
2017 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

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 reported a minimum of **once per performance period** for patients with a diagnosis of persistent asthma seen during the performance period. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting:
The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

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 registry-based measures.*

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
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, J96.2, 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.

Table MMA-B: Asthma Controller Medications

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antiasthmatic combinations</td>
<td>• Dyphylline-guaifenesin</td>
</tr>
<tr>
<td></td>
<td>• Guaifenesin-theophylline</td>
</tr>
<tr>
<td>Antibody inhibitor</td>
<td>• Omalizumab</td>
</tr>
<tr>
<td>Inhaled steroid combinations</td>
<td>• Budesonide-formoterol</td>
</tr>
<tr>
<td></td>
<td>• Fluticasone-salmeterol</td>
</tr>
<tr>
<td></td>
<td>• Mometasone-formoterol</td>
</tr>
<tr>
<td>Inhaled corticosteroids</td>
<td>• Beclomethasone</td>
</tr>
<tr>
<td></td>
<td>• Budesonide</td>
</tr>
<tr>
<td></td>
<td>• Ciclesonide</td>
</tr>
<tr>
<td></td>
<td>• Flunisolide</td>
</tr>
<tr>
<td>Leukotriene modifiers</td>
<td>• Montelukast</td>
</tr>
<tr>
<td>Mast cell stabilizers</td>
<td>• Cromolyn</td>
</tr>
<tr>
<td>Methylxanthines</td>
<td>• Aminophylline</td>
</tr>
<tr>
<td></td>
<td>• Dyphylline</td>
</tr>
<tr>
<td></td>
<td>• Theophylline</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:

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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2017 Registry Individual Measure Flow

#444 NQF #1799: Medication Management for People with Asthma

**Start**

Denominator

- Patient Age at Date of Service 5-64 Years

  - No
  - Yes

  - Diagnosis Persistent Asthma as Listed in Denominator*
    - No
    - Yes

  - Encounter as Listed in Denominator* (1/1/2017 thru 12/31/2017)
    - No
    - Yes

  - Denominator Exclusions
    - No
    - Yes

    - Diagnosis of COPD, Emphysema, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions Due to Fumes/Vapors, Cystic Fibrosis, or Acute Respiratory Failure
      - No
      - Yes

    - No Asthma Controller Medications Dispensed During the Measurement Year G9808 or equivalent
      - No
      - Yes

    - Patients Who Use Hospice Services Any Time During the Measurement Period G9809 or equivalent
      - No
      - Yes

Include in Eligible Population/Denominator

- No
- Yes

**Numerator**

- Patient Achieved a PDC of at Least 75% for their Asthma Controller Medication
  - Yes
  - No

- Patient Did Not Achieve a PDC of at Least 75% for their Asthma Controller Medication
  - Yes
  - No

Data Completeness Met + Performance Met G9810 or equivalent (5 patients) a

Data Completeness Met + Performance Not Met G9811 or equivalent (2 patients) c

Data Completeness Not Met Quality-Data Code or equivalent not reported (1 patient)

*See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Reporting Frequency: Patient-process

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The measure diagrams were developed by CARS 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.
## 2017 Registry Individual Measure Flow
### #444 NQF #1799: Medication Management for People with Asthma

### SAMPLE CALCULATIONS:

**Data Completeness**

\[
\text{Performance Met (a=5 patients) + Performance Not Met (c=2 patients) = 7 patients} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%
\]

**Performance Rate**

\[
\text{Performance Met (a=5 patients) = 5 patients} = \frac{5 \text{ patients}}{7 \text{ patients}} = 71.43\%
\]

### NOTE: Reporting Frequency: Patient-process
2017 Registry Individual Measure Flow

#444 NQF #1799: Medication Management for People with Asthma

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

1. Start with Denominator

2. Check Patient Age:
   a. If Patient age is 5 thru 64 years equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Patient age is greater than or equal to 18 years equals Yes, proceed to check Diagnosis.

3. Check Diagnosis:
   a. If Diagnosis for Persistent Asthma as Listed in the Denominator equals No, do not include in Eligible Patient 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 Performed as Listed in the Denominator equals No, proceed to check Inpatient Encounter Performed.
   b. If Encounter Performed 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 Patient 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 Patient 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 Patient 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 8 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 5 patients in Sample Calculation.
   c. 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.
   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 2 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 Data Completeness Not Met.

12. Check Data Completeness Not Met:
   a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not reported. 1 patient has been subtracted from the Data Completeness numerator in the sample calculation.

<table>
<thead>
<tr>
<th>Data Completeness=</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Met (a=5 patients) + Performance Not Met (c=2 patients) = 7 patients = 87.50%</td>
</tr>
<tr>
<td>Eligible Population / Denominator (d=8 patients) = 8 patients</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Performance Rate=</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Met (a=5 patients) = 5 patients = 71.43%</td>
</tr>
<tr>
<td>Data Completeness Numerator (7 patients) = 7 patients</td>
</tr>
</tbody>
</table>