### Quality ID #444: Medication Management for People with Asthma

– National Quality Strategy Domain: Efficiency and Cost Reduction
– Meaningful Measure Area: Medication Management

#### 2020 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

#### MEASURE TYPE:
Process – High Priority

#### DESCRIPTION:
The percentage of patients 5-6 years of age during the performance period 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:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. 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 5-6 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 5-6 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**
- **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
Any patients who had no asthma controller medications dispensed during the measurement year: G9808

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.

<table>
<thead>
<tr>
<th>Asthma Controller Medications</th>
<th>Description</th>
<th>Prescriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antiasthmatic combinations</td>
<td>Dyphylline-guaifenesin</td>
<td>Guaifenesin-theophylline</td>
</tr>
<tr>
<td>Antibody inhibitors</td>
<td>Omalizumab</td>
<td></td>
</tr>
<tr>
<td>Inhaled steroid combinations</td>
<td>Budesonide-formoterol Fluticasone-salmeterol Mometasone-formoterol</td>
<td></td>
</tr>
<tr>
<td>Inhaled corticosteroids</td>
<td>Beclomethasone Budesonide Fluticasone CFC free Mometasone</td>
<td></td>
</tr>
<tr>
<td>Leukotriene modifiers</td>
<td>Montelukast Zafirlukast Zileuton</td>
<td></td>
</tr>
<tr>
<td>Methylxanthines</td>
<td>Aminophylline Diphylline Theophylline</td>
<td></td>
</tr>
</tbody>
</table>

**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:**


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2020 Clinical Quality Measure Flow for Quality ID #444: Medication Management for People with Asthma

**Disclaimer:** Refer to the measure specification for specific coding and instructions to submit this measure.

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**Start**

- **Denominator**
  - **Patient Aged 5-64 Years on Date of Encounter**
    - **No**
      - **Diagnosis of Asthma as Listed in Denominator**
        - **Yes**
          - **Encounter as Listed in Denominator (1/1/2020 thru 12/31/2020)**
            - **No**
              - **Denominator Exclusions**
                - **Diagnosis of COPD, Emphysema, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions Due to Fumes/Vapors, Cystic Fibrosis, or Acute Respiratory Failure**
                  - **Yes**
                    - **No Asthma Controller Medications Dispensed During the Measurement Year**
                      - **G9808 or equivalent**
                        - **Yes**
                          - **Include in Eligible Population/ Denominator (99 patients)**
                            - **No**
                              - **Patients Who Use Hospital Services Any Time During the Measurement Period**
                                - **G9808 or equivalent**
                                  - **Yes**
                                    - **Not Included in Eligible Population/Denominator**
                                      - **No**
                                        - **Diagnosis of Asthma as Listed in Denominator**
                                          - **Yes**
                                            - **Encounter as Listed in Denominator (1/1/2020 thru 12/31/2020)**
                                              - **No**
                                                - **Patient Did Not Achieve a PDC of at Least 75% for their Asthma Controller Medication**
                                                  - **Yes**
                                                    - **Data Completeness Met + Performance Not Met G9811 or equivalent (70 patients)**
                                                      - **No**
                                                        - **Data Completeness Met + Performance Met G9810 or equivalent (50 patients)**
                                                          - **No**
                                                            - **Data Completeness Met + Performance Not Met G9811 or equivalent (20 patients)**
                                                              - **Yes**
                                                                - **Patient Achieved a PDC of at Least 75% for their Asthma Controller Medication**
                                                                  - **No**
                                                                    - **Not Included in Eligible Population/Denominator**
                                                                      - **Yes**
                                                                        - **Data Completeness Not Met The Quality Data Code or equivalent was not submitted (10 patients)**

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SAMPLE CALCULATIONS:

Data Completeness:
Performance Met (n=50 patients) - Performance Not Met (n>20 patients) = 70 patients = 87.50%

Performance Rate:
Performance Met (n=50 patients) = 50 patients = 71.43%
Data Completeness Numerator (70 patients) = 70 patients

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process
2020 Clinical Quality Measure Flow Narrative for Quality ID #444:
Medication Management for People with Asthma

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator
2. Check Patient Age:
   a. If Patient Aged 5 -64 Years on Date of Encounter equals No, do not include in Eligible Population. Stop Processing.
   b. If Patient Aged 5-64 Years on Date of Encounter 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 CALCULATION S:**

Data Completeness:

\[
\text{Performance Met (a=50 patients) + Performance Not Met (c=20 patients) \over Eligible Population / Denominator (d=80 patients)} = {70 \over 80} = 87.5\% \\
\text{Data Completeness Numerator (70 patients) = 70 patients}
\]

Performance Rate:

\[
\text{Performance Met (a=50 patients) \over Data Completeness Numerator (70 patients)} = {50 \over 70} = 71.43\%
\]