

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

2021 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process – High Priority

DESCRIPTION:
The percentage of patients 5-64 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.

NOTE: Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.

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 5-64 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 (with or without telehealth) during the performance period (CPT): 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245*, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381*, 99382*, 99383*, 99384*, 99385*, 99386*, 99387*, 99391*, 99392*, 99393*, 99394*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, 99455, 99456, 99483, G0402, G0438, G0439, G0463, T1015

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	Medication Lists	Route
Antiasthmatic combinations	Dyphylline-guaifenesin	Dyphylline Guaifenesin Medications List	Oral
Antibody inhibitors	Omalizumab	Omalizumab Medications List	Subcutaneous
Anti-interleukin-5	Benralizumab	Benralizumab Medications List	Subcutaneous
Anti-interleukin-5	Mepolizumab	Mepolizumab Medications List	Subcutaneous
Anti-interleukin-5	Reslizumab	Reslizumab Medications List	Intravenous
Inhaled steroid combinations	Budesonide-formoterol	Budesonide Formoterol Medications List	Inhalation
Inhaled steroid combinations	Fluticasone-salmeterol	Fluticasone Salmeterol Medications List	Inhalation
Inhaled steroid combinations	Fluticasone-vilanterol	Fluticasone Vilanterol Medications List	Inhalation
Inhaled steroid combinations	Formoterol-mometasone	Formoterol Mometasone Medications List	Inhalation
Inhaled corticosteroids	Beclomethasone	Beclomethasone Medications List	Inhalation
Inhaled corticosteroids	Budesonide	Budesonide Medications List	Inhalation
Inhaled corticosteroids	Ciclesonide	Ciclesonide Medications List	Inhalation
Inhaled corticosteroids	Flunisolide	Flunisolide Medications List	Inhalation
Inhaled corticosteroids	Fluticasone	Fluticasone Medications List	Inhalation
Inhaled corticosteroids	Mometasone	Mometasone Medications List	Inhalation

Description	Prescriptions	Medication Lists	Route
Leukotriene modifiers	Montelukast	Montelukast Medications List	Oral
Leukotriene modifiers	Zafirlukast	Zafirlukast Medications List	Oral
Leukotriene modifiers	Zileuton	Zileuton Medications List	Oral
Methylxanthines	Theophylline	Theophylline Medications List	Oral

Asthma Reliever Medications

Description	Prescriptions	Medication Lists	Route
Short-acting, inhaled beta-2 agonists	Albuterol	Albuterol Medications List	Inhalation
Short-acting, inhaled beta-2 agonists	Levalbuterol	Levalbuterol Medications List	Inhalation

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).

COPYRIGHT:

Physician Performance Measure (Measures) and related data specifications were developed by the National Committee for Quality Assurance (NCQA). These performance Measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications. NCQA makes no representations, warranties or endorsements about the quality of any organization or clinician who uses or reports performance measures. NCQA has no liability to anyone who relies on measures and specifications or data reflective of performance under such measures and specifications.

The Measures are copyrighted but can be reproduced and distributed, without modification, for noncommercial purposes (eg, use by healthcare providers in connection with their practices). Commercial use is defined as the sale, licensing, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. All commercial uses or requests for alteration of the measures and specifications must be approved by NCQA and are subject to a license at the discretion of NCQA. NCQA is not responsible for any use of the Measures. © 2020 NCQA. All Rights Reserved.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

Limited proprietary coding is contained in the Measure specifications for user convenience. Users of proprietary code sets should obtain all necessary licenses from the owners of the code sets. NCQA disclaims all liability for use or accuracy of any CPT or other codes contained in the specifications.

CPT® contained in the Measure specifications is copyright 2004-2020 American Medical Association. LOINC® copyright 2004-2020 Regenstrief Institute, Inc. This material contains SNOMED Clinical Terms® (SNOMED CT®) copyright 2004-2020 International Health Terminology Standards Development Organisation. ICD-10 copyright 2020 World Health Organization. All Rights Reserved.

2021 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.



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=

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

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

NOTE: Submission Frequency: Patient-Process

CPT only copyright 2020 American Medical Association. All rights reserved.
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. v5

**2021 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 *Patients aged 5-64 years on date of encounter*:
 - a. If *Patients aged 5-64 years on date of encounter* equals No, do not include in Eligible Population/Denominator. Stop processing.
 - b. If *Patients aged 5-64 years on date of encounter* equals Yes, proceed to *Diagnosis for persistent asthma as listed in Denominator**.
3. Check *Diagnosis for persistent asthma as listed in Denominator**:
 - a. If *Diagnosis for persistent asthma as listed in Denominator** equals No, do not include in Eligible Population/Denominator. Stop processing.
 - b. If *Diagnosis for persistent asthma as listed in Denominator** equals Yes, proceed to *Patient encounter (with or without telehealth) during the performance period as listed in Denominator**.
4. Check *Patient encounter (with or without telehealth) during the performance period as listed in Denominator**:
 - a. If *Patient encounter (with or without telehealth) during the performance period as listed in Denominator** equals No, do not include in Eligible Population/Denominator. Stop processing.
 - b. If *Patient encounter (with or without telehealth) during the performance period as listed in Denominator** equals Yes, proceed to *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 as listed in the Denominator**.
5. Check *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 as listed in the Denominator**:
 - a. If *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 as listed in the Denominator** equals No, proceed to *Any patients who had 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 any time during the patient's history through the end of the measurement year as listed in the Denominator** equals Yes, do not include in Eligible Population/Denominator. Stop processing.
6. Check *Any patients who had no asthma controller medications dispensed during the measurement year*:
 - a. If *Any patients who had no asthma controller medications dispensed during the measurement year* equals No, proceed to *Patients who use hospice services any time during the measurement period*.
 - b. If *Any patients who had no asthma controller medications dispensed during the measurement*

- year equals Yes, do not include in *Eligible Population/Denominator*. 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/Denominator*.
 - b. If *Patients who use hospice services any time during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 8. Denominator Population:
 - 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*.
 - *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.
 - b. If *Patient achieved a PDC of at least 75% for their asthma controller medication* equals No, proceed to *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*.
 - 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.
 - b. If *Patient did not achieve a PDC of at least 75% for their asthma controller medication* equals No, proceed to *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 equals Performance Met (a equals 50 patients) plus Performance Not Met (c equals 20 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 50 patients) divided by Data Completeness Numerator (70 patients). All equals 50 patients divided by 70 patients. All equals 71.43 percent.

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

NOTE: Submission Frequency: Patient-process

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.