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Executive Summary

Presented in this report are the 2016 measurement year (2017 reporting year) results based on URAC’s Pharmacy Benefit Management (PBM) 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 six mandatory measures, and they had the option to report data for six exploratory measures. Below is the list of mandatory [M] and exploratory [E] measures for 2017 reporting:

1. Proportion of Days Covered (DM2012-12) [M]
2. Adherence to Non-Warfarin Oral Anticoagulants (DTM2015-01) [M]
3. Generic Dispensing Rates (MP2012-09) [M]
4. Drug-Drug Interactions (DM2012-13) [M]
5. Use of High-Risk Medications in the Elderly (HRM) (HIM2013-21) [M]
6. Call Center Performance (DTM2010-04) [M]
7. Turnaround Time for Prescriptions (MP2012-08) [E]
8. Antipsychotic Use in Children Under 5 Years Old (PH2015-02) [E]
9. Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly (PH2015-03) [E]
10. Diabetes Medication Dosing (PH2015-04) [E]
11. Statin Use in Persons with Diabetes (PH2015-06) [E]
12. Consumer Experience with Pharmacy Services (PH2015-05) [E]

For PBM, performance measurement for the 2017 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.

Data Analysis Procedures and Future Considerations

In 2018, Kiser Healthcare Solutions implemented a relational database management system, Microsoft SQL Server (MSSQL), to capture and normalize all accreditation submission data into a consistent format across programs. This improvement allows for a consistent model to be used year over year and allows for trends to build. In addition, MSSQL aids in consolidating all data objects used for aggregations, guaranteeing consistent logic across programs and ease of updates. Finally, Kiser Healthcare Solutions implemented Microsoft Power BI as the business intelligence tool to develop the data visuals and tables in the report.

Through manual data review and cleaning, data entry errors were corrected by Kiser Healthcare Solutions and noted in the data files and at the end of this report. Respondent organizations will be notified in the individual reports where data entry corrections were made and where the data validation vendors indicated materially inaccurate results.

Pharmacy Benefit Management Organization Characteristics

Five URAC-accredited Pharmacy Benefit Management (PBM) organizations reported 2016 measurement year data for the 2017 reporting year. There were initially six organizations’ survey submissions, but one was determined to be a duplicate entry. The five organizations reported
commercial data for at least one measure; two organizations also reported Medicaid data; and one organization reported Medicare data in addition to the commercial and Medicaid data.

The PBMs represented national geographical coverage across all four URAC-specified regions (Midwest, Northeast, South, and West). The total number of prescriptions covered by the PBMs ranged from 5,853,937 to 23,325,461, with a median of 11,824,390, a mean of 12,117,045, and grand total of 60,585,227 prescriptions across all organizations reporting (Exhibit 1).

Exhibit 1: Total Number of Prescription for Pharmacy Benefit Management Program by Organization

![Graph showing the total number of prescriptions for each submission ID]

Data Validation Overview

For 2017 reporting, URAC required that organizations have their measure results reviewed by a URAC-approved data validation vendor (DVV). There were four vendors that participated: Advent Advisory Group, Attest Health Care Advisors, Healthcare Data Company, and Metastar. This represents an increase in vendors compared to 2016 where only Attest Health Care participated for URAC’s first year requirement of data validation.
Results: Pharmacy Benefit Management Measures

All five PBM organizations reported data for at least one of the performance measures. The organizations reported primarily commercial results. Only one organization reported separate results for all three service lines and one reported commercial and Medicaid results. The analysis results are included for each measure, but due to the limited number of data submissions for Medicaid and Medicare, aggregate data summaries are limited, and benchmarks are not provided (e.g., percentiles and identification of outliers).

Measure 1 – Proportion of Days Covered (DM2012-12)

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% during the measurement period. A performance rate is calculated separately for the following medication categories: Beta-blockers (BB); Renin Angiotensin System (RAS) Antagonists; Calcium Channel Blockers (CCB); Statins; Biguanides; Sulfonylureas; Thiazolidinediones; Dipeptidyl Peptidase (DPP)-IV Inhibitors; Diabetes All Class; Antiretrovirals (this measure has a threshold of 90% for at least two measures). The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA Inc. 2018.

Exhibit 2: Proportion of Days Covered (80% Threshold) – Commercial
Exhibit 3: Proportion of Days Covered (80% Threshold) – Medicaid

Exhibit 4: Proportion of Days Covered (80% Threshold) – Medicare
Summary of Findings

Given only five organizations submitted data for commercial, with two of those also reporting for Medicaid, and one that also reported for Medicare, the measure summaries are limited to basic aggregate statistics. The minimum, maximum, median, and mean were used for benchmarking individual performance with commercial, given the small sample size for commercial. Medicaid and Medicare benchmarks are calculated, but do not provide useful comparative benchmarks. In some cases, commercial analytics were restricted to a limited set of comparisons given the small number of data submissions.

Rate 1: Beta Blocker (BB) Medications

All five organizations submitted data for commercial, two organizations submitted for Medicaid, and one submitted for Medicare. The aggregate summary rate for commercial is 67.71% with the mean of 65.10% and median of 67.59% across the range of 50.12% to 71.74%. The aggregate summary rate for Medicaid is 55.22% and the single reported Medicare rate is 67.84%.

Exhibit 5: Proportion of Days Covered (80% Threshold) – Rate 1: Beta Blocker Medications

Exhibit 6: Proportion of Days Covered (80% Threshold) – Rate 1: Beta Blocker Medications (Summary Data)
**Rate 2: Renin Angiotensin System (RAS) Antagonists**

Four organizations submitted data for commercial, one organization submitted for Medicaid, and one organization submitted for Medicare. The aggregate summary rate for commercial is 68.69% with the mean of 65.92% and median of 68.96% across the range of 52.79% to 72.97%. The single reported Medicaid rate is 56.08% and the single reported Medicare rate is 73.15%.

Exhibit 7: Proportion of Days Covered (80% Threshold) – Rate 2: Renin Angiotensin System Antagonists

![Exhibit 7: Proportion of Days Covered (80% Threshold) – Rate 2: Renin Angiotensin System Antagonists](image)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rate 2: Renin Angiotensin System (RAS) Antagonists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line of Business</td>
<td>Total Numerator</td>
</tr>
<tr>
<td>Commercial</td>
<td>226,669</td>
</tr>
<tr>
<td>Medicaid</td>
<td>18,857</td>
</tr>
<tr>
<td>Medicare</td>
<td>3,468</td>
</tr>
</tbody>
</table>
Rate 3: Calcium Channel Blocker (CCB) Medications

All five organizations submitted data for commercial, two organizations submitted for Medicaid, and one organization submitted for Medicare. The aggregate summary rate for commercial is 66.73% with the mean of 64.61% and median of 69.32% across the range of 51.04% to 72.51%. The aggregate summary rate for Medicaid is 52.70% and the single reported Medicare rate is 68.88%.

Exhibit 9: Proportion of Days Covered (80% Threshold) – Rate 3: Calcium Channel Blocker Medications

Exhibit 10: Proportion of Days Covered (80% Threshold) – Rate 3: Calcium Channel Blocker Medications (Summary Data)

<table>
<thead>
<tr>
<th>Measure: Line of Business</th>
<th>Rate 3: Calcium Channel Blocker (CCB) Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Numerator</td>
</tr>
<tr>
<td>Commercial</td>
<td>110,060</td>
</tr>
<tr>
<td>Medicaid</td>
<td>10,868</td>
</tr>
<tr>
<td>Medicare</td>
<td>1,824</td>
</tr>
</tbody>
</table>
**Rate 4: Biguanides**

Four organizations submitted data for commercial, one organization submitted for Medicaid, and one organization submitted for Medicare. The aggregate summary rate for commercial is 60.34% with the mean of 56.19% and median of 59.80% across the range of 42.24% to 62.91%. The single reported Medicaid rate is 55.43% and the single reported Medicare rate is 64.14%.

Exhibit 11: Proportion of Days Covered (80% Threshold) – Rate 4: Biguanides

![Chart showing rate comparison between commercial, Medicaid, and Medicare lines of business](chart.png)

Exhibit 12: Proportion of Days Covered (80% Threshold) – Rate 4: Biguanides

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>Total Numerator</th>
<th>Total Denominator</th>
<th>Aggregate Summary Rate</th>
<th>Mean</th>
<th>Median</th>
<th>Min</th>
<th>Max</th>
<th>Submissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>71,163</td>
<td>117,938</td>
<td>60.34%</td>
<td>56.19%</td>
<td>59.80%</td>
<td>42.24%</td>
<td>62.91%</td>
<td>4</td>
</tr>
<tr>
<td>Medicaid</td>
<td>1,695</td>
<td>3,068</td>
<td>56.43%</td>
<td>56.43%</td>
<td>55.43%</td>
<td>55.43%</td>
<td>55.43%</td>
<td>1</td>
</tr>
<tr>
<td>Medicare</td>
<td>1,322</td>
<td>2,061</td>
<td>64.14%</td>
<td>64.14%</td>
<td>64.14%</td>
<td>64.14%</td>
<td>64.14%</td>
<td>1</td>
</tr>
</tbody>
</table>
**Rate 5: Sulfonylureas**

Four organizations submitted data for commercial, one organization submitted for Medicaid, and one organization submitted for Medicare. The aggregate summary rate for commercial is 60.26% with the mean of 58.23% and median of 60.94% across the range of 46.42% to 64.65%. The single reported Medicaid rate is 51.54% and the single reported Medicare rate is 66.74%.

Exhibit 13: Proportion of Days Covered (80% Threshold) – Rate 5: Sulfonylureas

Exhibit 14: Proportion of Days Covered (80% Threshold) – Rate 5: Sulfonylureas (Summary Data)
**Rate 6: Thiazolidinediones**

Four organizations submitted data for commercial, one organization submitted for Medicaid, and one organization submitted for Medicare. The aggregate summary rate for commercial is 65.07% with the mean of 62.65% and median of 64.07% across the range of 55.36% to 67.11%. The single reported Medicaid rate is 56.53% and the single reported Medicare rate is 71.97%.

**Exhibit 15: Proportion of Days Covered (80% Threshold) – Rate 6: Thiazolidinediones**

![Graph showing the proportion of days covered for commercial, Medicaid, and Medicare for Rate 6: Thiazolidinediones.]

<table>
<thead>
<tr>
<th>Measure:</th>
<th>Rate 6: Thiazolidinediones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line of Business</td>
<td>Total Numerator</td>
</tr>
<tr>
<td>Commercial</td>
<td>3,081</td>
</tr>
<tr>
<td>Medicaid</td>
<td>476</td>
</tr>
<tr>
<td>Medicare</td>
<td>95</td>
</tr>
</tbody>
</table>
Rate 7: Dipeptidyl Peptidase-4 (DPP-IV) Inhibitors

Four organizations submitted data for commercial, one organization submitted for Medicaid, and one organization submitted for Medicare. The aggregate summary rate for commercial is 67.21% with the mean of 62.02% and median of 67.59% across the range of 44.01% to 68.89%. The single reported Medicaid rate is 61.32% and the single reported Medicare rate is 68.91%.

Exhibit 17: Proportion of Days Covered (80% Threshold) – Rate 7: DPP-IV Inhibitors

Exhibit 18: Proportion of Days Covered (80% Threshold) – Rate 7: DPP-IV Inhibitors (Summary Data)
Rate 8: Diabetes All Class Rate

Four organizations submitted data for commercial, one organization submitted for Medicaid, and one organization submitted for Medicare. The aggregate summary rate for commercial is 68.65% with the mean of 63.38% and median of 68.19% across the range of 47.12% to 70.01%. The single reported Medicaid rate is 53.96% and the single reported Medicare rate is 70.29%.

Exhibit 19: Proportion of Days Covered (80% Threshold) – Rate 8: Diabetes All Class Rate

Exhibit 20: Proportion of Days Covered (80% Threshold) – Rate 8: Diabetes All Class Rate (Summary Data)
**Rate 9: Statins**

All five organizations submitted data for commercial, two organizations submitted for Medicaid, and one organization submitted for Medicare. The aggregate summary rate for commercial is 62.21% with the mean of 58.77% and median of 61.50% across the range of 42.50% to 64.51%. The aggregate summary rate for Medicaid is 54.90% and the single reported Medicare rate is 72.37%.

Exhibit 21: Proportion of Days Covered (80% Threshold) – Rate 9: Statins

Exhibit 22: Proportion of Days Covered (80% Threshold) – Rate 9: Statins (Summary Data)
Rate 10: Anti-Retroviral Medications

All five organizations submitted data for commercial, two organizations submitted for Medicaid, and one organization submitted for Medicare. One of commercial submissions had a small denominator of less than 30. The aggregate summary rate for the four valid commercial submissions is 52.92% with the mean of 43.50% and median of 48.74% across the range of 18.50% to 58.01%. The aggregate summary rate for Medicaid is 46.30% and the single reported Medicare rate is 41.73%.

Exhibit 23: Proportion of Days Covered (80% Threshold) – Rate 10: Anti-Retroviral Medications

Exhibit 24: Proportion of Days Covered (80% Threshold) – Rate 10: Anti-Retroviral Medications (Summary Data)

<table>
<thead>
<tr>
<th>Measure: Line of Business</th>
<th>Total Numerator</th>
<th>Total Denominator</th>
<th>Aggregate Summary Rate</th>
<th>Mean</th>
<th>Median</th>
<th>Min</th>
<th>Max</th>
<th>Submissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>2,405</td>
<td>4,545</td>
<td>52.92%</td>
<td>43.50%</td>
<td>48.74%</td>
<td>18.50%</td>
<td>58.01%</td>
<td>4</td>
</tr>
<tr>
<td>Medicaid</td>
<td>244</td>
<td>527</td>
<td>46.30%</td>
<td>47.15%</td>
<td>47.19%</td>
<td>42.72%</td>
<td>51.66%</td>
<td>2</td>
</tr>
<tr>
<td>Medicare</td>
<td>53</td>
<td>127</td>
<td>41.73%</td>
<td>41.73%</td>
<td>41.73%</td>
<td>41.73%</td>
<td>41.73%</td>
<td>1</td>
</tr>
</tbody>
</table>
Measure 2 – Adherence to Non-Warfarin 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 non-warfarin oral anticoagulants. The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA Inc. 2017.

**Exhibit 25: Adherence to Non-Warfarin Oral Anticoagulants**

![Bar chart showing adherence rates for commercial, Medicaid, and Medicare]

**Summary of Findings**
All five organizations submitted data for commercial, one organization submitted for Medicaid, and one organization submitted for Medicare. The aggregate summary rate for commercial is 77.09% with the mean of 78.45% and median of 78.46% across the range of 75.62% to 81.51%. The single reported Medicaid rate is 62.12% and the single reported Medicare rate is 68.39%.

**Exhibit 26: Adherence to Non-Warfarin Oral Anticoagulants (Summary Data)**

<table>
<thead>
<tr>
<th>Measure:</th>
<th>Adherence to Non-Warfarin Oral Anticoagulants</th>
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</thead>
<tbody>
<tr>
<td>Line of Business</td>
<td>Total Numerator</td>
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<tr>
<td>Commercial</td>
<td>4,419</td>
</tr>
<tr>
<td>Medicaid</td>
<td>123</td>
</tr>
<tr>
<td>Medicare</td>
<td>106</td>
</tr>
</tbody>
</table>
Measure 3 – 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.

Exhibit 27: Generic Dispensing Rates

Summary of Findings
All five organizations submitted data for commercial, two organizations submitted for Medicaid, and one organization submitted for Medicare. The aggregate summary rate for commercial is 97.84% with the mean of 97.27% and median of 97.80% across the range of 94.53% to 98.34%. The aggregate summary rate for Medicaid is 98.59% and the single reported Medicare rate is 98.30%.

Exhibit 28: Generic Dispensing Rates (Summary Data)
Measure 4 – Drug-Drug Interactions (DM2012-13)

Measure Description
This *mandatory* 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. 2017. **A lower rate represents better performance.**

![Exhibit 29: Drug-Drug Interactions](image)

Note: Lower rate represents better performance

Summary of Findings
All five organizations submitted data for commercial, two organizations submitted for Medicaid, and one organization submitted for Medicare. The aggregate summary rate for commercial is 2.14% with the mean of 2.23% and median of 2.13% across the range of 1.53% to 3.23%. The aggregate summary rate for Medicaid is 3.15% and the single reported Medicare rate is 6.15%.

![Exhibit 30: Drug-Drug Interactions (Summary Data)](image)

<table>
<thead>
<tr>
<th>Measure:</th>
<th>Drug-Drug Interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line of Business</td>
<td>Total Numerator</td>
</tr>
<tr>
<td>Commercial</td>
<td>7,572</td>
</tr>
<tr>
<td>Medicaid</td>
<td>1,559</td>
</tr>
<tr>
<td>Medicare</td>
<td>190</td>
</tr>
</tbody>
</table>
Measure 5 – Use of High-Risk Medications in the Elderly (HRM) (HIM2013-21)

Measure Description
This *mandatory* measure assesses the percentage of patients 65 years of age and older who received two or more prescription fills for a high-risk medication during the measurement period. The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA Inc. 2017. A lower rate represents better performance.

**Exhibit 31: Use of High-Risk Medications in the Elderly**

![Graph showing the use of high-risk medications in the elderly across different lines of business]

Note: Lower rate represents better performance

**Summary of Findings**
All five organizations submitted data for commercial, two organizations submitted for Medicaid, and one organization submitted for Medicare. The aggregate summary rate for commercial is 8.64% with the mean of 8.17% and median of 7.80% across the range of 0.57% to 19.76%. The aggregate summary rate for Medicaid is 8.53% and the single reported Medicare rate is 2.58%.
Measure 6 – 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 B, a lower rate represents better performance.

Exhibit 33: Call Center Performance

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

Summary of Findings
All five organizations submitted data combined for all books of business. The aggregate summary rate for Part A: 30-Second Response Rate is 86.22% with the mean of 80.51% and median of 86.87% across the range of 46.23% to 94.36%. The aggregate summary rate for Part B: Call Abandonment Rate is 1.82% with the mean of 4.12% and median of 1.62% across the range of 1.17% to 14.29%.

Exhibit 34: Call Center Performance (Summary Data)
Measure 7 – Turnaround Time for Prescriptions (MP2012-08)

Measure Description
This exploratory 3-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.

Summary of Findings
No organizations submitted data for this exploratory measure.
Measure 8 – Antipsychotic Use in Children Under 5 Years Old (PH2015-02)

Measure Description
This exploratory measure assesses percentage of children under age 5 using antipsychotic medications during the measurement period. The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA Inc. 2017.

Summary of Findings
Only one organization submitted data for this measure. Analysis and benchmarks were not produced given there were less than five valid data submissions.
Measure 9 – Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly (PH2015-03)

Measure Description
This exploratory measure assesses percentage of individuals 65 years of age and older that received two or more prescription fills for any benzodiazepine sedative hypnotic for a cumulative period of more than 90 days. The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA Inc. 2017.

Summary of Findings
Only one organization submitted data for this measure. Analysis and benchmarks were not produced given there were less than five valid data submissions.
Measure 10 – Diabetes Medication Dosing (PH2015-04)

Measure Description
This exploratory measure assesses percentage patients who were dispensed a dose higher than the daily recommended dose for the following therapeutic categories of oral hypoglycemics: biguanides, sulfonylureas, thiazolidinediones, and DPP-IV inhibitors. Dosing rates for each category are to be reported separately. The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA Inc. 2017.

Summary of Findings
Only one organization submitted data for this measure. Analysis and benchmarks were not produced given there were less than five valid data submissions.
Measure 11 – Statin Use in Persons with Diabetes (PH2015-06)

Measure Description
This exploratory measure assesses the percentage of patients ages 40-75 years who were dispensed a medication for diabetes that receive a statin medication. The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA Inc. 2017.

Summary of Findings
Only one organization submitted data for this measure. Analysis and benchmarks were not produced given there were less than five valid data submissions.
Measure 12 – Consumer Experience with Pharmacy Services (PH2015-05)

Measure Description
This exploratory measure assesses the consumer experience. The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA Inc. 2017.

Summary of Findings
No organizations submitted data for this exploratory measure.
Concluding Remarks

This performance report has been prepared by the URAC Quality, Research and Measurement Department. If you have any questions about the results contained herein, please contact us at: ResearchMeasurement@urac.org.