

Asthma Medication Ratio

Metric Information

Metric description: The percentage of Medicaid beneficiaries, 5 - 64 years of age, who were identified as having persistent asthma and had a ratio of controller medication to total asthma medications of 0.50 or greater during the measurement year.

Definition of terms used in this metric:

- *Units of Medications:* When identifying medication units for the numerator, count each individual medication, defined as an amount lasting 30 days or less, as one medication unit.

Metric specification version: HEDIS® Measurement Year 2020 & 2021 Technical Specifications for Health Plans, NCQA (modified).

Data collection method: Administrative only.

Data source: ProviderOne Medicaid claims/encounter and enrollment data.

Claim status: Include only final paid claims or accepted encounters in metric calculation.

Identification window: Measurement year and the year prior.

Direction of quality improvement: Higher is better.

URL of specifications: www.ncqa.org/hedis/measures

DSRIP Program Summary

Metric utility: ACH Project P4P ■ ACH High Performance ■ DSRIP statewide accountability ■

ACH Project P4P – Metric results used for achievement value: Single metric result.

ACH Project P4P – improvement target methodology: gap to goal.

ACH Project P4P gap to goal - absolute benchmark value:

DY 3/performance year 1 (2019)	N/A 2017 NCQA Quality Compass National Medicaid, 90 th Percentile
DY 4/performance year 2 (2020)	71.93% 2018 NCQA Quality Compass National Medicaid, 90 th Percentile
DY 5/performance year 3 (2021)	73.38% 2019 NCQA Quality Compass National Medicaid, 90 th Percentile

ACH High Performance – methodology: HCA will use a Quality Improvement (QI) Model to determine relative high performance among ACHs for the set of High Performance metrics. For more information, see Chapter 8: ACH High Performance Incentives.

Asthma Medication Ratio

DSRIP statewide accountability – methodology: HCA will use a Quality Improvement (QI) Model to determine statewide performance across the quality metric set. For more information, see Chapter 2: Statewide accountability.

ACH regional attribution: Residence in the ACH region for 11 out of 12 months in the measurement year.

Statewide attribution: Residence in the state of Washington for 11 out of 12 months in the measurement year.

DSRIP Metric Details

Eligible Population	
Age	Ages 5 - 64 years. Age is as of the last day of the measurement year.
Gender	N/A
Minimum Medicaid enrollment	Measurement year and the year prior to the measurement year. Enrollment must be continuous.
Allowable gap in Medicaid enrollment	One gap of one month during the measurement year and one gap of one month during the year prior to the measurement year.
Medicaid enrollment anchor date	Last day of measurement year.
Medicaid benefit and eligibility	Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries that are eligible for both Medicare and Medicaid and beneficiaries with primary insurance other than Medicaid.

Denominator:

Data elements required for denominator: Identify Medicaid beneficiaries as having persistent asthma during either the measurement year and the year prior to the measurement year. Refer to HEDIS® specifications for instructions and additional exclusions.

Required exclusions for denominator.

- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions:
 - o Beneficiaries in hospice care.
 - o Members who had select diagnoses. Refer to HEDIS® specifications for instructions
 - o Members who had no relevant asthma medications dispensed during the measurement year.

Deviations from cited specifications for denominator.

- HEDIS® specifications require no more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment. To determine continuous enrollment for a

Asthma Medication Ratio

Medicaid beneficiary for whom enrollment is verified monthly, as is the case for the ProviderOne data source, the Medicaid beneficiary may not have more than a 1-month gap in coverage (i.e., a Medicaid beneficiary whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

Numerator:

Beneficiaries must qualify for inclusion in the denominator to be eligible for inclusion in the numerator.

Data elements required for numerator: The number of Medicaid beneficiaries who have a ratio of 0.50 or greater during the measurement year. See HEDIS® for more detailed instructions.

Required exclusions for numerator.

- None

Deviations from cited specifications for numerator.

- None

Version Control

August 2019 update: This is a new specification. For DSRIP purposes, Asthma Medication Ratio replaces Medication Management for People with Asthma for DY4/performance year 2 (2020) and DY5/performance year 3 (2021).