



2022

PHARMACY BENEFIT MANAGEMENT PERFORMANCE MEASUREMENT

AGGREGATE SUMMARY PERFORMANCE REPORT

February 2023



TABLE OF CONTENTS

INTRODUCTION	2
DATA VALIDATION PROCEDURES	4
RESULTS IN AGGREGATE	5
PROPORTION OF DAYS COVERED: Beta-Blockers (DM2012-12-BB).....	6
PROPORTION OF DAYS COVERED: Renin Angiotensin System Antagonists (DM2012-12-RAS).....	7
PROPORTION OF DAYS COVERED: Calcium Channel Blockers (DM2012-12-CCB).....	8
PROPORTION OF DAYS COVERED: Diabetes All Class (DM2012-12-DAC).....	9
PROPORTION OF DAYS COVERED: Statins (DM2012-12-STA)	10
PROPORTION OF DAYS COVERED: Antiretrovirals (DM2012-12-ARV).....	11
ADHERENCE TO NON-INFUSED DISEASE MODIFYING AGENTS USED TO TREAT MULTIPLE SCLEROSIS (PH2018-03).....	12
ADHERENCE TO DIRECT ACTING ORAL ANTICOAGULANTS (DTM2015-01).....	13
GENERIC DISPENSING RATES (MP2012-09)	14
CALL CENTER PERFORMANCE (DTM2010-04)	15
CONCURRENT USE OF OPIOIDS AND BENZODIAZEPINES (PH2018-04)	16
POLYPHARMACY: USE OF MULTIPLE ANTICHOLINERGIC MEDICATIONS IN OLDER ADULTS (PH2018-05)	17
POLYPHARMACY: USE OF MULTIPLE CNS-ACTIVE MEDICATIONS IN OLDER ADULTS (PH2018-06)	18
TREATMENT OF CHRONIC HEPATITIS C: COMPLETION OF THERAPY (PH2018-07)	19
USE OF OPIOIDS AT HIGH DOSAGE & FROM MULTIPLE PROVIDERS IN PERSONS WITHOUT CANCER (PH2018-08-OHDMP).....	20
USE OF OPIOIDS AT HIGH DOSAGE IN PERSONS WITHOUT CANCER (PH2018-08-OHD)	21
USE OF OPIOIDS FROM MULTIPLE PROVIDERS IN PERSONS WITHOUT CANCER (PH2018-08-OMP)	22



2022 PHARMACY BENEFIT MANAGEMENT AGGREGATE SUMMARY PERFORMANCE REPORT

Measure data evaluated within this report are reflective of data collected in 2021 according to URAC's 2022 Measure Specification Guides. URAC licenses the PQA measure set as defined by the measure steward.

For Pharmacy Quality Alliance (PQA) Measures:

COPYRIGHT 2022 PQA, INC. ALL RIGHTS RESERVED. PQA retains all rights of ownership to PQA Measures, including Specifications and Value Sets, and can rescind or alter the Measures at any time. No use of any PQA Measure is authorized without prior PQA approval of such use. All uses of PQA Measures are subject to such conditions as PQA specifies, and certain uses of the Measures may be subject to a licensing agreement specifying the terms of use and the licensing fee. Users of the Measures shall not have the right to alter, enhance, or otherwise modify the Measures.

The logic used to produce these measure results ("rates") has been modified from PQA specifications and has not been evaluated by PQA. PQA makes no representations, warranties, or endorsements about the quality of any organization or clinician that uses or reports performance measures or any data or rates calculated using modified PQA measures, and PQA disclaims any and all liability arising from or related to any use of modified measures.



INTRODUCTION

Presented in this report are the 2021 measurement year (2022 reporting year) results based on URAC's Pharmacy Benefit Management (PBM) Accreditation program performance measures.

URAC includes performance measures in multiple accreditation programs to align and harmonize with national priorities for healthcare quality and delivery improvement. Our priority of consumer protection and empowerment drives our measurement efforts on outcome measures, composite measures, and flexible measures collection. With the emphasis of the ACA on affordable, quality health care and access, it is imperative that performance measurement programs are in place to ensure that savings from cost cutting efforts in health care are not at the expense of the quality of care delivered to patients. The information provided by measures of performance can help stakeholders monitor the quality and accessibility of care across the nation.

Performance measurement for the 2022 reporting year aligns with Phase 2 of URAC's measurement process where mandatory performance measures are subject to an external data validation process. The data validation program identifies areas of opportunity for improvement and ensures ongoing compliance conformity to program standards. By requiring organizations to submit audited performance measures annually, URAC ensures accurate and reliable data for organization-to-organization comparisons. These audited performance measure results become publicly available via aggregated, de-identified reports.

Organizations are required to report data for 17 mandatory measures and have the option to report data for three exploratory measures.

Below is the list of measures for 2022 reporting.

MANDATORY MEASURES

1. Proportion of Days Covered: Beta-Blockers (DM2012-12-BB)
2. Proportion of Days Covered: Renin Angiotensin System Antagonists (DM2021-12-RASA)
3. Proportion of Days Covered: Calcium Channel Blockers (DM2012-12-CCB)
4. Proportion of Days Covered: Diabetes All-Class (DM2012-12-DAC)
5. Proportion of Days Covered: Statins (DM2012-12-STA)
6. Proportion of Days Covered: Antiretroviral Medications (DM2012-12-ARV)
7. Adherence to Non-Infused Disease-Modifying Agents to Treat Multiple Sclerosis (PH2018-03)
8. Adherence to Direct-Acting Oral Anticoagulants (DTM2015-01)
9. Generic Dispensing Rates® (MP-2012-09)
10. Call Center Performance® (DTM2010-04)
11. Concurrent Use of Opioids and Benzodiazepines (PH2018-04)
12. Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (PH2018-05)
13. Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults (PH2018-06)
14. Treatment of Chronic Hepatitis C: Completion of Therapy (PH2018-07)
15. Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (PH2018-08-OHDMP)
16. Use of Opioids at High Dosage in Persons Without Cancer (PH2018-08-OHD)
17. Use of Opioids from Multiple Providers in Persons Without Cancer (PH2018-08-OMP)

EXPLORATORY MEASURES

1. Complaint Response Timeliness® (PH2021-01)*
2. Overall Consumer Satisfaction® (PH2021-02)**
3. Turnaround Time for Prescriptions® (MP2012-08)**

* Fewer than five organizations submitted data for this measure. Analysis and benchmarks were not produced given less than five valid data submissions.

** No organization submitted data for this measure.

© 2022 URAC, all rights reserved.

DATA VALIDATION PROCEDURES

Data validation vendors (DVV) identified any materially inaccurate submissions. Additionally, Kiser Healthcare Solutions, LLC corrected for any data entry and duplicate submission errors based on manual data review and cleaning.

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.

Basic guidelines for identifying valid submissions:

- Measure denominator is greater than zero
- 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.
- Minimum of 5 reporting organizations required for analysis

RESULTS IN AGGREGATE

A total of 26 URAC-accredited Pharmacy Benefit Management (PBM) organizations reported 2021 measurement year data for the 2022 reporting year. The total number of prescriptions covered across all organizations was 4,191,114,654 with a range of 518,494 to 1,499,570,991 per organization. Specialty prescriptions represented a small percentage of total prescriptions (1.60%, n=23), with the largest submission containing 20,402,017 specialty prescriptions. Most organizations reported fewer than 100 million total prescriptions. The average number of total prescriptions covered was 161.20 million. Five organizations reported over 100 million total prescriptions, with one of those organizations reporting 1.49 billion prescriptions (**Figure 1**). For measures that were stratified by line of business, organizations were able to report one rate per applicable payor. Commercial was represented the most among these measures across 23 organizations (**Figure 2**).

Figure 1. Reporting by Program Tier Size

of prescriptions dispensed per organization (n=26)

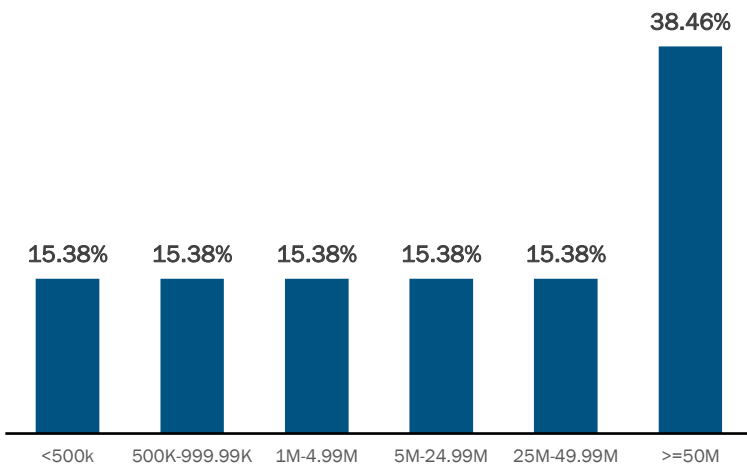
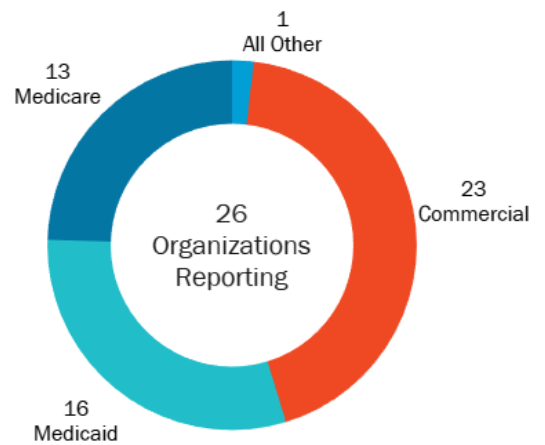


Figure 2. Lines of Business Served

% of reporting organizations by payor (n=26)

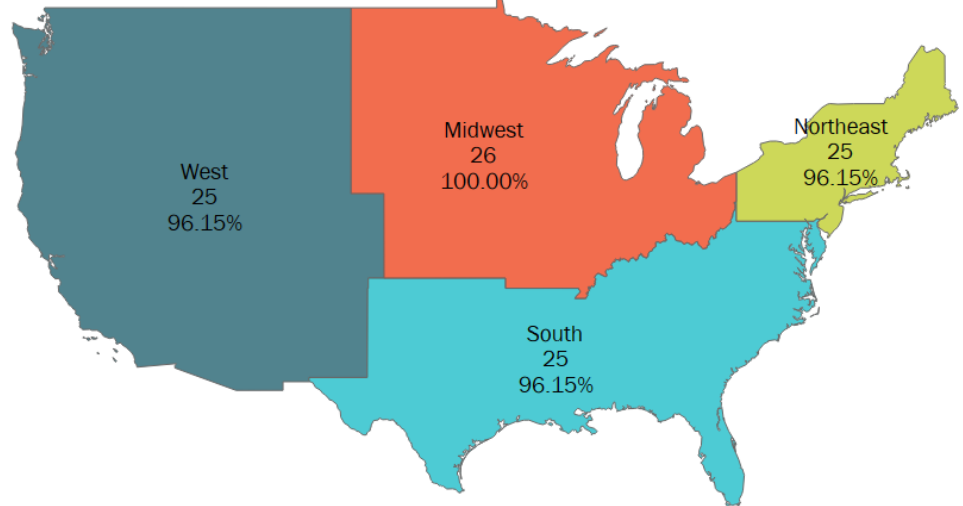


Regional Areas Served

Of the 26 PBMs that submitted performance measurement data, 25 organizations covered all four URAC-specified regions (Midwest, Northeast, South, and West) (**Figure 3**).

Figure 3. Regional Areas Served

% of reporting organizations by region (n=26)



Note: Multiple responses accepted

PROPORTION OF DAYS COVERED: Beta-Blockers (DM2012-12-BB)

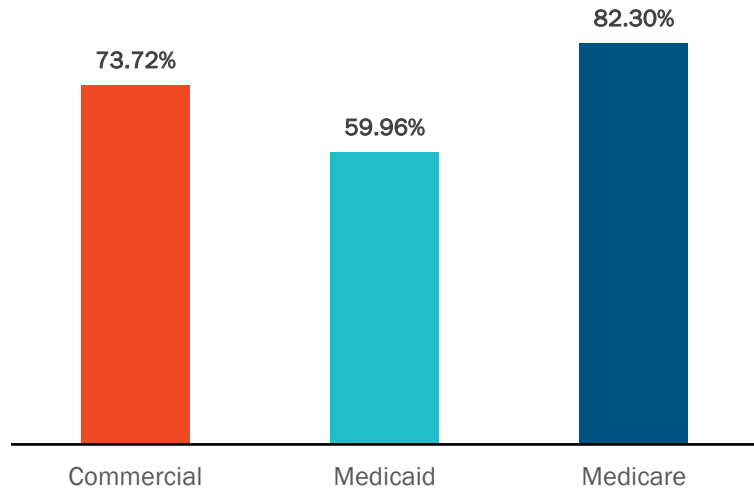
Measure Description

This *mandatory* measure assesses the percentage of participants 18 years and older who met the proportion of days covered (PDC) threshold of 80% for **Beta-Blockers** during the measurement period.

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc

Figure 4. Proportion of Days Covered: Beta-Blockers



Summary of Reporting Organizations

24 organizations submitted valid data for this measure.

21 Commercial | **15** Medicaid | **13** Medicare

The Medicare line of business had the highest overall performance (82.30%, n=13), while the Medicaid line of business had the lowest overall performance (59.96%, n=15).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	6,089,012	8,259,320	73.72%	69.45%	21
Medicaid	1,129,154	1,883,280	59.96%	61.87%	15
Medicare	8,049,896	9,781,381	82.30%	82.28%	13

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	59.42%	61.04%	67.89%	71.18%	73.36%	74.84%	77.33%
Medicaid	56.18%	57.60%	59.80%	61.15%	63.23%	65.43%	72.78%
Medicare	76.95%	80.58%	81.32%	82.30%	83.79%	84.31%	85.45%

PROPORTION OF DAYS COVERED: Renin Angiotensin System Antagonists (DM2012-12-RAS)

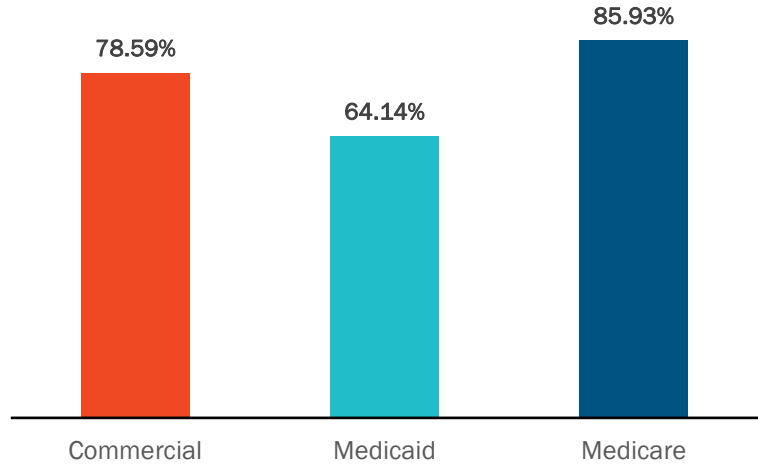
Measure Description

This *mandatory* measure assesses the percentage of participants 18 years and older who met the proportion of days covered (PDC) threshold of 80% for **Renin Angiotensin System (RAS) Antagonists** during the measurement period.

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

Figure 5. Proportion of Days Covered: Renin Angiotensin System Antagonists



Summary of Reporting Organizations

22 organizations submitted valid data for this measure.

19 Commercial | **14** Medicaid | **12** Medicare

The Medicare line of business had the highest overall performance (85.93%, n=12), while the Medicaid line of business had the lowest overall performance (64.14%, n=14).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	12,794,161	16,279,235	78.59%	74.06%	19
Medicaid	1,914,290	2,984,734	64.14%	65.86%	14
Medicare	12,145,520	14,134,387	85.93%	85.95%	12

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	62.51%	64.19%	71.02%	76.30%	79.24%	79.95%	81.06%
Medicaid	55.51%	61.56%	62.98%	65.75%	69.31%	69.99%	75.17%
Medicare	80.11%	84.77%	85.49%	86.26%	87.15%	87.73%	88.43%

PROPORTION OF DAYS COVERED: Calcium Channel Blockers (DM2012-12-CCB)

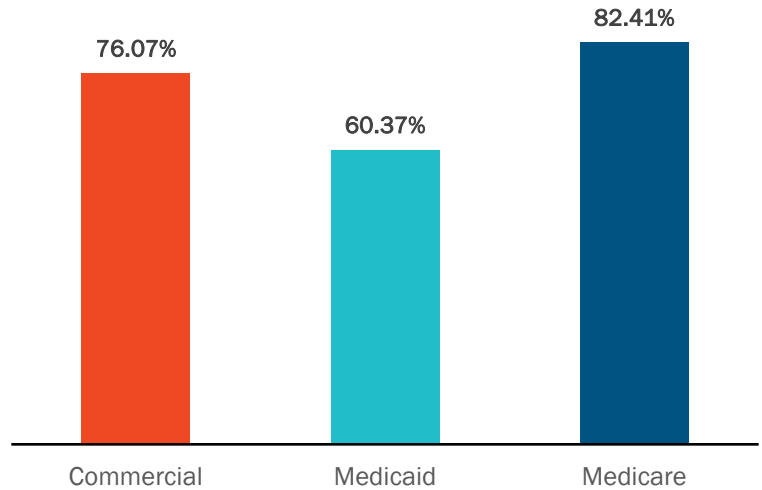
Measure Description

This *mandatory* measure assesses the percentage of participants 18 years and older who met the proportion of days covered (PDC) threshold of 80% for **Calcium Channel Blockers (CCB)** during the measurement period.

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

Figure 6. Proportion of Days Covered: Calcium Channel Blockers



Summary of Reporting Organizations

24 organizations submitted valid data for this measure.

Commercial	Medicaid	Medicare
21	15	13

The Medicare line of business had the highest overall performance (82.41%, n=13), while the Medicaid line of business had the lowest overall performance (60.37%, n=15).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	5,506,417	7,238,799	76.07%	71.13%	21
Medicaid	997,122	1,651,670	60.37%	62.19%	15
Medicare	6,373,918	7,734,825	82.41%	82.14%	13

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	60.11%	60.79%	67.98%	73.01%	76.25%	76.98%	79.20%
Medicaid	57.55%	58.84%	59.42%	61.45%	63.67%	66.50%	71.02%
Medicare	74.87%	77.65%	80.43%	82.73%	84.74%	85.26%	85.86%

PROPORTION OF DAYS COVERED: Diabetes All Class (DM2012-12-DAC)

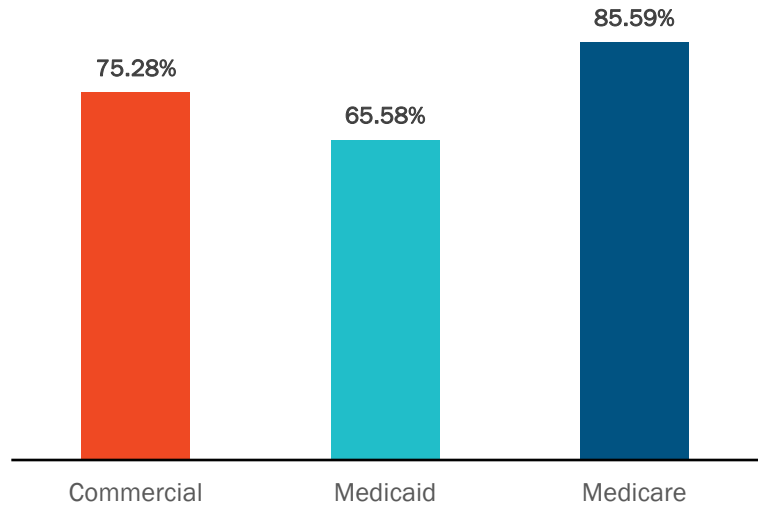
Measure Description

This *mandatory* measure assesses the percentage of participants 18 years and older who met the proportion of days covered (PDC) threshold of 80% for **Diabetes All Class** medications during the measurement period.

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

Figure 7. Proportion of Days Covered: Diabetes All Class



Summary of Reporting Organizations

22 organizations submitted valid data for this measure.

19 Commercial | **14** Medicaid | **12** Medicare

The Medicare line of business had the highest overall performance (85.59 n=12), while the Medicaid line of business had the lowest overall performance (65.58%, n=14).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	4,669,422	6,202,947	75.28%	71.05%	19
Medicaid	914,627	1,394,739	65.58%	65.65%	14
Medicare	4,188,644	4,893,720	85.59%	85.06%	12

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	58.09%	58.53%	68.56%	73.19%	75.99%	76.72%	78.15%
Medicaid	53.36%	58.61%	64.02%	66.43%	68.43%	68.99%	78.98%
Medicare	81.59%	82.12%	84.51%	85.67%	86.22%	86.47%	87.09%

PROPORTION OF DAYS COVERED: Statins (DM2012-12-STA)

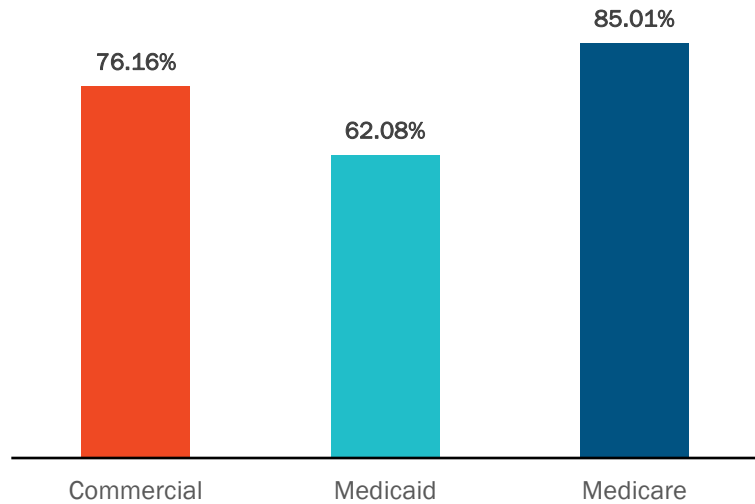
Measure Description

This *mandatory* measure assesses the percentage of participants 18 years and older who met the proportion of days covered (PDC) threshold of 80% for **Statins** during the measurement period.

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

Figure 8. Proportion of Days Covered: Statins



Summary of Reporting Organizations

22 organizations submitted valid data for this measure.

19 Commercial | **14** Medicaid | **12** Medicare

The Medicare line of business had the highest overall performance (85.01%, n=12), while the Medicaid line of business had the lowest overall performance (62.08%, n=14).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	11,561,971	15,181,715	76.16%	69.82%	19
Medicaid	1,752,799	2,823,520	62.08%	64.72%	14
Medicare	13,533,263	15,919,742	85.01%	84.31%	12

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	48.41%	58.29%	65.52%	73.84%	76.74%	77.87%	79.51%
Medicaid	52.55%	59.12%	59.95%	65.85%	68.00%	69.58%	77.78%
Medicare	79.28%	80.32%	82.79%	85.32%	86.11%	86.44%	87.34%

PROPORTION OF DAYS COVERED: Antiretrovirals (DM2012-12-ARV)

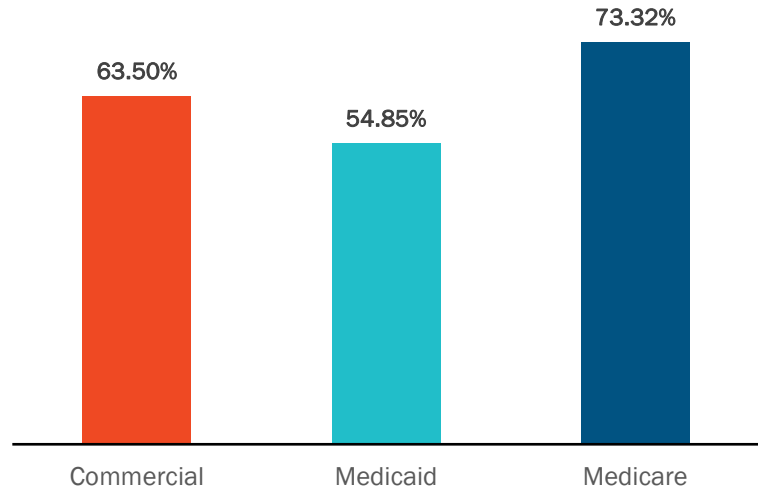
Measure Description

This *mandatory* measure assesses the percentage of participants 18 years and older who met the proportion of days covered (PDC) threshold of 90% for **≥3 Antiretrovirals** during the measurement period.

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

Figure 9. Proportion of Days Covered: Antiretrovirals



Summary of Reporting Organizations

22 organizations submitted valid data for this measure.

18 Commercial **14** Medicaid **11** Medicare

The Medicare line of business had the highest overall performance (73.32%, n=11), while the Medicaid line of business had the lowest overall performance (54.85%, n=14).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	234,549	369,394	63.50%	57.71%	18
Medicaid	76,267	139,044	54.85%	47.28%	14
Medicare	82,018	111,862	73.32%	68.13%	11

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	40.15%	42.81%	50.59%	60.90%	65.19%	66.09%	67.04%
Medicaid	34.84%	36.03%	38.63%	48.09%	55.00%	56.30%	58.28%
Medicare	56.02%	59.95%	61.77%	68.71%	74.46%	75.91%	75.97%

ADHERENCE TO NON-INFUSED DISEASE MODIFYING AGENTS USED TO TREAT MULTIPLE SCLEROSIS (PH2018-03)

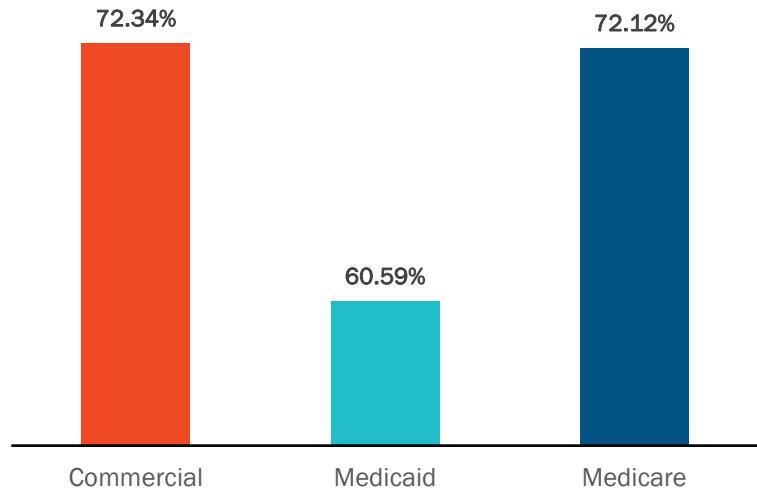
Measure Description

This *mandatory* measure assesses the percentage of patients with 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80 percent during the measurement period for disease-modifying agents used to treat multiple sclerosis (MS).

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

Figure 10. Adherence to Non-Infused Disease Modifying Agents for Multiple Sclerosis



Summary of Reporting Organizations

22 organizations submitted valid data for this measure.

18 Commercial | **13** Medicaid | **10** Medicare

The Commercial line of business had the highest overall performance (72.34%, n=18), while the Medicaid line of business had the lowest overall performance (60.59%, n=13).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	62,516	86,420	72.34%	68.81%	18
Medicaid	7,210	11,899	60.59%	60.90%	13
Medicare	25,251	35,011	72.12%	71.02%	10

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	50.00%	52.46%	68.19%	71.56%	74.10%	77.12%	79.58%
Medicaid	42.55%	57.62%	60.86%	61.87%	63.04%	65.83%	69.23%
Medicare	64.41%	65.45%	69.25%	71.81%	73.96%	74.42%	75.74%

ADHERENCE TO DIRECT ACTING ORAL ANTICOAGULANTS (DTM2015-01)

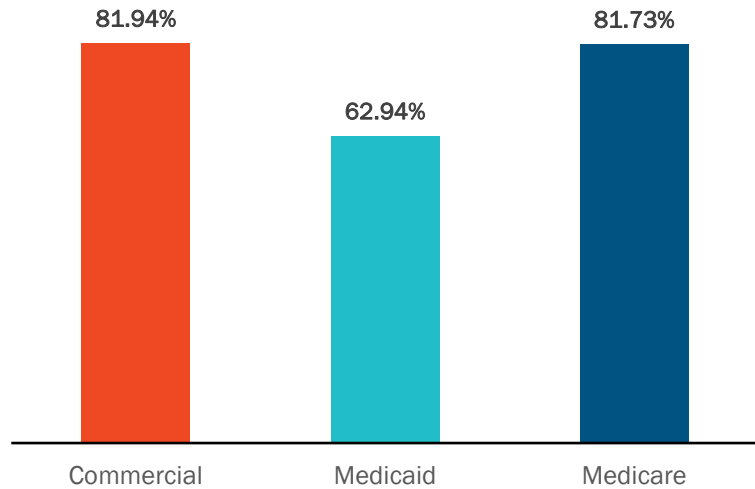
Measure Description

This *mandatory* measure assesses the percentage of patients 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80% during the measurement period for direct-acting oral anticoagulants.

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

Figure 11. Adherence to Direct-Acting Oral Anticoagulants



Summary of Reporting Organizations

24 organizations submitted valid data for this measure.

21 Commercial | **15** Medicaid | **13** Medicare

The Commercial line of business had the highest overall performance (81.94%, n=21), while the Medicaid line of business had the lowest overall performance (62.94%, n=15).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	647,195	789,818	81.94%	76.80%	21
Medicaid	71,205	113,140	62.94%	67.27%	15
Medicare	1,161,550	1,421,277	81.73%	81.04%	13

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	39.11%	67.08%	73.22%	79.63%	83.08%	86.06%	90.71%
Medicaid	54.03%	58.24%	59.96%	69.26%	71.36%	76.68%	84.70%
Medicare	71.74%	73.61%	77.40%	82.02%	84.12%	85.44%	90.11%



GENERIC DISPENSING RATES (MP2012-09)

Measure Description

This *mandatory* measure assesses the percentage of all prescriptions that were dispensed as generics, branded generics, or brands for which members paid the generic co-pay.

There is no stratification for this measure; results are reported across all populations.

URAC is the measure steward, and all rights are retained by URAC.

Generic Dispensing Rate

98.22%

Prescriptions Dispensed as Generics

The 26 valid submissions for this measure reported an aggregate summary rate of 98.22%.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
2,938,673,334	2,991,935,513	98.22%	97.17%	26

MIN	10TH	25TH	50TH	75TH	90TH	MAX
91.14%	94.38%	96.26%	97.80%	98.40%	98.94%	99.80%

CALL CENTER PERFORMANCE (DTM2010-04)

Measure Description

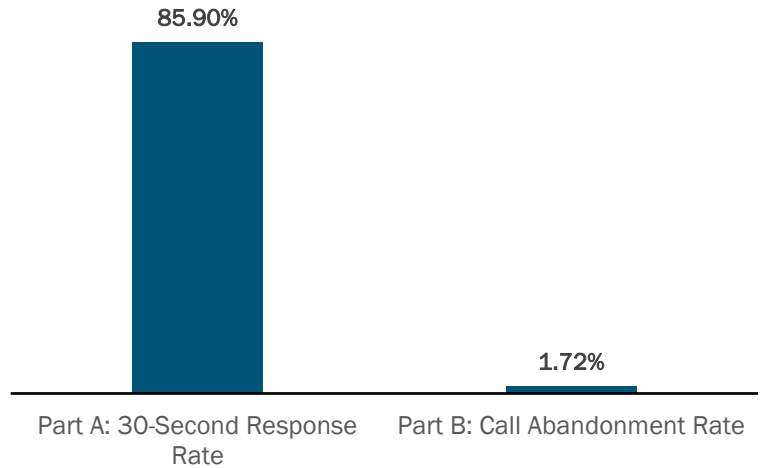
This *mandatory* measure has two parts:

- Part A evaluates the percentage of calls during normal business hours to the organization’s call service center(s) during the measurement period that were answered by a live voice within 30 seconds
- Part B evaluates the percentage of calls made during normal business hours to the organization’s call service center(s) during the reporting year that were abandoned by callers before being answered by a live customer service representative

For Part A, a higher rate represents better performance. **For Part B, a lower rate represents better performance.**

There is no stratification for this measure, results are reported across all populations.

Figure 12. Call Center Performance



Summary of Findings

A total of 24 organizations reported valid results for each measure part. There were three submissions at or above the 90th percentile for Part A. There were three submissions at or above the 90th percentile for Part B.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part A: 30-Second Response Rate	60,574,802	70,520,800	85.90%	86.67%	24
Part B: Call Abandonment Rate	1,212,705	70,520,800	1.72%	2.35%	24

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part A: 30-Second Response Rate	57.19%	80.60%	81.26%	88.15%	92.30%	96.76%	98.94%
Part B: Call Abandonment Rate	9.76%	4.62%	2.76%	1.80%	1.12%	0.90%	0.05%

CONCURRENT USE OF OPIOIDS AND BENZODIAZEPINES (PH2018-04)

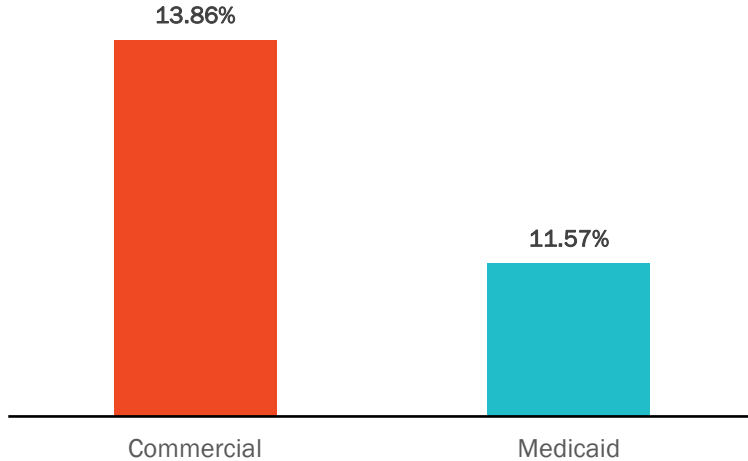
Measure Description

This *mandatory* measure assesses the percentage of individuals 18 years and older with concurrent use of prescription opioids and benzodiazepines. **A lower rate represents better performance.**

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

Figure 13. Concurrent Use of Opioids & Benzodiazepines



Summary of Reporting Organizations

10 organizations submitted valid data for this measure.

8 Commercial | **5** Medicaid | **3** Medicare

The Medicaid line of business had the highest overall performance (11.57%, n=5), while the Commercial line of business had the lowest overall performance (13.86%, n=8).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	62,167	448,394	13.86%	11.81%	8
Medicaid	13,148	113,638	11.57%	12.62%	5

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	14.75%	14.33%	13.52%	12.43%	11.78%	8.95%	4.40%
Medicaid	19.21%	17.25%	14.32%	14.18%	9.51%	7.35%	5.91%

POLYPHARMACY: USE OF MULTIPLE ANTICHOLINERGIC MEDICATIONS IN OLDER ADULTS (PH2018-05)

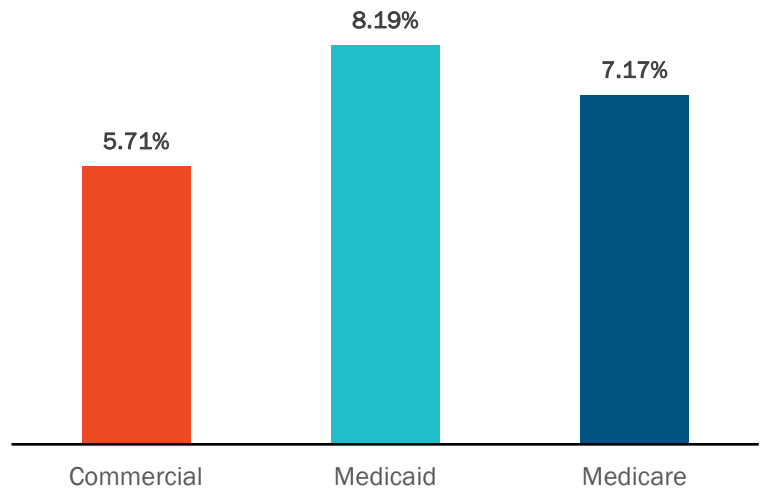
Measure Description

This *mandatory* measure assesses the percentage of adults 65 years and older with concurrent use of 2 or more unique anticholinergic medications. **A lower rate represents better performance.**

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

Figure 14. Use of Multiple Anticholinergic Medications



Summary of Reporting Organizations

23 organizations submitted valid data for this measure.

20 Commercial | **14** Medicaid | **13** Medicare

The Commercial line of business had the highest overall performance (5.71%, n=20), while the Medicaid line of business had the lowest overall performance (8.19%, n=14).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	38,703	677,900	5.71%	7.44%	20
Medicaid	5,365	65,542	8.19%	10.41%	14
Medicare	177,980	2,483,400	7.17%	8.52%	13

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	19.30%	11.22%	8.39%	6.81%	5.83%	3.28%	2.14%
Medicaid	19.52%	18.45%	12.85%	9.74%	6.65%	4.11%	2.44%
Medicare	11.52%	10.48%	9.49%	8.72%	8.01%	5.85%	5.03%

POLYPHARMACY: USE OF MULTIPLE CNS-ACTIVE MEDICATIONS IN OLDER ADULTS (PH2018-06)

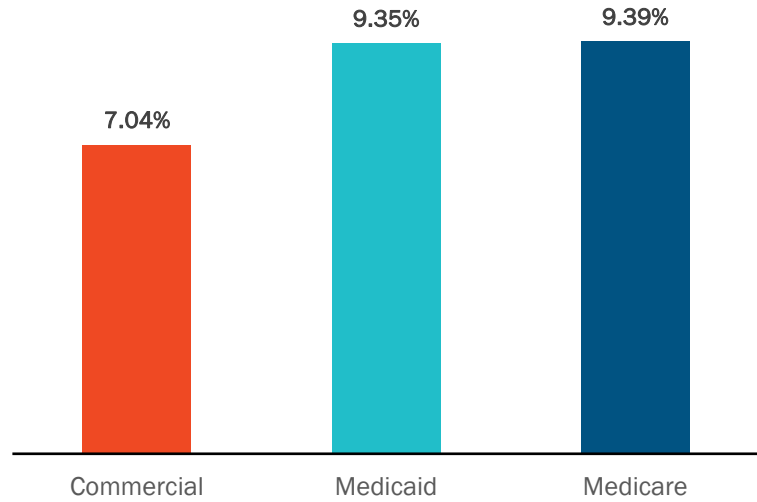
Measure Description

This *mandatory* measure assesses percentage of adults 65 years and older with concurrent use of 3 or more unique central-nervous system (CNS) active medications. **A lower rate represents better performance.**

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

Figure 15. Use of Multiple CNS-Active Medications



Summary of Reporting Organizations

21 organizations submitted valid data for this measure.

19 Commercial | **13** Medicaid | **11** Medicare

The Commercial line of business had the highest overall performance (7.04%, n=19), while the Medicare line of business had the lowest overall performance (9.39%, n=11).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	161,270	2,291,498	7.04%	8.78%	19
Medicaid	11,961	127,867	9.35%	8.59%	13
Medicare	836,175	8,901,122	9.39%	10.65%	11

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	16.33%	13.54%	10.76%	9.08%	6.80%	3.91%	0.52%
Medicaid	18.23%	13.11%	10.26%	7.57%	6.15%	4.41%	1.64%
Medicare	16.55%	14.10%	13.32%	10.73%	7.73%	5.54%	4.89%

TREATMENT OF CHRONIC HEPATITIS C: COMPLETION OF THERAPY (PH2018-07)

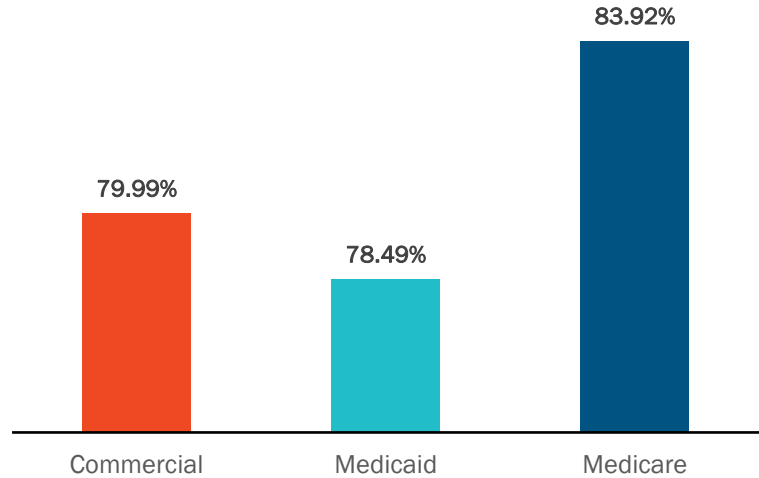
Measure Description

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.

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

Figure 16. Completion of Therapy for Chronic Hepatitis C



Summary of Reporting Organizations

19 organizations submitted valid data for this measure.

14 Commercial | **16** Medicaid | **11** Medicare

The Medicare line of business had the highest overall performance (83.92%, n=11), while the Medicaid line of business had the lowest overall performance (78.49%, n=16).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	9,324	11,657	79.99%	84.74%	14
Medicaid	22,060	28,104	78.49%	78.39%	16
Medicare	8,846	10,541	83.92%	82.30%	11

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	52.75%	73.27%	80.50%	89.33%	91.52%	93.00%	93.55%
Medicaid	56.30%	69.73%	75.14%	79.44%	82.30%	87.65%	89.66%
Medicare	73.10%	73.72%	76.38%	82.83%	88.66%	89.24%	90.45%

USE OF OPIOIDS AT HIGH DOSAGE & FROM MULTIPLE PROVIDERS IN PERSONS WITHOUT CANCER (PH2018-08-OHDMP)

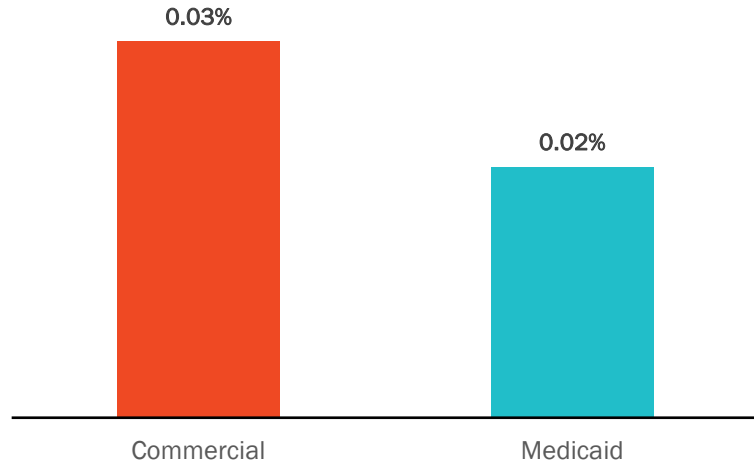
Measure Description

This *mandatory* measure assesses 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. **A lower rate represents better performance.**

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

Figure 17. Use of Opioids at High Dosage & From Multiple Providers in Persons Without Cancer



Summary of Reporting Organizations

10 organizations submitted valid data for this measure.

8 Commercial | **5** Medicaid | **3** Medicare

The Medicaid line of business had the highest overall performance (0.02%, n=5), while the Commercial line of business had the lowest overall performance (0.03%, n=8).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	105	405,616	0.03%	1.05%	8
Medicaid	34	143,580	0.02%	0.04%	5

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	7.94%	2.62%	0.12%	0.03%	0.01%	0%	0%
Medicaid	0.06%	0.06%	0.05%	0.04%	0.04%	0.02%	0.01%

USE OF OPIOIDS AT HIGH DOSAGE IN PERSONS WITHOUT CANCER (PH2018-08-OHD)

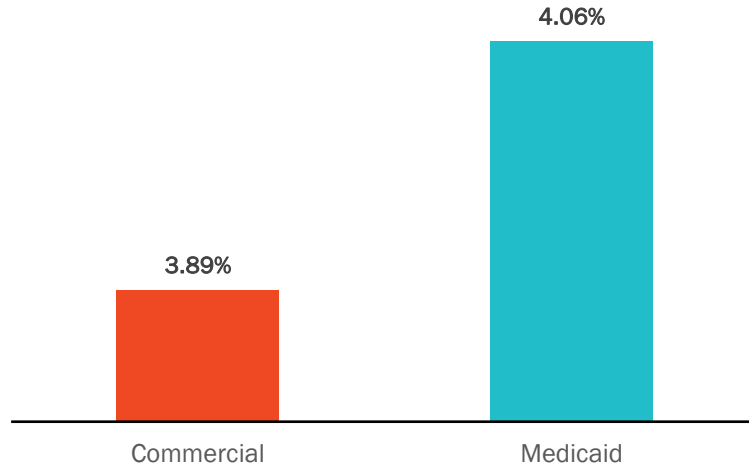
Measure Description

This *mandatory* measure assesses 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. **A lower rate represents better performance.**

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

Figure 18. Use of Opioids at High Dosage in Persons Without Cancer



Summary of Reporting Organizations

10 organizations submitted valid data for this measure.

8 Commercial | **5** Medicaid | **3** Medicare

The Commercial line of business had the highest overall performance (3.89%, n=8), while the Medicaid line of business had the lowest overall performance (4.06%, n=5).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	16,045	411,945	3.89%	5.05%	8
Medicaid	5,949	146,381	4.06%	4.46%	5

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	9.86%	7.96%	6.22%	5.32%	3.83%	1.31%	0.65%
Medicaid	5.60%	5.41%	5.13%	4.47%	3.55%	3.54%	3.53%

USE OF OPIOIDS FROM MULTIPLE PROVIDERS IN PERSONS WITHOUT CANCER (PH2018-08-OMP)

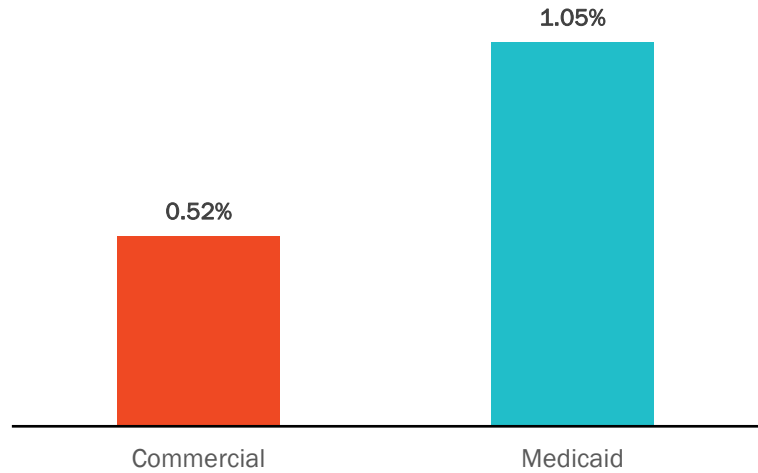
Measure Description

This mandatory measure assesses the percentage of individuals ≥ 18 years of age who received prescriptions for opioids from ≥ 4 prescribers AND ≥ 4 pharmacies within ≤ 180 days. **A lower rate represents better performance.**

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 Pharmacy Quality Alliance (PQA) is the measure steward, and all rights are retained by PQA, Inc.

Figure 19. Use of Opioids From Multiple Providers in Persons Without Cancer



Summary of Reporting Organizations

10 organizations submitted valid data for this measure.

8 Commercial | **5** Medicaid | **3** Medicare

The Commercial line of business had the highest overall performance (0.52% n=8), while the Medicaid line of business had the lowest overall performance (1.05%, n=5).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	2,128	405,616	0.52%	0.51%	8
Medicaid	1,507	143,529	1.05%	1.25%	5

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	0.92%	0.83%	0.74%	0.58%	0.32%	0.06%	0%
Medicaid	1.92%	1.68%	1.31%	1.11%	1.06%	0.92%	0.84%