Memorandum

To: Gold Coast Health Plan Primary Care Providers and OB/GYNs

From: Kim Osajda, RN, MSN
               Director of Quality Improvement

Re: **HEDIS® Asthma Medication Ratio Measure**

Date: November 15, 2016

New Health Effectiveness Data Information Set (HEDIS®) Measure GCHP will Report in 2017: Asthma Medication Ratio (AMR)
In 2011, the Centers for Disease Control and Prevention (CDC) reported that the prevalence of asthma was increasing in the U.S. and that more than 25 million people were diagnosed with asthma. The CDC also reported that the U.S. spent approximately $56 billion in health care costs for treating asthma. However, appropriate medication management can control asthma and significantly decrease costs associated with emergency room visits and inpatient admissions.

As of this year, the Department of Health Care Services (DCHS) requires all Medi-Cal Managed Care Plans to begin reporting the Asthma Medication Ratio (AMR) HEDIS® measure, which is maintained by the National Committee for Quality Assurance (NCQA).

Asthma Medication Ratio Measurement Criteria
- This measure evaluates the percentage of members ages 5 to 64 who were identified as having persistent asthma in 2015 and 2016 and had a ≥ 50% ratio of controller medications to total asthma medications during the 2016 measurement year.

- Five rates will be reported – four rates by age group and one total rate:
  - 5 to 11 years
  - 12 to 18 years
  - 19 to 50 years
  - 50 to 64 years
  - Total

- This is an administrative measure that uses only medical codes found on administrative data (claims/encounter, pharmacy and supplemental data) to identify members diagnosed with asthma, the medication dispensing events and to calculate the asthma medication ratio. The diagnosis codes to identify the eligible population for this measure are listed in Table 1.

Table 1: Diagnosis Codes to Identify Members with Asthma

Diagnosis	ICD-9-CM Codes*	ICD-10-CM Codes
Asthma	493.00, 493.01, 493.02, 493.10, 493.11, 493.12, 493.81, 493.82, 493.90, 493.91, 493.92	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

- The following members are *excluded* from the AMR measure:
  - Members in hospice.
  - Members who had no asthma medications (controller or reliever) dispensed during the 2016 measurement year.
  - Members who had any of the diagnoses listed in Table 2, anytime during the member's history through December 31 of the 2016 measurement year.

Table 2: Diagnosis Codes to Identify Excluded Members

Diagnosis	ICD-9-CM Codes*	ICD-10-CM Codes
Emphysema	492.0, 492.8, 518.1, 518.2	J43.0, J43.1, J43.2, J43.8, J43.9, J98.2, J98.3
Chronic Obstructive Pulmonary Disease	493.20, 493.21, 493.22, 496	J44.0, J44.1, J44.9
Obstructive Chronic Bronchitis	491.20, 491.21, 491.22	
Chronic Respiratory Conditions Due to Fumes/Vapors	506.4	J68.4
Cystic Fibrosis	277.00, 277.01, 277.02, 277.03, 277.09	E84.0, E84.11, E84.19, E84.8, E84.9
Acute Respiratory Failure	518.81	J96.00, J96.01, J96.02, J96.20, J96.21, J96.22

* ICD-9-PCS codes will be used to evaluate services for the 2017 reporting year since the time period for identifying members with a diagnosis of asthma or diagnoses that could exclude a member from the measure precedes the implementation of ICD-10-CM diagnosis codes on October 1, 2015.

Recommendations to help your clinic score high on the AMR measure in 2017

- Clinicians should be familiar with asthma controller and reliever medications. For a complete list of the asthma medications included in the AMR measure, see the HEDIS® 2016 Final NDC list on www.ncqa.org or click here.

- GCHP follows the National Institute of Health's (NIH) recommended clinical practice guidelines for providing quality asthma care:
  - Initial Visit
    - Diagnose asthma.
    - Assess severity of asthma.
    - Initiate medication and demonstrate use.
    - Develop written asthma action plan.
    - Schedule follow-up appointment.
  - Follow-up Visits
    - Assess and monitor asthma control.
    - Review medication technique and adherence.
    - Assess side effects.
    - Review environmental control.
    - Maintain, increase or decrease medication.
    - Review asthma action plan and revise as needed.
    - Schedule next follow-up appointment.

- Educate patients on taking asthma medications correctly and on the the use of long-term controller medications to manage asthma.

- Include members of all health care disciplines (e.g., physicians, pharmacists, nurses, respiratory therapists, and asthma educators) in providing and reinforcing education at all points of care.

- Document and code diagnoses and services performed on claims/encounter data.

- Submit all claims/encounter data in a timely manner.

If you have any questions, please contact the Quality Improvement Department at 1-805-437-5592 or hedis@goldchp.org.

Thank you for your commitment to improving the health of GCHP's members.