Individual & Family Plan Quality Rating System

Reference guide

cigna healthcare

Table of contents

Asthma Medication Ratio 3
Use of Imaging Studies for Low Back Pain 5
Annual Monitoring for Persons on Long-Term Opioid Therapy 6
Breast Cancer Screening 7
Child and Adolescent Well-Care Visits 8
Proportion of days covered 9
Controlling Blood Pressure 12
Eye Exam for Patients With Diabetes 13

Asthma Medication Ratio

Asthma Medication Ratio is a Healthcare Effectiveness Data and Information Set 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."[1]

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

1. 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/.

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

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.

Breast Cancer Screening

The American Cancer Society emphasizes the importance of breast cancer screening because it can help detect cancer early, when it is most treatable. Women who get regular mammograms are more likely to have breast cancer found earlier and be cured.

Measure description

The percentage of patients 50–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.

Eligibility

Patients 50–74 years of age.

Adherence

Patients who have completed one or more mammograms within a two-year time frame. This measure is no longer claim based and has moved to electronic collection.

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[1]	
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

1. 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[1]	
• atorvastatin (+/- amlodipine) • fluvastatin • lovastatin (+/- niacin) • pitavastatin	• pravastatin • rosuvastatin (+/- ezetimibe) • simvastatin (+/- ezetimibe, niacin)

1. 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.

Controlling Blood Pressure

Encouraging patients who have high blood pressure to take their medications as prescribed and make lifestyle changes can help improve their blood pressure and reduce the risk of serious conditions, such as heart attack and stroke.

Measure description

The percentage of patients 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (less than 140/90 mm Hg) during the measurement year.

Eligibility

Patients 18–85 years of age who had a diagnosis of hypertension.

Adherence

Patients with a blood pressure reading of less than 140/90 mm Hg during the measurement year.

Codes

Current Procedural Terminology Category II coding is required for systolic and diastolic blood pressure.

Code	Description
3074F	Most recent systolic blood pressure less than 130 mm Hg
3075F	Most recent systolic blood pressure 130–139 mm Hg
3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg
3078F	Most recent diastolic blood pressure less than 80 mm Hg
3079F	Most recent diastolic blood pressure 80–90 mm Hg
3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg

Eye Exam for Patients With Diabetes

"Diabetes is the leading cause of vision loss in people 18–64 years old. And there are no obvious signs or symptoms. An annual routine eye exam can help identify existing eye disease to prevent or delay vision loss caused by diabetes."[1]

Measure description

The percentage of patients 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

Eligibility

Patients 18–75 years of age with diabetes (types 1 and 2).

Adherence

Patients who had screening or monitoring for diabetic retinal disease:

- A retinal or dilated eye exam by an optometrist or ophthalmologist in the measurement year.
- A negative retinal or dilated eye exam (negative for retinopathy) by an optometrist or ophthalmologist in the year prior to the measurement year.
- Bilateral eye enucleation any time during the patient's history through December 31 of the measurement year.

Codes

Current Procedural Terminology Category II coding of most recent hemoglobin A1C is required.

Code	Description
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (diabetes mellitus [DM])
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)
2024F	Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)
2025F	Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)
2026F	Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy (DM)
2033F	Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM)
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year; DM)

1. American Diabetes Association. "Health & Wellness: Eye Health." American Diabetes Association. 2024. Retrieved from https://diabetes.org/health-wellness/eye-health.