



2020

PHARMACY BENEFIT MANAGEMENT PERFORMANCE MEASUREMENT

AGGREGATE SUMMARY PERFORMANCE REPORT

January 2021



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2020 PHARMACY BENEFIT MANAGEMENT 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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The logic used to produce these measure results ("rates") has been modified from PQA specifications and has not been evaluated by PQA. PQA makes no representations, warranties, or endorsements about the quality of any organization or clinician that uses or reports performance measures or any data or rates calculated using modified PQA measures, and PQA disclaims any and all liability arising from or related to any use of modified measures.



INTRODUCTION

Presented in this report are the 2019 measurement year (2020 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 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.

Organizations are required to report data for 13 mandatory measures and have the option to report data for five 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. Concurrent Use of Opioids and Benzodiazepines (PH2018-04)
10. Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (PH2018-05)
11. Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults (PH2018-06)
12. Treatment of Chronic Hepatitis C: Completion of Therapy (PH2018-07)
13. Use of Opioids at High Dosage or from Multiple Providers in Persons Without Cancer (PH2018-08) *

EXPLORATORY MEASURES

1. Turnaround Time for Prescriptions (MP2012- 08) *
2. Use of High-Risk Medications in the Elderly (HIM2013-21) *
3. Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly (PH2015-03) *
4. Statin Use in Persons with Diabetes (PH2015- 06) *
5. 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, 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 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 21 URAC-accredited Pharmacy Benefit Management organizations reported 2019 measurement year data for the 2020 reporting year. The total number of prescriptions covered across all organizations was 3,250,275,228 with the number of prescriptions covered ranging from 417,555 to 1,367,630,455. Most organizations reported less than one hundred million prescriptions, with most organizations reporting that they cover fewer than 50 million prescriptions. Four organizations had over one hundred million prescriptions at 242.95 million, 492.36 million, 736.16 million prescriptions, and 1.37 billion prescriptions respectively (Figure 1). For measures that were stratified by line of business, organizations were able to report one rate per applicable payor. Commercial, Medicaid, and Medicare were the only lines of business with valid submissions for 2020. There were no valid submissions for All Other line of business (Figure 2).

Figure 1. Reporting by Program Tier Size

of prescriptions dispensed per organization (n=21)

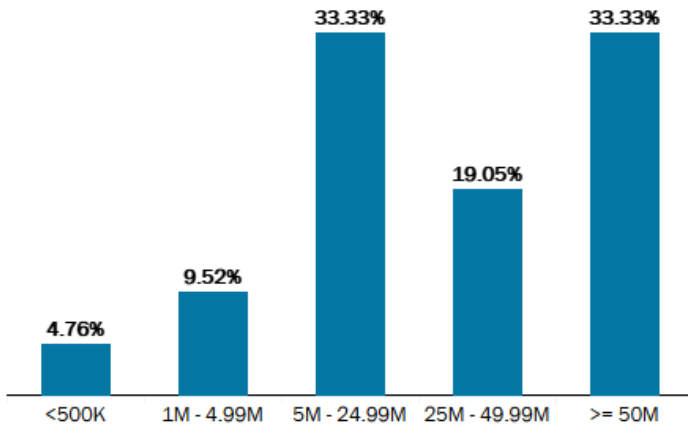


Figure 2. Lines of Business Served

% of reporting organizations by payor (n=21)

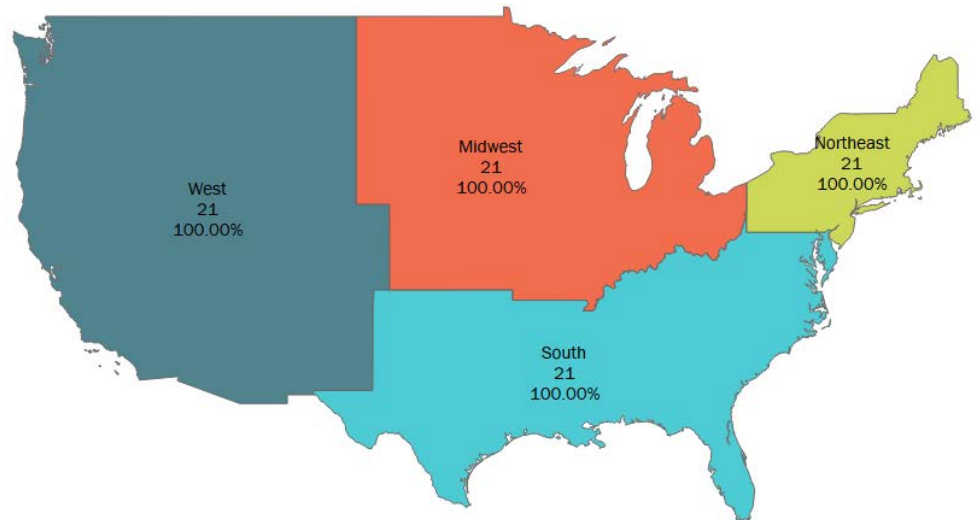


Regional Areas Served

Of the 21 PBMs that submitted performance measurement data, all 21 organizations covered all four URAC-specified regions (Midwest, Northeast, South, and West) (Figure 3).

Figure 3. Regional Areas Served

% of reporting organizations by region (n=21)



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 20 organizations submitted valid data for this measure, with Medicare having the highest performance across all measure parts.

19	13	11
Commercial	Medicaid	Medicare

Figure 4. Proportion of Days Covered – Commercial

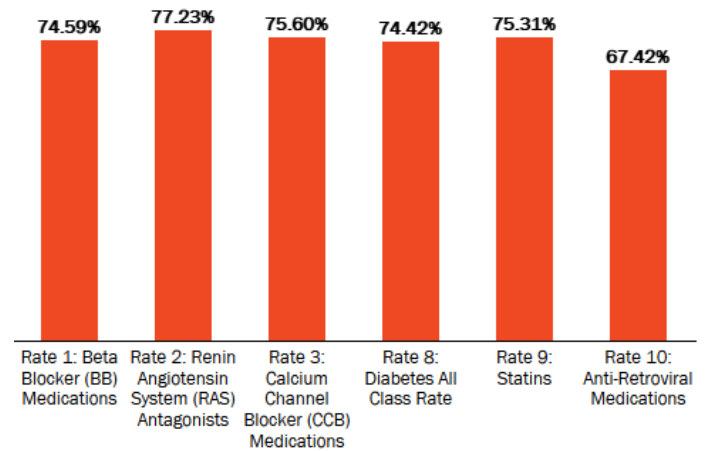


Figure 5. Proportion of Days Covered – Medicaid

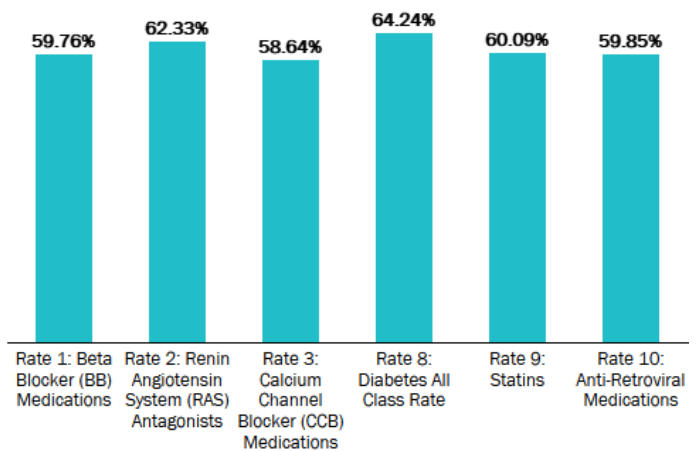
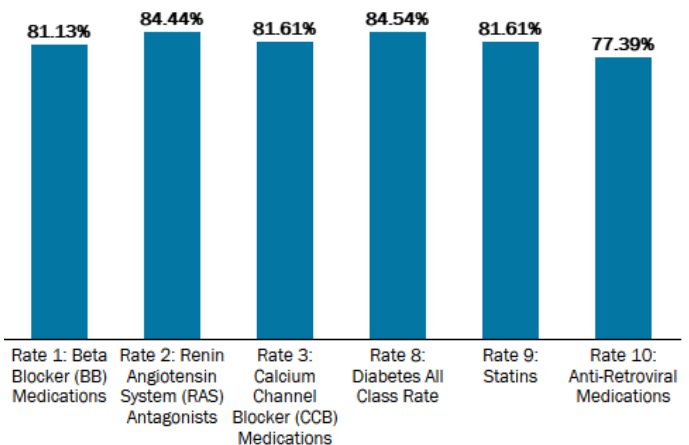


Figure 6. Proportion of Days Covered – Medicare





2020 PHARMACY BENEFIT MANAGEMENT PERFORMANCE MEASUREMENT: AGGREGATE SUMMARY PERFORMANCE REPORT

Rate 1: Beta Blocker (BB) Medications

The Medicare line of business had the highest overall performance (81.13%, N=11), while the Medicaid line of business had the lowest overall performance (59.76%, N=12).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	6,338,022	8,497,536	74.59%	70.69%	18
Medicaid	820,424	1,372,809	59.76%	60.85%	12
Medicare	5,387,760	6,641,249	81.13%	80.11%	11

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	58.15%	64.24%	69.17%	71.06%	73.63%	75.87%	77.48%
Medicaid	54.35%	57.94%	58.99%	61.39%	62.02%	65.56%	66.48%
Medicare	75.56%	76.22%	78.80%	80.38%	82.01%	83.20%	83.29%

Rate 2: Renin Angiotensin System (RAS) Antagonists

The Medicare line of business had the highest overall performance (84.44%, N=10), while the Medicaid line of business had the lowest overall performance (62.33%, N=12).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	12,587,102	16,298,192	77.23%	70.20%	17
Medicaid	1,394,527	2,237,324	62.33%	61.71%	12
Medicare	7,974,500	9,443,940	84.44%	83.25%	10

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	36.86%	55.82%	70.36%	74.32%	77.76%	79.02%	79.86%
Medicaid	42.11%	57.17%	60.94%	63.40%	64.67%	68.18%	69.38%
Medicare	78.71%	80.38%	81.24%	83.47%	85.68%	86.06%	86.76%

Rate 3: Calcium Channel Blocker (CCB) Medications

The Medicare line of business had the highest overall performance (81.61%, N=11), while the Medicaid line of business had the lowest overall performance (58.64%, N=12).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	5,268,211	6,968,442	75.60%	71.43%	18
Medicaid	693,557	1,182,800	58.64%	59.56%	12
Medicare	4,251,441	5,209,724	81.61%	79.85%	11

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	58.79%	64.70%	68.53%	71.92%	75.29%	76.83%	79.80%
Medicaid	53.64%	55.02%	57.78%	59.22%	61.59%	64.22%	64.51%
Medicare	74.64%	75.17%	77.93%	80.06%	82.26%	83.65%	83.71%



2020 PHARMACY BENEFIT MANAGEMENT PERFORMANCE MEASUREMENT: AGGREGATE SUMMARY PERFORMANCE REPORT

Rate 8: Diabetes All Class Rate

The Medicare line of business had the highest overall performance (84.54%, N=10), while the Medicaid line of business had the lowest overall performance (64.24%, N=12).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	4,317,519	5,801,172	74.42%	69.90%	17
Medicaid	636,926	991,492	64.24%	62.19%	12
Medicare	2,722,434	3,220,357	84.54%	82.35%	10

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	48.41%	57.60%	68.81%	70.28%	73.25%	75.39%	95.87%
Medicaid	42.54%	56.71%	61.25%	63.84%	66.25%	67.51%	68.17%
Medicare	78.07%	79.04%	80.29%	82.81%	84.43%	84.84%	85.98%

Rate 9: Statins

The Medicare line of business had the highest overall performance (81.61%, N=10), while the Medicaid line of business had the lowest overall performance (60.09%, N=12).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	11,047,038	14,668,654	75.31%	68.18%	17
Medicaid	1,231,728	2,049,777	60.09%	59.96%	12
Medicare	8,553,284	10,481,273	81.61%	79.30%	10

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	45.11%	48.47%	67.12%	71.62%	74.54%	77.10%	77.75%
Medicaid	41.69%	56.45%	59.52%	61.71%	62.66%	63.99%	67.62%
Medicare	72.91%	74.96%	77.03%	79.32%	81.78%	84.65%	84.70%

Rate 10: Anti-Retroviral Medications

The Medicare line of business had the highest overall performance (77.39%, N=9), while the Medicaid line of business had the lowest overall performance (59.85%, N=11).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	178,383	264,588	67.42%	61.82%	16
Medicaid	60,084	100,391	59.85%	48.20%	11
Medicare	75,581	97,664	77.39%	70.43%	9

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	28.32%	45.44%	60.95%	65.56%	68.04%	71.05%	76.80%
Medicaid	23.70%	28.53%	36.12%	52.11%	59.44%	65.18%	65.68%
Medicare	51.15%	61.61%	66.62%	73.17%	74.22%	78.83%	79.52%

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

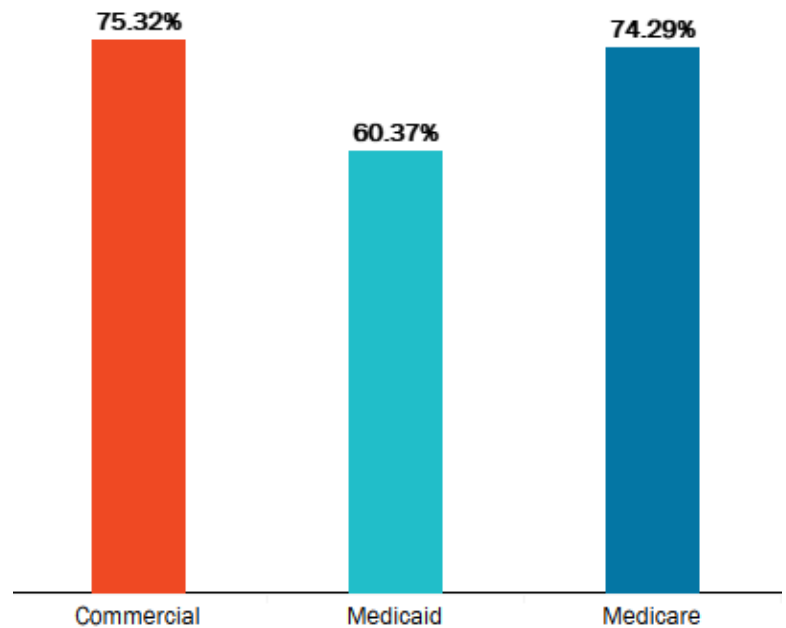
Measure Description

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 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.

Figure 7. Adherence to Non-Infused Disease Modifying Agents for Multiple Sclerosis



Summary of Reporting Organizations

A total of 18 organizations submitted valid data for this measure.

16 | **10** | **9**
Commercial | **Medicaid** | **Medicare**

The Commercial line of business had the highest overall performance (75.32%, N=16), while the Medicaid line of business had the lowest overall performance (60.37%, N=10).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	76,528	101,607	75.32%	70.10%	16
Medicaid	6,664	11,038	60.37%	59.61%	10
Medicare	23,380	31,473	74.29%	73.28%	9

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	48.39%	53.08%	70.32%	73.30%	76.18%	78.41%	81.38%
Medicaid	37.25%	53.96%	57.97%	60.57%	63.39%	69.37%	69.77%
Medicare	64.08%	65.28%	71.72%	73.95%	76.44%	78.58%	80.43%

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

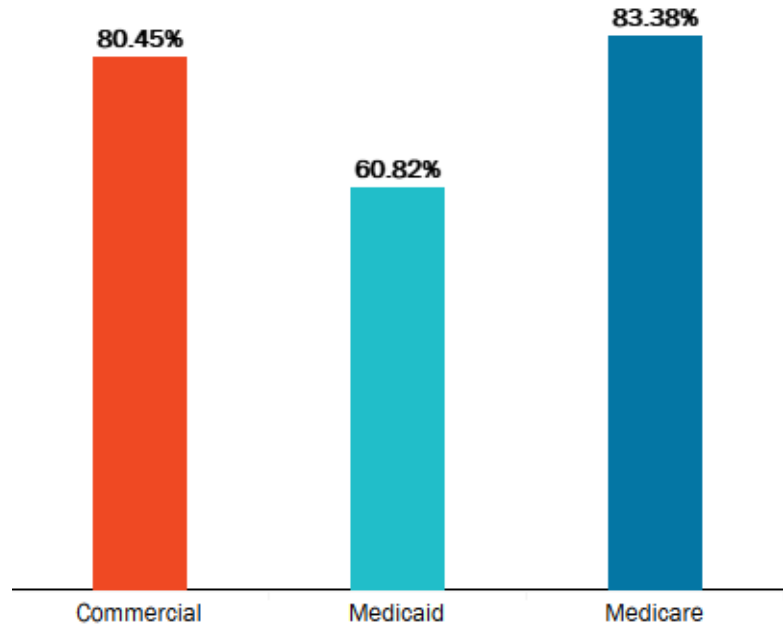
Measure Description

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 8. Adherence to Non-Warfarin Oral Anticoagulants



Summary of Reporting Organizations

A total of 19 organizations submitted valid data for this measure.

Commercial	Medicaid	Medicare
17	11	11

The Medicare line of business had the highest overall performance (83.38%, N=11), while the Medicaid line of business had the lowest overall performance (60.82%, N=11).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	511,430	635,726	80.45%	79.01%	17
Medicaid	39,276	64,577	60.82%	67.81%	11
Medicare	481,865	577,936	83.38%	77.90%	11

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	66.29%	70.50%	74.32%	79.96%	83.04%	84.82%	91.21%
Medicaid	55.53%	58.56%	62.91%	66.41%	71.05%	72.17%	89.30%
Medicare	66.44%	70.27%	73.40%	79.33%	81.58%	83.32%	89.06%

DRUG-DRUG INTERACTIONS (DM2012-13)

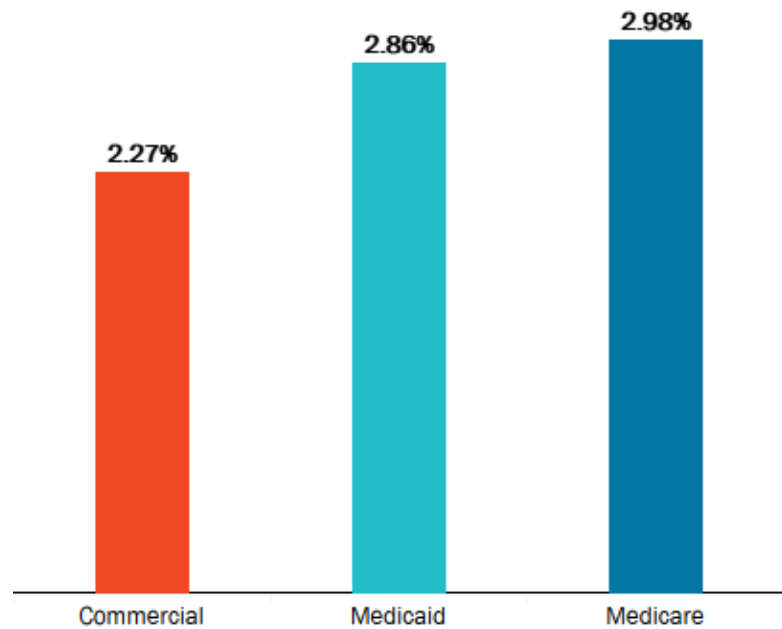
Measure Description

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 9. Drug-Drug Interactions



Summary of Reporting Organizations

A total of 21 organizations submitted valid data for this measure.

20 Commercial | **13** Medicaid | **12** Medicare

The Commercial line of business had the highest overall performance (2.27%, N=20), while the Medicare line of business had the lowest overall performance (2.98%, N=12).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	136,612	6,026,384	2.27%	1.79%	20
Medicaid	31,546	1,103,220	2.86%	2.41%	13
Medicare	151,462	5,083,324	2.98%	2.51%	12

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	2.78%	2.74%	2.18%	1.90%	1.47%	0.99%	0.36%
Medicaid	3.73%	3.34%	2.92%	2.69%	2.02%	1.27%	0.50%
Medicare	3.84%	3.34%	3.10%	2.55%	2.21%	1.41%	0.67%



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

97.85%

Prescriptions Dispensed as Generics

The 21 valid submissions for this measure reported an aggregate summary rate of 97.85%.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
2,460,576,043	2,514,531,620	97.85%	96.59%	21

MIN	10TH	25TH	50TH	75TH	90TH	MAX
89.43%	94.62%	96.36%	96.83%	97.88%	98.46%	98.59%

CALL CENTER PERFORMANCE (DTM2010-04)

Measure Description

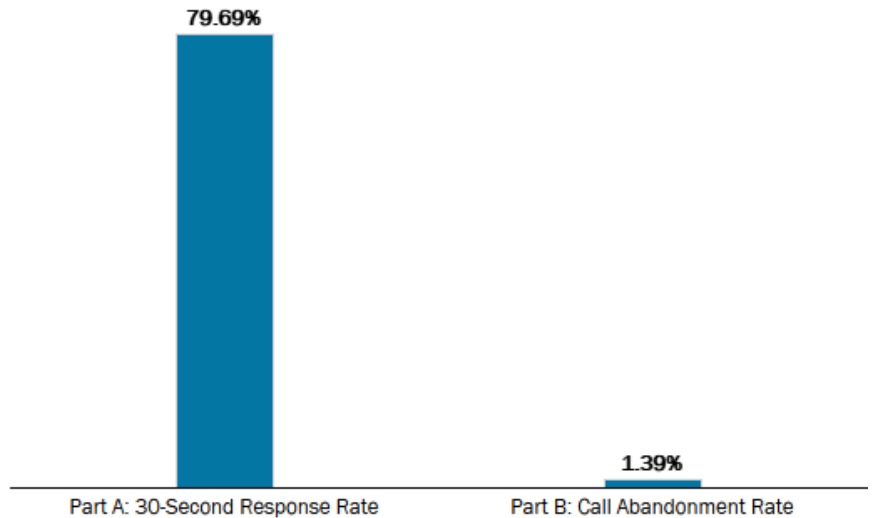
This *mandatory* measure has two parts:

- 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 10. Call Center Performance



Summary of Findings

A total of 20 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	75,557,870	94,809,353	79.69%	85.68%	20
Part B: Call Abandonment Rate	1,316,386	94,809,353	1.39%	2.26%	20

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part A: 30-Second Response Rate	65.81%	79.64%	82.19%	85.73%	90.15%	96.12%	97.25%
Part B: Call Abandonment Rate	9.49%	4.03%	3.03%	1.60%	1.15%	0.83%	0.12%



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.

14.23%

Of Individuals Concurrently Using Opioids
& Benzodiazepines

Summary of Reporting Organizations

A total of 6 organizations submitted valid data for this measure.

5 Commercial | **4** Medicaid | **2** Medicare

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	72,794	511,398	14.23%	11.90%	5

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	14.34%	14.23%	14.08%	13.11%	11.00%	8.59%	6.98%

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

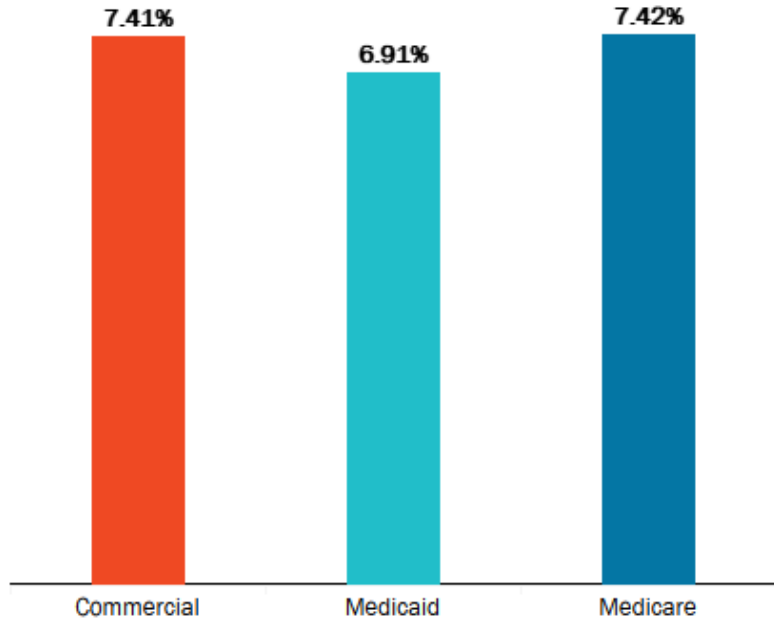
Measure Description

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 11. Use of Multiple Anticholinergic Medications



Summary of Reporting Organizations

A total of 19 organizations submitted data for this measure.

18 Commercial | **11** Medicaid | **11** Medicare

The Medicaid line of business had the highest overall performance (6.91%, N=11), while the Medicare line of business had the lowest overall performance (7.42%, N=11).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	59,652	804,693	7.41%	6.99%	18
Medicaid	4,156	60,118	6.91%	11.63%	11
Medicare	120,323	1,621,698	7.42%	8.67%	11

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	23.72%	11.55%	7.74%	5.47%	3.97%	3.27%	1.43%
Medicaid	29.17%	18.07%	14.80%	10.85%	6.10%	4.98%	1.92%
Medicare	17.36%	11.31%	9.25%	7.79%	7.11%	5.26%	5.12%

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

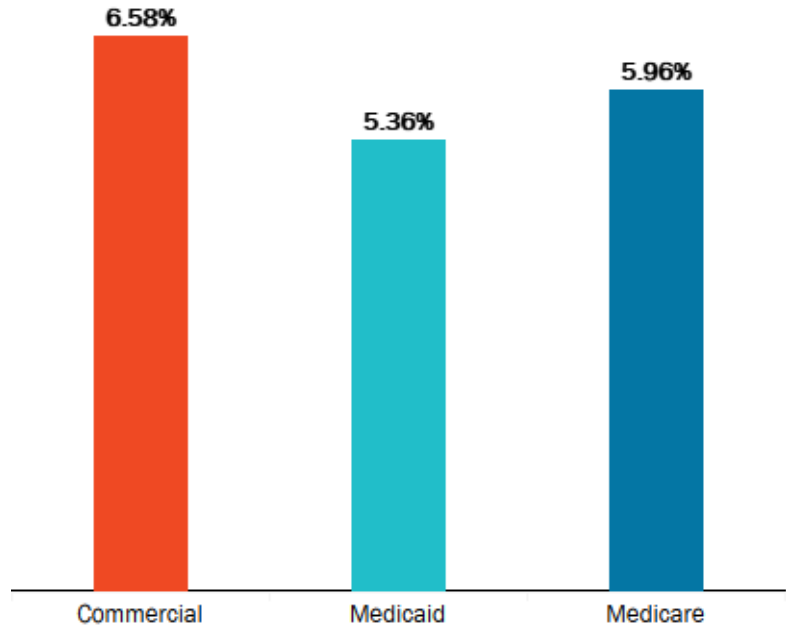
Measure Description

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 12. Use of Multiple CNS-Active Medications



Summary of Reporting Organizations

A total of 19 organizations submitted valid data for this measure.

18 Commercial | **11** Medicaid | **11** Medicare

The Medicaid line of business had the highest overall performance (5.36%, N=11), while the Commercial line of business had the lowest overall performance (6.58%, N=18).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	156,730	2,383,441	6.58%	5.32%	18
Medicaid	4,116	76,744	5.36%	7.99%	11
Medicare	306,476	5,144,075	5.96%	7.90%	11

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	13.54%	8.67%	6.62%	4.72%	3.15%	2.87%	0%
Medicaid	23.61%	15.04%	9.26%	5.47%	3.80%	2.44%	2.09%
Medicare	14.95%	12.06%	9.68%	6.29%	5.78%	5.35%	3.80%

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

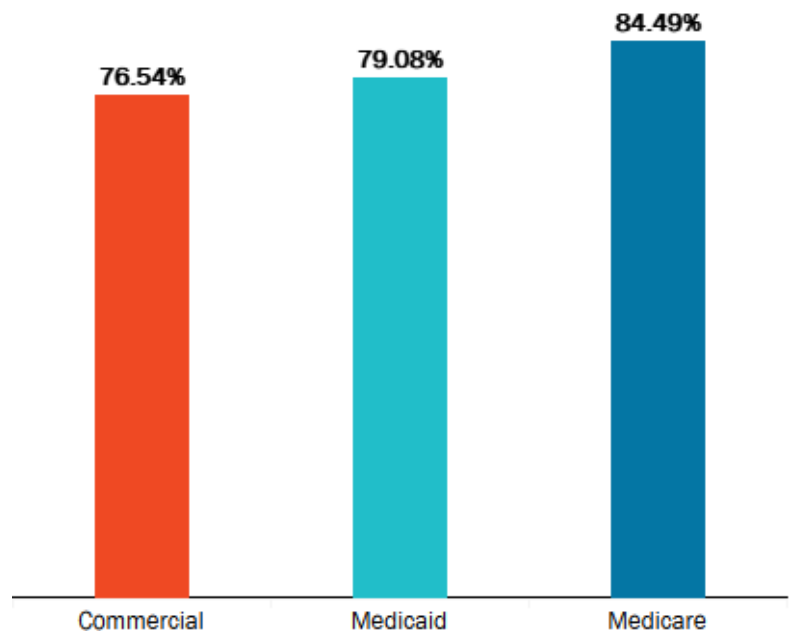
Measure Description

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 13. Completion of Therapy for Chronic Hepatitis C



Summary of Reporting Organizations

A total of 18 organizations submitted valid data for this measure.

14 Commercial | **12** Medicaid | **11** Medicare

The Medicare line of business had the highest overall performance (84.49%, N=11), while the Commercial line of business had the lowest overall performance (76.54%, N=14).

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	14,810	19,350	76.54%	82.28%	14
Medicaid	23,511	29,729	79.08%	78.85%	12
Medicare	8,807	10,424	84.49%	83.47%	11

LINE OF BUSINESS	MIN	10 TH	25 TH	50 TH	75 TH	90 TH	MAX
Commercial	66.67%	70.97%	74.25%	85.00%	88.83%	91.96%	94.78%
Medicaid	49.42%	71.76%	75.45%	82.90%	83.71%	86.15%	90.01%
Medicare	65.67%	76.15%	78.72%	86.33%	90.36%	91.80%	92.36%