



BlueCross BlueShield of Texas



IMPROVING HEALTH CARE QUALITY

Medication Management for People with Asthma

Blue Cross and Blue Shield of Texas (BCBSTX) collects quality data from our providers to measure and improve the quality of care our members receive. Medication Management for People with Asthma (MMA) is one aspect of care we measure in our quality programs. Quality measures evaluate a prior calendar year performance.

What We Measure

We capture the percentage of members ages 5 to 64 during the measurement year who were identified from claims as having persistent asthma and who remained on appropriate medications during the treatment period are reported:

- Members who remained on an asthma control medication for at least 50% of the treatment period

MMA is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure. See the [National Committee for Quality Assurance \(NCQA\) website](#) for more details.

Why It Matters

Asthma is a treatable condition that affects 7% of children and 8% of adults in the U.S., according to the [Centers for Disease Control and Prevention \(CDC\)](#). The prevalence and cost of asthma have increased over the past decade, demonstrating the need for better access to care and medication, according to [NCQA](#). Appropriate medication management for individuals with asthma could reduce the need for rescue medication and the number of emergency department (ED) visits, inpatient admissions and missed days of work or school.



Eligible Population

Members ages 5 to 64 during the measurement year with persistent asthma are included in this measure. They must meet at least one of these criteria during both the measurement year and the year prior to the measurement year:

- ED visit, with a principal diagnosis of asthma
- Acute inpatient encounter, with a principal diagnosis of asthma without telehealth
- Acute patient discharge with a principal diagnosis of asthma
- Four or more asthma medication-dispensing events for any controller or reliever medication
- Four or more outpatient visits or observation visits, telephone visits or online assessments on different dates of service:
 - These visits must include any diagnosis of asthma and at least two asthma medication-dispensing events for any controller or reliever medication.
 - The four visit types don't need to be the same. Only three of the four visits may be a telehealth visit, a telephone visit or an online assessment.

Exclusions: Members who meet any of the following criteria are excluded from the measure:

- Have a diagnosis of chronic obstructive pulmonary disease (COPD), emphysema, obstructive chronic bronchitis, chronic respiratory conditions due to fumes or vapors, cystic fibrosis or acute respiratory failure
- Had no asthma medications (controller or reliever) dispensed during the measurement year
- Receiving hospice care
- **Member who pass during the measurement year**

Tips to Consider

- Ask our members if they have barriers to filling prescriptions. Many drug manufacturers offer coupons on their websites.
- Schedule follow-up appointments and ensure members receive prescriptions during checkout.
- Use the appropriate diagnosis codes for members' conditions, including any codes for diagnosed conditions that may exclude members from this measure.

How to Document

Data for this measure is tracked from claims data. Hybrid chart review doesn't apply.

For more information, see [NCQA's HEDIS Measures and Technical Resources](#).



Questions?

Contact your BCBSTX Network Representative.

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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