

Quality ID #444: Medication Management for People with Asthma
– National Quality Strategy Domain: Efficiency and Cost Reduction
– Meaningful Measure Area: Medication Management

2019 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process – High Priority

DESCRIPTION:
The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on for at least 75% of their treatment period

INSTRUCTIONS:
This measure is to be submitted a minimum of **once per performance period** for patients with a diagnosis of persistent asthma seen during the performance period. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Submission Type:
The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
Patients 5-64 years of age with persistent asthma and a visit during the measurement period

DENOMINATOR NOTE: *Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

Denominator Criteria (Eligible Cases):
Patients aged 5-64 years on date of encounter

AND

Diagnosis for persistent asthma (ICD-10-CM): J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52

AND

Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381*, 99382*, 99383*, 99384*, 99385*, 99386*, 99387*, 99391*, 99392*, 99393*, 99394*, 99395*, 99396*, 99397*

AND NOT

DENOMINATOR EXCLUSIONS:

Diagnosis of COPD, Emphysema, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions Due to Fumes/Vapors, Cystic Fibrosis, or Acute Respiratory Failure any time during the patient's history through the end of the measurement year: E84.0, E84.11, E84.19, E84.8, E84.9, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9, J68.4, J96.00, J96.01, J96.02, J96.20, J96.21, J96.22, J98.2, J98.3

OR

Any patients who had no asthma controller medications dispensed during the measurement year:
G9808

OR

Patients who use hospice services any time during the measurement period: G9809

NUMERATOR:

The number of patients who achieved a proportion of days (PDC) of at least 75% for their asthma controller medications during the measurement year

Definition:

PDC – The proportion of days covered by at least one asthma controller medication prescription, divided by the number of days in the treatment period. The treatment period is the period of time beginning on the earliest prescription dispensing date for any asthma controller medication during the measurement year through the last day of the measurement year.

Asthma Controller Medications

Description	Prescriptions		
Antiasthmatic combinations	Dyphylline-guaifenesin	Guaifenesin-theophylline	
Antibody inhibitors	Omalizumab		
Inhaled steroid combinations	Budesonide-formoterol Fluticasone-vilanterol	Fluticasone-salmeterol	Mometasone-formoterol
Inhaled corticosteroids	Beclomethasone Budesonide	Ciclesonide Flunisolide	Fluticasone CFC free Mometasone
Leukotriene modifiers	Montelukast	Zafirlukast	Zileuton
Mast cell stabilizers	Cromolyn		
Methylxanthines	Aminophylline	Dyphylline	Theophylline
Anti-interleukin-5	Mepolizumab	Reslizumab	

Numerator Options:

Performance Met:

Patient achieved a PDC of at least 75% for their asthma controller medication (**G9810**)

OR

Performance Not Met:

Patient did not achieve a PDC of at least 75% for their asthma controller medication (**G9811**)

RATIONALE:

This measure assesses adherence to long-term asthma controller medications in patients with persistent asthma. The improvement in quality envisioned by the use of this measure is increasing adherence to long-term asthma controller medications in patients with persistent asthma. Increasing adherence to asthma controller medications can prevent and control asthma symptoms, improve quality of life, reduce the frequency and severity of asthma exacerbations, and potentially prevent a significant proportion of asthma-related costs (hospitalizations, emergency room visits and missed work and school days) (Akinbami 2009; (National Heart, Lung, and Blood Institute [NHLBI]/National Asthma and Education Prevention Program [NAEPP] 2007).

CLINICAL RECOMMENDATION STATEMENTS:

Akinbami, L.J., J.E. Moorman, P.L. Garbe, E.J. Sondik. 2009. Status of Childhood Asthma in the United States, 1980–2007. *Pediatrics* 123;S131-45. doi: 10.1542/peds.2008-2233C.

National Heart Lung and Blood Institute/National Asthma Education and Prevention Program. 2007. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. Washington (DC): National Heart Lung and Blood Institute (NHLBI), NIH Publication No. 07-4051. <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf> (November 19, 2015).

Stillman, L. 2010. Living with Asthma in New England: Results from the 2006 BRFSS and Call-back Survey. A report by the Asthma Regional Council of New England (February). http://www.hria.org/uploads/catalogerfiles/living-with-asthma-innew-england/HRiA_Living_with_Asthma_BRFSS_2010.pdf (November 19, 2015).

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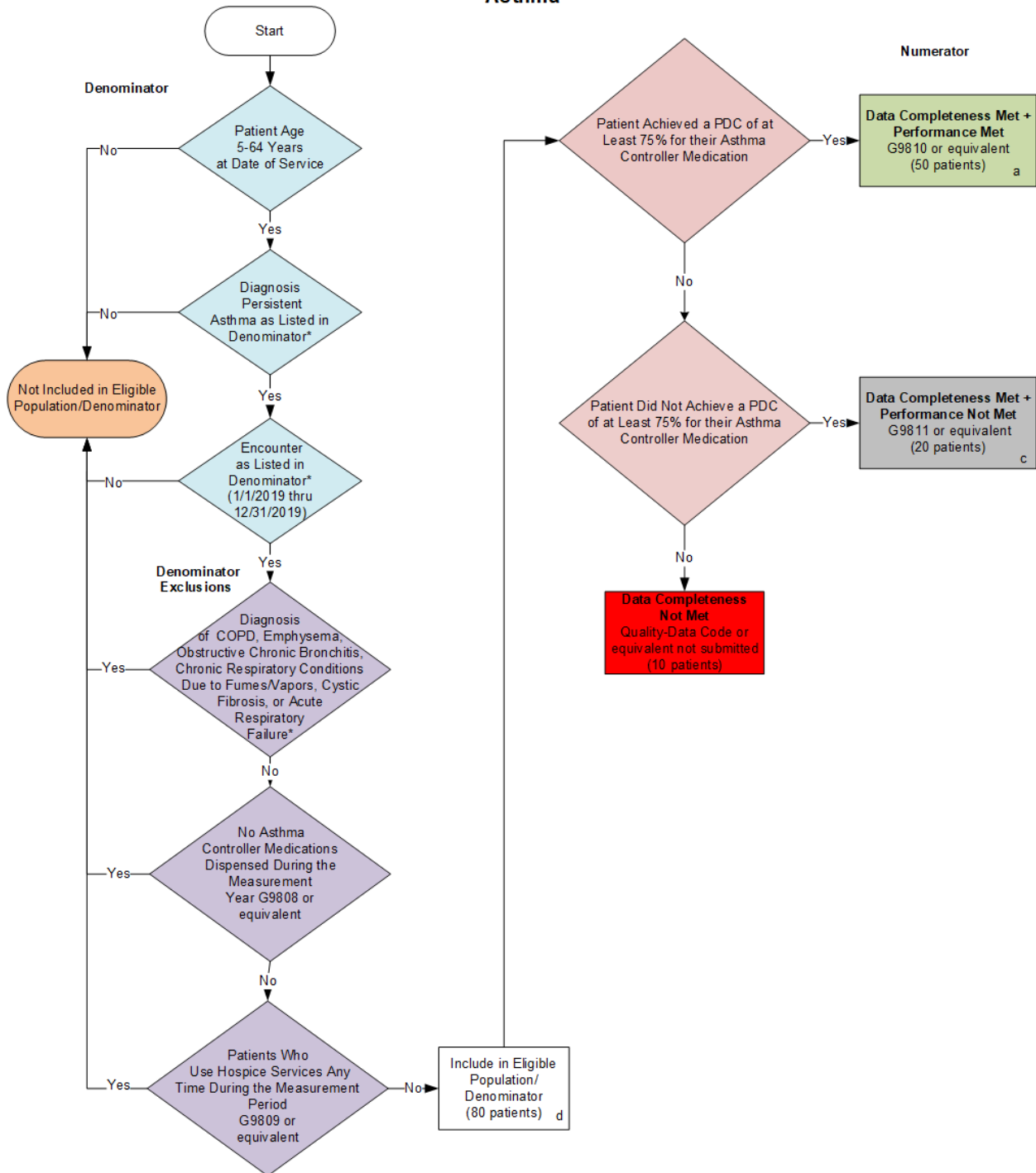
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2019 Clinical Quality Measure Flow for Quality ID #444 Medication Management for People with Asthma



*See the posted Measure Specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-process

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The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

2019 Clinical Quality Measure Flow for Quality ID #444 Medication Management for People with Asthma

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=50 patients)} + \text{Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=50 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{50 \text{ patients}}{70 \text{ patients}} = 71.43\%$$

**2019 Clinical Quality Measure Flow Narrative for Quality ID #444:
Medication Management for People with Asthma**

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

1. Start with Denominator
2. Check Patient Age:
 - a. If Patient Age is 5 thru 64 Years equals No, do not include in Eligible Population. Stop Processing.
 - b. If Patient Age is 5 thru 64 Years equals Yes, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
 - a. If Diagnosis for Persistent Asthma as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Diagnosis for Persistent Asthma as Listed in the Denominator equals Yes, proceed to check Encounter Performed.
4. Check Encounter Performed:
 - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Encounter as Listed in the Denominator equals Yes, proceed to check Diagnosis of COPD, Emphysema, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions Due to Fumes/Vapors, Cystic Fibrosis, or Acute Respiratory Failure*.
5. Check Diagnosis of COPD, Emphysema, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions Due to Fumes/Vapors, Cystic Fibrosis, or Acute Respiratory Failure*:
 - a. If Diagnosis of COPD, Emphysema, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions Due to Fumes/Vapors, Cystic Fibrosis, or Acute Respiratory Failure* equals No, proceed to check No Asthma Controller Medications Dispensed During the Measurement Year.
 - b. If Diagnosis of COPD, Emphysema, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions Due to Fumes/Vapors, Cystic Fibrosis, or Acute Respiratory Failure* equals Yes, do not include in Eligible Population. Stop Processing.
6. Check No Asthma Controller Medications Dispensed During the Measurement Year:
 - a. If No Asthma Controller Medications Dispensed During the Measurement Year equals No, proceed to check Patients Who Use Hospice Services Any Time During the Measurement Period.
 - b. If No Asthma Controller Medications Dispensed During the Measurement Year equals Yes, do not include in Eligible Population. Stop Processing.
7. Check Patients Who Use Hospice Services Any Time During the Measurement Period:
 - a. If Patients Who Use Hospice Services Any Time During the Measurement Period equals No, include in Eligible Population.

- b. If Patients Who Use Hospice Services Any Time During the Measurement Period equals Yes, do not include in Eligible Population. Stop Processing.
8. Denominator Population:
- a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
9. Start Numerator
10. Check Patient Achieved a PDC of at Least 75% for their Asthma Controller Medication:
- a. If Patient Achieved a PDC of at Least 75% for their Asthma Controller Medication equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 50 patients in the Sample Calculation.
 - c. If Patient Achieved a PDC of at Least 75% for their Asthma Controller Medication equals No, proceed to check Patient Did Not Achieve a PDC of at Least 75% for their Asthma Controller Medication.
11. Check Patient Did Not Achieve a PDC of at Least 75% for their Asthma Controller Medication:
- a. If Patient Did Not Achieve a PDC of at Least 75% for Their Asthma Controller Medication equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 patients in the Sample Calculation.
 - c. If Patient Did Not Achieve a PDC of at Least 75% for their Asthma Controller Medication equals No, proceed to check Data Completeness Not Met.
12. Check Data Completeness Not Met:
- a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=50 patients)} + \text{Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=50 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{50 \text{ patients}}{70 \text{ patients}} = 71.43\%$$