



# 2023

## PHARMACY BENEFIT MANAGEMENT PERFORMANCE MEASUREMENT

AGGREGATE SUMMARY PERFORMANCE REPORT

February 2024



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# INTRODUCTION

Presented in this report are the 2022 measurement year (2023 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 2023 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)\*\*

\*\* No organization submitted data for this measure

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## 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, documented at the end of this report.

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

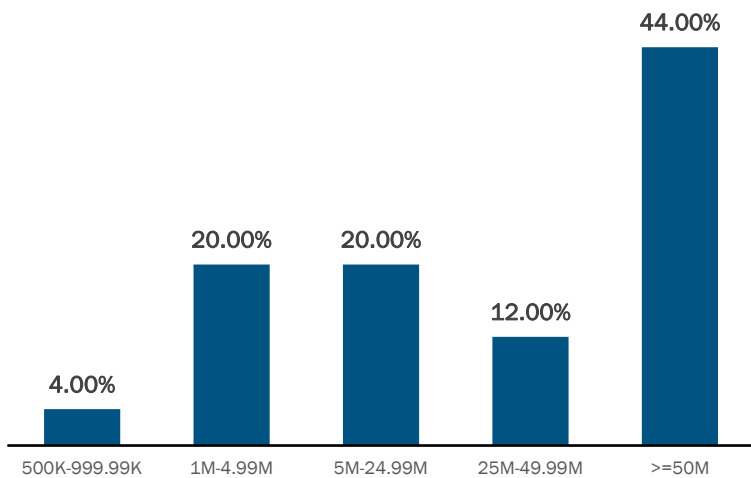
### Basic guidelines for aggregate rates:

- 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 25 URAC-accredited Pharmacy Benefit Management (PBM) organizations reported 2022 measurement year data for the 2023 reporting year. The total number of prescriptions covered across all organizations was 5,011,888,250 with a range of 515,439 to 1,531,586,231 per organization. Specialty prescriptions represented a small percentage of total prescriptions (1.27%, n=19), with the largest submission containing 18,534,340 specialty prescriptions. Six of the 25 PBMs did not report specialty prescriptions. Most organizations reported fewer than 100 million total prescriptions. The average number of total prescriptions covered was 200.48 million. Eight organizations reported over 100 million total 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 24 organizations (**Figure 2**).

**Figure 1. Reporting by Program Tier Size**  
# of prescriptions dispensed per organization (n=25)



**Figure 2. Lines of Business Served**  
% of reporting organizations by payor (n=25)



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

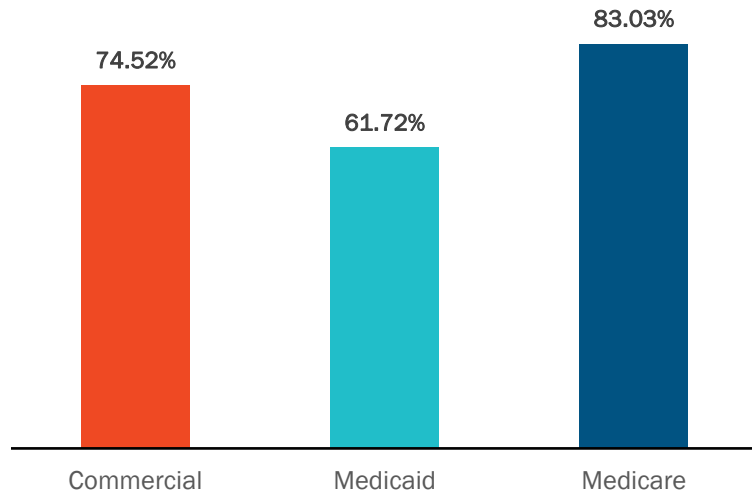
### Measure Description

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 3. Proportion of Days Covered: Beta-Blockers



### Summary of Reporting Organizations

23 organizations submitted valid data for this measure.

22	13	11
Commercial	Medicaid	Medicare

The Medicare line of business had the highest overall performance (83.03%, n=11), while the Medicaid line of business had the lowest overall performance (61.72%, n=13).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	6,948,010	9,324,137	74.52%	70.72%	22
Medicaid	1,159,894	1,879,211	61.72%	62.02%	13
Medicare	9,388,982	11,308,572	83.03%	82.97%	11

LINE OF BUSINESS	MIN	10 <sup>TH</sup>	25 <sup>TH</sup>	50 <sup>TH</sup>	75 <sup>TH</sup>	90 <sup>TH</sup>	MAX
Commercial	56.85%	61.65%	69.10%	73.21%	74.08%	75.63%	80.14%
Medicaid	54.23%	55.48%	60.78%	63.23%	64.75%	66.20%	68.82%
Medicare	77.30%	78.50%	81.99%	83.94%	84.62%	85.95%	87.10%

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

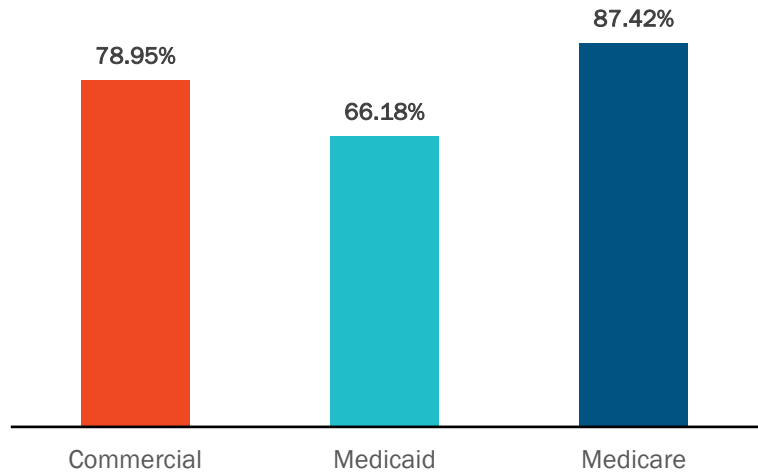
### Measure Description

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 4. Proportion of Days Covered: Renin Angiotensin System Antagonists



### Summary of Reporting Organizations

20 organizations submitted valid data for this measure.

<b>19</b>	<b>12</b>	<b>10</b>
<b>Commercial</b>	<b>Medicaid</b>	<b>Medicare</b>

The Medicare line of business had the highest overall performance (87.42%, n=10), while the Medicaid line of business had the lowest overall performance (66.18%, n=12).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	14,121,868	17,886,296	78.95%	76.23%	19
Medicaid	1,924,945	2,908,681	66.18%	66.91%	12
Medicare	14,361,096	16,427,004	87.42%	87.33%	10

LINE OF BUSINESS	MIN	10 <sup>TH</sup>	25 <sup>TH</sup>	50 <sup>TH</sup>	75 <sup>TH</sup>	90 <sup>TH</sup>	MAX
Commercial	61.56%	64.73%	76.24%	78.08%	79.46%	81.30%	83.71%
Medicaid	59.26%	63.54%	64.63%	66.91%	69.02%	71.46%	72.99%
Medicare	84.97%	85.25%	86.19%	87.61%	88.38%	88.93%	89.26%

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

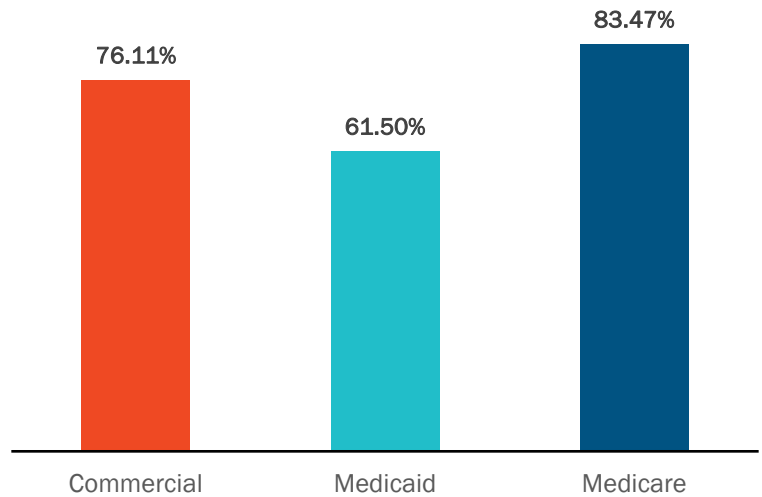
### Measure Description

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 5. Proportion of Days Covered: Calcium Channel Blockers



### Summary of Reporting Organizations

23 organizations submitted valid data for this measure.

<b>22</b>	<b>13</b>	<b>11</b>
<b>Commercial</b>	<b>Medicaid</b>	<b>Medicare</b>

The Medicare line of business had the highest overall performance (83.47%, n=11), while the Medicaid line of business had the lowest overall performance (61.50%, n=13).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	6,306,613	8,286,218	76.11%	72.29%	22
Medicaid	1,035,216	1,683,236	61.50%	61.63%	13
Medicare	7,855,617	9,411,038	83.47%	83.56%	11

LINE OF BUSINESS	MIN	10 <sup>TH</sup>	25 <sup>TH</sup>	50 <sup>TH</sup>	75 <sup>TH</sup>	90 <sup>TH</sup>	MAX
Commercial	59.38%	61.85%	70.17%	75.14%	76.19%	77.98%	81.80%
Medicaid	53.78%	54.86%	57.29%	62.62%	64.32%	66.28%	70.07%
Medicare	79.29%	80.22%	81.85%	84.39%	85.07%	86.29%	87.70%

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

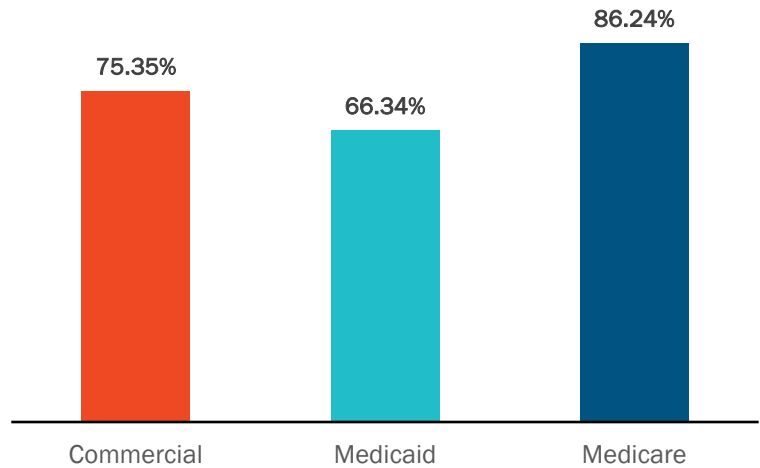
### Measure Description

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 6. Proportion of Days Covered: Diabetes All Class



### Summary of Reporting Organizations

20 organizations submitted valid data for this measure.

19	12	10
Commercial	Medicaid	Medicare

The Medicare line of business had the highest overall performance (86.24% n=10), while the Medicaid line of business had the lowest overall performance (66.34%, n=12).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	5,699,203	7,564,084	75.35%	71.79%	19
Medicaid	985,039	1,484,883	66.34%	64.90%	12
Medicare	5,217,757	6,050,319	86.24%	85.80%	10

LINE OF BUSINESS	MIN	10 <sup>TH</sup>	25 <sup>TH</sup>	50 <sup>TH</sup>	75 <sup>TH</sup>	90 <sup>TH</sup>	MAX
Commercial	56.61%	62.60%	71.76%	73.75%	75.20%	76.64%	82.68%
Medicaid	56.95%	61.55%	63.03%	65.36%	67.39%	67.85%	70.62%
Medicare	82.59%	84.08%	85.04%	86.22%	86.77%	87.46%	87.46%

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

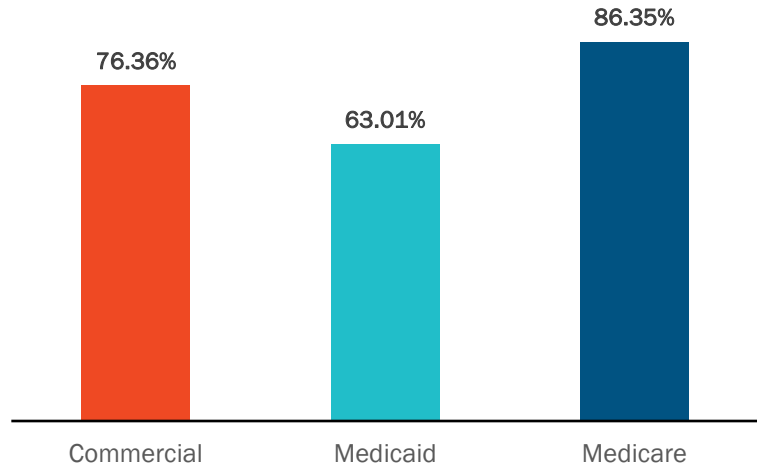
### Measure Description

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 7. Proportion of Days Covered: Statins



### Summary of Reporting Organizations

20 organizations submitted valid data for this measure.

<b>19</b>	<b>12</b>	<b>10</b>
<b>Commercial</b>	<b>Medicaid</b>	<b>Medicare</b>

The Medicare line of business had the highest overall performance (86.35%, n=10), while the Medicaid line of business had the lowest overall performance (63.01%, n=12).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	13,322,571	17,446,876	76.36%	72.16%	19
Medicaid	1,824,162	2,895,069	63.01%	63.80%	12
Medicare	16,837,896	19,499,697	86.35%	85.68%	10

LINE OF BUSINESS	MIN	10 <sup>TH</sup>	25 <sup>TH</sup>	50 <sup>TH</sup>	75 <sup>TH</sup>	90 <sup>TH</sup>	MAX
Commercial	48.78%	60.02%	71.68%	75.25%	76.38%	78.48%	80.96%
Medicaid	56.37%	58.62%	60.23%	63.10%	65.96%	69.86%	74.47%
Medicare	81.41%	81.63%	84.80%	86.42%	87.61%	87.82%	88.05%

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

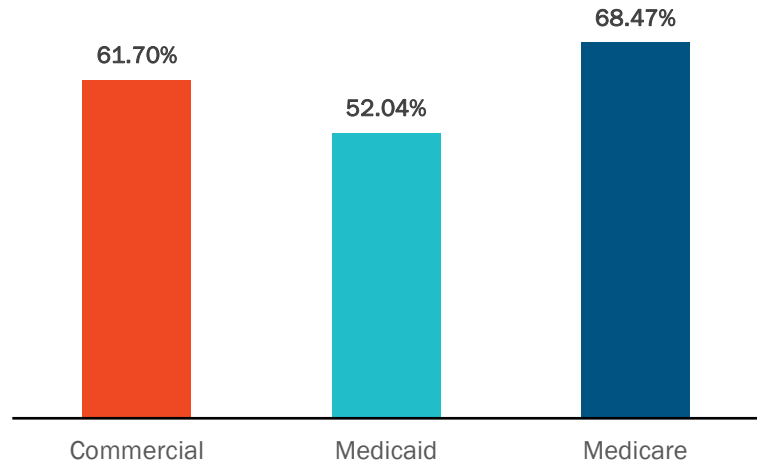
### Measure Description

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 8. Proportion of Days Covered: Antiretrovirals



### Summary of Reporting Organizations

21 organizations submitted valid data for this measure.

19	13	10
Commercial	Medicaid	Medicare

The Medicare line of business had the highest overall performance (68.47%, n=10), while the Medicaid line of business had the lowest overall performance (52.04%, n=13).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	277,403	449,605	61.70%	59.55%	19
Medicaid	89,483	171,959	52.04%	48.17%	13
Medicare	109,427	159,817	68.47%	70.63%	10

LINE OF BUSINESS	MIN	10 <sup>TH</sup>	25 <sup>TH</sup>	50 <sup>TH</sup>	75 <sup>TH</sup>	90 <sup>TH</sup>	MAX
Commercial	38.22%	50.35%	57.86%	61.28%	64.55%	66.51%	69.44%
Medicaid	33.06%	39.41%	47.54%	49.55%	50.39%	54.70%	56.94%
Medicare	66.90%	67.97%	68.31%	69.51%	72.97%	74.86%	75.05%

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

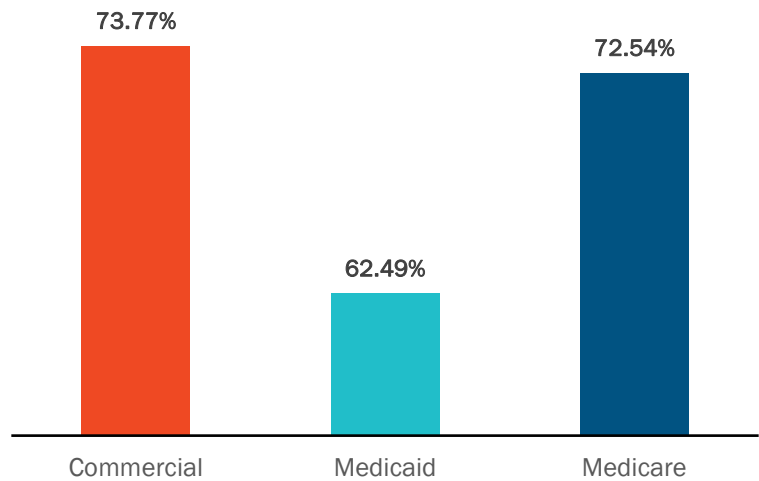
### Measure Description

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



### Summary of Reporting Organizations

22 organizations submitted valid data for this measure.

20	12	10
Commercial	Medicaid	Medicare

The Commercial line of business had the highest overall performance (73.77%, n=20), while the Medicaid line of business had the lowest overall performance (62.49%, n=12).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	79,657	107,985	73.77%	68.96%	20
Medicaid	8,977	14,365	62.49%	62.78%	12
Medicare	27,170	37,457	72.54%	73.30%	10

LINE OF BUSINESS	MIN	10 <sup>TH</sup>	25 <sup>TH</sup>	50 <sup>TH</sup>	75 <sup>TH</sup>	90 <sup>TH</sup>	MAX
Commercial	33.33%	62.77%	67.30%	71.23%	74.56%	75.35%	80.03%
Medicaid	52.63%	58.63%	59.92%	64.19%	65.22%	65.61%	69.50%
Medicare	70.37%	70.94%	71.26%	72.92%	75.40%	76.27%	76.29%

## ADHERENCE TO DIRECT ACTING ORAL ANTICOAGULANTS (DTM2015-01)

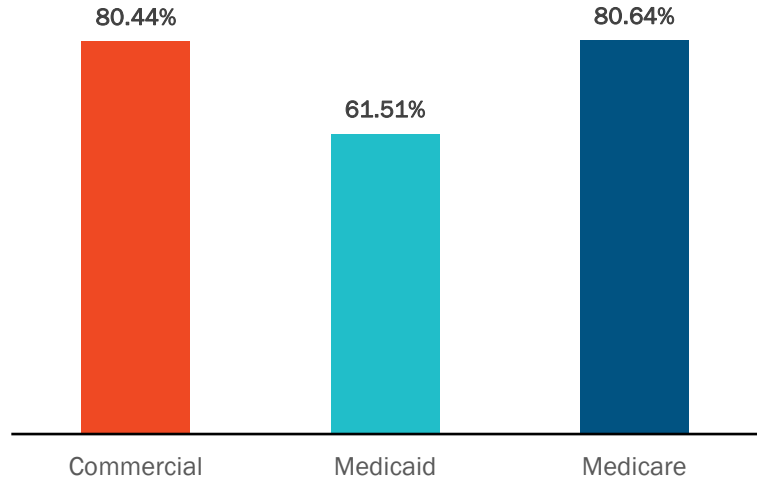
### Measure Description

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 10. Adherence to Direct-Acting Oral Anticoagulants



### Summary of Reporting Organizations

23 organizations submitted valid data for this measure.

<b>22</b>	<b>13</b>	<b>11</b>
<b>Commercial</b>	<b>Medicaid</b>	<b>Medicare</b>

The Medicare line of business had the highest overall performance (80.64%, n=11), while the Medicaid line of business had the lowest overall performance (61.51%, n=13).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	773,421	961,519	80.44%	76.57%	22
Medicaid	91,350	148,504	61.51%	66.99%	13
Medicare	1,480,862	1,836,308	80.64%	80.14%	11

LINE OF BUSINESS	MIN	10 <sup>TH</sup>	25 <sup>TH</sup>	50 <sup>TH</sup>	75 <sup>TH</sup>	90 <sup>TH</sup>	MAX
Commercial	48.35%	69.92%	72.75%	77.98%	81.31%	82.19%	90.81%
Medicaid	55.65%	57.39%	58.39%	65.97%	72.08%	77.19%	85.94%
Medicare	72.56%	73.14%	76.94%	80.74%	82.53%	84.29%	89.61%



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

97.96%

Prescriptions Dispensed as Generics

The 25 valid submissions for this measure reported an aggregate summary rate of 97.96%.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
3,325,652,318	3,394,987,872	97.96%	97.49%	25

MIN	10TH	25TH	50TH	75TH	90TH	MAX
92.78%	95.58%	96.75%	97.82%	98.57%	99.15%	99.82%

## CALL CENTER PERFORMANCE (DTM2010-04)

### Measure Description

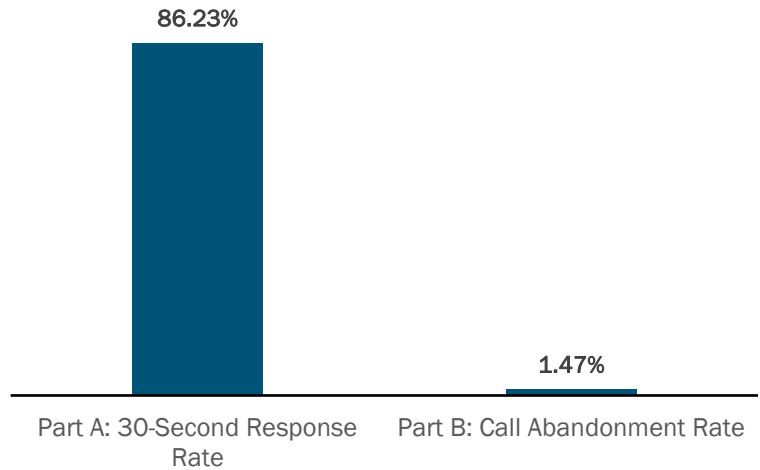
This *mandatory* measure has two parts:

- 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 11. 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 90<sup>th</sup> percentile for Part A. There were three submissions at or above the 90<sup>th</sup> percentile for Part B.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part A: 30-Second Response Rate	76,803,079	89,063,926	86.23%	87.94%	24
Part B: Call Abandonment Rate	1,307,861	89,065,661	1.47%	2.14%	24

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part A: 30-Second Response Rate	54.92%	80.89%	84.85%	87.74%	95.63%	96.91%	98.66%
Part B: Call Abandonment Rate	8.19%	4.15%	2.63%	1.56%	0.95%	0.71%	0.07%

## CONCURRENT USE OF OPIOIDS AND BENZODIAZEPINES (PH2018-04)

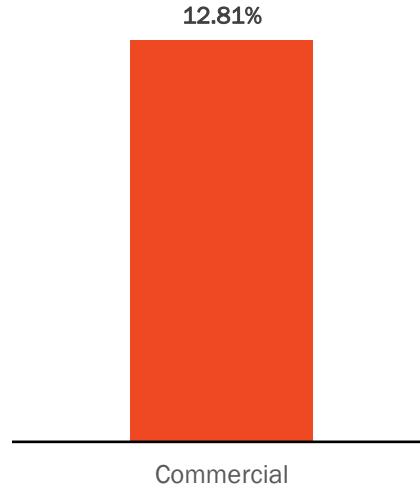
### Measure Description

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 12. Concurrent Use of Opioids & Benzodiazepines



### Summary of Reporting Organizations

10 organizations submitted valid data for this measure.

9	4	2
Commercial	Medicaid	Medicare

Only the Commercial line of business reported more than 5 valid submissions.

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	62,165	485,145	12.81%	9.36%	9

LINE OF BUSINESS	MIN	10 <sup>TH</sup>	25 <sup>TH</sup>	50 <sup>TH</sup>	75 <sup>TH</sup>	90 <sup>TH</sup>	MAX
Commercial	13.52%	12.92%	12.14%	10.74%	8.46%	4.24%	0%

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

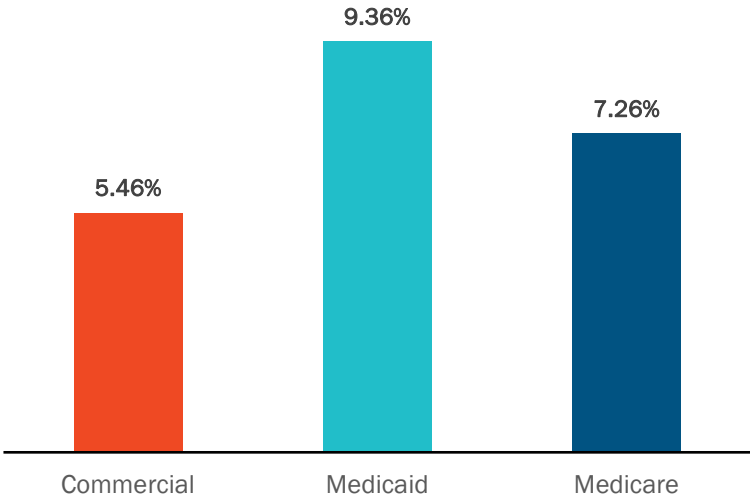
### Measure Description

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 13. Use of Multiple Anticholinergic Medications



### Summary of Reporting Organizations

24 organizations submitted valid data for this measure.

<b>23</b>	<b>14</b>	<b>12</b>
<b>Commercial</b>	<b>Medicaid</b>	<b>Medicare</b>

The Commercial line of business had the highest overall performance (5.46%, n=23), while the Medicaid line of business had the lowest overall performance (9.36%, n=14).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	41,018	751,421	5.46%	6.60%	23
Medicaid	5,584	59,635	9.36%	11.03%	14
Medicare	203,799	2,807,990	7.26%	8.58%	12

LINE OF BUSINESS	MIN	10 <sup>TH</sup>	25 <sup>TH</sup>	50 <sup>TH</sup>	75 <sup>TH</sup>	90 <sup>TH</sup>	MAX
Commercial	10.48%	9.20%	7.68%	6.54%	6.05%	4.05%	2.05%
Medicaid	17.83%	15.57%	12.83%	10.52%	9.38%	8.16%	2.00%
Medicare	13.99%	10.30%	9.36%	8.42%	7.75%	5.81%	5.05%

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

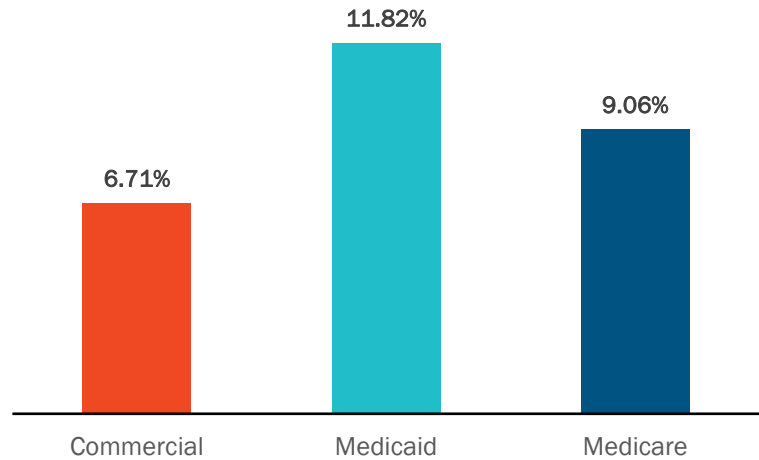
### Measure Description

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 14. Use of Multiple CNS-Active Medications



### Summary of Reporting Organizations

21 organizations submitted valid data for this measure.

<b>20</b>	<b>13</b>	<b>11</b>
<b>Commercial</b>	<b>Medicaid</b>	<b>Medicare</b>

The Commercial line of business had the highest overall performance (6.71%, n=20), while the Medicaid line of business had the lowest overall performance (11.82%, n=13).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	168,010	2,502,887	6.71%	8.81%	20
Medicaid	15,961	134,986	11.82%	12.10%	13
Medicare	938,268	10,355,181	9.06%	11.28%	11

LINE OF BUSINESS	MIN	10 <sup>TH</sup>	25 <sup>TH</sup>	50 <sup>TH</sup>	75 <sup>TH</sup>	90 <sup>TH</sup>	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)

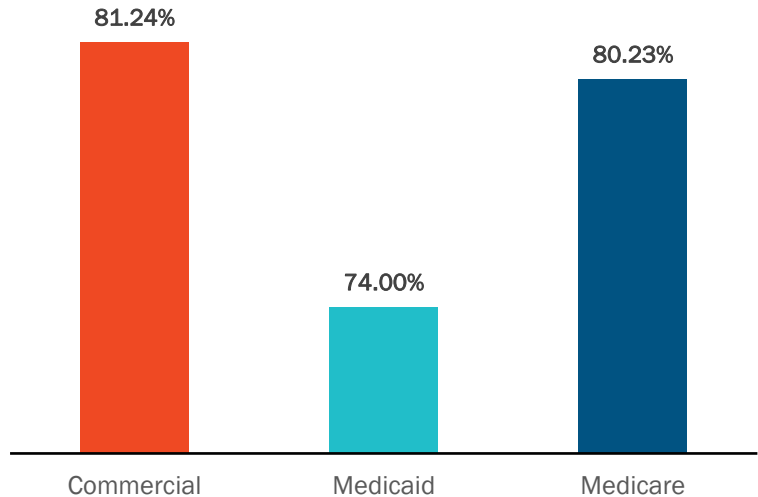
### Measure Description

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 15. Completion of Therapy for Chronic Hepatitis C



### Summary of Reporting Organizations

17 organizations submitted valid data for this measure.

15	13	10
Commercial	Medicaid	Medicare

The Commercial line of business had the highest overall performance (81.24%, n=15), while the Medicaid line of business had the lowest overall performance (74.00%, n=13).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	10,693	13,162	81.24%	86.07%	15
Medicaid	25,807	34,873	74.00%	76.65%	13
Medicare	10,862	13,538	80.23%	82.91%	10

LINE OF BUSINESS	MIN	10 <sup>TH</sup>	25 <sup>TH</sup>	50 <sup>TH</sup>	75 <sup>TH</sup>	90 <sup>TH</sup>	MAX
Commercial	56.96%	73.70%	85.10%	89.39%	91.24%	95.96%	96.43%
Medicaid	31.24%	69.73%	79.13%	81.06%	83.42%	85.90%	86.48%
Medicare	69.98%	69.98%	75.77%	87.73%	88.50%	89.32%	91.02%

## 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  $\geq 18$  years of age who received prescriptions for opioids with an average daily dosage of  $\geq 90$  morphine milligram equivalents (MME) AND who received prescriptions for opioids from  $\geq 4$  prescribers AND  $\geq 4$  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 16. Use of Opioids at High Dosage & From Multiple Providers in Persons Without Cancer



### Summary of Reporting Organizations

9 organizations submitted valid data for this measure.

8	4	2
Commercial	Medicaid	Medicare

Only the Commercial line of business reported more than 5 valid submissions.

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	138	370,060	0.04%	1.72%	8

LINE OF BUSINESS	MIN	10 <sup>TH</sup>	25 <sup>TH</sup>	50 <sup>TH</sup>	75 <sup>TH</sup>	90 <sup>TH</sup>	MAX
Commercial	9.19%	5.90%	1.17%	0.02%	0.01%	0%	0%

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

### Measure Description

This *mandatory* measure assesses the percentage of individuals  $\geq 18$  years of age who received prescriptions for opioids with an average daily dosage of  $\geq 90$  morphine milligram equivalents (MME) over a period of  $\geq 90$  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 17. Use of Opioids at High Dosage in Persons Without Cancer



### Summary of Reporting Organizations

9 organizations submitted valid data for this measure.

8	4	2
Commercial	Medicaid	Medicare

Only the Commercial line of business reported more than 5 valid submissions.

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	14,054	386,384	3.64%	4.37%	8

LINE OF BUSINESS	MIN	10 <sup>TH</sup>	25 <sup>TH</sup>	50 <sup>TH</sup>	75 <sup>TH</sup>	90 <sup>TH</sup>	MAX
Commercial	9.04%	6.50%	5.39%	4.53%	3.22%	1.52%	0.49%

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

### Measure Description

This mandatory measure assesses the percentage of individuals  $\geq 18$  years of age who received prescriptions for opioids from  $\geq 4$  prescribers AND  $\geq 4$  pharmacies within  $\leq 180$  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 18. Use of Opioids From Multiple Providers in Persons Without Cancer



### Summary of Reporting Organizations

9 organizations submitted valid data for this measure.

8	4	2
Commercial	Medicaid	Medicare

Only the Commercial line of business reported more than 5 valid submissions.

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	1,923	370,058	0.52%	0.33%	8

LINE OF BUSINESS	MIN	10 <sup>TH</sup>	25 <sup>TH</sup>	50 <sup>TH</sup>	75 <sup>TH</sup>	90 <sup>TH</sup>	MAX
Commercial	0.80%	0.63%	0.49%	0.37%	0.08%	0%	0%