

Mandatory Measures (17)

Note: Mandatory measures are those measures that are a requirement of accreditation and must be reported to URAC on an annual basis.

MEASURE	URAC DOMAIN	MEASURE NAME	MEASURE STEWARD	MEASURE DESCRIPTION	NUMERATOR	DENOMINATOR	DATA SOURCE
DTM2010-04	Communication & Care Coordination	Call Center Performance	URAC	This 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.	<p>Part A: The number of calls from the denominator that were answered by a live customer service representative within 30 seconds of being placed in the organization's ACD call queue.</p> <p>Part B: The number of calls from the denominator that were abandoned by callers after being placed in the ACD call queue and before being answered by a live customer service representative.</p>	Total number of calls received by the organization's call service center during normal business hours during the measurement period.	Automatic Call Distribution (ACD) Data
PH2018-03	Engagement & Experience of Care	Adherence to Non-Infused Disease Modifying Agents Used to Treat Multiple Sclerosis	Pharmacy Quality Alliance (PQA)*	The percentage of individuals 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80% during the measurement year for disease modifying agents used to treat multiple sclerosis (MS). A higher rate indicates better performance.	The number of individuals who met the PDC threshold of 80% during the measurement year.	Individuals 18 years and older who filled ≥ 2 prescriptions for non-infused disease modifying agents used to treat MS on 2 unique dates of service in the treatment period AND who received at least 56 cumulative day's supply of the medication during the treatment period.	Enrollment Data

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DTM2015-01	Engagement & Experience of Care	Adherence to Direct-Acting Oral Anticoagulants	Pharmacy Quality Alliance (PQA)*	The percentage of individuals 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80% during the measurement period for direct-acting oral anticoagulants. A higher rate indicates better performance.	The number of individuals who met the PDC threshold of 80% during the Measurement year.	Individuals 18 years or older who filled at least two prescriptions for a direct-acting oral anticoagulant on different dates of service at least 180 days apart during the treatment period AND who received greater than 60 days' supply of the medication during the treatment period.	Enrollment Data
PH2018-04	Safe Care	Concurrent Use of Opioids & Benzodiazepines	Pharmacy Quality Alliance (PQA)*	The percentage of individuals ≥ 18 years of age with concurrent use of prescription opioids and benzodiazepines. A lower rate indicates better performance.	The number of individuals from the denominator with ≥ two prescription claims for any benzodiazepines with different dates of service, AND concurrent use of opioids and benzodiazepines for ≥ 30 cumulative days.	Individuals 18 years and older with ≥ two prescription claims for opioid medications on different dates of service and with ≥ 15 or more days' supply during the measurement year.	Enrollment Data; RxHCCs
DM2012-12-ARV	Engagement & Experience of Care	Proportion of Days Covered: Antiretroviral Medications	Pharmacy Quality Alliance (PQA)*	The percentage of individuals 18 years and older who met the proportion of days covered (PDC) threshold of 90% for ≥3 antiviral medications during the measurement year. A higher rate indicates better performance.	The number of individuals who met the PDC threshold of 90% during the measurement year.	Individuals who filled a prescription for ≥ three antiretroviral medications (as a single agent or as a combination) on 2 different dates of service during the measurement year.	Enrollment Data
MP2012-09	Access & Affordable Care	Generic Dispensing Rates	URAC	The percentage of all prescriptions that were dispensed as generics, branded generics, or brands for which members paid the generic co-pay.	Total number of prescriptions in the denominator that were dispensed as generics.	Total number of prescription claims available in generic form (i.e., multi-source) that were dispensed during the measurement year.	Pharmacy Data

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PH2018-05	Safe Care	Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults	Pharmacy Quality Alliance (PQA)*	The percentage of individuals ≥ 65 years of age with concurrent use of ≥ two unique anticholinergic medications. A lower rate indicates better performance.	The number of individuals from the denominator with concurrent use for ≥30 cumulative days of ≥ two unique anticholinergic medications, each with ≥ two prescription claims on different dates of service during the measurement year.	Individuals aged 65 years and older with ≥ two Prescription claims for the same anticholinergic medication on different dates of service during the measurement year.	Enrollment Data
PH2018-06	Safe Care	Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults	Pharmacy Quality Alliance (PQA)*	The percentage of individuals ≥ 65 years of age with concurrent use of ≥ three unique central-nervous system (CNS) active medications. A lower rate indicates better performance.	The number of individuals from the denominator with concurrent use for ≥ 30 cumulative days of ≥ three unique CNS-active medications, each with ≥ two prescription claims on different dates of service during the measurement year.	Individuals aged 65 years and older with ≥ two prescription claims for the same CNS-active medication on different dates of service during the measurement year.	Enrollment Data
PH2018-07	Prevention & Treatment	Treatment of Chronic Hepatitis C: Completion of Therapy	Pharmacy Quality Alliance (PQA)*	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. A higher rate indicates better performance.	The number of individuals from the denominator who receive the cumulative days' supply required to complete the minimum duration of therapy as indicated for the DAA (see Table HCV-B: HCV Direct Acting Antiviral Agents & Minimum Durations of Therapy) within the treatment period; AND did not have a cumulative gap of >15 days* between the first and last fill of the direct-acting antiviral medication.	Individuals with one or more prescription claims for a direct-acting antiviral medication included in the HCV-A table during the measurement year.	Pharmacy Claims Data

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DM2012-12-BB	Engagement & Experience of Care	Proportion of Days Covered: Beta-Blockers	Pharmacy Quality Alliance (PQA)*	The percentage of individuals 18 years and older who met the proportion of days covered (PDC) threshold of 80% during the measurement year. A higher rater indicates better performance.	The number of individuals who met the PDC threshold of 80% during the measurement year.	Individuals who filled ≥ two prescriptions for a beta-blocker or beta-blocker combination on different dates of service during the treatment period.	Enrollment Data
DM2012-12-CCB	Engagement & Experience of Care	Proportion of Days Covered: Calcium Channel Blockers	Pharmacy Quality Alliance (PQA)*	The percentage of individuals 18 years and older who met the proportion of days covered (PDC) threshold of 80% during the measurement year. A higher rater indicates better performance.	The number of individuals who met the PDC threshold of 80% during the measurement year.	Individuals who filled ≥ two prescriptions for a calcium channel blocker or CCB combination on different dates of service during the treatment period.	Enrollment Data
DM2012-12-RASA	Engagement & Experience of Care	Proportion of Days Covered: Renin Angiotensin System Antagonists	Pharmacy Quality Alliance (PQA)*	The percentage of individuals 18 years and older who met the proportion of days covered (PDC) threshold of 80% during the measurement year. A higher rater indicates better performance.	The number of individuals who met the PDC threshold of 80% during the measurement year.	Individuals who filled ≥ two prescriptions for a RAS Antagonist: ACEI/ARB/Direct Renin Inhibitor or ACEI/ARB/Direct Renin Inhibitor Combination on different dates of service during the measurement year.	Enrollment Data
DM2012-12-DAC	Engagement & Experience of Care	Proportion of Days Covered: Diabetes All-Class Rate	Pharmacy Quality Alliance (PQA)*	The percentage of individuals 18 years and older who met the proportion of days covered (PDC) threshold of 80% during the measurement year. A higher rater indicates better performance.	The number of individuals who met the PDC threshold of 80% during the measurement year.	Individuals who filled at least two prescriptions for any of the diabetes medications listed on different dates of service in the treatment period.	Enrollment Data
DM2012-12-STA	Engagement & Experience of Care	Proportion of Days Covered: Statins	Pharmacy Quality Alliance (PQA)*	The percentage of individuals 18 years and older who met the proportion of days covered (PDC) threshold of 80% during the measurement year. A higher rater indicates better performance.	The number of individuals who met the PDC threshold of 80% during the measurement year.	Individuals who filled ≥ two prescriptions for any statin or statin combination product on different dates of service in the measurement year.	Enrollment Data

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MEASURE	URAC DOMAIN	MEASURE NAME	MEASURE STEWARD	MEASURE DESCRIPTION	NUMERATOR	DENOMINATOR	DATA SOURCE
PH2018-08-OHD	Safe Care	Use of Opioids at High Dosage in Persons Without Cancer (OHD)	Pharmacy Quality Alliance (PQA)*	The percentage of individuals ≥ 18 years of age who received prescriptions for opioids with an average daily dosage of ≥ 90 morphine milligram equivalents (MME) over a period of ≥ 90 days.	The number of individuals from the denominator with an average daily dosage ≥ 90 MME during the opioid episode.	Individuals aged 18 years and older with ≥ 2 prescription claims for opioid medications on different dates of service AND with a cumulative days' supply ≥ 15 during the measurement year.	Medical Claims; Pharmacy Claims Data; RxHCCs; ICD-10s
PH2018-08-OMP	Safe Care	Use of Opioids from Multiple Providers in Persons Without Cancer (OMP)	Pharmacy Quality Alliance (PQA)*	The percentage of individuals ≥ 18 years of age who received prescriptions for opioids from ≥ 4 prescribers AND ≥ 4 pharmacies within ≤ 180 days.	The number of individuals from the denominator with opioid prescription claims from ≥ 4 prescribers AND ≥ 4 pharmacies within ≤ 180 days during the opioid episode.	Individuals aged 18 years and older with ≥ 2 prescription claims for opioid medications on different dates of service AND with a cumulative days' supply ≥ 15 during the measurement year.	Medical Claims; Pharmacy Claims Data; RxHCCs; ICD-10s
PH2018-08-OHDMP	Safe Care	Use of Opioids at High Dosage and from Multiple Providers in Persons without Cancer (OHDMP)	Pharmacy Quality Alliance (PQA)*	The percentage of individuals ≥ 18 years of age who received prescriptions for opioids with an average daily dosage of ≥ 90 morphine milligram equivalents (MME) AND who received prescriptions for opioids from ≥ 4 prescribers AND ≥ 4 pharmacies.	The number of individuals from the denominator with an average daily dosage ≥ 90 MME during the opioid episode AND with opioid prescription claims from ≥ 4 prescribers AND ≥ 4 pharmacies within ≤ 180 days during the opioid episode.	Individuals aged 18 years and older with ≥ 2 prescription claims for opioid medications on different dates of service AND with a cumulative days' supply ≥ 15 during the measurement year.	Medical Claims; Pharmacy Claims Data; RxHCCs; ICD-10s

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Exploratory Measures (3)

Note: Exploratory measures are measures “on the cutting edge”, meaning that either the industry has not come to consensus on how to measure a particular concept or the measure is experimental or in development. In the case of exploratory measure, the organization has the option to report.

MEASURE	URAC DOMAIN	MEASURE NAME	MEASURE STEWARD	MEASURE DESCRIPTION	NUMERATOR	DENOMINATOR	DATA SOURCE
PH2021-01	Engagement and Experience of Care	Complaint Response Timeliness	URAC	This measure has two parts: Part A assesses the percentage of consumer complaints to which the organization responded within the time frame established for complaint response; Part B assesses the average time, in business days, for complaint response.	Part A: The number of complaints responded to within the target timeframe. Part B: The sum of business days to respond to each consumer complaint counted in the denominator.	Count of all consumer complaints received in the measurement period.	Administrative Data
PH2021-02	Engagement and Experience of Care	Overall Consumer Satisfaction	URAC	The percentage of program participants who completed a consumer satisfaction survey and reported that they were “satisfied” overall with the pharmacy program during the measurement period.	The number of individuals in the denominator who reported that they were “satisfied” overall with the organization.	All individuals who completed greater than (>) 50% of a consumer satisfaction survey during the measurement period.	Survey Data
MP2012-08	Communication & Care Coordination	Turnaround Time for Prescriptions	URAC	The average number of days in which the organization fills new and refill prescriptions, assessed in three parts. 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.	The sum of business days to fill prescriptions in the denominator.	Part A: Total number of drugs and products that arrived clean and that the organization filled during the measurement year. Part B: Total number of prescriptions that required interventions and that the organization filled during the measurement year. Part C: Total number of prescriptions the organization filled during	Pharmacy Data

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2022 PHARMACY BENEFIT MANAGEMENT MEASURES AT A GLANCE

						the measurement year.	

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