Quality ID #398: Optimal Asthma Control

2026 COLLECTION TYPE:
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

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:

Reporting Frequency:
This measure is to be submitted a minimum of once per performance period for denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:
This measure is intended to reflect the quality of services provided for patients with a diagnosis of asthma. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions as defined by the numerator based on the services provided and the measure-specific denominator coding.

Measure Strata and Performance Rates:
This measure contains two strata defined by two submission criteria.
This measure produces seven performance rates.

There are 2 Submission Criteria for this measure:

1) Patients aged 5-17 years with well-controlled asthma, without elevated risk of exacerbation

OR

2) Patients aged 18-50 years with well-controlled asthma, without elevated risk of exacerbation

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

All performance rates must be submitted for this measure. For accountability reporting in the CMS MIPS program, Performance Rate 1 is used for performance.

Implementation Considerations:
For the purposes of MIPS implementation, this patient-intermediate measure is submitted a minimum of once per patient for the performance period. The most recent numerator option/quality data code will be used if the measure is submitted

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more than once.

Telehealth:
TELEHEALTH ELIGIBLE: This measure is appropriate for and applicable to the telehealth setting. Patient encounters conducted via telehealth using encounter code(s) found in the denominator encounter criteria are allowed for this measure. Therefore, if the patient meets all denominator criteria for a telehealth encounter, it would be appropriate to include them in the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:
The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

SUBMISSION CRITERIA 1: PATIENTS AGED 5-17 YEARS WITH WELL CONTROLLED ASTHMA, WITHOUT ELEVATED RISK OF EXACERBATION

DENOMINATOR (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 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):
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: M1457
AND
Established patient office or telehealth visit during the performance period (CPT): 98012, 98013, 98014, 98015, 98016, 99211, 99212, 99213, 99214, 99215, 99392, 99393*, 99394*, 99395, 99396, 99421, 99422, 99423
AND NOT
DENOMINATOR EXCLUSIONS:
Diagnosis for chronic obstructive pulmonary disease, emphysema, cystic fibrosis, or acute respiratory failure: M1460
OR

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Patient died prior to the end of the performance period: M1458
OR
Patient was in hospice or receiving palliative care services at any time during the performance period: M1459
OR
Patient had only urgent care visits during the performance period: M1021

Reference Coding:
Denominator Exclusion for chronic obstructive pulmonary disease, emphysema, cystic fibrosis, or acute respiratory failure [M1460] may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:
E84.0, E84.11, E84.19, E84.8, E84.9, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.81, J44.89, J44.9, J68.4, J96.00, J96.01, J96.02, J96.20, J96.21, J96.22, J98.2, J98.3

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)

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

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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)

OR

SUBMISSION CRITERIA 2: PATIENTS AGED 18-50 YEARS WITH WELL CONTROLLED ASTHMA, WITHOUT ELEVATED RISK OF EXACERBATION

DENOMINATOR (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):
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: M1457
AND
Established patient office or telehealth visit during the performance period (CPT): 98012, 98013, 98014, 98015, 98016, 99211, 99212, 99213, 99214, 99215, 99392, 99393, 99394, 99395*, 99396*, 99421, 99422, 99423
AND NOT
DENOMINATOR EXCLUSIONS:
Diagnosis for chronic obstructive pulmonary disease, emphysema, cystic fibrosis, or acute respiratory failure: M1460
OR
Patient died prior to the end of the performance period: M1458
OR
Patient was in hospice or receiving palliative care services at any time during the performance period: M1459
OR
Patient had only urgent care visits during the performance period: M1021

Reference Coding:
Denominator Exclusion for chronic obstructive pulmonary disease, emphysema, cystic fibrosis, or acute respiratory failure [M1460] may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:
E84.0, E84.11, E84.19, E84.8, E84.9, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.81, J44.89, J44.9, J68.4, J96.00, J96.01, J96.02, J96.20, J96.21, J96.22, J98.2, J98.3

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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 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)

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

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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.

REFERENCES:

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2026 Clinical Quality Measure Flow for Quality ID #398:
Optimal Asthma Control

Multiple Performance Rates

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

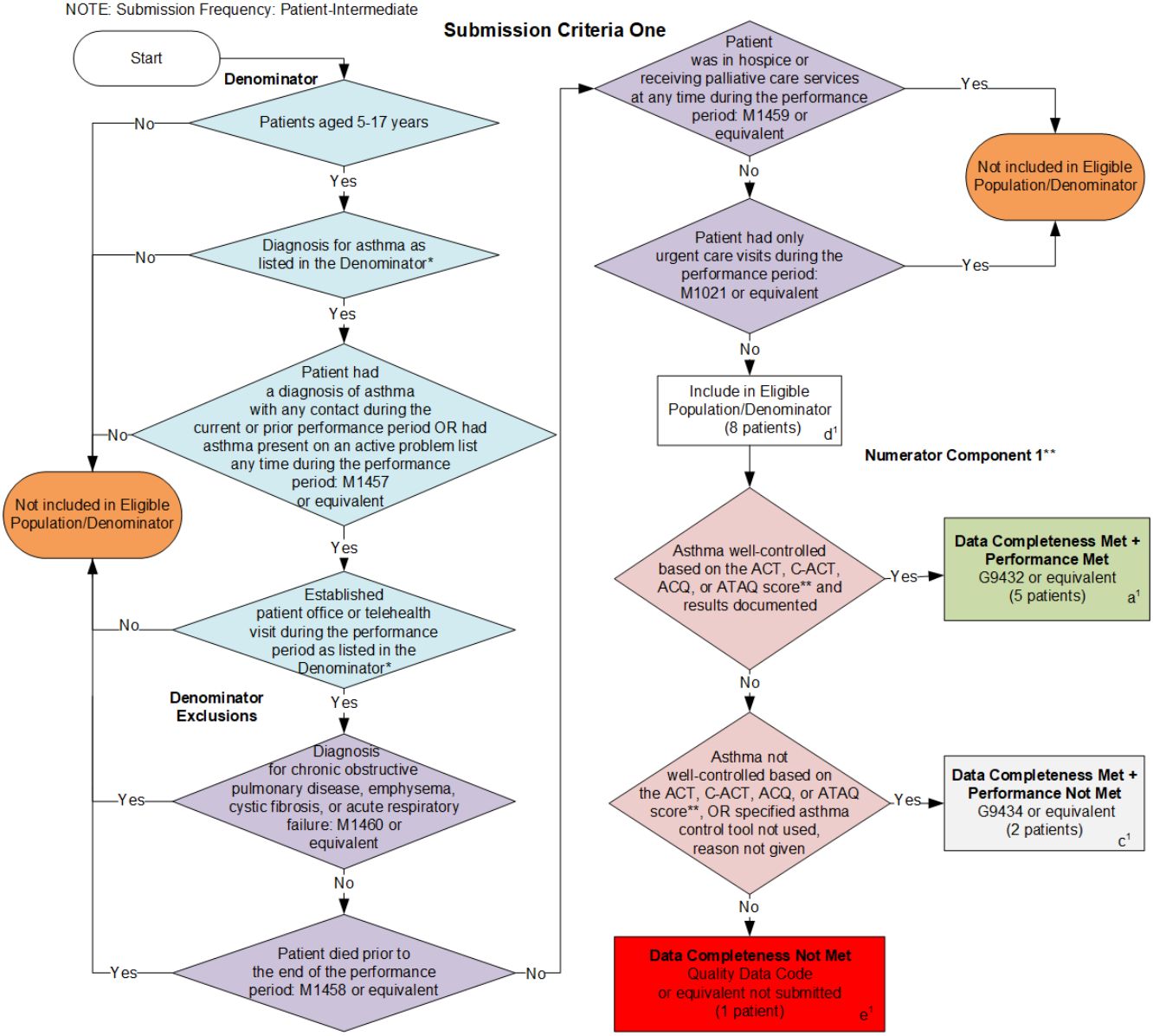
ACCOUNTABILITY REPORTING IN THE CMS MIPS PROGRAM: SAMPLE CALCULATIONS

Overall Data Completeness (All Submission Criteria) =
Performance Met (a^1+ a^2+ a^3 + a^4 = 20 patients) + Performance Not Met (c^1+ c^2+ c^3 + c^4= 7 patients) = 27 patients = **84.38%**
Eligible Population / Denominator (d^1+ d^2+ d^3+ d^4 = 8 patients) = 32 patients

Overall Performance Rate (All-or-None) =
Performance Met (a = 9 patients) = 9 patients = **69.23%**
Data Completeness Numerator (13 patients) = 13 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-Intermediate

Submission Criteria One



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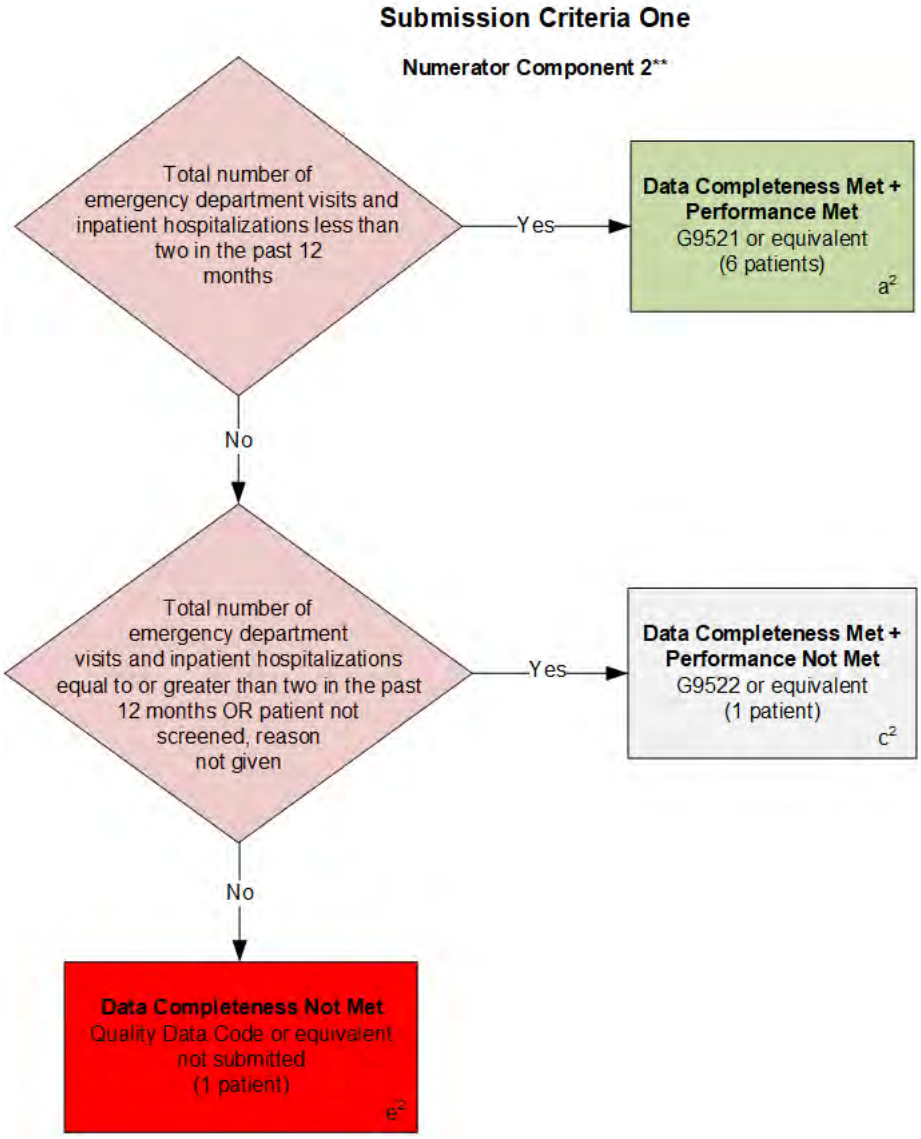

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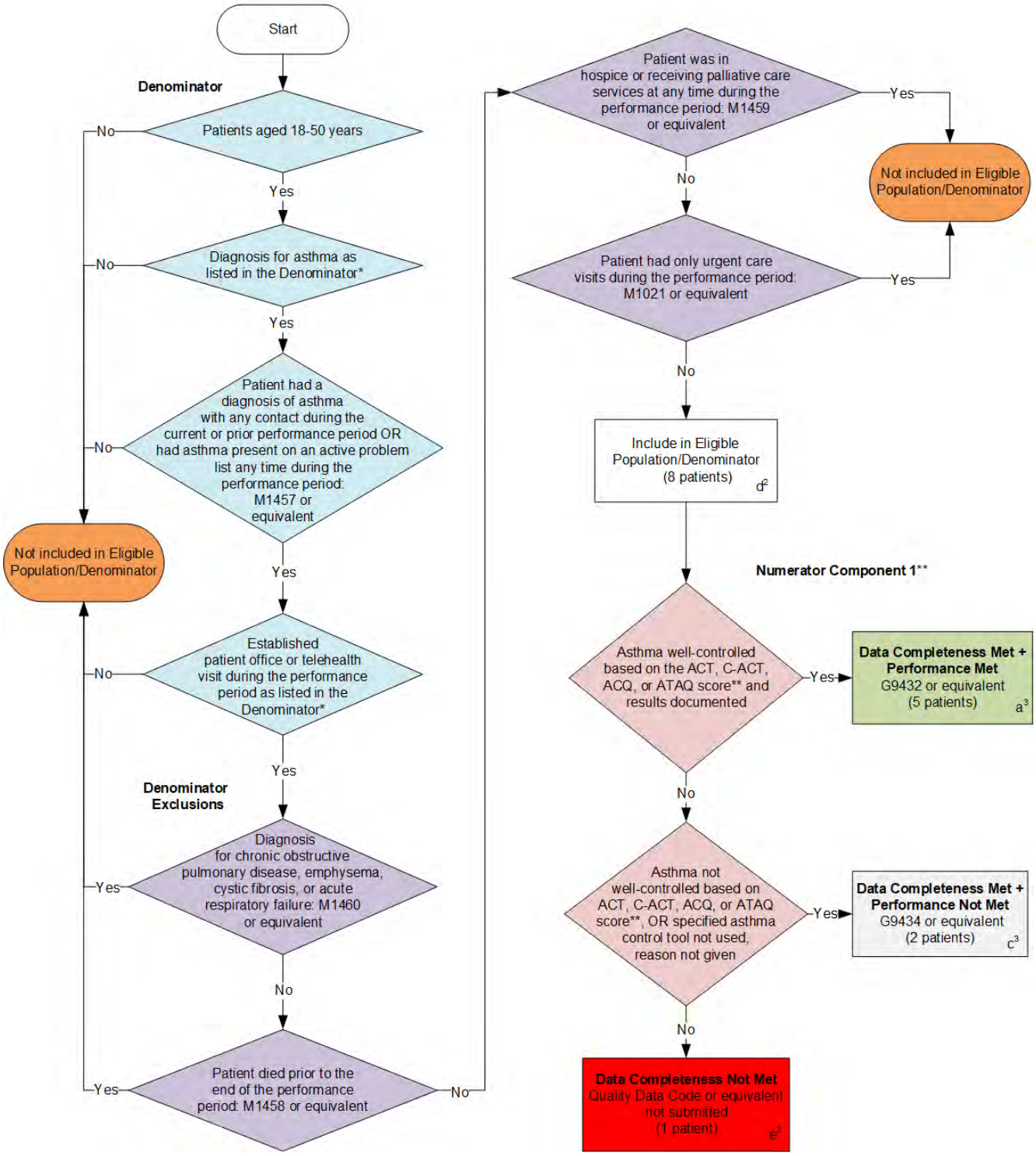
Submission Criteria Two



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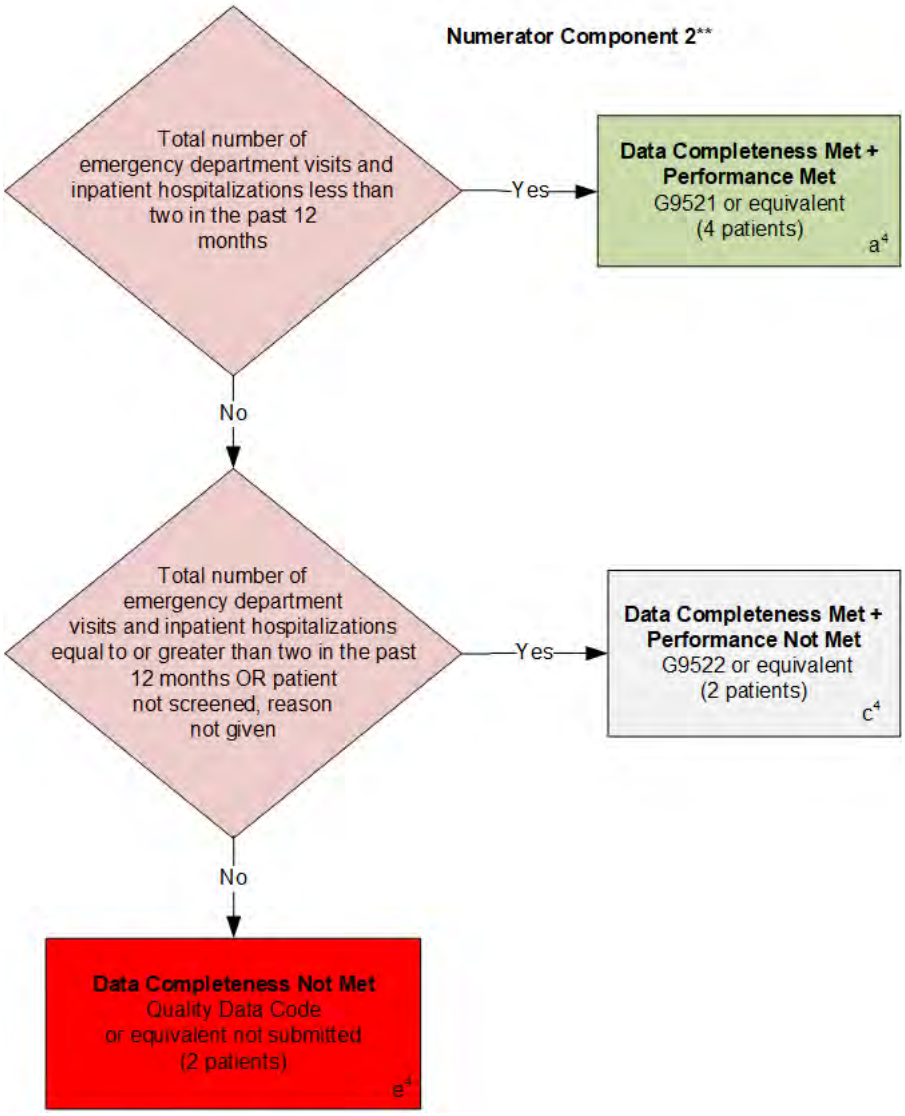
Submission Criteria Two



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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 CALCULATION: 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 CALCULATION: 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 CALCULATION: 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 CALCULATION: 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-Intermediate

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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. v10

2026 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.

Multiple Performance Rates

Accountability Reporting In The CMS MIPS Program: Sample Calculations

Overall Data Completeness Rate (All Submission Criteria) equals Performance Met (a^1 plus a^2 plus a^3 plus a^4 equals 20 patients) plus Performance Not Met (c^1 plus c^2 plus c^3 plus c^4 equals 7 patients) divided by Eligible Population/Denominator (d^1 plus d^2 plus d^3 plus d^4 equals 8 patients). All equals 27 patients divided by 32 patients. All equals 84.38 percent.

Overall Performance Rate (All-or-None) equals Performance Met (a equals 9 patients) divided by Data Completeness Numerator (13 patients). All equals 9 patients divided by 13 patients. All equals 69.23 percent.

*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-Intermediate

Submission Criteria One:

1. Start with Denominator
2. Check *Patients aged 5-17 years*:
    a. If *Patients aged 5-17 years* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients aged 5-17 years* equals Yes, proceed to check *Diagnosis for asthma as listed in the Denominator**.
3. Check *Diagnosis for asthma as listed in the Denominator**:
    a. If *Diagnosis for asthma as listed in the Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis for asthma as listed in the 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/Denominator*. Stop processing.

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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 *Established patient office or telehealth visit during the performance period as listed in the Denominator**.

5. Check *Established patient office or telehealth visit during the performance period as listed in the Denominator**:

   a. If *Established patient office or telehealth visit during the performance period as listed in the Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *Established patient office or telehealth visit during the performance period as listed in the Denominator** equals Yes, proceed to check *Diagnosis for chronic obstructive pulmonary disease, emphysema, cystic fibrosis, or acute respiratory failure*.

6. Check *Diagnosis for chronic obstructive pulmonary disease, emphysema, cystic fibrosis, or acute respiratory failure*:

   a. If *Diagnosis for 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 for chronic obstructive pulmonary disease, emphysema, cystic fibrosis, or acute respiratory failure* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing

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 in hospice or receiving palliative care services at 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/Denominator*. Stop processing.

8. 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/Denominator*. Stop processing.

9. 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/Denominator*.

   b. If *Patient had only urgent care visits during the performance period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

10. 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^1 equals 8 patients in the Sample Calculation.

11. Start with Numerator Component 1**

12. Check *Asthma well-controlled based on the ACT, C-ACT, ACQ, or ATAQ score** and results documented*:

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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*.

    - *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.

b. 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*.

13. 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*.

        - *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.

    b. 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*.

14. Check *Data Completeness Not Met*:

    - 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.

15. Start with Numerator Component 2**

16. 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*.

        - *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.

    b. 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*.

17. 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*.

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- *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.

b. 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*.

18. *Check Data Completeness Not Met*:

- 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.

Submission Criteria Two:

1. Start with Denominator
2. Check *Patients aged 18-50 years*:
   a. If *Patients aged 18-50 years* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
   b. If *Patients aged 18-50 years* equals Yes, proceed to check *Diagnosis for asthma as listed in the Denominator**.
3. Check *Diagnosis for asthma as listed in the Denominator**:
   a. If *Diagnosis for asthma as listed in the Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
   b. If *Diagnosis for asthma as listed in the 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/Denominator*. 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 *Established patient office or telehealth visit during the performance period as listed in the Denominator**.
5. Check *Established patient office or telehealth visit during the performance period as listed in the Denominator**:
   a. If *Established patient office or telehealth visit during the performance period as listed in the Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
   b. If *Established patient office or telehealth visit during the performance period as listed in the Denominator** equals Yes, proceed to check *Diagnosis for chronic obstructive pulmonary disease, emphysema, cystic fibrosis, or acute respiratory failure*.

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6. Check *Diagnosis for chronic obstructive pulmonary disease, emphysema, cystic fibrosis, or acute respiratory failure*:

    a. If *Diagnosis for 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 for chronic obstructive pulmonary disease, emphysema, cystic fibrosis, or acute respiratory failure* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

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 in hospice or receiving palliative care services at 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/Denominator*. Stop processing.

8. 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/Denominator*. Stop Processing.

9. 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/Denominator*.

    b. If *Patient had only urgent care visits during the performance period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

10. 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^2 equals 8 patients in the Sample Calculation.

11. Start Numerator Component 1**

12. 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*.

        - *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.

    b. 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*.

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13. 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*.

        - *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.

    b. 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*.

14. Check *Data Completeness Not Met*:

    - 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.

15. Start Numerator Component 2**

16. 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*.

        - *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.

    b. 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*.

17. 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*.

        - *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.

    b. 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*.

18. Check *Data Completeness Not Met*:

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- 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.

Sample Calculations

Sample Calculation: Data Completeness One***

Data Completeness equals Performance Met (a^1 equals 5 patients) plus Performance Not Met (c^1 equals 2 patients) divided by Eligible Population / Denominator (d^1 equals 8 patients). All equals 7 patients divided by 8 patients. All equals 87.50 percent.

Sample Calculation: Data Completeness Two***

Data Completeness equals Performance Met (a^2 equals 6 patients) plus Performance Not Met (c^2 equals 1 patients) divided by Eligible Population / Denominator (d^1 equals 8 patients). All equals 7 patients divided by 8 patients. All equals 87.50 percent.

Sample Calculation: Data Completeness Three***

Data Completeness equals Performance Met (a^3 equals 5 patients) plus Performance Not Met (c^3 equals 2 patients) divided by Eligible Population / Denominator (d^2 equals 8 patients). All equals 7 patients divided by 8 patients. All equals 87.50 percent.

Sample Calculations: Data Completeness Four***

Data Completeness equals Performance Met (a^4 equals 4 patients) plus Performance Not Met (c^4 equals 2 patients) divided by Eligible Population / Denominator (d^2 equals 8 patients). All equals 6 patients divided by 8 patients. All equals 75.00 percent.

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 equals Performance Met (a equals 9 patients) divided by Data Completeness Numerator (13 patients). All equals 9 patients divided by 13 patients. All equals 69.23 percent.

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 equals Performance Met (a equals 5 patients) divided by Data Completeness Numerator (7 patients). All equals 5 patients divided by 7 patients. All equals 71.43 percent.

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 equals Performance Met (a equals 4 patients) divided by Data Completeness Numerator (6 patients). All equals 4 patients divided by 6 patients. All equals 66.67 percent.

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

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Submission Criteria 1, Component 1:

Performance Rate equals Performance Met (a^1 equals 5 patients) divided by Data Completeness Numerator (7 patients). All equals 5 patients divided by 7 patients. All equals 71.43 percent.

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 equals Performance Met (a^3 equals 5 patients) divided by Data Completeness Numerator (7 patients). All equals 5 patients divided by 7 patients. All equals 71.43 percent.

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 equals Performance Met (a^2 equals 6 patients) divided by Data Completeness Numerator (7 patients). All equals 6 patients divided by 7 patients. All equals 85.71 percent.

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 equals Performance Met (a^4 equals 4 patients) divided by Data Completeness Numerator (6 patients). All equals 4 patients divided by 6 patients. All equals 66.67 percent.

*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-Intermediate

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.

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