



2020

MAIL SERVICE PHARMACY PERFORMANCE MEASUREMENT

AGGREGATE SUMMARY PERFORMANCE REPORT

January 2021



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2020 MAIL SERVICE PHARMACY PERFORMANCE MEASUREMENT: AGGREGATE SUMMARY PERFORMANCE REPORT

Measure data evaluated within this report are reflective of data collected in 2019 according to URAC's 2020 Measure Specification Guides. URAC licenses the PQA measure set as defined by the measure steward.

For Pharmacy Quality Alliance (PQA) Measures:

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EXECUTIVE SUMMARY

34

Reporting Organizations

202M+

Prescriptions Dispensed

- There was an increase in number of organizations reporting by 11
- Organizations in the top 25th percentile fill prescriptions in one business day
- Most dispensing errors are due to incorrect quantity or incorrect dosage form
- Most distribution errors are due to prescriptions being delivered to the wrong location

Presented in this report are the 2019 measurement year (2020 reporting year) results based on URAC's Mail Service Pharmacy 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 2020 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.

Turnaround Time

~1 day

To fill a prescription

Generic Dispensing Rate

96.48%

Of prescriptions dispensed as generic

Dispensing Accuracy

99.99%

Of prescriptions dispensed with no errors

Distribution Accuracy

99.99%

Of prescriptions distributed with no errors



Organizations are required to report data for 15 mandatory measures and have the option to report data for six exploratory measures.

Below is the list of measures for 2020 reporting.

MANDATORY MEASURES

1. Proportion of Days Covered (PDC) (DM2012-12)
2. Adherence to Long-Acting Inhaled Bronchodilator Agents in COPD Patients (PH2018-01) *
3. Adherence to Non-Infused Biologic Agents to Treat Rheumatoid Arthritis (PH2018-02) *
4. Adherence to Non-Infused Disease-Modifying Agents to Treat Multiple Sclerosis (PH2018-03) *
5. Adherence to Non-Warfarin Oral Anticoagulants (DTM2015-01)
6. Drug-Drug Interactions (DM2012-13)
7. Generic Dispensing Rates (MP2012-09)
8. Call Center Performance (DTM2010-04)
9. Dispensing Accuracy (MP2012-06)
10. Distribution Accuracy (MP2012-07)
11. Turnaround Time for Prescriptions (MP2012-08)
12. Concurrent Use of Opioids and Benzodiazepines (PH2018-04) *
13. Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (PH2018-05)
14. Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults (PH2018-06)
15. Use of Opioids at High Dosage or from Multiple Providers in Persons Without Cancer (PH2018-08) *

EXPLORATORY MEASURES

1. Fulfillment of Promise to Deliver (SP2012-09) *
2. Use of High-Risk Medications in the Elderly (HIM2013-21) *
3. Primary Medication Non-Adherence (PH2015-01) *
4. Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly (PH2015-03) *
5. Statin Use in Persons with Diabetes (PH2015-06) *
6. Consumer Experience with Pharmacy Services (PH2015-05) *

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

DATA VALIDATION PROCEDURES

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

Kiser Healthcare Solutions executed standard procedures for data cleaning and validation prior to finalizing the results presented in this report. All organizations' measure submissions were reviewed for measure component quality. For example, numerators and denominators were checked against rates to ensure accuracy. Also, minimum, mean, median, and maximum rates were benchmarked nationally and regionally to ensure accuracy and to identify potential issues at an individual submission level.

Basic guidelines for identifying valid submissions:

- Measure denominator is greater than 0
- 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 34 URAC-accredited Mail Service Pharmacy (MSP) organizations reported 2019 measurement year data for the 2020 reporting year. The total number of prescriptions dispensed across all MSP organizations was 202,257,891 with the number of prescriptions dispensed ranging from 88 to 92,342,136. Most organizations reported dispensing fewer than one million prescriptions, with the majority of organizations reporting that they dispensed fewer than 300,000 prescriptions. Four organizations had over 15 million prescriptions at 18.3 million, 34.1 million, 46.9 million and 92.3 million prescriptions, respectively (**Figure 1**). For measures that were stratified by line of business, organizations were able to report one rate per applicable payor (**Figure 2**).

Figure 1. Reporting by Program Tier Size

of prescriptions dispensed per organization (n=34)

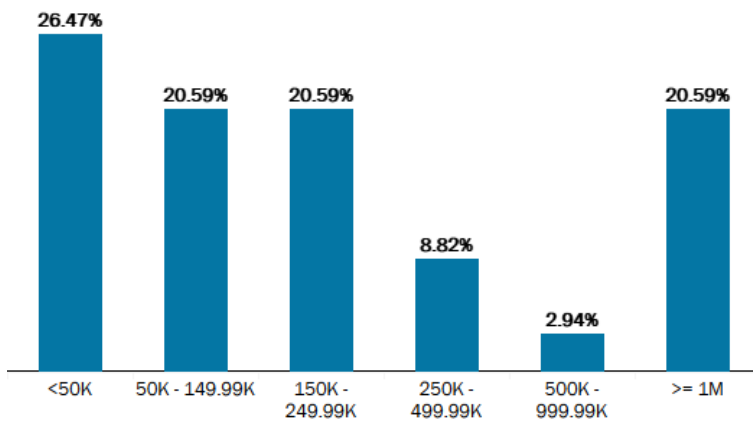


Figure 2. Lines of Business Served

% of reporting organizations by payor (n=34)

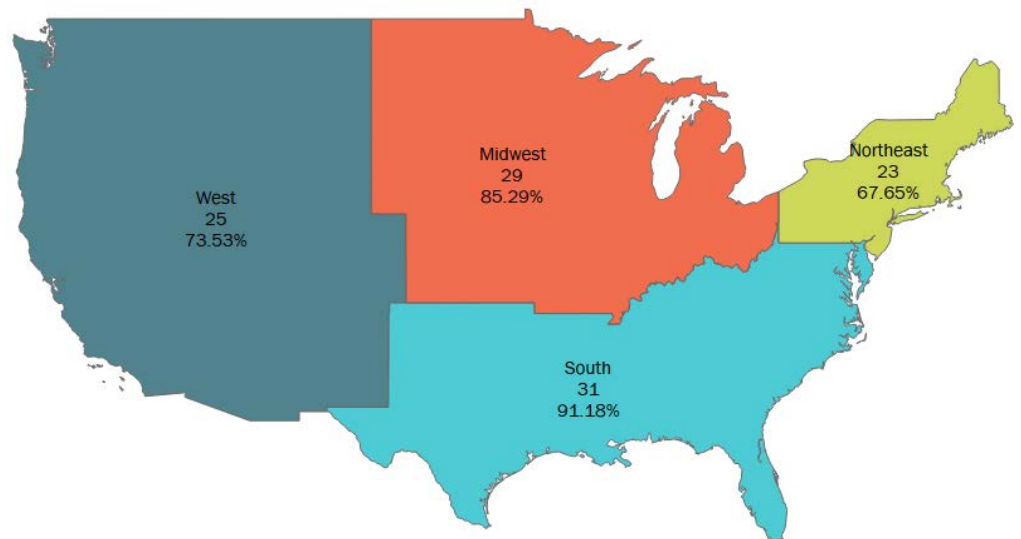


Figure 3. Regional Areas Served

% of reporting organizations by region (n=34)

Regional Areas Served

Of the 34 MSPs that submitted performance measurement data, 24 organizations covered all four URAC-specified regions (Midwest, Northeast, South, and West), and seven organizations covered only a single region (**Figure 3**).



Note: Multiple responses accepted.

PROPORTION OF DAYS COVERED (DM2012-12)

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% during the measurement period.

A performance rate is calculated separately for the following six medication categories:

- Beta-blockers (BB)
- Renin Angiotensin System (RAS) Antagonists
- Calcium Channel Blockers (CCB)
- Diabetes All Class
- Statins
- Antiretrovirals (this measure has a threshold of 90% for at least two measures)

This measure reports each of the rates 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.

Summary of Reporting Organizations

A total of 22 organizations submitted valid data for this measure, with Commercial and Medicare having the largest denominators across all measure parts.

18	11	14	7
Commercial	Medicaid	Medicare	All Other

Figure 4. Proportion of Days Covered – Commercial

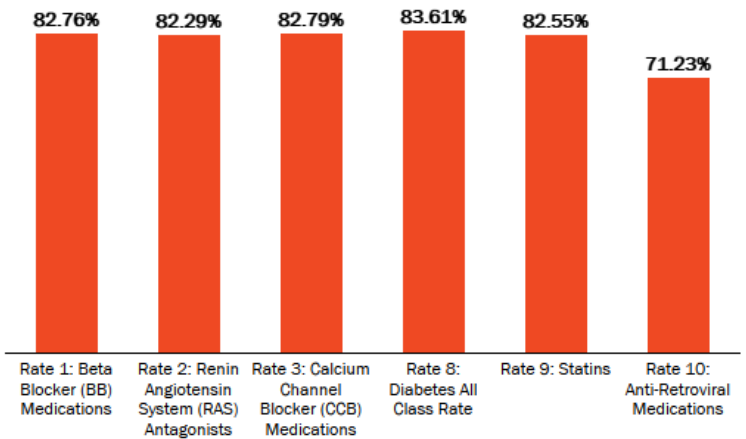


Figure 5. Proportion of Days Covered – Medicaid

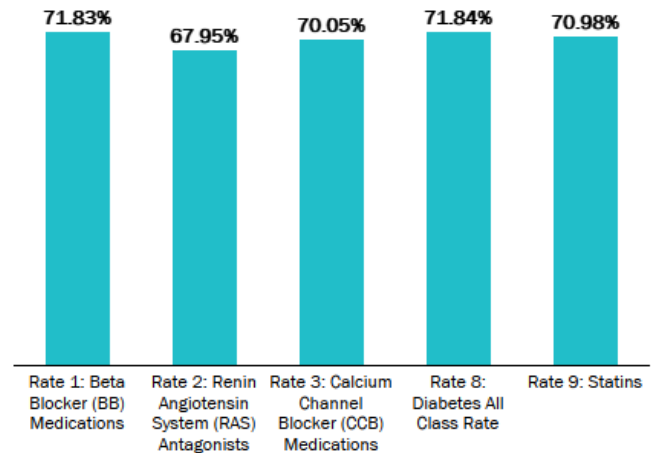
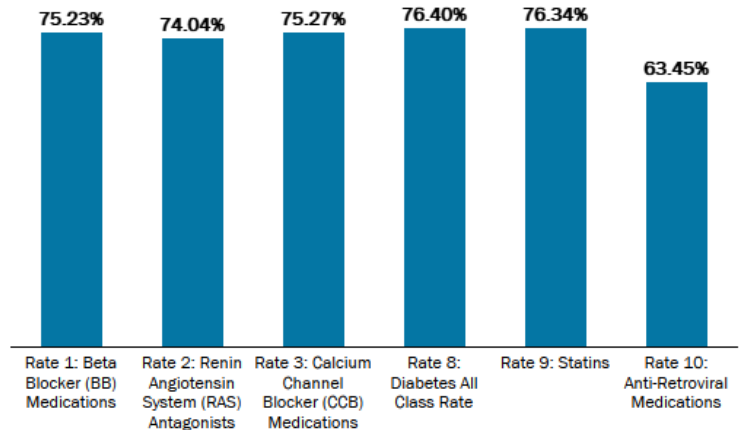


Figure 6. Proportion of Days Covered – Medicare





2020 MAIL SERVICE PHARMACY PERFORMANCE MEASUREMENT: AGGREGATE SUMMARY PERFORMANCE REPORT

Rate 1: Beta Blocker (BB) Medications

The Commercial line of business had the highest overall performance (82.76%, N=16), while the Medicaid line of business had the lowest overall performance (71.83%, N=8).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	894,328	1,080,605	82.76%	81.38%	16
Medicaid	3,419	4,760	71.83%	76.74%	8
Medicare	843,317	1,120,928	75.23%	80.79%	13
All Other	237	303	78.22%	76.88%	5

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	64.84%	69.07%	79.53%	82.82%	84.59%	89.35%	98.91%
Medicaid	62.86%	64.15%	65.40%	74.85%	82.30%	94.34%	100%
Medicare	63.50%	66.83%	75.40%	84.06%	85.15%	90.22%	98.39%
All Other	71.79%	71.91%	72.09%	75.00%	77.36%	83.85%	88.17%

Rate 2: Renin Angiotensin System (RAS) Antagonists

The Commercial line of business had the highest overall performance (82.29%, N=17), while the Medicaid line of business had the lowest overall performance (67.95%, N=8).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	1,676,595	2,037,336	82.29%	77.55%	17
Medicaid	5,768	8,488	67.95%	71.05%	8
Medicare	1,204,108	1,626,322	74.04%	80.35%	12
All Other	365	452	80.75%	76.11%	6

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	55.22%	62.82%	70.80%	80.81%	84.82%	86.30%	97.20%
Medicaid	59.35%	60.45%	64.48%	70.91%	76.11%	80.94%	86.91%
Medicare	58.47%	68.29%	72.64%	84.51%	86.51%	86.73%	98.50%
All Other	60.00%	64.72%	71.17%	78.30%	81.24%	85.30%	89.02%

Rate 3: Calcium Channel Blocker (CCB) Medications

The Commercial line of business had the highest overall performance (82.79%, N=15), while the Medicaid line of business had the lowest overall performance (70.05%, N=7).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	704,212	850,618	82.79%	80.67%	15
Medicaid	2,584	3,689	70.05%	69.79%	7
Medicare	631,466	838,951	75.27%	83.16%	13
All Other	239	299	79.93%	79.59%	5

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	63.03%	69.64%	76.07%	81.05%	85.56%	89.88%	97.85%
Medicaid	51.61%	56.78%	61.94%	73.27%	74.80%	81.61%	90.14%
Medicare	61.52%	71.25%	77.17%	85.91%	86.47%	95.78%	97.73%
All Other	72.73%	73.64%	75.00%	80.19%	84.72%	85.07%	85.29%



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Rate 8: Diabetes All Class Rate

The Commercial line of business had the highest overall performance (83.61%, N=17), while the Medicaid line of business had the lowest overall performance (71.84%, N=7).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	588,335	703,632	83.61%	77.62%	17
Medicaid	2,242	3,121	71.84%	64.48%	7
Medicare	431,991	565,443	76.40%	80.03%	11
All Other	240	305	78.69%	79.82%	5

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	57.89%	64.70%	73.44%	79.60%	86.03%	87.79%	89.01%
Medicaid	36.36%	42.55%	54.97%	70.12%	75.58%	80.32%	83.74%
Medicare	64.08%	69.12%	72.90%	84.93%	86.71%	87.43%	91.18%
All Other	65.93%	69.83%	75.68%	81.08%	81.48%	89.54%	94.92%

Rate 9: Statins

The Commercial line of business had the highest overall performance (82.55%, N=17), while the Medicaid line of business had the lowest overall performance (70.98%, N=8).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	1,778,071	2,154,000	82.55%	79.25%	17
Medicaid	6,384	8,994	70.98%	72.05%	8
Medicare	1,508,622	1,976,233	76.34%	82.49%	12
All Other	602	727	82.81%	80.96%	7

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	62.34%	64.88%	73.74%	80.46%	84.02%	89.04%	98.78%
Medicaid	60.77%	61.24%	62.42%	73.92%	77.93%	81.65%	86.71%
Medicare	63.43%	69.07%	79.16%	85.21%	85.86%	91.87%	99.19%
All Other	65.00%	74.33%	80.90%	82.86%	84.26%	86.38%	88.59%

Rate 10: Anti-Retroviral Medications

The Commercial line of business had the highest overall performance (71.23%, N=11), while the Medicare line of business had the lowest overall performance (63.45%, N=6). The Medicaid line of business had only two reportable submissions, and All Other lines of business had zero reportable submissions.

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	6,020	8,452	71.23%	60.41%	11
Medicare	901	1,420	63.45%	67.46%	6

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	17.12%	27.88%	53.79%	67.19%	74.90%	76.67%	79.46%
Medicare	33.77%	47.28%	61.80%	68.28%	80.42%	86.83%	90.32%

ADHERENCE TO NON-WARFARIN ORAL ANTICOAGULANTS (DTM2015-01)

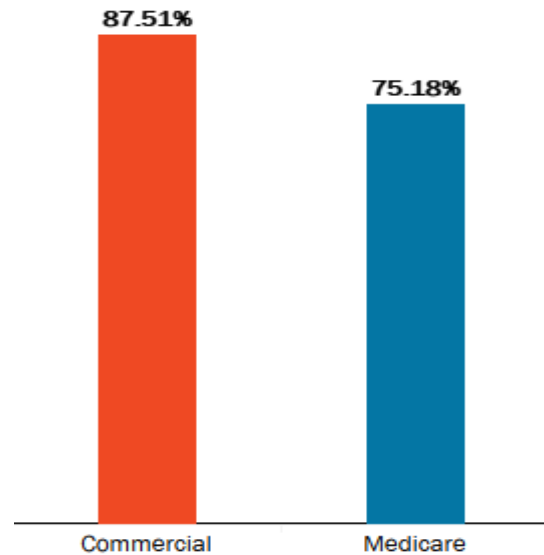
Measure Description

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 non-warfarin 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 7. Adherence to Non-Warfarin Oral Anticoagulants



Summary of Reporting Organizations

A total of 13 organizations submitted valid data for this measure.

13 Commercial | **2** Medicaid | **9** Medicare | **0** All Other

The Commercial and Medicare lines of business were the only lines that had five or greater submissions. Commercial performed the highest (87.51%, N=13). The Medicaid and All Other lines of business had fewer than five reportable submissions.

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	113,129	129,276	87.51%	84.10%	13
Medicare	131,231	174,560	75.18%	79.29%	9

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	70.15%	74.83%	76.63%	86.17%	90.11%	92.38%	100%
Medicare	60.00%	64.05%	70.92%	83.20%	86.06%	91.25%	100%

DRUG-DRUG INTERACTIONS (DM2012-13)

Measure Description

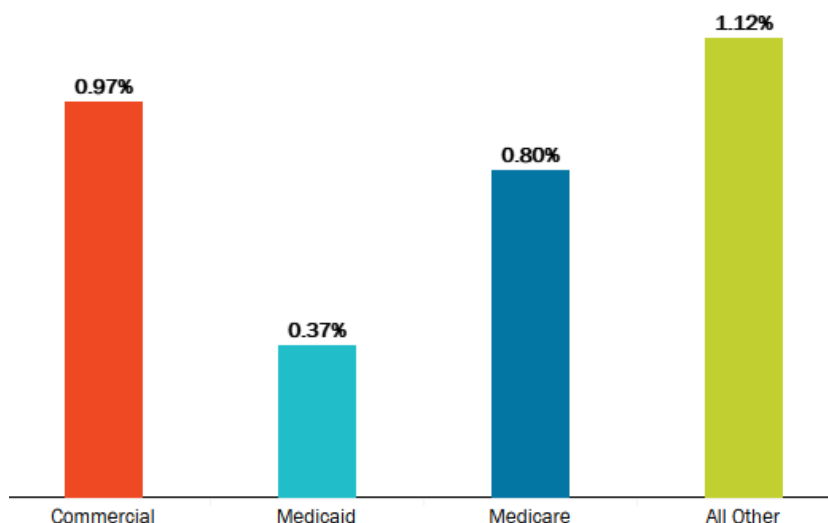
This *exploratory* measure assesses the percentage of patients who received a prescription for a target medication during the measurement period and who were dispensed a concurrent prescription for a precipitant medication.

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 8. Drug-Drug Interactions



Summary of Reporting Organizations

A total of 22 organizations submitted valid data for this measure.

18 Commercial | **8** Medicaid | **13** Medicare | **6** All Other

The Medicaid line of business had the highest overall performance (0.37%, N=8), while the All Other line of business had the lowest overall performance (1.12%, N=6).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	7,183	743,627	0.97%	1.23%	18
Medicaid	59	15,750	0.37%	1.73%	8
Medicare	7,212	899,689	0.80%	0.92%	13
All Other	198	17,662	1.12%	0.41%	6

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	11.11%	1.83%	1.27%	0.43%	0.28%	0%	0%
Medicaid	8.47%	4.25%	2.11%	0.32%	0.19%	0%	0%
Medicare	6.14%	1.75%	0.77%	0.42%	0.08%	0%	0%
All Other	1.32%	1.23%	0.85%	0%	0%	0%	0%



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 aggregated across all populations.

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

Generic Dispensing Rate

96.48%

Prescriptions Dispensed as Generic

Summary of Findings

The 31 valid submissions for this measure reported an aggregate summary rate of 96.48%. One organization dispensed 100% generic prescriptions.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
125,398,769	129,969,285	96.48%	86.90%	31

MIN	10TH	25TH	50TH	75TH	90TH	MAX
16.87%	67.70%	87.01%	95.88%	98.41%	99.33%	100%

CALL CENTER PERFORMANCE (DTM2010-04)

Measure Description

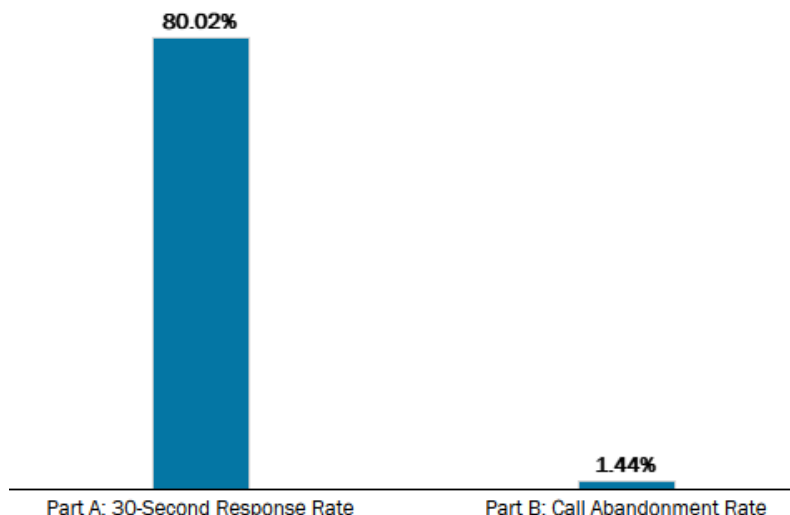
This *mandatory* measure has two parts:

- 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 9. Call Center Performance



Summary of Findings

A total of 32 organizations reported valid results for each measure part. Organizations in the 90th percentile for Part A reported over 97% of calls answered within 30 seconds while the lowest performer answered 52% of calls within 30 seconds. Half of reporting pharmacies indicated a call abandonment rate less than 2% with four pharmacies reporting in the 90th percentile for Part B.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part A: 30-Second Response Rate	95,081,441	118,824,548	80.02%	83.13%	32
Part B: Call Abandonment Rate	1,718,266	119,190,715	1.44%	3.85%	32

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part A: 30-Second Response Rate	52.07%	59.97%	77.15%	87.80%	93.33%	97.46%	98.92%
Part B: Call Abandonment Rate	18.74%	10.31%	4.17%	2.02%	1.31%	1.13%	0.02%

DISPENSING ACCURACY (MP2012-06)

Measure Description

This *mandatory* six-part measure and composite roll-up assesses the percentage of prescriptions that the organization dispensed inaccurately.

Measure parts include:

- Part A: Incorrect Drug and/or Product Dispensed
- Part B: Incorrect Recipient
- Part C: Incorrect Strength
- Part D: Incorrect Dosage Form
- Part E: Incorrect Instructions
- Part F: Incorrect Quantity

For all parts, a lower rate represents better performance.

Each part of this measure is calculated at the individual prescription level, not at the order level (i.e., if an order contains three prescriptions, those three prescriptions are each counted separately in each denominator).

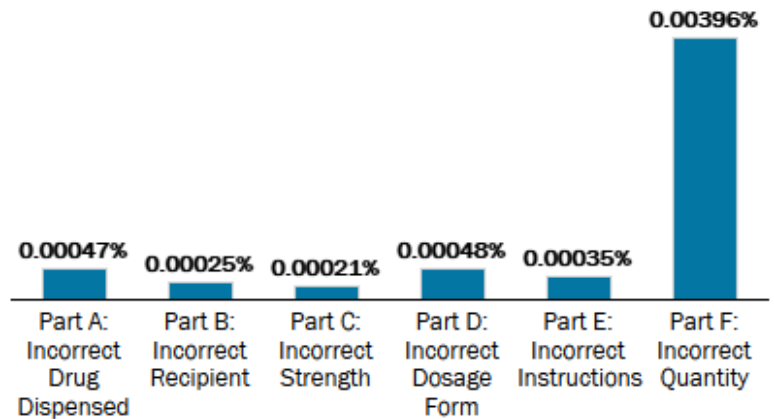
There is no stratification for this measure, results are reported aggregated across all populations.

Dispensing Error Rate

0.00606% All Error Composite

6.06 errors Per 100k Prescriptions Dispensed

Figure 10. Dispensing Error Types



Most dispensing errors are due to incorrect quantity & incorrect dosage form.

Summary of Findings

Based on the data submitted for over 200 million mail service prescriptions, the average number of drug dispensing errors was 6 per 100,000 prescriptions dispensed (99.99% of prescriptions dispensed with zero errors). The highest performing pharmacies (19% of organizations) reported zero dispensing errors for the 2019 measure collection year. Conversely, the lowest performing pharmacy reported 74 drug dispensing defects per 100,000 with the leading cause of errors in dispensing accuracy reported as being due to incorrect quantity dispensed.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
12,554	206,994,029	0.00606%	0.01201%	32

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.07396%	0.03398%	0.01382%	0.00520%	0.00175%	0%	0%



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Part A: Incorrect Drug Dispensed

Based on the 31 submissions received, the average number of incorrect drugs dispensed was less than 1 per 100,000 prescriptions dispensed. More than one-third of pharmacies (n=12) reported zero errors due to incorrect drug, while the lowest performing pharmacy in this sub-measure reported 16 incorrect drugs dispensed per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS		
945	199,763,975	0.00047%	0.00206%	31		
MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.01599%	0.00597%	0.00168%	0.00042%	0%	0%	0%

Part B: Incorrect Recipient

Of the 32 reporting pharmacies, almost half reported zero errors due to incorrect recipient. The lowest performer indicated 8 drug dispensing defects per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS		
518	206,993,999	0.00025%	0.00103%	32		
MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.00787%	0.00288%	0.00084%	0.00015%	0%	0%	0%

Part C: Incorrect Strength

Incorrect strength accounts for the lowest amount of dispensing errors. Of the 32 valid submissions, there were 14 valid data submissions that reported zero errors due to incorrect strength. The lowest performer reported 12 prescriptions dispensed with incorrect strength per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS		
424	204,426,448	0.00021%	0.00128%	32		
MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.01166%	0.00247%	0.00138%	0.00018%	0%	0%	0%

Part D: Incorrect Dosage Form

Prescriptions dispensed as the incorrect dosage form were the second most common cause of dispensing errors, after incorrect quantity, with an average dispensing accuracy of 0.00048%. Almost half reported zero errors due to the incorrect dosage form being dispensed. The lowest performer indicated 9 drug dispensing defects per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS		
944	197,203,081	0.00048%	0.00110%	31		
MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.00866%	0.00394%	0.00121%	0.00005%	0%	0%	0%



2020 MAIL SERVICE PHARMACY PERFORMANCE MEASUREMENT: AGGREGATE SUMMARY PERFORMANCE REPORT

Part E: Incorrect Instructions

More than one-third of reporting organizations (n=14) indicated zero errors due to incorrect instructions. The lowest performer reported 13 prescriptions dispensed with incorrect instructions per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS		
726	206,994,029	0.00035%	0.00156%	32		
MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.01299%	0.00459%	0.00076%	0.00022%	0%	0%	0%

Part F: Incorrect Quantity

Results showed that there were twice as many incidences of prescriptions dispensed with the incorrect quantity than all other error types combined. One-third of pharmacies (n=11) reported zero errors due to incorrect quantity dispensed, while the lowest performer indicated 23 drug dispensing defects per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS		
8,195	206,994,029	0.00396%	0.00477%	32		
MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.02266%	0.01834%	0.00660%	0.00126%	0%	0%	0%

DISTRIBUTION ACCURACY (MP2012-07)

Measure Description

This *mandatory* two-part measure and composite assesses the percentage of prescriptions delivered to the wrong recipient.

- Part A assesses the percentage of prescriptions mailed with an incorrect address
- Part B assesses the percentage of prescriptions mailed with a correct address that were not delivered to the correct location

For all parts, a lower rate represents better performance.

Each part of this measure is calculated at the individual prescription level, not at the order level (i.e., if an order contains three prescriptions, those three prescriptions are each counted separately in each denominator).

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

Distribution Error Rate

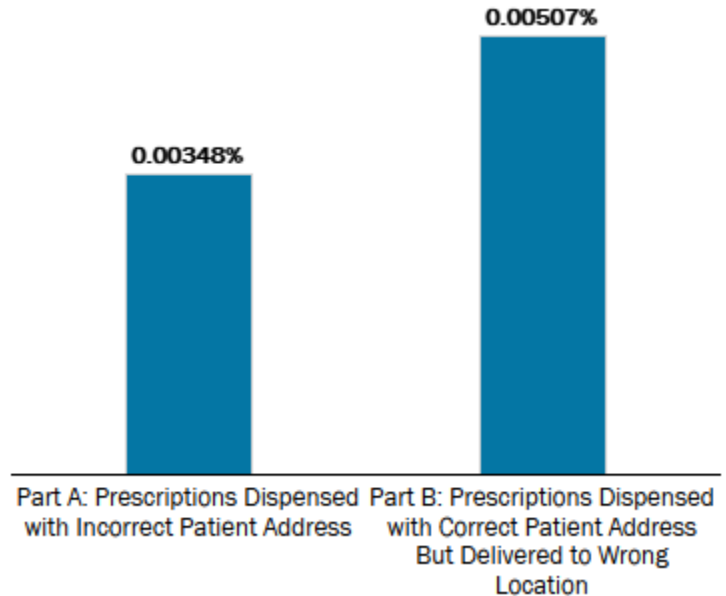
0.00855%

Composite Score

8.55 errors

Per 100k Prescriptions Dispensed

Figure 11. Distribution Error Types



Most distribution errors are due to prescriptions being delivered to the wrong location.

Summary of Findings

A total of 32 organizations reported valid Distribution Accuracy results for each measure part. The highest performing pharmacies (12.5% of reporting organizations) had zero distribution errors for the 2019 measure collection year. Conversely, pharmacies in the 10th percentile reported over 146 distribution defects per 100,000 prescriptions dispensed. The lowest performer represented 326 distribution defects per 100,000 prescriptions dispensed.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
17,706	206,994,029	0.00855%	0.04645%	32

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.32603%	0.14695%	0.04632%	0.00615%	0.00168%	0.00003%	0%



2020 MAIL SERVICE PHARMACY PERFORMANCE MEASUREMENT: AGGREGATE SUMMARY PERFORMANCE REPORT

Part A: Prescriptions Dispensed with Incorrect Patient Address

Of the 32 valid submissions, 15% reported zero errors attributed to an incorrect patient address. The lowest performing organization reported 219 drug dispensing defects per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
7,202	206,994,029	0.00348%	0.02609%	32

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.21872%	0.08648%	0.02726%	0.00515%	0.00064%	0%	0%

Part B: Prescriptions Dispensed with Correct Patient Address but Delivered to Wrong Location

Distribution errors caused by a prescription delivered to the wrong location occurred more frequently than prescriptions dispensed with the incorrect patient address (Part A). Pharmacies performing in the top 25th percentile (n=12) for this sub-measure reported zero errors due to prescriptions dispensed with the correct patient address being delivered to the wrong location. In contrast, the lowest performer indicated 217 drug dispensing defects per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
10,504	206,994,026	0.00507%	0.02036%	32

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.21716%	0.07947%	0.01132%	0.00049%	0%	0%	0%

TURNAROUND TIME FOR PRESCRIPTIONS (MP2012-08)

Measure Description

This *mandatory* three-part measure assesses the average speed with which the organization fills prescriptions.

- Part A measures prescription turnaround time for clean prescriptions
- Part B measures prescription turnaround time for prescriptions that required intervention
- Part C measures prescription turnaround time for all prescriptions

For all parts, a lower rate represents better performance.

Parts A and B of this measure are mutually exclusive; if a prescription requires an intervention, it is counted in Part B; when it becomes clean, it is not counted again in Part A. The unit of analysis in this measure is individual prescriptions, not orders (which may include multiple prescriptions).

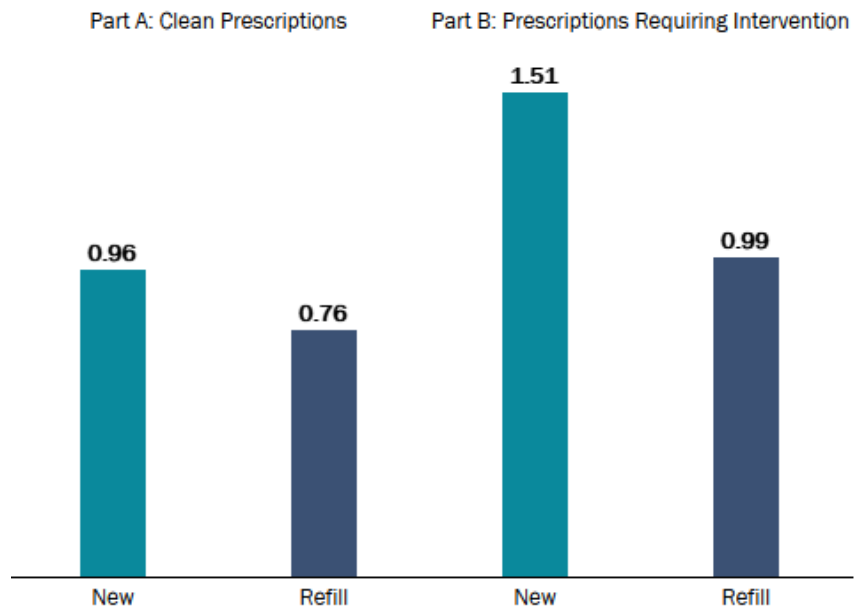
There is no stratification for this measure, results are reported across all populations.

Turnaround Time

1.21 days
Total New Prescriptions

0.80 days
Total Refill Prescriptions

Figure 12. Turnaround Times



Summary of Findings

There were 26 pharmacies that reported URAC's turnaround time measure with 24 organizations submitting valid data for all parts of the measure. Based on the data submitted, the average total time to fill mail service pharmacy prescriptions in 2019 was 1 business day. Results indicate that refill prescriptions were filled more quickly than new prescriptions. Pharmacies with the fastest turnaround time filled a prescription in one business day, while a quarter of reporting pharmacies took more than five days.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part C1: All Prescriptions - New	119,531,142	98,432,404	1.21	3.30	26
Part C2: All Prescriptions - Refill	85,278,598	106,888,427	0.80	1.81	26

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part C1: All Prescriptions - New	10.74	6.42	4.05	2.44	1.34	1.12	0.22
Part C2: All Prescriptions - Refill	5.86	2.95	2.66	1.34	0.92	0.67	0.35



2020 MAIL SERVICE PHARMACY PERFORMANCE MEASUREMENT: AGGREGATE SUMMARY PERFORMANCE REPORT

Part A: Clean Prescriptions

Several pharmacies were able to fill prescriptions in one business day, however, one-third of reporting pharmacies required more than two days to turn around clean prescriptions.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part A1: Clean Prescriptions	49,718,773	52,026,845	0.96	2.18	24
- New					
Part A2: Clean Prescriptions	59,942,467	78,448,042	0.76	1.51	26
- Refill					

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part A1: Clean Prescriptions	6.06	4.27	2.37	1.61	1.07	0.83	0.76
- New							
Part A2: Clean Prescriptions	3.36	2.93	2.52	1.23	0.66	0.51	0.25
- Refill							

Part B: Prescriptions Requiring Intervention

Based on the data submitted, the average time to fill all prescriptions requiring interventions was approximately 1.3 business days, with over half of submissions requiring more than two days to fill.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part B1: Prescriptions	69,863,667	46,395,023	1.51	5.09	27
Requiring Intervention - New					
Part B2: Prescriptions	28,258,801	28,457,244	0.99	3.04	26
Requiring Intervention - Refill					

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part B1: Prescriptions	18.41	11.93	6.80	3.03	1.81	1.30	1.08
Requiring Intervention - New							
Part B2: Prescriptions	13.62	4.70	4.36	2.01	1.40	1.04	0.78
Requiring Intervention - Refill							

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

Measure Description

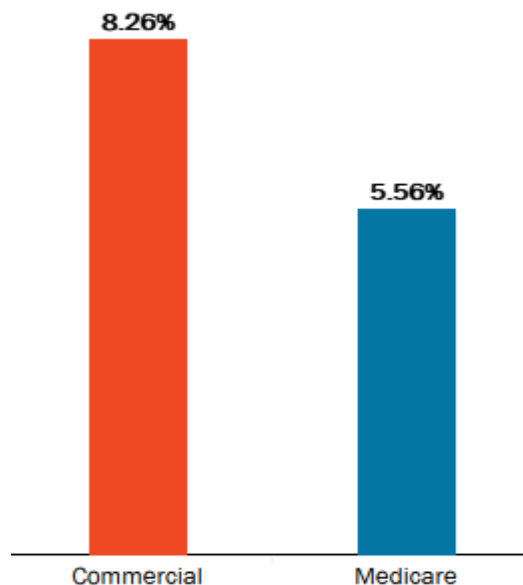
This *mandatory* measure assesses the percentage of adults 65 years and older with concurrent use of 2 or more unique anticholinergic medications.

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

A total of 14 organizations submitted valid data for this measure.

12 Commercial | **3 Medicaid** | **9 Medicare** | **1 All Other**

The Medicare line of business had the highest overall performance (5.56%, N=9), while the Commercial line of business had the lowest overall performance (8.26%, N=12). The Medicaid and All Other lines of business had fewer than five reportable submissions.

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	8,183	99,089	8.26%	8.36%	12
Medicare	11,110	199,819	5.56%	10.36%	9

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	34.81%	13.16%	9.31%	5.33%	3.55%	2.45%	2.43%
Medicare	33.24%	19.98%	13.07%	6.46%	4.52%	2.18%	1.20%

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

Measure Description

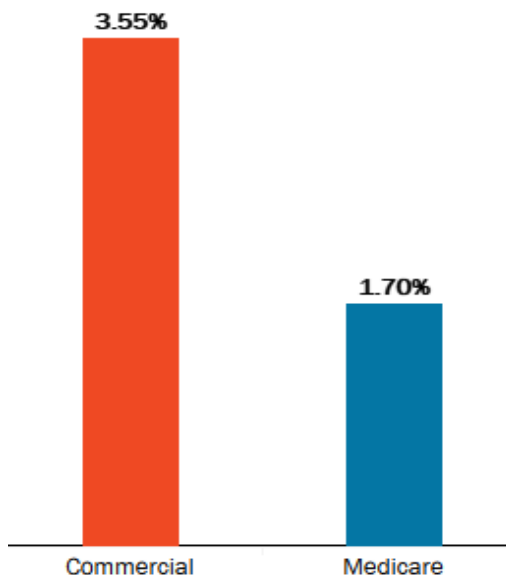
This *mandatory* measure assesses percentage of adults 65 years and older with concurrent use of 3 or more unique central-nervous system (CNS) active medications.

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

A total of 15 organizations submitted valid data for this measure

12	2	9	2
Commercial	Medicaid	Medicare	All Other

The Medicare line of business had the highest overall performance (1.70%, N=9), while the Commercial line of business had the lowest overall performance (3.55%, N=12). The Medicaid and All Other lines of business had fewer than five reportable submissions.

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	8,370	235,554	3.55%	5.77%	12
Medicare	9,654	566,648	1.70%	7.42%	9

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	50.35%	5.67%	2.75%	1.73%	0.31%	0%	0%
Medicare	47.41%	14.00%	4.77%	2.14%	0.64%	0.31%	0.10%