

## Measure specifications: 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 2022 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:** [NCQA 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 (DY3/Performance Year 1 thru DY5/Performance Year 3):** gap to goal.

### ACH Project P4P gap to goal - absolute benchmark value:

Performance year	Percentile
<b>DY 3/performance year 1 (2019)</b>	N/A 2017 NCQA Quality Compass National Medicaid, 90 <sup>th</sup> Percentile
<b>DY 4/performance year 2 (2020)</b>	71.93% 2018 NCQA Quality Compass National Medicaid, 90 <sup>th</sup> Percentile
<b>DY 5/performance year 3 (2021)</b>	73.38% 2019 NCQA Quality Compass National Medicaid, 90 <sup>th</sup> 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 **Error! Reference source not found.**

**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 **Error! Reference source not found.**

**ACH Project P4P – improvement target methodology (DY6/Performance Year 4):** Improvement over self (due to COVID-19 Public Health Emergency).

**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

Measure	Description
<b>Age</b>	Ages 5 - 64 years. Age is as of the last day of the measurement year.
<b>Gender</b>	N/A
<b>Minimum Medicaid enrollment</b>	Measurement year and the year prior to the measurement year. Enrollment must be continuous.
<b>Allowable gap in Medicaid enrollment</b>	One gap of one month during the measurement year and one gap of one month during the year prior to the measurement year.
<b>Medicaid enrollment anchor date</b>	Last day of measurement year.
<b>Medicaid benefit and eligibility</b>	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 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).

**August 2023 update:** HEDIS® clarified that hospice is a required exclusion. No substantive changes were made to the DSRIP Metric Details.