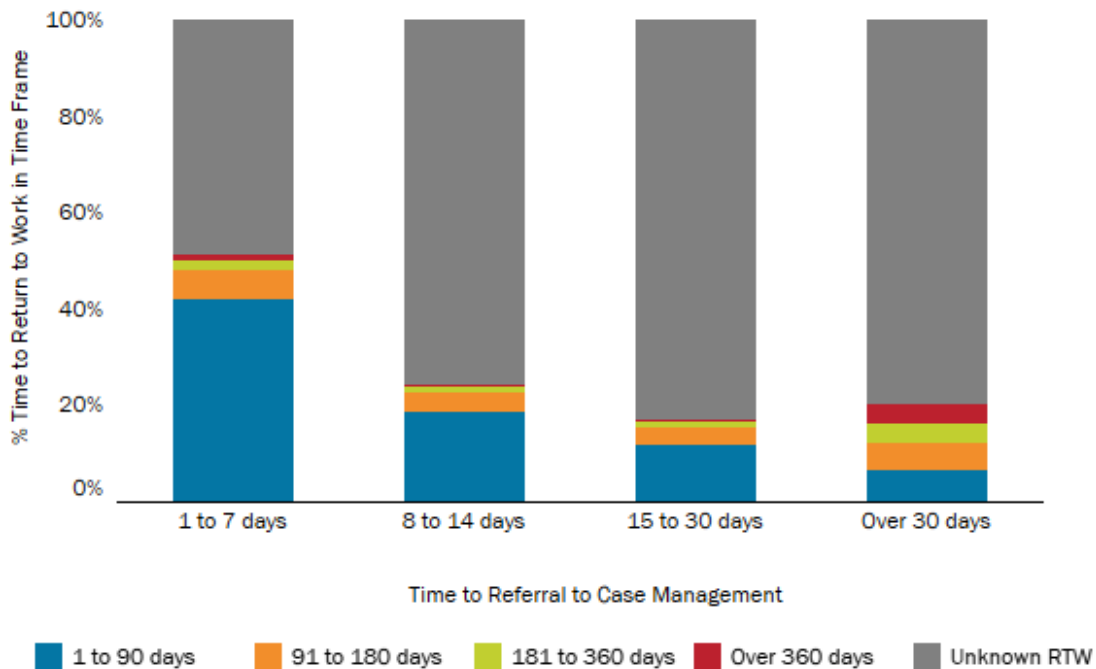
Summary of Findings

This measure is specified for Disability and Workers Compensation service categories. Because no organizations submitted data for a disability program, analysis was performed for Workers Compensation only. A total of 12 organizations reported on Part A and 9 organizations reported on Part B. Overall, the rates for Telephonic Case Management (Part A) outperform Field Case Management (Part B). Because of sample sizes less than 30 in certain cases, not every organization has a reportable denominator in each time from onset of lost time to referral to case management category; therefore, submission counts may be variable within Figures 8 and 9.

Part A: Telephonic Case Management

Based on the data reported, there is a positive association in return to workdays where referrals occur sooner. Longer return to workdays are seen when cases are not referred within 30 days. For 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.

Figure 8. Telephonic Case Management for Return to Work





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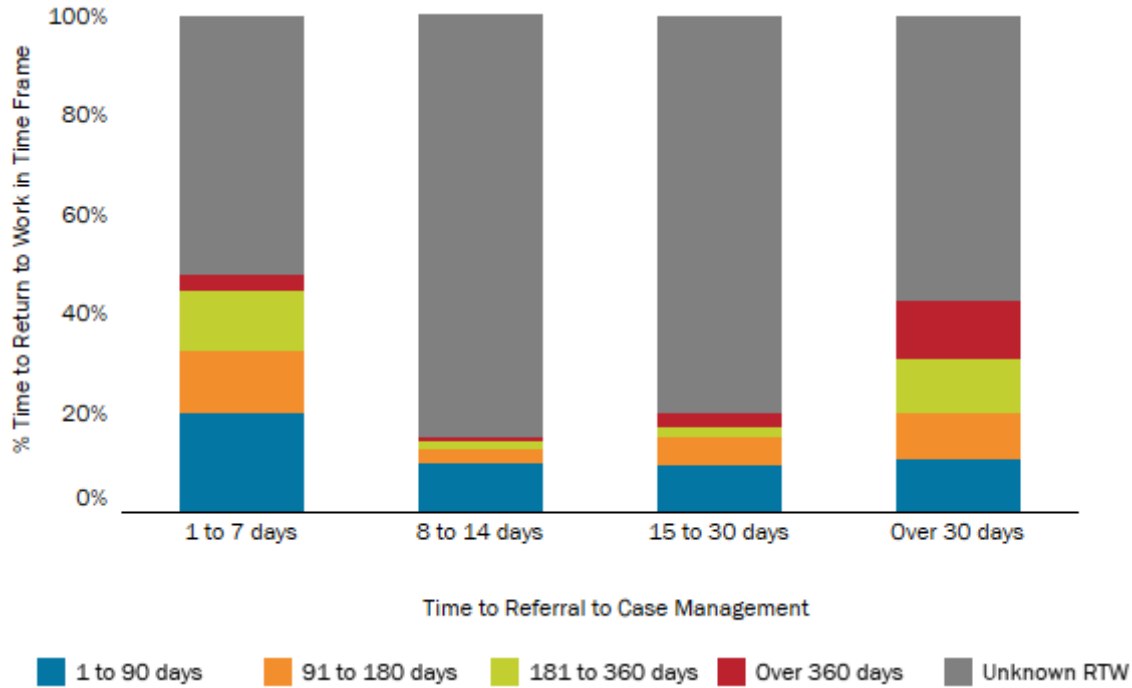
TIME FROM ONSET OF LOST TIME TO REFERRAL TO CASE MANAGEMENT	TIME BETWEEN ONSET OF LOST TIME TO MEDICAL RELEASE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	SUBMISSIONS
1 to 7 days	1 to 90 days	5,502	13,094	42.02%	12
	91 to 180 days	817	13,094	6.24%	12
	181 to 360 days	262	13,094	2.00%	12
	Over 360 days	126	13,094	0.96%	12
	Unknown RTW	6,387	13,094	48.78%	12
8 to 14 days	1 to 90 days	1,922	10,358	18.56%	11
	91 to 180 days	404	10,358	3.90%	11
	181 to 360 days	134	10,358	1.29%	11
	Over 360 days	59	10,358	0.57%	11
	Unknown RTW	7,839	10,358	75.68%	11
15 to 30 days	1 to 90 days	1,155	9,906	11.66%	11
	91 to 180 days	350	9,906	3.53%	11
	181 to 360 days	143	9,906	1.44%	11
	Over 360 days	41	9,906	0.41%	11
	Unknown RTW	8,217	9,906	82.95%	11
Over 30 days	1 to 90 days	631	10,072	6.26%	11
	91 to 180 days	579	10,072	5.75%	11
	181 to 360 days	419	10,072	4.16%	11
	Over 360 days	407	10,072	4.04%	11
	Unknown RTW	8,036	10,072	79.79%	11

TIME FROM ONSET OF LOST TIME TO REFERRAL TO CASE MANAGEMENT	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	18.57%	29.94%	46.57%	54.91%	67.66%	73.71%	92.93%
	91 to 180 days	0.00%	3.45%	4.47%	7.28%	20.03%	26.67%	31.25%
	181 to 360 days	0.00%	0.38%	1.83%	3.22%	5.13%	8.25%	8.63%
	Over 360 days	0.00%	0.00%	0.00%	0.00%	2.99%	3.96%	18.99%
	Unknown RTW	0.00%	0.00%	3.81%	21.09%	42.04%	60.27%	74.31%
8 to 14 days	1 to 90 days	3.40%	4.69%	8.56%	16.20%	63.28%	70.69%	90.18%
	91 to 180 days	0.00%	0.00%	0.94%	3.24%	10.80%	14.77%	19.67%
	181 to 360 days	0.00%	0.00%	0.15%	1.17%	4.35%	7.95%	13.11%
	Over 360 days	0.00%	0.00%	0.00%	0.32%	1.49%	6.56%	11.36%
	Unknown RTW	0.00%	0.00%	5.17%	78.19%	89.36%	95.31%	95.92%
15 to 30 days	1 to 90 days	3.13%	5.47%	6.70%	9.29%	63.84%	71.67%	86.45%
	91 to 180 days	0.00%	0.00%	0.30%	3.56%	8.55%	12.75%	22.03%
	181 to 360 days	0.00%	0.00%	0.40%	1.19%	4.04%	8.77%	13.56%
	Over 360 days	0.00%	0.00%	0.00%	0.00%	1.16%	3.39%	13.33%
	Unknown RTW	0.00%	0.00%	7.02%	85.43%	92.02%	93.75%	96.88%
Over 30 days	1 to 90 days	0.00%	2.10%	3.74%	15.63%	23.62%	49.25%	84.18%
	91 to 180 days	0.00%	0.68%	1.58%	3.13%	7.77%	24.53%	43.72%
	181 to 360 days	0.00%	0.00%	0.42%	1.19%	5.86%	14.75%	24.53%
	Over 360 days	0.00%	0.00%	0.00%	0.00%	2.81%	28.30%	50.82%
	Unknown RTW	0.00%	0.00%	4.43%	82.31%	91.64%	94.81%	96.88%

Part B: Field Case Management

Based on the data reported, there is a positive association in return to workdays where referrals occur sooner. Longer return to workdays are seen when cases are not referred within 30 days. For Field Case Management, there is slightly better performance for return to work within 90 days when the referral occurs after 30 days. Tests of statistically significant differences were not conducted given small sample sizes.

Figure 9. Field Case Management for Return to Work



TIME FROM ONSET OF LOST TIME TO REFERRAL TO CASE MANAGEMENT	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	1,449	7,326	19.78%	9
	91 to 180 days	919	7,326	12.54%	9
	181 to 360 days	886	7,326	12.09%	9
	Over 360 days	253	7,326	3.45%	9
	Unknown RTW	3,819	7,326	52.13%	9
8 to 14 days	1 to 90 days	478	4,983	9.59%	8
	91 to 180 days	138	4,983	2.77%	8
	181 to 360 days	99	4,983	1.99%	8
	Over 360 days	38	4,983	0.76%	8
	Unknown RTW	4,236	4,983	85.01%	8
15 to 30 days	1 to 90 days	496	5,233	9.48%	8
	91 to 180 days	295	5,233	5.64%	8
	181 to 360 days	101	5,233	1.93%	8
	Over 360 days	137	5,233	2.62%	8
	Unknown RTW	4,204	5,233	80.34%	8
Over 30 days	1 to 90 days	549	5,271	10.42%	8
	91 to 180 days	502	5,271	9.52%	8
	181 to 360 days	563	5,271	10.68%	8
	Over 360 days	632	5,271	11.99%	8
	Unknown RTW	3,025	5,271	57.39%	8



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TIME FROM ONSET OF LOST TIME TO REFERRAL TO CASE MANAGEMENT	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	9.19%	10.79%	20.59%	25.03%	46.50%	47.62%	48.76%
	91 to 180 days	0.55%	2.35%	2.94%	5.41%	15.38%	24.53%	30.08%
	181 to 360 days	0.00%	0.44%	1.09%	2.98%	11.57%	18.81%	32.49%
	Over 360 days	0.00%	0.29%	0.55%	1.00%	6.61%	12.31%	21.89%
	Unknown RTW	0.00%	2.38%	6.61%	65.90%	76.47%	83.62%	84.55%
8 to 14 days	1 to 90 days	5.44%	5.50%	6.58%	8.16%	23.61%	49.15%	65.67%
	91 to 180 days	0.00%	0.39%	1.51%	2.61%	4.49%	11.02%	15.85%
	181 to 360 days	0.00%	0.00%	0.55%	1.22%	4.49%	15.31%	23.17%
	Over 360 days	0.00%	0.00%	0.09%	0.28%	3.88%	10.07%	17.91%
	Unknown RTW	4.48%	9.88%	61.71%	87.87%	90.46%	91.65%	93.92%
15 to 30 days	1 to 90 days	4.50%	5.94%	6.75%	10.02%	20.07%	33.29%	62.92%
	91 to 180 days	0.00%	0.00%	0.75%	2.35%	6.66%	21.88%	36.22%
	181 to 360 days	0.00%	0.00%	0.09%	1.24%	2.90%	6.69%	9.18%
	Over 360 days	0.00%	0.00%	0.09%	0.32%	4.55%	18.43%	24.74%
	Unknown RTW	0.00%	6.96%	62.05%	85.20%	91.52%	92.25%	92.82%
Over 30 days	1 to 90 days	5.12%	6.39%	8.35%	10.19%	31.20%	41.35%	50.83%
	91 to 180 days	0.00%	3.85%	5.64%	7.84%	10.93%	17.32%	24.58%
	181 to 360 days	0.00%	1.93%	2.94%	8.66%	12.81%	16.67%	19.49%
	Over 360 days	0.00%	1.52%	2.20%	3.79%	12.14%	21.29%	41.15%
	Unknown RTW	0.00%	9.49%	31.98%	61.08%	75.65%	82.30%	91.18%

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.**

Complaint Tracking Summary

A total of 55 organizations submitted data for this measure. Although most of the reporting organizations have a system for tracking complaints (**Figure 10**), more than half the reporting organizations (n=39) do not have a system for prioritizing complaints (**Figure 11**). Only one organization indicated they do not have a system to track response time (**Figure 12**). Of the 55 reporting organizations, including those that had a denominator size of less than 30, 32.73% (n=18) reported No Complaints.

Figure 10. Tracking Complaints

% of reporting organizations with a complaint tracking system



Figure 11. Prioritizing Complaints

% of reporting organizations with a system for prioritizing complaints

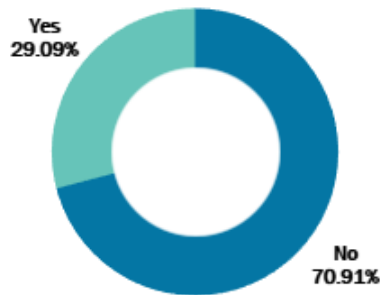
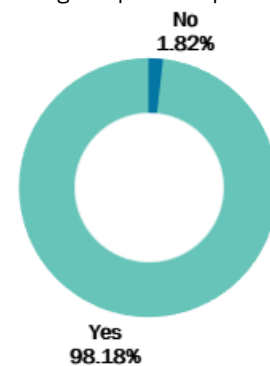


Figure 12. Tracking Time to Respond

% of reporting organizations with a system for tracking complaint response time



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

Of the 37 organizations that submitted valid data for this measure, **99.79% of complaints were addressed within the program-specified timeframe**. Seventeen of those respondents indicated a goal response timeframe of 20 business days or greater, with two responses of 60 days. Thirty-four of those respondents have denominators of less than 30.

Part B: Average Time for Complaint Response

Overall, the performance of this measure is moderate in that the complaints received a response within 5 business days (1.42 days). Organizations reported an average response time goal of less than 15 business days. The most reported response time goal is 30 business days (Range: 1 to 60 business days).

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part A: Complaint Response Within Program Timeframe	468	469	99.79%	98.65%	37
Part B: Aggregate Summary Time for Complaint Response (Days)	1,643	469	3.50	2.95	37

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part A: Complaint Response Within Program Timeframe	50.00%	100%	100%	100%	100%	100%	100%
Part B: Aggregate Summary Time for Complaint Response (Days)	27.00	6.40	2.29	1.00	1.00	1.00	0

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. This measure excludes Disability and Workers Compensation populations.

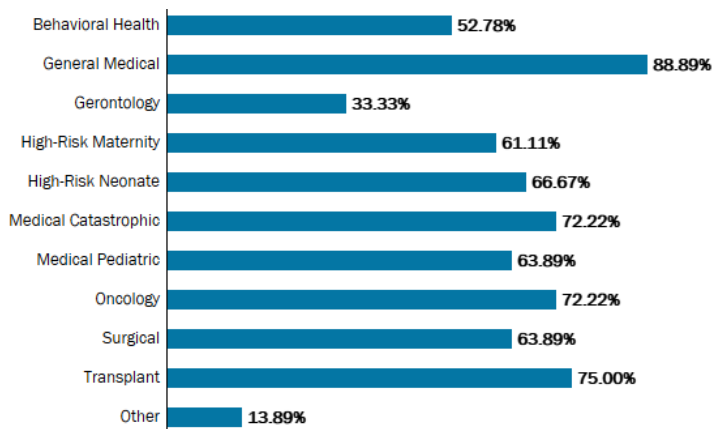
Consumer Satisfaction Survey Methodology

A total of 36 organizations submitted data for this measure and 12 organizations were removed from analysis due to a denominator of less than 30. Organizations reported that more than 10 case management program types were applicable to overall consumer satisfaction. At least half the organizations reported the use of a consumer satisfaction survey for all case management programs except for gerontology and “other”-defined programs (**Figure 13**).

For 2022 reporting, organizations were able to utilize consumer satisfaction surveys that were developed internally, externally, or a combination of an internal and external survey and were required to report survey methodology such as: survey administration method (e.g., mail, online, telephonic), the point scale used for calculating satisfaction, and the type of survey conducted (e.g., random sampling vs all cases). **See Figures 14-16.**

Figure 13. Program Types Applicable

% of reporting organizations applicable to program type



Note: Multiple responses accepted.

Figure 14. Development of Survey

% of reporting organizations (n=36)

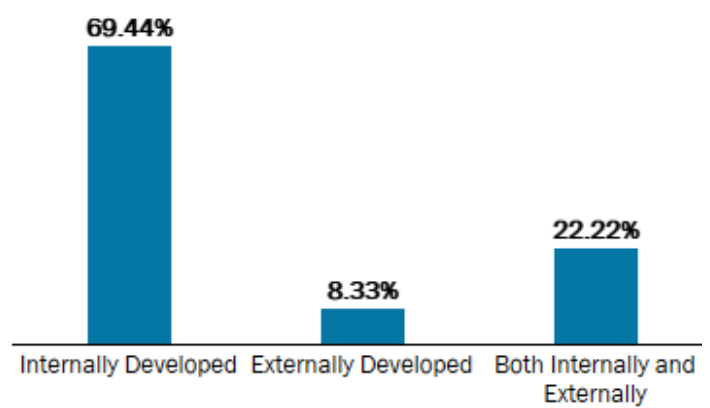


Figure 15. Survey Administration Method

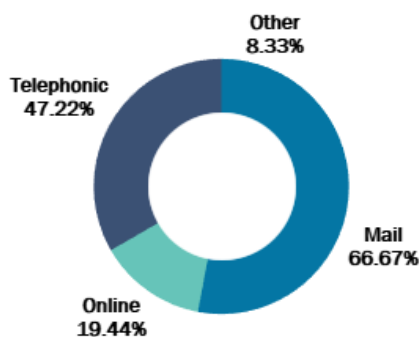
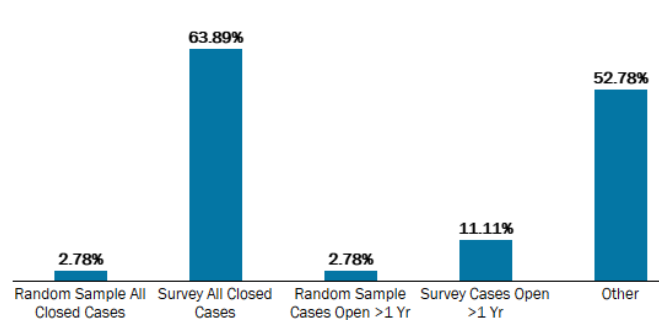


Figure 16. Consumer Survey Method





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Overall Consumer Satisfaction Survey Results

The overall consumer satisfaction survey response rate is 10.50%. Of the surveys returned, most reporting organizations had between 1-30% response rate, while six organizations indicated a 90-100% response rate. The aggregate summary rate for overall consumer satisfaction was 95.87%.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Overall Consumer Satisfaction	14,583	15,212	95.87%	95.96%	24
Survey Response Rate	16,402	156,225	10.50%	33.81%	34

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Overall Consumer Satisfaction	79.73%	90.49%	93.93%	97.42%	100%	100%	100%
Survey Response Rate	0.96%	2.20%	8.76%	20.61%	48.67%	100%	100%

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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 50 organizations submitted data for at least one part of this measure. All the reporting organizations (100%) indicated they track the number of individuals that refuse case management (**Figure 17**) and 76.92% documented the reasons for refusal (**Figure 18**). Respondents were able to select more than one reason for refusal of case management services, but the most common reason for declining case management services was refusal by the member/family (85.00%) (**Figure 19**). No organizations submitted results for disability case management, therefore it is not included in aggregations.

Figure 17. Track Refusals



Figure 18. Document Reasons for Refusals

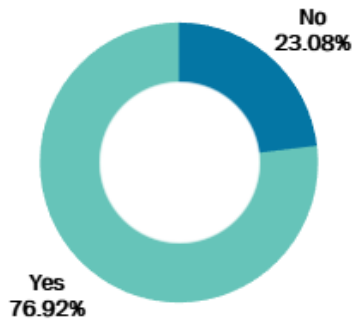
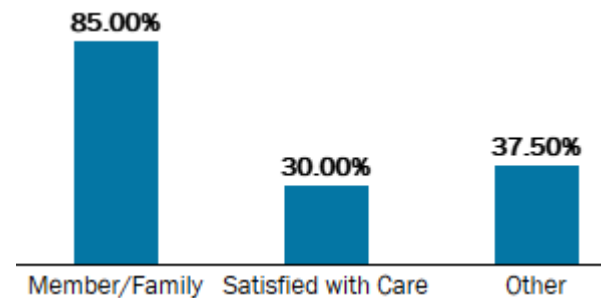


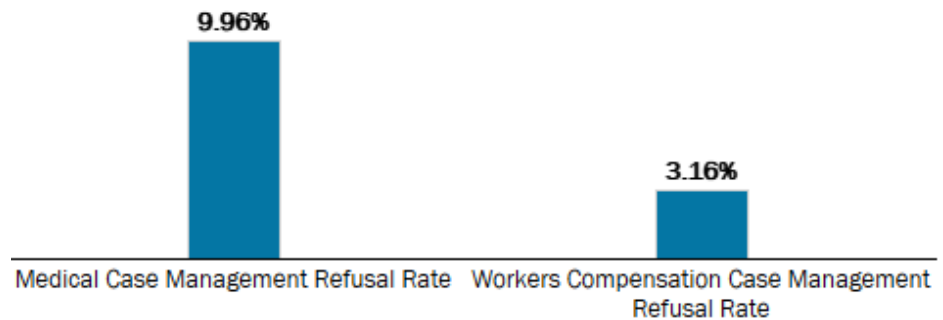
Figure 19. Reported Reason for Refusal



Percentage of Individuals that Refused Case Management (by program)

Individuals refused Medical case management services three times more than Workers Compensation case management (**Figure 20**).

Figure 20. Case Management Program Refused



MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Medical Case Management Refusal Rate	56,582	568,290	9.96%	25.49%	37
Workers Compensation Case Management Refusal Rate	1,246	39,459	3.16%	8.46%	13

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Medical Case Management Refusal Rate	88.26%	60.44%	41.33%	13.93%	5.49%	1.96%	0%
Workers Compensation Case Management Refusal Rate	35.96%	27.90%	15.04%	1.25%	0.49%	0%	0%