2021

PHARMACY BENEFIT MANAGEMENT PERFORMANCE MEASUREMENT

AGGREGATE SUMMARY PERFORMANCE REPORT

December 2021

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Measure data evaluated within this report are reflective of data collected in 2020 according to URAC's 2021 Measure Specification Guides. URAC licenses the PQA measure set as defined by the measure steward.

For Pharmacy Quality Alliance (PQA) Measures:
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INTRODUCTION

Presented in this report are the 2020 measurement year (2021 reporting year) results based on URAC's Pharmacy Benefit Management (PBM) 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.

Performance measurement for the 2021 reporting year aligns with Phase 2 of URAC's measurement process where mandatory performance measures are subject to an external data validation process. The data validation program identifies areas of opportunity for improvement and ensures ongoing compliance conformity to program standards. By requiring organizations to submit audited performance measures annually, URAC ensures accurate and reliable data for organization-to-organization comparisons. These audited performance measure results become publicly available via aggregated, de-identified reports.

Organizations are required to report data for 18 mandatory measures and have the option to report data for three exploratory measures.

Below is the list of measures for 2021 reporting.

MANDATORY MEASURES

1. Proportion of Days Covered: Beta-Blockers (DM2012-12-BB)
2. Proportion of Days Covered: Renin Angiotensin System Antagonists (DM2021-12-RASA)
3. Proportion of Days Covered: Calcium Channel Blockers (DM2012-12-CCB)
4. Proportion of Days Covered: Diabetes All-Class (DM2012-12-DAC)
5. Proportion of Days Covered: Statins (DM2012-12-STA)
6. Proportion of Days Covered: Antiretroviral Medications (DM2012-12-ARV)
7. Adherence to Non-Infused Disease-Modifying Agents to Treat Multiple Sclerosis (PH2018- 03)
8. Adherence to Direct-Acting Oral Anticoagulants (DTM2015-01)
9. Drug-Drug Interactions (DM2012-13)
10. Generic Dispensing Rates (MP2012-09)
11. Call Center Performance (DTM2010-04)
12. Concurrent Use of Opioids and Benzodiazepines (PH2018-04)
13. Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (PH2018-05)
14. Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults (PH2018-06)
15. Treatment of Chronic Hepatitis C: Completion of Therapy (PH2018-07)
16. Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (PH2018-08-OHDMP)
17. Use of Opioids at High Dosage in Persons Without Cancer (PH2018-08-OHD)
18. Use of Opioids from Multiple Providers in Persons Without Cancer (PH2018-08-OMP)

EXPLORATORY MEASURES

1. Complaint Response Timeliness (PH2021-01)**
2. Overall Consumer Satisfaction (PH2021-02)**
3. Turnaround Time for Prescriptions (MP2012- 08)*
   * Fewer than five organizations submitted data for this measure. Analysis and benchmarks were not produced given less than five valid data submissions.
   ** No organization submitted data for this measure.

DATA VALIDATION PROCEDURES

Data validation vendors (DVV) identified any materially inaccurate submissions. Additionally, Kiser Healthcare Solutions, LLC corrected for any data entry and duplicate submission errors based on manual data review and cleaning, documented at the end of this report.

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.

Basic guidelines for identifying valid submissions:

- Measure denominator is greater than zero
- 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.
- Minimum of 5 reporting organizations required for analysis

RESULTS IN AGGREGATE

A total of 23 URAC-accredited Pharmacy Benefit Management (PBM) organizations reported 2020 measurement year data for the 2021 reporting year. The total number of prescriptions covered across all organizations was 4,806,382,866 with a range of 207,936 to 1,409,440,387 per organization. Specialty prescriptions represented a small percentage of total prescriptions (1.96%, n=18), with the largest submission containing 18,853,632 specialty prescriptions. Most organizations reported fewer than 100million total prescriptions. The average number of total prescriptions covered was 208.73 million. Six organizations reported over 100 million total prescriptions, with one of those organizations reporting 1.41 billion prescriptions **(Figure 1)**. For measures that were stratified by line of business, organizations were able to report one rate per applicable payor. Commercial was represented the most among these measures across 22 organizations **(Figure 2)**.

Figure 1. Reporting by Program Tier Size
# of prescriptions dispensed per organization (n=23)

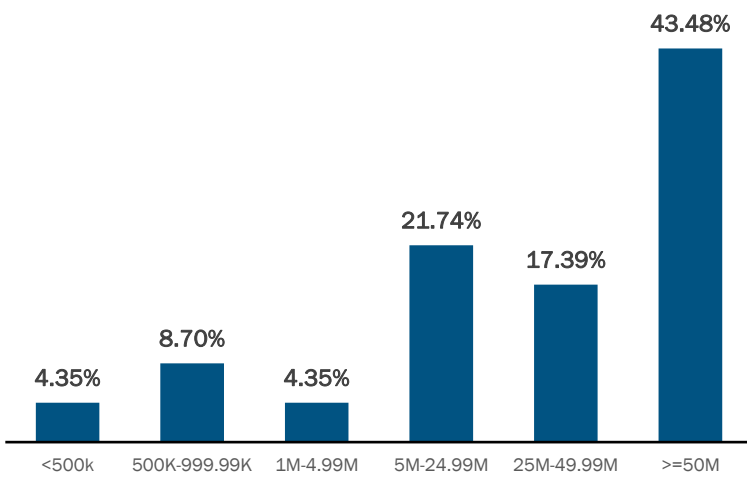**Figure 2. Lines of Business Served**
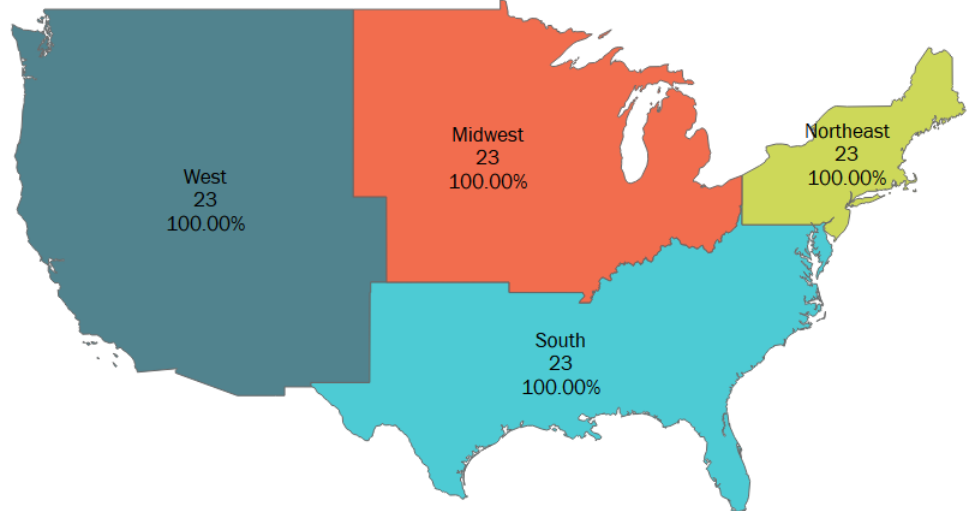% of reporting organizations by payor (n=23)

Regional Areas Served

Of the 23 PBMs that submitted performance measurement data, all 23 organizations covered all four URAC-specified regions (Midwest, Northeast, South, and West) **(Figure 3)**.

Figure 3. Regional Areas Served
% of reporting organizations by region (n=23)

Note: Multiple responses accepted

PROPORTION OF DAYS COVERED: Beta-Blockers (DM2012-12-BB)

Measure Description

This *mandatory* measure assesses the percentage of participants 18 years and older who met the proportion of days covered (PDC) threshold of 80% for **Beta-Blockers** during the measurement period.

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

Figure 4. Proportion of Days Covered: Beta-Blockers
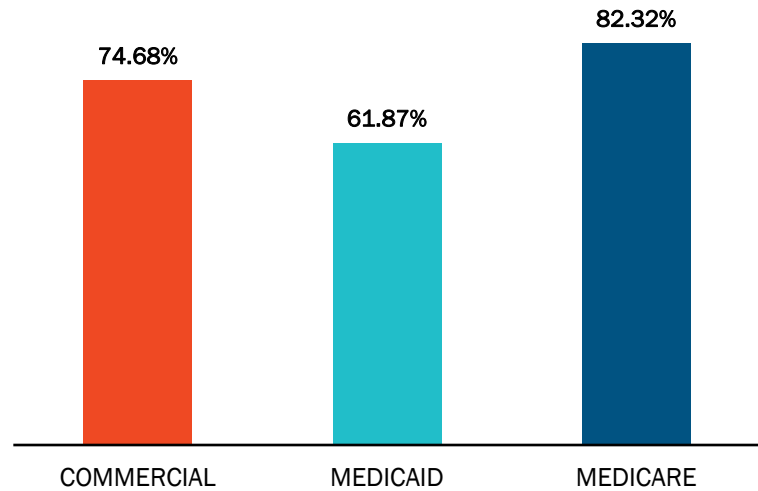
Summary of Reporting Organizations

21 organizations submitted valid data for this measure.

20	**13**	**12**
Commercial	**Medicaid**	**Medicare**

The Medicare line of business had the highest overall performance (82.32%, n=12), while the Medicaid line of business had the lowest overall performance (61.87%, n=13).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	6,225,762	8,336,239	74.68%	70.27%	20
Medicaid	933,804	1,509,201	61.87%	62.29%	13
Medicare	7,210,166	8,758,320	82.32%	82.46%	12

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	58.69%	59.78%	68.72%	71.90%	74.72%	75.64%	76.87%
Medicaid	58.07%	59.46%	61.66%	62.29%	63.58%	64.61%	64.91%
Medicare	76.79%	80.65%	81.61%	82.28%	84.21%	85.25%	85.67%

PROPORTION OF DAYS COVERED: Renin Angiotensin System Antagonists (DM2012-12-RAS)

Measure Description

This *mandatory* measure assesses the percentage of participants 18 years and older who met the proportion of days covered (PDC) threshold of 80% for **Renin Angiotensin System (RAS) Antagonists** during the measurement period.

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

Figure 5. Proportion of Days Covered: Renin Angiotensin System Antagonists
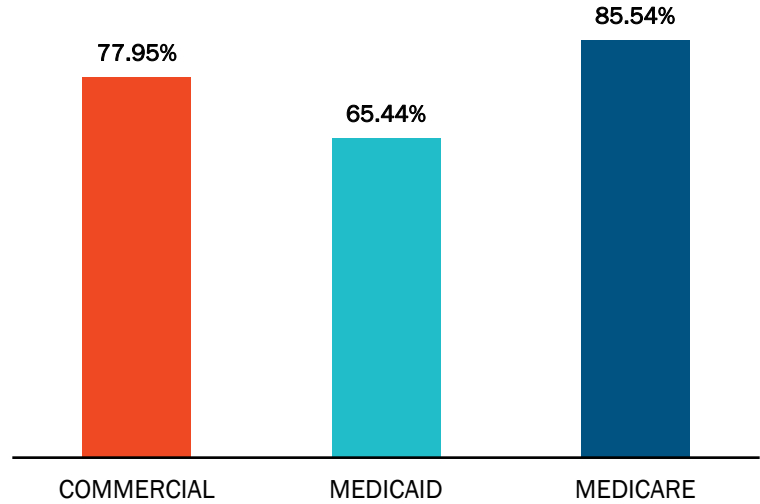
Summary of Reporting Organizations

19 organizations submitted valid data for this measure.

18	**12**	**11**
Commercial	**Medicaid**	**Medicare**

The Medicare line of business had the highest overall performance (85.54%, n=11), while the Medicaid line of business had the lowest overall performance (65.44%, n=12).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	12,874,705	16,516,384	77.95%	74.07%	18
Medicaid	1,601,221	2,446,991	65.44%	65.92%	12
Medicare	11,277,977	13,183,962	85.54%	85.31%	11

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	62.32%	63.72%	73.44%	76.48%	78.73%	79.29%	80.36%
Medicaid	58.81%	62.40%	64.79%	66.30%	67.82%	68.74%	70.63%
Medicare	79.34%	84.25%	84.69%	85.05%	87.18%	87.58%	87.69%

# PROPORTION OF DAYS COVERED: Calcium Channel Blockers (DM2012-12-CCB)

Measure Description

This *mandatory* measure assesses the percentage of participants 18 years and older who met the proportion of days covered (PDC) threshold of 80% for **Calcium Channel Blockers (CCB)** during the measurement period.

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

Figure 6. Proportion of Days Covered: Calcium Channel Blockers
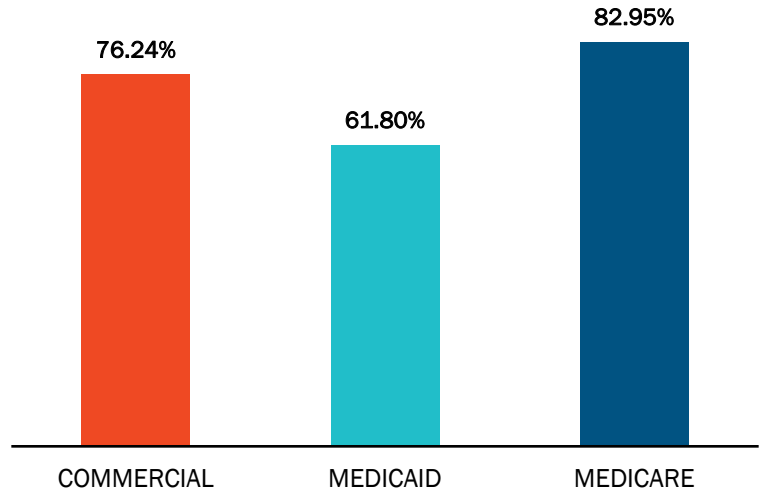
Summary of Reporting Organizations

21 organizations submitted valid data for this measure.

20	13	12
Commercial	**Medicaid**	**Medicare**

The Medicare line of business had the highest overall performance (82.95%, n=12), while the Medicaid line of business had the lowest overall performance (61.80%, n=13).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	5,466,479	7,170,147	76.24%	71.35%	20
Medicaid	826,087	1,336,799	61.80%	62.51%	13
Medicare	6,114,469	7,370,857	82.95%	82.97%	12

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	59.60%	61.13%	68.71%	73.79%	75.66%	76.90%	78.61%
Medicaid	58.95%	60.06%	61.03%	62.16%	63.99%	65.32%	68.02%
Medicare	77.70%	81.14%	82.08%	82.61%	84.57%	85.46%	87.29%

# PROPORTION OF DAYS COVERED: Diabetes All Class (DM2012-12-DAC)

Measure Description

This *mandatory* measure assesses the percentage of participants 18 years and older who met the proportion of days covered (PDC) threshold of 80% for **Diabetes All Class** medications during the measurement period.

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).

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Figure 7. Proportion of Days Covered: Diabetes All Class
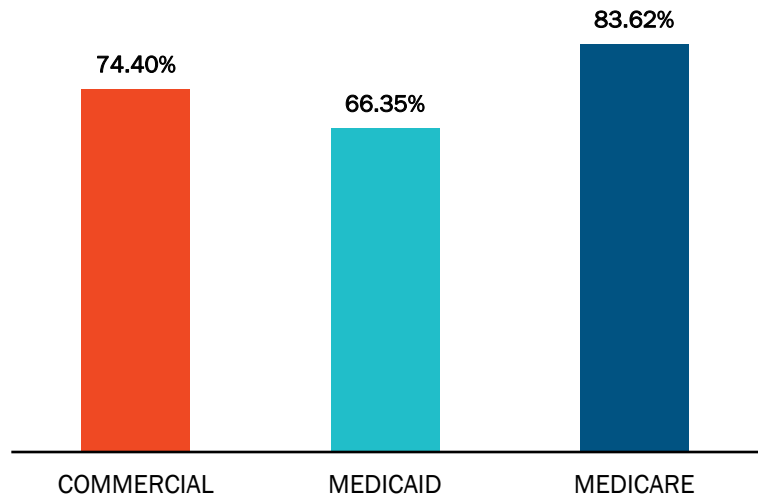
Summary of Reporting Organizations

19 organizations submitted valid data for this measure.

18	12	11
Commercial	**Medicaid**	**Medicare**

The Medicare line of business had the highest overall performance (83.62%, n=11), while the Medicaid line of business had the lowest overall performance (66.35%, n=12).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	4,471,258	6,009,640	74.40%	71.41%	18
Medicaid	744,328	1,121,812	66.35%	65.37%	12
Medicare	3,817,595	4,565,504	83.62%	84.06%	11

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	60.34%	62.90%	68.27%	72.17%	75.09%	78.04%	79.19%
Medicaid	60.44%	61.20%	62.22%	65.73%	68.13%	69.61%	70.37%
Medicare	77.46%	80.53%	83.02%	85.00%	86.16%	87.02%	87.61%

# PROPORTION OF DAYS COVERED: Statins (DM2012-12-STA)

Measure Description

This *mandatory* measure assesses the percentage of participants 18 years and older who met the proportion of days covered (PDC) threshold of 80% for **Statins** during the measurement period.

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).

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Figure 8. Proportion of Days Covered: Statins
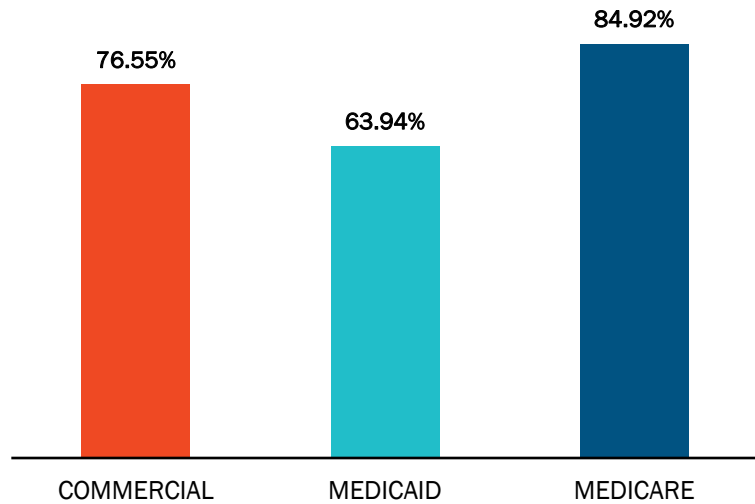
Summary of Reporting Organizations

19 organizations submitted valid data for this measure.

18	12	11
Commercial	**Medicaid**	**Medicare**

The Medicare line of business had the highest overall performance (84.92%, n=11), while the Medicaid line of business had the lowest overall performance (63.94%, n=12).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	11,499,826	15,022,837	76.55%	70.84%	18
Medicaid	1,471,323	2,300,959	63.94%	65.07%	12
Medicare	12,327,388	14,517,058	84.92%	83.94%	11

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	51.31%	58.05%	70.34%	74.39%	75.69%	77.22%	79.27%
Medicaid	60.53%	61.53%	62.56%	65.23%	67.54%	68.09%	68.63%
Medicare	79.34%	79.73%	82.49%	84.63%	85.89%	86.77%	87.19%

# PROPORTION OF DAYS COVERED: Antiretrovirals (DM2012-12-BB)

Measure Description

This *mandatory* measure assesses the percentage of participants 18 years and older who met the proportion of days covered (PDC) threshold of 90% for ≥3 **Antiretrovirals** during the measurement period.

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

Figure 9. Proportion of Days Covered: Antiretrovirals
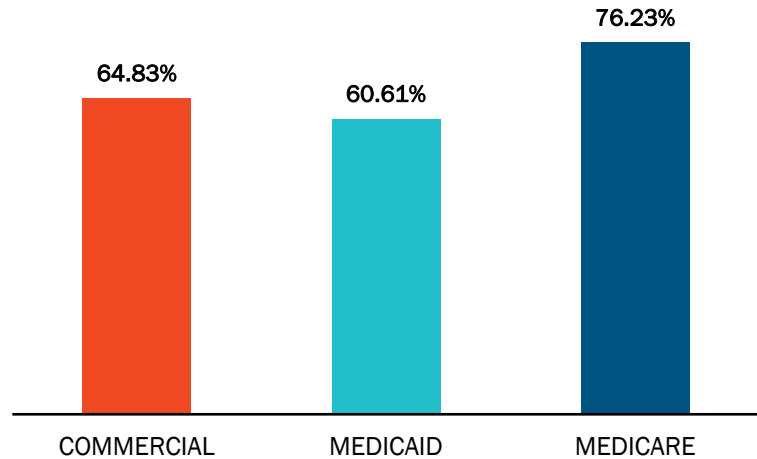
Summary of Reporting Organizations

21 organizations submitted valid data for this measure.

18	**12**	**10**
Commercial	**Medicaid**	**Medicare**

The Medicare line of business had the highest overall performance (76.23%, n=10), while the Medicaid line of business had the lowest overall performance (60.61%, n=12).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	214,206	330,408	64.83%	63.55%	18
Medicaid	70,896	116,978	60.61%	48.89%	12
Medicare	84,819	111,272	76.23%	72.26%	10

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	26.83%	51.23%	60.29%	65.96%	69.67%	72.84%	88.80%
Medicaid	10.00%	38.08%	42.54%	53.57%	60.31%	63.48%	64.38%
Medicare	61.24%	64.45%	66.11%	75.44%	77.00%	78.82%	78.94%

# ADHERENCE TO NON-INFUSED DISEASE MODIFYING AGENTS USED TO TREAT MULTIPLE SCLEROSIS (PH2018-03)

Measure Description

This *mandatory* measure assesses the percentage of patients with 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80 percent during the measurement period for disease-modifying agents used to treat multiple sclerosis (MS).

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

Figure 10. Adherence to Non-Infused Disease Modifying Agents for Multiple Sclerosis
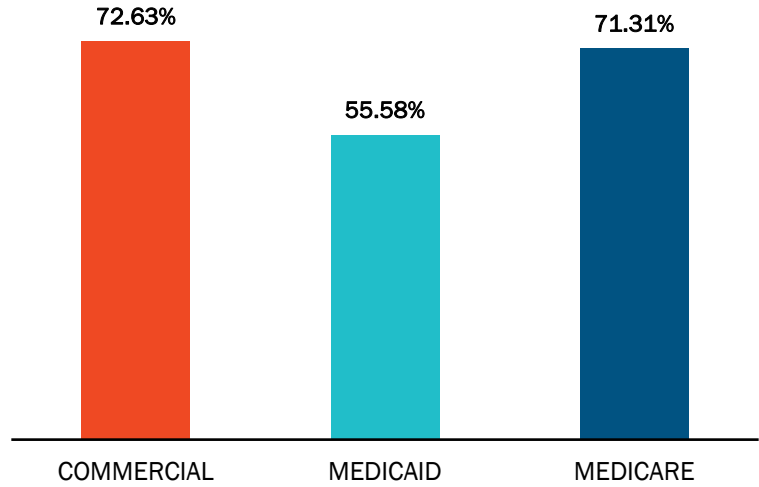
Summary of Reporting Organizations

22 organizations submitted valid data for this measure.

16	11	10
Commercial	**Medicaid**	**Medicare**

The Commercial line of business had the highest overall performance (72.63%, n=16), while the Medicaid line of business had the lowest overall performance (55.58%, n=11).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	70,336	96,848	72.63%	69.48%	16
Medicaid	6,153	11,070	55.58%	58.89%	11
Medicare	28,544	40,026	71.31%	71.54%	10

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	51.39%	60.46%	64.26%	71.36%	75.62%	78.20%	79.07%
Medicaid	51.47%	54.55%	55.83%	58.71%	61.94%	62.72%	65.49%
Medicare	65.81%	68.08%	70.23%	71.85%	73.93%	74.39%	75.14%

# ADHERENCE TO DIRECT ACTING ORAL ANTICOAGULANTS (DTM2015-01)

Measure Description

This *mandatory* measure assesses the percentage of patients 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80% during the measurement period for direct-acting oral anticoagulants.

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

Figure 11. Adherence to Direct-Acting Oral Anticoagulants
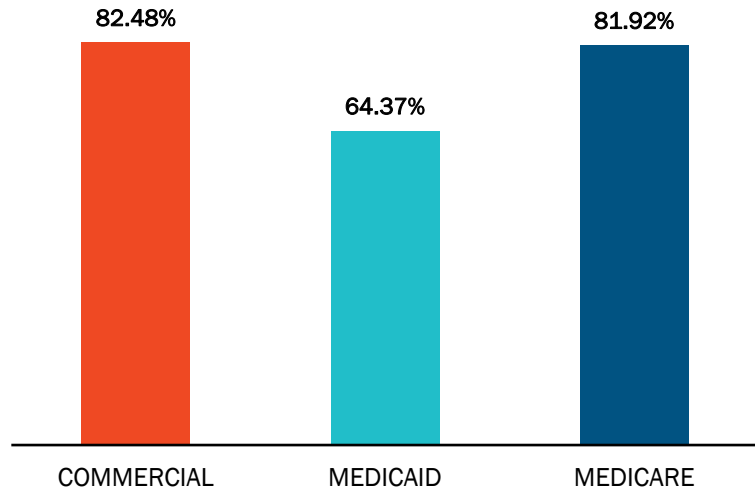
Summary of Reporting Organizations

21 organizations submitted valid data for this measure.

17	12	12
Commercial	**Medicaid**	**Medicare**

The Commercial line of business had the highest overall performance (82.48%, n=17), while the Medicaid line of business had the lowest overall performance (64.37%, n=12).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	585,691	710,139	82.48%	79.96%	17
Medicaid	47,708	74,115	64.37%	68.35%	12
Medicare	900,225	1,098,945	81.92%	82.10%	12

| LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	72.82%	74.27%	75.91%	80.65%	82.81%	83.67%	91.77%
Medicaid	58.31%	60.35%	65.34%	68.22%	70.06%	72.00%	87.06%
Medicare	75.35%	76.01%	79.62%	81.84%	84.06%	87.29%	90.90%

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. **A lower rate represents better performance.**

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

Figure 12. Drug-Drug Interactions
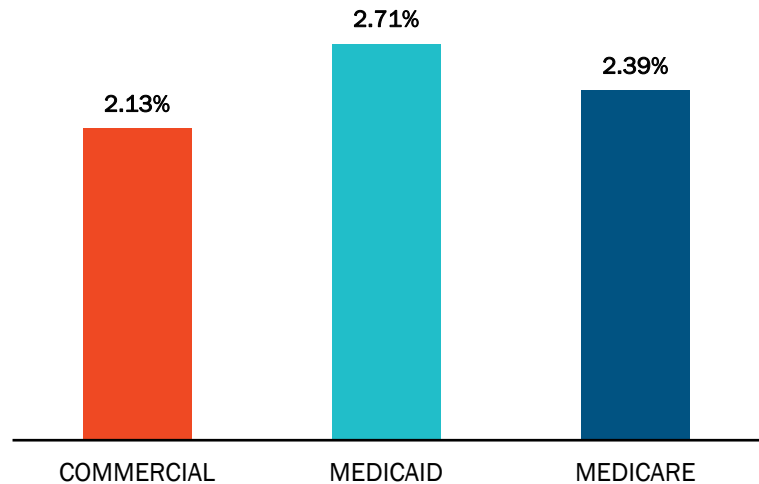
Summary of Reporting Organizations

23 organizations submitted valid data for this measure.

22	14	13
Commercial	**Medicaid**	**Medicare**

The Commercial line of business had the highest overall performance (2.13%, n=22), while the Medicaid line of business had the lowest overall performance (2.71%, n=14).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	115,369	5,405,280	2.13%	1.74%	22
Medicaid	30,255	1,117,914	2.71%	2.43%	14
Medicare	156,984	6,581,295	2.39%	2.32%	13

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	3.36%	2.88%	2.21%	1.74%	1.21%	0.72%	0.24%
Medicaid	4.25%	3.66%	2.91%	2.55%	2.01%	1.09%	0.31%
Medicare	4.47%	3.03%	2.79%	2.32%	1.74%	1.24%	1.09%

GENERIC DISPENSING RATES (MP2012-09)

Measure Description

This *mandatory* measure assesses the percentage of all prescriptions that were dispensed as generics, branded generics, or brands for which members paid the generic co-pay.

There is no stratification for this measure; results are reported across all populations.

URAC is the measure steward, and all rights are retained by URAC.

Generic Dispensing Rate

97.96%

Prescriptions Dispensed as Generics

The 23 valid submissions for this measure reported an aggregate summary rate of 97.96%.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
2,736,297,437	2,793,180,414	97.96%	96.95%	23

MIN	10TH	25TH	50TH	75TH	90TH	MAX
93.61%	94.54%	96.25%	97.10%	98.19%	98.44%	98.95%

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

For Part A, a higher rate represents better performance. **For Part B, a lower rate represents better performance**.

There is no stratification for this measure, results are reported across all populations.

Figure 13. Call Center Performance
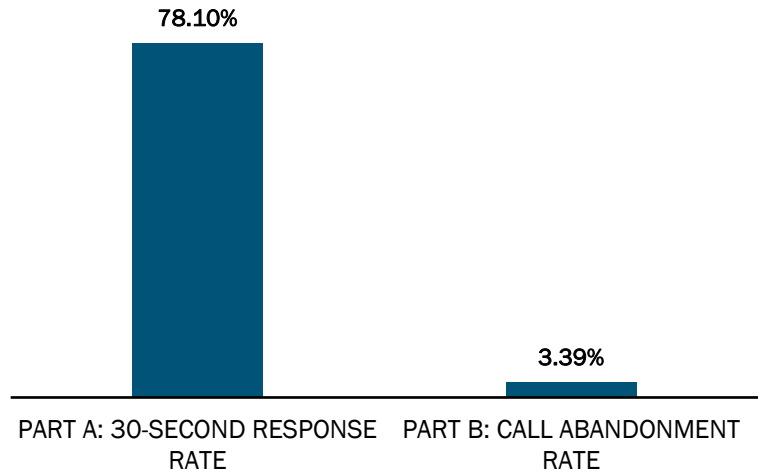
Summary of Findings

A total of 22 organizations reported valid results for each measure part. There were three submissions at or above the 90th percentile for Part A. There were three submissions at or above the 90th percentile for Part B.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part A: 30-Second Response Rate	58,719,576	75,185,630	78.10%	87.46%	22
Part B: Call Abandonment Rate	2,549,259	75,185,630	3.39%	2.35%	22

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part A: 30-Second Response Rate	69.52%	73.72%	83.02%	88.71%	94.04%	96.54%	98.95%
Part B: Call Abandonment Rate	10.01%	3.87%	2.56%	1.74%	1.28%	0.84%	0.37%

CONCURRENT USE OF OPIOIDS AND BENZODIAZEPINES (PH2018-04)

Measure Description

This *mandatory* measure assesses the percentage of individuals 18 years and older with concurrent use of prescription opioids and benzodiazepines. **A lower rate represents better performance.**

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

14.23%

Of Individuals Concurrently Using Opioids

& Benzodiazepines

Summary of Reporting Organizations

6 organizations submitted valid data for this measure.

5	3	2
Commercial	**Medicaid**	**Medicare**

The Commercial line of business is the only line of business with five or more valid submissions.

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	62,589	451,307	13.87%	12.25%	5

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	14.22%	14.11%	13.94%	13.80%	13.76%	8.82%	5.52%

POLYPHARMACY: USE OF MULTIPLE ANTICHOLINERGIC MEDICATIONS IN OLDER ADULTS (PH2018-05)

Measure Description

This *mandatory* measure assesses the percentage of adults 65 years and older with concurrent use of 2 or more unique anticholinergic medications. **A lower rate represents better performance.**

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

Figure 14. Use of Multiple Anticholinergic Medications
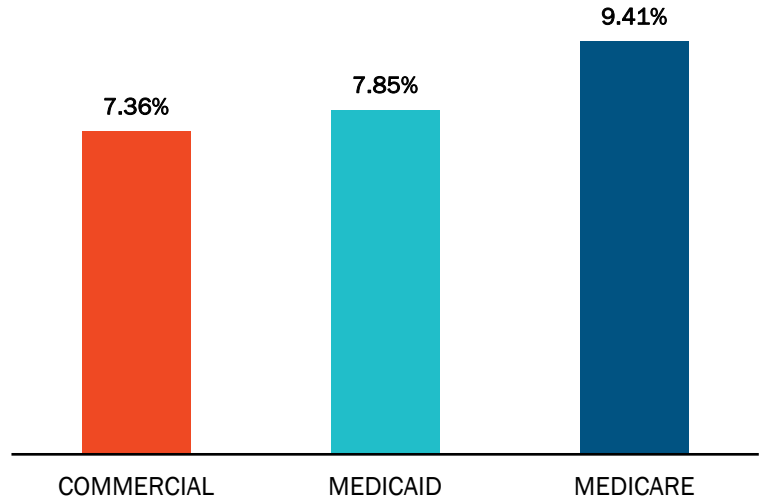
Summary of Reporting Organizations

21 organizations submitted valid data for this measure.

19	12	12
Commercial	**Medicaid**	**Medicare**

The Commercial line of business had the highest overall performance (7.36%, n=19), while the Medicare line of business had the lowest overall performance (9.41%, n=12).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	54,441	739,313	7.36%	7.20%	19
Medicaid	4,266	54,364	7.85%	11.91%	12
Medicare	249,352	2,648,828	9.41%	10.40%	12

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	16.62%	9.74%	8.64%	6.81%	5.83%	4.48%	1.87%
Medicaid	27.96%	19.30%	14.47%	10.70%	6.89%	5.73%	2.68%
Medicare	17.45%	15.28%	12.54%	9.50%	7.91%	7.59%	5.21%

POLYPHARMACY: USE OF MULTIPLE CNS-ACTIVE MEDICATIONS IN OLDER ADULTS (PH2018-06)

Measure Description

This *mandatory* measure assesses percentage of adults 65 years and older with concurrent use of 3 or more unique central-nervous system (CNS) active medications. **A lower rate represents better performance.**

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

Figure 15. Use of Multiple CNS-Active Medications
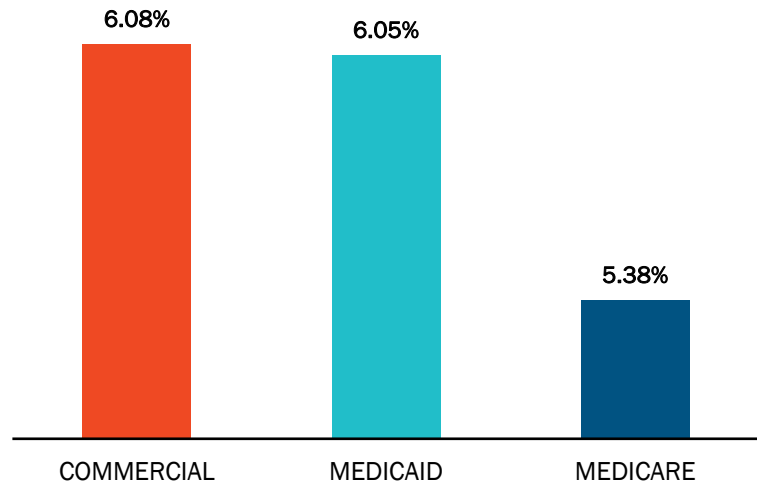
Summary of Reporting Organizations

21 organizations submitted valid data for this measure.

20	12	12
Commercial	**Medicaid**	**Medicare**

The Medicare line of business had the highest overall performance (5.38%, n=12), while the Commercial line of business had the lowest overall performance (6.08%, n=20).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	128,945	2,119,529	6.08%	4.98%	20
Medicaid	4,322	71,465	6.05%	7.20%	12
Medicare	379,607	7,049,612	5.38%	8.68%	12

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	13.37%	11.17%	6.03%	4.58%	2.90%	0.13%	0%
Medicaid	21.52%	10.81%	8.70%	6.05%	3.96%	2.66%	2.04%
Medicare	20.82%	14.40%	9.66%	7.34%	5.18%	4.77%	3.50%

# TREATMENT OF CHRONIC HEPATITIS C: COMPLETION OF THERAPY (PH2018-07)

Measure Description

This *mandatory* measure assesses the percentage of patients who initiated antiviral therapy during the measurement year for treatment of chronic Hepatitis C, and who completed the minimum intended duration of therapy with no significant gap(s) in therapy.

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

Figure 16. Completion of Therapy for Chronic Hepatitis C
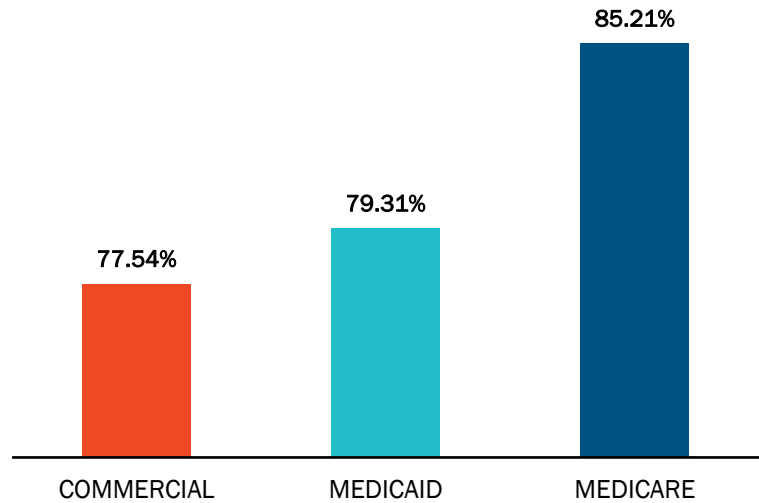
Summary of Reporting Organizations

22 organizations submitted valid data for this measure.

14	13	10
Commercial	**Medicaid**	**Medicare**

The Medicare line of business had the highest overall performance (85.21%, n=10), while the Commercial line of business had the lowest overall performance (77.54%, n=14).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	10,477	13,512	77.54%	82.70%	14
Medicaid	20,148	25,403	79.31%	76.81%	13
Medicare	9,731	11,420	85.21%	85.07%	10

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	36.49%	71.69%	76.56%	87.25%	92.29%	95.61%	98.67%
Medicaid	36.48%	63.71%	74.97%	79.89%	83.34%	90.11%	91.67%
Medicare	76.15%	76.57%	77.63%	88.30%	90.54%	91.34%	94.47%

USE OF OPIOIDS AT HIGH DOSAGE & FROM MULTIPLE PROVIDERS IN PERSONS WITHOUT CANCER (PH2018-08-OHDMP)

Measure Description

This *mandatory* measure assesses the percentage of individuals ≥ 18 years of age who received prescriptions for opioids with an average daily dosage of ≥ 90 morphine milligram equivalents (MME) AND who received prescriptions for opioids from ≥ 4 prescribers AND ≥ 4 pharmacies. **A lower rate represents better performance.**

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

0.22%

Of Individuals use opioids at high dosage & from multiple providers

Summary of Reporting Organizations

6 organizations submitted valid data for this measure.

5	**3**	**2**
Commercial	**Medicaid**	**Medicare**

The Commercial line of business is the only line of business with five or more valid submissions.

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	898	401,160	0.22%	0.32%	5

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	0.95%	0.81%	0.59%	0.04%	0.02%	0.01%	0%

USE OF OPIOIDS AT HIGH DOSAGE IN PERSONS WITHOUT CANCER (PH2018-08-OHD)

Measure Description

This *mandatory* measure assesses the percentage of individuals ≥ 18 years of age who received prescriptions for opioids with an average daily dosage of ≥ 90 morphine milligram equivalents (MME) over a period of ≥ 90 days. **A lower rate represents better performance.**

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

4.46%

Of Individuals use opioids at high dosage

Summary of Reporting Organizations

6 organizations submitted valid data for this measure.

5	5	2
Commercial	**Medicaid**	**Medicare**

The Commercial line of business is the only line of business with five or more valid submissions.

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	17,880	401,160	4.46%	4.07%	5

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	11.50%	9.20%	5.73%	2.01%	1.06%	0.45%	0.04%

USE OF OPIOIDS FROM MULTIPLE PROVIDERS IN PERSONS WITHOUT CANCER (PH2018-08-OMP)

Measure Description

This mandatory measure assesses the percentage of individuals ≥ 18 years of age who received prescriptions for opioids from ≥ 4 prescribers AND ≥ 4 pharmacies within ≤ 180 days. **A lower rate represents better performance.**

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

0.57%

Of Individuals use opioids from multiple providers

Summary of Reporting Organizations

6 organizations submitted valid data for this measure.

5	**3**	**2**
Commercial	**Medicaid**	**Medicare**

The Commercial line of business is the only line of business with five or more valid submissions.

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	2,305	401,160	0.57%	1.38%	5

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	5.84%	3.74%	0.59%	0.40%	0.05%	0.02%	0%