

## Frequently Asked Questions for PQA Measures in the Health Insurance Marketplace Quality Rating System

### *Proportion of Days Covered: 3 Rates (PDC-3 Rates)*

**Q.** Which rates are included in the *Proportion of Days Covered: 3 Rates (PDC-3 Rates)* measure?

**A.** The measure includes Renin Angiotensin System Antagonists (PDC-RASA), Diabetes All-Class (PDC-DR), and Statins (PDC-STA).

**Q.** Is the PDC threshold the same for each of the rates (renin angiotensin system antagonists, diabetes medications, and statins)?

**A.** Yes. The PDC threshold is 80% for each rate; therefore, individuals with a PDC of 80% or greater are included in the numerator.

**Q.** When does an individual's treatment period begin and end?

**A.** The treatment period is defined as the time from the index prescription start date (IPSD) (i.e., the date of the first prescription claim for any target medication) through the last day of the measurement year, or until death or disenrollment, whichever occurs first. The treatment period must be at least 91 days long for the individual to be included in the measure denominator.

**Q.** Are there any enrollment requirements for the *Proportion of Days Covered: 3 Rates* measure?

**A.** Individuals must be continuously enrolled during the treatment period. Exclude individuals who disenroll and re-enroll in the same plan more than one day later (i.e., >1-day gap in enrollment) after a valid treatment period, but prior to the end of the measurement year.

**Q.** Are specific benefits required for individuals to be included in the measure?

**A.** The measure uses prescription claims data for the data source, so individuals must be enrolled in a plan with a prescription drug benefit to be included.

**Q.** How does a qualified health plan (QHP) obtain the value sets, including the National Drug Code (NDC) lists, that support the measure calculations?

**A.** QHPs can request the value sets by completing the online request [form](#), available from the PQA website (<https://www.pqaalliance.org/QRS>).

**Q.** How are "days covered" calculated when an individual receives multiple prescriptions for the same target medication?

- A. If multiple prescriptions for the same target medication (i.e., one or more products with the same generic ingredient) are dispensed on the same day or different days where the days' supply overlap, adjust the prescription start date to be the day after the days' supply for the previous fill has ended.
- Q. Should an adjustment be made to account for overlap when the individual has prescription fills for a single target drug and a combination product?
- A. Overlap adjustment should also occur when there is an overlap of a single target drug product with a combination product containing the single target drug (i.e., same generic ingredient) or when there is an overlap of a combination product with another combination product where at least one of the target drugs (i.e., same generic ingredient) is common.
- Q. Is there an upper or lower age limit for the measures?
- A. The eligible population includes individuals 18 years and older as of the last day of the treatment period. There is no upper age limit for the measures.
- Q. Are individuals included in the measure if they receive one prescription for a medication in the therapeutic class for the measure?
- A. Individuals with prescription claims for AT LEAST TWO target medications during the treatment period are included in the measure denominator (assuming they meet all other criteria). Therefore:
- For the PDC-Renin Angiotensin System Antagonists (RASA) rate, the individual must have at least two prescription claims for a RASA medication on different dates of service during the treatment period.
  - For the PDC-Diabetes All-Class rate, the individual must have at least two prescription claims for any of the diabetes medications included in the measure on different dates of service during the treatment period.
  - For the PDC – Statins measure, the individual must have at least two prescription claims for a statin medication on different dates of service during the treatment period.

Q. Is insulin included in the PDC-Diabetes All Class rate?

A. No. Individuals with one or more prescription claims for insulin during the treatment period are excluded from the measure.

### ***International Normalized Ratio for Individuals on Warfarin (INR)***

Q. When does an individual's treatment period begin and end?

A. The treatment period is defined as the time from the index prescription start date (IPSD) (the date of service for the first warfarin prescription claim during the measurement year) through the last prescription dispensing date for warfarin during the measurement year plus the days' supply of the last warfarin dispensing event within the measurement year. If the days' supply extends past the measurement year, the treatment period ends on December 31 of the measurement year.

Note: Use the last warfarin dispensing event to determine the end of the treatment period even if another prescription is active after the end of the treatment period. And, if two warfarin dispensing events occur on the last prescription dispensing date during the measurement year, the dispensing event with the longest days' supply is used to calculate the end of the treatment period.

**Q.** Are there any enrollment requirements for the *International Normalized Ratio for Individuals on Warfarin* (INR) measure?

**A.** Individuals must be continuously enrolled during the treatment period.

**Q.** Are specific benefits required for individuals to be included in the measure?

**A.** The measure uses medical, laboratory, and prescription claims data, so individuals must be enrolled in a plan with both medical and prescription drug benefits to be included.

**Q.** Are any individuals excluded from the *International Normalized Ratio for Individuals on Warfarin* (INR) measure?

**A.** Individuals that monitor their INR at home during the treatment period are excluded from the measure. Please see the PQA HOME\_MONITORING value set, which includes CPT and HCPCS codes.

**Q.** What if the 56-day interval extends beyond the end of the measurement year?

**A.** Only full 56-day intervals are evaluated for the numerator.

**Q.** How do I evaluate each 56-day interval for the numerator?

**A.** Individuals must have EITHER an INR monitoring test OR a hospitalization of more than 48 hours. Note: If hours are not available, hospital stays of at least three days meet the numerator criteria.

**Q.** How do I identify individuals with an INR monitoring test for the numerator?

**A.** The PQA INR\_TEST value set, which includes CPT and LOINC codes, can be used for identifying INR monitoring tests.

**Q.** How do I identify individuals with a hospitalization for the numerator?

**A.** The PQA INPATIENT\_STAYS value set, which includes universal bill revenue codes, can be used for identifying hospital stays. Note: Hospital stays should be applied to the appropriate 56-day interval based upon the admit date.

**Q.** How does a qualified health plan (QHP) obtain the NDC lists and other value sets that support the measure calculations?

**A.** QHPs can request the NDC files by completing the online request [form](#), available from the PQA website (<https://www.pqaalliance.org/QRS>).

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