INDIVIDUAL & FAMILY PLAN QUALITY RATING SYSTEM

Reference guide

cigna healthcare

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Asthma Medication Ratio

Asthma Medication Ratio is a Healthcare Effectiveness Data and Information Set (HEDIS®)* measure. According to the National Committee for Quality Assurance, this measure is important because "the prevalence and cost of asthma have been increasing, demonstrating the need for better access to care and medication. Appropriate medication management for patients with asthma could reduce the need for rescue medication—as well as the costs associated with ER visits, inpatient admissions and missed days of work or school."**

Measure description
The percentage of patients 5–64 years of age identified as having persistent asthma with a ratio of controller medications to total asthma medications of 0.50 or greater during the calendar year.

Eligibility
Patients 5–64 years of age as of December 31 who have persistent asthma and met at least one of the following criteria during both the calendar year and the year prior to the measurement year.

- One emergency room visit.
- One acute inpatient encounter and/or inpatient discharge.
- One acute inpatient discharge on the discharge claim.
- Four outpatient visits, observation visits, telephone visits, e-visits, or virtual check-ins on different dates of service with any diagnosis of asthma and two asthma medication dispensing events for any controller or reliever medication.
- Four asthma medication dispensing events for any controller or reliever medication.
- Four asthma medication dispensing events where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year.

Adherence
Half or more of the dispensed units of asthma medication should be a controller medication and less than half of the dispensed units of asthma medication should be a rescue medication.

Asthma controller medications	
Description	**Prescription**
Antiasthmatic combinations	dyphylline-guaifenesin, guaifenesin-theophylline
Antibody inhibitors	omalizumab
Anti-interleukin-5	mepolizumab, reslizumab
Inhaled corticosteroids	beclomethasone, budesonide, ciclesonide, flunisolide, fluticasone (CFC-free), mometasone
Inhaled steroid combinations	budesonide-formoterol, fluticasone-salmeterol, fluticasone-vilanterol, mometasone-formoterol
Leukotriene modifiers	montelukast, zafirlukast, zileuton
Mast cell stabilizers	cromolyn
Methylxanthines	aminophylline, dyphylline, theophylline

Asthma reliever medications	
Description	**Prescription**
Short-acting, inhaled beta-2 agonists	albuterol
Short-acting, inhaled beta-2 agonists	levalbuterol

* HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
** National Committee for Quality Assurance. "Asthma Medication Ratio (AMR)." National Committee for Quality Assurance. 2024. Retrieved from https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/.

Use of Imaging Studies for Low Back Pain

Imaging for low back pain is likely not necessary within the first six weeks unless "red flags" are present or suspected, such as severe or progressive neurological deficits or serious underlying conditions (e.g., osteomyelitis).

Measure description
The percentage of patients 18–75 years of age with a principal diagnosis of low back pain who did not have an imaging study (plain X-ray, magnetic resonance imaging [MRI], computed tomography [CT] scan) within 28 days of the diagnosis.

Eligibility
Patients 18 years of age as of January 1 to 75 years of age as of December 31 with a claim/encounter for an outpatient, observation, emergency room, physical therapy, or telehealth visit or osteopathic or chiropractic manipulative treatment with a principal diagnosis of low back pain during the intake period (January 1 through December 3 of the calendar year).

Adherence
Patients who are **not** receiving imaging (X-ray, CT scan, MRI) within 28 days following the initial diagnosis of uncomplicated low back pain.

Annual Monitoring for Persons on Long-Term Opioid Therapy

Identifying a population that is at risk for opioid overuse and misuse is important in determining who may benefit from additional monitoring, services, or support.

Measure description
The percentage of patients 18 years of age and older who are prescribed long-term opioid therapy and have not received a drug test at least once during the calendar year. Long-term is defined as greater than or equal to 90 days' cumulative supply of any combination of opioid analgesics during the calendar year using pharmacy claims.

Eligibility
Patients 18 years of age and older as of January 1 who were prescribed long-term opioid therapy.

Adherence
Patients who have received at least one drug test during the calendar year. A lower rate indicates better performance.

Antidepressant Medication Management

Effectively treating a patient's depression with appropriate medication can help improve their quality of life.

Measure description
Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and remained on an antidepressant medication treatment.

Two rates are reported:
- Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks).
- Percentage of patients who remained on an antidepressant medication for at least 180 days (six months).

Eligibility
Patients with a diagnosis of major depression who are 18 years of age or older as of the antidepressant dispense date.

Adherence
Patients continuously remain on an antidepressant medication for 84–180 days as evidenced by new and refill pharmacy claims data.

There are two phases:
- Effective Acute Phase Treatment: Patients who have received antidepressant medication for at least 84 days (12 weeks) of continuous treatment during the 114-day period following the prescription dispense date.
- Effective Continuation Phase Treatment: Patients who have received antidepressant medication for at least 180 days (six months) of continuous treatment during the 231-day period following the prescription dispense date.

Child and Adolescent Well-Care Visits

Well-care visits provide preventive care services and help monitor development, including physical, mental, emotional, and behavioral, through age-appropriate screenings.

Measure description
The percentage of patients 3–21 years of age who had at least one comprehensive well-care visit with a primary care provider (PCP) or an obstetrician/gynecologist during the calendar year.

Eligibility
Patients who are 3–21 years of age as of December 31.

Adherence
Patients must have one or more well-care visits during the calendar year with a PCP or an obstetrician/gynecologist. The PCP or obstetrician/gynecologist does not have to be assigned to the patient.

Codes
The following codes should be used for well-care visits: 99382, 99383, 99384, 99385, 99392, 99393, and 99394.

Proportion of days covered

Medication adherence is critical to helping patients improve their health and vitality. When medications are taken as prescribed, it helps patients manage medical conditions, prevent disease progression, and avoid emergency room visits and hospital admissions.

Proportion of days covered (PDC) is used to measure adherence for patients who have diabetes, high blood pressure, and high cholesterol.

Measure description
The percentage of patients 18 years of age and older who met the PDC threshold of 80 percent for their medication during the calendar year.

Rates are reported for each of the following:
- PDC Renin Angiotensin System Antagonists (PDC-RASA).
- PDC Diabetes All Class (PDC-DR).
- PDC Statins (PDC-STA).

Eligibility
PDC-RASA
Patients 18 years of age and older as of January 1 who filled **at least two prescriptions** for any RASA on different dates of service during the treatment period. The prescriptions can be for the same or different medications within each drug class.

See table below.

RASA*	
Angiotensin-converting enzyme inhibitors	• benazepril (+/- amlodipine, hydrochlorothiazide) • captopril (+/- hydrochlorothiazide) • enalapril (+/- hydrochlorothiazide) • fosinopril (+/- hydrochlorothiazide) • lisinopril (+/- hydrochlorothiazide) • moexipril (+/- hydrochlorothiazide) • perindopril (+/- amlodipine) • quinapril (+/- hydrochlorothiazide) • ramipril • trandolapril (+/- verapamil)
Angiotensin receptor blockers (ARBs)	• azilsartan (+/- chlorthalidone) • candesartan (+/- hydrochlorothiazide) • eprosartan (+/- hydrochlorothiazide) • irbesartan (+/- hydrochlorothiazide) • losartan (+/- hydrochlorothiazide) • olmesartan (+/- amlodipine, hydrochlorothiazide) • telmisartan (+/- amlodipine, hydrochlorothiazide) • valsartan (+/- amlodipine, hydrochlorothiazide, nebivolol)
Direct renin inhibitors	• aliskiren (+/- hydrochlorothiazide)
Exclusions	
ARB/neprilysin inhibitors	• sacubitril/valsartan

* Active ingredients are limited to oral formulations only. Excludes nutritional supplement/dietary management combination products.

PDC-DR

Patients 18 years of age and older as of January 1 who filled **at least two prescriptions** for any of these diabetes medications on different dates of service in the treatment period: biguanides, dipeptidyl peptidase-4 (DPP-4) inhibitors, glucagon-like peptide-1 (GLP-1) receptor agonists, meglitinides, sodium-glucose cotransporter-2 (SGLT2) inhibitors, sulfonylureas, and thiazolidinediones. The prescriptions can be for the same or different medications within each drug class.

See table below.

Biguanides medications and combinations[1]	
• metformin (+/- alogliptin, canagliflozin, dapagliflozin, empagliflozin, ertugliflozin, glipizide, glyburide, linagliptin, pioglitazone, repaglinide, rosiglitazone, saxagliptin, sitagliptin)	
DPP-4 inhibitors and combinations[2]	
• alogliptin (+/- metformin, pioglitazone) • linagliptin (+/- empagliflozin, metformin)	• saxagliptin (+/- metformin, dapagliflozin) • sitagliptin (+/- metformin, ertugliflozin)
GLP-1 receptor agonists[3]	
• albiglutide • dulaglutide • exenatide	• liraglutide • lixisenatide • semaglutide
Meglitinides and combinations[2]	
• nateglinide	• repaglinide (+/- metformin)
SGLT2 inhibitors and combinations[2]	
• canagliflozin (+/- metformin) • dapagliflozin (+/- metformin, saxagliptin)	• empagliflozin (+/- metformin, linagliptin) • ertugliflozin (+/- sitagliptin, metformin)
Sulfonylureas medications and combinations[4]	
• chlorpropamide • glimepiride (+/- pioglitazone, rosiglitazone) • glipizide (+/- metformin)	• glyburide (+/- metformin) • tolazamide • tolbutamide
Thiazolidinediones medications and combinations[2]	
• pioglitazone (+/- alogliptin, glimepiride, metformin)	• rosiglitazone (+/- glimepiride, metformin)
Exclusions[5]	
• insulin aspart (+/- insulin aspart protamine, niacinamide) • insulin degludec (+/- liraglutide) • insulin detemir • insulin glargine (+/- lixisenatide) • insulin glargine-aglr	• insulin glulisine • insulin isophane (+/- regular insulin) • insulin lispro (+/- insulin lispro protamine) • insulin regular (including inhalation powder)

1. The active ingredients are limited to oral formulations only. Excludes nutritional supplement/dietary management combination products.
2. The active ingredients are limited to oral formulations only.
3. Excludes products indicated only for weight loss.
4. The active ingredients are limited to oral formulations only (include all salts and dosage forms).
5. The active ingredients are limited to inhaled and injectable formulations only.

PDC-STA

Patients 18 years of age and older as of January 1 who filled **at least two prescriptions** for any statin or statin combination product on different dates of service in the treatment period. The prescriptions can be for the same or different medications within each drug class.

See table below.

Statins	
• atorvastatin (+/- amlodipine) • fluvastatin • lovastatin (+/- niacin) • pitavastatin	• pravastatin • rosuvastatin (+/- ezetimibe) • simvastatin (+/- ezetimibe, niacin)

* The active ingredients are limited to oral formulations only.

Adherence

Patients must meet the PDC threshold of 80 percent for their medication during the calendar year.