Quality ID #398: Optimal Asthma Control
– National Quality Strategy Domain: Effective Clinical Care
– Meaningful Measure Area: Management of Chronic Conditions

2020 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Outcome – High Priority

DESCRIPTION:
Composite measure of the percentage of pediatric and adult patients whose asthma is well-controlled as demonstrated by one of three age appropriate patient reported outcome tools and not at risk for exacerbation

INSTRUCTIONS:
This measure is to be submitted a minimum of **once per performance period** for all patients with a diagnosis of 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 for the primary management of patients with asthma based on the services provided and the measure-specific denominator coding.

This measure will be calculated with 7 performance rates:

1) Overall Percentage for patients (aged 5-50 years) with well-controlled asthma, without elevated risk of exacerbation
2) Percentage of pediatric patients (aged 5-17 years) with well-controlled asthma, without elevated risk of exacerbation
3) Percentage of adult patients (aged 18-50 years) with well-controlled asthma, without elevated risk of exacerbation
4) Asthma well-controlled (submit the most recent specified asthma control tool result) for patients 5 to 17 with Asthma
5) Asthma well-controlled (submit the most recent specified asthma control tool result) for patients 18 to 50 with Asthma
6) Patient not at elevated risk of exacerbation for patients 5 to 17 with Asthma
7) Patient not at elevated risk of exacerbation for patients 18 to 50 with Asthma

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 (SUBMISSION CRITERIA 1):
Patients ages 5 to 17 with asthma

> ***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.*
>
> *Visits to a primary care setting, regardless of the reason for the visit or the scheduling status of the visit (e.g., walk-in) are to be included. In a multi-specialty clinic setting, patients who have visits from both the primary care setting and the urgent care setting during the performance period are to be included. M1021*

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may be used if the patient is only evaluated at an urgent care visit and is not considered an established patient to allow for care coordination or follow up.

Denominator Criteria (Eligible Cases) 1:
Patients aged 5-17 years
AND
Diagnosis for asthma (ICD-10-CM): J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998
AND
Patient had a diagnosis of asthma with any contact during the current or prior performance period OR had asthma present on an active problem list any time during the performance period
AND
Established patient office visit during the performance period (CPT): 99211, 99212, 99213, 99214, 99215, 99392*, 99393*, 99394*, 99395*, 99396*
AND NOT
DENOMINATOR EXCLUSIONS:
Diagnosis for chronic obstructive pulmonary disease, emphysema, cystic fibrosis, or acute respiratory failure

- The following codes would be sufficient to define the Denominator Exclusion of chronic obstructive pulmonary disease, emphysema, cystic fibrosis, or acute respiratory failure: 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.

- For historical reference purposes, these ICD-9 codes if documented would be sufficient to define the Denominator Exclusion of chronic obstructive pulmonary disease, emphysema, cystic fibrosis, or acute respiratory failure: 277.00, 277.01, 277.02, 277.03, 277.09, 491.20, 491.21, 491.22, 492.0, 492.8, 493.20, 493.21, 493.22, 496, 506.4, 518.1, 518.2, 518.81

OR
Patient died prior to the end of the performance period
OR
Patient was a permanent nursing home resident any time during the performance period
OR
Patient was in hospice or receiving palliative care services at any time during the performance period
OR
Patient had only urgent care visits during the performance period: M1021

NUMERATOR (ALL OR NOTHING):
The number of asthma patients who meet ALL of the following targets

Numerator Options:
Each component should be submitted in order to determine the data completeness and performance rate for the overall percentage of patients that meet ALL targets represented as the numerator.

COMPONENT 1:

Asthma well-controlled (submit the most recent asthma control tool result available during the measurement period)

- Asthma Control Test™ (ACT) result of 20 or above - ages 12 and older
- Childhood Asthma Control Test™ (C-ACT) result of 20 or above - ages 11 and younger
- Asthma Control Questionnaire (ACQ) result of 0.75 or lower - ages 17 and older
- Asthma Therapy Assessment Questionnaire (ATAQ) result of 0 – Pediatric (ages 5 – 17) or Adult (ages 18 and older)

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Component Options:

Performance Met: Asthma well-controlled based on the ACT, C-ACT, ACQ, or ATAQ score and results documented **(G9432)**

OR

Performance Not Met: Asthma not well-controlled based on the ACT, C-ACT, ACQ, or ATAQ score, OR specified asthma control tool not used, reason not given **(G9434)**

AND

COMPONENT 2:

Patient not at elevated risk of exacerbation

NUMERATOR NOTE: *To meet performance for this component, documentation of the sum of the patient's submitted values for the following questions must be less than two:*

- *Number of emergency department visits not resulting in a hospitalization due to asthma in last 12 months*
- *Number of inpatient hospitalizations requiring an overnight stay due to asthma in last 12 months.*

Component Options:

Performance Met: Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months **(G9521)**

OR

Performance Not Met: Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months OR patient not screened, reason not given **(G9522)**

DENOMINATOR (SUBMISSION CRITERIA 2):

Patients ages 18 to 50 with asthma

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.*

Visits to a primary care setting, regardless of the reason for the visit or the scheduling status of the visit (e.g., walk-in) are to be included. In a multi-specialty clinic setting, patients who have visits from both the primary care setting and the urgent care setting during the performance period are to be included. M1021 may be used if the patient is only evaluated at an urgent care visit and is not considered an established patient to allow for care coordination or follow up.

Denominator Criteria (Eligible Cases) 2:

Patients aged 18-50 years

AND

Diagnosis for asthma (ICD-10-CM): J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998

AND

Patient had a diagnosis of asthma with any contact during the current or prior performance period OR had asthma present on an active problem list any time during the performance period

AND

Established patient office visit during the performance period (CPT): 99211, 99212, 99213, 99214, 99215, 99392*, 99393*, 99394*, 99395*, 99396*

AND NOT

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DENOMINATOR EXCLUSIONS:

Diagnosis for chronic obstructive pulmonary disease, emphysema, cystic fibrosis, or acute respiratory failure

- The following codes would be sufficient to define the Denominator Exclusion of chronic obstructive pulmonary disease, emphysema, cystic fibrosis, or acute respiratory failure: 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.
- For historical reference purposes, these ICD-9 codes if documented would be sufficient to define the Denominator Exclusion of chronic obstructive pulmonary disease, emphysema, cystic fibrosis, or acute respiratory failure: 277.00, 277.01, 277.02, 277.03, 277.09, 491.20, 491.21, 491.22, 492.0, 492.8, 493.20, 493.21, 493.22, 496, 506.4, 518.1, 518.2, 518.81

OR

Patient died prior to the end of the performance period

OR

Patient was a permanent nursing home resident any time during the performance period

OR

Patient was in hospice or receiving palliative care services at any time during the performance period

OR

Patient had only urgent care visits during the performance period: M1021

NUMERATOR (ALL OR NOTHING):

The number of asthma patients who meet ALL of the following targets

Numerator Options:

Each component should be submitted in order to determine the data completeness and performance rate for the overall percentage of patients that meet ALL targets represented as the numerator.

COMPONENT 1:

Asthma well-controlled (submit the most recent asthma control tool result available during the measurement period)

- Asthma Control Test™ (ACT) result of 20 or above - ages 12 and older
- Asthma Control Questionnaire (ACQ) result of 0.75 or lower - ages 17 and older
- Asthma Therapy Assessment Questionnaire (ATAQ) result of 0 – Pediatric (ages 5 – 17) or Adult (ages 18 and older)

Component Options:

Performance Met: Asthma well-controlled based on the ACT, C-ACT, ACQ, or ATAQ score and results documented **(G9432)**

OR

Performance Not Met: Asthma not well-controlled based on the ACT, C-ACT, ACQ, or ATAQ score, OR specified asthma control tool not used, reason not given **(G9434)**

AND

COMPONENT 2:

Patient not at elevated risk of exacerbation

NUMERATOR NOTE: *To meet performance for this component, documentation of the sum of the patient's submitted values for the following questions must be less than two:*

- *Number of emergency department visits not resulting in a hospitalization due to asthma in last 12 months*
- *Number of inpatient hospitalizations requiring an overnight stay due to asthma in last 12months*

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Component Options:

Performance Met: Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months **(G9521)**

OR

Performance Not Met: Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months OR patient not screened, reason not given **(G9522)**

RATIONALE:

Roughly 7% of adults and children in Minnesota are currently living with asthma. Asthma is a chronic disease associated with familial, infectious, allergenic, socioeconomic, psychosocial, and environmental factors. It is not curable but is treatable. Despite improvements in diagnosis and management, and an increased understanding of the epidemiology, immunology, and biology of the disease, asthma prevalence has progressively increased over the past 15 years.

CLINICAL RECOMMENDATION STATEMENTS:

From the National Quality Forum's 2013 report, Patient Reported Outcomes (PROs) in Performance Measurement:

Patient and family engagement is increasingly acknowledged as a key component of a comprehensive strategy, (along with performance improvement and accountability), to achieve a high quality, affordable health system. Emerging evidence affirms that patients who are engaged in their care tend to experience better outcomes and choose less costly but effective interventions.

Historically, with the exception of collecting feedback on satisfaction or experience with care, patients remain an untapped resource in assessing the quality of healthcare and of long-term support services. Patients are a valuable and, arguably, the authoritative source of information on outcomes beyond experience with care. These include health-related quality of life, functional status, symptom and symptom burden, and health behaviors.

Patient Reported Outcome Measures (PROMs) are standardized instruments that capture patients' self-assessment of their health and can provide timely information on patient health status, function, and symptoms over time that can be used to improve patient-centered care and inform clinical decision-making.

The Asthma Control Test™ (ACT) is a validated self-administered survey utilizing 5 questions to assess asthma control on a scale from 0 (poor control) to 5 (total control) in individuals 12 years and older. © 2002 by QualityMetric Incorporated. Asthma Control Test is a trademark of QualityMetric Incorporated.

The Childhood Asthma Control Test (C-ACT) is a caregiver-assisted, child-completed tool that can be used with or without lung function assessment to assess pediatric asthma control at home or in clinical practice for children ages 4-11 years. It consists of 7 questions of which 4 are child-reported and 3 are caregiver-reported questions. ©2007 The GlaxoSmithKline Group of Companies.

The Asthma Control Questionnaire (ACQ) is a validated, self-administered survey available in various formats from the developer, Elizabeth F. Juniper, MCSP, MSc. Link to ACQ Survey

The Asthma Therapy Assessment Questionnaire (ATAQ) is available in a version for adults (18 and over) and a version for children and adolescents (5 – 17). © 2005 Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc.

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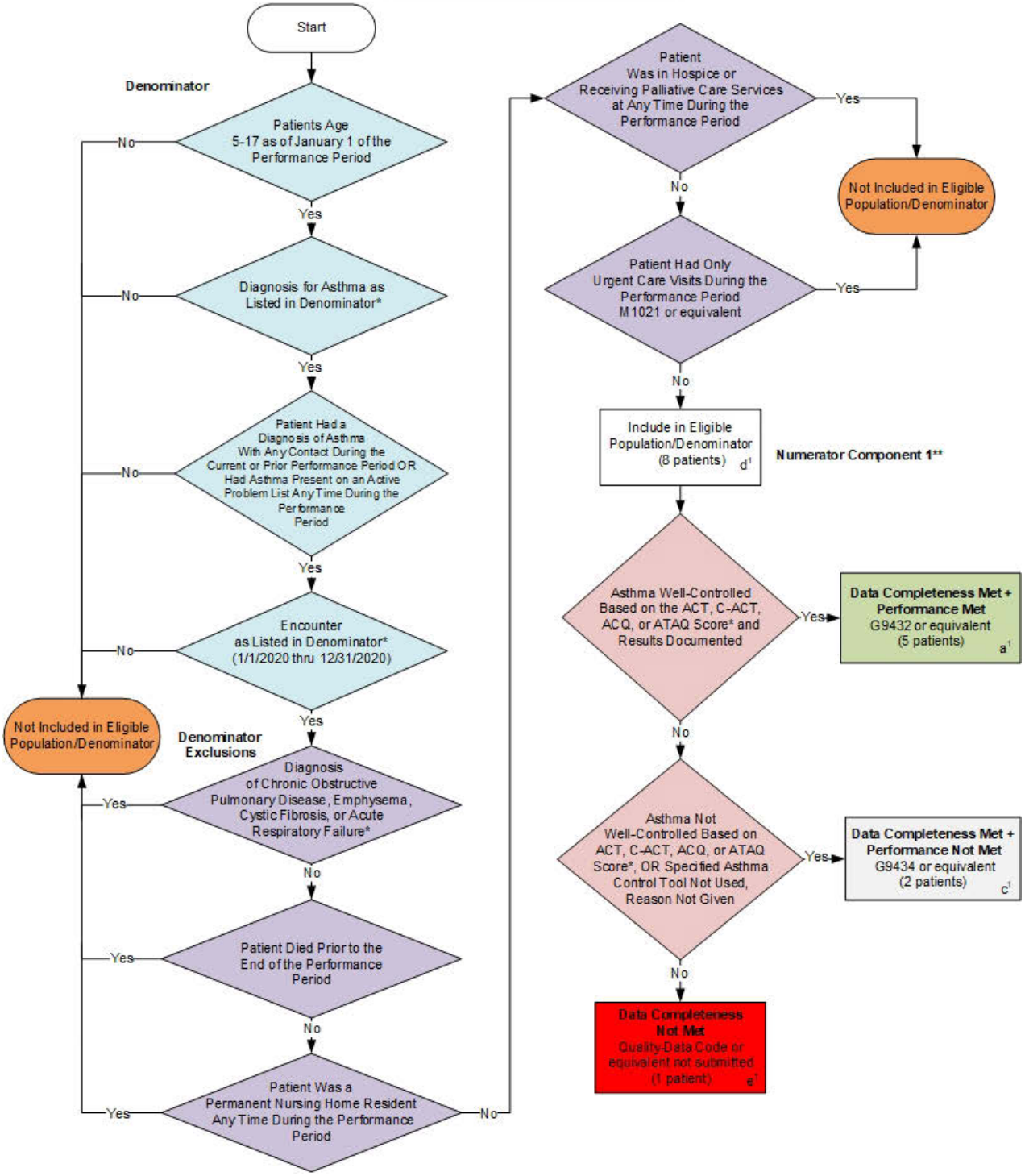
2020 Clinical Quality Measure Flow for Quality ID #398:
Optimal Asthma Control
Submission Criteria One

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

Multiple Performance Rates



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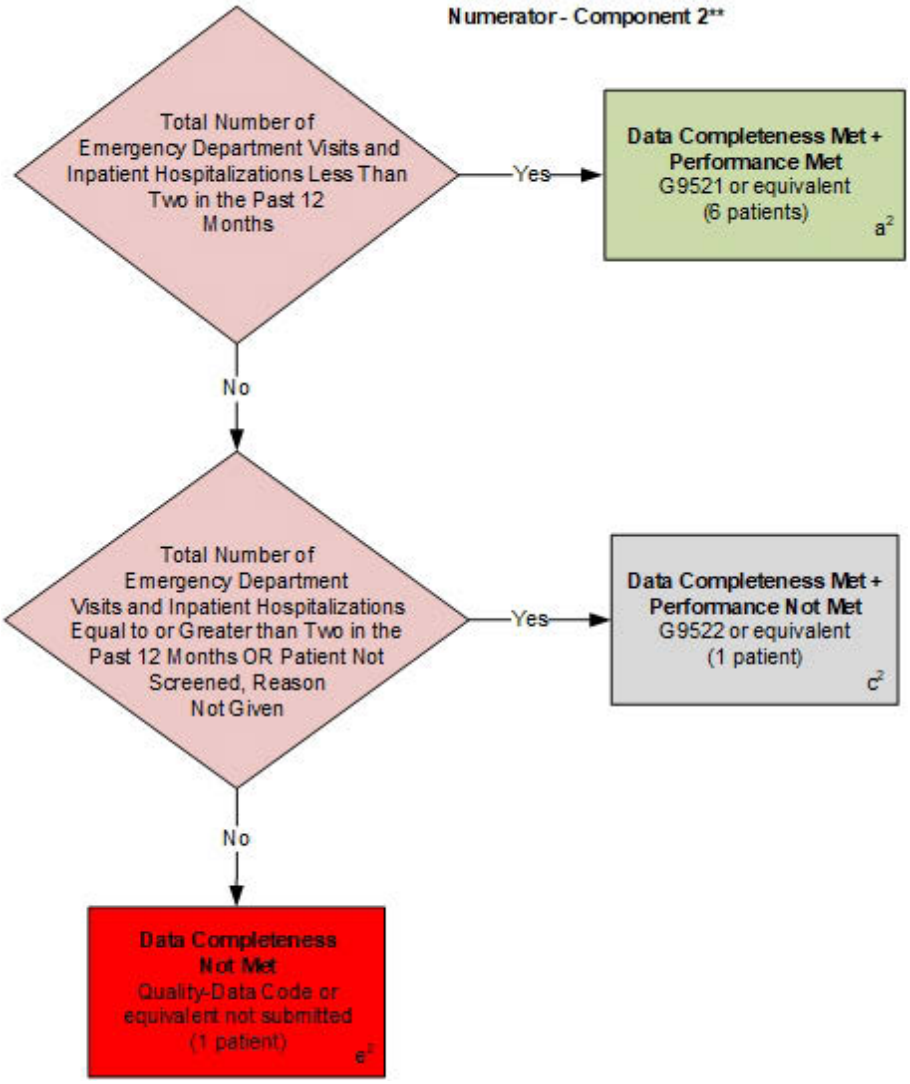

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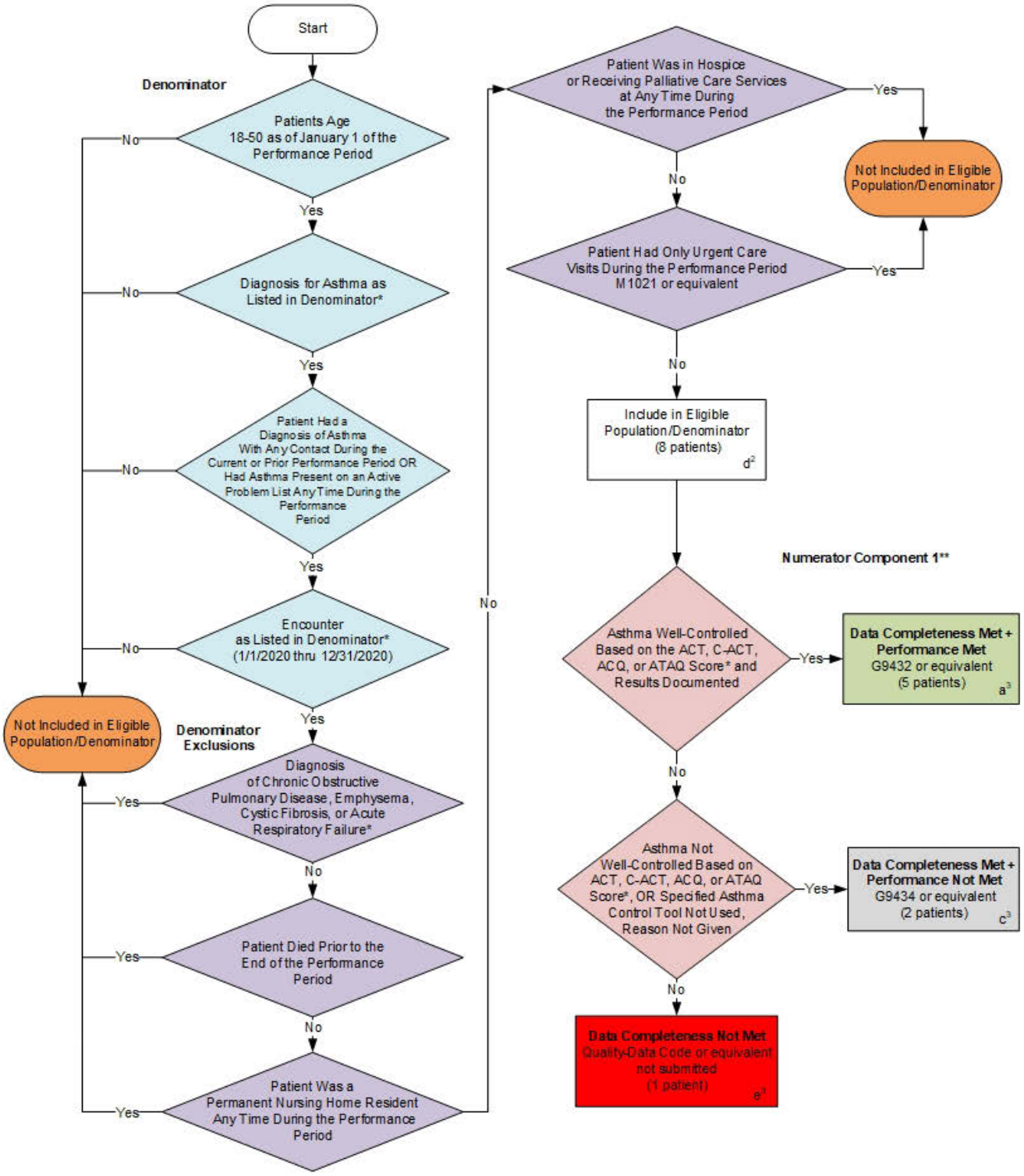
Submission Criteria Two

Multiple Performance Rates



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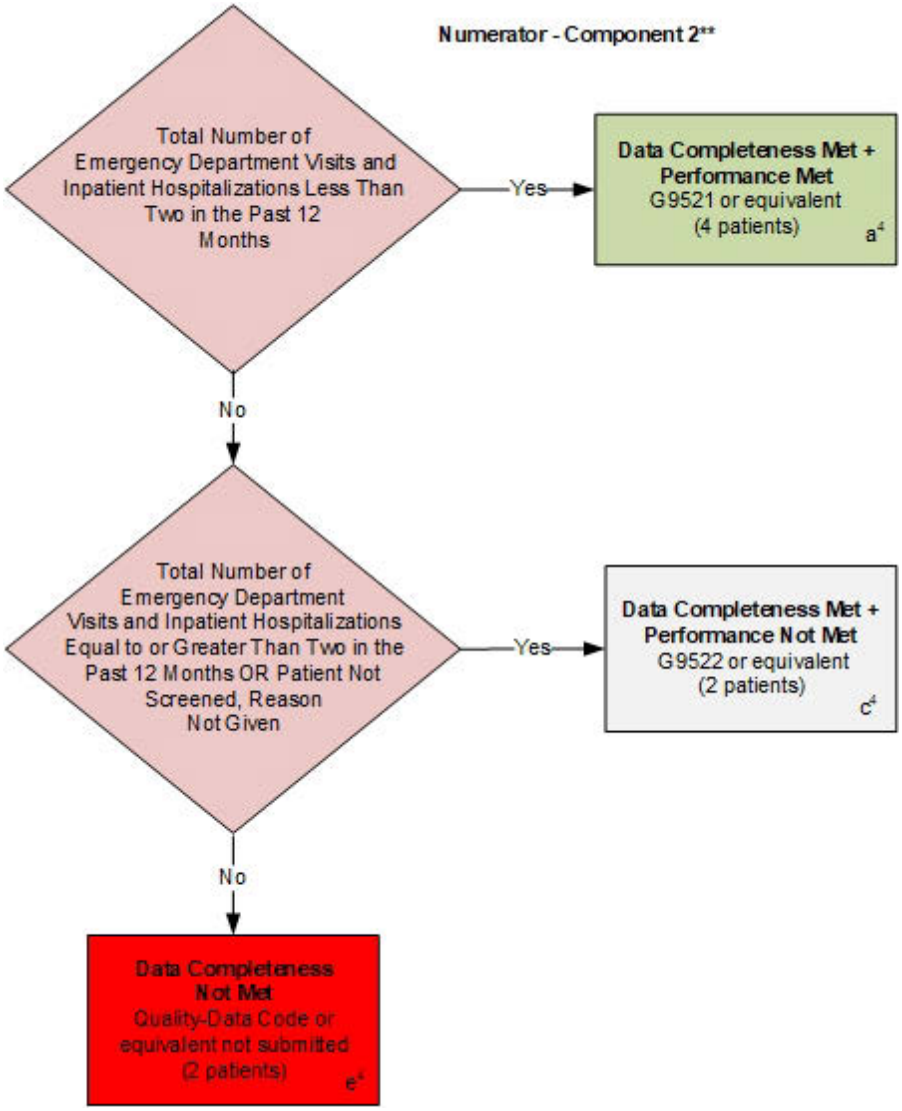

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Multiple Performance Rates

Data Completeness Criteria 1	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7	Patient 8
Numerator Component 1	Met (a^1)	Met (a^1)	Met (a^1)	Met (a^1)	Met (a^1)	Not Met (c^1)	Not Met (c^1)	Not Reported (e^1)
Numerator Component 2	Met (a^2)	Met (a^2)	Met (a^2)	Met (a^2)	Met (a^2)	Met (a^2)	Not Met (c^2)	Not Reported (e^2)
Data Completeness Criteria 2	**Patient 9**	**Patient 10**	**Patient 11**	**Patient 12**	**Patient 13**	**Patient 14**	**Patient 15**	**Patient 16**
Numerator Component 1	Met (a^3)	Not Met (c^3)	Met (a^3)	Met (a^3)	Met (a^3)	Met (a^3)	Not Met (c^3)	Not Reported (e^3)
Numerator Component 2	Met (a^4)	Not Met (c^4)	Met (a^4)	Not Reported (e^4)	Met (a^4)	Met (a^4)	Not Met (c^4)	Not Reported (e^4)

SAMPLE CALCULATIONS: Data Completeness One**

Data Completeness=
Performance Met (a^1=5 patients) + Performance Not Met (c^1=2 patients) = 7 patients = **87.50%**
Eligible Population / Denominator (d^1=8 patients) = 8 patients

SAMPLE CALCULATIONS: Data Completeness Two**

Data Completeness=
Performance Met (a^2=6 patients) + Performance Not Met (c^2=1 patients) = 7 patients = **87.50%**
Eligible Population / Denominator (d^1=8 patients) = 8 patients

SAMPLE CALCULATIONS: Data Completeness Three**

Data Completeness=
Performance Met (a^3=5 patients) + Performance Not Met (c^3=2 patients) = 7 patients = **87.50%**
Eligible Population / Denominator (d^2=8 patients) = 8 patients

SAMPLE CALCULATIONS: Data Completeness Four**

Data Completeness=
Performance Met (a^4=4 patients) + Performance Not Met (c^4=2 patients) = 6 patients = **75.00%**
Eligible Population / Denominator (d^2=8 patients) = 8 patients

SAMPLE CALCULATION: Performance Rate One: Overall Percentage for patients (aged 5-50 years) with well-controlled asthma, without elevated risk of exacerbation

Submission Criteria 1 and 2:
Performance Rate=
Performance Met (a=9 patients) = 9 patients = **69.23%**
Data Completeness Numerator (13 patients) = 13 patients

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SAMPLE CALCULATION: Performance Rate Two: Percentage of pediatric patients (aged 5-17 years) with well-controlled asthma, without elevated risk of exacerbation

Submission Criteria 1, Component 1 and 2:
Performance Rate=
Performance Met (a=5 patients) = 5 patients = **71.43%**
Data Completeness Numerator (7 patients) = 7 patients

SAMPLE CALCULATION: Performance Rate Three: Percentage of adult patients (aged 18-50 years) with well-controlled asthma, without elevated risk of exacerbation

Submission Criteria 2, Component 1 and 2:
Performance Rate=
Performance Met (a=4 patients) = 4 patients = **66.67%**
Data Completeness Numerator (6 patients) = 6 patients

SAMPLE CALCULATION: Performance Rate Four: Asthma well-controlled (take the most recent tool result) for patients 5 to 17 with Asthma

Submission Criteria 1, Component 1:
Performance Rate=
Performance Met (a^1=5 patients) = 5 patients = **71.43%**
Data Completeness Numerator (7 patients) = 7 patients

SAMPLE CALCULATION: Performance Rate Five: Asthma well-controlled (take the most recent tool result) for patients 18 to 50 with Asthma

Submission Criteria 2, Component 1:
Performance Rate=
Performance Met (a^3=5 patients) = 5 patients = **71.43%**
Data Completeness Numerator (7 patients) = 7 patients

SAMPLE CALCULATION: Performance Rate Six: Patient not at elevated risk of exacerbation for patients 5 to 17 with Asthma

Submission Criteria 1, Component 2:
Performance Rate=
Performance Met (a^2=6 patients) = 6 patients = **85.71%**
Data Completeness Numerator (7 patients) = 7 patients

SAMPLE CALCULATION: Performance Rate Seven: Patient not at elevated risk of exacerbation for patients 18 to 50 with Asthma

Submission Criteria 2, Component 2:
Performance Rate=
Performance Met (a^4=4 patients) = 4 patients = **66.67%**
Data Completeness Numerator (6 patients) = 6 patients

*See the posted measure specification for specific coding and instructions to submit this measure.
**Each component should be submitted in order to determine the data completeness and performance rate for the overall percentage of patients that meet ALL targets represented as the numerator.
***This measure should be calculated with 7 Performance Rates. Review the Sample Calculation to ensure the data completeness and performance rates are calculated accurately.
****It is anticipated for registry submission that for every Performance Rate, Data Completeness will be submitted. CMS will determine or use the overall Data Completeness and Performance Rate
NOTE: Submission Frequency: Patient-Process

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v4

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2020 Clinical Quality Measure Flow Narrative for Quality ID #398: Optimal Asthma Control

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

This measure requires submitting of seven performance rates.

Submission Criteria One:

1. Start with Denominator
2. Check Patient Age:
    a. If Patient Age 5 thru 17 as of January 1 of the Performance Period equals No, do not include in Eligible Population. Stop Processing.
    b. If Patient Age 5 thru 17 as of January 1 of the Performance Period equals Yes, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
    a. If Diagnosis for Asthma as Listed in Denominator equals No, do not include in Eligible Population. Stop Processing.
    b. If Diagnosis for Asthma as Listed in Denominator equals Yes, proceed to check Patient Had a Diagnosis of Asthma With Any Contact During the Current or Prior Performance Period OR Had Asthma Present on an Active Problem List Any Time During the Performance Period.
4. Check Patient Had a Diagnosis of Asthma With Any Contact During the Current or Prior Performance Period OR Had Asthma Present on an Active Problem List Any Time During the Performance Period:
    a. If Patient Had a Diagnosis of Asthma With Any Contact During the Current or Prior Performance Period OR Had Asthma Present on an Active Problem List Any Time During the Performance Period equals No, do not include in Eligible Population. Stop Processing.
    b. If Patient Had a Diagnosis of Asthma With Any Contact During the Current or Prior Performance Period OR Had Asthma Present on an Active Problem List Any Time During the Performance Period equals Yes, proceed to check Encounter Performed.
5. Check Encounter Performed:
    a. If Encounter Performed as Listed in Denominator equals No, do not include in Eligible Population. Stop Processing.
    b. If Encounter Performed as Listed in Denominator equals Yes, proceed to check Diagnosis of Chronic Obstructive Pulmonary Disease, Emphysema, Cystic Fibrosis, or Acute Respiratory Failure.
6. Check Diagnosis of Chronic Obstructive Pulmonary Disease, Emphysema, Cystic Fibrosis, or Acute Respiratory Failure:
    a. If Diagnosis of Chronic Obstructive Pulmonary Disease, Emphysema, Cystic Fibrosis, or Acute Respiratory Failure equals No, proceed to check Patient Died Prior to the End of the Performance Period.
    b. If Diagnosis of Chronic Obstructive Pulmonary Disease, Emphysema, Cystic Fibrosis, or Acute Respiratory Failure equals Yes, do not include in Eligible Population. Stop Processing

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7. Check Patient Died Prior to the End of the Performance Period:

    a. If Patient Died Prior to the End of the Performance Period equals No, proceed to check Patient Was a Permanent Nursing Home Resident Any Time During the Performance Period.

    b. If Patient Died Prior to the End of the Performance Period equals Yes, do not include in Eligible Population. Stop Processing.

8. Check Patient Was a Permanent Nursing Home Resident Any Time During the Performance Period:

    a. If Patient Was a Permanent Nursing Home Resident Any Time During the Performance Period equals No, proceed to check Patient Was in Hospice or Receiving Palliative Care Services at Any Time During the Performance Period.

    b. If Patient Was a Permanent Nursing Home Resident Any Time During the Performance Period equals Yes, do not include in Eligible Population. Stop Processing.

9. Check Patient Was in Hospice or Receiving Palliative Care Services at Any Time During the Performance Period:

    a. If Patient Was in Hospice or Receiving Palliative Care Services at Any Time During the Performance Period equals No, proceed to check Patient Had Only Urgent Care Visits During the Performance Period.

    b. If Patient Was in Hospice or Receiving Palliative Care Services at Any Time During the Performance Period equals Yes, do not include in Eligible Population. Stop Processing.

10. Check Patient Had Only Urgent Care Visits During the Performance Period:

    a. If Patient Had Only Urgent Care Visits During the Performance Period equals No, include in Eligible Population.

    b. If Patient Had Only Urgent Care Visits During the Performance Period equals Yes, do not include in Eligible Population. Stop Processing.

11. 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^1 equals 8 patients in the Sample Calculation.

12. Start Numerator Component 1- Each component should be submitted in order to determine the data completeness and performance rate for the overall percentage of patients that meet ALL targets represented as the Numerator.

13. Check Asthma Well-Controlled Based on the ACT, C-ACT, ACQ, or ATAQ Score and Results Documented:

    a. If Asthma Well-Controlled Based on the ACT, C-ACT, ACQ, or ATAQ Score and Results Documented 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^1 equals 5 patients in the Sample Calculation.

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c. If Asthma Well-Controlled Based on the ACT, C-ACT, ACQ, or ATAQ Score and Results Documented equals No, proceed to check Asthma Not Well Controlled Based on ACT, C-ACT, ACQ, or ATAQ Score, OR Specified Asthma Control Tool Not Used, Reason Not Given.

14. Check Asthma Not Well-Controlled Based on ACT, C-ACT, ACQ, or ATAQ Score, OR Specified Asthma Control Tool Not Used, Reason Not Given:

    a. If Asthma Not Well-Controlled Based on ACT, C-ACT, ACQ, or ATAQ Score, OR Specified Asthma Control Tool Not Used, Reason Not Given 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^1 equals 2 patients in the Sample Calculation.

    c. If Asthma Not Well Controlled Based on ACT, C-ACT, ACQ, or ATAQ Score, OR Specified Asthma Control Tool Not Used, Reason Not Given equals No, proceed to check Data Completeness Not Met.

15. Check Data Completeness Not Met:

    a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. Letter e^1 equals 1 patient has been subtracted from the Data Completeness Numerator in the Sample Calculation.

16. Start Numerator Component 2 - Each component should be submitted in order to determine the data completeness and performance rate for the overall percentage of patients that meet ALL targets represented as the Numerator

17. Check Total Number of Emergency Department Visits and Inpatient Hospitalizations Less Than Two in the Past 12 Months:

    a. If Total Number of Emergency Department Visits and Inpatient Hospitalizations Less Than Two in the Past 12 Months 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^2 equals 6 patients in the Sample Calculation.

    c. If Total Number of Emergency Department Visits and Inpatient Hospitalizations Less Than Two in the Past 12 Months equals No, proceed to check Total Number of Emergency Department Visits and Inpatient Hospitalizations Equal to or Greater Than Two in the Past 12 Months OR Patient Not Screened, Reason Not Given.

18. Check Total Number of Emergency Department Visits and Inpatient Hospitalizations Equal to or Greater Than Two in the Past 12 Months OR Patient Not Screened, Reason Not Given:

    a. If Total Number of Emergency Department Visits and Inpatient Hospitalizations Equal to or Greater Than Two in the Past 12 Months OR Patient Not Screened, Reason Not Given 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^2 equals 1 patient in the Sample Calculation.

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c. If Total Number of Emergency Department Visits and Inpatient Hospitalizations Equal to or Greater Than Two in the Past 12 Months OR Patient Not Screened, Reason Not Given equals No, proceed to check Data Completeness Not Met.

19. Check Data Completeness Not Met:

    a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. Letter e^2 equals 1 patient has been subtracted from the Data Completeness Numerator in the Sample Calculation.

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Submission Criteria Two:

1. Start with Denominator
2. Check Patient Age:
    a. If Patient Age 18 thru 50 as of January 1 of the Performance Period equals No, do not include in Eligible Population. Stop Processing.
    b. If Patient Age 18 thru 50 as of January 1 of the Performance Period equals Yes, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
    a. If Diagnosis for Asthma as Listed in Denominator equals No, do not include in Eligible Population. Stop Processing.
    b. If Diagnosis for Asthma as Listed in Denominator equals Yes, proceed to check Patient Had a Diagnosis of Asthma With Any Contact During the Current or Prior Performance Period OR Had Asthma Present on an Active Problem List Any Time During the Performance Period.
4. Check Patient Had a Diagnosis of Asthma With Any Contact During the Current or Prior Performance Period OR Had Asthma Present on an Active Problem List Any Time During the Performance Period:
    a. If Patient Had a Diagnosis of Asthma With Any Contact During the Current or Prior Performance Period OR Had Asthma Present on an Active Problem List Any Time During the Performance Period equals No, do not include in Eligible Population.
    b. If Patient Had a Diagnosis of Asthma With Any Contact During the Current or Prior Performance Period OR Had Asthma Present on an Active Problem List Any Time During the Performance Period equals Yes, proceed to check Encounter Performed.
5. Check Encounter Performed:
    a. If Encounter Performed as Listed in Denominator equals No, do not include in Eligible Population. Stop Processing.
    b. If Encounter Performed as Listed in Denominator equals Yes, proceed to check Diagnosis of Chronic Obstructive Pulmonary Disease, Emphysema, Cystic Fibrosis, or Acute Respiratory Failure.
6. Check Diagnosis of Chronic Obstructive Pulmonary Disease, Emphysema, Cystic Fibrosis, or Acute Respiratory Failure:
    a. If Diagnosis of Chronic Obstructive Pulmonary Disease, Emphysema, Cystic Fibrosis, or Acute Respiratory Failure equals No, proceed to check Patient Died Prior to the End of the Performance Period.
    b. If Diagnosis of Chronic Obstructive Pulmonary Disease, Emphysema, Cystic Fibrosis, or Acute Respiratory Failure equals Yes, do not include in Eligible Population. Stop Processing.

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7. Check Patient Died Prior to the End of the Performance Period:

    a. If Patient Died Prior to the End of the Period equals No, proceed to check Patient Was a Permanent Nursing Home Resident Any Time During the Performance Period.

    b. If Patient Died Prior to the End of the Period equals Yes, do not include in Eligible Population. Stop Processing.

8. Check Patient Was a Permanent Nursing Home Resident Any Time During the Performance Period:

    a. If Patient Was a Permanent Nursing Home Resident Any Time During the Performance Period equals No, proceed to check Patient Was in Hospice or Receiving Palliative Care Services at Any Time During the Performance Period.

    b. If Patient Was a Permanent Nursing Home Resident Any Time During the Performance Period equals Yes, do not include in Eligible Population. Stop Processing.

9. Check Patient Was in Hospice or Receiving Palliative Care Services at Any Time During the Measurement Period:

    a. If Patient was in Hospice or Receiving Palliative Care Services at Any Time During the Performance Period equals No, proceed to check Patient Had Only Urgent Care Visits During the Performance Period.

    b. If Patient Was in Hospice or Receiving Palliative Care Services at Any Time During the Performance Period equals Yes, do not include in Eligible Population. Stop Processing.

10. Check Patient Had Only Urgent Care Visits During the Performance Period:

    a. If Patient Had Only Urgent Care Visits During the Performance Period equals No, include in Eligible Population.

    b. If Patient Had Only Urgent Care Visits During the Performance Period equals Yes, do not include in Eligible Population. Stop Processing.

11. 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^2 equals 8 patients in the Sample Calculation.

12. Start Numerator Component 1- Each component should be submitted in order to determine the Data Completeness and Performance Rate for the overall percentage of patients that meet ALL targets represented as the Numerator.

13. Check Asthma Well-Controlled Based on the ACT, C-ACT, ACQ, or ATAQ Score and Results Documented:

    a. If Asthma Well-Controlled Based on the ACT, C-ACT, ACQ, or ATAQ Score and Results Documented 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^3 equals 5 patients in the Sample Calculation.

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c. If Asthma Well-Controlled Based on the ACT, C-ACT, ACQ, or ATAQ Score and Results Documented equals No, proceed to check Asthma Not Well-Controlled Based on ACT, C-ACT, ACQ, or ATAQ Score, OR Specified Asthma Control Tool Not Used, Reason Not Given.

14. Check Asthma Not Well-Controlled Based on ACT, C-ACT, ACQ, or ATAQ Score, OR Specified Asthma Control Tool Not Used, Reason Not Given:

    a. If Asthma Not Well-Controlled Based on ACT, C-ACT, ACQ, or ATAQ Score, OR Specified Asthma Control Tool Not Used, Reason Not Given 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^3 equals 2 patients in the Sample Calculation.

    c. If Asthma Not Well Controlled Based on ACT, C-ACT, ACQ, or ATAQ Score, OR Specified Asthma Control Tool Not Used, Reason Not Given equals No, proceed to check Data Completeness Not Met.

15. Check Data Completeness Not Met:

    a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. Letter e^3 equals 1 patient has been subtracted from the Data Completeness Numerator in the Sample Calculation.

16. Start Numerator Component 2 - Each component should be submitted in order to determine the Data Completeness and Performance Rate for the overall percentage of patients that meet ALL targets represented as the Numerator.

17. Check Total Number of Emergency Department Visits and Inpatient Hospitalizations Less Than Two in the Past 12 Months:

    a. If Total Number of Emergency Department Visits and Inpatient Hospitalizations Less Than Two in the Past 12 Months 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^4 equals 4 patients in the Sample Calculation.

    c. If Total Number of Emergency Department Visits and Inpatient Hospitalizations Less Than Two in the Past 12 Months equals No, proceed to check Total Number of Emergency Department Visits and Inpatient Hospitalizations Equal to or Greater Than Two in the Past 12 Months OR Patient Not Screened, Reason Not Given.

18. Check Total Number of Emergency Department Visits and Inpatient Hospitalizations Equal to or Greater Than Two in the Past 12 Months OR Patient Not Screened, Reason Not Given:

    a. If Total Number of Emergency Department Visits and Inpatient Hospitalizations Equal to or Greater Than Two in the Past 12 Months OR Patient Not Screened, Reason Not Given equals Yes, include in Data Completeness Met and Performance Not Met.

    b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c^4 equals 2 patients in the Sample Calculation.

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c. If Total Number of Emergency Department Visits and Inpatient Hospitalizations Equal to or Greater Than Two in the Past 12 Months OR Patient Not Screened, Reason Not Given equals No, proceed to check Data Completeness Not Met.

19. Check Data Completeness Not Met:

    a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. Letter e^4 equals 2 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

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Data Completeness Criteria 1	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7	Patient 8
Numerator Component 1	Met (a^1)	Met (a^1)	Met (a^1)	Met (a^1)	Met (a^1)	Not Met (c^1)	Not Met (c^1)	Not Reported (e^1)
Numerator Component 2	Met (a^2)	Met (a^2)	Met (a^2)	Met (a^2)	Met (a^2)	Met (a^2)	Not Met (c^2)	Not Reported (e^2)
Data Completeness Criteria 2	**Patient 9**	**Patient 10**	**Patient 11**	**Patient 12**	**Patient 13**	**Patient 14**	**Patient 15**	**Patient 16**
Numerator Component 1	Met (a^3)	Not Met (c^3)	Met (a^3)	Met (a^3)	Met (a^3)	Met (a^3)	Not Met (c^3)	Not Reported (e^3)
Numerator Component 2	Met (a^4)	Not Met (c^4)	Met (a^4)	Not Reported (e^4)	Met (a^4)	Met (a^4)	Not Met (c^4)	Not Reported (e^4)

SAMPLE CALCULATIONS: Data Completeness One****

Data Completeness=
Performance Met (a^1=5 patients) + Performance Not Met (c^1=2 patients) = 7 patients = **87.50%**
Eligible Population / Denominator (d^1=8 patients) = 8 patients

SAMPLE CALCULATIONS: Data Completeness Two****

Data Completeness=
Performance Met (a^2=6 patients) + Performance Not Met (c^2=1 patients) = 7 patients = **87.50%**
Eligible Population / Denominator (d^1=8 patients) = 8 patients

SAMPLE CALCULATIONS: Data Completeness Three****

Data Completeness=
Performance Met (a^3=5 patients) + Performance Not Met (c^3=2 patients) = 7 patients = **87.50%**
Eligible Population / Denominator (d^2=8 patients) = 8 patients

SAMPLE CALCULATIONS: Data Completeness Four****

Data Completeness=
Performance Met (a^4=4 patients) + Performance Not Met (c^4=2 patients) = 6 patients = **75.00%**
Eligible Population / Denominator (d^2=8 patients) = 8 patients

SAMPLE CALCULATION: Performance Rate One: Overall Percentage for patients (aged 5-50 years) with well-controlled asthma, without elevated risk of exacerbation

Submission Criteria 1 and 2:
Performance Rate=
Performance Met (a=9 patients) = 9 patients = **69.23%**
Data Completeness Numerator (13 patients) = 13 patients

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SAMPLE CALCULATION: Performance Rate Two: Percentage of pediatric patients (aged 5-17 years) with well-controlled asthma, without elevated risk of exacerbation

Submission Criteria 1, Component 1 and 2:
Performance Rate=

Performance Met (a=5 patients) = 5 patients = **71.43%**
Data Completeness Numerator (7 patients) = 7 patients

SAMPLE CALCULATION: Performance Rate Three: Percentage of adult patients (aged 18-50 years) with well-controlled asthma, without elevated risk of exacerbation

Submission Criteria 2, Component 1 and 2:
Performance Rate=

Performance Met (a=4 patients) = 4 patients = **66.67%**
Data Completeness Numerator (6 patients) = 6 patients

SAMPLE CALCULATION: Performance Rate Four: Asthma well-controlled (take the most recent tool result) for patients 5 to 17 with Asthma

Submission Criteria 1, Component 1:
Performance Rate=

Performance Met (a^1=5 patients) = 5 patients = **71.43%**
Data Completeness Numerator (7 patients) = 7 patients

SAMPLE CALCULATION: Performance Rate Five: Asthma well-controlled (take the most recent tool result) for patients 18 to 50 with Asthma

Submission Criteria 2, Component 1:
Performance Rate=

Performance Met (a^3=5 patients) = 5 patients = **71.43%**
Data Completeness Numerator (7 patients) = 7 patients

SAMPLE CALCULATION: Performance Rate Six: Patient not at elevated risk of exacerbation for patients 5 to 17 with Asthma

Submission Criteria 1, Component 2:
Performance Rate=

Performance Met (a^2=6 patients) = 6 patients = **85.71%**
Data Completeness Numerator (7 patients) = 7 patients

SAMPLE CALCULATION: Performance Rate Seven: Patient not at elevated risk of exacerbation for patients 18 to 50 with Asthma

Submission Criteria 2, Component 2:
Performance Rate=

Performance Met (a^4=4 patients) = 4 patients = **66.67%**
Data Completeness Numerator (6 patients) = 6 patients

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