



2019

URAC SPECIALTY PHARMACY PERFORMANCE MEASUREMENT:

AGGREGATE SUMMARY PERFORMANCE REPORT

December 2019

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Executive Summary

Presented in this report are the 2018 measurement year (2019 reporting year) results based on URAC's Specialty Pharmacy Accreditation program performance measures. The report includes only aggregate summary rates; there are no individual performance results included.

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

1. Call Center Performance (DTM2010-04) [M]
2. Dispensing Accuracy (MP2012-06) [M]
3. Distribution Accuracy (MP2012-07) [M]
4. Turnaround Time for Prescriptions (MP2012-08) [M]
5. Treatment of Chronic Hepatitis C: Completion of Therapy (PH2018-07) [M]
6. Drug-Drug Interactions (DM2012-13)* [E]
7. Proportion of Days Covered (PDC) -- Specialty (DM2012-12)* [E]
8. Adherence to Long-Acting Inhaled Bronchodilator Agents in COPD Patients (PH2018-01)* [E]
9. Adherence to Non-Infused Biologic Agents to Treat Rheumatoid Arthritis (PH2018-02)* [E]
10. Adherence to Non-Infused Disease-Modifying Agents Used to Treat Multiple Sclerosis (PH2018-03)* [E]
11. Fulfilment of Promise to Deliver [E]
12. Primary Medication Non-Adherence (PH2015-01)* [E]
13. Consumer Experience with Pharmacy Services (PH2015-05)* [E]

*No respondents provided data for this exploratory measure; therefore, only a measure description is included in this report.

The URAC measure specifications are set forth within the 2019 Specialty Pharmacy Reporting Instructions. For Specialty Pharmacy, performance measurement for the 2019 reporting year aligns with Phase 2 of URAC's measurement process where mandatory performance measures are subject to an external data validation process. These audited performance measure results become publicly available via aggregated, de-identified reports.

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

Specialty Pharmacy Organization Characteristics

A total of 213 URAC-accredited specialty pharmacy organizations reported 2018 measurement year data for the 2019 reporting year. Not all organizations reported results for all specialty pharmacy measures. The South (60%, n=127) represented the most common region served by the organizations, and the West (49%, n=104) represented the least (Exhibit 1). While regional statistics and benchmarks were calculated as part of the analysis, the results are not published given the overlap of duplicated results across multiple regions.

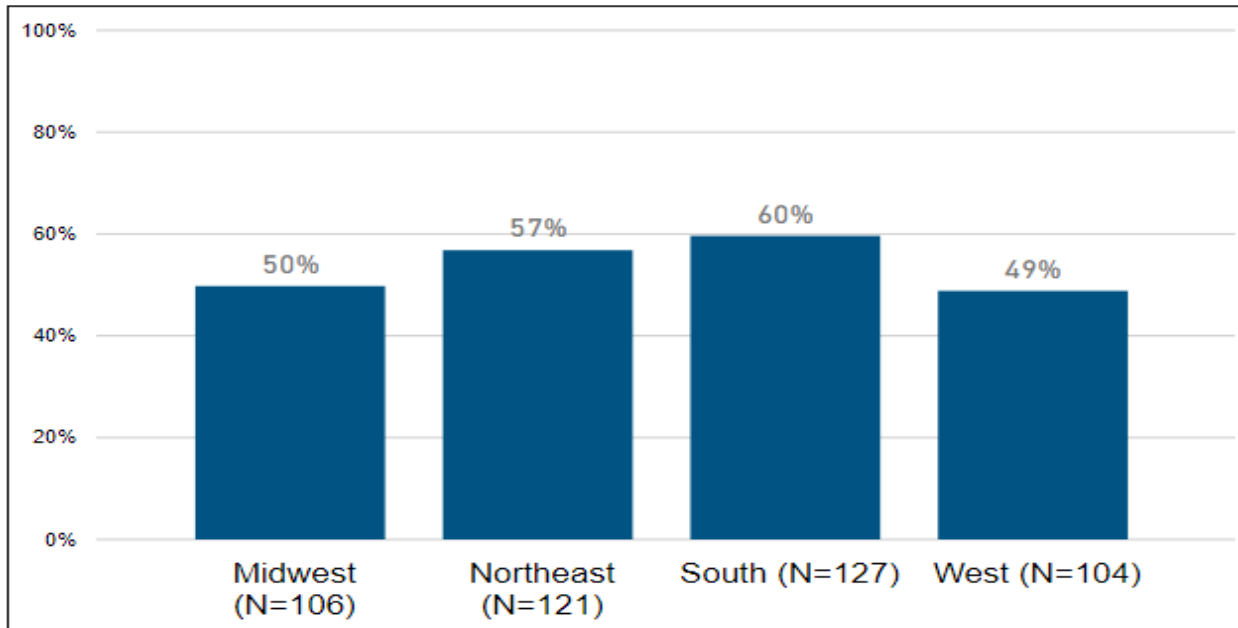
The most common category of specialty drug dispensed was for the “Other Drugs” (85%, n=181), followed by Rheumatoid Arthritis (74%, n=158). The least common was for HIV/AIDS (61%, n=130) (Exhibit 2). The “Other Drugs” category included, but was not limited to, Hepatitis C, Hemophilia, Crohn’s Disease, and Growth Hormone therapy.

The total number of prescriptions represented by the organizations is 88,854,178, with 31,008,196 representing specialty drug prescriptions (34.90%). Of the 6-tier URAC accreditation program, most organizations were in the 25,000 to 99,999 total prescriptions dispensed range (Exhibit 3). Further breakdown of the 25,000 to 99,999 prescriptions dispensed range (Exhibit 4) indicates the majority of organizations (n=61) represented less than 70,000 prescriptions dispensed. Of those, most organizations (n=22) represented between 55,000 and 70,000 total prescriptions dispensed.

The total number of specialty drug prescriptions dispensed by specialty pharmacy organizations ranged from 22 to 7,951,328 specialty prescriptions. Of the 6-tier URAC accreditation program, most organizations (n=123) were in the less than 16,000 specialty prescriptions dispensed range (Exhibit 6). Further breakdown of the less than 16,000 specialty prescriptions dispensed range (Exhibit 7) shows 69 organizations represented less than 6,000 specialty prescriptions dispensed, and of those, 42 organizations represented less than 3,000 specialty prescriptions dispensed.

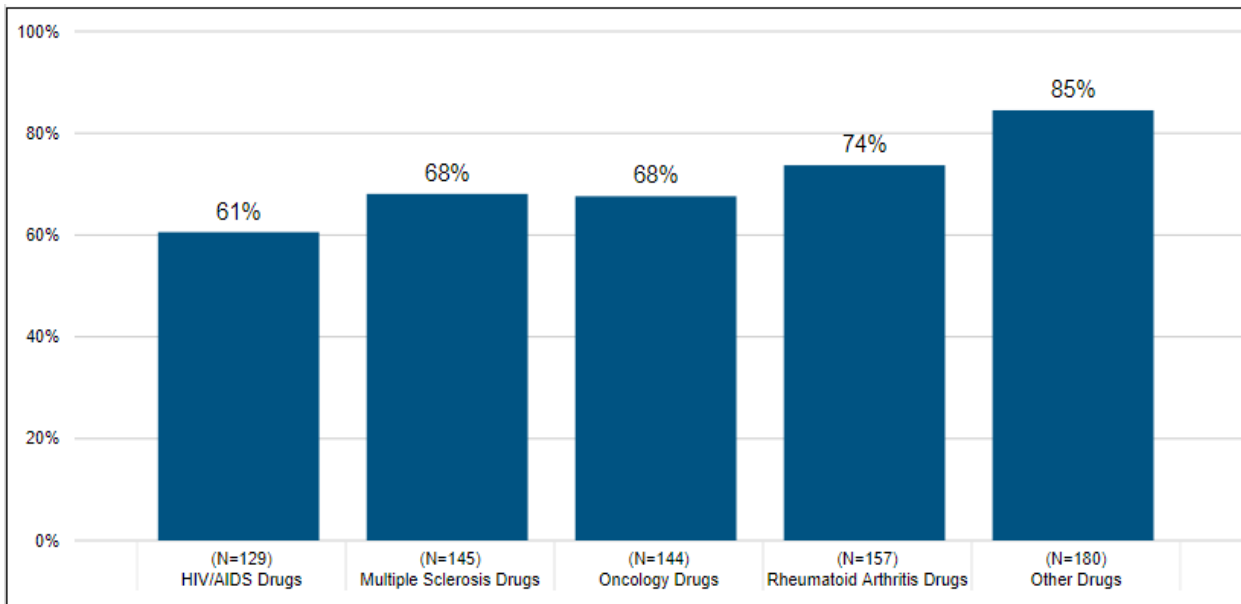
Not all organizations dispensed 100% specialty drugs. Eleven organizations dispensed less than 1% of specialty drugs. Of those eleven organizations dispensing less than 1% of specialty drugs, one had a denominator of 22,470,085, and another had a denominator of 13,385,367. These two high denominators resulted in a higher mean and lower aggregate summary rate for percentage of specialty prescriptions dispensed (Exhibit 8). There were 102 organizations that dispensed less than 50% specialty drugs. Of the 111 organizations dispensing greater than 50% specialty drugs, 64 organizations dispensed 99% or more specialty drugs.

Exhibit 1: Regional Areas Served



Note: Multiple responses accepted.

Exhibit 2: Aggregate Percentage of Specialty Drug by Category



Note: Multiple responses accepted.

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

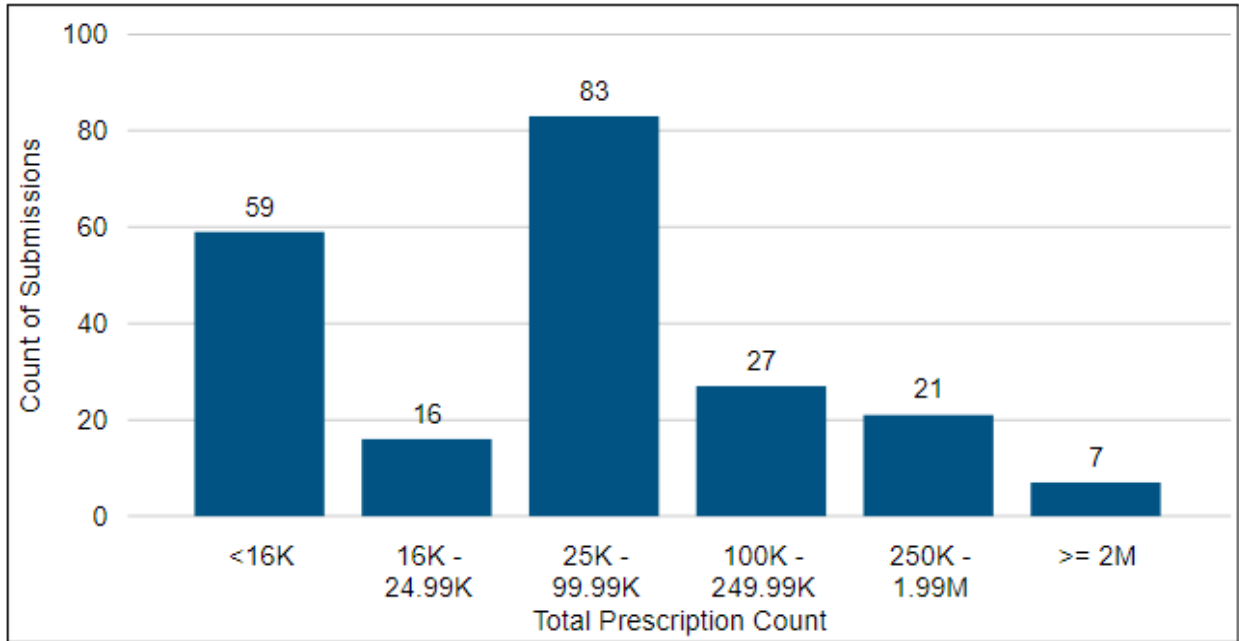
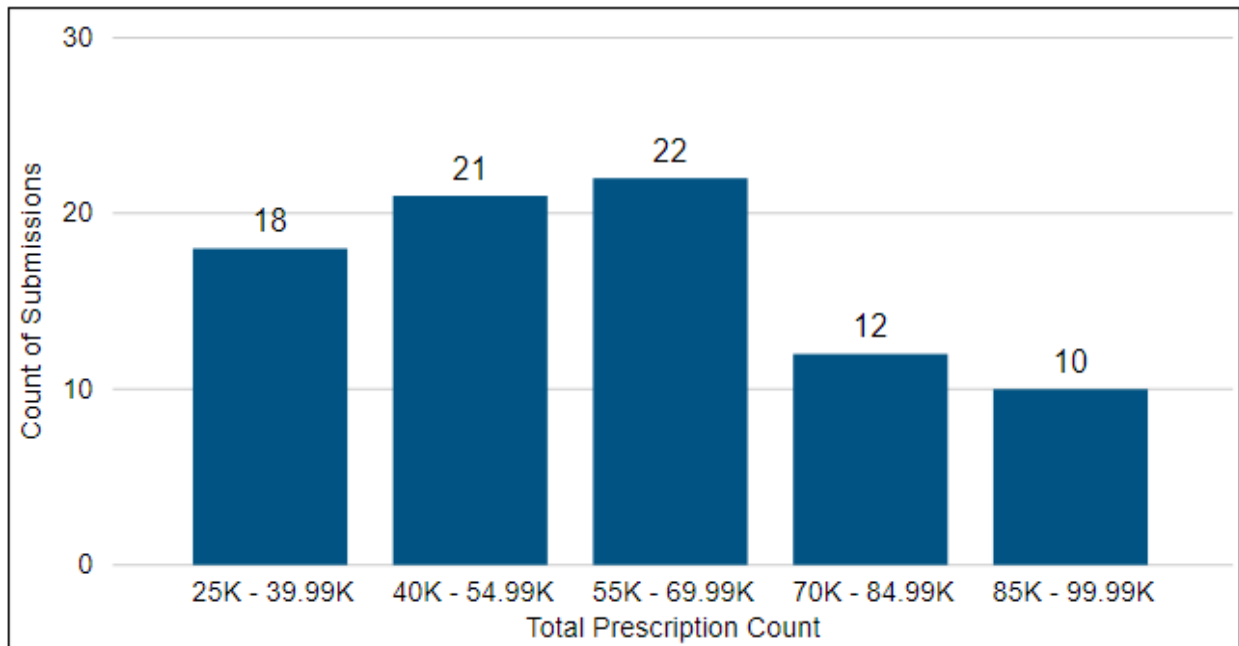


Exhibit 4: Specialty Pharmacy Organizations Reporting by Program Tier Size (Total Prescription Volume Broken Down for 25K – 99.99K)



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

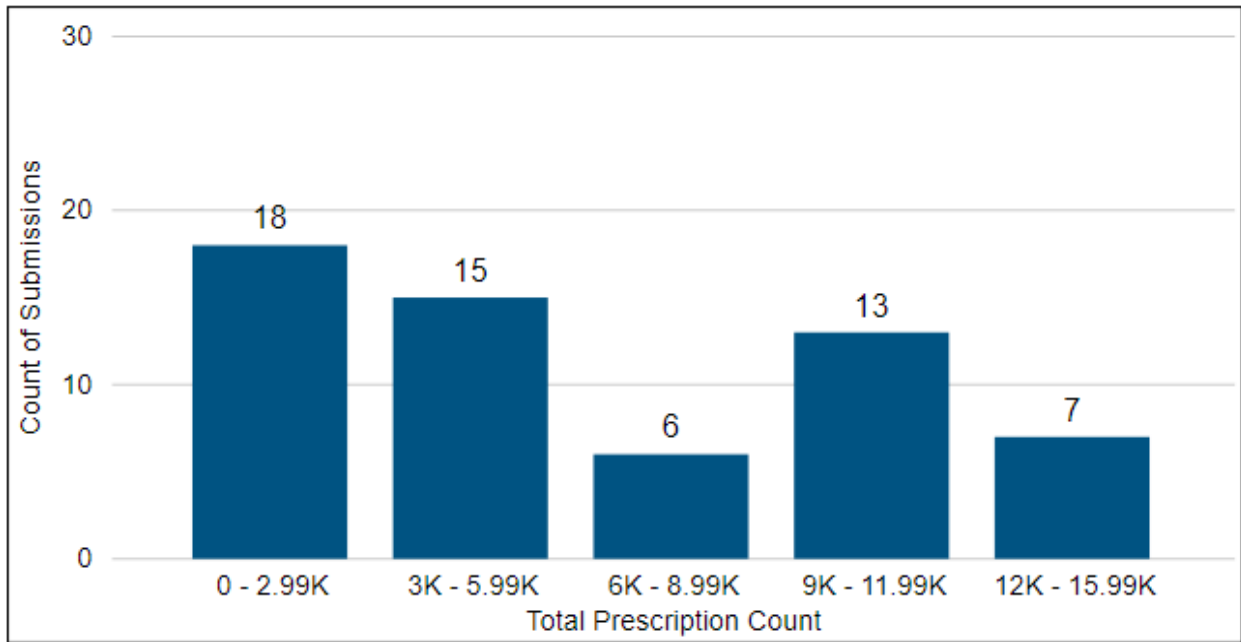
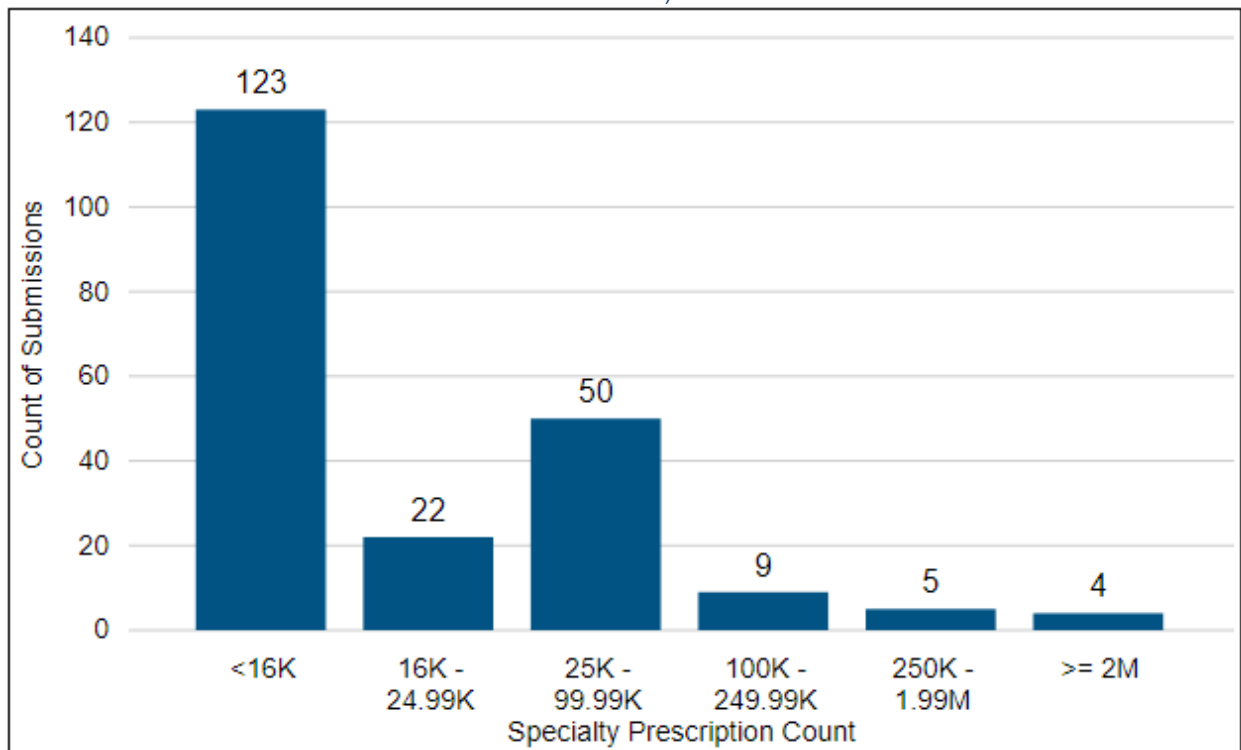


Exhibit 6: Count of Specialty Pharmacy Organizations Reporting by Program Tier Size (Total Specialty Prescription Volume)



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

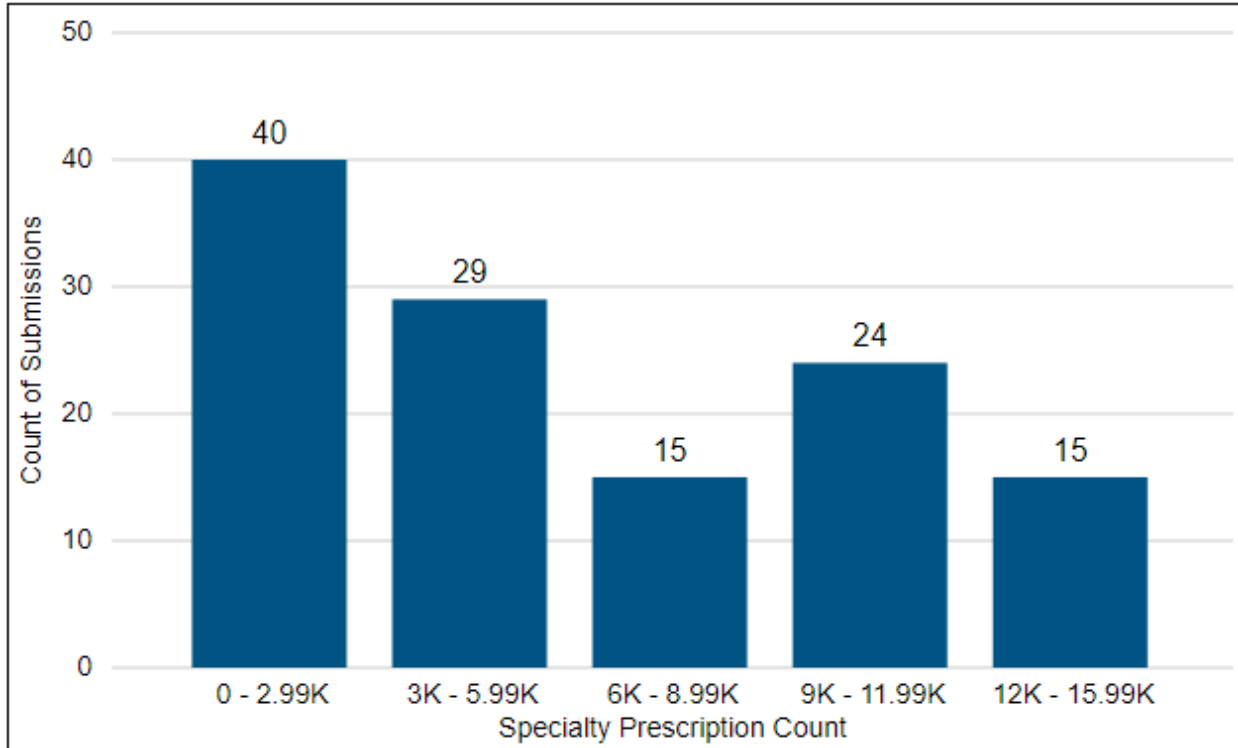
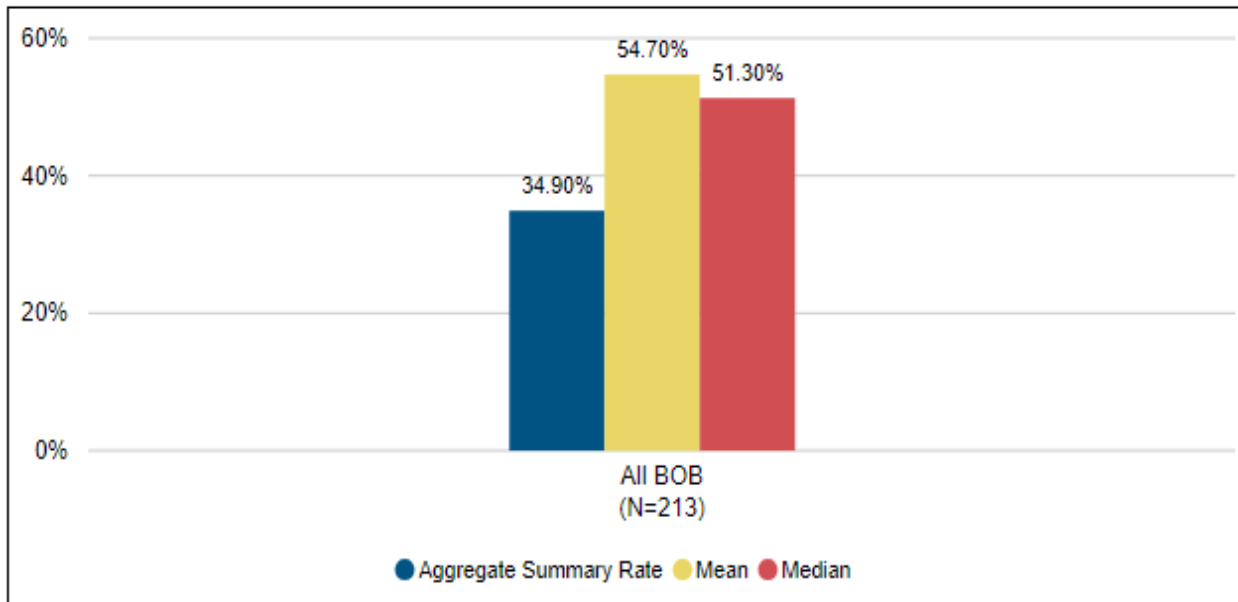


Exhibit 8: Percentage of Specialty Prescriptions of Total Number of Prescriptions Dispensed by Specialty Pharmacy Organizations (All Books of Business)



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

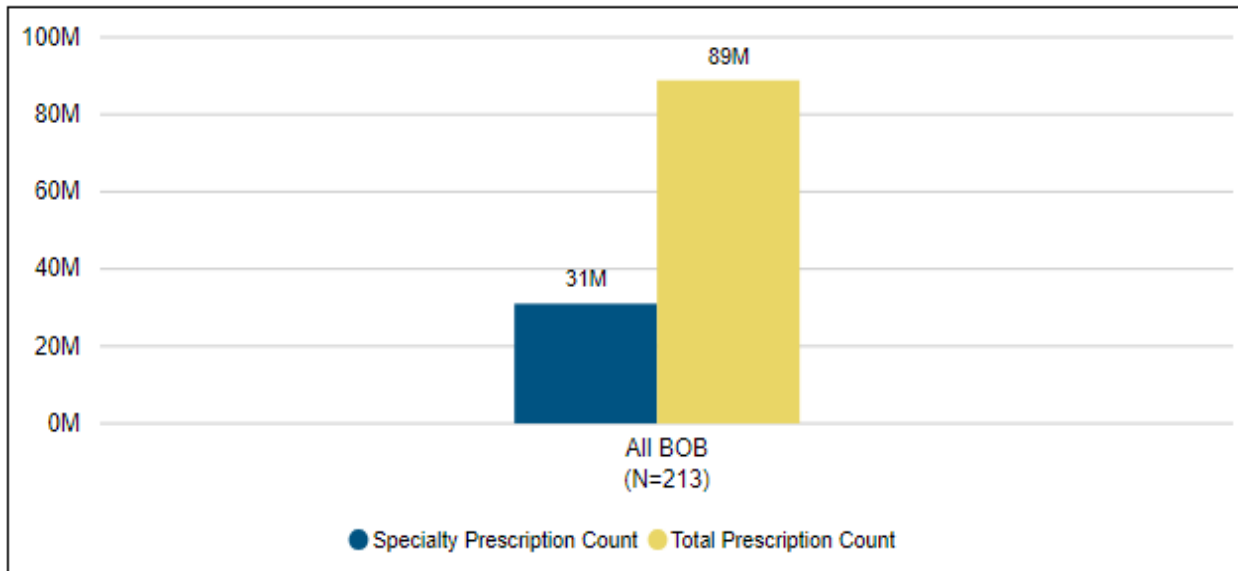


Exhibit 10: Specialty Prescriptions of Total Number of Prescriptions Dispensed by Specialty Pharmacy Organizations
 (Summary Data)

	Total Number of Specialty Prescriptions for Specialty Pharmacy Program	Total Number of Prescriptions Dispensed	Total Percentage of Specialty Prescriptions Dispensed	Mean Percentage of Specialty Prescriptions	Total Number of Data Submissions
Percentage of Specialty Prescriptions	31,008,196	88,854,178	34.90%	54.70%	213

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

	Min	10th	25th	50th	75th	90th	Max
Percentage of Specialty Prescriptions	0.07%	3.64%	16.78%	51.30%	100.00%	100.00%	100.00%

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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: Specialty Pharmacy Measures

Measure 1 – Call Center Performance (DTM2010-04)

Measure Description

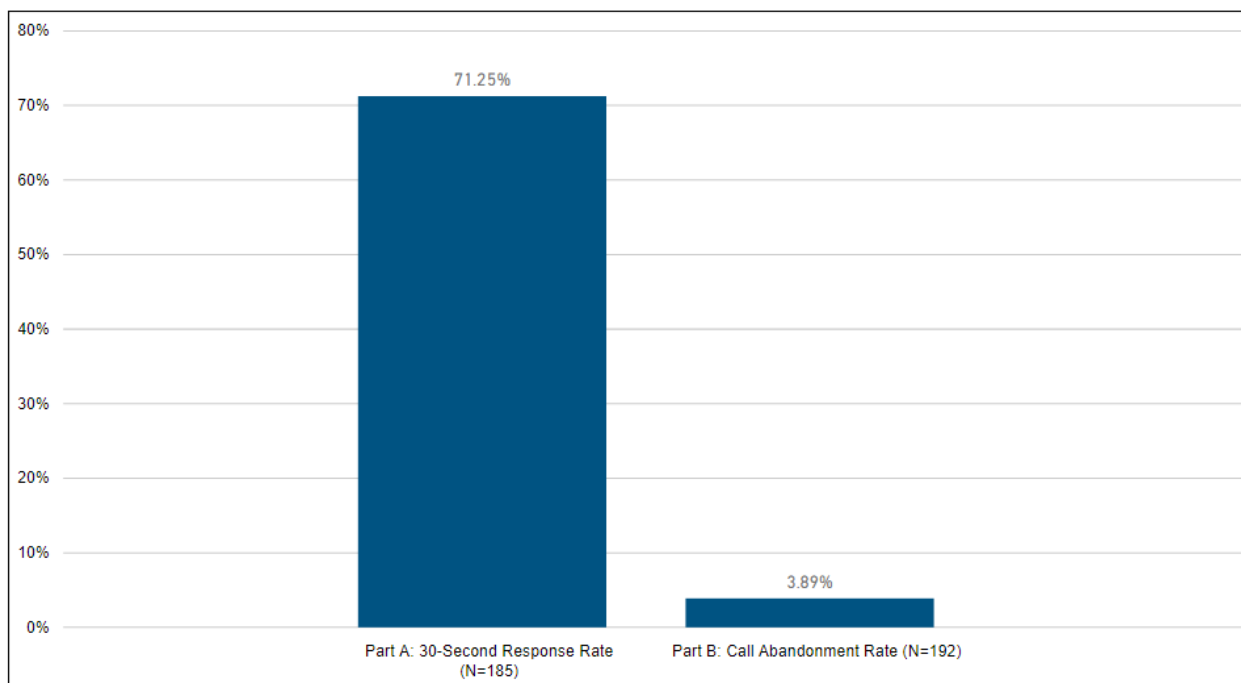
This *mandatory* measure has two parts: Part A evaluates the percentage of calls during normal business hours to the organization's call service center(s) during the measurement period that were answered by a live voice within 30 seconds; Part B evaluates the percentage of calls made during normal business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

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

Summary of Findings

A total of 182 organizations reported valid data for both Part A and for Part B. Five organizations did not report data for either measure part given data availability issues.

Exhibit 12: Call Center Performance - 30-Second Response Rate and Call Abandonment Rate



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

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Part A: 30-Second Response Rate

A total of 185 organizations reported valid results for the Part A rate. The aggregate summary rate is 71.25% calls answered within 30 seconds with the mean of 87.72% and median of 91.07%.

Exhibit 13: 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	29,351,991	41,197,093	71.25%	87.72%	185

Exhibit 14: 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	36.56%	73.30%	82.38%	91.07%	95.98%	98.19%	100.00%

Part B: Call Abandonment Rate

A total of 192 organizations reported valid results for the Part B rate. The aggregate summary rate is 3.88% call abandonment with the mean of 3.89% and median of 2.94%.

Exhibit 15: 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	1,599,642	41,152,180	3.89%	3.77%	192

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

Measure	Min	10th	25th	50th	75th	90th	Max
Part B: Call Abandonment Rate	25.13%	7.29%	4.61%	2.94%	1.59%	0.57%	0.00%

Measure 2 – Dispensing Accuracy (MP2012-06)

Measure Description

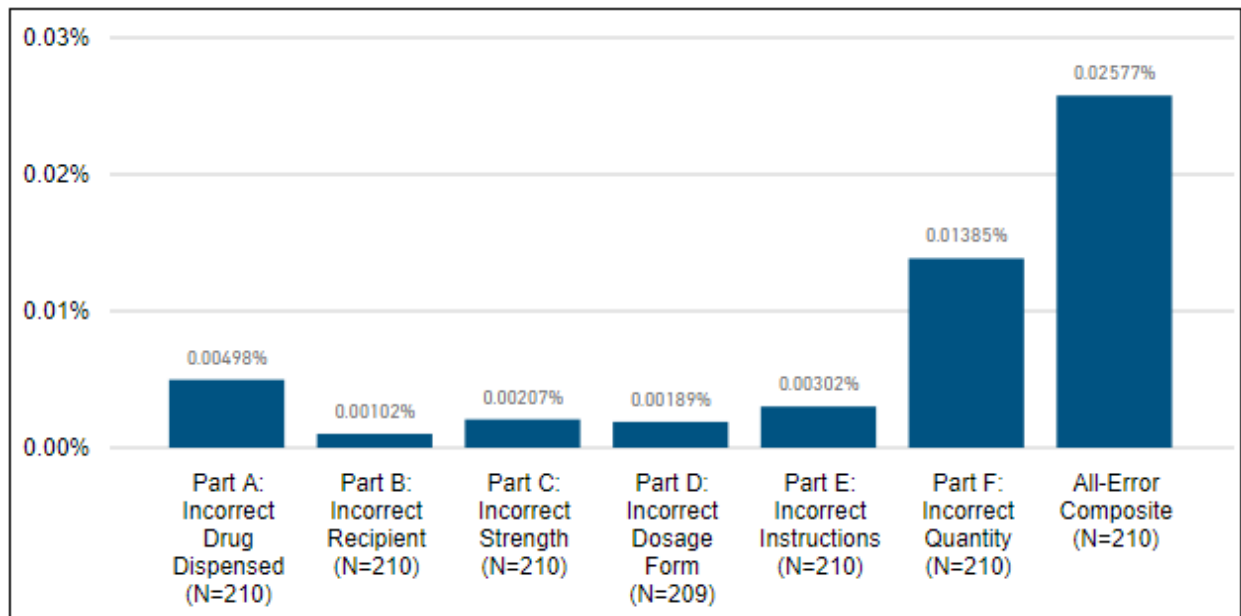
This *mandatory* six-part measure and composite roll-up assesses the percentage of prescriptions that the organization dispensed inaccurately. Measure parts include: (A) Incorrect Drug and/or Product Dispensed; (B) Incorrect Recipient; (C) Incorrect Strength; (D) Incorrect Dosage Form; (E) Incorrect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

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

Summary of Findings

A total of 210 organizations reported valid results for each measure part, with the exception of one organization that did not report results for the Part D rate. Incorrect quantity and incorrect drug dispensed continue to be the two highest error categories.

Exhibit 17: Dispensing Accuracy



Note: Lower rate represents better performance.

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Part A: Incorrect Drug Dispensed

Based on the 210 submissions, the aggregate summary rate is 0.00498% (or 4.98 incorrect drugs dispensed per 100,000) with the mean of 0.01696% and median of 0.00000%. There were 119 valid data submissions that reported 0% (perfect performance).

Exhibit 18: Dispensing Accuracy – Part A: Incorrect Drug Dispensed (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part A: Incorrect Drug Dispensed	1,737	34,903,952	0.00498%	0.01696%	210

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

Measure	Min	10th	25th	50th	75th	90th	Max
Part A: Incorrect Drug Dispensed	1.02857%	0.01692%	0.00489%	0.00000%	0.00000%	0.00000%	0.00000%

Part B: Incorrect Recipient

Based on the 210 submissions, the aggregate summary rate is 0.00102% (or 1.02 drugs per 100,000 dispensed to incorrect recipient) with the mean of 0.00482% and median of 0.00000%. There were 136 valid data submissions that reported 0% (perfect performance).

Exhibit 20: Dispensing Accuracy – Part B: Incorrect Recipient (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part B: Incorrect Recipient	355	34,867,314	0.00102%	0.00482%	210

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

Measure	Min	10th	25th	50th	75th	90th	Max
Part B: Incorrect Recipient	0.15456%	0.01383%	0.00208%	0.00000%	0.00000%	0.00000%	0.00000%

Part C: Incorrect Strength

Based on the 210 submissions, the aggregate summary rate is 0.00207% (or 2.07 incorrect strength prescriptions dispensed per 100,000) with the mean of 0.00878% and median of 0.00000%. There were 122 valid data submissions that reported 0% (perfect performance).

Exhibit 22: Dispensing Accuracy – Part C: Incorrect Strength (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part C: Incorrect Strength	532	25,647,717	0.00207%	0.00878%	210

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

Measure	Min	10th	25th	50th	75th	90th	Max
Part C: Incorrect Strength	0.55096%	0.01078%	0.00316%	0.00000%	0.00000%	0.00000%	0.00000%

Part D: Incorrect Dosage Form

Based on 209 submissions, the aggregate summary rate is 0.00189% (or 1.89 incorrect dosage forms dispensed per 100,000) with the mean of 0.00512% and median of 0.00000%. There were 130 valid data submissions that reported 0% (perfect performance).

Exhibit 24: Dispensing Accuracy – Part D: Incorrect Dosage Form (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part D: Incorrect Dosage Form	486	25,669,557	0.00189%	0.00512%	209

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

Measure	Min	10th	25th	50th	75th	90th	Max
Part D: Incorrect Dosage Form	0.22857%	0.01207%	0.00386%	0.00000%	0.00000%	0.00000%	0.00000%

Part E: Incorrect Instructions

Based on 210 submissions, the aggregate summary rate is 0.00302% (or 3.02 drugs dispensed with incorrect patient instructions per 100,000) with the mean of 0.01068% and median of 0.00000%. There were 115 valid data submissions that reported 0% (perfect performance).

Exhibit 26: Dispensing Accuracy – Part E: Incorrect Instructions (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part E: Incorrect Instructions	1,053	34,903,892	0.00302%	0.01068%	210

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

Measure	Min	10th	25th	50th	75th	90th	Max
Part E: Incorrect Instructions	0.88300%	0.01512%	0.00614%	0.00000%	0.00000%	0.00000%	0.00000%

Part F: Incorrect Quantity

Based on 210 submissions, the aggregate summary rate is 0.01385% (or 13.85 drugs dispensed with incorrect quantity per 100,000) with the mean of 0.03198% and median of 0.00357%. There were 80 valid data submissions that reported 0% (perfect performance).

Exhibit 28: Dispensing Accuracy – Part F: Incorrect Quantity (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part F: Incorrect Quantity	4,833	34,903,952	0.01385%	0.03198%	210

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

Measure	Min	10th	25th	50th	75th	90th	Max
Part F: Incorrect Quantity	2.56199%	0.04338%	0.01808%	0.00357%	0.00000%	0.00000%	0.00000%

All Error Composite

Based on 210 submissions, the aggregate summary rate is 0.02577% (or 25.77 drug dispensing defects per 100,000) with the mean of 0.07754% and median of 0.02054%. There were 35 valid data submissions that reported 0% (perfect performance).

Exhibit 30: Dispensing Accuracy – All Error Composite (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
All-Error Composite	8,993	34,903,892	0.02577%	0.07754%	210

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

Measure	Min	10th	25th	50th	75th	90th	Max
All-Error Composite	2.69249%	0.09786%	0.05102%	0.02054%	0.00686%	0.00000%	0.00000%

Exhibit 32: Dispensing Accuracy – All Parts (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part A: Incorrect Drug Dispensed	1,737	34,903,952	0.00498%	0.01696%	210
Part B: Incorrect Recipient	355	34,867,314	0.00102%	0.00482%	210
Part C: Incorrect Strength	532	25,647,717	0.00207%	0.00878%	210
Part D: Incorrect Dosage Form	486	25,669,557	0.00189%	0.00512%	209
Part E: Incorrect Instructions	1,053	34,903,892	0.00302%	0.01068%	210
Part F: Incorrect Quantity	4,833	34,903,952	0.01385%	0.03198%	210
All-Error Composite	8,993	34,903,892	0.02577%	0.07754%	210

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

Measure	Min	10th	25th	50th	75th	90th	Max
Part A: Incorrect Drug Dispensed	1.02857%	0.01692%	0.00489%	0.00000%	0.00000%	0.00000%	0.00000%
Part B: Incorrect Recipient	0.15456%	0.01383%	0.00208%	0.00000%	0.00000%	0.00000%	0.00000%
Part C: Incorrect Strength	0.55096%	0.01078%	0.00316%	0.00000%	0.00000%	0.00000%	0.00000%
Part D: Incorrect Dosage Form	0.22857%	0.01207%	0.00386%	0.00000%	0.00000%	0.00000%	0.00000%
Part E: Incorrect Instructions	0.88300%	0.01512%	0.00614%	0.00000%	0.00000%	0.00000%	0.00000%
Part F: Incorrect Quantity	2.56199%	0.04338%	0.01808%	0.00357%	0.00000%	0.00000%	0.00000%
All-Error Composite	2.69249%	0.09786%	0.05102%	0.02054%	0.00686%	0.00000%	0.00000%

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Measure 3 – Distribution Accuracy (MP2012-07)

Measure Description

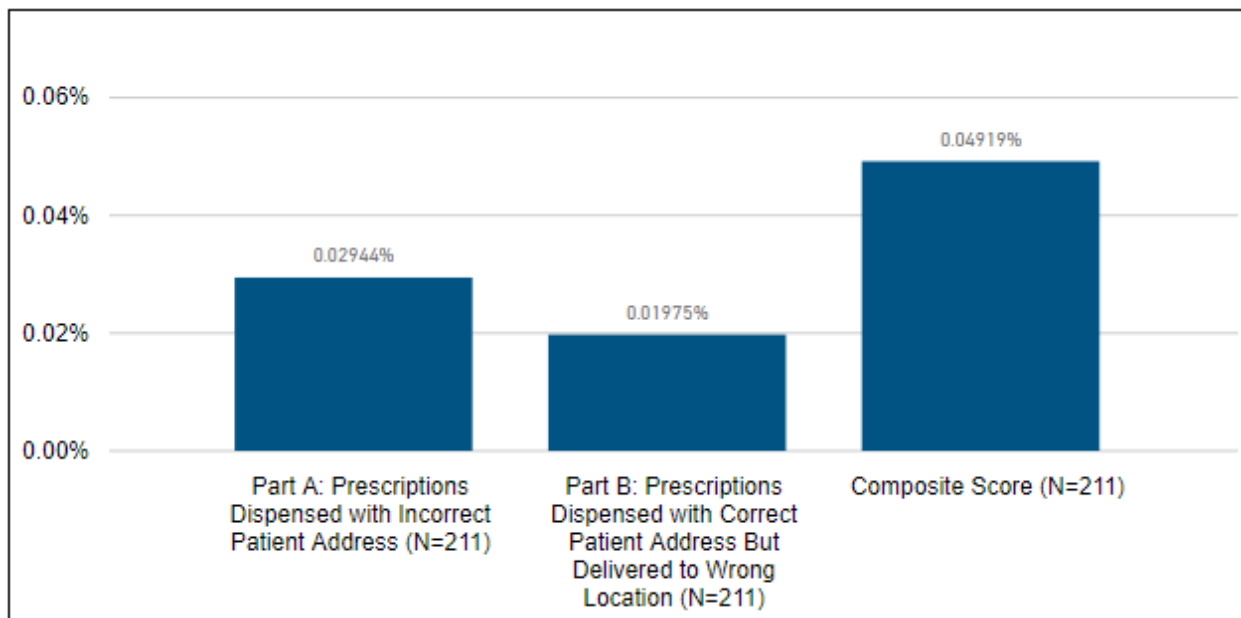
This *mandatory* measure assesses the percentage of prescriptions delivered to the wrong recipient. Part A assesses the percentage of prescriptions mailed with an incorrect address; Part B assesses the percentage of prescriptions mailed with a correct address that were not delivered to the correct location. A composite rate (sum of all numerators) is also calculated. **A lower rate represents better performance.**

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

Summary of Findings

A total of 211 organizations reported valid results for each measure part. Prescriptions dispensed with the incorrect patient address are approximately 10% more prevalent than prescriptions delivered to the wrong location.

Exhibit 34: Distribution Accuracy



Note: Lower rate represents better performance.

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Part A: Prescriptions Dispensed with Incorrect Patient Address

The aggregate summary rate is 0.02944% (or 29.44 incorrect patient addresses per 100,000 prescriptions dispensed) with the mean of 0.02805% and median of 0.01013%. There were 70 valid data submissions that reported 0% (perfect performance).

Exhibit 35: Distribution Accuracy – Part A: Prescriptions with Incorrect Patient Address (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part A: Prescriptions Dispensed with Incorrect Patient Address	10,244	34,791,054	0.02944%	0.02805%	211

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

Measure	Min	10th	25th	50th	75th	90th	Max
Part A: Prescriptions Dispensed with Incorrect Patient Address	1.49408%	0.05523%	0.03253%	0.01013%	0.00000%	0.00000%	0.00000%

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

The aggregate summary rate is 0.01975% (or 19.75 prescriptions delivered to wrong location per 100,000 dispensed correctly) with the mean of 0.03198% and median of 0.00604%. There were 81 valid data submissions that reported 0% (perfect performance).

Exhibit 37: Distribution Accuracy – Part B: Prescriptions Dispensed with Correct Patient Address by Delivered to Wrong Location (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part B: Prescriptions Dispensed with Correct Patient Address But Delivered to Wrong Location	6,871	34,791,064	0.01975%	0.03198%	211

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

Measure	Min	10th	25th	50th	75th	90th	Max
Part B: Prescriptions Dispensed with Correct Patient Address But Delivered to Wrong Location	1.87824%	0.04141%	0.01768%	0.00604%	0.00000%	0.00000%	0.00000%

Composite Score

The aggregate summary rate is 0.04919% (or 49.19 distribution defects per 100,000 prescriptions dispensed) with the mean of 0.05989% and median of 0.01945%. There were 45 valid data submissions that reported 0% (perfect performance).

Exhibit 39: Distribution Accuracy – Composite Score (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Composite Score	17,115	34,791,065	0.04919%	0.05989%	211

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

Measure	Min	10th	25th	50th	75th	90th	Max
Composite Score	2.26687%	0.09634%	0.05115%	0.01945%	0.00329%	0.00000%	0.00000%

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

Measure Description

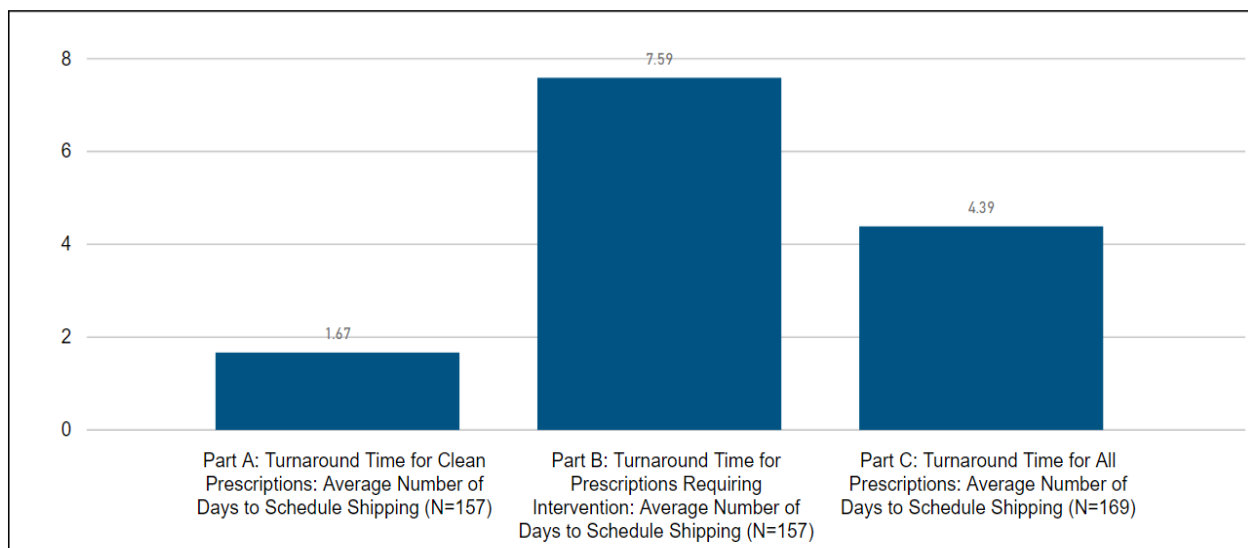
This *mandatory* three-part measure assesses the average speed with which the organization fills prescriptions, once the prescription is “clean”. Part A measures prescription turnaround time for clean prescriptions; Part B measures prescription turnaround time for prescriptions that required intervention;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

There is no stratification for this measure, results are reported aggregated across all populations. Parts A and B of this measure are mutually exclusive; if a prescription requires an intervention, it is counted in Part B; when it becomes “clean,” it is not counted again in Part A. The unit of analysis in this measure is individual prescriptions, not orders (which may include multiple prescriptions).

Summary of Findings

A total of 172 organizations reported at least one of the measure parts. This was the first year that organizations had the opportunity to stratify measure data by New and Refill; however, the data received from the organizations did not permit reliable stratification. As a result, composite-level data was used for the analysis.

Exhibit 41: Turnaround Time for Prescriptions



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Part A: Turnaround Time for Clean Prescriptions

The aggregate summary rate is 1.67 days with the mean of 2.69 days and median of 1.97 days. There were 77 organizations that took over two days to turnaround clean prescriptions. Among those, 21 took over 5 days, and one of those 21 took over 24 days.

Exhibit 42: Turnaround Time for Prescriptions – Part A: Clean Prescriptions (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part A: Turnaround Time for Clean Prescriptions: Average Number of Days to Schedule Shipping	27,258,425	16,343,139	1.67	2.69	157

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

Measure	Min	10th	25th	50th	75th	90th	Max
Part A: Turnaround Time for Clean Prescriptions: Average Number of Days to Schedule Shipping	24.51	5.45	3.60	1.97	1.12	0.88	0.00

Part B: Turnaround Time for Prescriptions Requiring Intervention

The aggregate summary rate is 7.59 days with the mean of 6.23 days and median of 5.45 days. There were 83 organizations taking over five days to turnaround prescriptions that required intervention. Among those, 26 took over 10 days, and three organizations took over 20 days, with one of the organizations taking over 35 days.

Exhibit 44: Turnaround Time for Prescriptions – Part B: Prescriptions Requiring Intervention (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part B: Turnaround Time for Prescriptions Requiring Intervention: Average Number of Days to Schedule Shipping	105,778,124	13,939,242	7.59	6.23	157

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

Measure	Min	10th	25th	50th	75th	90th	Max
Part B: Turnaround Time for Prescriptions Requiring Intervention: Average Number of Days to Schedule Shipping	35.14	11.95	8.63	5.45	2.47	1.33	0.19

Part C: Turnaround Time for All Prescriptions

The aggregate summary rate is 4.39 days with the mean of 3.69 days and median of 2.92 days. There were 45 organizations that took over five days to turnaround all prescriptions. Among those, five took over 10 days for all prescriptions.

Exhibit 46: Turnaround Time for Prescriptions – Part C: All Prescriptions (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part C: Turnaround Time for All Prescriptions: Average Number of Days to Schedule Shipping	133,369,441	30,405,548	4.39	3.69	169

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

Measure	Min	10th	25th	50th	75th	90th	Max
Part C: Turnaround Time for All Prescriptions: Average Number of Days to Schedule Shipping	22.38	6.84	5.21	2.92	1.69	1.00	0.19

Measure 5 – 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. 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 [including Low Income Subsidy and Non-Low Income Subsidy], and Medicaid).

Summary of Findings

A total of 91 organizations submitted valid results for this measure. The Medicare and Medicaid aggregate summary results were relatively similar at 89.22% and 86.63%, respectively. Of the 62 Medicare submissions, 9 organizations contained a Low Income Subsidy (LIS) population, and 7 organizations contained a Non-LIS population.

Exhibit 48: Treatment of Chronic Hepatitis C: Completion of Therapy

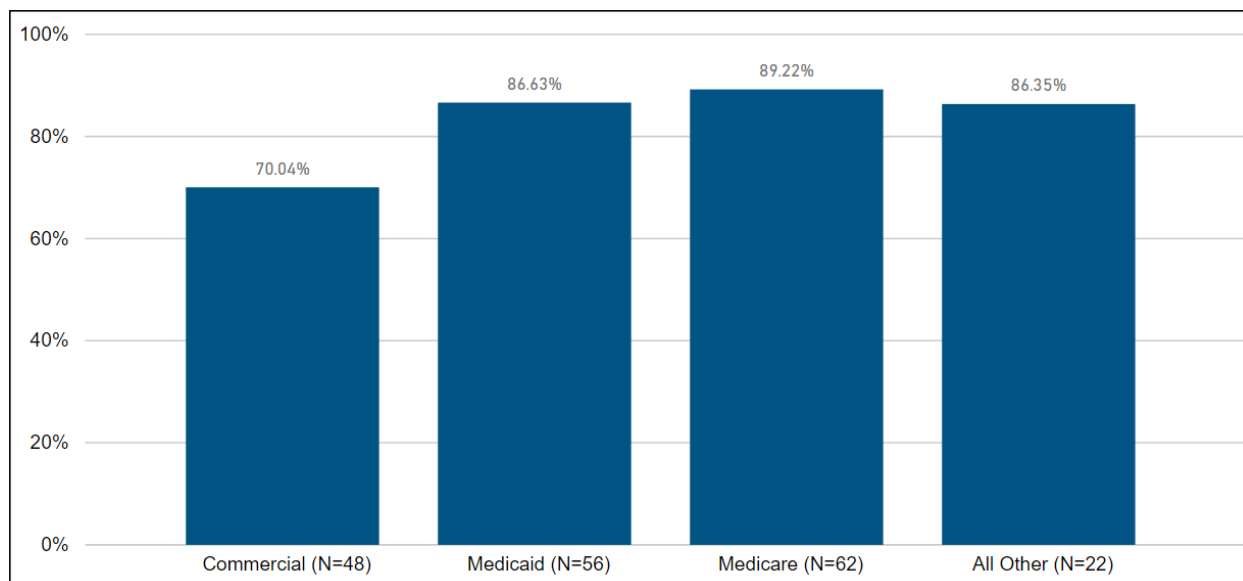


Exhibit 49: Treatment of Chronic Hepatitis C: Completion of Therapy (Summary Data)

Measure:	Treatment of Chronic Hepatitis C				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	19,708	28,139	70.04%	82.92%	48
Medicaid	14,531	16,773	86.63%	86.22%	56
Medicare	11,777	13,200	89.22%	87.28%	62
All Other	19,413	22,481	86.35%	81.64%	22

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Exhibit 50: 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	13.76%	63.90%	76.57%	87.03%	94.36%	97.28%	100.00%
Medicaid	0.00%	72.33%	81.57%	90.92%	96.47%	99.38%	100.00%
Medicare	0.00%	71.81%	84.33%	92.78%	96.67%	99.25%	100.00%
All Other	0.92%	65.62%	82.21%	88.49%	92.85%	95.36%	98.37%

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Measure 6 – Drug-Drug Interactions (DM2012-13)

Measure Description

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

This measure is reported separately for each of the organization's books of business that are included in its URAC accreditation (i.e., Commercial, Medicare, and Medicaid). **A lower rate represents better performance.**

Summary of Findings

Three organizations submitted reportable data for this measure. This resulted in the following submissions: 1 Commercial, 1 Medicaid, 1 Medicare, and 2 All Other. Analysis and benchmarks were not produced given there were less than five valid data submissions.

Measure 7 – Proportion of Days Covered – Specialty (DM2012-12)

Measure Description

This *exploratory* measure assesses the percentage of participants 18 years and older who met the proportion of days covered (PDC) threshold of 80% during the measurement period. A performance rate is calculated separately for the following medication categories: Beta-blockers (BB); Renin Angiotensin System Antagonists (RASA); Calcium Channel Blockers (CCB); Diabetes All Class (DR); Statins (STA); Anti-retrovirals (this measure has a threshold of 90% for at least 2 medications - ARV).; The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA Inc.

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

Summary of Findings

Only two organizations submitted reportable data for this measure. This resulted in the following submissions: 1 Commercial, 1 Medicare, 1 Medicaid, and 2 All Other. Analysis and benchmarks were not produced given there were less than five valid data submissions.

Measure 8 – Adherence to Long-Acting Inhaled Bronchodilator Agents in COPD Patients (PH2018-01)

Measure Description

This *exploratory* 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

No organizations submitted results for this measure.

Measure 9 – Adherence to Non-Infused Biologic Agents to Treat Rheumatoid Arthritis (PH2018-02)

Measure Description

This *exploratory* 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

A total of four organizations submitted reportable data for this measure. This resulted in the following submissions: 3 Commercial, 3 Medicare, 3 Medicaid, and 1 All Other. Analysis and benchmarks were not produced given there were less than five valid data submissions.

Measure 10 – Adherence to Non-Infused Disease-Modifying Agents Used to Treat Multiple Sclerosis (PH2018-03)

Measure Description

This *exploratory* measure assesses the percentage 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

Only three organizations submitted reportable data for this measure. This resulted in the following submissions: 2 Commercial, 2 Medicare, 1 Medicaid, and 1 All Other. Analysis and benchmarks were not produced given there were less than five valid data submissions.

Measure 11 – Fulfillment of Promise to Deliver (SP2012-09)

Measure Description

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

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

Summary of Findings

Seven organizations reported data for this exploratory measure. The aggregate summary rate indicated 94.11% of prescriptions were received by patients on the scheduled date.

Exhibit 51: Fulfillment of Promise to Deliver – Percentage of Prescriptions Received on Scheduled Date

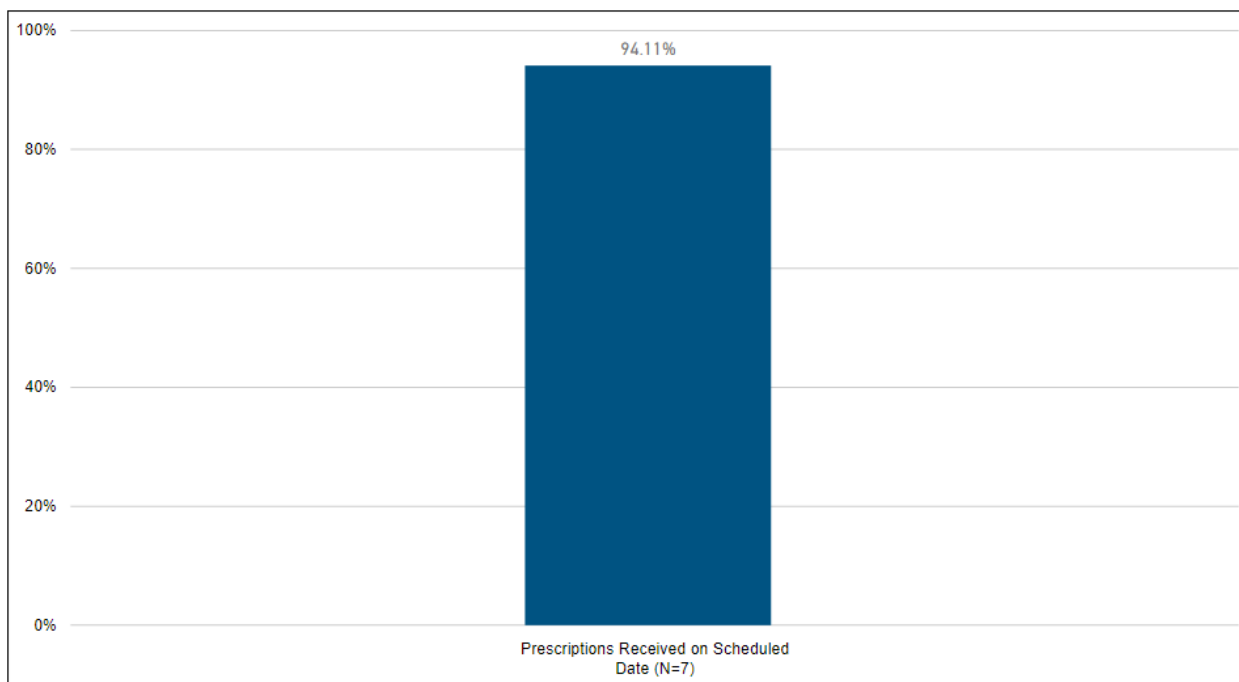


Exhibit 52: Fulfillment of Promise to Deliver (Summary Data) - Percentage of Prescriptions Received on Scheduled Date

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Prescriptions Received on Scheduled Date	918,106	975,595	94.11%	97.94%	7

Exhibit 53: Fulfillment of Promise to Deliver (Benchmark Data) - Percentage of Prescriptions Received on Scheduled Date

Measure	Min	10th	25th	50th	75th	90th	Max
Prescriptions Received on Scheduled Date	93.15%	94.35%	96.23%	99.99%	100.00%	100.00%	100.00%

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Measure 12 – Primary Medication Non-Adherence (PH2015-01)

Measure Description

This *exploratory* measure assesses the percentage of prescriptions for chronic medications e-prescribed by a prescriber and not obtained by the patient in the following 30 days. This rate measures the level of primary medication nonadherence across a population of patients. The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA Inc.

There is no stratification for this measure, results are reported aggregated across all populations. To calculate this measure, pharmacy prescription dispensing data must be available. The pharmacy prescription dispensing data must include a field for prescription origin or be linked to an e-prescribing system to identify e-prescriptions.

Summary of Findings

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

Measure 13 – Consumer Experience with Pharmacy Services (PH2015-05)

Measure Description

This *exploratory* measure assesses consumer experience that is based survey responses within the following domains: Pharmacy Staff Communication, Information about Medicine, Written Information, New Prescriptions, and About You. The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA Inc.

Summary of Findings

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