



**2017**

**URAC SPECIALTY PHARMACY  
PERFORMANCE MEASUREMENT:**

**AGGREGATE SUMMARY PERFORMANCE REPORT**

**December 2017**

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## Executive Summary

Presented in this report are the 2016 measurement year (2017 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 three exploratory measures. Below is the list of mandatory [M] and exploratory [E] measures for 2017 reporting:

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

The URAC measure specifications are set forth within the 2017 Specialty Pharmacy Reporting Instructions.

For Specialty Pharmacy, 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 (Exhibit 50). 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.

## Specialty Pharmacy Organization Characteristics

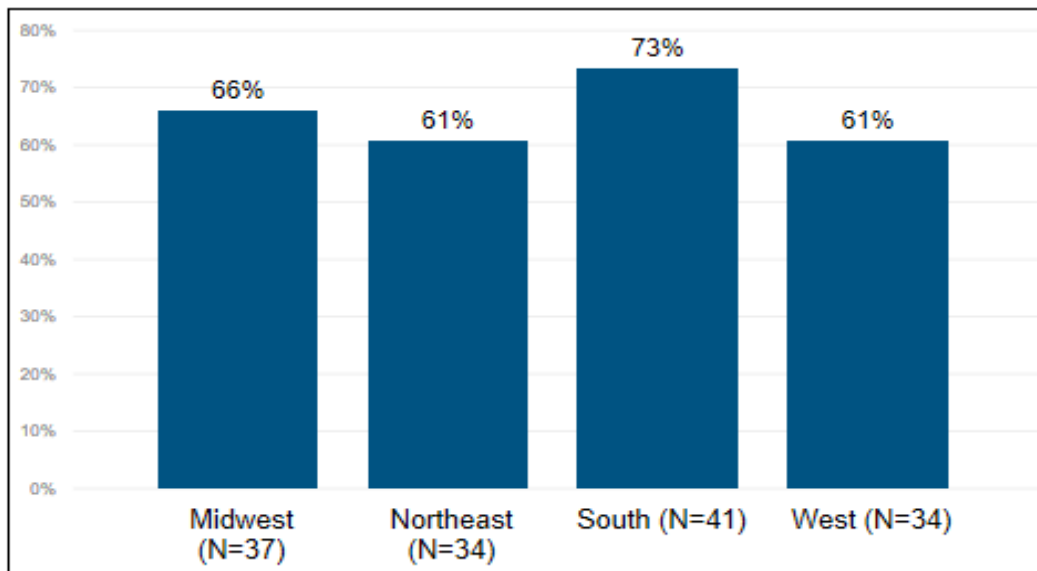
Fifty-six URAC-accredited specialty pharmacy organizations reported 2016 measurement year data for the 2017 reporting year. Not all organizations reported results for all specialty pharmacy measures. The South (73%, n=41) represented the most common region served by the organizations, and the Northeast and West (both at 61%, n=34) represented the least (Exhibit 1). While regional statistics and benchmarks were calculated as part of the analysis, the results are not published given the overlap of duplicated results across multiple regions.

The most common category of specialty drug dispensed was for rheumatoid arthritis (77%, n=43), and the least common was for oncology (55%, n=31) (Exhibit 2). Other specialty drugs dispensed represented 89% of the drugs dispensed by responding organizations. The “Other Drugs” category included, but was not limited to, Hepatitis C, Hemophilia, Chron’s Disease, and Growth Hormone therapy.

The total number of prescriptions represented by the organizations is 13,631,349, with 10,849,711 representing specialty drug prescriptions. Of the 6-Tier URAC accreditation program, most organizations were in Tier 1 (<16,000 prescriptions dispensed) and Tier 3 (25,000 to 99,999 prescriptions dispensed) (Exhibits 3 and 5). Further breakdown of Tier 1 (Exhibit 6) shows 29 organizations represented less than 10,000 specialty prescriptions dispensed, and of those, 16 organizations represented less than 5,000 specialty prescriptions dispensed.

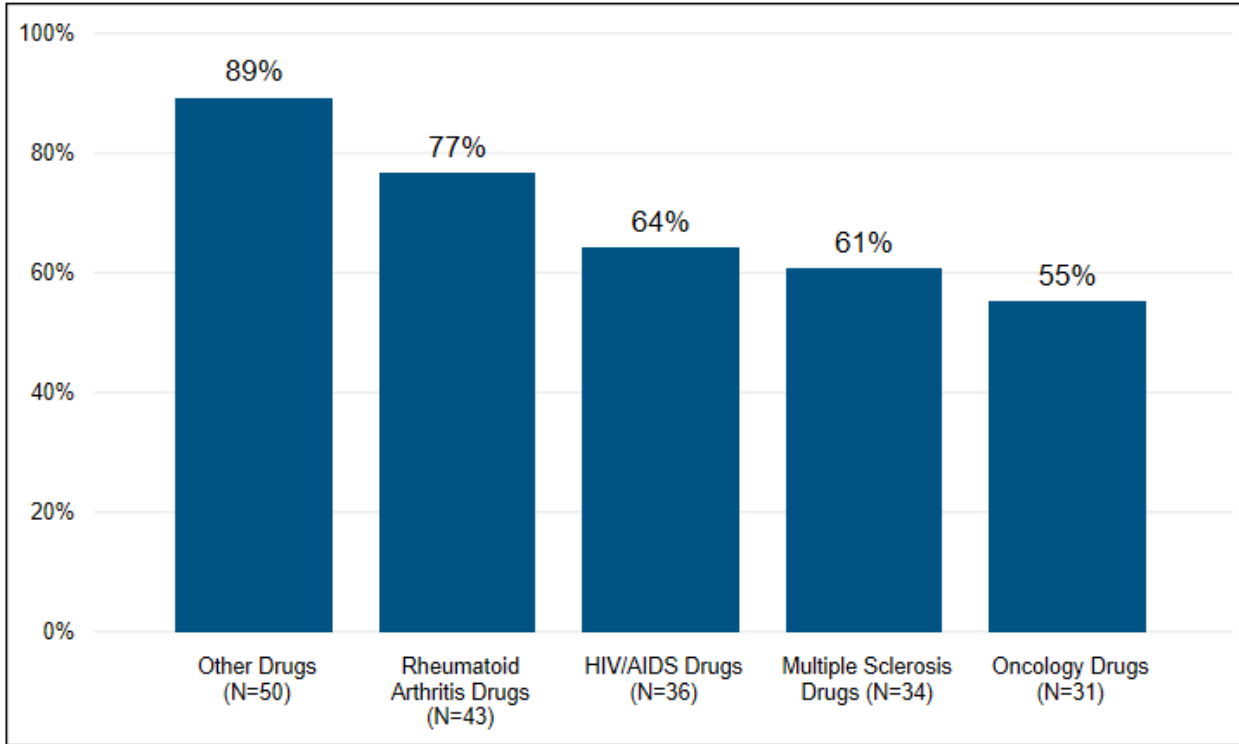
The total number of all prescriptions and specialty drug prescriptions dispensed by specialty pharmacy organizations ranged from 140 to 7,159,351 specialty prescriptions. Not all organizations dispensed 100% specialty drugs. One organization dispensed as little as 0.25% of specialty drugs, and 20 organizations dispensed less than 50% specialty drugs. Anecdotally, of those with less than 5% specialty drugs dispensed, the total volumes of prescriptions dispensed by these organizations (e.g., large multi-pharmacy services distribution organizations) ranged from 100,000 to over 1,000,000. Of the 36 organizations dispensing greater than 50% specialty drugs, 27 organizations dispensed 100% specialty drugs.

Exhibit 1: Regional Areas Served



Note: Multiple responses accepted.

Exhibit 2: Aggregate Percentage of Specialty Drug by Category



Note: Multiple responses accepted.

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

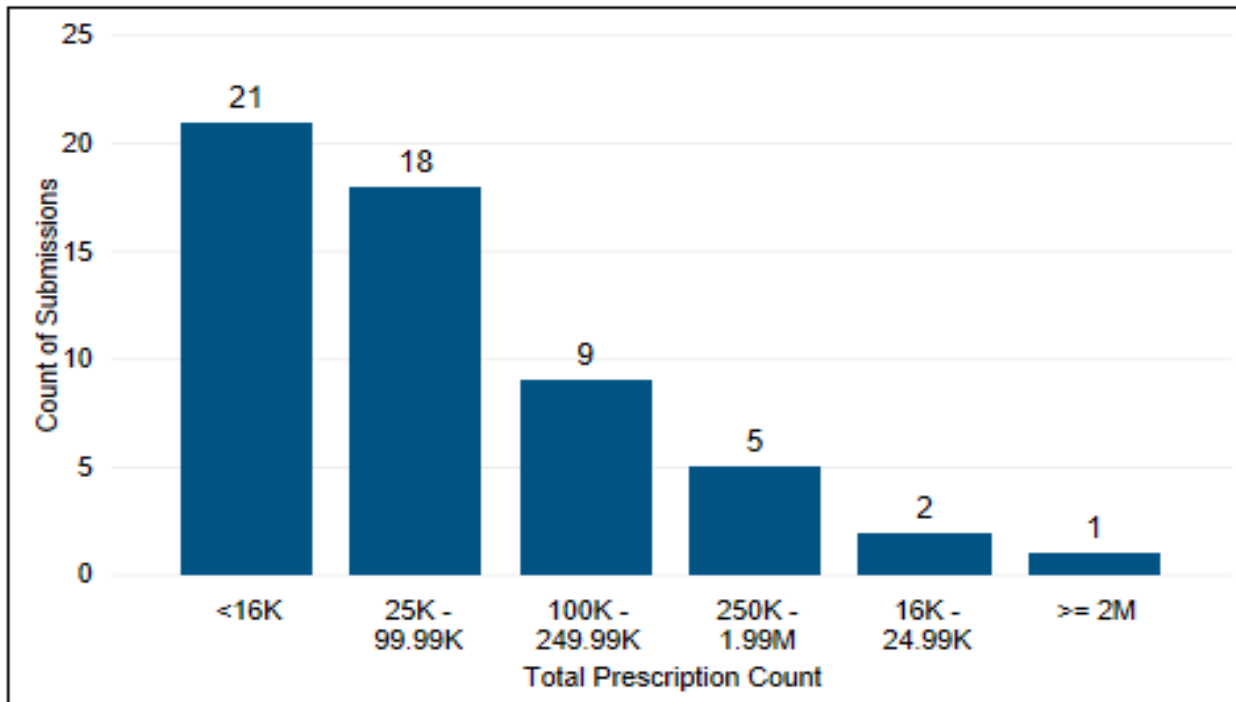


Exhibit 4: Specialty Pharmacy Organizations Reporting by Program Tier Size (Total Prescription Volume Broken Down for <16K)

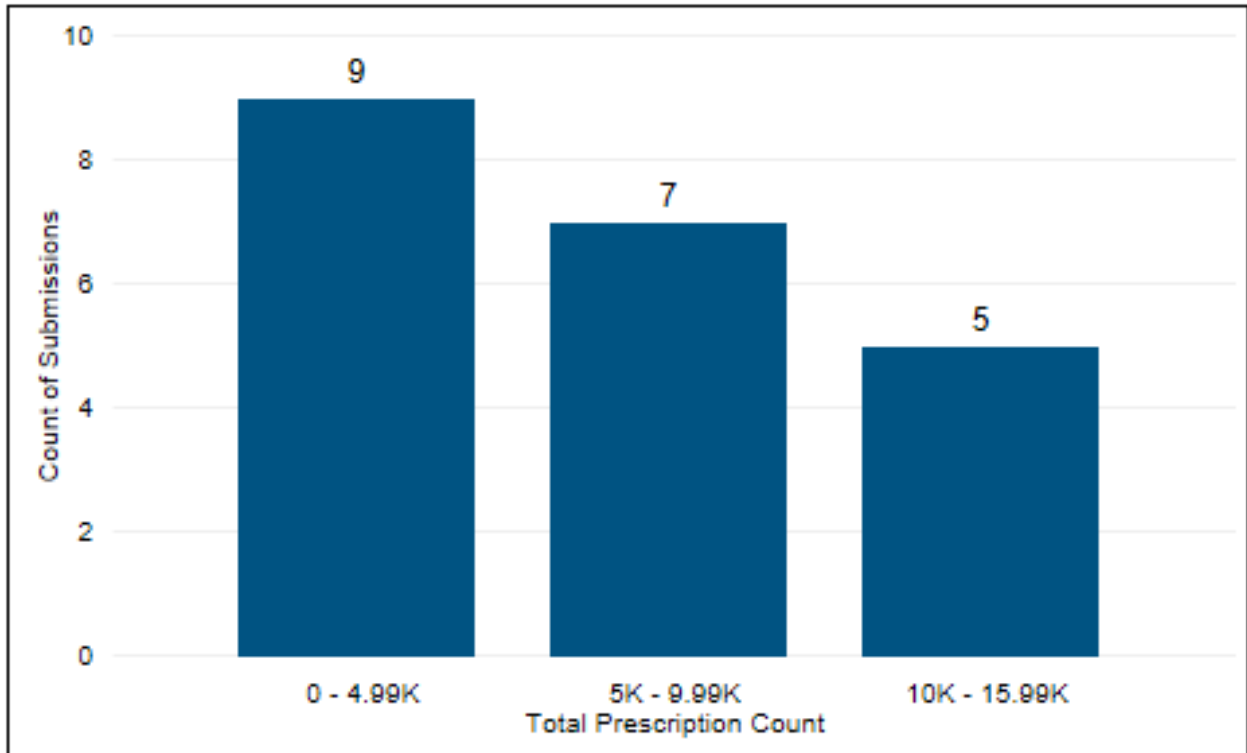


Exhibit 5: Count of Specialty Pharmacy Organizations Reporting by Program Tier Size (Total Specialty Prescription Volume)

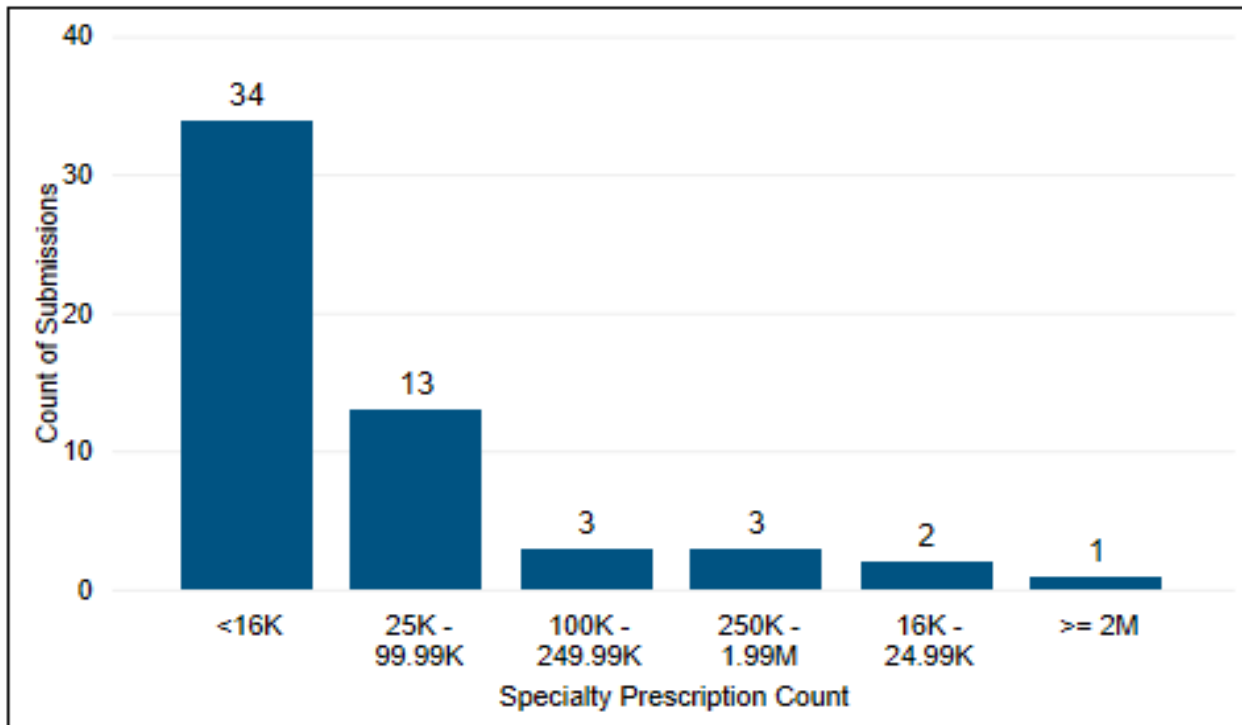




Exhibit 6: Specialty Pharmacy Organizations Reporting by Program Tier Size (Total Specialty Prescription Volume Broken Down for <16K)

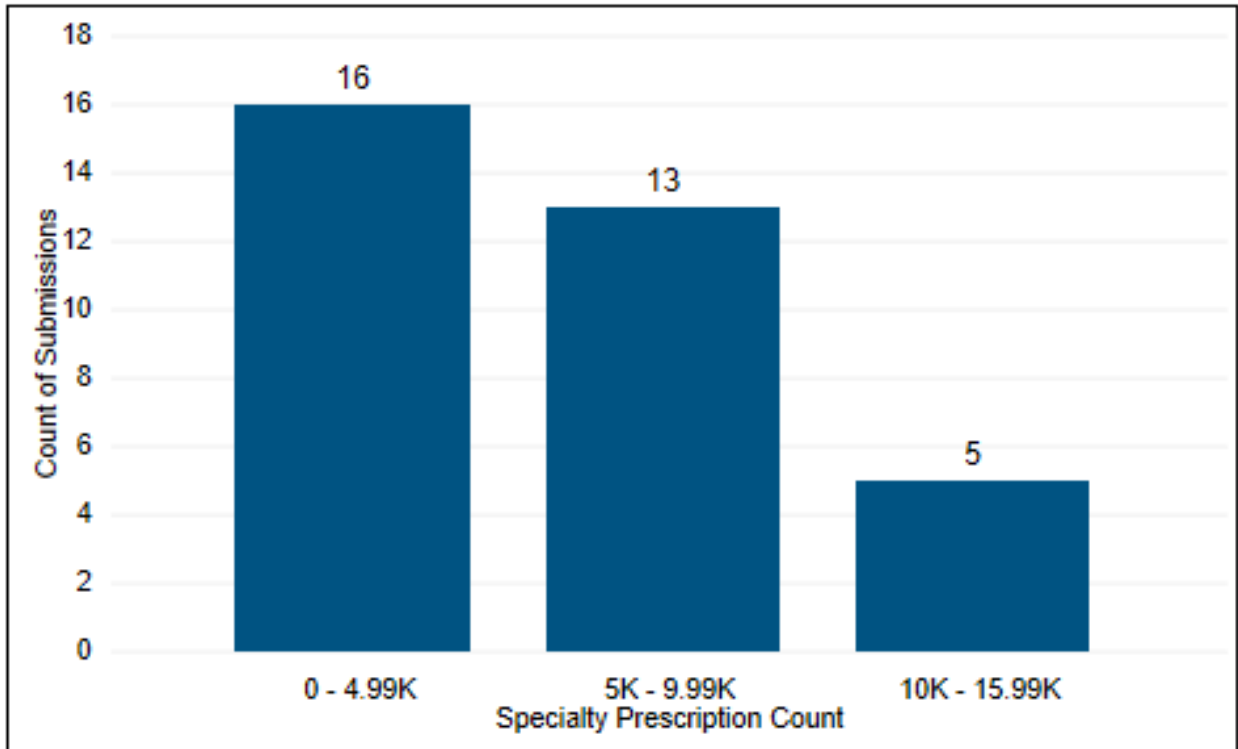


Exhibit 7: Percentage of Specialty Prescriptions of Total Number of Prescriptions Dispensed by Specialty Pharmacy Organizations (All Books of Business)

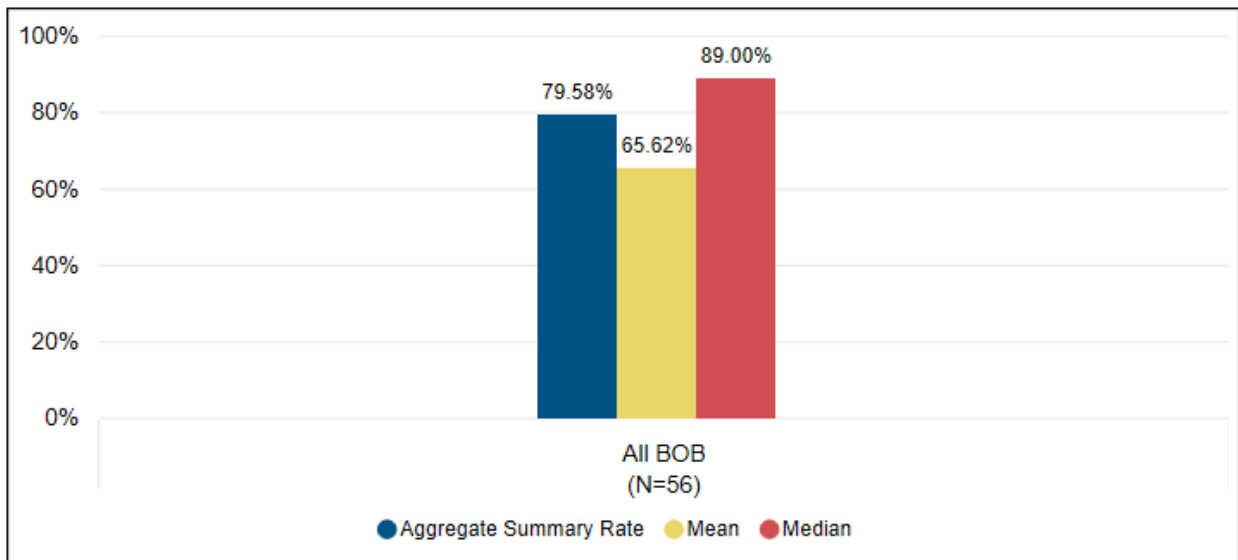


Exhibit 8: Specialty Prescriptions of Total Number of Prescriptions Dispensed by Specialty Pharmacy Organizations  
 (All Books of Business)

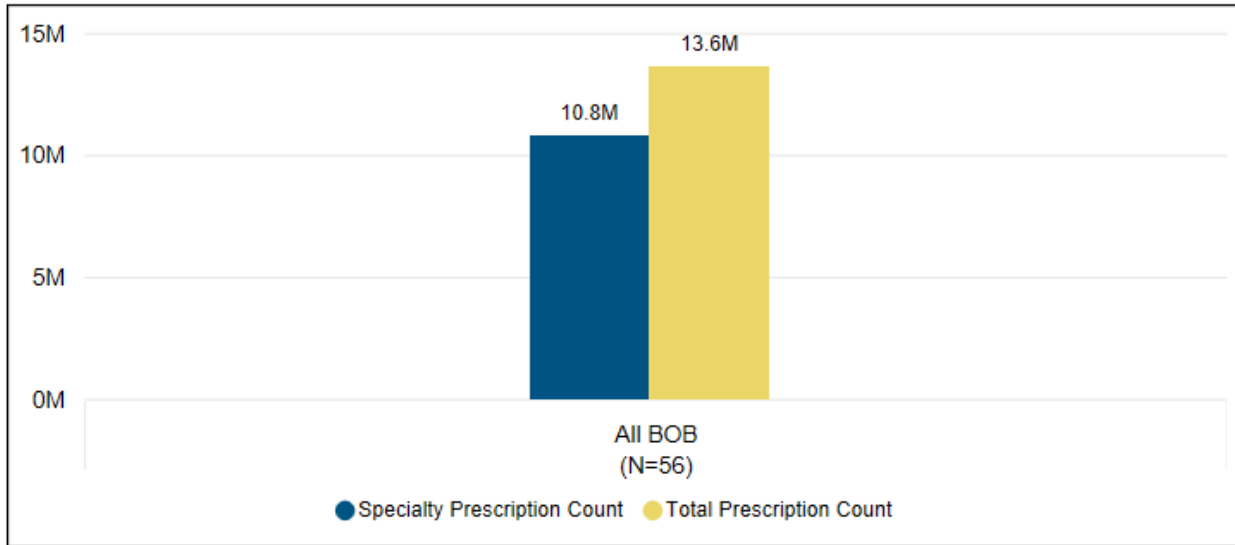


Exhibit 9: Specialty Prescriptions of Total Number of Prescriptions Dispensed by Specialty Pharmacy Organizations  
 (Summary Data)

	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	10,848,033	13,631,927	79.58%	65.62%	56

Exhibit 10: 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	0.25%	2.06%	27.21%	89.00%	100.00%	100.00%	100.00%

## 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 Advisors participated for URAC's first year requirement of data validation.

## Results: Specialty Pharmacy Measures

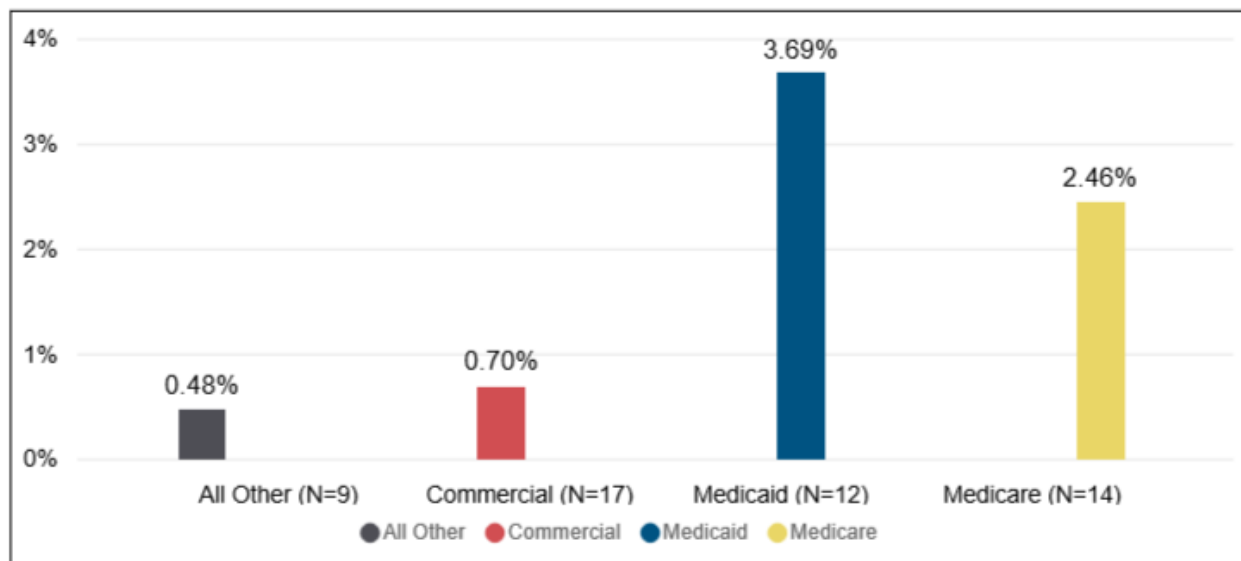
### Measure 1 – Drug-Drug Interactions (DM2012-13)

#### 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.

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

Exhibit 11: 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



Note: Lower rate represents better performance

#### Summary of Findings

Thirty-five organizations submitted data for at least one book of business: 17 submissions for commercial; 14 submissions for Medicare; 13 submissions for Medicaid; and nine submissions for All Other populations. The measure did not apply to seven organizations: three organizations do not perform or offer any of the service lines assessed in the measure; two indicated that IVIG drugs are not included in the measure; one indicated that they do not dispense concurrent prescriptions for a precipitant medication; and one indicated that their service line too small and is less than 30 prescriptions. There were two organizations whose results were determined to be materially inaccurate by the DVV, and thus not included in the calculation of statistics. Additionally, there were 12 organizations that reported zero denominators across services lines; however, they did not indicate their service line was too small. In most cases, this was reflective of organizations not dispensing any target and precipitant medications.

## **Commercial**

Seventeen organizations submitted reportable data (denominator =>30 and passed DVV review) for this service line. Eleven organizations had small denominators, but greater than zero, and were not included in the analysis. Fifteen organizations reported a denominator of zero; however, they did not indicate the measure did not apply to this service line. Seven organizations indicated a rationale for not reporting the measure across all BOBs; three did not report for this service line; and three were excluded as they were deemed materially inaccurate by the DVV and Kiser Healthcare Solutions. These data submissions were removed from aggregate statistic calculations.

The aggregate summary rate for commercial is 0.70% with the mean of 0.19% and median of 0.19%. There were eight valid submissions that reported 0.00% (perfect performance). One data submission had an extreme outlier denominator given it was a large national organization of 94,580 and had a rate of 0.47% (removing this submission would increase the aggregate summary rate to 2.56% from 0.70%). One data submission had a 39% rate and high rates across its other books of business, which represents an opportunity for QIA (quality improvement activity).

## **Medicaid**

Twelve organizations submitted reportable data (denominator =>30 and passed DVV review) for this service line. Eleven organizations had small denominators, but greater than zero, and were not included in analysis. Nineteen organizations reported a denominator of zero, but did not indicate the measure did not apply to this service line. Seven organizations indicated a rationale for not reporting the measure across all BOBs; four did not report for this service line; and three were excluded as they were deemed materially inaccurate by the DVV and Kiser Healthcare Solutions. These data submissions were removed from aggregate statistic calculations.

The aggregate summary rate for Medicaid is 3.69% with the mean of 0.00% and median of 0.00%. There were eight valid submissions that reported 0.00% (perfect performance). One data submission had a 37% rate and high rates across its other books of business, which represents an opportunity for QIA.

## **Medicare**

Fourteen organizations submitted reportable data (denominator =>30 and passed DVV review) for this service line. Seven organizations had small denominators, but greater than zero, and were not included in analysis. Nineteen organizations reported a denominator of zero, but did not indicate the measure did not apply to this service line. Seven organizations indicated a rationale for not reporting the measure across all BOBs; seven did not report for this service line; and two were excluded as they were deemed materially inaccurate by the DVV. These data submissions were removed from aggregate statistic calculations.

The aggregate summary rate for Medicare is 2.46% with the mean of 0.22% and median of 0.22%. There were seven valid submissions that reported 0.00% (perfect performance). One data submission had an outlier denominator of 4,611 and rate of 0.00% (removing this submission would increase the aggregate summary rate to 6.24% from 2.51%). One data submission had a 23% rate and high rates across its other books of business for the organization, which represents an opportunity for QIA.

## **All Other**

Nine organizations submitted reportable data (denominator =>30 and passed DVV review) for All Other populations. Eight organizations had small denominators, but greater than zero, and were not included in analysis. Twenty-four organizations reported a denominator of zero, but did not indicate the measure did not apply to this service line. Seven organizations indicated a rationale for not reporting the measure across all BOBs; five did not report for this service line; and three were excluded as they were deemed materially inaccurate by the DVV and Kiser Healthcare Solutions. These data submissions were removed from aggregate statistic calculations.

The aggregate summary rate for the All Other service line is 0.48% with the mean of 0.00% and median of 0.00%. There were seven valid submissions that reported 0.00% (perfect performance). One data submission had a 39% rate and high rates across its other books of business for the organization representing an opportunity for QIA.

Exhibit 12: Drug-Drug Interactions (Summary Data)

Measure:	Drug-Drug Interactions				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
All Other	46	9,546	0.48%	1.14%	9
Commercial	744	106,569	0.70%	3.65%	17
Medicaid	272	7,377	3.69%	3.57%	12
Medicare	188	7,653	2.46%	3.26%	14

Exhibit 13: Drug-Drug Interactions (Benchmark Data)

Measure:	Drug-Drug Interactions						
Line of Business	Min	10th	25th	50th	75th	90th	Max
All Other	5.13%	5.13%	0.00%	0.00%	0.00%	0.00%	0.00%
Commercial	39.31%	6.33%	2.58%	0.19%	0.00%	0.00%	0.00%
Medicaid	37.43%	4.61%	0.16%	0.00%	0.00%	0.00%	0.00%
Medicare	23.27%	9.41%	2.66%	0.22%	0.00%	0.00%	0.00%

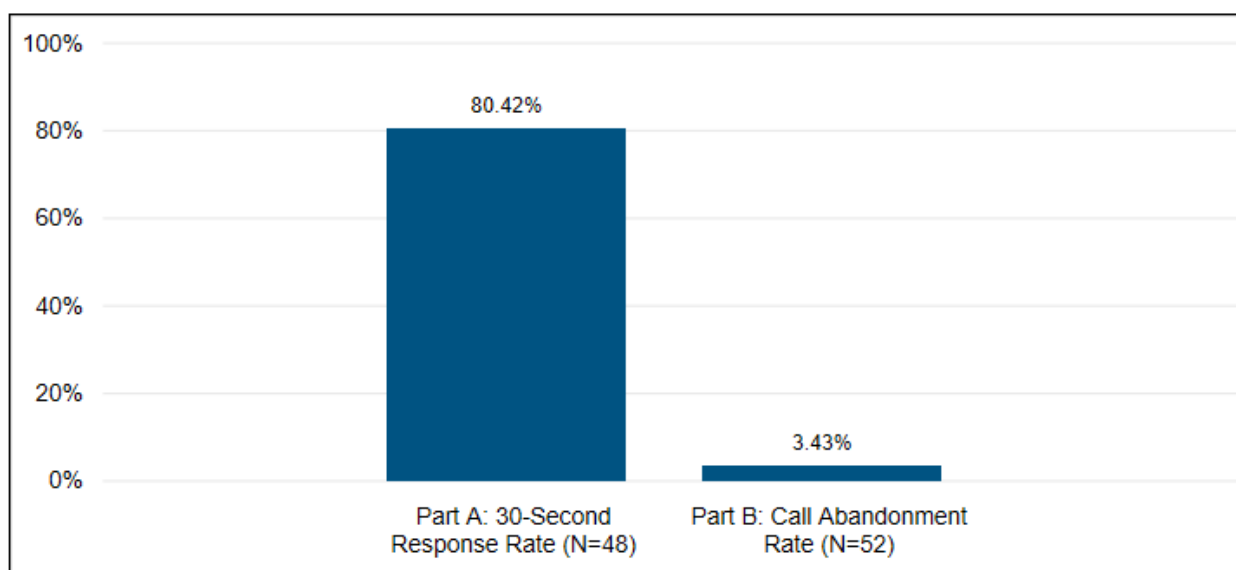
## Measure 2 – Call Center Performance (DTM2010-04)

### 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.**

Exhibit 14: Call Center Performance - Percentage of Calls Answered a Live Voice within 30 Seconds or Abandoned



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

### Summary of Findings

Fifty-five organizations reported data for Part A and for Part B. did not report data given system issues; however, they have a corrective action in place for future reporting purposes. As part of the data collection, a series of characteristics were gathered on the call center and system capabilities of the organizations. Fifty-five organizations had an automated system for tracking call response time and call abandonment rates. Avaya was the most used call system (12 organizations) followed by Cisco (8) and ShoreTel (7), with four organizations indicating a custom internal measurement system. Seventeen organizations indicated they use a system that measures call resolution rates. Forty-seven organizations use a single call center and eight organizations indicated multiple call centers (ranging from two to eight). Forty-three organizations indicated staff was available to answer clinical questions 24x7x365 (assume holidays included), and 10 indicated Other that primarily represented broader than 9-5 coverage. One indicated staff availability as 9-5x7x365 and one 9-5xM-F. Eight organizations reported staff coverage of 24x7x365. Thirty-five indicated Other that primarily represented a broader than 9-5 coverage. Clinical call coverage appeared to be available more readily outside of normal call center operating hours as one might expect given urgency of need.

### Part A: 30-Second Response Rate

Fifty-five organizations attempted to report this rate. One organization was not able to retrieve data from the system and did not report results; five had results that were deemed materially inaccurate by the DVV; and one had results that were deemed materially inaccurate by Kiser Healthcare Solutions. These data submissions were removed from aggregate statistic calculations. Initially, there were eight submissions that were excluded as they were deemed materially inaccurate by the DVV. Kiser Healthcare Solutions retained three data submissions using a shorter threshold of less than 20 seconds to calculate the rate. The remaining data submissions were removed from aggregate statistic calculations. There were 48 valid data submissions for Part A. The aggregate summary rate is 80.42% calls answered within 30 seconds (including less than 20 second threshold data submissions) with the mean of 88.91% and median of 92.22%.

Exhibit 15: Call Center Performance (Summary Data) - Percentage of Calls Answered a Live Voice within 30 Seconds

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part A: 30-Second Response Rate	8,300,801	10,321,896	80.42%	88.91%	48

Exhibit 16: Call Center Performance (Benchmark Data) - Percentage of Calls Answered a Live Voice within 30 Seconds

Measure	Min	10th	25th	50th	75th	90th	Max
Part A: 30-Second Response Rate	43.23%	76.72%	82.00%	92.22%	96.32%	98.50%	99.94%

### Part B: Call Abandonment Rate

Fifty-five organizations attempted to report this rate. Three data submissions were deemed materially inaccurate by the DVV, and thus were removed from aggregate statistic calculations. There were 52 valid data submissions for Part B. The aggregate summary rate is 3.43% call abandonment with the mean of 2.75% and median of 2.75%.

Exhibit 17: Call Center Performance (Summary Data) - Percentage of Calls Abandoned

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part B: Call Abandonment Rate	361,318	10,540,964	3.43%	3.38%	52

Exhibit 18: Call Center Performance (Benchmark Data) - Percentage of Calls Abandoned

Measure	Min	10th	25th	50th	75th	90th	Max
Part B: Call Abandonment Rate	18.06%	5.12%	4.13%	2.75%	1.46%	0.55%	0.06%



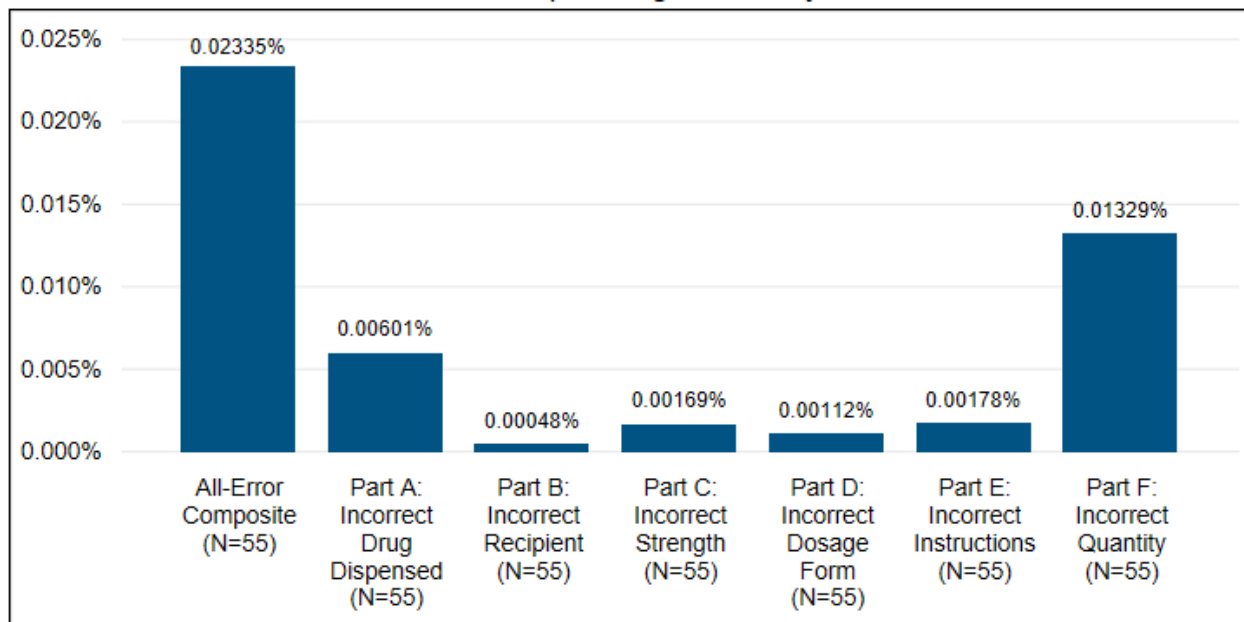
## Measure 3 – Dispensing Accuracy (MP2012-06)

### 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. **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).

Exhibit 19: Dispensing Accuracy



Note: Lower rate represents better performance.

### Summary of Findings

All fifty-six organizations reported valid results for this measure (no measure validation issues), but one organization reported a denominator of zero for all measure parts with no additional information provided.

### Part A: Incorrect Drug Dispensed

The aggregate summary rate is 0.00601% (or 6.01 incorrect drugs dispensed per 100,000) with the mean of 0.00794% and median of 0.00000%. There were 30 valid data submissions that reported 0% (perfect performance).

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

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part A: Incorrect Drug Dispensed	707	11,757,834	0.00601%	0.00794%	55

Exhibit 21: Dispensing Accuracy – Part A: Incorrect Drug Dispensed (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Part A: Incorrect Drug Dispensed	0.13784%	0.02064%	0.00598%	0.00000%	0.00000%	0.00000%	0.00000%

### Part B: Incorrect Recipient

The aggregate summary rate is 0.00048% (or 4.76 drugs per 1,000,000 dispensed to incorrect recipient) with the mean of 0.00213% and median of 0.00000%. There were 40 valid data submissions that reported 0% (perfect performance).

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

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part B: Incorrect Recipient	56	11,757,894	0.00048%	0.00213%	55

Exhibit 23: Dispensing Accuracy – Part B: Incorrect Recipient (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Part B: Incorrect Recipient	0.02630%	0.00900%	0.00030%	0.00000%	0.00000%	0.00000%	0.00000%

### Part C: Incorrect Strength

The aggregate summary rate is 0.00169% (or 1.69 incorrect strength prescription dispensed per 100,000) with the mean of 0.00866% and median of 0.00000%. There were 32 valid data submissions that reported 0% (perfect performance).

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

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part C: Incorrect Strength	127	7,517,618	0.00169%	0.00866%	55

Exhibit 25: Dispensing Accuracy – Part C: Incorrect Strength (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Part C: Incorrect Strength	0.33670%	0.01031%	0.00277%	0.00000%	0.00000%	0.00000%	0.00000%

### Part D: Incorrect Dosage Form

The aggregate summary rate is 0.00112% (or 1.12 incorrect dosage forms dispensed per 100,000) with the mean of 0.00878% and median of 0.00000%. There were 28 valid data submissions that reported 0% (perfect performance).

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

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part D: Incorrect Dosage Form	84	7,517,618	0.00112%	0.00878%	55

Exhibit 27: Dispensing Accuracy – Part D: Incorrect Dosage Form (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Part D: Incorrect Dosage Form	0.10537%	0.01757%	0.00497%	0.00000%	0.00000%	0.00000%	0.00000%

### Part E: Incorrect Instructions

The aggregate summary rate is 0.00178% (or 1.78 drugs dispensed with incorrect patient instructions per 100,000) with the mean of 0.00788% and median of 0.00000%. There were 30 valid data submissions that reported 0% (perfect performance).

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

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part E: Incorrect Instructions	209	11,757,814	0.00178%	0.00788%	55

Exhibit 29: Dispensing Accuracy – Part E: Incorrect Instructions (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Part E: Incorrect Instructions	0.18450%	0.00990%	0.00612%	0.00000%	0.00000%	0.00000%	0.00000%

### Part F: Incorrect Quantity

The aggregate summary rate is 0.01329% (or 13.3 drugs dispensed with incorrect quantity per 100,000) with the mean of 0.02194% and median of 0.00449%. There were 21 valid data submissions that reported 0% (perfect performance).

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

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part F: Incorrect Quantity	1,562	11,757,814	0.01329%	0.02194%	55

Exhibit 31: Dispensing Accuracy – Part F: Incorrect Quantity (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Part F: Incorrect Quantity	0.19303%	0.04318%	0.02463%	0.00449%	0.00000%	0.00000%	0.00000%

### All Error Composite

The aggregate summary rate is 0.02335% (or 23.4 drug dispensing defects per 100,000) with the mean of 0.05722% and median of 0.02874%. There were 11 valid data submissions that reported 0% (perfect performance).

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

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
All-Error Composite	2,745	11,757,814	0.02335%	0.05722%	55

Exhibit 33: Dispensing Accuracy – Part All Error Composite (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
All-Error Composite	0.36823%	0.16108%	0.05508%	0.02874%	0.00758%	0.00000%	0.00000%

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

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
All-Error Composite	2,745	11,757,814	0.02335%	0.05722%	55
Part A: Incorrect Drug Dispensed	707	11,757,834	0.00601%	0.00794%	55
Part B: Incorrect Recipient	56	11,757,894	0.00048%	0.00213%	55
Part C: Incorrect Strength	127	7,517,618	0.00169%	0.00866%	55
Part D: Incorrect Dosage Form	84	7,517,618	0.00112%	0.00878%	55
Part E: Incorrect Instructions	209	11,757,814	0.00178%	0.00788%	55
Part F: Incorrect Quantity	1,562	11,757,814	0.01329%	0.02194%	55

Exhibit 35: Dispensing Accuracy – All Parts (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
All-Error Composite	0.36823%	0.16108%	0.05508%	0.02874%	0.00758%	0.00000%	0.00000%
Part A: Incorrect Drug Dispensed	0.13784%	0.02064%	0.00598%	0.00000%	0.00000%	0.00000%	0.00000%
Part B: Incorrect Recipient	0.02630%	0.00900%	0.00030%	0.00000%	0.00000%	0.00000%	0.00000%
Part C: Incorrect Strength	0.33670%	0.01031%	0.00277%	0.00000%	0.00000%	0.00000%	0.00000%
Part D: Incorrect Dosage Form	0.10537%	0.01757%	0.00497%	0.00000%	0.00000%	0.00000%	0.00000%
Part E: Incorrect Instructions	0.18450%	0.00990%	0.00612%	0.00000%	0.00000%	0.00000%	0.00000%
Part F: Incorrect Quantity	0.19303%	0.04318%	0.02463%	0.00449%	0.00000%	0.00000%	0.00000%

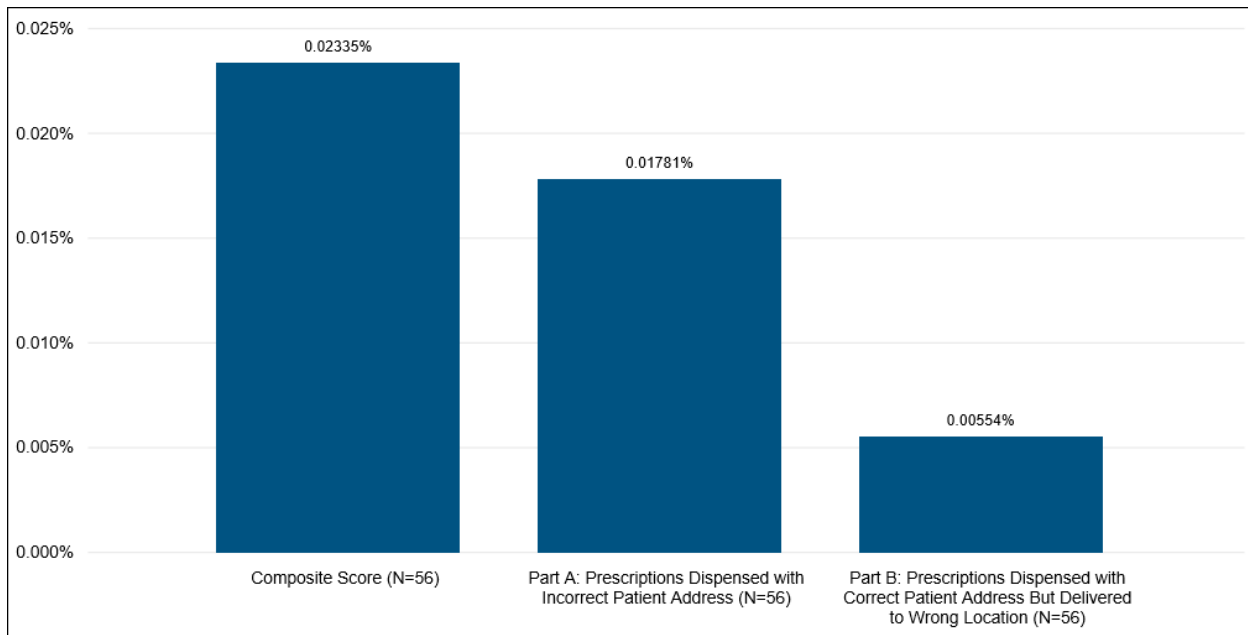
## Measure 4 – Distribution Accuracy (MP2012-07)

### Measure Description

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

There is no stratification for this measure, results are reported in aggregate across all populations. Each part of this measure is reported separately, and an aggregate error rate is calculated. The unit of analysis in this measure is individual prescriptions, not orders (which may include multiple prescriptions). This unit of analysis was chosen because prescriptions in the same order may be sent out separately. The organization may have 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.

Exhibit 36: Distribution Accuracy



### Summary of Findings

All 56 organizations reported valid results for this measure, and there were no measure validation issues or small denominators.

#### *Part A: Prescriptions Dispensed with Incorrect Patient Address*

The aggregate summary rate is 0.01781% (or 17.8 incorrect patient addresses per 100,000 prescriptions dispensed) with the mean of 0.004987% and median of 0.01481%. There were 17 valid data submissions that reported 0% (perfect performance).

Exhibit 37: 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	2,089	11,730,559	0.01781%	0.04987%	56

Exhibit 38: 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	0.56180%	0.09714%	0.03850%	0.01481%	0.00000%	0.00000%	0.00000%

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

The aggregate summary rate is 0.00554% (or 5.54 prescriptions delivered to wrong location per 100,000 dispensed correctly) with the mean of 0.00969% and median of 0.00192%. There were 25 valid data submissions that reported 0% (perfect performance).

Exhibit 39: 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	650	11,730,559	0.00554%	0.00969%	56

Exhibit 40: Distribution Accuracy – Part B: Prescriptions Dispensed with Correct Patient Address by Delivered to Wrong Location (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Part B: Prescriptions Dispensed with Correct Patient Address But Delivered to Wrong Location	0.07685%	0.03154%	0.00903%	0.00192%	0.00000%	0.00000%	0.00000%

### ***Composite Score***

The aggregate summary rate is 0.02335% (or 23.3 distribution defects per 100,000 prescriptions dispensed) with the mean of 0.05956% and median of 0.02605%. There were only 12 valid data submissions that reported 0% (perfect performance).

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

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Composite Score	2,739	11,730,559	0.02335%	0.05956%	56

Exhibit 42: Distribution Accuracy – Composite Score (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Composite Score	0.56180%	0.12253%	0.05321%	0.02605%	0.00262%	0.00000%	0.00000%



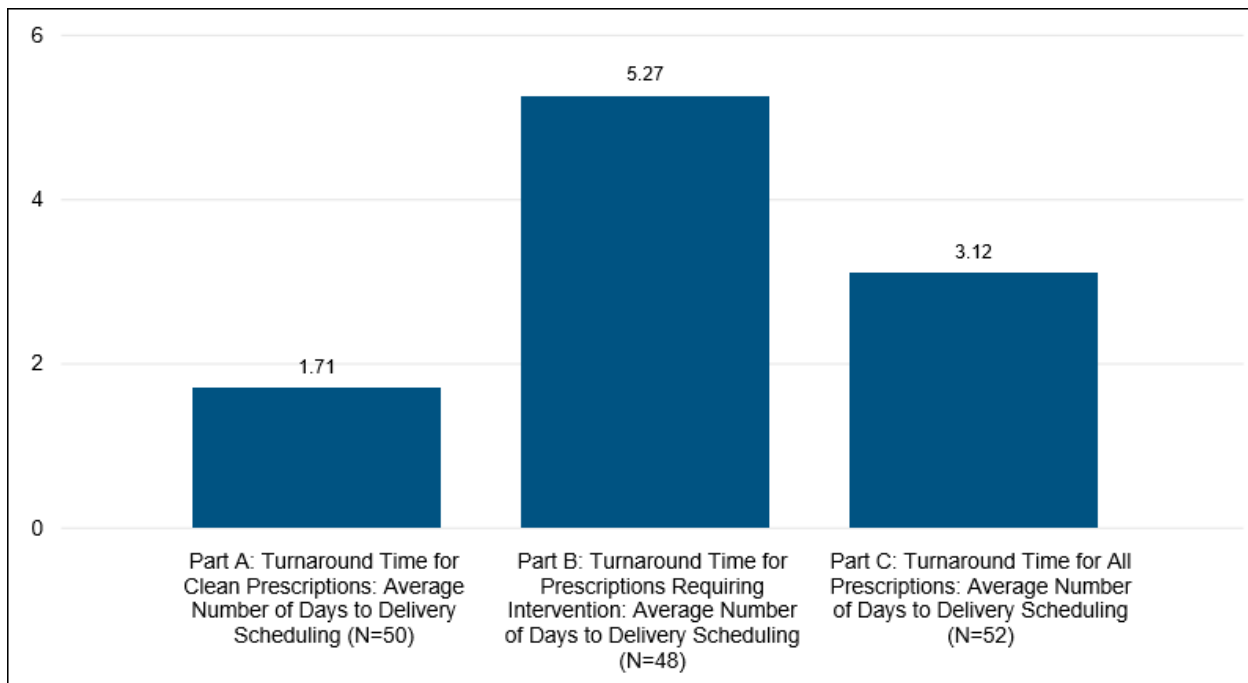
## Measure 5 – Turnaround Time for Prescriptions (MP2012-08)

### Measure Description

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

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

Exhibit 43: Turnaround Time for Prescriptions



## Summary of Findings

Fifty-three organizations indicated they were able to report all parts of the measure and reported at least one of the measure parts. There was one organization per each measure part that submitted results that were deemed materially inaccurate by the DVV. The materially inaccurate results were not included in benchmarks. Three organizations indicated that this measure does not apply to their business (e.g., Infusion Services), and thus, the organizations did not report data for any of the measure parts.

Thirty-four organizations track turnaround time by therapeutic class. Of the 19 that do not track turnaround by therapeutic class: six have the capability to track but have not had the need to do so; four choose not to track; three do not have systems capabilities for tracking; and three track turnaround time by patient or condition. Of the 53 organizations that reported, the average percentage of clean prescriptions is 57.4% ranging from 0% (7 organizations) to 100% (2 organizations). Nine organizations reported in the 90% range, which resulted in 11 organizations reporting > 90%.

### Part A: Turnaround Time for Clean Prescriptions

The aggregate summary rate is 1.71 days with the mean of 2.37 days and median of 1.71 days. There were 10 valid data submissions that reported less than one-day turnaround time, with three of those processed in 0.000 days (perfect performance). There were 20 organizations that take over two days to turnaround clean prescriptions. Among those, four take over five days, and one takes over 12 days.

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

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part A: Turnaround Time for Clean Prescriptions: Average Number of Days to Delivery Scheduling	11,294,724	6,599,129	1.71	2.37	50

Exhibit 45: Turnaround Time for Prescriptions – Part A: Clean Prescriptions (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Part A: Turnaround Time for Clean Prescriptions: Average Number of Days to Delivery Scheduling	0.00	0.18	1.00	1.71	3.53	4.69	12.44

### Part B: Turnaround Time for Prescriptions Requiring Intervention

The aggregate summary rate is 5.27 days with the mean of 7.88 days and median of 6.11 days. There were five valid data submissions that reported less than one-day turnaround time. There were 30 organizations taking over five days to turnaround prescriptions that required intervention. Among those, 17 took over 10 days, three organizations took over 20 days, with one of those taking over 27 days.

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

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part B: Turnaround Time for Prescriptions Requiring Intervention: Average Number of Days to Delivery Scheduling	23,278,751	4,417,983	5.27	7.88	48

Exhibit 47: Turnaround Time for Prescriptions – Part B: Prescriptions Requiring Intervention (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Part B: Turnaround Time for Prescriptions Requiring Intervention: Average Number of Days to Delivery Scheduling	27.60	16.58	12.05	6.11	3.16	0.89	0.00

### Part C: Turnaround Time for All Prescriptions

The aggregate summary rate is 3.12 days with the mean of 4.80 days and median of 3.40 days. There were four valid data submissions that reported less than one-day turnaround time. There were 17 organizations that take over five days to turnaround all prescriptions. Among those, five take over 10 days, one takes over 25 days, and one takes over 23 days to turnaround prescriptions. There was a total of five organizations that had average turnaround times over 10 days for all prescriptions.

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

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Part C: Turnaround Time for All Prescriptions: Average Number of Days to Delivery Scheduling	34,598,262	11,100,231	3.12	4.80	52

Exhibit 49: Turnaround Time for Prescriptions – Part C: All Prescriptions (Benchmark Data)

Measure	Min	10th	25th	50th	75th	90th	Max
Part C: Turnaround Time for All Prescriptions: Average Number of Days to Delivery Scheduling	25.01	9.27	6.30	3.40	1.70	1.12	0.00

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

### Measure Description

This *exploratory* measure assesses the percentage of participants 18 years and older who met the proportion of days covered (PDC) threshold of 80% during the measurement period. A separate rate is calculated for the following medications: Multiple Sclerosis medications (TBD by PQA); Hepatitis C medications (TBD by PQA); Rheumatoid Arthritis medications (TBD by PQA); and Antiretroviral (this measure has a threshold of 90% for at least 2 medications). The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA Inc. 2017.

*Note:* Those indicated as “TBD by PQA” are currently pending, awaiting determination for inclusion by the measures steward. These Measures Specifications will be updated accordingly once determined.

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

No organizations reported results for this exploratory measure.

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

### Measure Description

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

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

### Summary of Findings

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

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

### **Measure Description**

This exploratory measure assesses the percentage of prescriptions for chronic medications (see Table A: Chronic Medications for PMN) e-prescribed by a prescriber and not obtained by the patient in the following 30 days. This rate measures the level of primary medication non-adherence across a population of patients.

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

### **Summary of Findings**

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

## Concluding Remarks

### Materially Inaccurate Data Determinations by Data Validation Vendors and Data Errors Corrected by Kiser Healthcare Solutions

Exhibit 50: Materially Inaccurate Results and Data Entry Errors

Measure	Sub-Measure	Response ID	Book of Business	Measure Status
DM2012-2013 - Drug-Drug Interactions	Drug-Drug Interactions	185	All BOB	Rated materially inaccurate by data validation vendor
DM2012-2013 - Drug-Drug Interactions	Drug-Drug Interactions	194	All BOB	Rated materially inaccurate by data validation vendor
DTM2010-04 - Call Center Performance	Part A: 30-Second Response Rate	186	All BOB	Rated materially inaccurate by data validation vendor
DTM2010-04 - Call Center Performance	Part A: 30-Second Response Rate	189	All BOB	Rated materially inaccurate by data validation vendor
DTM2010-04 - Call Center Performance	Part A: 30-Second Response Rate	177	All BOB	Rated materially inaccurate by data validation vendor
DTM2010-04 - Call Center Performance	Part A: 30-Second Response Rate	187	All BOB	Rated materially inaccurate by data validation vendor
DTM2010-04 - Call Center Performance	Part A: 30-Second Response Rate	194	All BOB	Rated materially inaccurate by data validation vendor
DTM2010-04 - Call Center Performance	Part A: 30-Second Response Rate	202	All BOB	Rated materially inaccurate by data validation vendor
DTM2010-04 - Call Center Performance	Part B: Call Abandonment Rate	187	All BOB	Rated materially inaccurate by data validation vendor
DTM2010-04 - Call Center Performance	Part B: Call Abandonment Rate	194	All BOB	Rated materially inaccurate by data validation vendor
DTM2010-04 - Call Center Performance	Part B: Call Abandonment Rate	202	All BOB	Rated materially inaccurate by data validation vendor
MP2012-08 - Dispensing Accuracy	Part F: Incorrect Quantity	103	All BOB	Data entry error fixed by KHS: Denominator updated from 0 to 81,240
MP2012-08 - Turnaround Time for Prescriptions	Part A: Turnaround Time for Clean Prescriptions: Average Number of Days to Delivery Scheduling	103	All BOB	Rated materially inaccurate by data validation vendor
MP2012-08 - Turnaround Time for Prescriptions	Part B: Turnaround Time for Prescriptions Requiring Intervention: Average Number of Days to Delivery Scheduling	194	All BOB	Rated materially inaccurate by data validation vendor
MP2012-08 - Turnaround Time for Prescriptions	Part C: Turnaround Time for All Prescriptions: Average Number of Days to Delivery Scheduling	194	All BOB	Rated materially inaccurate by data validation vendor

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