



2020

CASE MANAGEMENT PERFORMANCE MEASUREMENT

AGGREGATE SUMMARY PERFORMANCE REPORT

February 2021



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EXECUTIVE SUMMARY

61 Reporting Organizations	507,686 Unique Cases Represented
Consumer Satisfaction 96.21% Satisfaction with Case Management Program	Medical Readmissions 10.57% Of patients readmitted within 30 days
Refusal of CM Services 11.27% Of individuals refused Medical CM Services	Complaint Response Timeliness 2.37 days To respond to a complaint

Presented in this report are the 2019 measurement year (2020 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 2020 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

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 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 required for analysis

RESULTS IN AGGREGATE

A total of 61 URAC-accredited Case Management organizations reported 2019 measurement year data for the 2020 reporting year. The number of unique cases represented by responding organizations was 507,686 with organizational case volume ranging from 15 to 237,215. More than half (n=35) of organizations reported managing less than 1,500 unique cases, with the most organizations reporting between 0-1,500 unique cases (**Figure 1**). The Midwest represented the largest number of organizations and 34.43% (n=21) of organizations served populations in all four regions. The other three regions were distributed relatively evenly ranging from 49.18% to 50.82% (**Figure 2**).

Figure 1. Reported Unique Case Volume

of cases managed per organization (n=61)

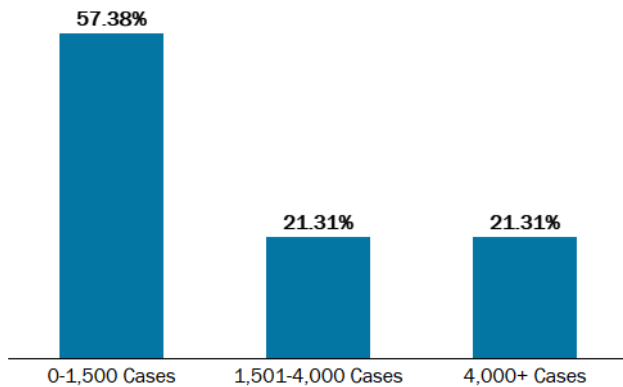
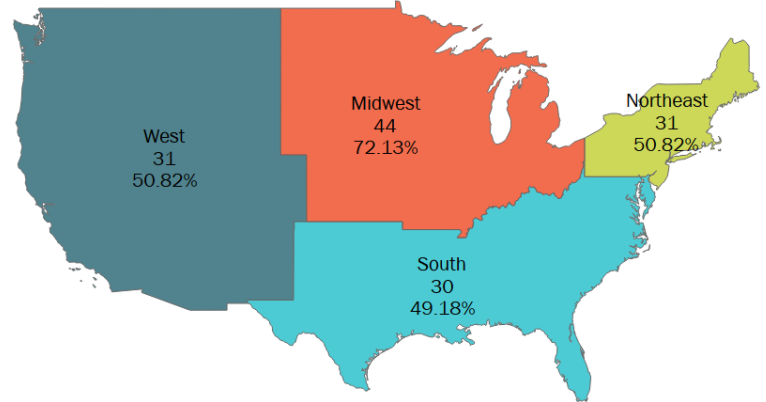


Figure 2. Regional Areas Served

% of reporting organizations by region (n=61)



Note: Multiple responses accepted.

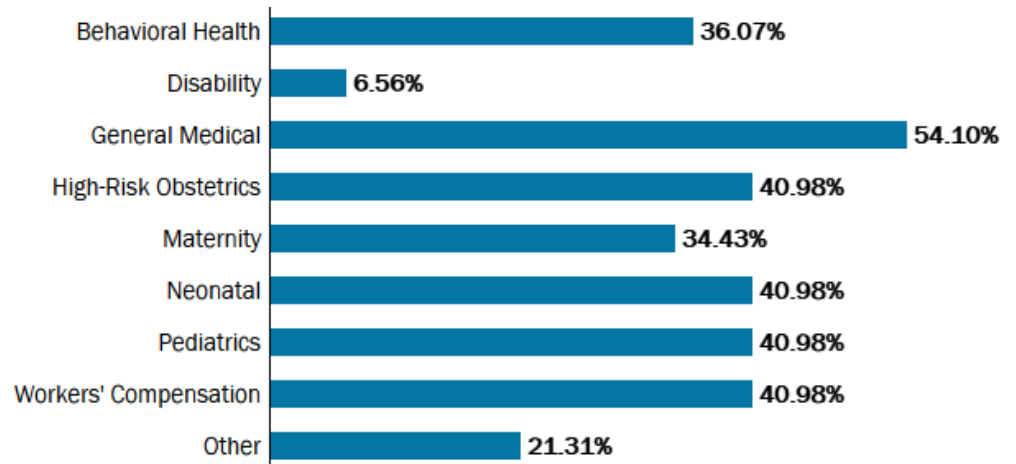
Case Management Types

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 (54.10%, n=33), while Disability case management represented the least (6.56%, n=4) (**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=61)



Note: Multiple responses accepted.

Tracking Hospital Readmissions

Less than half of reporting case management organizations (45.90%, n=28) track the number of consumers with a hospital readmission after discharge from an acute care facility. Of those organizations that track readmissions, 82.14% (n=23) become aware of hospital readmissions within 30 days of discharge (**Figure 4**) and 64.29% (n=18) indicated that they verify the readmissions are correctly coded (**Figure 5**). Of the 33 case management organizations not presently tracking hospital readmissions, most (84.85%, 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=28)

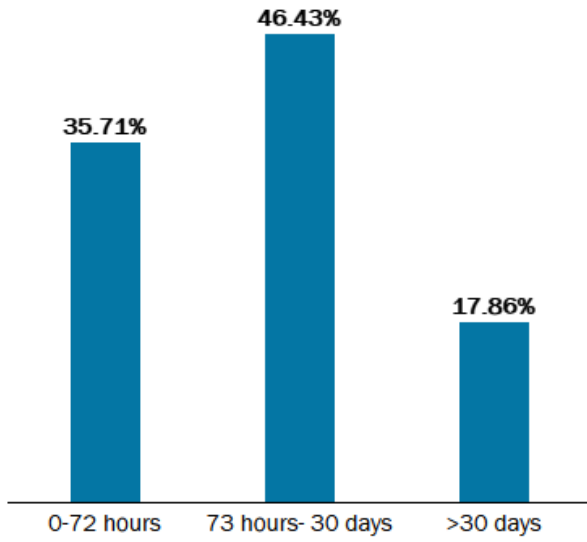
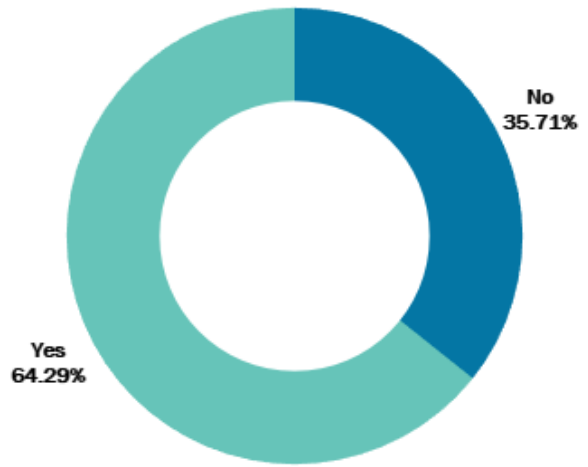


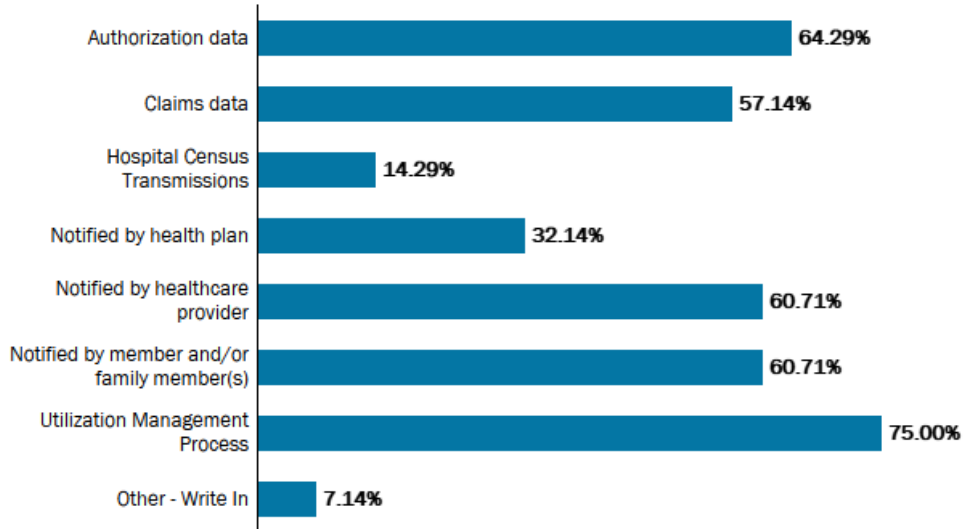
Figure 5. Verify Readmissions Coded Correctly
% of reporting organizations tracking hospital readmissions (n=28)



For 2019 data, hospital readmissions could be tracked using seven possible processes, and organizations could report the use of more than one method for tracking readmission.

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

Figure 6. Method for Tracking Readmission
% of reporting organizations tracking hospital readmissions (n=28)



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

Based on the data submitted by six organizations, the medical admission rate within 30 days for patients participating in general case management was 10.57%.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Medical Readmission - Within 30 Days	912	8,632	10.57%	16.26%	6

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Medical Readmission - Within 30 Days	41.18%	33.72%	22.25%	10.15%	6.78%	4.91%	4.16%

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.

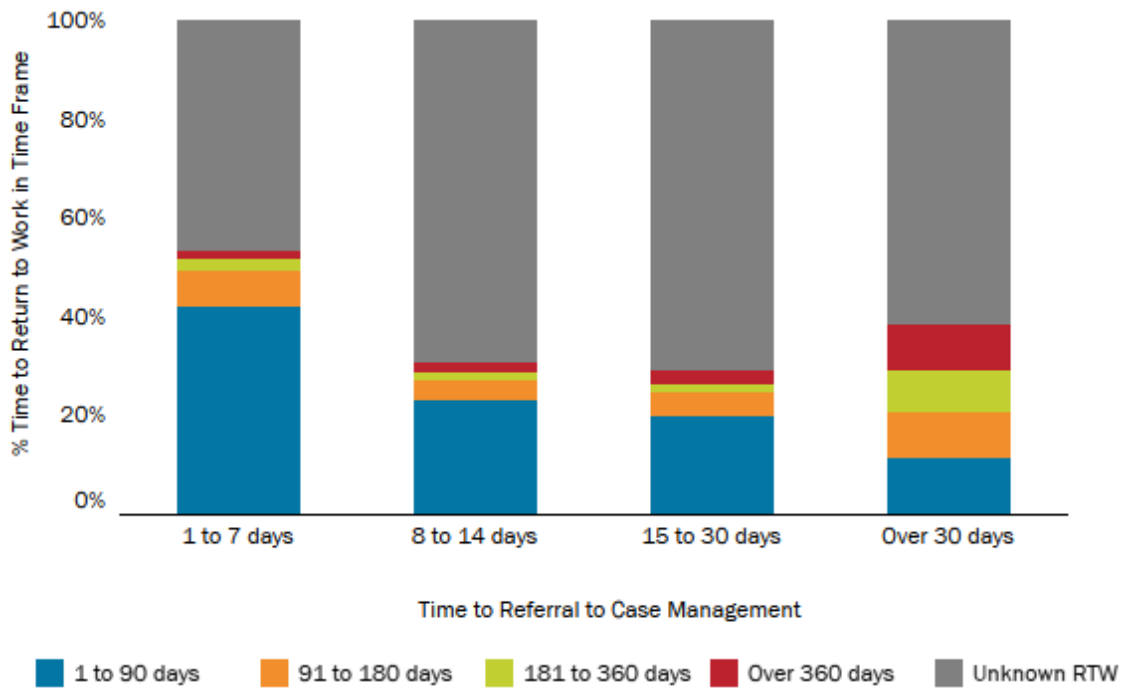
Summary of Findings

This measure is specified for Disability and Workers Compensation service categories. Because no organizations managed a Disability program, analysis was performed for Workers Compensation only. A total of 16 organizations reported on part A and 11 organizations reported on part B. Overall, the rates for Telephonic Case Management (Part A) outperform Field Case Management (Part B).

Part A: Telephonic 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 Telephonic Case Management, the shorter the time of referral to case management infers the sooner the individual can return to work. Tests of statistical significant differences were not conducted given small sample sizes.

Figure 7. Telephonic Case Management for Return to Work





2020 CASE MANAGEMENT PERFORMANCE MEASUREMENT: AGGREGATE SUMMARY PERFORMANCE REPORT

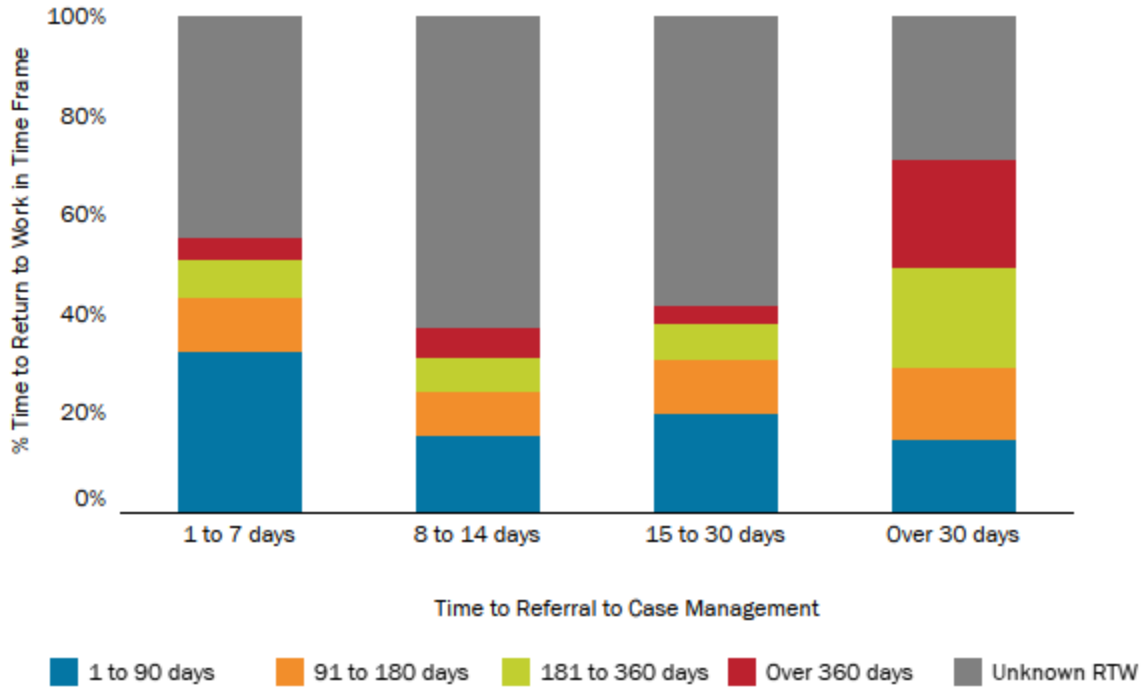
TIME FROM ONSET OF LOST TIME TO REFERRAL TO CASE MANAGEMENT	TIME BETWEEN ONSET OF LOST TIME TO MEDICAL RELEASE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	SUBMISSIONS
1 to 7 days	1 to 90 days	7,023	16,710	42.03%	16
	91 to 180 days	1,185	16,710	7.09%	16
	181 to 360 days	405	16,710	2.42%	16
	Over 360 days	305	16,710	1.83%	16
	Unknown RTW	7,792	16,710	46.63%	16
8 to 14 days	1 to 90 days	3,216	14,002	22.97%	14
	91 to 180 days	553	14,002	3.95%	14
	181 to 360 days	232	14,002	1.66%	14
	Over 360 days	297	14,002	2.12%	14
	Unknown RTW	9,704	14,002	69.30%	14
15 to 30 days	1 to 90 days	2,835	14,425	19.65%	14
	91 to 180 days	711	14,425	4.93%	14
	181 to 360 days	255	14,425	1.77%	14
	Over 360 days	408	14,425	2.83%	14
	Unknown RTW	10,216	14,425	70.82%	14
Over 30 days	1 to 90 days	1,886	16,980	11.11%	16
	91 to 180 days	1,600	16,980	9.42%	16
	181 to 360 days	1,458	16,980	8.59%	16
	Over 360 days	1,563	16,980	9.20%	16
	Unknown RTW	10,473	16,980	61.68%	16

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	22.64%	33.60%	51.84%	64.44%	71.39%	85.32%	93.48%
	91 to 180 days	0.00%	1.85%	5.84%	10.66%	17.24%	22.93%	26.09%
	181 to 360 days	0.00%	0.49%	1.64%	3.76%	5.27%	10.37%	13.04%
	Over 360 days	0.00%	0.00%	0.00%	1.92%	5.18%	11.49%	13.87%
	Unknown RTW	0.00%	0.00%	0.00%	5.75%	39.46%	55.36%	72.00%
8 to 14 days	1 to 90 days	8.70%	10.54%	12.38%	29.11%	67.77%	71.47%	85.33%
	91 to 180 days	0.00%	0.64%	2.36%	4.99%	13.38%	15.53%	19.66%
	181 to 360 days	0.00%	0.00%	0.55%	2.53%	6.54%	8.72%	14.29%
	Over 360 days	0.00%	0.00%	0.06%	0.71%	4.23%	7.67%	15.87%
	Unknown RTW	0.00%	0.00%	0.57%	63.67%	83.15%	87.15%	91.30%
15 to 30 days	1 to 90 days	1.61%	4.66%	6.09%	13.64%	61.94%	74.22%	87.50%
	91 to 180 days	0.00%	0.00%	1.00%	3.48%	12.70%	20.36%	36.36%
	181 to 360 days	0.00%	0.00%	0.00%	0.70%	5.13%	11.66%	17.31%
	Over 360 days	0.00%	0.00%	0.00%	0.68%	3.75%	8.12%	16.54%
	Unknown RTW	0.00%	0.00%	0.00%	82.89%	90.31%	94.31%	98.39%
Over 30 days	1 to 90 days	0.00%	1.79%	3.69%	13.94%	31.38%	49.03%	87.16%
	91 to 180 days	0.00%	0.50%	1.53%	7.57%	20.69%	30.48%	37.50%
	181 to 360 days	0.00%	0.00%	0.10%	5.47%	15.60%	22.65%	47.37%
	Over 360 days	0.00%	0.00%	0.00%	2.21%	11.27%	32.40%	46.88%
	Unknown RTW	0.00%	0.00%	0.00%	39.47%	92.48%	96.92%	100.00%

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 statistical significant differences were not conducted given small sample sizes.

Figure 8. 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	2,414	7,456	32.38%	11
	91 to 180 days	816	7,456	10.94%	11
	181 to 360 days	570	7,456	7.64%	11
	Over 360 days	320	7,456	4.29%	11
	Unknown RTW	3,336	7,456	44.74%	11
8 to 14 days	1 to 90 days	979	6,346	15.43%	11
	91 to 180 days	554	6,346	8.73%	11
	181 to 360 days	439	6,346	6.92%	11
	Over 360 days	383	6,346	6.04%	11
	Unknown RTW	3,991	6,346	62.89%	11
15 to 30 days	1 to 90 days	1,346	6,826	19.72%	11
	91 to 180 days	745	6,826	10.91%	11
	181 to 360 days	510	6,826	7.47%	11
	Over 360 days	241	6,826	3.53%	11
	Unknown RTW	3,984	6,826	58.37%	11
Over 30 days	1 to 90 days	1,521	10,558	14.41%	11
	91 to 180 days	1,551	10,558	14.69%	11
	181 to 360 days	2,130	10,558	20.17%	11
	Over 360 days	2,310	10,558	21.88%	11
	Unknown RTW	3,046	10,558	28.85%	11



2020 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	10.74%	11.91%	23.93%	29.81%	48.29%	52.44%	65.12%
	91 to 180 days	1.84%	4.19%	5.29%	13.78%	19.71%	30.26%	42.31%
	181 to 360 days	1.29%	2.55%	3.13%	6.57%	16.81%	24.56%	26.89%
	Over 360 days	0.34%	0.64%	1.17%	4.57%	9.89%	23.56%	39.44%
	Unknown RTW	0.00%	0.00%	0.00%	7.02%	66.07%	79.35%	84.62%
8 to 14 days	1 to 90 days	4.90%	5.24%	6.41%	17.99%	37.43%	61.68%	61.76%
	91 to 180 days	0.52%	0.95%	1.52%	13.24%	23.42%	28.42%	35.25%
	181 to 360 days	0.00%	0.00%	0.58%	5.88%	17.41%	26.32%	33.09%
	Over 360 days	0.00%	0.00%	0.07%	5.47%	16.39%	22.83%	30.00%
	Unknown RTW	0.00%	0.00%	0.00%	4.21%	90.92%	93.60%	94.24%
15 to 30 days	1 to 90 days	5.66%	5.76%	6.21%	15.79%	46.79%	54.85%	62.07%
	91 to 180 days	1.57%	1.57%	1.74%	10.53%	18.51%	26.36%	29.74%
	181 to 360 days	0.38%	0.41%	0.79%	6.90%	15.56%	23.36%	69.74%
	Over 360 days	0.00%	0.00%	0.24%	3.95%	10.64%	15.52%	25.81%
	Unknown RTW	0.00%	0.00%	0.00%	14.95%	89.46%	92.08%	92.15%
Over 30 days	1 to 90 days	4.72%	7.33%	9.42%	14.99%	22.37%	27.37%	37.29%
	91 to 180 days	6.42%	6.70%	10.13%	11.83%	20.81%	27.88%	35.64%
	181 to 360 days	4.15%	4.53%	8.62%	11.33%	20.37%	30.36%	37.04%
	Over 360 days	1.13%	3.40%	7.67%	15.75%	25.35%	48.64%	57.04%
	Unknown RTW	0.00%	0.00%	0.10%	10.34%	64.82%	75.96%	78.87%

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 58 organizations submitted data for this measure. Although most of the reporting organizations have a system for tracking complaints (**Figure 9**), more than half the reporting organizations (n=33) do not have a system for prioritizing complaints (**Figure 10**). Organizations reported an average response time goal of less than 15 business days with the most frequently used 30 business days response time (Range: 1 to 60 business days) and only three organizations indicated they do not have a system to track response time (**Figure 11**). Of the 58 organizations, including those that had a denominator size of less than 30, 27.59% (n=16) reported No Complaints.

Figure 9. Tracking Complaints

% of reporting organizations with a complaint tracking system



Figure 10. Prioritizing Complaints

% of reporting organizations with a system for prioritizing complaints

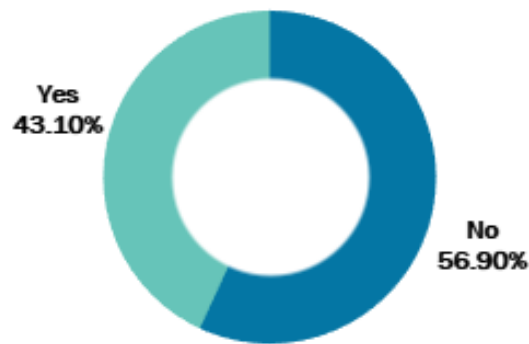
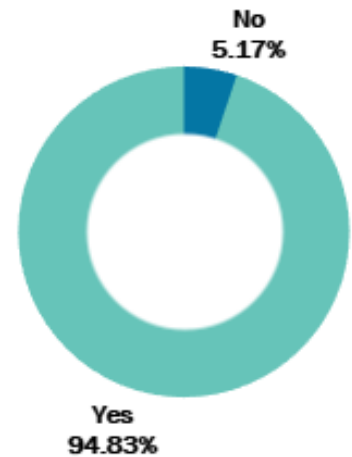


Figure 11. Tracking Time to Respond

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



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

Of the 43 organizations that submitted valid data for this measure, **97.72% of complaints were addressed within the program-specified timeframe**. Fifteen of those respondents indicated a goal response timeframe of 20 business days or greater, with one response of 60 days. Forty-one of those respondents have denominators of less than 30.

Part B: Average Time for Complaint Response

Overall, complaints received a response within 5 business days (2.37 days) across all populations.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part A: Complaint Response Within Program Timeframe	343	351	97.72%	96.97%	43
Part B: Aggregate Summary Time for Complaint Response (Days)	830	350	2.37	3.03	43

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part A: Complaint Response Within Program Timeframe	33.33%	100%	100%	100%	100%	100%	100%
Part B: Aggregate Summary Time for Complaint Response (Days)	15.18	8.80	2.62	1.10	1.00	0.51	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.

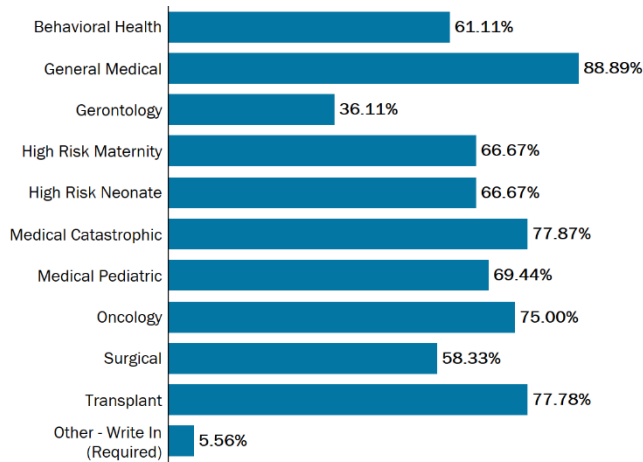
Consumer Satisfaction Survey Methodology

A total of 36 organizations submitted data for this measure and 13 organizations were removed from analysis due to a small denominator. 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 12**).

For 2019 data, 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 13-15**.

Figure 12. Program Types Applicable

% of reporting organizations applicable to program type



Note: Multiple responses accepted

Figure 13. Development of Survey

% of reporting organizations (n=36)

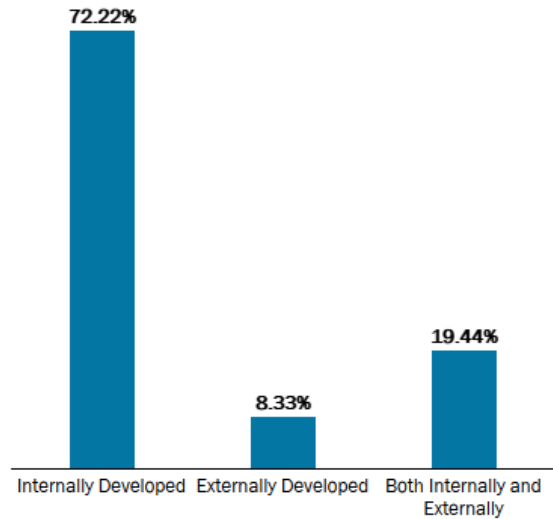


Figure 14. Survey Administration Method

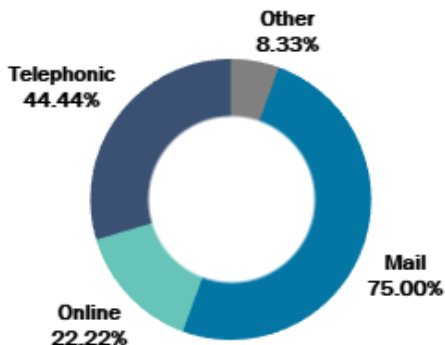
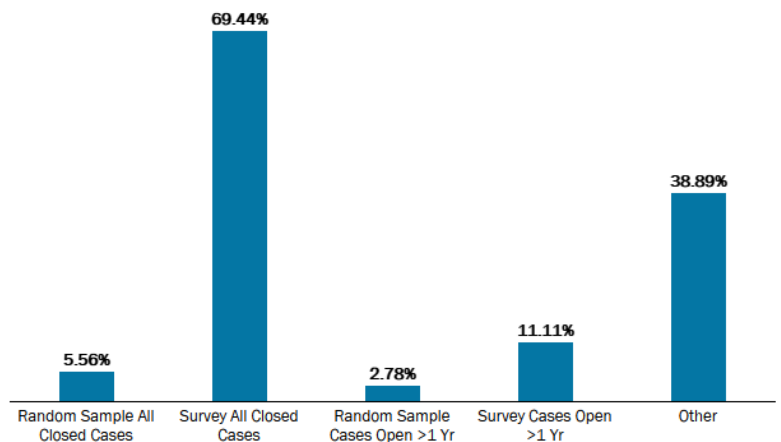


Figure 15. Consumer Survey Method





2020 CASE MANAGEMENT PERFORMANCE MEASUREMENT: AGGREGATE SUMMARY PERFORMANCE REPORT

Overall Consumer Satisfaction Survey Results

The overall consumer satisfaction survey response rate is 15.60%. Of the surveys returned, most reporting organizations had between 0-35% response rate, while six organizations indicated a 95-100% response rate. The overall result for consumer satisfaction was 96.21%.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Overall Consumer Satisfaction	12,757	13,260	96.21%	95.28%	23
Survey Response Rate	13,329	85,445	15.60%	39.93%	31

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Overall Consumer Satisfaction	74.29%	91.03%	93.94%	96.83%	98.55%	100%	100%
Survey Response Rate	1.40%	6.92%	13.86%	26.89%	64.86%	99.56%	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. Nearly all the reporting organizations (98.04%) indicated they track the number of individuals that refuse case management (**Figure 16**) and 74.00% documented the reasons for refusal (**Figure 17**). 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 (**Figure 18**).

Figure 16. Track Refusals

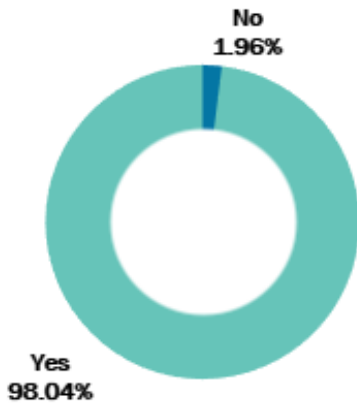


Figure 17. Document Reasons for Refusals

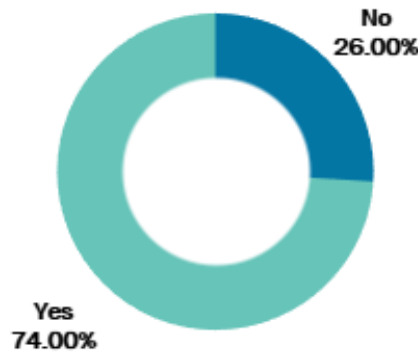
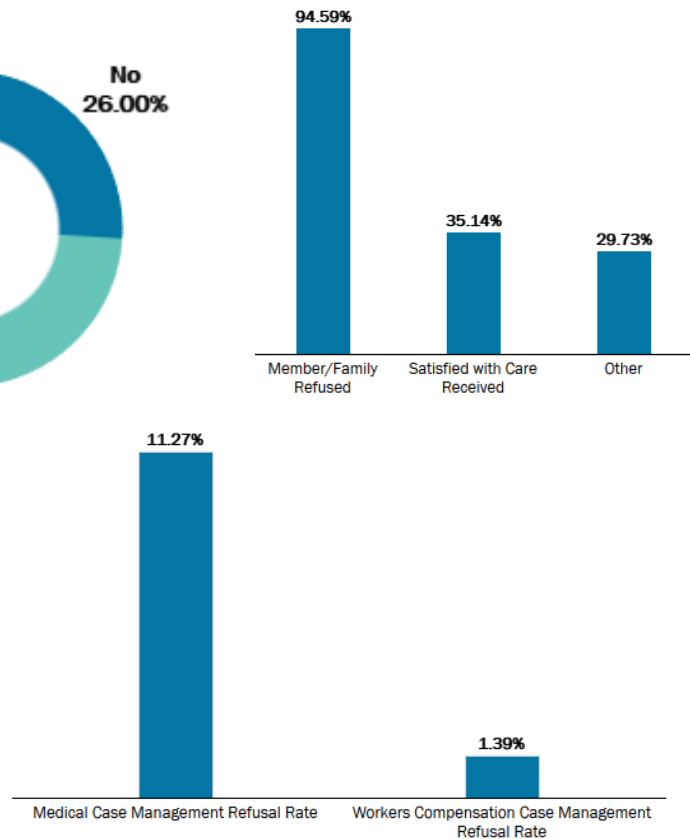


Figure 18. Reported Reason for Refusal



Percentage of Individuals that refused case management (by program)

Individuals refused Medical case management services eight times more than Disability case management.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Medical Case Management Refusal Rate	52,797	468,596	11.27%	25.35%	32
Workers Compensation Case Management Refusal Rate	906	65,371	1.39%	6.37%	17

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Medical Case Management Refusal Rate	90.95%	63.15%	46.95%	11.27%	5.13%	1.79%	0%
Workers Compensation Case Management Refusal Rate	43.98%	18.99%	2.98%	1.73%	0.42%	0.02%	0%