



2025

PHARMACY BENEFIT MANAGEMENT PERFORMANCE MEASUREMENT

AGGREGATE SUMMARY PERFORMANCE REPORT

January 2026



2025 URAC PHARMACY BENEFIT MANAGEMENT AGGREGATE SUMMARY PERFORMANCE REPORT

Measure data evaluated within this report are reflective of data collected in 2024 according to URAC's 2025 Measure Specification Guides.

URAC licenses the PQA measure set as defined by the measure steward.

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INTRODUCTION

Presented in this report are the 2024 measurement year (2025 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 2025 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 16 mandatory measures and have the option to report data for three exploratory measures.

Below is the list of measures for 2025 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 in Persons Without Cancer (PH2018-08-OHD)
16. 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

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 20 URAC-accredited Pharmacy Benefit Management (PBM) organizations reported 2024 measurement year data for the 2025 reporting year. The total number of prescriptions covered across all organizations was 4,050,779,763 with a range of 531,251 to 1,205,645,217 per organization. Specialty prescriptions represented a small percentage of total prescriptions (1.28%, n=16), with the largest submission containing 17,091,880 specialty prescriptions. Four of the 20 PBMs did not report specialty prescriptions. Most organizations reported fewer than 100 million total prescriptions. The average number of total prescriptions covered was 202.54 million. Five organizations reported over 100 million total prescriptions, with one of those organizations reporting 1.21 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 20 organizations (**Figure 2**).

Figure 1. Reporting by Program Tier Size
of prescriptions dispensed per organization (n=20)

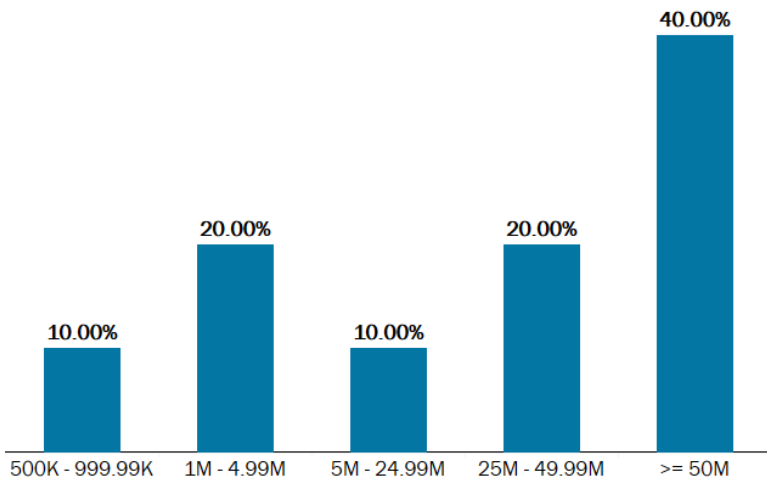
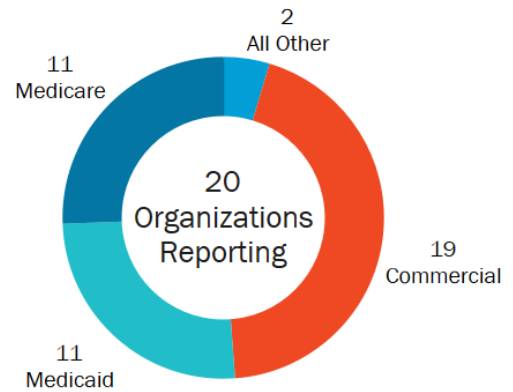


Figure 2. Lines of Business Served
% of reporting organizations by payor (n=20)



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

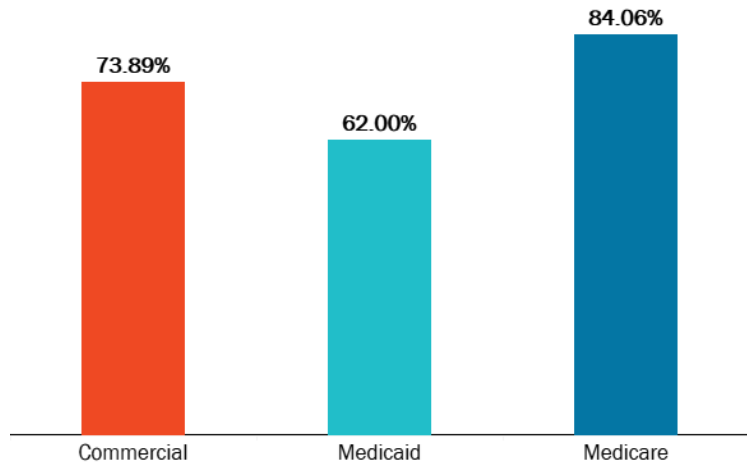
Measure Description

This *mandatory* measure assesses the percentage of individuals 18 years and older who met the proportion of days covered (PDC) threshold of 80% for **Beta-Blockers** during the measurement year. A higher rate indicates 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 3. Proportion of Days Covered: Beta-Blockers



Summary of Reporting Organizations

17 organizations submitted valid data for this measure.

17 Commercial	10 Medicaid	10 Medicare
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The Medicare line of business had the highest overall performance (84.06%, n=10), while the Medicaid line of business had the lowest overall performance (62.00%, n=10).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	6,371,378	8,622,938	73.89%	69.97%	17
Medicaid	563,350	908,645	62.00%	62.82%	10
Medicare	8,073,976	9,605,536	84.06%	83.11%	10

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	49.94%	59.85%	69.45%	72.27%	74.22%	75.86%	77.55%
Medicaid	49.40%	58.91%	62.03%	63.33%	65.60%	67.63%	70.34%
Medicare	70.73%	79.95%	83.67%	84.40%	85.42%	85.97%	86.84%

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

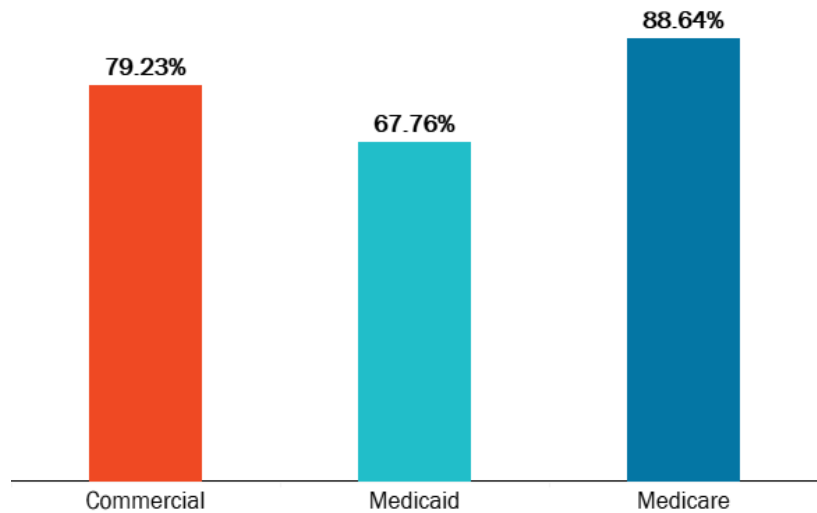
Measure Description

This *mandatory* measure assesses the percentage of individuals 18 years and older who met the proportion of days covered (PDC) threshold of 80% for **Renin Angiotensin System (RAS) Antagonists** during the measurement year. A higher rate indicates 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 4. Proportion of Days Covered: Renin Angiotensin System Antagonists



Summary of Reporting Organizations

14 organizations submitted valid data for this measure.

14	9	9
Commercial	Medicaid	Medicare

The Medicare line of business had the highest overall performance (88.64%, n=9), while the Medicaid line of business had the lowest overall performance (67.76%, n=9).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	13,590,233	17,151,830	79.23%	76.42%	14
Medicaid	965,534	1,424,921	67.76%	68.87%	9
Medicare	12,535,793	14,142,810	88.64%	88.25%	9

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	61.24%	66.54%	76.14%	78.28%	80.44%	80.84%	82.54%
Medicaid	60.42%	64.30%	67.66%	70.01%	71.18%	73.19%	73.99%
Medicare	84.11%	87.11%	88.19%	88.53%	88.91%	89.45%	90.32%

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

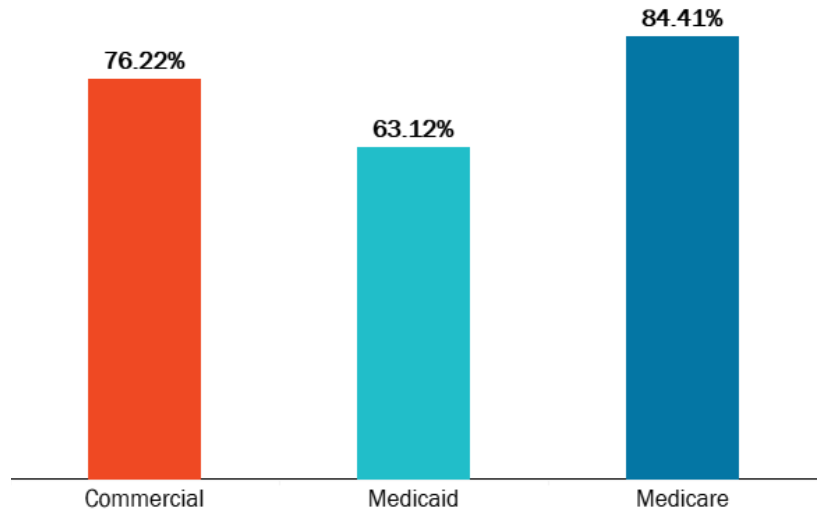
Measure Description

This *mandatory* measure assesses the percentage of individuals 18 years and older who met the proportion of days covered (PDC) threshold of 80% for **Calcium Channel Blockers (CCB)** during the measurement year. A higher rate indicates 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).

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Figure 5. Proportion of Days Covered: Calcium Channel Blockers



Summary of Reporting Organizations

17 organizations submitted valid data for this measure.

17	10	10
Commercial	Medicaid	Medicare

The Medicare line of business had the highest overall performance (84.41%, n=10), while the Medicaid line of business had the lowest overall performance (63.12%, n=10).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	6,094,124	7,995,112	76.22%	72.55%	17
Medicaid	494,902	784,106	63.12%	65.10%	10
Medicare	6,871,303	8,140,238	84.41%	84.34%	10

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	58.42%	60.38%	70.23%	74.73%	77.04%	77.91%	81.79%
Medicaid	58.69%	59.84%	62.56%	65.43%	68.30%	69.46%	70.48%
Medicare	80.00%	80.98%	83.86%	84.88%	85.86%	86.43%	87.07%

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

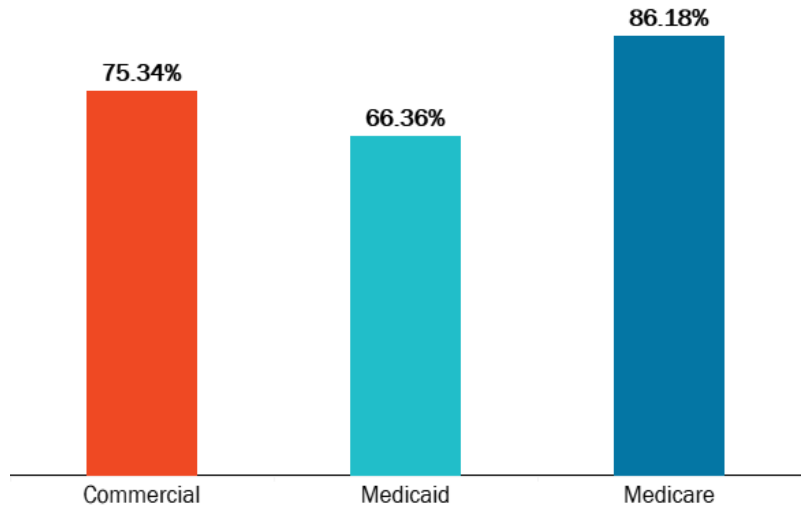
Measure Description

This mandatory measure assesses the percentage of individuals 18 years and older who met the proportion of days covered (PDC) threshold of 80% for **Diabetes All Class** medications during the measurement year. A higher rate indicates 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 6. Proportion of Days Covered: Diabetes All Class



Summary of Reporting Organizations

14 organizations submitted valid data for this measure.

14	9	9
Commercial	Medicaid	Medicare

The Medicare line of business had the highest overall performance (86.18% n=9), while the Medicaid line of business had the lowest overall performance (66.36%, n=9).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	6,331,403	8,403,853	75.34%	72.64%	14
Medicaid	530,429	799,357	66.36%	67.05%	9
Medicare	4,869,515	5,650,606	86.18%	85.46%	9

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	57.01%	61.37%	71.44%	74.82%	76.55%	77.77%	79.57%
Medicaid	60.74%	63.02%	65.59%	66.83%	68.81%	70.04%	74.33%
Medicare	80.50%	81.90%	86.00%	86.19%	86.89%	87.28%	87.59%

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

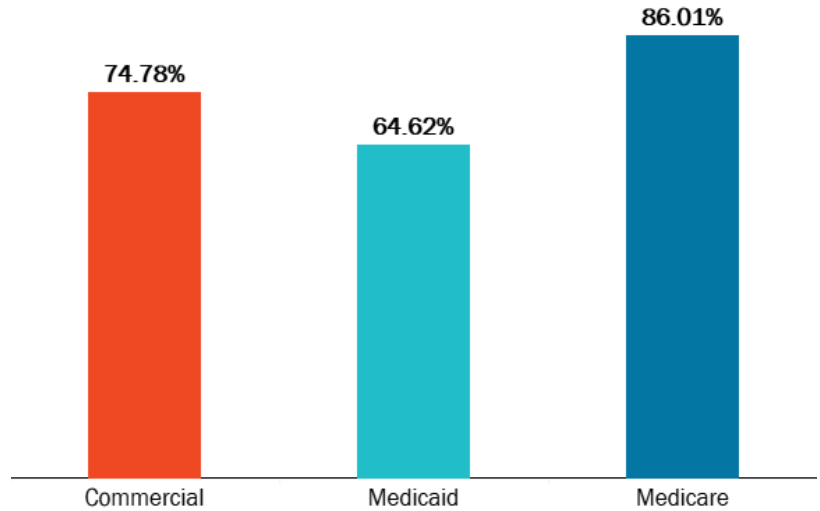
Measure Description

This *mandatory* measure assesses the percentage of individuals 18 years and older who met the proportion of days covered (PDC) threshold of 80% for **Statins** during the measurement year. A higher rate indicates 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 7. Proportion of Days Covered: Statins



Summary of Reporting Organizations

14 organizations submitted valid data for this measure.

14	9	9
Commercial	Medicaid	Medicare

The Medicare line of business had the highest overall performance (86.01%, n=9), while the Medicaid line of business had the lowest overall performance (64.62%, n=9).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	12,570,743	16,811,274	74.78%	72.93%	14
Medicaid	910,524	1,409,135	64.62%	66.76%	9
Medicare	15,040,586	17,487,869	86.01%	86.48%	9

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	50.03%	61.96%	73.24%	75.10%	77.70%	79.15%	80.23%
Medicaid	51.97%	60.92%	63.67%	68.10%	70.42%	72.58%	75.12%
Medicare	82.75%	83.44%	85.01%	87.33%	87.67%	88.10%	89.45%

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

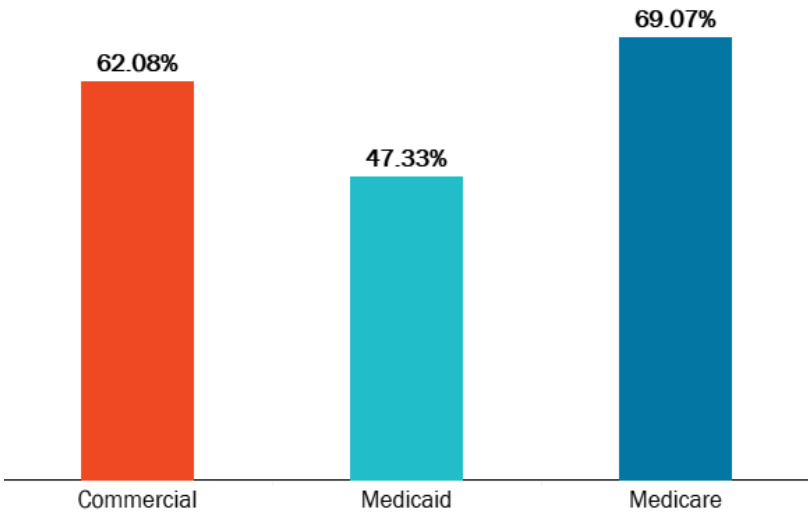
Measure Description

This *mandatory* measure assesses the percentage of individuals 18 years and older who met the proportion of days covered (PDC) threshold of 90% for **≥3 Antiretrovirals** during the measurement year. A higher rate indicates 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).

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Figure 8. Proportion of Days Covered: Antiretrovirals



Summary of Reporting Organizations

16 organizations submitted valid data for this measure.

16	9	8
Commercial	Medicaid	Medicare

The Medicare line of business had the highest overall performance (69.07%, n=8), while the Medicaid line of business had the lowest overall performance (47.33%, n=9).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	195,705	315,235	62.08%	56.68%	16
Medicaid	36,813	77,772	47.33%	47.68%	9
Medicare	76,371	110,571	69.07%	68.86%	8

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	28.89%	45.99%	53.64%	60.49%	62.76%	63.06%	70.30%
Medicaid	44.22%	44.32%	44.99%	45.86%	47.30%	52.07%	61.16%
Medicare	59.57%	64.32%	67.09%	69.53%	71.02%	73.40%	75.55%

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

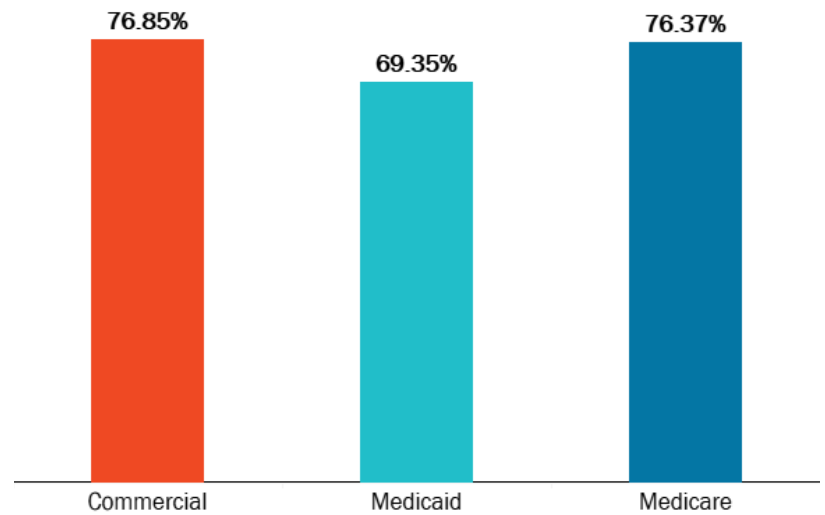
Measure Description

This *mandatory* measure assesses the percentage of individuals 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80 percent during the measurement year for disease-modifying agents used to treat multiple sclerosis (MS). A higher rate indicates 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 9. Adherence to Non-Infused Disease Modifying Agents for Multiple Sclerosis



Summary of Reporting Organizations

17 organizations submitted valid data for this measure.

16	9	7
Commercial	Medicaid	Medicare

The Commercial line of business had the highest overall performance (76.85%, n=16), while the Medicaid line of business had the lowest overall performance (69.35%, n=9).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	69,526	90,470	76.85%	70.40%	16
Medicaid	4,730	6,820	69.35%	70.56%	9
Medicare	21,501	28,153	76.37%	77.04%	7

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	41.06%	54.64%	65.57%	75.53%	76.90%	78.52%	80.47%
Medicaid	66.83%	67.60%	67.94%	69.37%	71.90%	75.47%	77.36%
Medicare	69.49%	73.11%	75.62%	77.23%	79.54%	81.45%	82.28%

ADHERENCE TO DIRECT ACTING ORAL ANTICOAGULANTS (DTM2015-01)

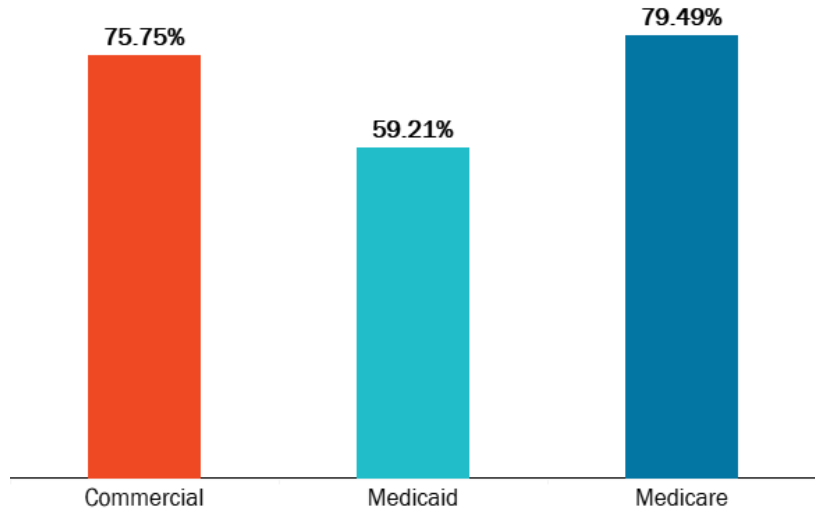
Measure Description

This *mandatory* measure assesses 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.

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

14 organizations submitted valid data for this measure.

14 Commercial | **9** Medicaid | **9** Medicare

The Medicare line of business had the highest overall performance (79.49%, n=9), while the Medicaid line of business had the lowest overall performance (59.21%, n=9).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	1,012,906	1,337,184	75.75%	72.51%	14
Medicaid	76,758	129,631	59.21%	63.68%	9
Medicare	2,017,792	2,538,556	79.49%	77.74%	9

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	46.07%	67.22%	70.47%	72.92%	78.06%	80.87%	84.09%
Medicaid	55.54%	55.77%	59.41%	64.14%	66.89%	70.87%	73.04%
Medicare	70.35%	71.26%	72.66%	79.00%	82.37%	83.47%	83.71%



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

98.40%

Prescriptions Dispensed as Generics

The 19 valid submissions for this measure reported an aggregate summary rate of 98.40%.

TOTAL NUMERATOR		TOTAL DENOMINATOR		AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
2,815,820,622		2,861,671,354		98.40%	98.18%	19

MIN	10TH	25TH	50TH	75TH	90TH	MAX
95.32%	96.45%	97.73%	98.46%	99.00%	99.19%	99.79%

CALL CENTER PERFORMANCE (DTM2010-04)

Measure Description

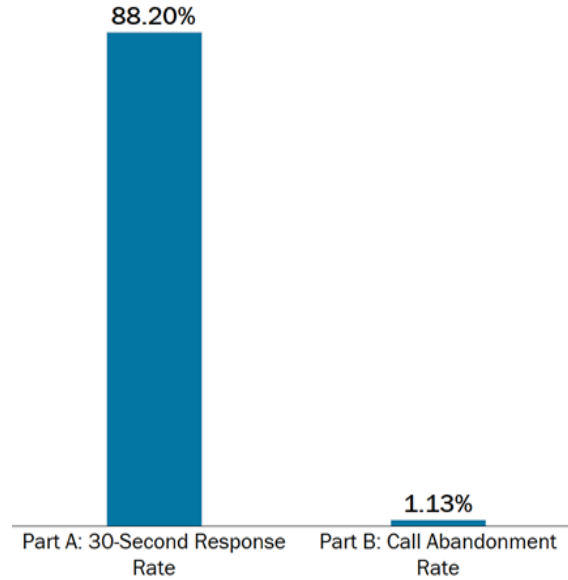
This *mandatory* measure has two parts:

- 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 19 organizations reported valid results for each measure part. There were two submissions at or above the 90th percentile for Part A. There were two 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	66,375,047	75,257,134	88.20%	89.62%	19
Part B: Call Abandonment Rate	851,307	75,257,857	1.13%	1.75%	19

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part A: 30-Second Response Rate	69.22%	82.00%	84.02%	92.85%	95.90%	96.90%	97.92%
Part B: Call Abandonment Rate	10.11%	2.48%	1.73%	1.14%	0.83%	0.44%	0.25%

CONCURRENT USE OF OPIOIDS AND BENZODIAZEPINES (PH2018-04)

Measure Description

This *mandatory* measure assesses the percentage of individuals ≥ 18 years of age with concurrent use of prescription opioids and benzodiazepines. **A lower rate indicates 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

8 organizations submitted valid data for this measure.

8	4	4
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	52,180		433,978		12.02%	10.82%	8

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	23.53%	15.80%	11.81%	11.04%	9.43%	4.50%	0%

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

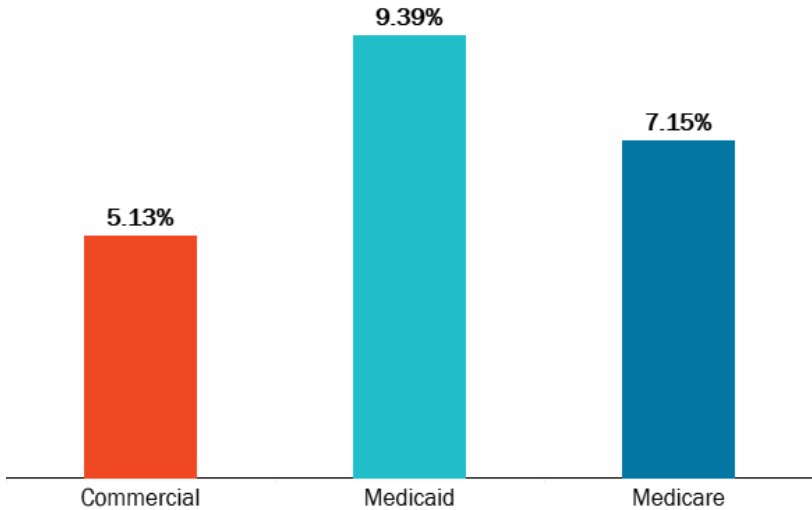
Measure Description

This *mandatory* measure assesses the percentage of individuals ≥ 65 years of age with concurrent use of 2 or more unique anticholinergic medications. **A lower rate indicates 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

17 organizations submitted valid data for this measure.

17	8	10
Commercial	Medicaid	Medicare

The Commercial line of business had the highest overall performance (5.13%, n=17), while the Medicaid line of business had the lowest overall performance (9.39%, n=8).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	33,007	643,111	5.13%	6.47%	17
Medicaid	3,189	33,961	9.39%	11.07%	8
Medicare	193,656	2,708,456	7.15%	8.55%	10

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	13.38%	9.99%	8.59%	6.33%	4.61%	2.65%	0%
Medicaid	15.45%	13.62%	12.28%	11.78%	8.94%	8.14%	6.85%
Medicare	14.15%	12.97%	9.79%	8.09%	6.69%	5.05%	4.03%

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

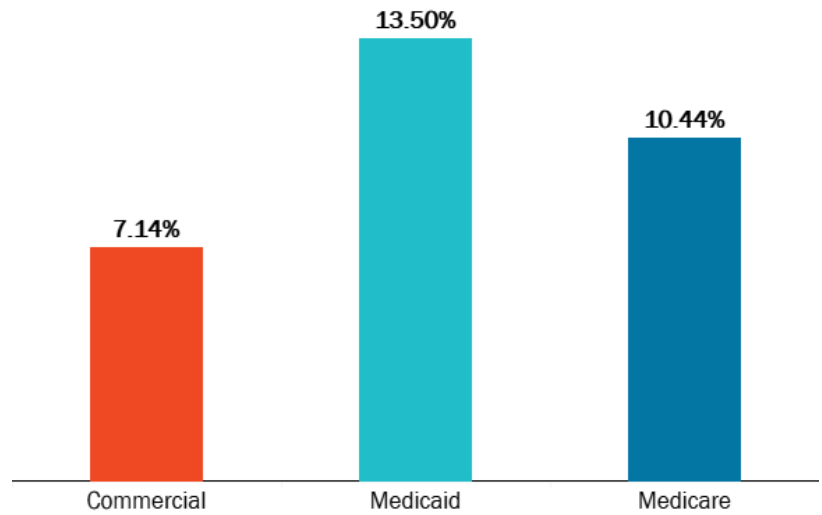
Measure Description

This *mandatory* measure assesses percentage of individuals ≥ 65 years of age with concurrent use ≥ 3 unique central-nervous system (CNS) active medications. **A lower rate indicates 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

14 organizations submitted valid data for this measure.

14 Commercial | **9** Medicaid | **9** Medicare

The Commercial line of business had the highest overall performance (7.14%, n=14), while the Medicaid line of business had the lowest overall performance (13.50%, n=9).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	154,471	2,164,629	7.14%	7.52%	14
Medicaid	10,936	81,035	13.50%	13.92%	9
Medicare	1,001,640	9,597,420	10.44%	12.77%	9

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	14.20%	12.04%	10.37%	8.45%	5.41%	0.72%	0.28%
Medicaid	17.51%	17.22%	15.69%	13.20%	12.80%	12.00%	10.25%
Medicare	22.65%	17.64%	13.23%	12.69%	10.43%	7.29%	6.30%

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

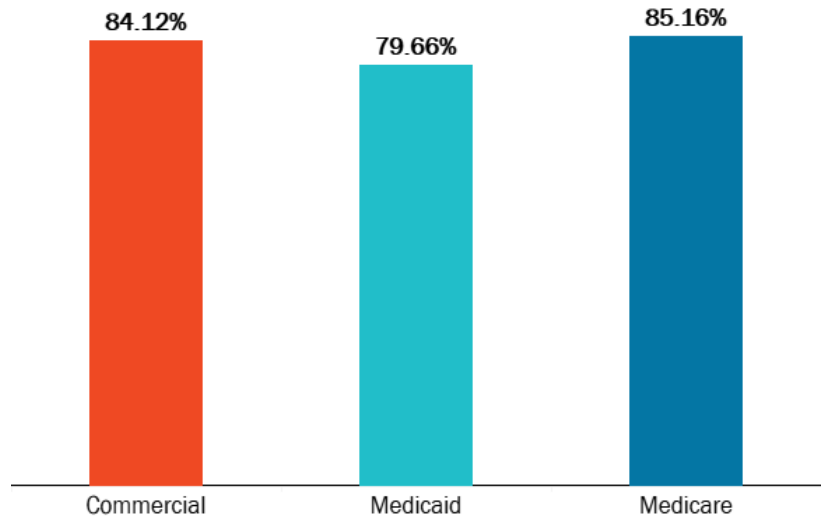
Measure Description

This *mandatory* measure assesses the percentage of individuals 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.

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

14 organizations submitted valid data for this measure.

12	10	7
Commercial	Medicaid	Medicare

The Medicare line of business had the highest overall performance (85.16%, n=7), while the Medicaid line of business had the lowest overall performance (79.66%, n=10).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	7,210	8,571	84.12%	82.38%	12
Medicaid	9,335	11,718	79.66%	80.78%	10
Medicare	5,565	6,535	85.16%	82.42%	7

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	59.18%	65.86%	82.48%	83.84%	89.39%	91.69%	92.25%
Medicaid	75.33%	76.01%	76.62%	80.65%	82.71%	85.64%	91.45%
Medicare	76.47%	77.25%	78.14%	83.48%	85.82%	87.15%	89.08%

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.

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 in Persons Without Cancer



Summary of Reporting Organizations

8 organizations submitted valid data for this measure.

7
Commercial

4
Medicaid

4
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	10,642	341,630	3.12%	2.74%	7

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	6.03%	4.69%	3.74%	3.30%	1.13%	0.41%	0.08%

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.

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 From Multiple Providers in Persons Without Cancer



Summary of Reporting Organizations

8 organizations submitted valid data for this measure.

7	4	4
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	1,672		340,653		0.49%	0.42%	7

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	0.83%	0.73%	0.55%	0.45%	0.28%	0.14%	0%