



Health Plan

Measures At A Glance

Disclaimer: URAC reserves the right to update its measures and measure sets to maintain measure relevancy and to remedy any unintended consequences that may arise during implementation. Further, URAC may add and/or align its measures with regulatory requirements of federal, state, and local governments.

Updated: 07/12/2017



Mandatory Measures (7)

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

Measure #	Measure Name	Measure Steward	URAC Domain	Measure Description	Numerator	Denominator	Data Source
PH2017-01	Treatment of Chronic Hepatitis C: Completion of Therapy	PQA	Prevention & Treatment	The percentage of patients 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.	Received the cumulative days supply required to complete the minimum duration of therapy as indicated for the DAA; ~ and ~ Did not have a cumulative gap of >15 days between the first and the last fill of the direct-acting antiviral medication.	The eligible population who initiated therapy on a direct acting antiviral (DAA) medication included in Table HCV-A to treat chronic Hepatitis C during the measurement year. Exclusions: Individuals with a prescription claim for a DAA with a dispensing date within the 108-day look back period prior to the measurement year; Individuals with a prescription claim where the days' supply of an individual fill of the DAA is >56.	Medical Claims, Pharmacy Claims
PH2017-02	Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults	PQA	Prevention & Treatment; Safe Care	This measure evaluates the percentage of individuals 65 and older with concurrent use of 3 or more unique central nervous system (CNS)-active medications.	Individuals from the denominator with concurrent use of ≥3 unique CNS-active medications, each with ≥2 fills with unique dates of service during the treatment period. Concurrent use is defined as overlapping covered days for ≥30 (cumulative) days.	Individuals ≥65 years of age with ≥2 fills for the same CNS-active medication with unique dates of service during the treatment period. Individuals in hospice care are excluded.	Medical Claims, Pharmacy Claims

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PH2017-03	Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults	PQA	Prevention & Treatment; Safe Care	This measure evaluates the percentage of individuals 65 and older with concurrent use of 2 or more unique anticholinergic medications.	Individuals from the denominator with concurrent use of ≥ 2 unique anticholinergic medications, each with ≥ 2 fills with unique dates of service during the treatment period. Concurrent use is defined as overlapping covered days for ≥ 30 (cumulative) days.	Individuals ≥ 65 years of age with ≥ 2 fills for a unique anticholinergic medication with unique dates of service during the treatment period. Individuals in hospice care are excluded.	Medical Claims, Pharmacy Claims
PH2017-04	Use of Opioids at High Dosage and from Multiple Providers in Persons without Cancer (OHDMP)	PQA	Prevention & Treatment; Safe Care	The proportion (XX out of 1,000) of individuals from the denominator receiving prescriptions for opioids with a daily dosage greater than 120 morphine milligram equivalents (MME) for 90 consecutive days or longer, AND who received opioid prescriptions from four (4) or more prescribers AND four (4) or more pharmacies. Includes criteria of both high dose opioids and also receiving prescriptions from multiple providers - which may indicate misuse, abuse, or inappropriate and/or fragmented care.			Medical Claims, Pharmacy Claims

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PH2017-05	Use of Opioids from Multiple Providers in Persons without Cancer (OMP)	PQA	Prevention & Treatment; Safe Care	Assesses populations that are receiving prescriptions for opioids from multiple prescribers and multiple pharmacies, which may indicate uncoordinated care and/or doctor/pharmacy shopping. The proportion (XX out of 1,000) of individuals without cancer receiving prescriptions for opioids from four (4) or more prescribers AND four (4) or more pharmacies.			Medical Claims, Pharmacy Claims
PH2017-06	Use of Opioids at High Dosage in Persons without Cancer (OHD)	PQA	Prevention & Treatment; Safe Care	Assesses populations that are receiving prescriptions for opioids at a high dose that could be inappropriate or could contribute to an adverse event. The proportion (XX out of 1,000) of individuals from the denominator receiving prescriptions for opioids with a daily dosage greater than 120 morphine milligram equivalents (MME) for 90 consecutive days or longer.			Medical Claims, Pharmacy Claims

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PH2017-07	Concurrent use of Opioids & Benzodiazepines	PQA	Prevention & Treatment; Safe Care	This measure examines the percentage of individuals 18 years and older with concurrent use of prescription opioids and benzodiazepines.	Individuals from the denominator with 2 or more prescription claims for benzodiazepines filled on 2 or more separate days, and concurrent use of opioids and benzodiazepines for 30 or more cumulative days.	Individuals 18 years and older by the first day of the measurement year with 2 or more prescription claims for opioids filled on 2 or more separate days, for which the sum of the days supply is 15 or more days during the measurement period. Patients in hospice care and those with a cancer diagnosis are excluded.	Medical Claims, Pharmacy Claims, RxHCCs

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