2018

URAC SPECIALTY PHARMACY 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 Specialty Pharmacy Accreditation program performance measures. The report includes only aggregate summary rates; there are no individual performance results included.

Organizations were required to report data for four mandatory measures, and they had the option to report data for four exploratory measures. Below is the list of mandatory [M] and exploratory [E] measures for 2018 reporting:

1. Call Center Performance (DTM2010-04) [M]
2. Dispensing Accuracy (MP2012-06) [M]
3. Distribution Accuracy (MP2012-07) [M]
4. Turnaround Time for Prescriptions (MP2012-08) [M]
5. Drug-Drug Interactions (DM2012-13) [E]
6. Proportion of Days Covered (PDC) -- Specialty (DM2012-12) [E]
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8. Primary Medication Non-Adherence (PH2015-01) [E]

The URAC measure specifications are set forth within the 2018 Specialty Pharmacy Reporting Instructions.

For Specialty Pharmacy, performance measurement for the 2018 reporting year aligns with Phase 2 of URAC's measurement process. With Phase 2, mandatory performance measures are subject to an external auditing and verification process. Additionally, the audited performance measure results become publicly available via aggregated, de-identified reports. With Phase 3, organization-specific measure results that have undergone an external auditing and verification process will be publicly available on the URAC website.

This performance report has been prepared for the URAC Quality, Research and Measurement Department by Kiser Healthcare Solutions, LLC. If you have any questions about the results contained herein, please contact ResearchMeasurement@urac.org.

Specialty Pharmacy Organization Characteristics

A total of 131 URAC-accredited specialty pharmacy organizations reported 2017 measurement year data for the 2018 reporting year. Not all organizations reported results for all specialty pharmacy measures. The South (74%, n=97) represented the most common region served by the organizations, and the Midwest (56%, n=73) represented the least (

Exhibit 1). While regional statistics and benchmarks were calculated as part of the analysis, the results are not published given the overlap of duplicated results across multiple regions.

The most common category of specialty drug dispensed was for rheumatoid arthritis (81%, n=106), and the least common was for HIV/AIDS (69%, n=91) (
Exhibit 2). Other specialty drugs dispensed represented 82% of the drugs dispensed by responding organizations. The “Other Drugs” category included, but was not limited to, Hepatitis C, Hemophilia, Crohn’s Disease, and Growth Hormone therapy.

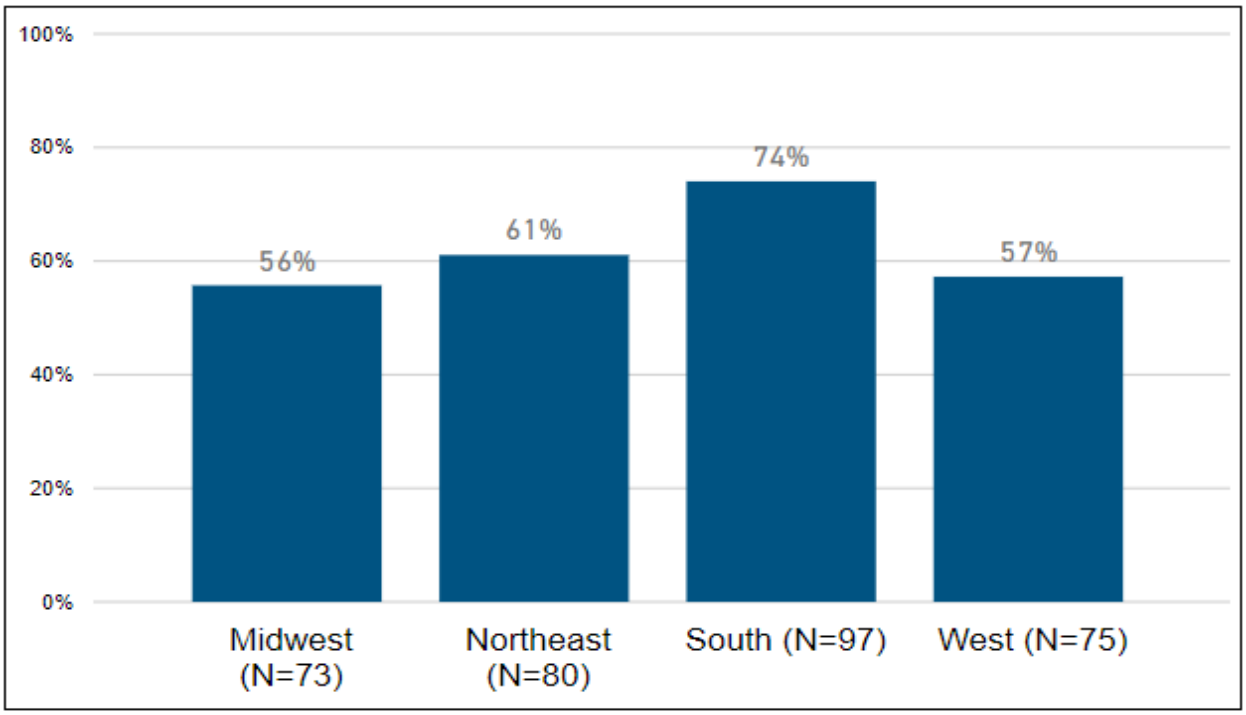
The total number of prescriptions represented by the organizations is 51,963,281, with 27,303,572 representing specialty drug prescriptions (52.54%). Of the 6-tier URAC accreditation program, most organizations were in the 25,000 to 99,999 prescriptions dispensed range (Exhibit 3). Further breakdown of the 25,000 to 99,999 prescriptions dispensed range
Exhibit 4) shows 30 organizations represented less than 55,000 prescriptions dispensed, and of those, 17 organizations represented less than 40,000 prescriptions dispensed.

The total number of specialty drug prescriptions dispensed by specialty pharmacy organizations ranged from 65 to 8,576,351 specialty prescriptions. Of the 6-tier URAC accreditation program, most organizations were in the less than 16,000 specialty prescriptions dispensed range (Exhibit 6). Further breakdown of the less than 16,000 specialty prescriptions dispensed range (Exhibit 7) shows 38 organizations represented less than 6,000 specialty prescriptions dispensed, and of those, 28 organizations represented less than 3,000 specialty prescriptions dispensed.

Not all organizations dispensed 100% specialty drugs. Seven organizations dispensed less than 1% of specialty drugs. Of those seven organizations, one dispensed only 0.76% specialty drugs but had a denominator of 18,060,755, resulting in a higher mean and lower aggregate summary rate (

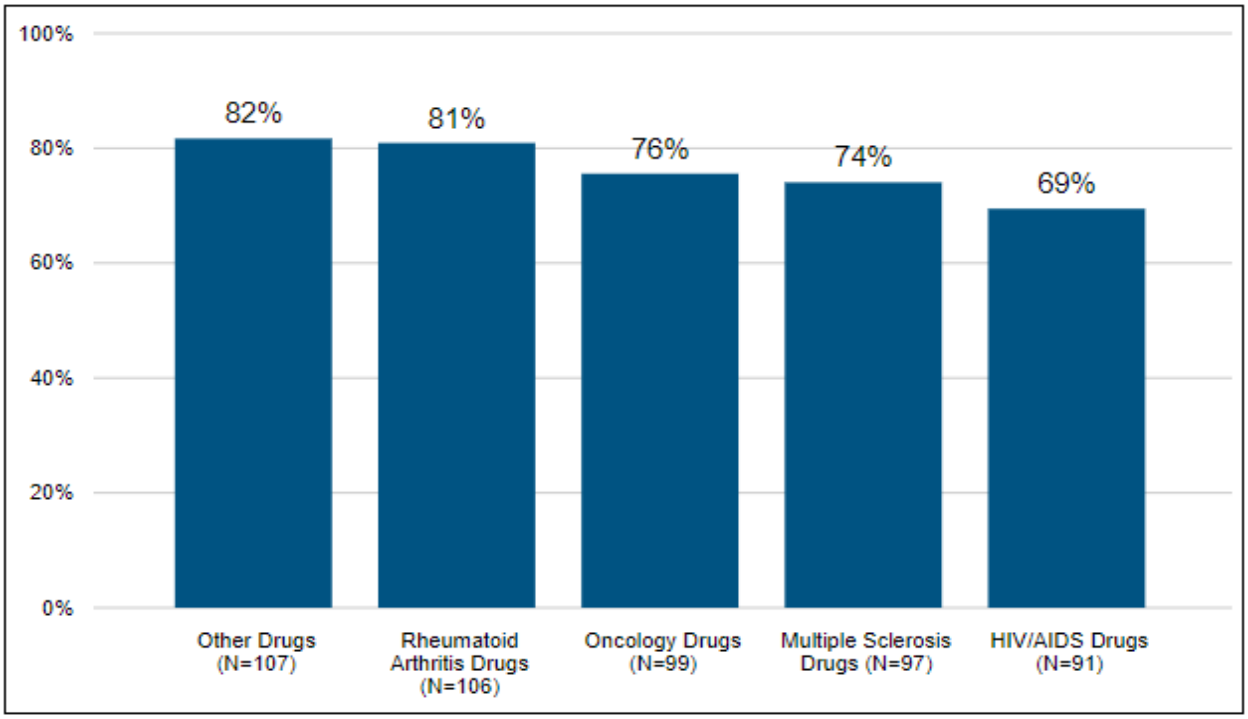
Exhibit 9). There were 56 organizations that dispensed less than 50% specialty drugs. Of the 75 organizations dispensing greater than 50% specialty drugs, 54 organizations dispensed 100% specialty drugs.

Exhibit 1: Regional Areas Served



Note: Multiple responses accepted.

Exhibit 2: Aggregate Percentage of Specialty Drug by Category



Note: Multiple responses accepted.
Prepared by Kiser Healthcare Solutions, LLC

Exhibit 3: Specialty Pharmacy Organizations Reporting by Program Tier Size (Total Prescription Volume)

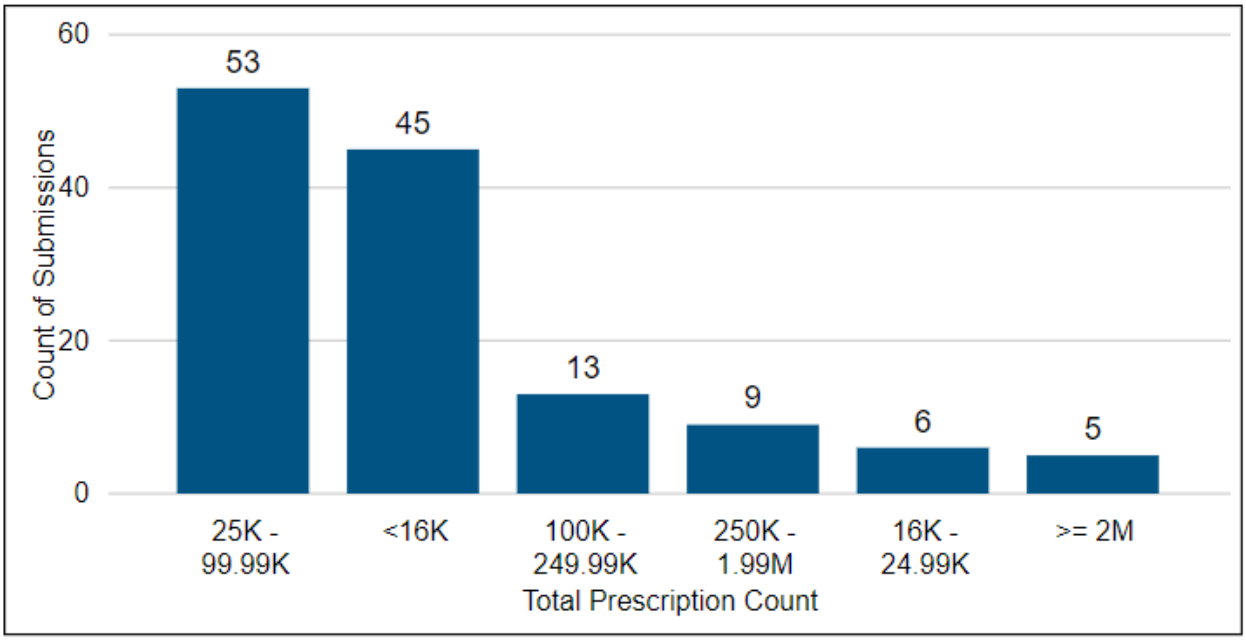


Exhibit 4: Specialty Pharmacy Organizations Reporting by Program Tier Size (Total Prescription Volume Broken Down for 25K – 99.99K)

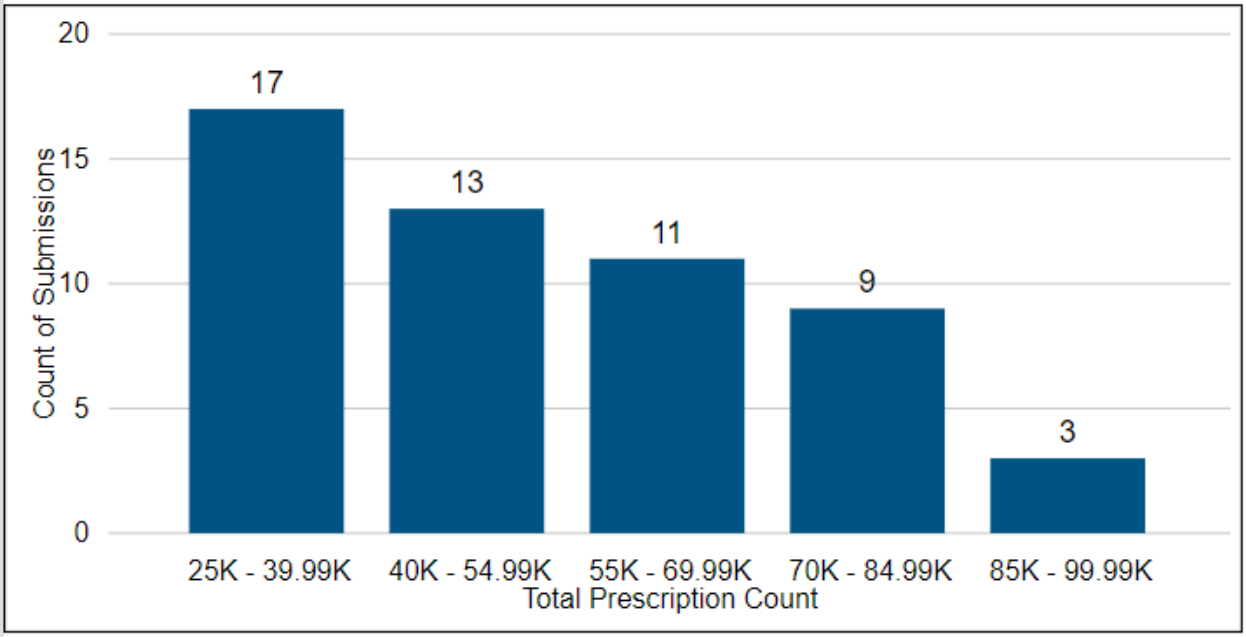


Exhibit 5: Specialty Pharmacy Organizations Reporting by Program Tier Size (Total Prescription Volume Broken Down for <16K)

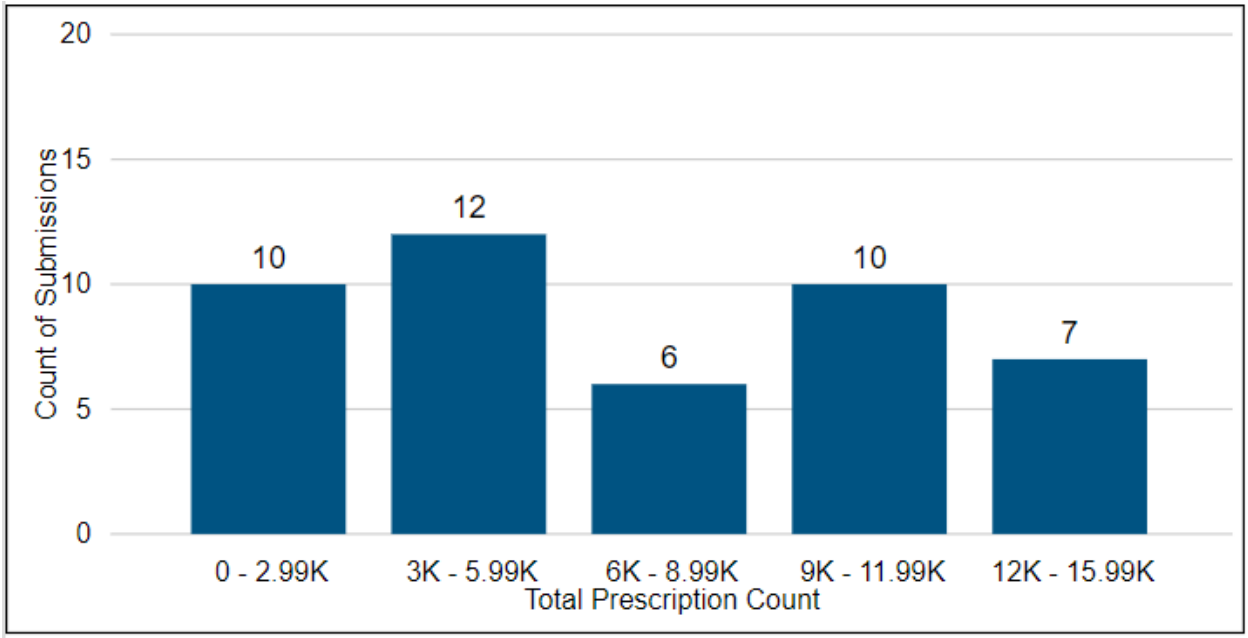


Exhibit 6: Count of Specialty Pharmacy Organizations Reporting by Program Tier Size (Total Specialty Prescription Volume)

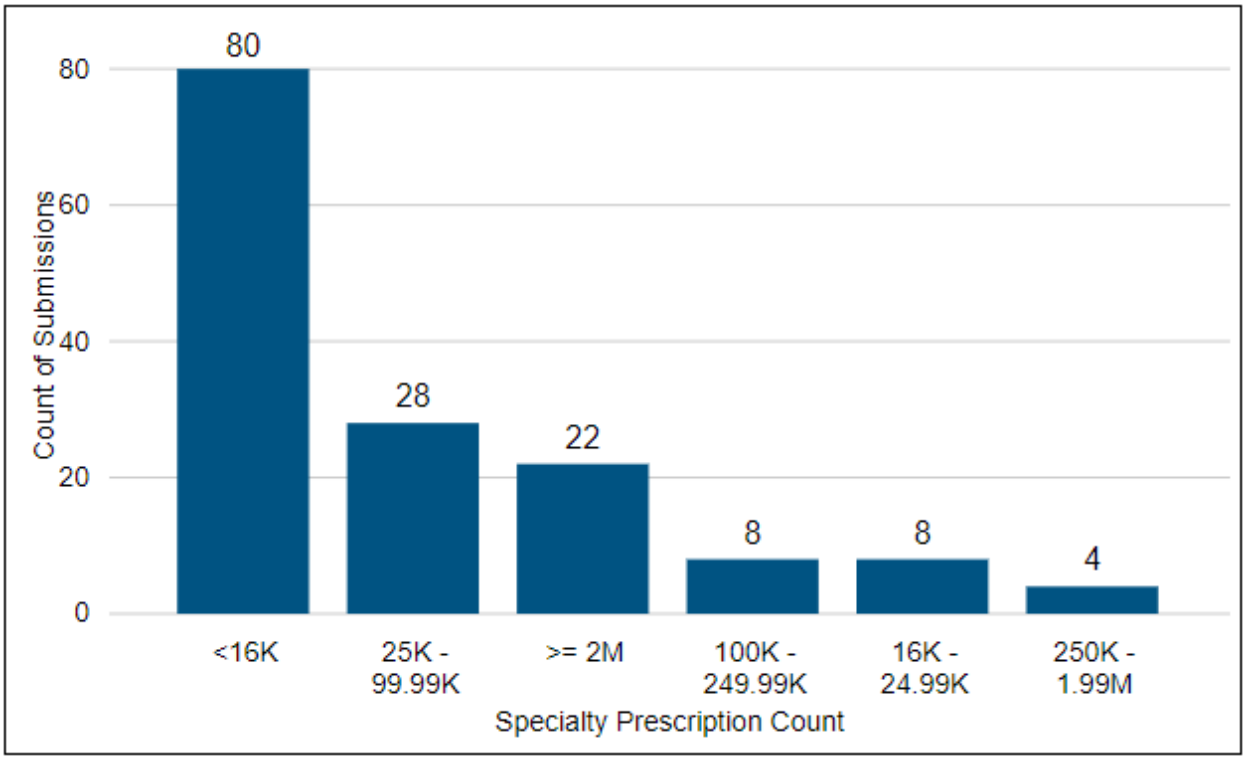


Exhibit 7: Specialty Pharmacy Organizations Reporting by Program Tier Size (Total Specialty Prescription Volume Broken Down for <16K)

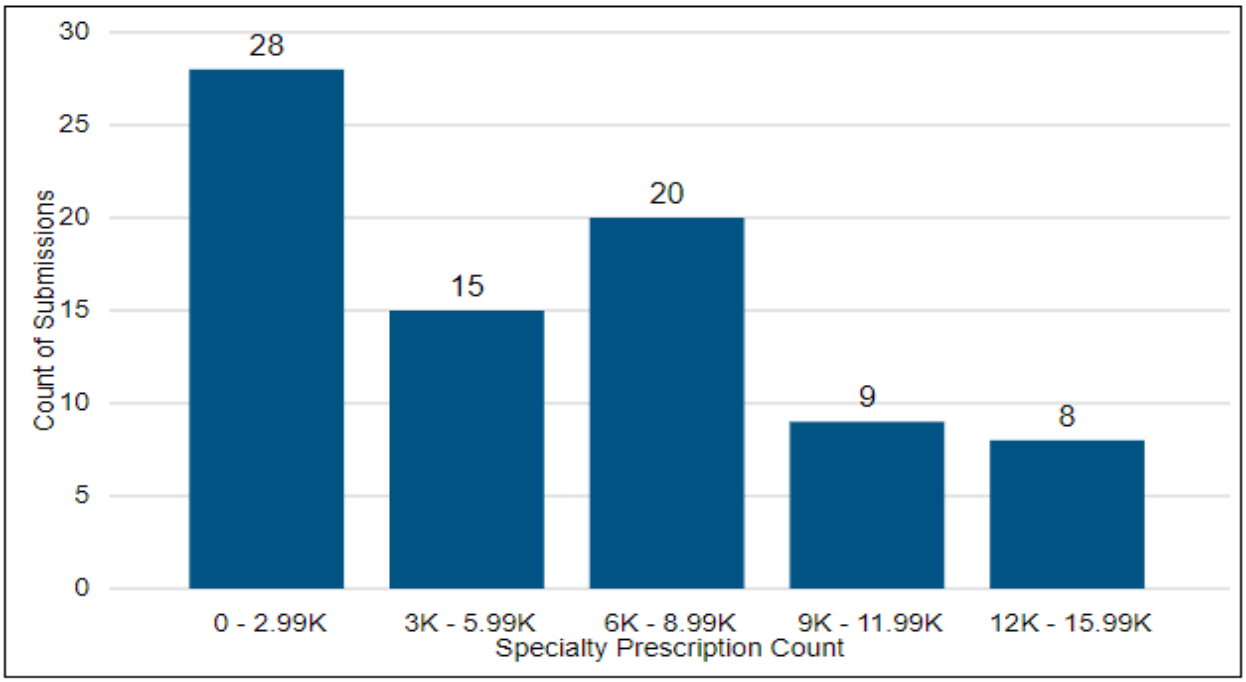


Exhibit 8: Specialty Pharmacy Organizations Reporting by Program Tier Size (Total Specialty Prescription Volume Broken Down for 25K – 99.99K)

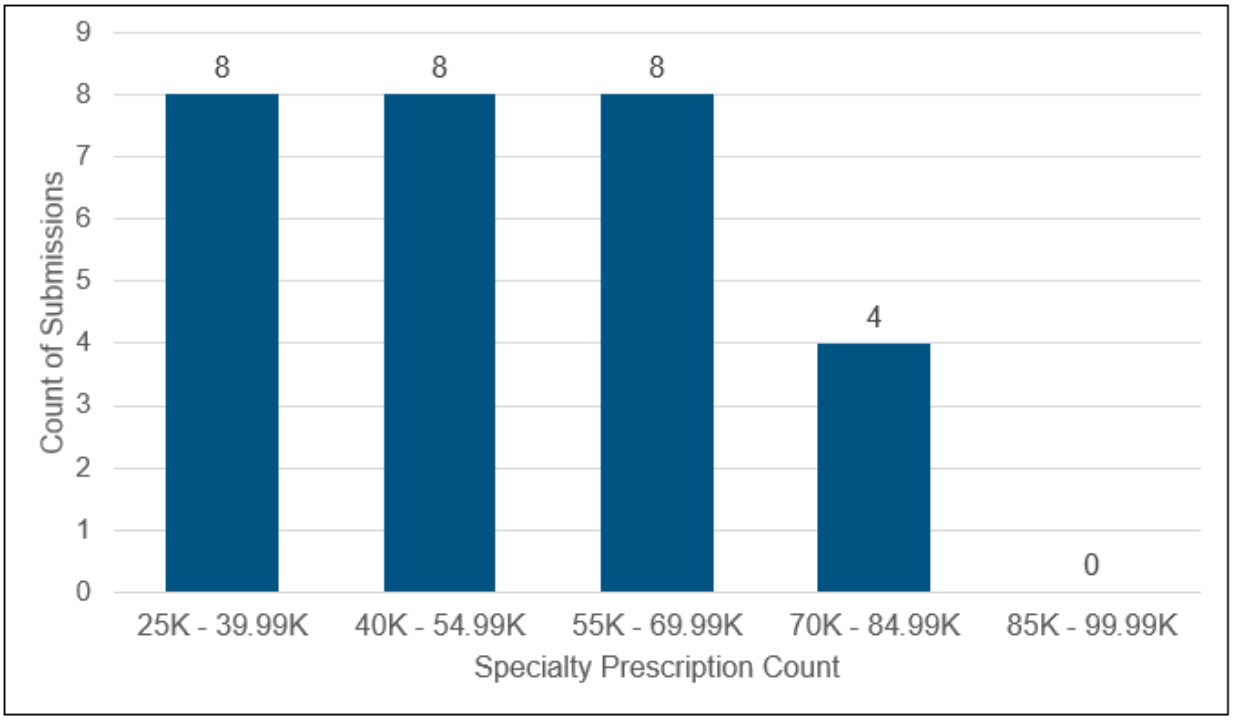


Exhibit 9: Percentage of Specialty Prescriptions of Total Number of Prescriptions Dispensed by Specialty Pharmacy Organizations (All Books of Business)

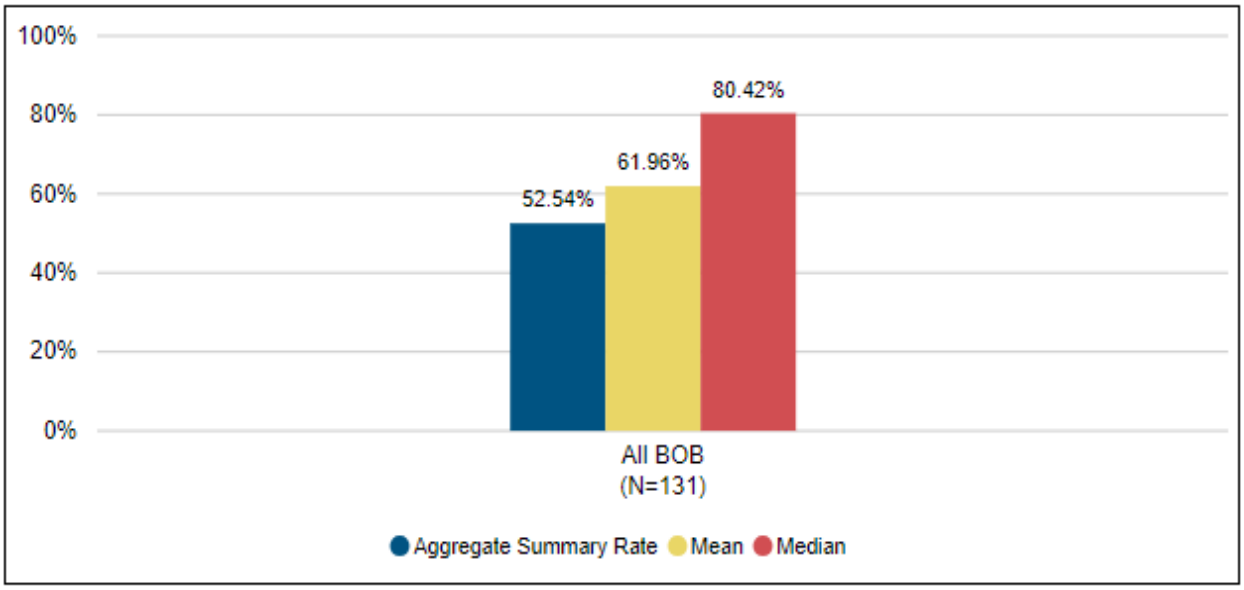


Exhibit 10: Specialty Prescriptions of Total Number of Prescriptions Dispensed by Specialty Pharmacy Organizations (All Books of Business)

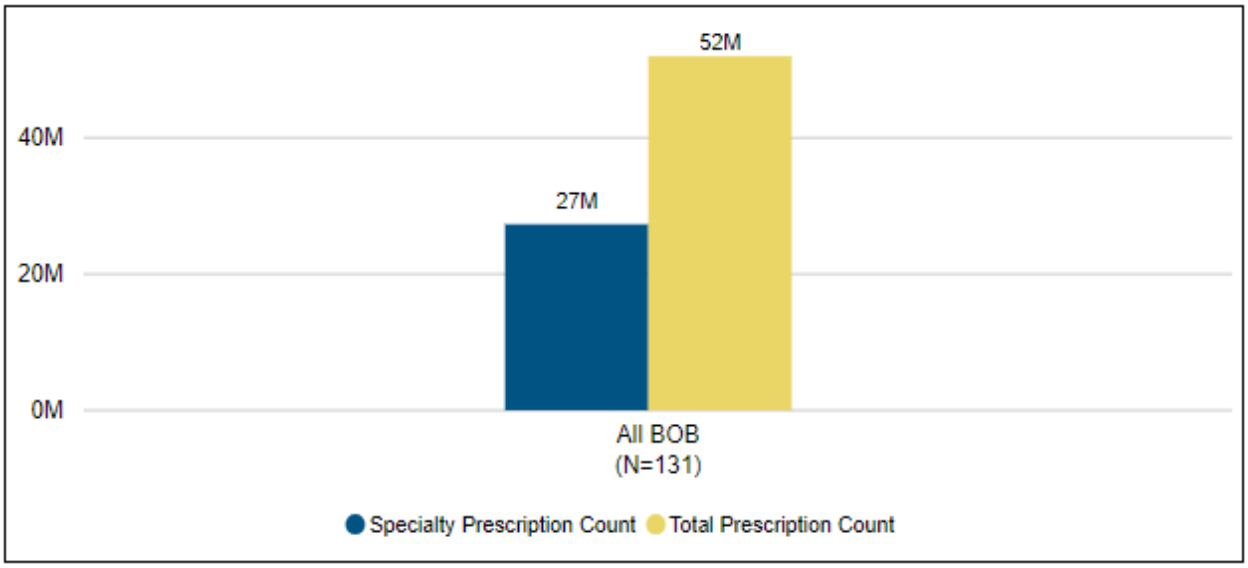


Exhibit 11: Specialty Prescriptions of Total Number of Prescriptions Dispensed by Specialty Pharmacy Organizations (Summary Data)

	Total Number of Specialty Prescriptions for Specialty Pharmacy Program	Total Number of Prescriptions Dispensed	Total Percentage of Specialty Prescriptions Dispensed	Mean Percentage of Specialty Prescriptions	Total Number of Data Submissions
Percentage of Specialty Prescriptions	27,303,572	51,963,281	52.54%	61.96%	131

Exhibit 12: Specialty Prescriptions of Total Number of Prescriptions Dispensed by Specialty Pharmacy Organizations (Benchmark Data)

	Min	10th	25th	50th	75th	90th	Max
Percentage of Specialty Prescriptions	0.07%	2.87%	21.37%	80.42%	100.00%	100.00%	100.00%

Data Validation Overview

For 2018 reporting, URAC required that organizations have their measure results reviewed by a URAC-approved Data Validation Vendor (DVV). There were seven vendors that participated: Advent Advisory Group, Attest Health Care Advisors, DHS Group, Healthcare Data Company, Health Data Decisions, HSAG, and Metastar. This represents an increase in vendors compared to 2017 where only four DVVs participated for URAC's second year requirement of data validation.

Additional Data Validation Procedures

Kiser Healthcare Solutions 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. Materially inaccurate rates based on DVV review were noted in the database and were excluded from the aggregate calculations.

Basic guidelines for identifying valid submissions:

- Measure Denominator is Greater Than 0
- DVV has not deemed the measure submission as materially inaccurate
- Organization has indeed stated it is submitting the measure.

Basic guidelines for aggregate rates:

- Measure Denominator is Greater Than or Equal to 30
- DVV has not deemed the measure submission as materially inaccurate
- Organization has indeed stated it is submitting the measure.

Results: Specialty Pharmacy Measures

Measure 1 – Call Center Performance (DTM2010-04)

Measure Description

This *mandatory* measure has two parts: Part A evaluates the percentage of calls during normal business hours to the organization's call service center(s) during the measurement period that were answered by a live voice within 30 seconds; Part B evaluates the percentage of calls made during normal business hours to the organization's call service center(s) during the reporting year that were abandoned by callers before being answered by a live customer service representative.

There is no stratification for this measure, results are reported aggregated across all populations. For Part A, a higher rate represents better performance. **For Part B, a lower rate represents better performance**.

Summary of Findings

A total of 107 organizations reported data for both Part A and for Part B. Four organizations did not report data for either measure part given data availability issues; however, one organization has a corrective action in place for future reporting purposes.

As part of the data collection, a series of characteristics were gathered on the call center and system capabilities of the organizations. A total of 125 organizations had an automated system for tracking call response time and call abandonment rates. Avaya was the most used call system (23 organizations) followed by Cisco (21) and ShoreTel (9), with the remaining organizations using other vendors or a custom internal measurement system.

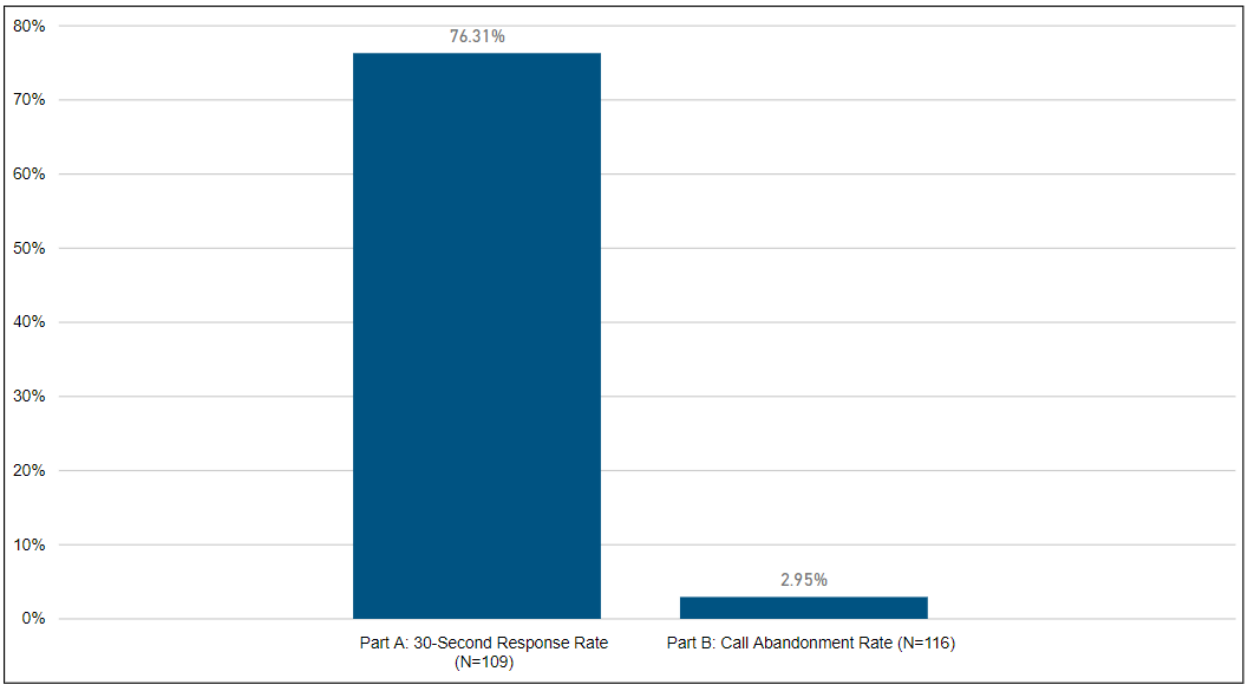
A total of 44 organizations indicated they use a system that measures call resolution rates (this is not a current URAC reported metric).

There were 114 organizations that indicated use of a single call center and 12 organizations indicated multiple call centers (ranging from two to 13).

A total of 103 organizations indicated staff was available to answer clinical questions 24x7x365 (assume holidays included). One organization indicated staff availability as 9-5x7x365, and six indicated 9-5xM-F (no holidays). There were 17 organizations that indicated Other that primarily represented broader than 9-5 coverage (not clear on holiday coverage based on the responses).

A total of 18 organizations reported staff coverage of 24x7x365 (assume holidays included). One organization reported staff coverage of 9-5x7x365 (assume holidays included). There were 25 organizations that reported staff coverage of 9-5xM-F (no holidays). Lastly, 83 organizations indicated Other that primarily represented a broader than 9-5 coverage (generally excluding holidays and weekends). Clinical call coverage appeared to be available more readily outside of normal call center operating hours as one might expect given urgency of need.

Exhibit 13: Call Center Performance - 30-Second Response Rate and Call Abandonment Rate



Note: Lower rate represents better performance for Part B: Call Abandonment.

Part A: 30-Second Response Rate

A total of 127 organizations attempted to report this rate (four organizations did not report results). A total of 18 had results that were deemed materially inaccurate by the DVV; these data submissions were removed from aggregate statistic calculations. There were 109 valid data submissions for Part A. The aggregate summary rate is 76.31% calls answered within 30 seconds with the mean of 88.64% and median of 91.62%.

Exhibit 14: Call Center Performance (Summary Data) - Part A: 30-Second Response Rate

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part A: 30-Second Response Rate	27,217,105	35,666,381	76.31%	88.64%	109

Exhibit 15: Call Center Performance (Benchmark Data) - Part A: 30-Second Response Rate

Measure	Min	10th	25th	50th	75th	90th	Max
Part A: 30-Second Response Rate	50.11%	73.93%	82.86%	91.62%	96.63%	98.79%	100.00%

Part B: Call Abandonment Rate

A total of 127 organizations attempted to report this rate. There were 11 data submissions deemed materially inaccurate by the DVV, and thus removed from aggregate statistic calculations. There were 116 valid data submissions for Part B. The aggregate summary rate is 2.95% call abandonment with the mean of 3.26% and median of 2.89%.

Exhibit 16: Call Center Performance (Summary Data) - Part B: Call Abandonment Rate

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part B: Call Abandonment Rate	1,066,301	36,094,839	2.95%	3.26%	116

Exhibit 17: Call Center Performance (Benchmark Data) - Part B: Call Abandonment Rate

Measure	Min	10th	25th	50th	75th	90th	Max
Part B: Call Abandonment Rate	17.67%	6.15%	3.94%	2.89%	1.56%	0.71%	0.00%

Measure 2 – Dispensing Accuracy (MP2012-06)

Measure Description

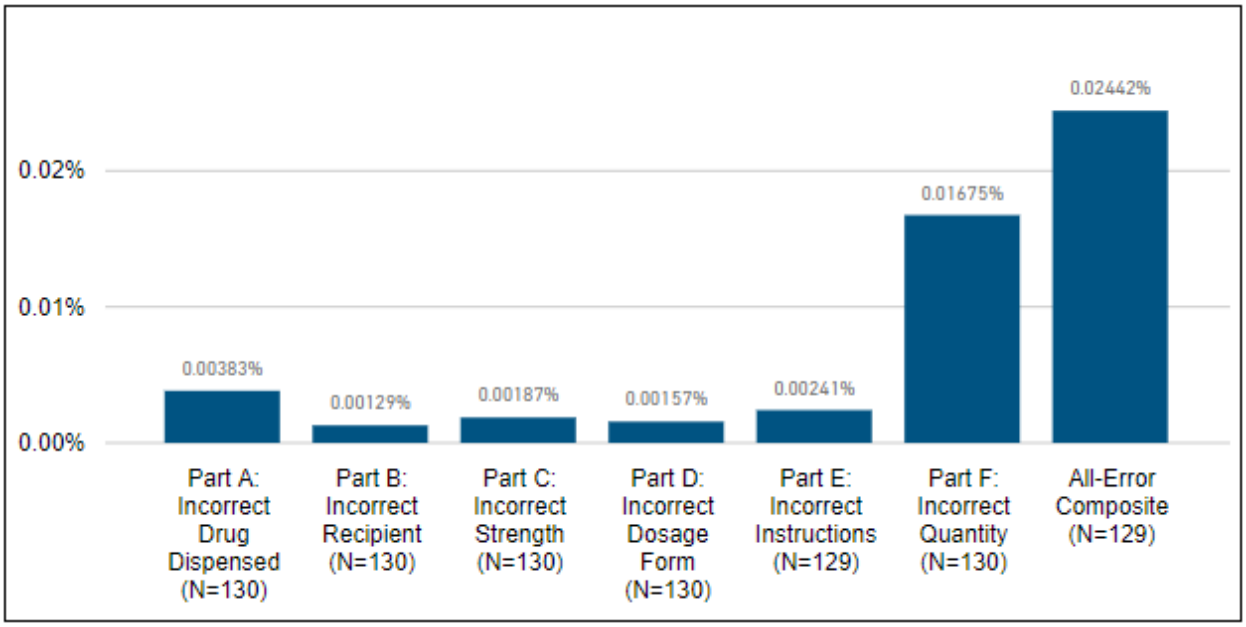
This *mandatory* six-part measure and composite roll-up assesses the percentage of prescriptions that the organization dispensed inaccurately. Measure parts include: (A) Incorrect Drug and/or Product Dispensed; (B) Incorrect Recipient; (C) Incorrect Strength; (D) Incorrect Dosage Form; (E) Incorrect Instructions; (F) Incorrect Quantity. **For all parts, a lower rate represents better performance.**

There is no stratification for this measure, results are reported aggregated across all populations. Each part of this measure is calculated at the individual prescription level, not at the order level (i.e., if an order contains three prescriptions, those three prescriptions are each counted separately in each denominator). One prescription may have multiple errors; each error is to be counted separately in the appropriate part of this measure. For Error Identification, there are no restrictions on how dispensing errors may be identified for inclusion in this measure (e.g., errors may be reported by a patient or caregiver, or may be identified through the organization's quality control processes).

Summary of Findings

A total of 130 organizations reported valid results for this measure. One organization reported materially inaccurate results for Part E and, subsequently, All Error Composite. One organization reported a denominator of zero for all measure parts with no additional information provided.

Exhibit 18: Dispensing Accuracy



Note: Lower rate represents better performance.

Part A: Incorrect Drug Dispensed

The aggregate summary rate is 0.00383% (or 3.83 incorrect drugs dispensed per 100,000) with the mean of 0.00458% and median of 0.00000%. There were 78 valid data submissions that reported 0% (perfect performance). The lowest performer indicated 114 incorrect drugs dispensed per 100,000.

Exhibit 19: Dispensing Accuracy – Part A: Incorrect Drug Dispensed (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part A: Incorrect Drug Dispensed	1,110	28,967,754	0.00383%	0.00458%	130

Exhibit 20: Dispensing Accuracy – Part A: Incorrect Drug Dispensed (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Part A: Incorrect Drug Dispensed	0.11358%	0.01490%	0.00351%	0.00000%	0.00000%	0.00000%	0.00000%

Part B: Incorrect Recipient

The aggregate summary rate is 0.00129% (or 1.29 drugs per 100,000 dispensed to incorrect recipient) with the mean of 0.00287% and median of 0.00000%. There were 87 valid data submissions that reported 0% (perfect performance). The lowest performer indicated 373 drugs per 1,000,000 dispensed to incorrect recipient.

Exhibit 21: Dispensing Accuracy – Part B: Incorrect Recipient (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part B: Incorrect Recipient	373	28,967,754	0.00129%	0.00287%	130

Exhibit 22: Dispensing Accuracy – Part B: Incorrect Recipient (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Part B: Incorrect Recipient	0.03733%	0.00894%	0.00170%	0.00000%	0.00000%	0.00000%	0.00000%

Part C: Incorrect Strength

The aggregate summary rate is 0.00187% (or 1.87 incorrect strength prescriptions dispensed per 100,000) with the mean of 0.00316% and median of 0.00000%. There were 81 valid data submissions that reported 0% (perfect performance). The lowest performer indicated 80 incorrect strength prescriptions dispensed per 100,000.

Exhibit 23: Dispensing Accuracy – Part C: Incorrect Strength (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part C: Incorrect Strength	384	20,575,505	0.00187%	0.00316%	130

Exhibit 24: Dispensing Accuracy – Part C: Incorrect Strength (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Part C: Incorrect Strength	0.07983%	0.00801%	0.00330%	0.00000%	0.00000%	0.00000%	0.00000%

Part D: Incorrect Dosage Form

The aggregate summary rate is 0.00157% (or 1.57 incorrect dosage forms dispensed per 100,000) with the mean of 0.00417% and median of 0.00000%. There were 87 valid data submissions that reported 0% (perfect performance). The lowest performer indicated 110 incorrect dosage forms dispensed per 100,000.

Exhibit 25: Dispensing Accuracy – Part D: Incorrect Dosage Form (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part D: Incorrect Dosage Form	322	20,576,105	0.00157%	0.00417%	130

Exhibit 26: Dispensing Accuracy – Part D: Incorrect Dosage Form (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Part D: Incorrect Dosage Form	0.11038%	0.01184%	0.00171%	0.00000%	0.00000%	0.00000%	0.00000%

Part E: Incorrect Instructions

The aggregate summary rate is 0.00241% (or 2.41 drugs dispensed with incorrect patient instructions per 100,000) with the mean of 0.00926% and median of 0.00000%. There were 73 valid data submissions that reported 0% (perfect performance). The lowest performer indicated 331 drugs dispensed with incorrect patient instructions per 100,000.

Exhibit 27: Dispensing Accuracy – Part E: Incorrect Instructions (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part E: Incorrect Instructions	698	28,951,928	0.00241%	0.00926%	129

Exhibit 28: Dispensing Accuracy – Part E: Incorrect Instructions (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Part E: Incorrect Instructions	0.33113%	0.02334%	0.00520%	0.00000%	0.00000%	0.00000%	0.00000%

Part F: Incorrect Quantity

The aggregate summary rate is 0.01675% (or 16.8 drugs dispensed with incorrect quantity per 100,000) with the mean of 0.01456% and median of 0.00258%. There were 57 valid data submissions that reported 0% (perfect performance). The lowest performer indicated 221 drugs dispensed with incorrect quantity per 100,000.

Exhibit 29: Dispensing Accuracy – Part F: Incorrect Quantity (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part F: Incorrect Quantity	4,851	28,967,754	0.01675%	0.01456%	130

Exhibit 30: Dispensing Accuracy – Part F: Incorrect Quantity (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Part F: Incorrect Quantity	0.22075%	0.03143%	0.01355%	0.00258%	0.00000%	0.00000%	0.00000%

All Error Composite

The aggregate summary rate is 0.02442% (or 24.4 drug dispensing defects per 100,000) with the mean of 0.03847% and median of 0.01567%. There were 35 valid data submissions that reported 0% (perfect performance). The lowest performer indicated 662 drug dispensing defects per 100,000.

Exhibit 31: Dispensing Accuracy – All Error Composite (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
All-Error Composite	7,737	31,685,731	0.02442%	0.03847%	129

Exhibit 32: Dispensing Accuracy – Part All Error Composite (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
All-Error Composite	0.66225%	0.09429%	0.04030%	0.01567%	0.00000%	0.00000%	0.00000%

Exhibit 33: Dispensing Accuracy – All Parts (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part A: Incorrect Drug Dispensed	1,110	28,967,754	0.00383%	0.00458%	130
Part B: Incorrect Recipient	373	28,967,754	0.00129%	0.00287%	130
Part C: Incorrect Strength	384	20,575,505	0.00187%	0.00316%	130
Part D: Incorrect Dosage Form	322	20,576,105	0.00157%	0.00417%	130
Part E: Incorrect Instructions	698	28,951,928	0.00241%	0.00926%	129
Part F: Incorrect Quantity	4,851	28,967,754	0.01675%	0.01456%	130
All-Error Composite	7,737	31,685,731	0.02442%	0.03847%	129

Exhibit 34: Dispensing Accuracy – All Parts (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Part A: Incorrect Drug Dispensed	0.11358%	0.01490%	0.00351%	0.00000%	0.00000%	0.00000%	0.00000%
Part B: Incorrect Recipient	0.03733%	0.00894%	0.00170%	0.00000%	0.00000%	0.00000%	0.00000%
Part C: Incorrect Strength	0.07983%	0.00801%	0.00330%	0.00000%	0.00000%	0.00000%	0.00000%
Part D: Incorrect Dosage Form	0.11038%	0.01184%	0.00171%	0.00000%	0.00000%	0.00000%	0.00000%
Part E: Incorrect Instructions	0.33113%	0.02334%	0.00520%	0.00000%	0.00000%	0.00000%	0.00000%
Part F: Incorrect Quantity	0.22075%	0.03143%	0.01355%	0.00258%	0.00000%	0.00000%	0.00000%
All-Error Composite	0.66225%	0.09429%	0.04030%	0.01567%	0.00000%	0.00000%	0.00000%

Measure 3 – Distribution Accuracy (MP2012-07)

Measure Description

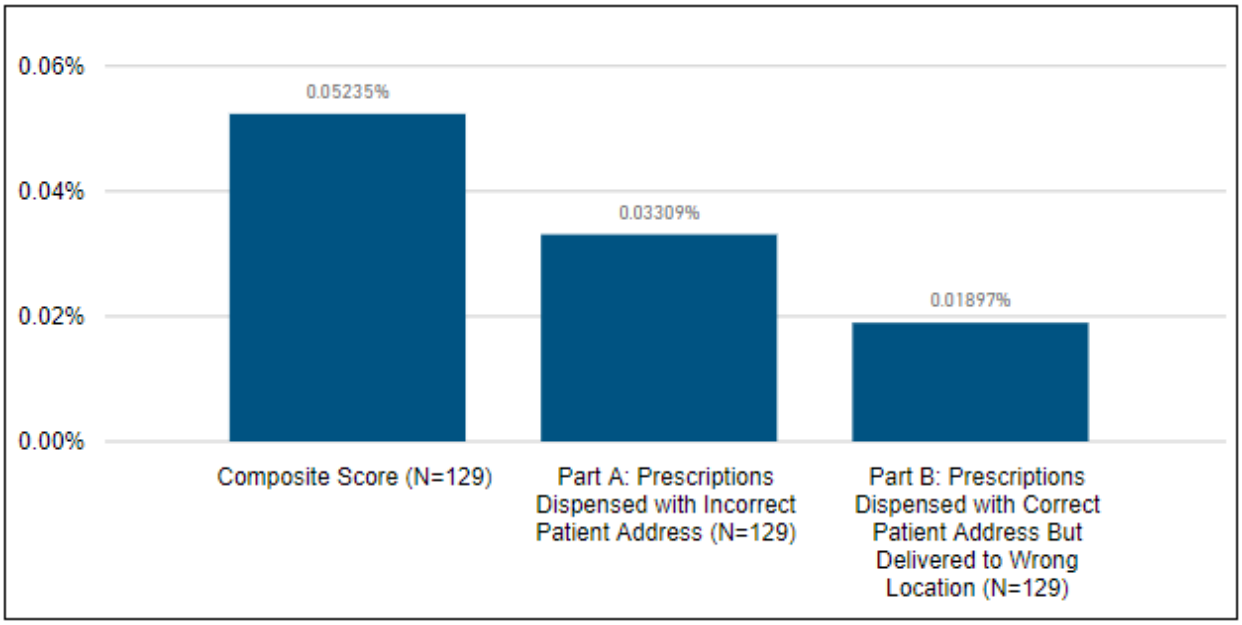
This *mandatory* measure assesses the percentage of prescriptions delivered to the wrong recipient. Part A assesses the percentage of prescriptions mailed with an incorrect address; Part B assesses the percentage of prescriptions mailed with a correct address that were not delivered to the correct location. **A lower rate represents better performance.**

There is no stratification for this measure, results are reported in aggregate across all populations. Each part of this measure is reported separately, and an aggregate error rate is calculated. The unit of analysis in this measure is individual prescriptions, not orders (which may include multiple prescriptions). This unit of analysis was chosen because prescriptions in the same order may be sent out separately. The organization may become aware of dispensing errors through a variety of ways, including but not limited to: the patient or the patient's representative (family member, health care provider, etc.) notifying the organization, the unintended recipient of the package notifying the organization, the post office or delivery service returning the prescription to the organization's mailing facility, or the organization's own quality assurance or persistence tracking systems detecting the error.

Summary of Findings

A total of 129 organizations reported valid results for this measure, and there was one organization with measure validation issues.

Exhibit 35: Distribution Accuracy



Part A: Prescriptions Dispensed with Incorrect Patient Address

The aggregate summary rate is 0.03309% (or 33.1 incorrect patient addresses per 100,000 prescriptions dispensed) with the mean of 0.005599% and median of 0.00977%. There were 42 valid data submissions that reported 0% (perfect performance). The lowest performer indicated 1,269 incorrect patient addresses per 100,000 prescriptions dispensed.

Exhibit 36: Distribution Accuracy – Part A: Prescriptions with Incorrect Patient Address (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part A: Prescriptions Dispensed with Incorrect Patient Address	9,670	29,226,952	0.03309%	0.05599%	129

Exhibit 37: Distribution Accuracy – Part A: Prescriptions with Incorrect Patient Address (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Part A: Prescriptions Dispensed with Incorrect Patient Address	1.26939%	0.09468%	0.04591%	0.00977%	0.00000%	0.00000%	0.00000%

Part B: Prescriptions Dispensed with Correct Patient Address but Delivered to Wrong Location

The aggregate summary rate is 0.01897% (or 19.0 prescriptions delivered to wrong location per 100,000 dispensed correctly) with the mean of 0.01618% and median of 0.00478%. There were 55 valid data submissions that reported 0% (perfect performance). The lowest performer indicated 149 prescriptions delivered to wrong location per 100,000 dispensed correctly. Additionally, there were 11 other organizations with over 50 prescriptions delivered to wrong location per 100,000 dispensed correctly.

Exhibit 38: Distribution Accuracy – Part B: Prescriptions Dispensed with Correct Patient Address by Delivered to Wrong Location (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part B: Prescriptions Dispensed with Correct Patient Address But Delivered to Wrong Location	5,494	28,965,952	0.01897%	0.01618%	129

Exhibit 39: Distribution Accuracy – Part B: Prescriptions Dispensed with Correct Patient Address by Delivered to Wrong Location (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Part B: Prescriptions Dispensed with Correct Patient Address But Delivered to Wrong Location	0.14907%	0.04884%	0.01675%	0.00478%	0.00000%	0.00000%	0.00000%

Composite Score

The aggregate summary rate is 0.05235% (or 52.4 distribution defects per 100,000 prescriptions dispensed) with the mean of 0.07225% and median of 0.02318%. There were 32 valid data submissions that reported 0% (perfect performance). The lowest performer represented 1,269 distribution defects per 100,000 prescriptions dispensed. Two other organizations had over 1,000 distribution defects per 100,000 prescriptions dispensed; six organizations had over 200 distribution defects per 100,000 prescriptions dispensed; and 12 organizations had over 100 distribution defects per 100,000 prescriptions dispensed.

Exhibit 40: Distribution Accuracy – Composite Score (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Composite Score	15,164	28,965,952	0.05235%	0.07225%	129

Exhibit 41: Distribution Accuracy – Composite Score (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Composite Score	1.26939%	0.13021%	0.07050%	0.02318%	0.00093%	0.00000%	0.00000%

Measure 4 – Turnaround Time for Prescriptions (MP2012-08)

Measure Description

This *mandatory* three-part measure assesses the average speed with which the organization fills prescriptions, once the prescription is "clean". Part A measures prescription turnaround time for clean prescriptions; Part B measures prescription turnaround time for prescriptions that required intervention; and Part C measures prescription turnaround time for all prescriptions.

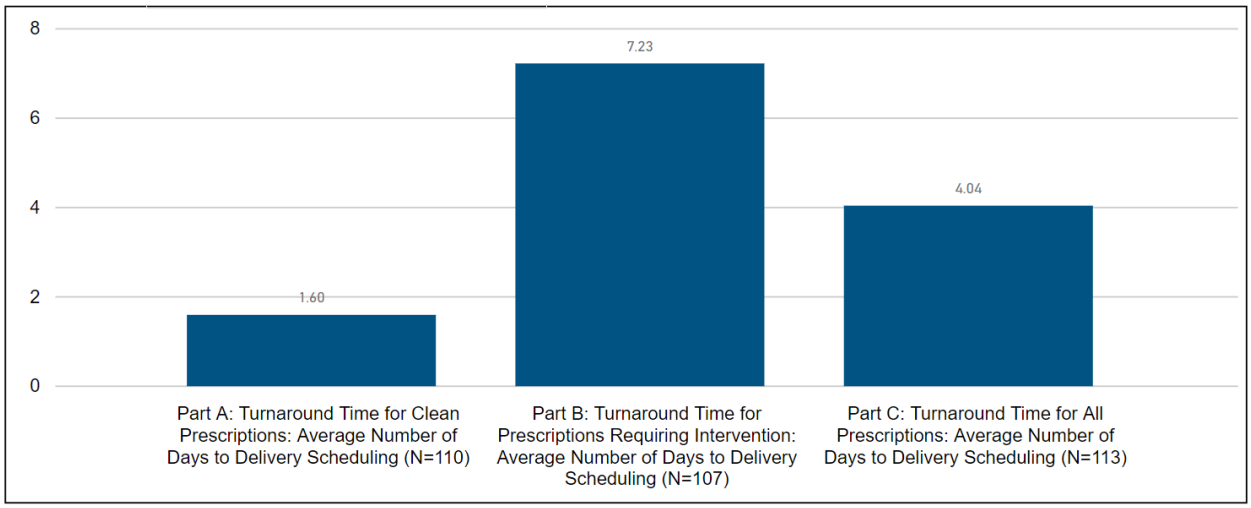
There is no stratification for this measure, results are reported aggregated across all populations. Parts A and B of this measure are mutually exclusive; if a prescription requires an intervention, it is counted in Part B; when it becomes "clean," it is not counted again in Part A. The number of business days to fill a prescription is the number of business days between the day the prescription is received and the day it is shipped from the facility. For the purposes of this measure, a prescription has been "received" when the prescription is assigned an electronically identifiable or otherwise reportable system date denoting the point of entry of the prescription into the pharmacy dispensing system. It is assumed that prescriptions are entered into the organization's electronic system within 1 business day of receipt. The unit of analysis in this measure is individual prescriptions, not orders (which may include multiple prescriptions). This unit of analysis was chosen because prescriptions in the same order may be sent out separately. Prescriptions that cannot be filled immediately (i.e., must be sent back or held because of benefit design, for example, when the refill is submitted too early), are excluded from this measure. They would be counted later (in either Part A or B, as appropriate) when they are either resubmitted or released for processing at the appropriate time.

Summary of Findings

A total of 120 organizations indicated they were able to report all parts of the measure and reported at least one of the measure parts. However, there were six organizations for Part A, five organizations for Part B, and seven organizations for Part C that submitted results that were deemed materially inaccurate by the DVV. The materially inaccurate results were not included in benchmarks. Eight organizations indicated they were unable to report the measure.

A total of 65 organizations track turnaround time by therapeutic class. Of the 66 that do not track turnaround by therapeutic class: 14 do not have systems capabilities for tracking; 12 choose not to track; 11 have the capability to track but have not had the need to do so; and five track turnaround time by patient or condition. Of the 123 organizations that reported, the average percentage of clean prescriptions is 55.03%, ranging from 0% (11 organizations) to 100% (3 organizations). A total of 28 organizations reported in the 90% range, which resulted in 95 organizations reporting <90%.

Exhibit 42: Turnaround Time for Prescriptions



Part A: Turnaround Time for Clean Prescriptions

The aggregate summary rate is 1.60 days with the mean of 2.43 days and median of 1.97 days. There were 19 valid data submissions that reported less than one-day turnaround time, with four of those processed in 0.000 days (perfect performance). There were 55 organizations that took over two days to turnaround clean prescriptions. Among those, six took over 5 days, two took over 6 days, and two took over 7 days.

Exhibit 43: Turnaround Time for Prescriptions – Part A: Clean Prescriptions (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part A: Turnaround Time for Clean Prescriptions: Average Number of Days to Delivery Scheduling	23,196,663	14,519,180	1.60	2.43	110

Exhibit 44: Turnaround Time for Prescriptions – Part A: Clean Prescriptions (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Part A: Turnaround Time for Clean Prescriptions: Average Number of Days to Delivery Scheduling	7.81	4.93	3.45	1.97	1.10	0.45	0.00

Part B: Turnaround Time for Prescriptions Requiring Intervention

The aggregate summary rate is 7.23 days with the mean of 7.58 days and median of 5.89 days. There was one valid data submission that reported less than one-day turnaround time. There were 61 organizations taking over five days to turnaround prescriptions that required intervention. Among those, 20 took over 10 days, and six organizations took over 20 days, with one of the organizations taking over 25 days.

Exhibit 45: Turnaround Time for Prescriptions – Part B: Prescriptions Requiring Intervention (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part B: Turnaround Time for Prescriptions Requiring Intervention: Average Number of Days to Delivery Scheduling	81,100,983	11,223,012	7.23	7.58	107

Exhibit 46: Turnaround Time for Prescriptions – Part B: Prescriptions Requiring Intervention (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Part B: Turnaround Time for Prescriptions Requiring Intervention: Average Number of Days to Delivery Scheduling	25.67	14.67	9.82	5.89	3.78	2.34	0.23

Part C: Turnaround Time for All Prescriptions

The aggregate summary rate is 4.04 days with the mean of 4.05 days and median of 3.28 days. There were eight valid data submissions that reported less than one-day turnaround time. There were 34 organizations that took over five days to turnaround all prescriptions. Among those, four took over 10 days for all prescriptions.

Exhibit 47: Turnaround Time for Prescriptions – Part C: All Prescriptions (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part C: Turnaround Time for All Prescriptions: Average Number of Days to Delivery Scheduling	104,449,346	25,839,594	4.04	4.05	113

Exhibit 48: Turnaround Time for Prescriptions – Part C: All Prescriptions (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Part C: Turnaround Time for All Prescriptions: Average Number of Days to Delivery Scheduling	17.04	7.37	5.69	3.28	1.89	1.20	0.19

Measure 5 – Drug-Drug Interactions (DM2012-13)

Measure Description

This *exploratory* measure assesses the percentage of patients who received a prescription for a target medication during the measurement period and who were dispensed a concurrent prescription for a precipitant medication. The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA Inc.

This measure is reported separately for each of the organization's books of business that are included in its URAC accreditation (i.e., commercial, Medicare, and Medicaid). The prescriptions for the target and precipitant medications are considered to be concurrent if the covered days for the precipitant medications has any day(s) of overlap with the target medication(s). **A lower rate represents better performance.**

Summary of Findings

Only two organizations submitted data for this measure. Analysis and benchmarks were not produced given there were less than five valid data submissions.

Measure 6 – Proportion of Days Covered (PDC) -- Specialty (DM2012-12)

Measure Description

This *exploratory* measure assesses the percentage of participants 18 years and older who met the proportion of days covered (PDC) threshold of 80% during the measurement period. A separate rate is calculated for the following medications: Multiple Sclerosis medications (TBD by PQA); Hepatitis C medications (TBD by PQA); Rheumatoid Arthritis medications (TBD by PQA); and Antiretroviral (this measure has a threshold of 90% for at least 2 medications). The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA Inc.

This measure reports each of the rates separately for each of the organization's books of business that are included in its URAC accreditation (i.e., commercial, Medicare, and Medicaid). Patients may be counted in the denominator for multiple rates if they have been dispensed the relevant medications, though for each rate, proportion of days covered should only be counted once per patient.

Summary of Findings

Only three organizations submitted data for this measure with denominators of at least 30. Analysis and benchmarks were not produced given there were less than five valid data submissions.

Measure 7 – Fulfillment of Promise to Deliver (SP2012-09)

Measure Description

This *exploratory* measure assesses the percentage of prescriptions that the organization delivered on time (i.e., the percentage of prescriptions that reached patients on the date scheduled for delivery).

This measure only applies to organizations that track the delivery of prescriptions or orders. There is no stratification for this measure; results are reported aggregated across all populations.

Summary of Findings

Seven organizations reported data for this exploratory measure. The aggregate summary rate is 97.51% prescriptions received on the scheduled date with the mean of 96.48% and median of 98.97%.

Exhibit 49: Fulfillment of Promise to Deliver – Percentage of Prescriptions Received on Scheduled Date

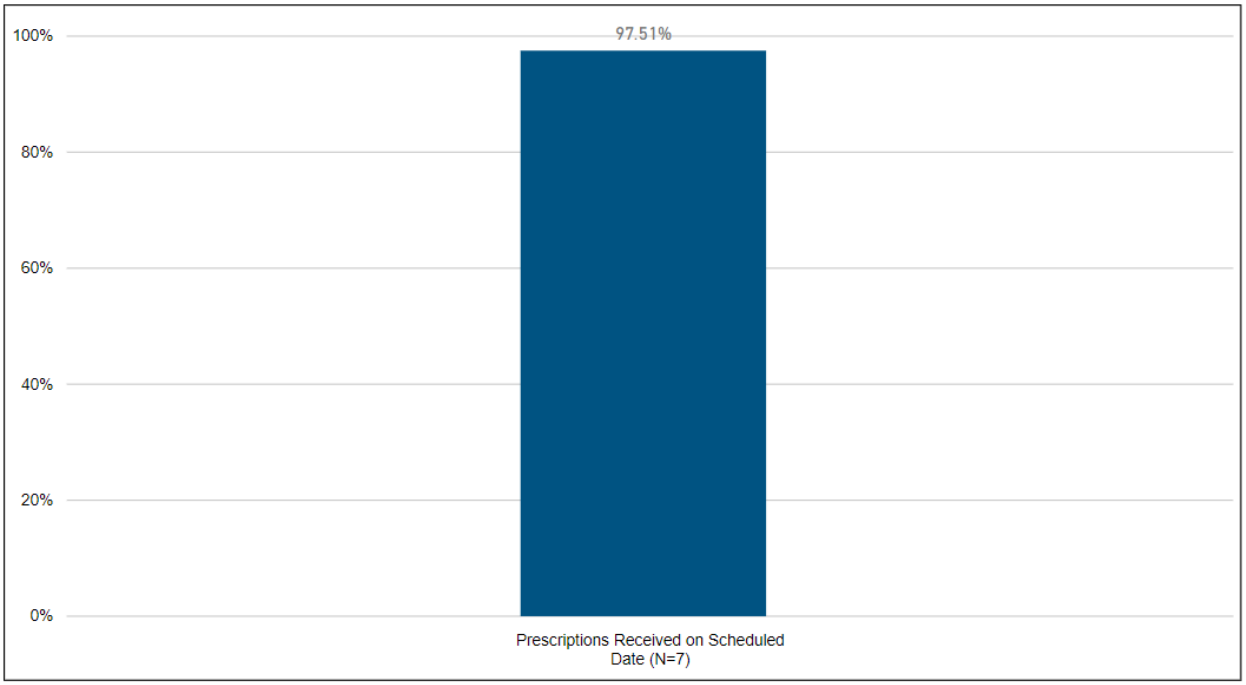


Exhibit 50: Fulfillment of Promise to Deliver (Summary Data) - Percentage of Prescriptions Received on Scheduled Date

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Prescriptions Received on Scheduled Date	851,831	873,622	97.51%	96.48%	7

Exhibit 51: Fulfillment of Promise to Deliver (Benchmark Data) - Percentage of Prescriptions Received on Scheduled Date

Measure	Min	10th	25th	50th	75th	90th	Max
Prescriptions Received on Scheduled Date	90.95%	91.66%	92.91%	98.97%	99.83%	99.96%	99.99%

Measure 8 – Primary Medication Non-Adherence (PH2015-01)

Measure Description

This *exploratory* measure assesses the percentage of prescriptions for chronic medications e-prescribed by a prescriber and not obtained by the patient in the following 30 days. This rate measures the level of primary medication non-adherence across a population of patients.

There is no stratification for this measure, results are reported aggregated across all populations. The unit of measure is a pharmacy or network of pharmacies. It is not intended for use by pharmacy benefit managers or health plans, as the data required is not available in administrative claims. To calculate this measure, pharmacy prescription dispensing data must be available. The pharmacy prescription dispensing data must include a field for prescription origin or be linked to an e-prescribing system to identify e-prescriptions.

Summary of Findings

One organization attempted to calculate the measure, but it was not able to produce a valid, reportable result.