2024
PHARMACY BENEFIT MANAGEMENT PERFORMANCE MEASUREMENT

AGGREGATE SUMMARY PERFORMANCE REPORT

February 2025

2024 URAC PHARMACY BENEFIT MANAGEMENT PERFORMANCE MEASUREMENT: AGGREGATE SUMMARY PERFORMANCE REPORT

Measure data evaluated within this report are reflective of data collected in 2023 according to URAC's 2024 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 2023 measurement year (2024 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 2024 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 2024 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)
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7. Adherence to Non-Infused Disease-Modifying Agents to Treat Multiple Sclerosis (PH2018-03)
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11. Concurrent Use of Opioids and Benzodiazepines (PH2018-04)
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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 23 URAC-accredited Pharmacy Benefit Management (PBM) organizations reported 2023 measurement year data for the 2024 reporting year. The total number of prescriptions covered across all organizations was 5,098,245,838 with a range of 350,078 to 1,524,325,858 per organization. Specialty prescriptions represented a small percentage of total prescriptions (4.37%, n=18), with the largest submission containing 168,103,557 specialty prescriptions. Five of the 23 PBMs did not report specialty prescriptions. Most organizations reported fewer than 100 million total prescriptions. The average number of total prescriptions covered was 221.66 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 23 organizations **(Figure 2)**.

Figure 1. Reporting by Program Tier Size
# of prescriptions dispensed per organization (n=23)
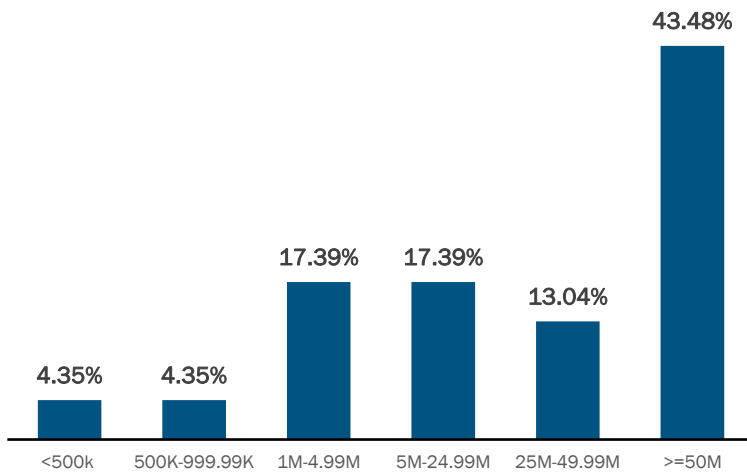
Figure 2. Lines of Business Served
 % of reporting organizations by payor (n=23)

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
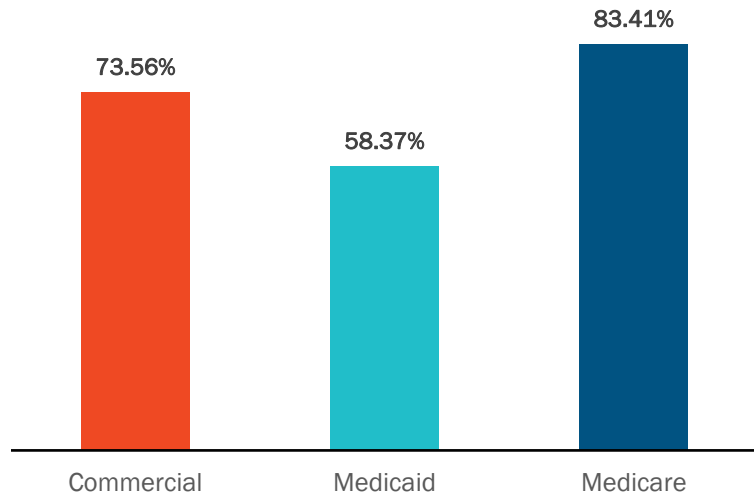
Summary of Reporting Organizations

20 organizations submitted valid data for this measure.

20	11	12
Commercial	Medicaid	Medicare

The Medicare line of business had the highest overall performance (83.41%, n=12), while the Medicaid line of business had the lowest overall performance (58.37%, n=11).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	7,655,484	10,407,041	73.56%	70.12%	20
Medicaid	963,831	1,651,123	58.37%	61.24%	11
Medicare	15,132,601	18,143,177	83.41%	83.46%	12

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	49.99%	60.06%	67.14%	72.13%	75.35%	77.17%	81.09%
Medicaid	52.44%	55.88%	57.03%	63.47%	65.06%	68.10%	68.11%
Medicare	70.46%	82.91%	83.11%	84.22%	85.84%	86.61%	86.85%

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

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
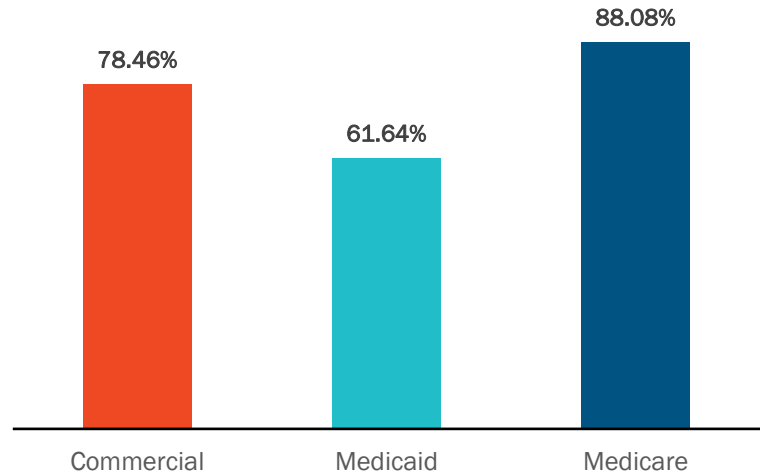
Summary of Reporting Organizations

17 organizations submitted valid data for this measure.

17	10	11
Commercial	Medicaid	Medicare

The Medicare line of business had the highest overall performance (88.08%, n=11), while the Medicaid line of business had the lowest overall performance (61.64%, n=10).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	16,280,625	20,749,332	78.46%	76.17%	17
Medicaid	1,603,288	2,600,924	61.64%	64.62%	10
Medicare	23,414,066	26,583,392	88.08%	88.16%	11

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	60.16%	63.42%	76.59%	78.15%	80.18%	81.12%	85.48%
Medicaid	57.62%	57.74%	58.60%	63.33%	70.75%	71.85%	73.65%
Medicare	84.19%	87.05%	87.90%	88.01%	89.22%	89.72%	90.09%

# 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
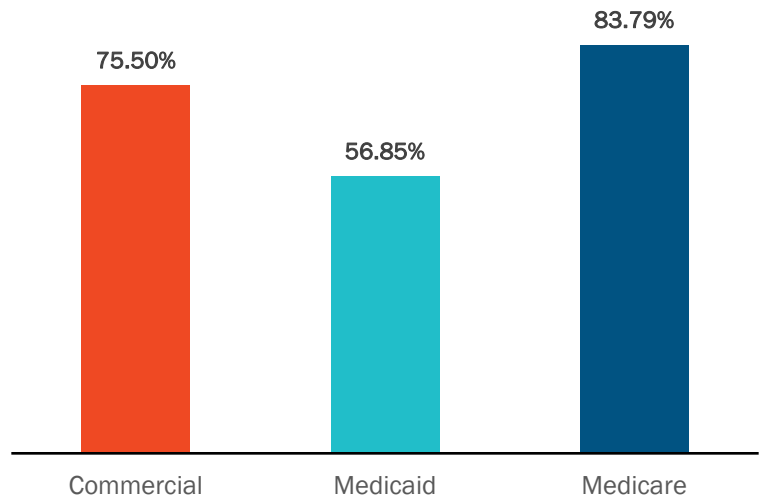
Summary of Reporting Organizations

20 organizations submitted valid data for this measure.

20	11	12
Commercial	Medicaid	Medicare

The Medicare line of business had the highest overall performance (83.79%, n=12), while the Medicaid line of business had the lowest overall performance (56.85%, n=11).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	7,176,421	9,504,669	75.50%	72.15%	20
Medicaid	833,793	1,466,620	56.85%	60.17%	11
Medicare	12,767,568	15,236,926	83.79%	84.74%	12

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	58.61%	60.49%	70.68%	74.31%	76.63%	78.39%	82.45%
Medicaid	50.73%	53.04%	55.67%	59.04%	65.80%	66.93%	67.73%
Medicare	82.63%	83.38%	83.58%	84.48%	85.91%	86.65%	86.76%

# 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
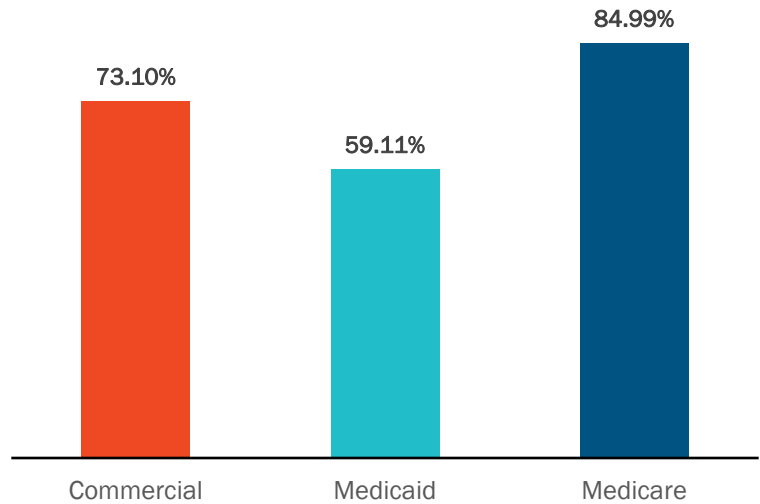
Summary of Reporting Organizations

17 organizations submitted valid data for this measure.

17	10	11
Commercial	Medicaid	Medicare

The Medicare line of business had the highest overall performance (84.99% n=11), while the Medicaid line of business had the lowest overall performance (59.11%, n=10).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	6,947,451	9,504,560	73.10%	71.99%	17
Medicaid	851,434	1,440,544	59.11%	63.44%	10
Medicare	8,340,390	9,813,232	84.99%	85.89%	11

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	52.85%	62.42%	70.80%	73.75%	75.75%	78.36%	81.33%
Medicaid	53.54%	55.93%	58.48%	63.55%	68.23%	71.92%	71.98%
Medicare	82.49%	84.32%	84.66%	85.29%	87.10%	87.59%	89.77%

# 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
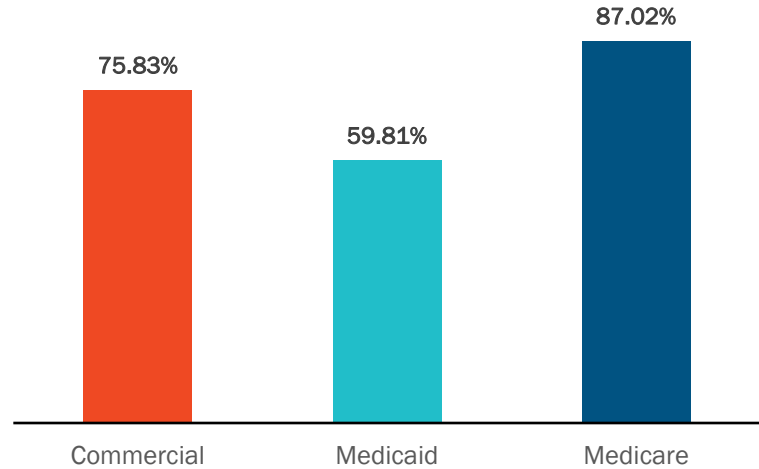
Summary of Reporting Organizations

17 organizations submitted valid data for this measure.

17	10	11
Commercial	Medicaid	Medicare

The Medicare line of business had the highest overall performance (87.02%, n=11), while the Medicaid line of business had the lowest overall performance (59.81%, n=10).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	15,147,510	19,976,710	75.83%	72.91%	17
Medicaid	1,497,837	2,504,367	59.81%	62.60%	10
Medicare	28,152,422	32,350,391	87.02%	87.07%	11

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	49.61%	59.87%	73.76%	75.36%	77.30%	78.66%	82.33%
Medicaid	48.52%	54.29%	56.70%	62.67%	69.97%	71.72%	72.09%
Medicare	85.70%	85.87%	86.31%	87.00%	87.63%	88.18%	89.06%

# 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
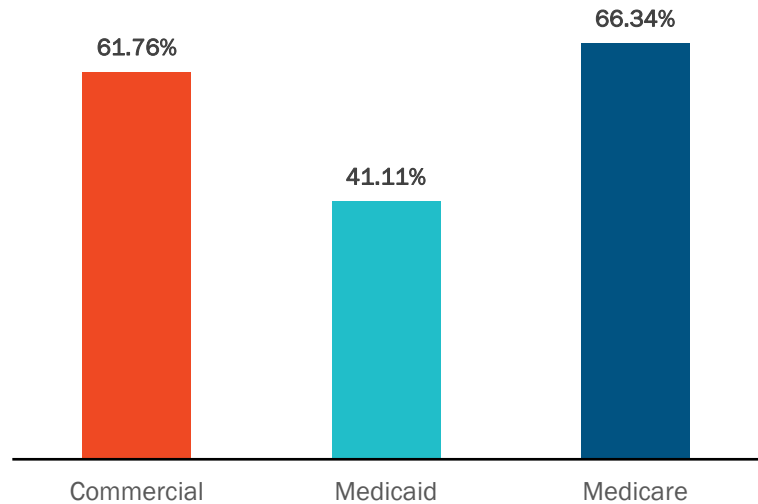
Commercial: 61.76%
Medicaid: 41.11%
Medicare: 66.34%

Summary of Reporting Organizations

18 organizations submitted valid data for this measure.

18	11	10
Commercial	Medicaid	Medicare

The Medicare line of business had the highest overall performance (66.34%, n=10), while the Medicaid line of business had the lowest overall performance (41.11%, n=11).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	226,889	367,364	61.76%	58.05%	18
Medicaid	58,075	141,282	41.11%	44.17%	11
Medicare	138,643	208,992	66.34%	67.36%	10

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	28.81%	49.63%	53.91%	61.46%	63.43%	65.85%	68.73%
Medicaid	28.09%	38.54%	41.29%	46.04%	47.93%	51.28%	53.19%
Medicare	60.24%	63.84%	64.59%	68.26%	70.03%	71.30%	72.10%

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
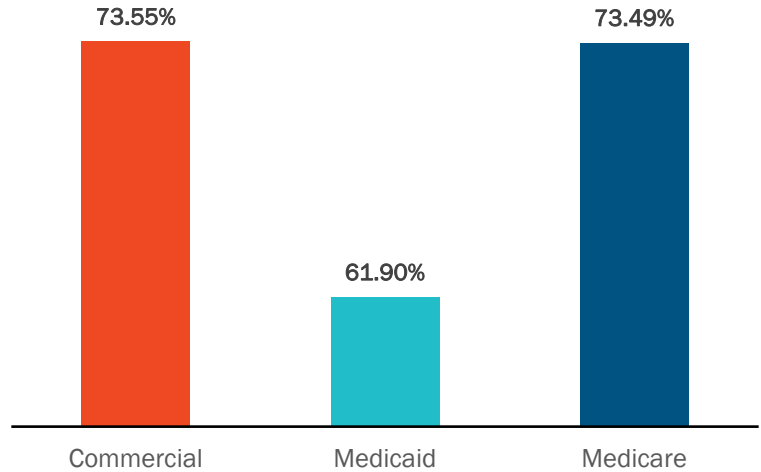
Summary of Reporting Organizations

19 organizations submitted valid data for this measure.

19	10	10
Commercial	Medicaid	Medicare

The Commercial line of business had the highest overall performance (73.55%, n=19), while the Medicaid line of business had the lowest overall performance (61.90%, n=10).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	86,495	117,603	73.55%	68.35%	19
Medicaid	8,102	13,089	61.90%	65.50%	10
Medicare	41,235	56,108	73.49%	73.24%	10

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	18.18%	58.48%	69.06%	73.19%	74.95%	78.34%	81.08%
Medicaid	57.93%	58.94%	62.18%	63.72%	68.83%	72.26%	80.26%
Medicare	68.15%	70.76%	71.54%	73.03%	74.82%	76.63%	77.81%

# 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
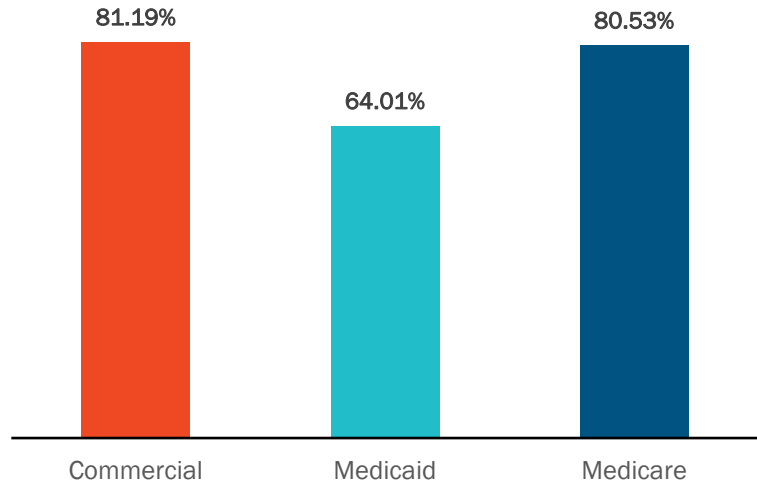
Summary of Reporting Organizations

18 organizations submitted valid data for this measure.

18	11	12
Commercial	Medicaid	Medicare

The Commercial line of business had the highest overall performance (81.19%, n=18), while the Medicaid line of business had the lowest overall performance (64.01%, n=11).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	1,051,208	1,294,713	81.19%	76.77%	18
Medicaid	106,584	166,523	64.01%	64.17%	11
Medicare	3,286,326	4,080,785	80.53%	80.65%	12

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	48.83%	69.28%	73.41%	80.46%	81.37%	82.33%	83.17%
Medicaid	59.55%	59.77%	61.26%	64.65%	66.48%	67.99%	68.49%
Medicare	71.03%	72.55%	77.68%	82.26%	83.23%	84.20%	92.31%

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

98.17%

Prescriptions Dispensed as Generics

The 23 valid submissions for this measure reported an aggregate summary rate of 98.17%.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
4,018,488,605	4,093,442,283	98.17%	97.79%	23

MIN	10TH	25TH	50TH	75TH	90TH	MAX
95.26%	96.01%	96.61%	97.87%	98.82%	99.26%	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

87.22%

1.27%

Part A: 30-Second Response Rate   Part B: Call Abandonment Rate
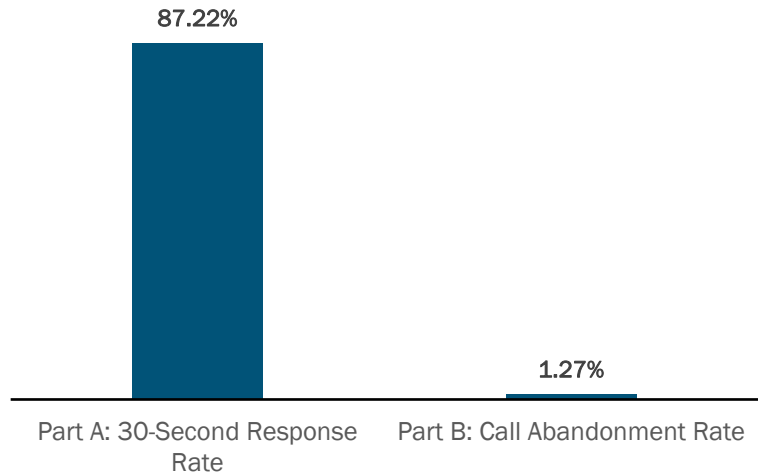
Summary of Findings

A total of 22 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	84,207,912	96,549,343	87.22%	90.44%	22
Part B: Call Abandonment Rate	1,225,591	96,551,499	1.27%	1.56%	22

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part A: 30-Second Response Rate	81.15%	85.26%	86.14%	90.40%	93.87%	97.05%	98.50%
Part B: Call Abandonment Rate	3.90%	2.51%	1.77%	1.35%	1.09%	0.73%	0.62%

# 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
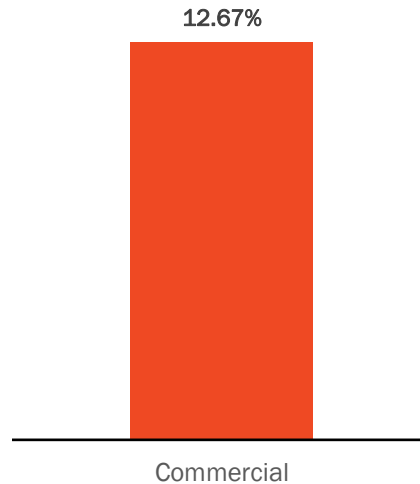
Summary of Reporting Organizations

10 organizations submitted valid data for this measure.

10	3	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	53,623	423,234	12.67%	16.04%	10

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	66.08%	18.27%	12.67%	12.10%	11.18%	8.34%	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
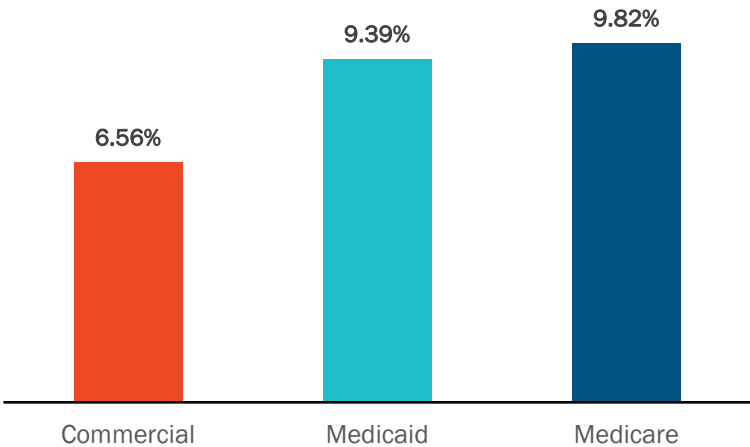
Summary of Reporting Organizations

19 organizations submitted valid data for this measure.

19	10	12
Commercial	Medicaid	Medicare

The Commercial line of business had the highest overall performance (6.56%, n=19), while the Medicare line of business had the lowest overall performance (9.82%, n=12).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	57,172	870,964	6.56%	6.94%	19
Medicaid	4,848	51,653	9.39%	10.92%	10
Medicare	550,088	5,600,248	9.82%	9.08%	12

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	10.20%	9.54%	9.35%	6.46%	5.62%	4.27%	2.27%
Medicaid	13.03%	12.77%	12.05%	11.99%	9.89%	8.50%	6.56%
Medicare	13.97%	12.26%	11.72%	8.80%	6.31%	6.24%	4.52%

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
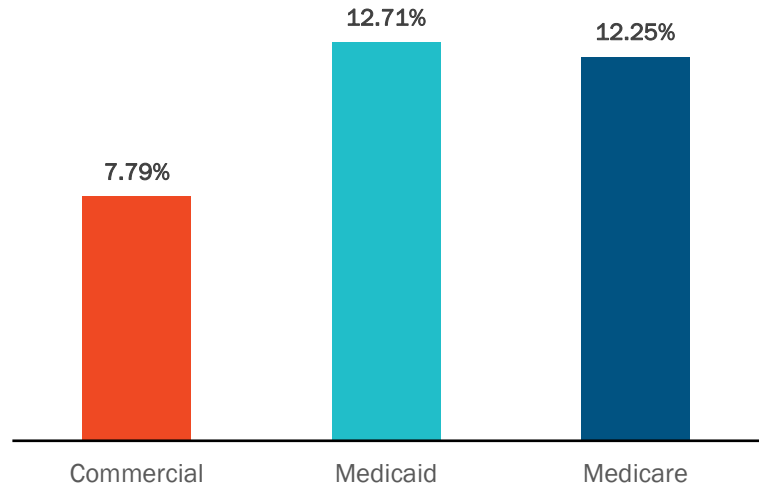
Summary of Reporting Organizations

17 organizations submitted valid data for this measure.

17	10	11
Commercial	Medicaid	Medicare

The Commercial line of business had the highest overall performance (7.79%, n=17), while the Medicaid line of business had the lowest overall performance (12.71%, n=10).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	222,353	2,852,935	7.79%	8.72%	17
Medicaid	15,424	121,396	12.71%	12.85%	10
Medicare	2,431,529	19,844,657	12.25%	12.18%	11

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	13.27%	11.88%	9.92%	9.09%	8.15%	5.70%	0.23%
Medicaid	18.45%	16.86%	14.08%	13.31%	9.94%	9.76%	8.79%
Medicare	16.07%	14.41%	14.14%	12.19%	10.77%	9.03%	6.66%

# 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
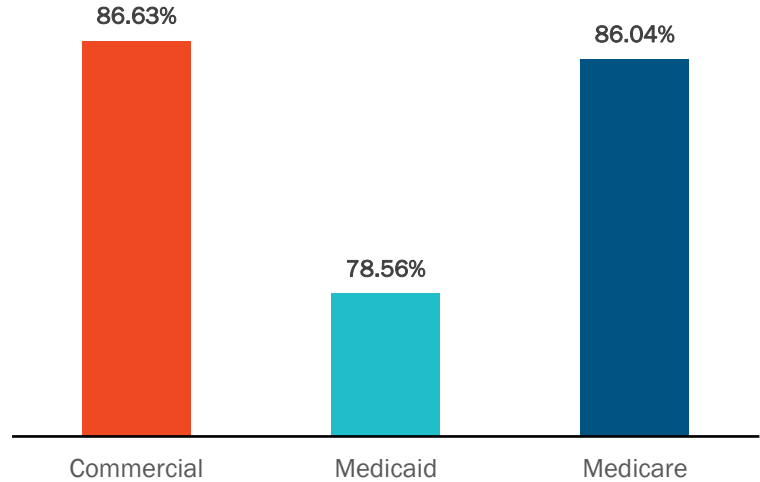
Summary of Reporting Organizations

17 organizations submitted valid data for this measure.

16	11	9
Commercial	Medicaid	Medicare

The Commercial line of business had the highest overall performance (86.63%, n=16), while the Medicaid line of business had the lowest overall performance (78.56%, n=11).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	9,445	10,903	86.63%	84.02%	16
Medicaid	20,003	25,463	78.56%	81.35%	11
Medicare	12,823	14,904	86.04%	86.26%	9

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	47.95%	75.07%	84.30%	87.19%	88.37%	92.53%	94.12%
Medicaid	72.73%	74.97%	77.03%	82.30%	85.67%	88.37%	88.76%
Medicare	80.77%	81.27%	84.94%	86.93%	89.27%	90.04%	90.18%

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 17. Use of Opioids at High Dosage in Persons Without Cancer

Summary of Reporting Organizations

9 organizations submitted valid data for this measure.

8	3	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	11,245	340,926	3.30%	3.54%	8

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	6.66%	5.69%	4.60%	4.02%	2.70%	0.31%	0.12%

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 18. Use of Opioids From Multiple Providers in Persons Without Cancer

Summary of Reporting Organizations

9 organizations submitted valid data for this measure.

8	3	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	2,244	353,133	0.64%	0.57%	8

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	1.12%	0.93%	0.83%	0.51%	0.42%	0.18%	0.02%