



2023

CASE MANAGEMENT PERFORMANCE MEASUREMENT

AGGREGATE SUMMARY PERFORMANCE REPORT

February 2024



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EXECUTIVE SUMMARY

57

Reporting
Organizations

404,008

Unique Cases
Represented

- Organizations addressed 98.94% of complaints of within their specified timeframe
- 13.79% 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

93.92%

Satisfaction with Case
Management Program

Medical Readmissions

9.95%

Of patients readmitted
within 30 days

Refusal of Case Management Services

13.80%

Of individuals refused
Medical CM Services

Complaint Response Timeliness

3.50 days

To respond to a
complaint

Presented in this report are the 2022 measurement year (2023 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 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 2023 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 57 URAC-accredited Case Management organizations reported 2022 measurement year data for the 2023 reporting year. The number of unique cases represented by responding organizations was 404,008 with organizational case volume ranging from 20 to 144,530. More than half (n=30) 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 68.42% (n=39), and 38.60% (n=22) of organizations served populations in all four regions. The other three regions were distributed relatively evenly ranging from 49.12% to 56.14% (**Figure 2**).

Figure 1. Reported Unique Case Volume
of cases managed per organization (n=57)

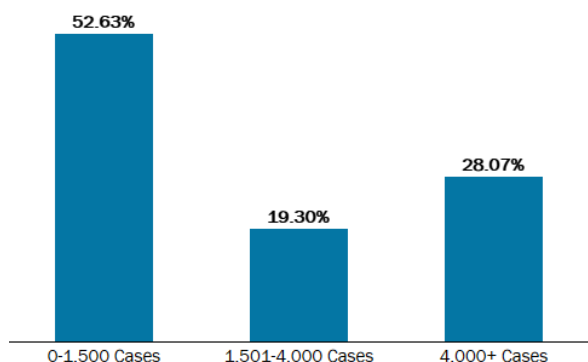
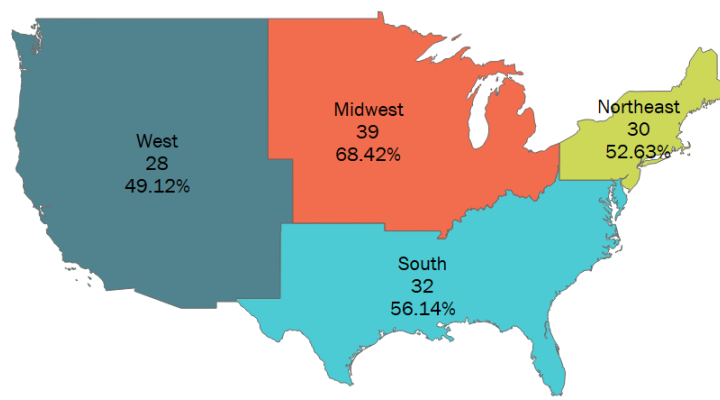


Figure 2. Regional Areas Served
% of reporting organizations by region (n=57)



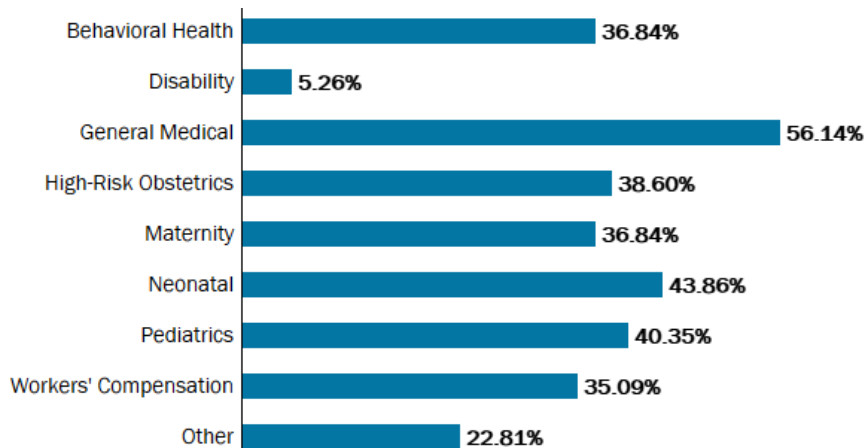
Note: Multiple responses accepted.

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 (56.14%, n=32), while Disability case management represented the least (5.26%, n=3) (**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=57)



Note: Multiple responses accepted.

Tracking Hospital Readmissions

Less than half of reporting case management organizations (43.85%, n=25) track the number of patients with a hospital readmission after discharge from an acute care facility. Of those organizations that track readmissions, 84.00% (n=21) become aware of hospital readmissions within 30 days of discharge (**Figure 4**) and 68.00% (n=17) indicated that they verify the readmissions are correctly coded (**Figure 5**). Of the 32 case management organizations not presently tracking hospital readmissions, most (81.25%, n=26) have no plans to measure readmissions in the future.

Figure 4. Time to Become Aware of Readmission

% of reporting organizations tracking hospital readmissions (n=25)

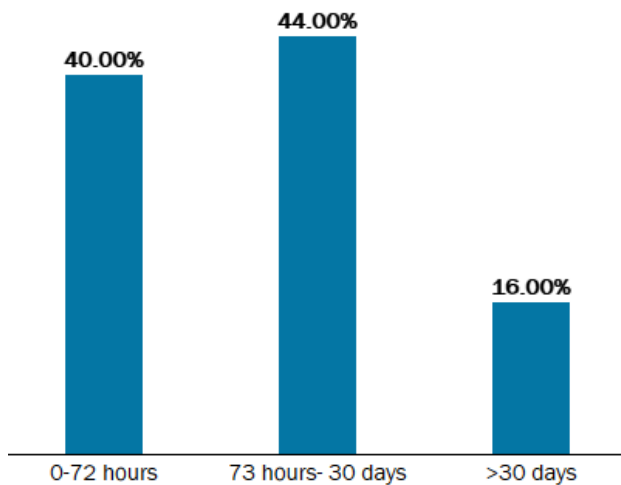
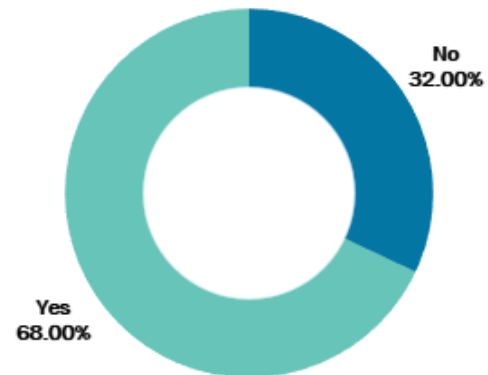


Figure 5. Verify Readmissions Coded Correctly

% of reporting organizations tracking hospital readmissions (n=25)

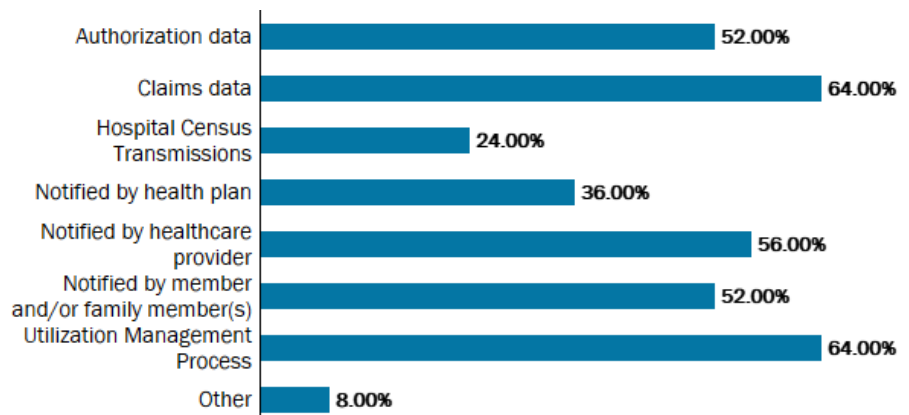


For 2023 reporting, hospital readmissions could be tracked using seven possible methods, and organizations could report the use of more than one method.

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

Figure 6. Method for Tracking Readmission

% of reporting organizations tracking hospital readmissions (n=25)



Note: Multiple responses accepted.

MEDICAL READMISSIONS (CM2013-01)

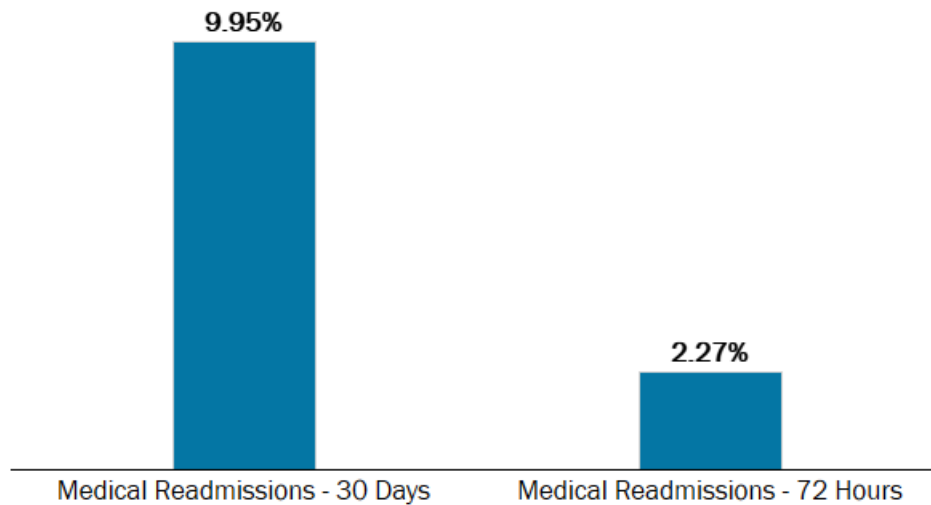
Measure Description

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

Six organizations submitted valid data for this measure. Of those six 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	1,918	19,279	9.95%	13.27%	6
Medical Readmissions - 72 Hours	393	17,330	2.27%	2.69%	5

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Medical Readmissions - 30 Days	28.78%	24.34%	17.76%	10.39%	7.47%	5.08%	3.35%
Medical Readmissions - 72 Hours	6.47%	5.54%	4.14%	1.44%	0.84%	0.68%	0.57%

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.

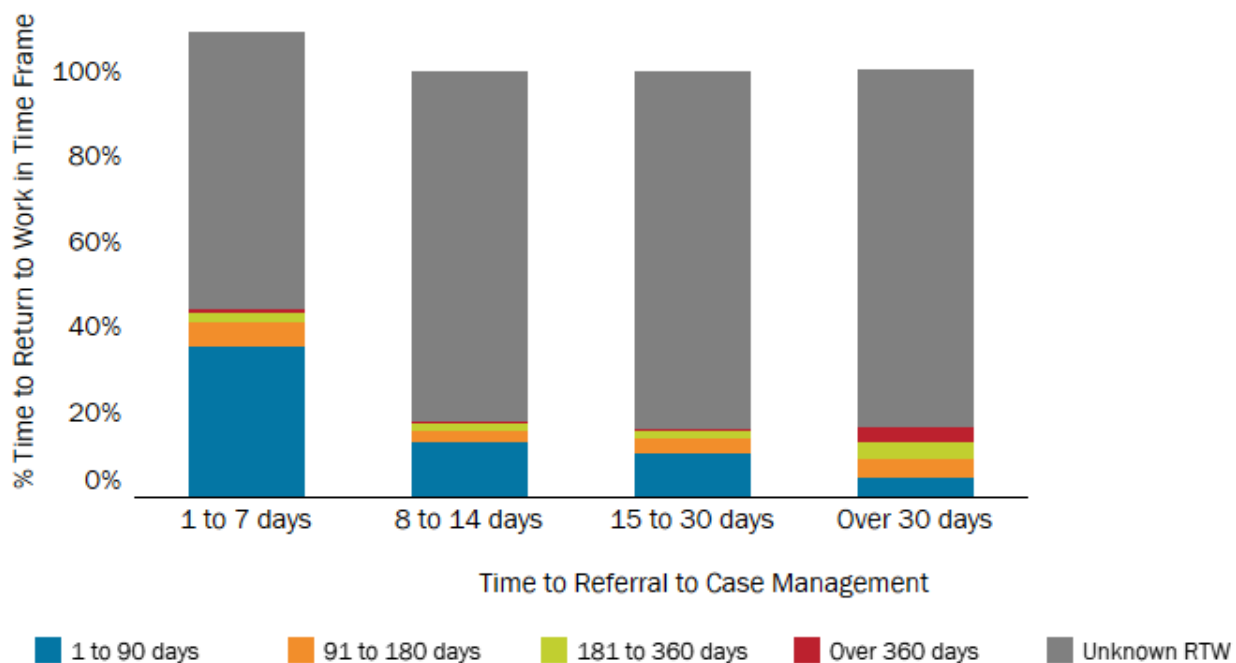
Summary of Findings

This measure is specified for Disability and Workers Compensation service categories. Because only two organizations submitted data for a Disability program, analysis was performed for Workers Compensation only. A total of 10 organizations reported on Part A and 8 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



2023 URAC CASE MANAGEMENT PERFORMANCE MEASUREMENT: AGGREGATE SUMMARY PERFORMANCE REPORT

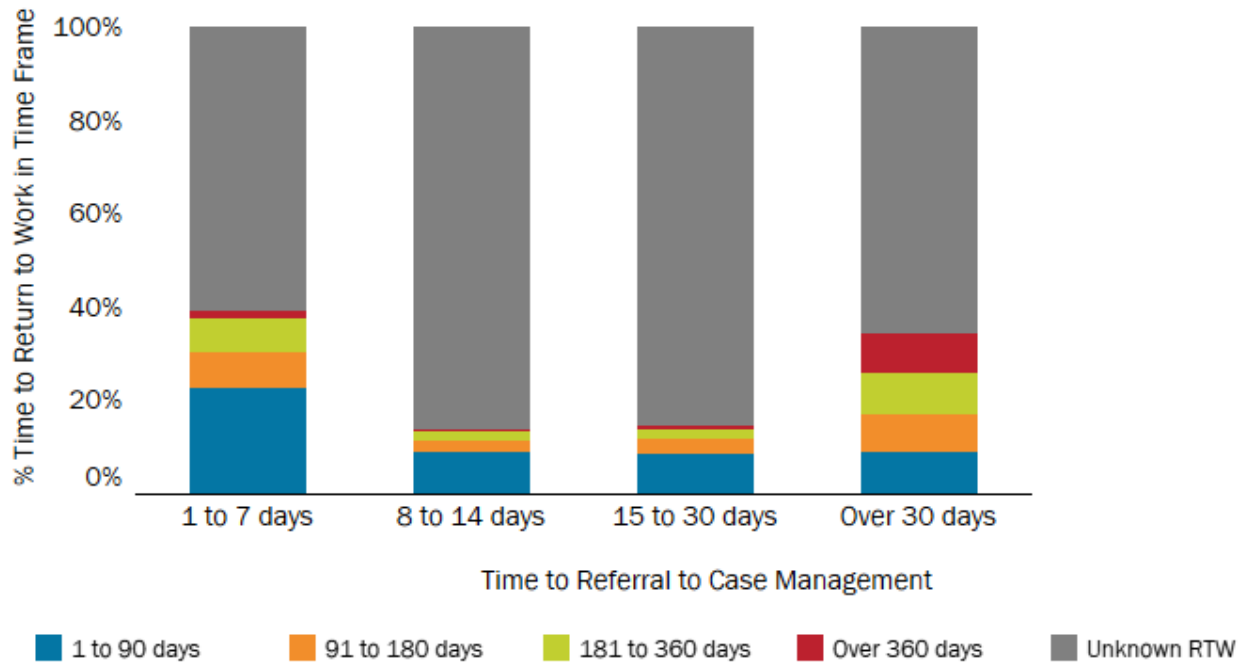
TIME FROM ONSET OF LOST TIME TO REFERRAL TO CASE MANAGEMENT	TIME BETWEEN ONSET OF LOST TIME TO MEDICAL RELEASE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	SUBMISSIONS
1 to 7 days	1 to 90 days	4,135	11,717	35.29%	10
	91 to 180 days	660	11,717	5.63%	10
	181 to 360 days	260	11,717	2.22%	10
	Over 360 days	123	11,717	1.05%	10
	Unknown RTW	6,539	11,717	64.93%	8
8 to 14 days	1 to 90 days	1,231	9,670	12.73%	6
	91 to 180 days	276	9,670	2.85%	6
	181 to 360 days	148	9,670	1.53%	6
	Over 360 days	50	9,670	0.52%	6
	Unknown RTW	7,965	9,670	82.37%	6
15 to 30 days	1 to 90 days	997	9,683	10.30%	6
	91 to 180 days	339	9,683	3.50%	6
	181 to 360 days	140	9,683	1.45%	6
	Over 360 days	46	9,683	0.48%	6
	Unknown RTW	8,161	9,683	84.28%	6
Over 30 days	1 to 90 days	410	9,727	4.22%	7
	91 to 180 days	438	9,727	4.50%	7
	181 to 360 days	403	9,727	4.14%	7
	Over 360 days	326	9,727	3.35%	7
	Unknown RTW	8,150	9,727	84.06%	6

TIME FROM ONSET OF LOST TIME TO REFERRAL TO CASE MANAGEMENT	TIME BETWEEN ONSET OF LOST TIME TO MEDICAL RELEASE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
1 to 7 days	1 to 90 days	17.09%	30.94%	47.67%	61.45%	66.79%	98.25%	98.41%
	91 to 180 days	0.00%	1.59%	2.70%	12.10%	18.25%	22.64%	22.94%
	181 to 360 days	0.00%	0.00%	1.63%	3.28%	8.08%	9.17%	11.57%
	Over 360 days	0.00%	0.00%	0.09%	0.56%	3.65%	5.88%	9.09%
	Unknown RTW	0.00%	0.00%	2.06%	22.73%	46.16%	57.33%	76.43%
8 to 14 days	1 to 90 days	1.08%	5.87%	12.00%	24.03%	53.78%	67.35%	73.68%
	91 to 180 days	0.00%	1.03%	2.23%	5.42%	12.56%	14.64%	15.25%
	181 to 360 days	0.00%	0.49%	1.11%	2.26%	3.38%	7.69%	11.86%
	Over 360 days	0.00%	0.00%	0.00%	0.17%	0.86%	6.45%	11.86%
	Unknown RTW	0.00%	4.39%	20.79%	68.38%	83.54%	91.83%	98.92%
15 to 30 days	1 to 90 days	3.42%	4.40%	5.43%	8.18%	41.73%	64.42%	76.79%
	91 to 180 days	0.00%	0.43%	1.18%	3.03%	7.68%	18.85%	28.77%
	181 to 360 days	0.00%	0.11%	0.28%	1.04%	4.43%	8.84%	12.33%
	Over 360 days	0.00%	0.00%	0.00%	0.19%	0.65%	3.80%	6.85%
	Unknown RTW	0.00%	4.46%	27.52%	87.93%	93.65%	94.32%	94.62%
Over 30 days	1 to 90 days	0.00%	1.13%	2.66%	16.13%	49.12%	79.69%	93.55%
	91 to 180 days	0.00%	0.48%	0.94%	5.36%	8.34%	14.28%	20.37%
	181 to 360 days	0.00%	0.00%	0.00%	0.69%	7.60%	13.54%	18.52%
	Over 360 days	0.00%	0.00%	0.00%	1.14%	2.84%	15.51%	33.33%
	Unknown RTW	0.00%	3.98%	26.62%	82.71%	91.62%	97.28%	100%

Part B: Field Case Management

Based on the data reported, there is a positive association in return to work days where referrals occur sooner. Longer return to work days 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	1,186	5,231	22.67%	8
	91 to 180 days	402	5,231	7.68%	8
	181 to 360 days	380	5,231	7.26%	8
	Over 360 days	71	5,231	1.36%	8
	Unknown RTW	3,192	5,231	61.02%	8
8 to 14 days	1 to 90 days	385	4,269	9.02%	6
	91 to 180 days	96	4,269	2.25%	6
	181 to 360 days	93	4,269	2.18%	6
	Over 360 days	14	4,269	0.33%	6
	Unknown RTW	3,681	4,269	86.23%	6
15 to 30 days	1 to 90 days	368	4,286	8.59%	6
	91 to 180 days	128	4,286	2.99%	6
	181 to 360 days	90	4,286	2.10%	6
	Over 360 days	37	4,286	0.86%	6
	Unknown RTW	3,663	4,286	85.46%	6
Over 30 days	1 to 90 days	477	5,323	8.96%	8
	91 to 180 days	426	5,323	8.00%	8
	181 to 360 days	468	5,323	8.79%	8
	Over 360 days	450	5,323	8.45%	8
	Unknown RTW	3,502	5,323	65.79%	8



2023 URAC CASE MANAGEMENT PERFORMANCE MEASUREMENT: AGGREGATE SUMMARY PERFORMANCE REPORT

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	10.15%	10.22%	11.89%	31.88%	47.16%	67.13%	100%
	91 to 180 days	0.00%	1.39%	3.55%	4.78%	8.21%	14.63%	25.99%
	181 to 360 days	0.00%	0.00%	0.49%	2.42%	9.06%	33.63%	47.12%
	Over 360 days	0.00%	0.00%	0.00%	0.58%	1.34%	2.33%	3.50%
	Unknown RTW	0.00%	0.00%	9.53%	46.73%	80.80%	84.69%	84.88%
8 to 14 days	1 to 90 days	0.00%	3.11%	6.31%	6.64%	13.92%	33.44%	50.56%
	91 to 180 days	0.91%	0.95%	1.37%	2.52%	2.81%	3.69%	4.49%
	181 to 360 days	0.00%	0.39%	0.82%	1.00%	1.74%	19.52%	37.08%
	Over 360 days	0.00%	0.00%	0.00%	0.15%	0.33%	2.42%	4.49%
	Unknown RTW	3.37%	41.89%	82.46%	89.82%	91.36%	94.45%	97.44%
15 to 30 days	1 to 90 days	3.35%	5.18%	7.22%	9.06%	10.79%	27.65%	44.34%
	91 to 180 days	0.00%	0.46%	1.06%	1.86%	3.31%	10.33%	16.98%
	181 to 360 days	0.00%	0.15%	0.36%	1.26%	2.55%	5.62%	8.49%
	Over 360 days	0.00%	0.00%	0.10%	0.47%	2.06%	11.19%	19.81%
	Unknown RTW	10.38%	48.21%	86.11%	86.74%	87.99%	91.84%	95.43%
Over 30 days	1 to 90 days	0.00%	3.87%	6.91%	9.56%	35.65%	58.53%	77.78%
	91 to 180 days	0.00%	0.00%	2.06%	5.32%	10.28%	13.72%	18.08%
	181 to 360 days	0.00%	0.00%	1.47%	6.52%	11.07%	12.86%	14.79%
	Over 360 days	0.00%	0.00%	1.92%	3.69%	10.34%	15.88%	16.38%
	Unknown RTW	0.00%	4.75%	40.81%	65.12%	81.19%	88.30%	100%

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 54 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=35) do not have a system for prioritizing complaints (**Figure 11**). Only two organizations indicated they do not have a system to track response time (**Figure 12**). Of the 54 reporting organizations, including those that had a denominator size of less than 30, 27.77% (n=15) reported No Complaints.

Figure 10. Tracking Complaints

% of reporting organizations with a complaint tracking system

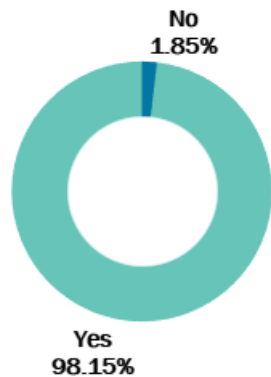


Figure 11. Prioritizing Complaints

% of reporting organizations with a system for prioritizing complaints

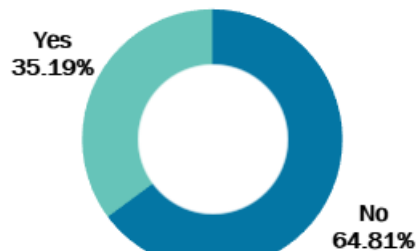


Figure 12. Tracking Time to Respond

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



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

Of the 38 organizations that submitted valid data for this measure, **98.94% of complaints were addressed within the program-specified timeframe**. 11 of those respondents indicated a goal response timeframe of 30 business days or greater, with two responses of 60 days. Thirty-three 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 (3.5 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	11,023	11,141	98.94%	97.22%	38
Part B: Aggregate Summary Time for Complaint Response (Days)	3,617	1,033	3.50	3.23	37

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part A: Complaint Response Within Program Timeframe	1.83%	99.67%	100%	100%	100%	100%	100%
Part B: Aggregate Summary Time for Complaint Response (Days)	52.80	3.36	2.29	1.00	1.00	0.61	0.09

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.

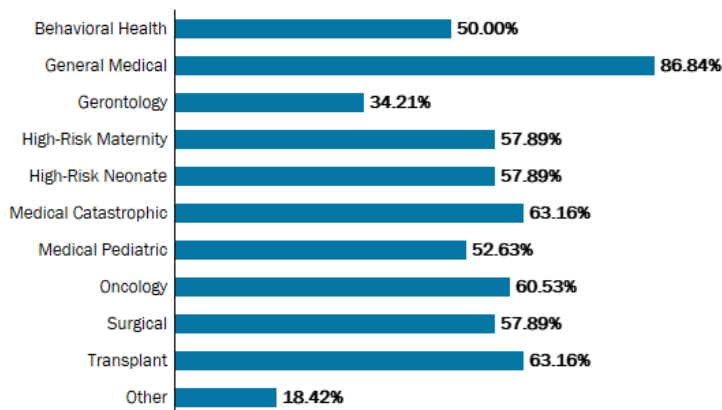
Consumer Satisfaction Survey Methodology

A total of 38 organizations submitted data for this measure and 9 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 2023 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=38)

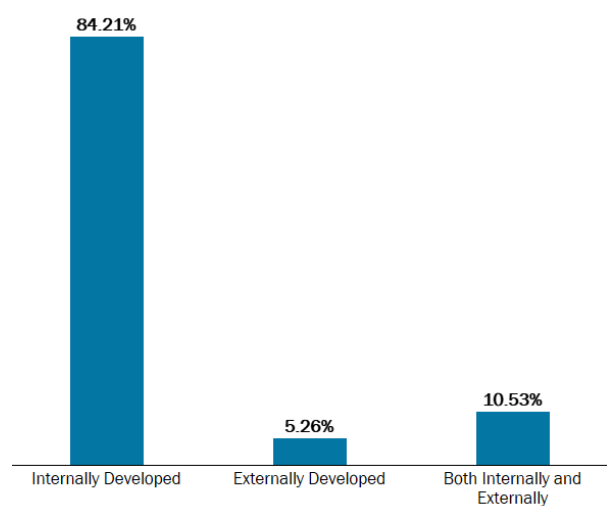


Figure 15. Survey Administration Method

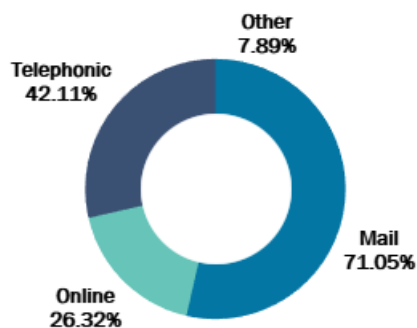
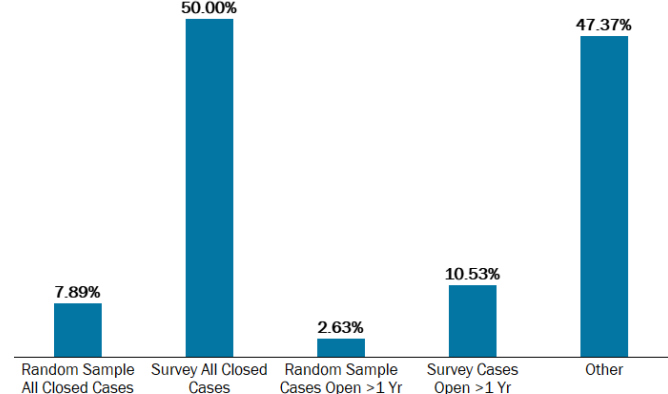


Figure 16. Consumer Survey Method





Overall Consumer Satisfaction Survey Results

The overall consumer satisfaction survey response rate is 10.33%. Of the surveys returned, most reporting organizations had between 4-40% response rate, while seven organizations indicated a 90-100% response rate. The aggregate summary rate for overall consumer satisfaction was 93.92%.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Overall Consumer Satisfaction	15,173	16,155	93.92%	94.95%	29
Survey Response Rate	16,036	155,350	10.33%	38.98%	33

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Overall Consumer Satisfaction	76.08%	88.57%	93.86%	95.73%	98.64%	100%	100%
Survey Response Rate	4.38%	6.57%	10.04%	28.07%	60.00%	99.20%	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 51 organizations submitted data for at least one part of this measure. Almost all the reporting organizations (98%) indicated they track the number of individuals that refuse case management (**Figure 17**) and 66.67% 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 (94.12%) (**Figure 19**). Only two organizations submitted results for disability case management, therefore it is not included in aggregations.

Figure 17. Track Refusals



Figure 18. Document Reasons for Refusals

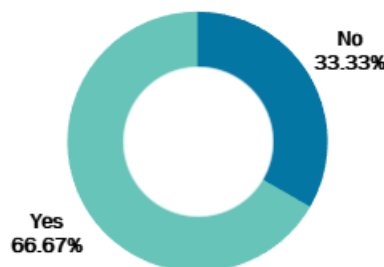
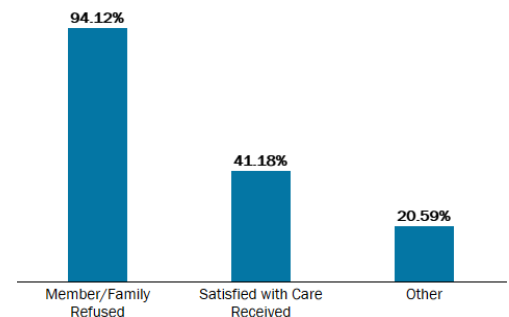


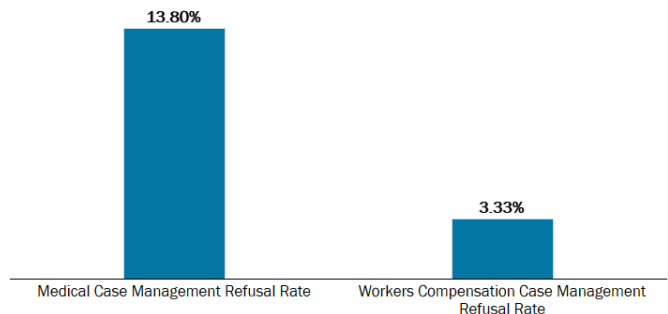
Figure 19. Reported Reason for Refusal



Percentage of Individuals that Refused Case Management (by program)

Individuals refused Medical case management services four 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	106,746	773,637	13.80%	26.05%	37
Workers Compensation Case Management Refusal Rate	1,009	30,282	3.33%	4.86%	14

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Medical Case Management Refusal Rate	87.13%	74.11%	33.53%	18.15%	5.18%	0%	0%
Workers Compensation Case Management Refusal Rate	28.29%	14.60%	4.29%	1.67%	0%	0%	0%