urac

2019

URAC PHARMACY BENEFIT MANAGEMENT PERFORMANCE MEASUREMENT:

AGGREGATE SUMMARY PERFORMANCE REPORT

December 2019

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Prepared by Kiser Healthcare Solutions, LLC

Executive Summary

Presented in this report are the 2018 measurement year (2019 reporting year) results based on URAC's Pharmacy Benefit Management (PBM) Accreditation program performance measures. The report includes summary rates in aggregate.

Organizations were required to report data for 13 mandatory measures, and they had the option to report data for 5 exploratory measures. Below is the list of mandatory [M] and exploratory [E] measures for 2019 reporting:

1. Proportion of Days Covered (DM2012-12) [M]
2. Adherence to Long-Acting Inhaled Bronchodilator Agents in COPD Patients (PH2018-01) [M]
3. Adherence to Non-Infused Biologic Agents to Treat Rheumatoid Arthritis (PH2018-02) [M]
4. Adherence to Non-Infused Disease-Modifying Agents to Treat Multiple Sclerosis (PH2018-03) [M]
5. Adherence to Non-Warfarin Oral Anticoagulants (DTM2015-01) [M]
6. Drug-Drug Interactions (DM2012-13) [M]
7. Generic Dispensing Rates (MP2012-09) [M]
8. Call Center Performance (DTM2010-04) [M]
9. Concurrent Use of Opioids and Benzodiazepines (PH2018-04) [M]
10. Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (PH2018-05) [M]
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12. Treatment of Chronic Hepatitis C: Completion of Therapy (PH2018-07) [M]
13. Use of Opioids at High Dosage or from Multiple Providers in Persons Without Cancer (PH2018-08) [M]
14. Turnaround Time for Prescriptions (MP2012-08)* [E]
15. Use of High-Risk Medications in the Elderly (HRM) (HIM2013-21)* [E]
16. Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly (PH2015-03) [E]
17. Statin Use in Persons with Diabetes (PH2015-06) [E]
18. Consumer Experience with Pharmacy Services (PH2015-05)* [E]

* No organization submitted data for this exploratory measure.

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.

Pharmacy Benefit Management Organization Characteristics

A total of 20 URAC-accredited Pharmacy Benefit Management (PBM) organizations reported 2018 measurement year data for the 2019 reporting year. There were 18 organizations that reported Commercial data for at least one measure; 11 organizations reported Medicaid data; and 13 organizations reported Medicare data.

Of the 20 PBMs that submitted performance measurement data, 19 of those organizations represented national geographical coverage across all four URAC-specified regions (Midwest, Northeast, South, and West) (Exhibit 1). The total number of prescriptions covered by the PBMs ranged from 1,113,279 to 1,324,927,342, with a median of 20,816,900, a mean of 173,243,812, and grand total of 3,464,876,241 prescriptions across all organizations reporting.

Six PBMs reported total prescription volume of over 100,000,000 (Exhibit 2). The remaining 14 PBMs reported total prescription volume of less than 100,000,000 (Exhibit 3).

Exhibit 1: Regional Areas Served
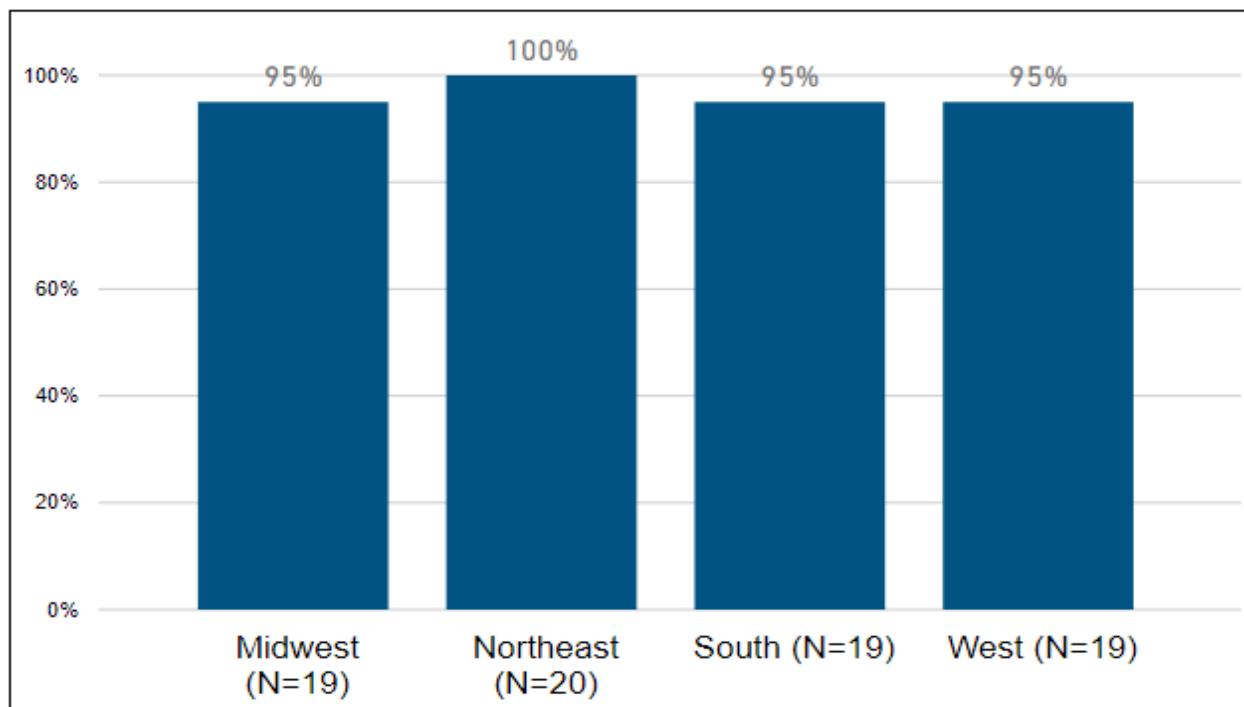
Note: Multiple responses accepted.

Exhibit 2: Total Number of Prescription for Pharmacy Benefit Management Program by Organizations with >=100M Prescriptions
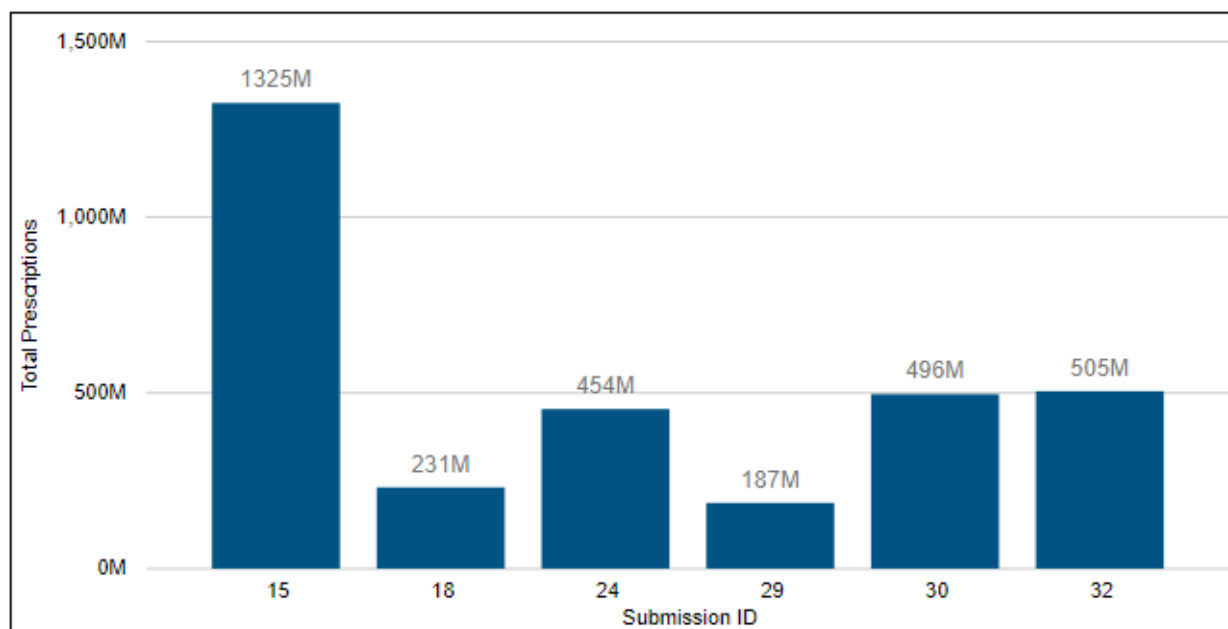
Exhibit 3: Total Number of Prescriptions for Pharmacy Benefit Management Program by Organizations with <100M Prescriptions
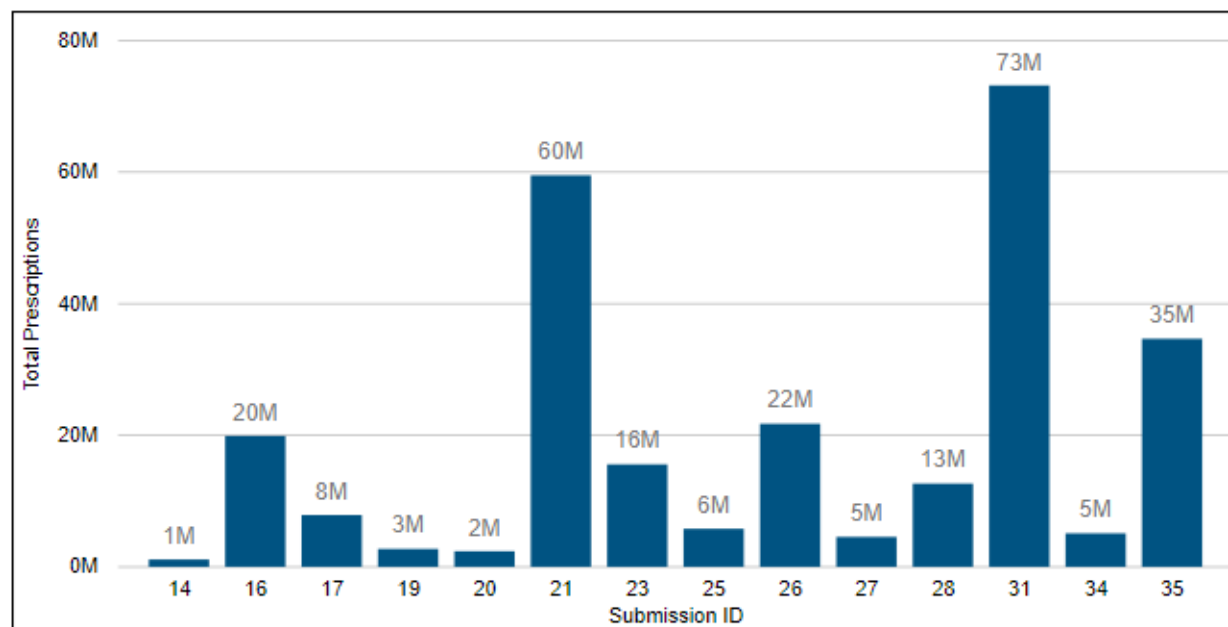
Data Validation Overview

For 2019 reporting, URAC required that organizations have their measure results reviewed by a URAC-approved Data Validation Vendor (DVV).

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: Pharmacy Benefit Management Measures

All 20 PBM organizations reported data for at least one of the performance measures. The organizations reported primarily Commercial results.

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 six medication categories: Beta-blockers (BB); Renin Angiotensin System (RAS) Antagonists; Calcium Channel Blockers (CCB); Diabetes All Class; Statins; 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.

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).

Summary of Findings

A total of 18 organizations submitted data for Commercial, 11 submitted data for Medicaid, 13 submitted data for Medicare, and one organization submitted data for the All Other Population. Aggregate summary statistics and benchmarks were produced only for Commercial, Medicaid, and Medicare. Below are the summary results for these three reporting groups.

Exhibit 4: Proportion of Days Covered (80% Threshold) – Commercial
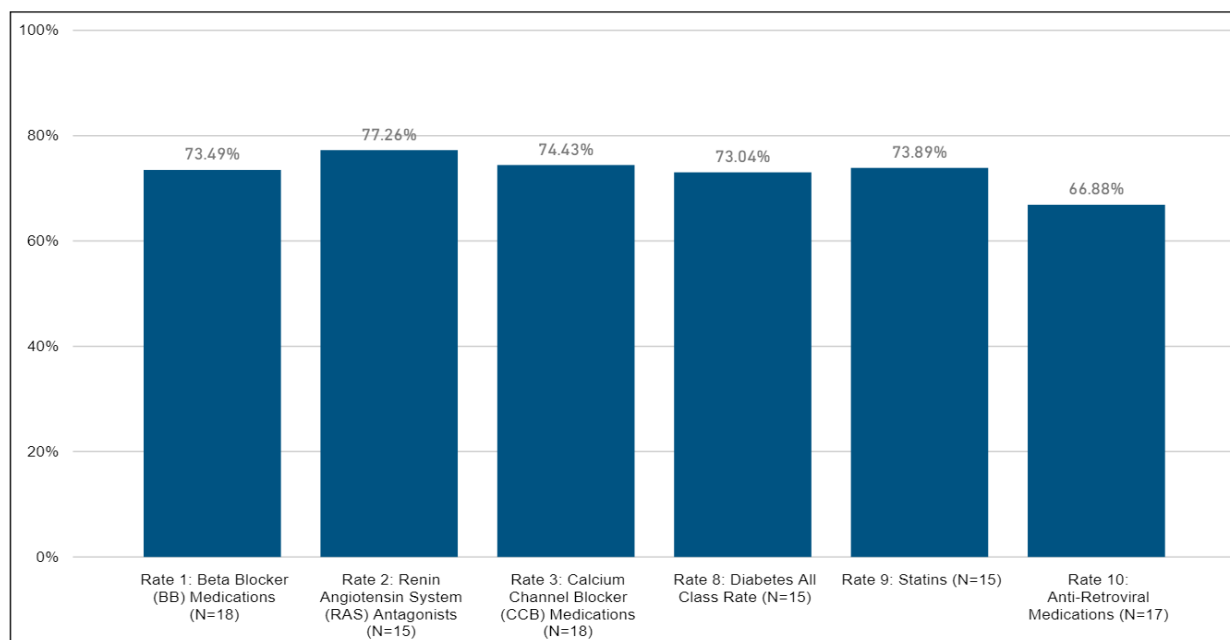
Exhibit 5: Proportion of Days Covered (80% Threshold) – Medicaid
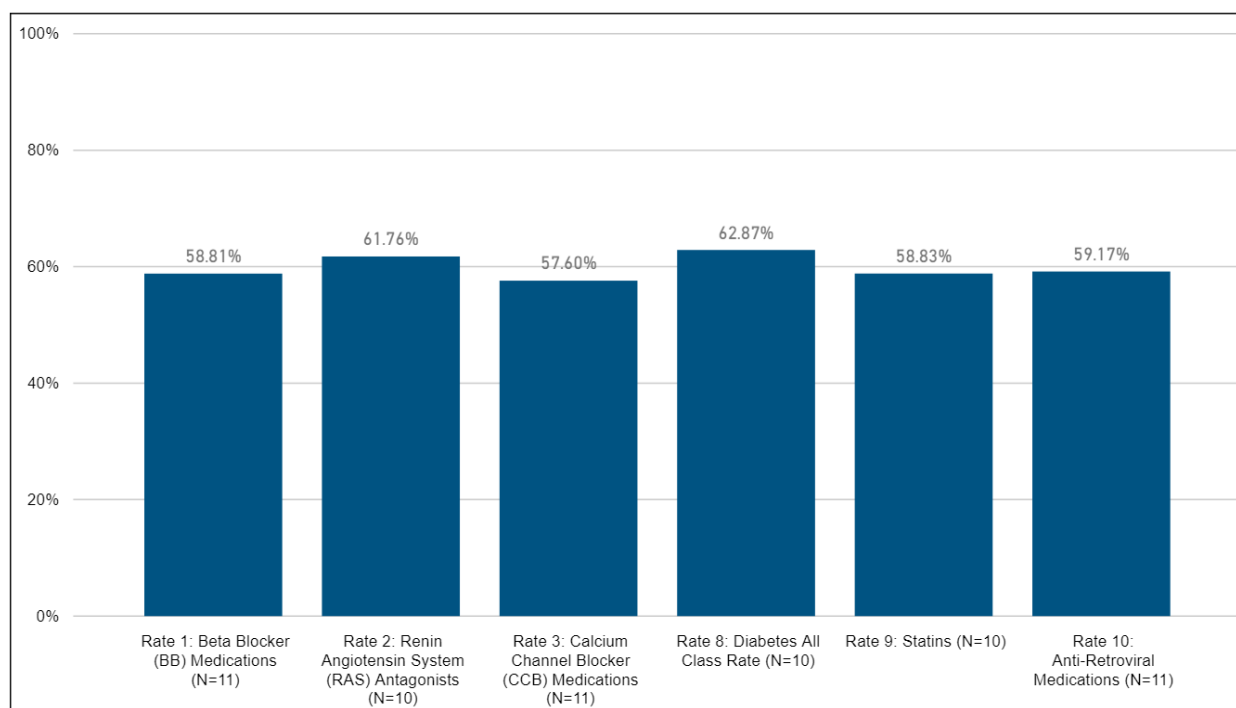
Exhibit 6: Proportion of Days Covered (80% Threshold) – Medicare
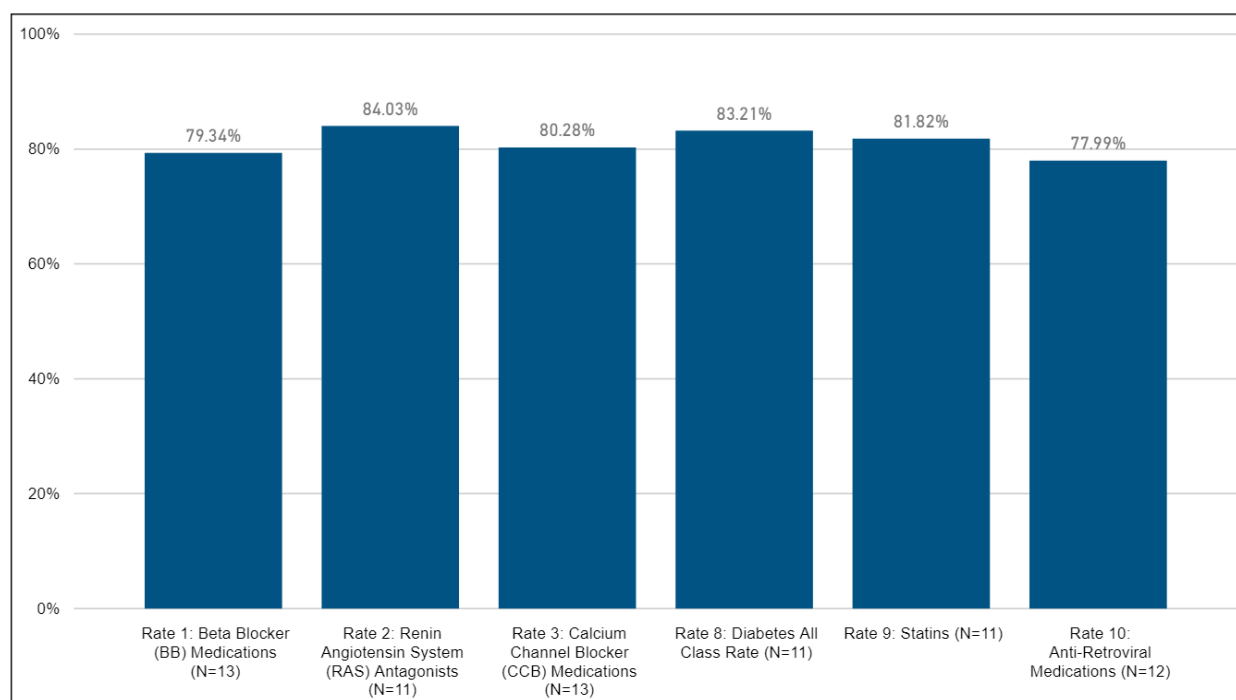
Rate 1: Beta Blocker (BB) Medications

The Commercial aggregate summary rate is 73.49% (n=18, Range: 57.69 – 75.47%) with a mean rate of 69.39% and a median rate of 70.03%.

The Medicaid aggregate summary rate is 58.81% (n=11, Range: 52.05 - 63.65%) with a mean rate of 60.07% and a median rate of 59.99%.

The Medicare aggregate summary rate is 79.34% (n=13, Range: 66.49 – 82.01%) with a mean rate of 77.81% and a median rate of 78.81%.

Exhibit 7: Proportion of Days Covered (80% Threshold) – Rate 1: Beta Blocker Medications

Exhibit 8: Proportion of Days Covered (80% Threshold) – Rate 1: Beta Blocker Medications (Summary Data)

Measure:	Rate 1: Beta Blocker (BB) Medications				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	6,034,751	8,211,146	73.49%	69.39%	18
Medicaid	760,018	1,292,254	58.81%	60.07%	11
Medicare	6,586,310	8,301,506	79.34%	77.81%	13

Exhibit 9: Proportion of Days Covered (80% Threshold) – Rate 1: Beta Blocker Medications (Benchmark Data)

Measure:	Rate 1: Beta Blocker (BB) Medications						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	57.69%	63.01%	67.06%	70.03%	73.74%	74.71%	75.47%
Medicaid	52.05%	59.01%	59.50%	59.99%	61.97%	62.82%	63.65%
Medicare	66.49%	73.92%	75.71%	78.81%	81.17%	81.64%	82.01%

Rate 2: Renin Angiotensin System (RAS) Antagonists

The Commercial aggregate summary rate is 77.26% (n=15, Range: 60.12 – 78.88%) with a mean rate of 75.00% and a median rate of 76.06%.

The Medicaid aggregate summary rate is 61.76% (n=10, Range: 55.07 – 67.47%) with a mean rate of 63.34% and a median rate of 64.00%.

The Medicare aggregate summary rate is 84.03% (n=11, Range: 77.37 – 86.24%) with a mean rate of 83.08% and a median rate of 83.52%.

Exhibit 10: Proportion of Days Covered (80% Threshold) – Rate 2: Renin Angiotensin System Antagonists
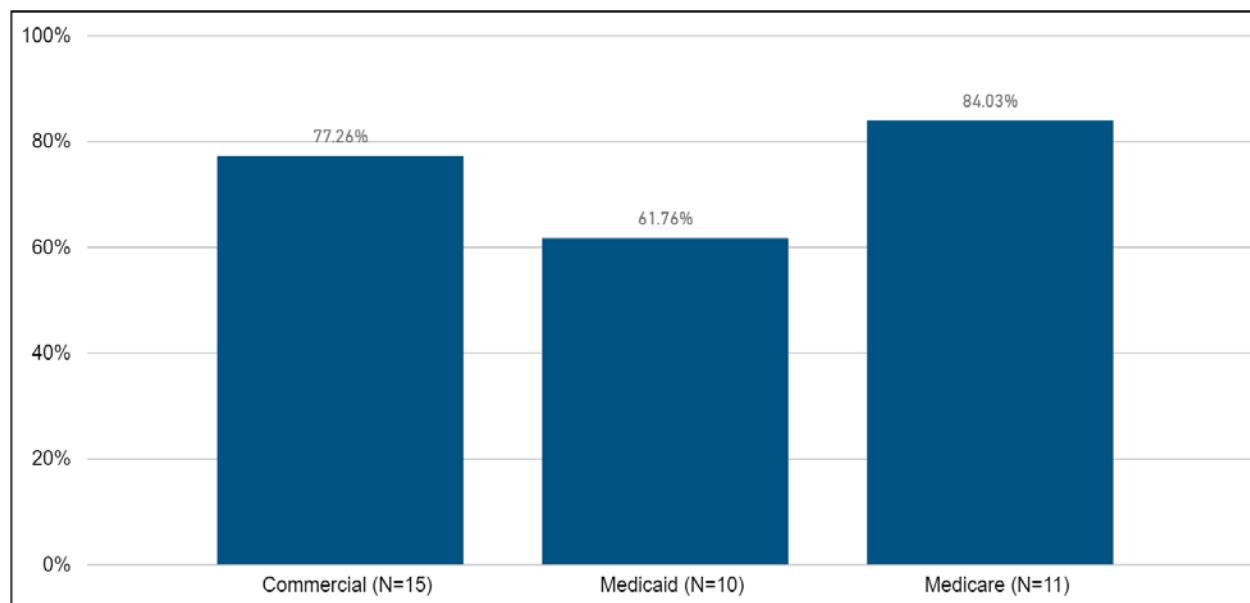
Exhibit 11: Proportion of Days Covered (80% Threshold) – Rate 2: Renin Angiotensin System Antagonists (Summary Data)

Measure:	Rate 2: Renin Angiotensin System (RAS) Antagonists				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	12,184,546	15,771,452	77.26%	75.00%	15
Medicaid	1,324,451	2,144,630	61.76%	63.34%	10
Medicare	9,788,187	11,648,564	84.03%	83.08%	11

Exhibit 12: Proportion of Days Covered (80% Threshold) – Rate 2: Renin Angiotensin System Antagonists (Benchmark Data)

Measure:	Rate 2: Renin Angiotensin System (RAS) Antagonists						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	60.12%	71.77%	74.51%	76.06%	77.77%	78.44%	78.88%
Medicaid	55.07%	60.62%	62.19%	64.00%	65.31%	66.57%	67.47%
Medicare	77.37%	80.15%	81.77%	83.52%	85.02%	85.57%	86.24%

Rate 3: Calcium Channel Blocker (CCB) Medications

The Commercial aggregate summary rate is 74.43% (n=18, Range: 58.36 – 76.93%) with a mean rate of 70.92% and a median rate of 71.49%.

The Medicaid aggregate summary rate is 57.60% (n=11, Range: 51.99 - 63.58%) with a mean rate of 59.20% and a median rate of 59.59%.

The Medicare aggregate summary rate is 80.28% (n=13, Range: 65.54 – 82.92%) with a mean rate of 78.56% and a median rate of 78.97%.

Exhibit 13: Proportion of Days Covered (80% Threshold) – Rate 3: Calcium Channel Blocker Medications
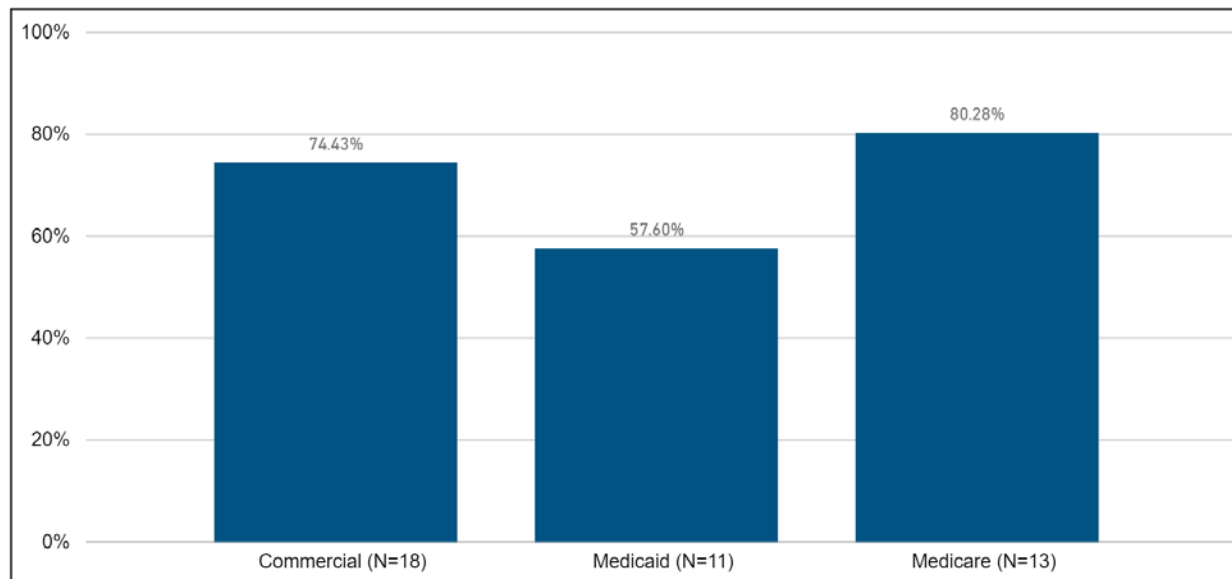
Exhibit 14: Proportion of Days Covered (80% Threshold) – Rate 3: Calcium Channel Blocker Medications (Summary Data)

Measure:	Rate 3: Calcium Channel Blocker (CCB) Medications				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	4,884,790	6,562,998	74.43%	70.92%	18
Medicaid	631,397	1,096,135	57.60%	59.20%	11
Medicare	5,126,547	6,385,760	80.28%	78.56%	13

Exhibit 15: Proportion of Days Covered (80% Threshold) – Rate 3: Calcium Channel Blocker Medications (Benchmark Data)

Measure:	Rate 3: Calcium Channel Blocker (CCB) Medications						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	58.36%	62.61%	69.86%	71.49%	74.87%	75.97%	76.93%
Medicaid	51.99%	56.45%	57.15%	59.59%	61.82%	62.16%	63.58%
Medicare	65.54%	74.23%	77.91%	78.97%	81.91%	82.37%	82.92%

Rate 8: Diabetes All Class Rate

The Commercial aggregate summary rate is 73.04% (n=15, Range: 55.19 – 94.82%) with a mean rate of 70.81% and a median rate of 70.64%.

The Medicaid aggregate summary rate is 62.87% (n=10, Range: 54.87 – 67.10%) with a mean rate of 62.46% and a median rate of 62.78%.

The Medicare aggregate summary rate is 83.21% (n=11, Range: 75.88 - 84.00%) with a mean rate of 81.94% and a median rate of 82.67%.

Exhibit 16: Proportion of Days Covered (80% Threshold) – Rate 8: Diabetes All Class Rate
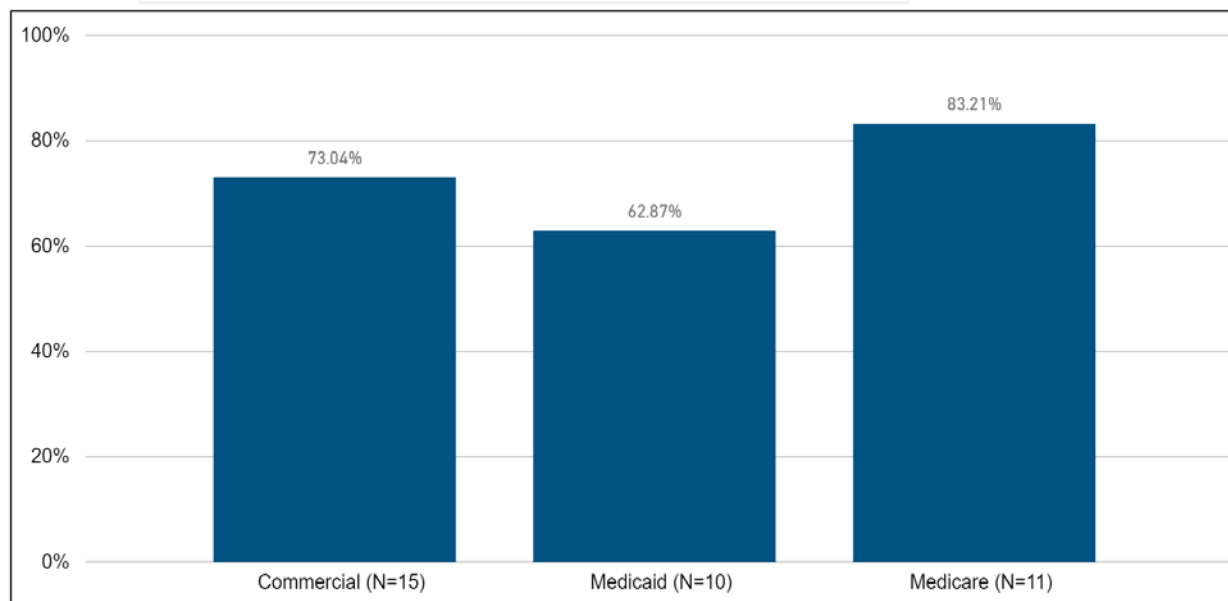
Exhibit 17: Proportion of Days Covered (80% Threshold) – Rate 8: Diabetes All Class Rate (Summary Data)

Measure:	Rate 8: Diabetes All Class Rate				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	3,970,885	5,436,583	73.04%	70.81%	15
Medicaid	581,129	924,277	62.87%	62.46%	10
Medicare	3,243,642	3,898,119	83.21%	81.94%	11

Exhibit 18: Proportion of Days Covered (80% Threshold) – Rate 8: Diabetes All Class Rate (Benchmark Data)

Measure:	Rate 8: Diabetes All Class Rate						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	55.19%	63.48%	68.33%	70.64%	72.88%	74.46%	94.82%
Medicaid	54.87%	59.48%	60.90%	62.78%	64.96%	65.56%	67.10%
Medicare	75.88%	78.88%	82.07%	82.67%	83.23%	83.59%	84.00%

Rate 9: Statins

The Commercial aggregate summary rate is 73.89% (n=15, Range: 44.14 – 76.32%) with a mean rate of 70.07% and a median rate of 70.36%.

The Medicaid aggregate summary rate is 58.83% (n=10, Range: 53.50 - 64.54%) with a mean rate of 60.80% and a median rate of 61.75%.

The Medicare aggregate summary rate is 81.82% (n=11, Range: 76.83 – 84.18%) with a mean rate of 80.88% and a median rate of 81.11%.

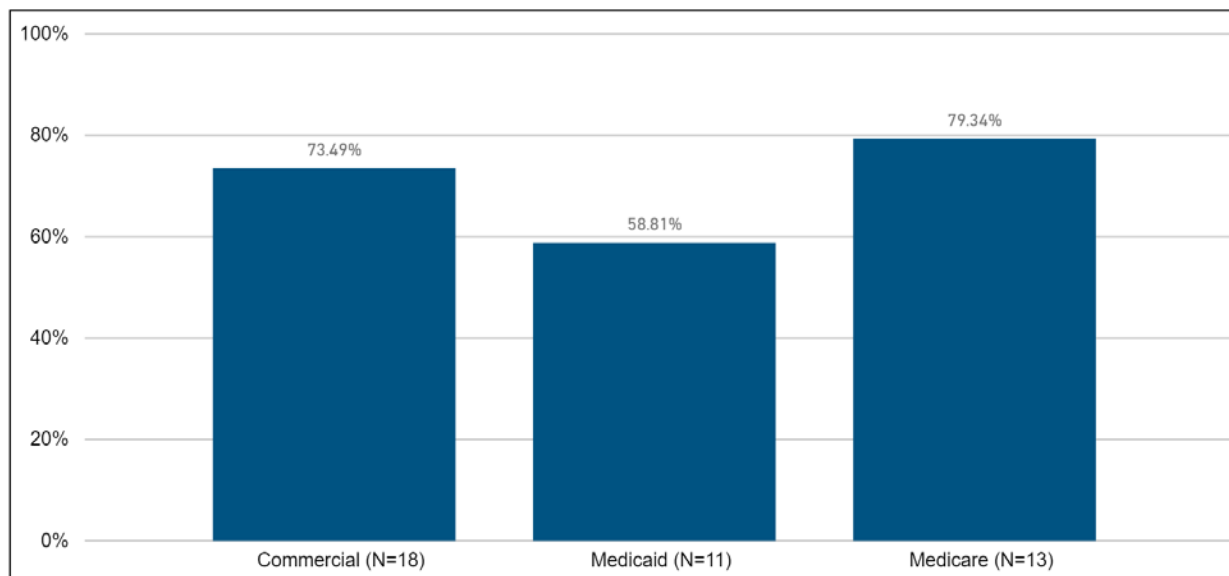Exhibit 19: Proportion of Days Covered (80% Threshold) – Rate 9: Statins
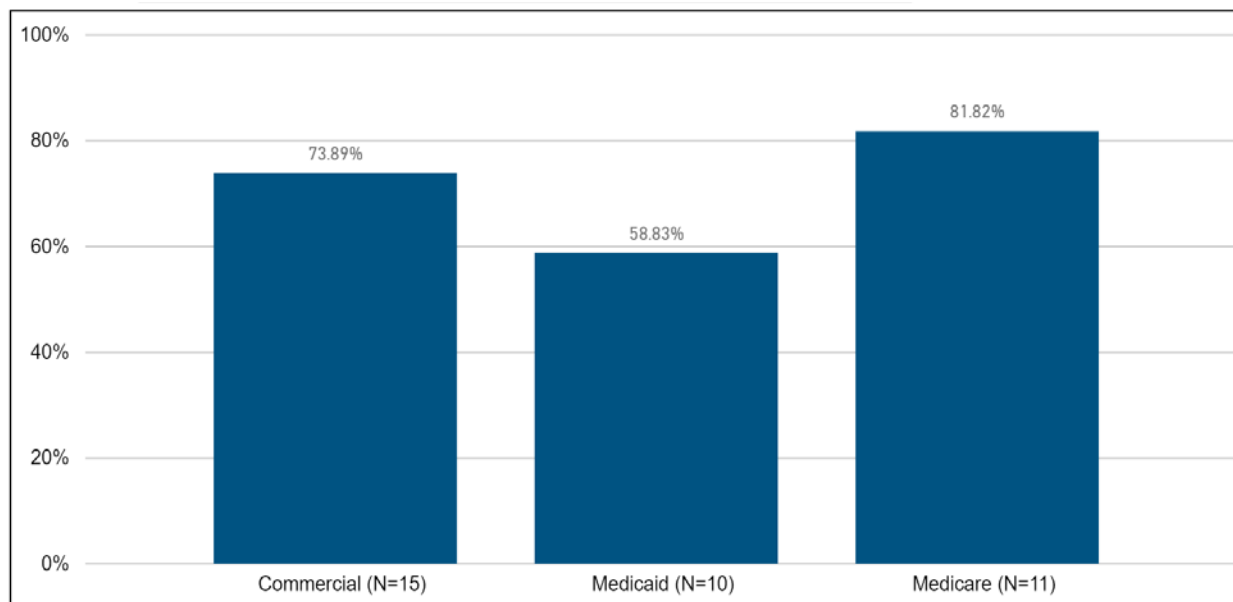
Exhibit 20: Proportion of Days Covered (80% Threshold) – Rate 9: Statins (Summary Data)

Measure:	Rate 9: Statins				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	10,377,647	14,045,201	73.89%	70.07%	15
Medicaid	1,119,979	1,903,889	58.83%	60.80%	10
Medicare	10,248,481	12,525,868	81.82%	80.88%	11

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

Measure:	Rate 9: Statins						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	44.14%	67.64%	69.94%	70.36%	74.57%	75.09%	76.32%
Medicaid	53.50%	57.15%	59.71%	61.75%	62.93%	63.55%	64.54%
Medicare	76.83%	77.12%	78.91%	81.11%	82.91%	83.39%	84.18%

Rate 10: Anti-Retroviral Medications

The Commercial aggregate summary rate is 66.88% (n=17, Range: 36.98 – 81.66%) with a mean rate of 63.20% and a median rate of 64.03%.

The Medicaid aggregate summary rate is 59.17% (n=11, Range: 29.25 – 66.47%) with a mean rate of 49.36% and a median rate of 51.64%.

The Medicare aggregate summary rate is 77.99% (n=12, Range: 60.83 – 80.68%) with a mean rate of 71.85% and a median rate of 72.88%.

Exhibit 22: Proportion of Days Covered (80% Threshold) – Rate 10: Anti-Retroviral Medications
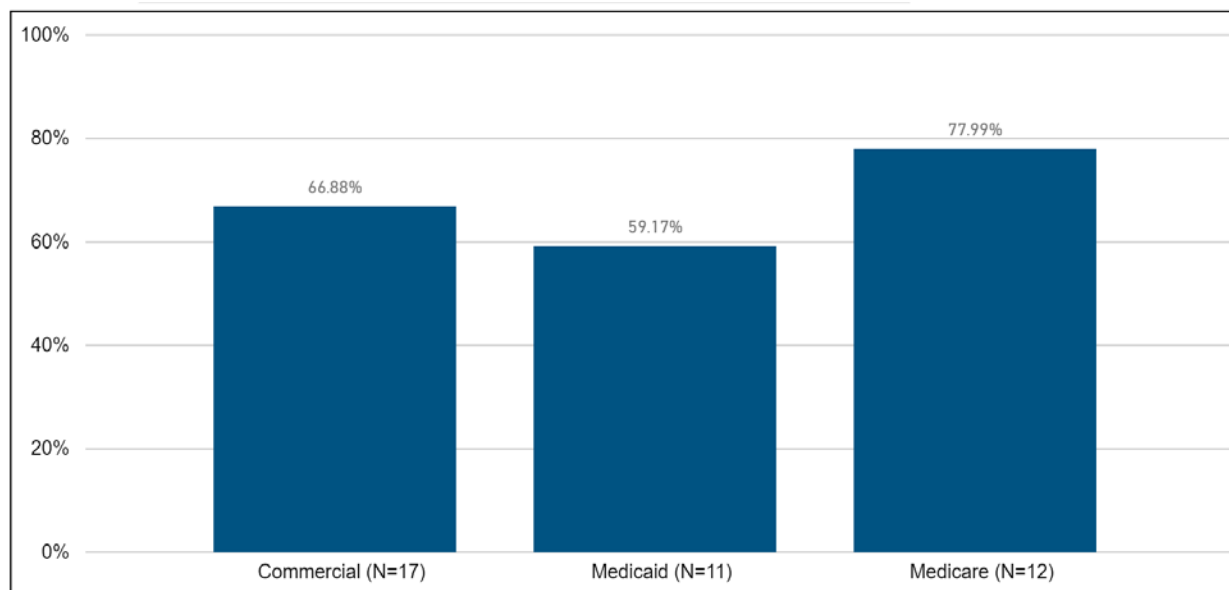
Exhibit 23: Proportion of Days Covered (80% Threshold) – Rate 10: Anti-Retroviral Medications (Summary Data)

Measure:	Rate 10: Anti-Retroviral Medications				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	273,268	408,567	66.88%	63.20%	17
Medicaid	65,844	111,270	59.17%	49.36%	11
Medicare	96,737	124,035	77.99%	71.85%	12

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

Measure:	Rate 10: Anti-Retroviral Medications						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	36.98%	53.45%	60.98%	64.03%	66.90%	72.99%	81.66%
Medicaid	29.25%	29.55%	42.22%	51.64%	56.73%	64.03%	66.47%
Medicare	60.83%	62.53%	67.66%	72.88%	76.35%	79.81%	80.68%

Measure 2 – Adherence to Long-Acting Inhaled Bronchodilator Agents in COPD Patients (PH2018-01)

Measure Description

This *mandatory* measure assesses the percentage of patients with COPD who met the Proportion of Days Covered (PDC) threshold of 80 percent during the measurement period for long-acting inhaled bronchodilator agents. 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).

Summary of Findings

Five organizations submitted data for this measure. This resulted in the following submissions: 3 Commercial, 3 Medicaid, 2 Medicare. Analysis and benchmarks were not produced given there were less than five valid data submissions per payor.

Measure 3 – Adherence to Non-Infused Biologic Agents to Treat Rheumatoid Arthritis (PH2018-02)

Measure Description

This *mandatory* measure assesses the percentage of patients with 18 years and older with rheumatoid arthritis (RA) who met the Proportion of Days Covered (PDC) threshold of 80 percent during the measurement period for biologic medications used to treat RA. 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).

Summary of Findings

Five organizations submitted data for this measure. This resulted in the following submissions: 3 Commercial, 3 Medicaid, 2 Medicare. Analysis and benchmarks were not produced given there were less than five valid data submissions per payor.

Measure 4 – 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). 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).

Summary of Findings

A total of 19 organizations submitted data for this measure. This resulted in the following submissions: 16 Commercial, 10 Medicaid, 10 Medicare, and 1 All Other. Aggregate summary statistics and benchmarks were produced only for Commercial, Medicaid, and Medicare. Below are the summary results for these three reporting groups.

The Commercial aggregate summary rate is 74.92% (n=16, Range: 66.67 – 79.91%) with a mean rate of 72.58% and a median rate of 73.05%.

The Medicaid aggregate summary rate is 60.14% (n=10, Range:39.26 – 68.14 %) with a mean rate of 59.22% and a median rate of 60.37%.

The Medicare aggregate summary rate is 71.87% (n=10, Range: 67.48 – 77.78%) with a mean rate of 72.01% and a median rate of 71.57%.

Exhibit 25: Adherence to Non-Infused Disease Modifying Agents Used to Treat Multiple Sclerosis
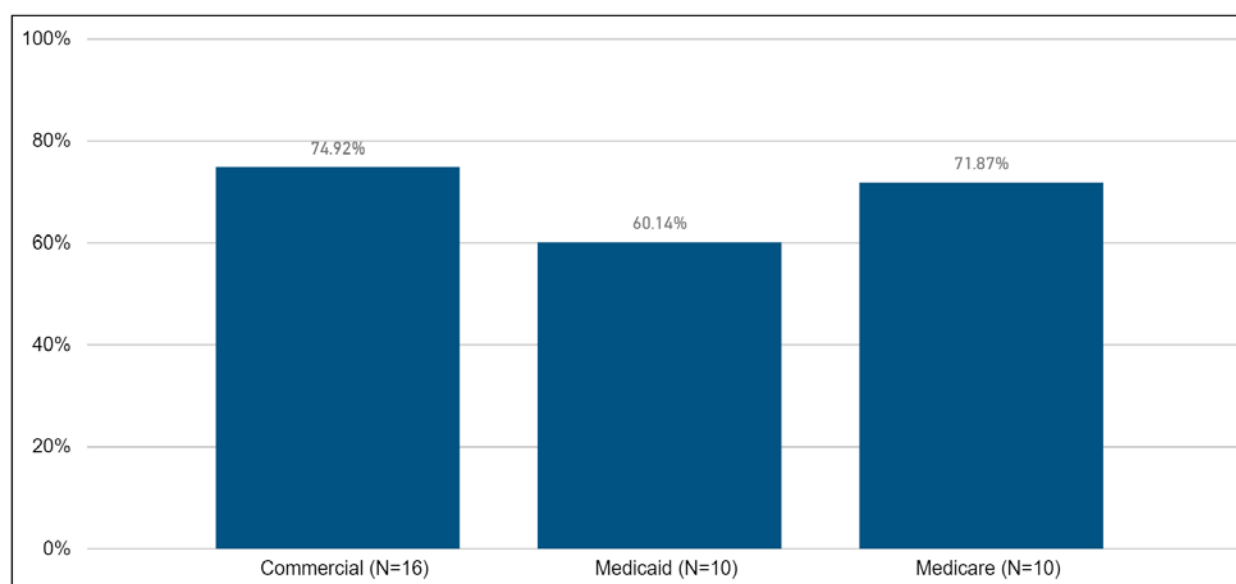
Exhibit 26: Adherence to Non-Infused Disease Modifying Agents Used to Treat Multiple Sclerosis (Summary Data)

Measure:	Adherence to Non-Infused Disease-Modifying Agents Used to Treat Multiple Sclerosis (MS)				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	72,102	96,244	74.92%	72.58%	16
Medicaid	6,397	10,636	60.14%	59.22%	10
Medicare	28,719	39,957	71.87%	72.01%	10

Exhibit 27: Adherence to Non-Infused Disease Modifying Agents Used to Treat Multiple Sclerosis (Benchmark Data)

Measure:	Adherence to Non-Infused Disease-Modifying Agents Used to Treat Multiple Sclerosis (MS)						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	66.67%	67.86%	69.13%	73.05%	74.21%	77.17%	79.91%
Medicaid	39.26%	54.10%	58.58%	60.37%	63.35%	64.71%	68.14%
Medicare	67.48%	68.47%	69.86%	71.57%	73.33%	76.50%	77.78%

Measure 5 – 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.

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).

Summary of Findings

All 20 organizations submitted data for this measure. This resulted in the following submissions: 17 Commercial, 11 Medicaid, 13 Medicare, 1 All Other. Aggregate summary statistics and benchmarks were produced only for Commercial, Medicaid, and Medicare. Below are the summary results for these three reporting groups.

The Commercial aggregate summary rate is 78.69% (n=17, Range: 57.59 – 91.49%) with a mean rate of 75.37% and a median rate of 78.76%.

The Medicaid aggregate summary rate is 59.88% (n=11, Range: 55.96 – 82.43%) with a mean rate of 65.12% and a median rate of 64.41%.

The Medicare aggregate summary rate is 77.58% (n=13, Range: 44.70 - 88.59%) with a mean rate of 73.91% and a median rate of 76.62%.

Exhibit 28: Adherence to Non-Warfarin Oral Anticoagulants
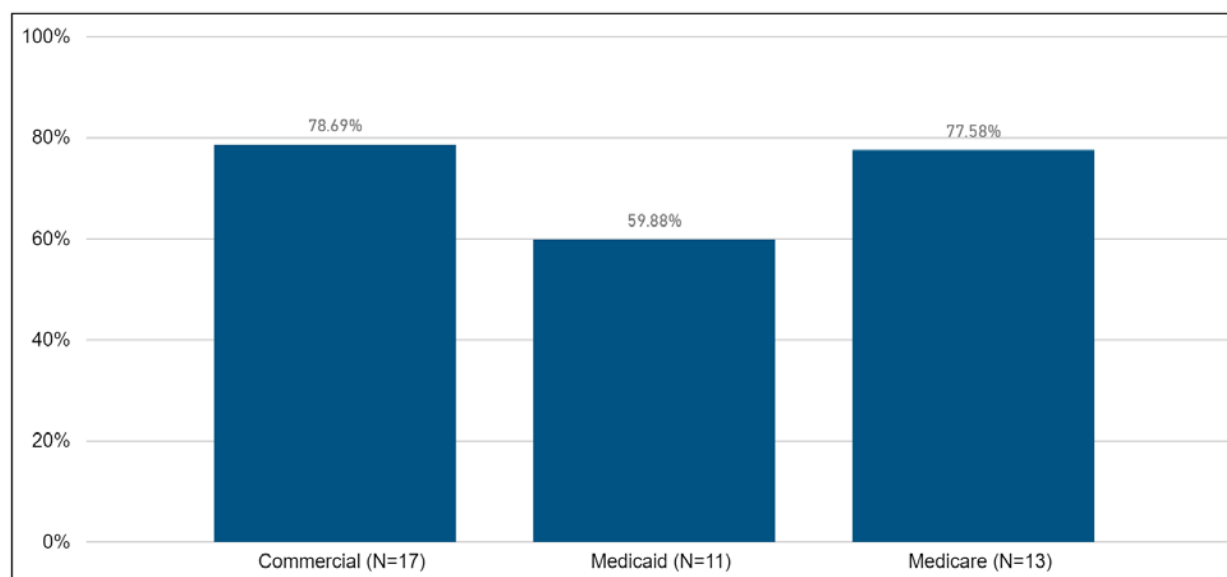
Exhibit 29: Adherence to Non-Warfarin Oral Anticoagulants (Summary Data)

Measure:	Adherence to Non-Warfarin Oral Anticoagulants				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	434,627	552,311	78.69%	75.37%	17
Medicaid	27,505	45,934	59.88%	65.12%	11
Medicare	519,216	669,262	77.58%	73.91%	13

Exhibit 30: Adherence to Non-Warfarin Oral Anticoagulants (Benchmark Data)

Measure:	Adherence to Non-Warfarin Oral Anticoagulants						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	57.59%	62.54%	67.31%	78.76%	81.12%	86.01%	91.49%
Medicaid	55.96%	56.45%	58.15%	64.41%	69.96%	72.41%	82.43%
Medicare	44.70%	62.62%	70.61%	76.62%	81.01%	83.89%	88.59%

Measure 6 – 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.

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

Summary of Findings

All 20 organizations submitted data for this measure. This resulted in the following submissions: 18 Commercial, 11 Medicaid, 13 Medicare, and 1 All Other. Aggregate summary statistics and benchmarks were produced only for Commercial, Medicaid, and Medicare. Below are the summary results for these three reporting groups.

The Commercial aggregate summary rate is 2.27% (n=18, Range: 2.86 – 0.51%) with a mean rate of 1.88% and a median rate of 2.00%.

The Medicaid aggregate summary rate is 2.38% (n=11, Range: 3.89 – 0.27%) with a mean rate of 2.31% and a median rate of 2.67%.

The Medicare aggregate summary rate is 3.03% (n=13, Range: 3.67 - 0.32%) with a mean rate of 2.54% and a median rate of 2.56%.

Exhibit 31: Drug-Drug Interactions
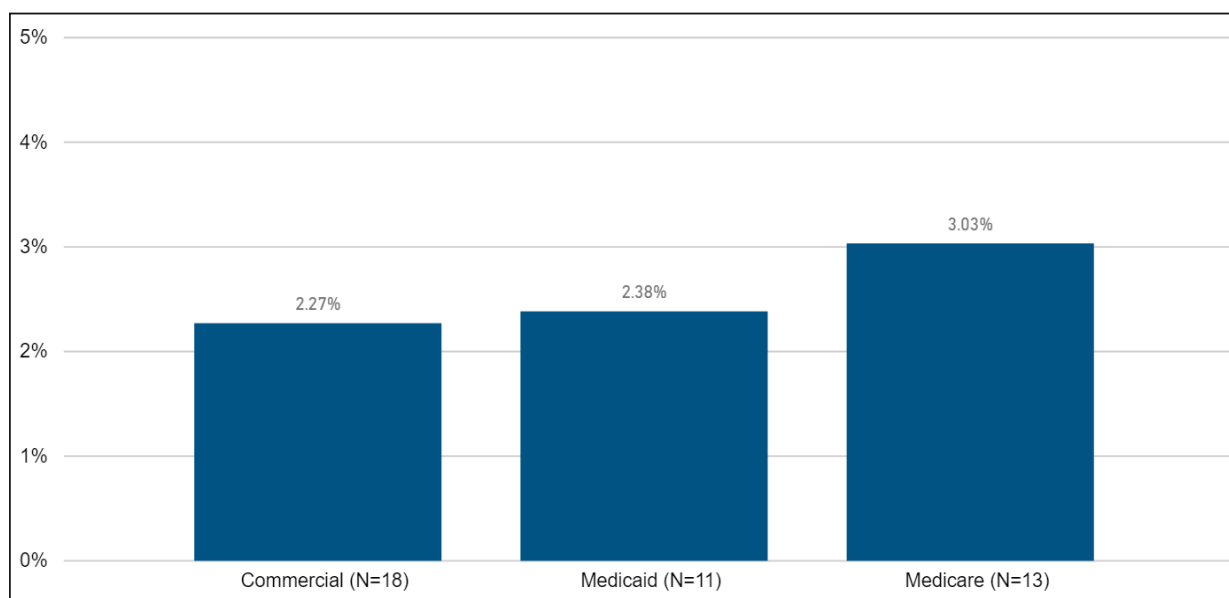
Note: A lower rate represents better performance.

Exhibit 32: Drug-Drug Interactions (Summary Data)

Measure:	Drug-Drug Interactions				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	143,623	6,324,660	2.27%	1.88%	18
Medicaid	29,313	1,229,639	2.38%	2.31%	11
Medicare	196,036	6,462,351	3.03%	2.54%	13

Exhibit 33: Drug-Drug Interactions (Benchmark Data)

Measure:	Drug-Drug Interactions						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	2.86%	2.80%	2.25%	2.00%	1.36%	1.22%	0.51%
Medicaid	3.89%	3.38%	3.04%	2.67%	1.82%	0.45%	0.27%
Medicare	3.67%	3.35%	3.11%	2.56%	2.37%	1.53%	0.32%

Measure 7 – 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. This measure is not stratified by book of business.

Summary of Findings

A total of 20 organizations reported valid results for the measure. The aggregate summary rate is 98.04% with the mean of 92.30% and median of 97.39%.

Exhibit 34: Generic Dispensing Rates
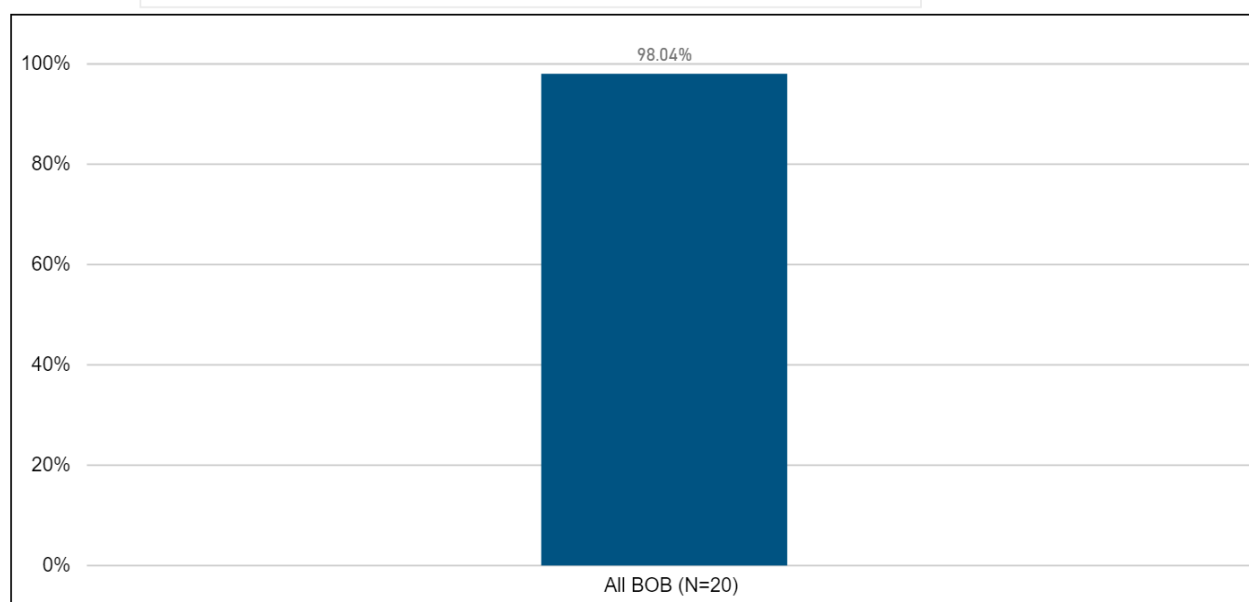
Exhibit 35: Generic Dispensing Rates (Summary Data)

Measure:	Generic Dispensing Rates				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
All BOB	2,568,058,672	2,619,385,976	98.04%	92.30%	20

Exhibit 36: Generic Dispensing Rates (Benchmark Data)

Measure:	Generic Dispensing Rates						
Line of Business	Min	10th	25th	50th	75th	90th	Max
All BOB	7.28%	92.68%	95.53%	97.39%	98.27%	98.79%	98.94%

Measure 8 – Call Center Performance (DTM2010-04)

Measure Description

This *mandatory* measure The measures 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 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 19 organizations reported valid data for both Part A and for Part B. There were 78.95% (n=15) that reported their call centers operate 24 hours per day, 7 days per week, 365 days per year. The remainder of the organizations indicated they operate at least during business hours Monday through Friday.

Exhibit 37: Call Center Performance
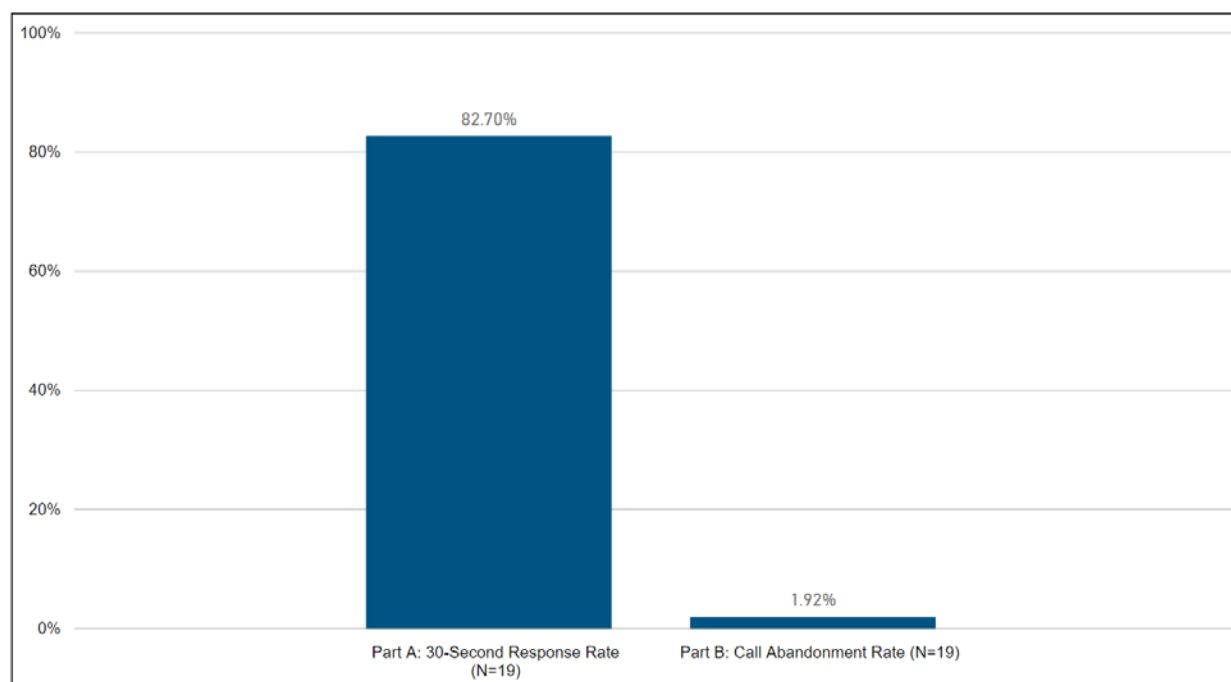
Note: A lower rate represents better performance for Part B: Call Abandonment.

Part A: 30-Second Response Rate

A total of 19 organizations reported valid results for the Part A rate. The aggregate summary rate is 82.70% calls answered within 30 seconds with the mean of 86.10% and median of 85.30%.

Exhibit 38: Call Center Performance - Part A: 30-Second Response Rate (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part A: 30-Second Response Rate	79,903,991	96,622,809	82.70%	86.10%	19

Exhibit 39: Call Center Performance - Part A: 30-Second Response Rate (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Part A: 30-Second Response Rate	75.83%	79.65%	82.59%	85.30%	89.63%	92.71%	96.76%

Part B: Call Abandonment Rate

The same 19 organizations reported valid results for the Part B rate. The aggregate summary rate is 1.92% call abandonment with the mean of 2.39% and median of 2.13%.

Exhibit 40: Call Center Performance - Part B: Call Abandonment Rate (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part B: Call Abandonment Rate	1,859,643	96,622,809	1.92%	2.39%	19

Exhibit 41: Call Center Performance - Part B: Call Abandonment Rate (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Part B: Call Abandonment Rate	8.98%	3.53%	2.58%	2.13%	1.25%	1.03%	0.53%

Measure 9 – 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. 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). **A lower rate represents better performance.**

Summary of Findings

A total of 6 organizations submitted reportable data for this measure. This resulted in the following submissions: 5 Commercial, 3 Medicaid, and 3 Medicare. Analysis and benchmarks were produced only for Commercial, which had five valid data submissions.

The Commercial aggregate summary rate is 7.04% (n=5, Range: 15.33 – 1.61%) with a mean of 10.15% and median of 12.64%.

Exhibit 42: Concurrent Use of Opioids and Benzodiazepines
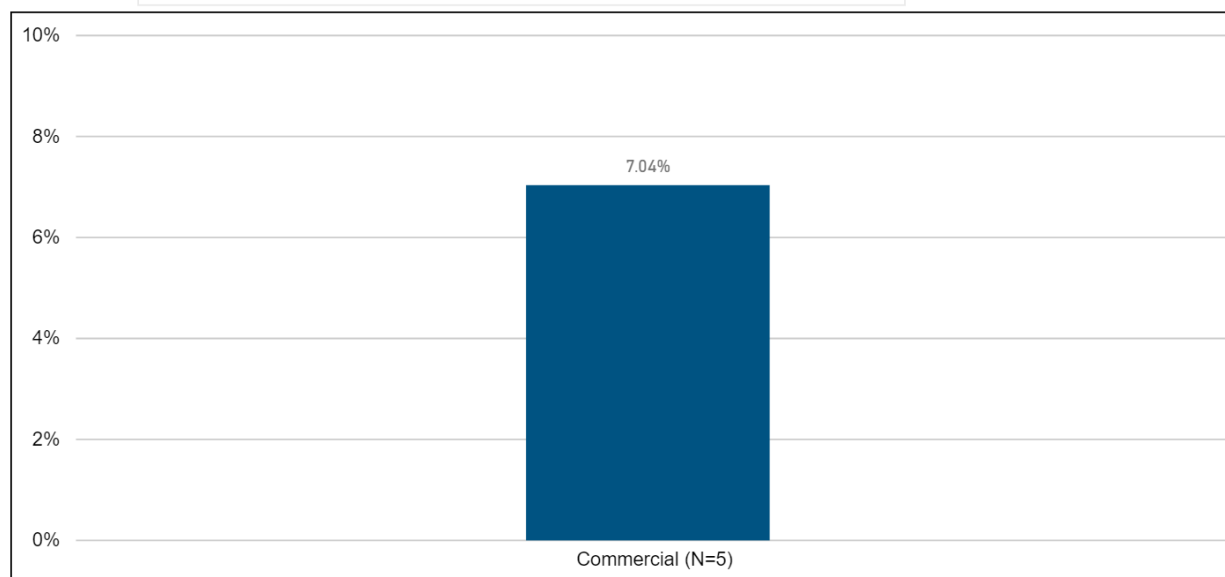
Note: A lower rate represents better performance.

Exhibit 43: Concurrent Use of Opioids and Benzodiazepines (Summary Data)

Measure:	Concurrent Use of Opioids and Benzodiazepines				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	52,785	750,195	7.04%	10.15%	5

Exhibit 44: Concurrent Use of Opioids and Benzodiazepines (Benchmark Data)

Measure:	Concurrent Use of Opioids and Benzodiazepines						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	15.33%	15.09%	14.72%	12.64%	6.46%	3.55%	1.61%

Measure 10 – 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. 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). **A lower rate represents better performance.**

Summary of Findings

A total of 18 organizations submitted data for this measure. This resulted in the following submissions: 16 Commercial, 11 Medicaid, 12 Medicare, and 1 All Other. Aggregate summary statistics and benchmarks were produced only for Commercial, Medicaid, and Medicare. Below are the summary results for these three reporting groups.

The Commercial aggregate summary rate is 5.99% (n=16, Range: 86.13 – 2.59%) with a mean rate of 11.12% and a median rate of 6.09%.

The Medicaid aggregate summary rate is 7.69% (n=11, Range: 25.44 – 2.13%) with a mean rate of 10.59% and a median rate of 9.60%.

The Medicare aggregate summary rate is 7.86% (n=12, Range: 17.61 - 1.74%) with a mean rate of 9.17% and a median rate of 7.94%.

Exhibit 45: Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults
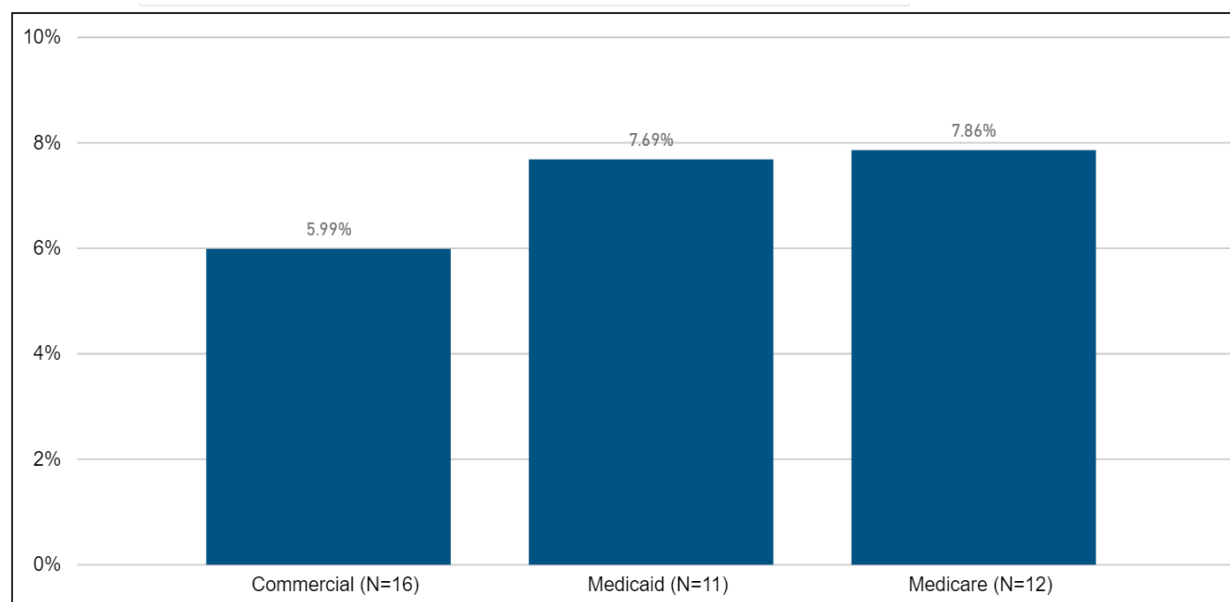
Note: A lower rate represents better performance.

Exhibit 46: Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Summary Data)

Measure:	Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	42,604	711,304	5.99%	11.12%	16
Medicaid	5,776	75,146	7.69%	10.59%	11
Medicare	175,798	2,236,202	7.86%	9.17%	12

Exhibit 47: Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Benchmark Data)

Measure:	Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	86.13%	12.23%	6.97%	6.09%	4.30%	3.42%	2.59%
Medicaid	25.44%	16.37%	15.16%	9.60%	5.79%	4.48%	2.13%
Medicare	17.61%	16.82%	10.72%	7.94%	6.90%	5.47%	1.74%

Measure 11 – 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. 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). **A lower rate represents better performance.**

Summary of Findings

A total of 18 organizations submitted data for this measure. This resulted in the following submissions: 16 Commercial, 11 Medicaid, 12 Medicare, and 1 All Other. Aggregate summary statistics and benchmarks were produced only for Commercial, Medicaid, and Medicare. Below are the summary results for these three reporting groups.

The Commercial aggregate summary rate is 5.23% (n=16, Range: 91.17 - 0%) with a mean rate of 11.18% and a median rate of 5.09%.

The Medicaid aggregate summary rate is 9.04% (n=11, Range: 27.76 – 2.16%) with a mean rate of 10.29% and a median rate of 8.13%.

The Medicare aggregate summary rate is 7.11% (n=12, Range: 26.63 – 2.26%) with a mean rate of 9.41% and a median rate of 7.66%.

Exhibit 48: Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults
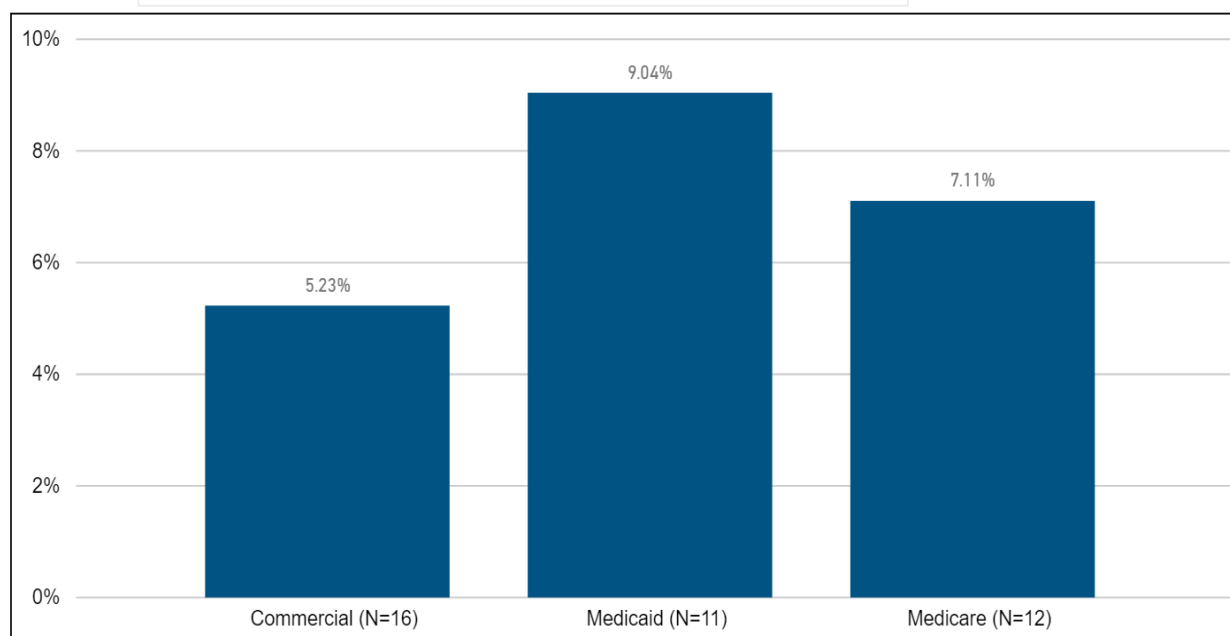
Note: A lower rate represents better performance.

Exhibit 49: Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults (Summary Data)

Measure:	Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	108,798	2,080,563	5.23%	11.18%	16
Medicaid	9,394	103,889	9.04%	10.29%	11
Medicare	524,435	7,380,775	7.11%	9.41%	12

Exhibit 50: Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults (Benchmark Data)

Measure:	Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	91.17%	14.95%	7.57%	5.09%	3.33%	2.73%	0.00%
Medicaid	27.76%	25.03%	11.20%	8.13%	3.69%	3.20%	2.16%
Medicare	26.63%	15.98%	10.21%	7.66%	6.17%	4.21%	2.26%

Measure 12 – Treatment of Chronic Hepatitis C: Completion of Therapy (PH2018-07)

Measure Description

This *mandatory* measure assesses the percentage of individuals 18 years and older 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. 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).

Summary of Findings

A total of 18 organizations submitted data for this measure. This resulted in the following submissions: 14 Commercial, 11 Medicaid, 11 Medicare, and 1 All Other. Aggregate summary statistics and benchmarks were produced only for Commercial, Medicaid, and Medicare. Below are the summary results for these three reporting groups.

The Commercial aggregate summary rate is 79.94% (n=14, Range: 72.22 – 94.35%) with a mean rate of 82.93% and a median rate of 82.09%.

The Medicaid aggregate summary rate is 83.40% (n=11, Range: 49.61 – 91.39%) with a mean rate of 78.52% and a median rate of 82.47%.

The Medicare aggregate summary rate is 84.06% (n=11, Range: 77.42 – 94.58%) with a mean rate of 85.56% and a median rate of 85.82%.

Exhibit 51: Treatment of Chronic Hepatitis C: Completion of Therapy
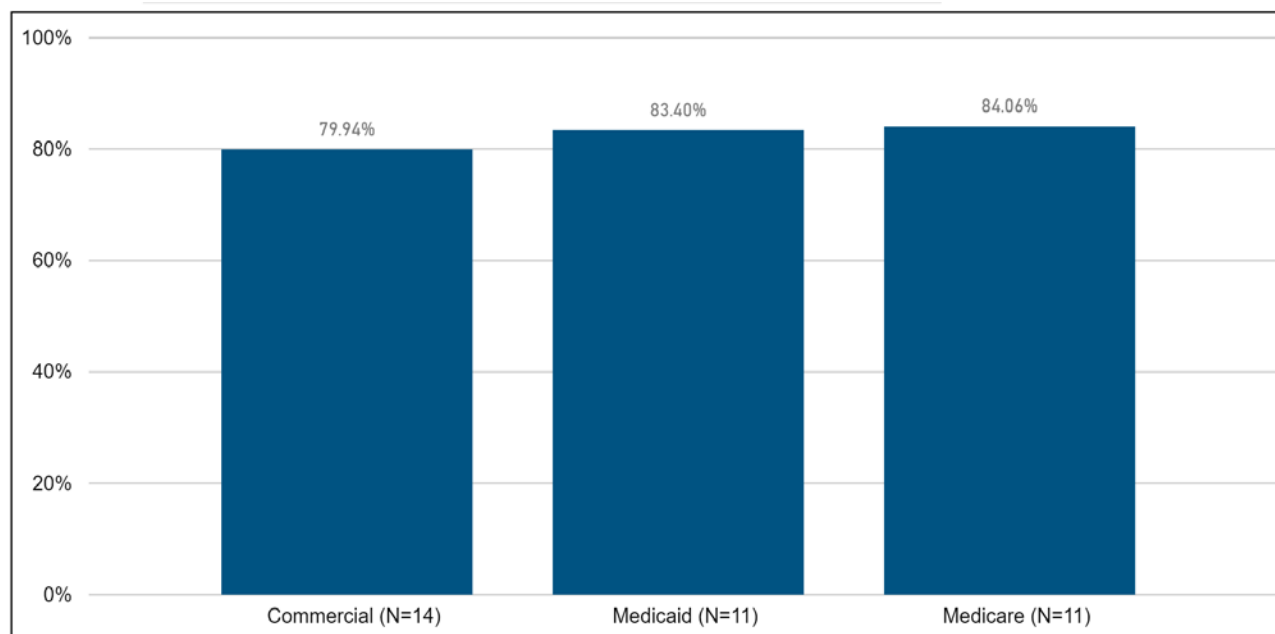
Exhibit 52: Treatment of Chronic Hepatitis C: Completion of Therapy (Summary Data)

| Measure: | Treatment of Chronic Hepatitis C | | | | |
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	18,228	22,802	79.94%	82.93%	14
Medicaid	19,338	23,186	83.40%	78.52%	11
Medicare	14,810	17,619	84.06%	85.56%	11

Exhibit 53: Treatment of Chronic Hepatitis C: Completion of Therapy (Benchmark Data)

| Measure: | Treatment of Chronic Hepatitis C | | | | | | |
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	72.22%	73.55%	74.97%	82.09%	91.58%	93.06%	94.35%
Medicaid	49.61%	66.18%	75.20%	82.47%	85.76%	87.21%	91.39%
Medicare	77.42%	78.49%	79.96%	85.82%	90.41%	92.50%	94.58%

Measure 13 – Use of Opioids at High Dosage or from Multiple Providers in Persons Without Cancer (PH2018-08)

Measure Description

This *mandatory* 3-part measure assesses high dosage opioid use from multiple providers, among individuals 18 years and older without cancer. The denominator includes individuals with two or more prescription claims for opioids filled on at least two separate days, for which the sum of the days' supply is > 15 during the treatment period. Below are the numerators for each rate:

1. **Use of Opioids at High Dosage in Persons Without Cancer (OHD):** The proportion (XX out of 1,000) of individuals from the denominator receiving prescriptions for opioids with a daily dosage greater than 120 morphine milligram equivalents (MME) for 90 consecutive days or longer.

2. **Use of Opioids from Multiple Providers in Persons Without Cancer (OMP):** The proportion (XX out of 1,000) of individuals from the denominator receiving prescriptions for opioids from four (4) or more prescribers AND four (4) or more pharmacies.

3. **Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (OHDMP):** The proportion (XX out of 1,000) of individuals from the denominator receiving prescriptions for opioids with a daily dosage greater than 120 morphine milligram equivalents (MME) for 90 consecutive days or longer, AND who received opioid prescriptions from four (4) or more prescribers AND four (4) or more pharmacies.

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).

Summary of Findings

A total of 6 organizations submitted reportable data for this measure. This resulted in the following submissions: 5 Commercial, 3 Medicaid, and 3 Medicare. Analysis and benchmarks were produced only for Commercial, which had five valid data submissions for each of the three rates.

Rate 1: Use of Opioids at High Dosage in Persons Without Cancer (OHD)

The Commercial aggregate summary rate is 28.17 (n=5, Range: 39.57 – 2.98) with a mean rate of 18.99 and a median rate of 20.37.

Rate 2: Use of Opioids from Multiple Providers in Persons Without Cancer (OMP)

The Commercial aggregate summary rate is 14.95 (n=5, Range: 18.43 – 6.70) with a mean rate of 13.84 and a median rate of 14.45.

Rate 3: Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (OHDMP)

The Commercial aggregate summary rate is 0.51 (n=5, Range: 0.67 - 0) with a mean rate of 0.35 and a median rate of 0.45.

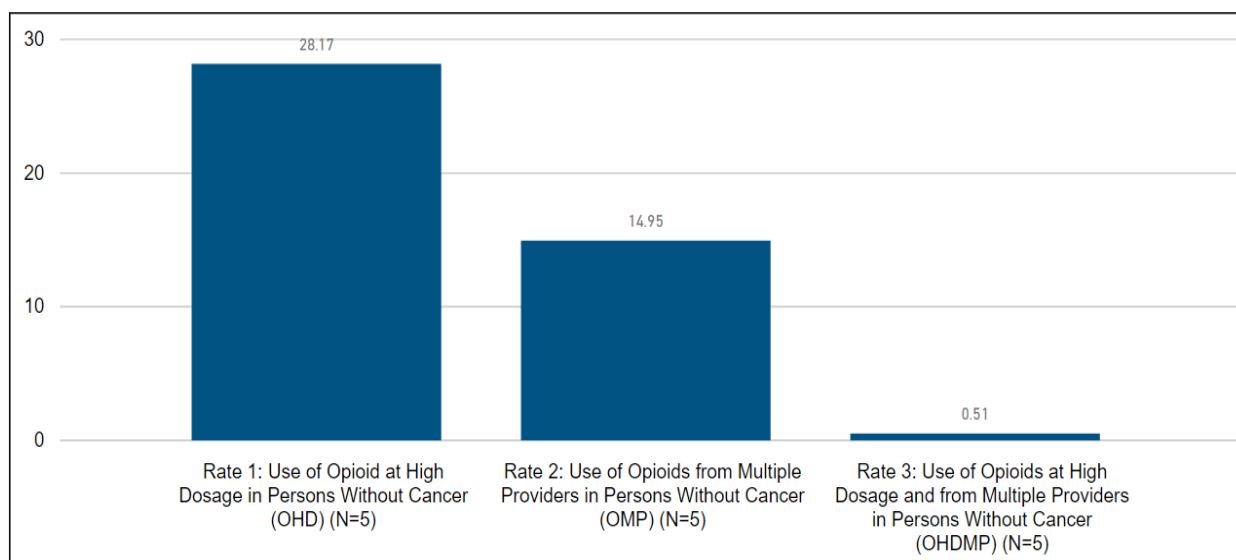Exhibit 54: Use of Opioids at High Dosage or from Multiple Providers in Persons Without Cancer – Commercial

Exhibit 55: Use of Opioids at High Dosage or from Multiple Providers in Persons Without Cancer – Commercial (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Rate 1: Use of Opioid at High Dosage in Persons Without Cancer (OHD)	20,284	720,084	28.17	18.99	5
Rate 2: Use of Opioids from Multiple Providers in Persons Without Cancer (OMP)	10,762	720,084	14.95	13.84	5
Rate 3: Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (OHDMP)	370	720,084	0.51	0.35	5

Exhibit 56: Use of Opioids at High Dosage or from Multiple Providers in Persons Without Cancer – Commercial (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Rate 1: Use of Opioid at High Dosage in Persons Without Cancer (OHD)	39.57	34.89	27.86	20.37	4.15	3.45	2.98
Rate 2: Use of Opioids from Multiple Providers in Persons Without Cancer (OMP)	18.43	17.69	16.60	14.45	13.03	9.23	6.70
Rate 3: Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (OHDMP)	0.67	0.66	0.64	0.45	0.00	0.00	0.00

Measure 14 – Turnaround Time for Prescriptions (MP2012-08)

Measure Description

This *exploratory* 3-part measure assesses the average speed with which the organization fills prescriptions. 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 across all populations. **A lower rate represents better performance.**

Summary of Findings

No organizations submitted data for any parts of this exploratory measure.

Measure 15 – Use of High-Risk Medications in the Elderly (HIM2013-21)

Measure Description

This *exploratory* 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.

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

Summary of Findings

No organizations submitted data for this exploratory measure.

Measure 16 – 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.

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 17 – 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.

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 18 – 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.

Summary of Findings

No organizations submitted data for this exploratory measure.