Bridges to Excellence®
Asthma Care Recognition Program Guide for Patients 5 years of age and older

Please note that Telehealth and Home visit temporary codes for the Public Health Emergency of the COVID-19 Pandemic were added to "Face-to-Face Visits" found in Table 2 on page 30. These codes may be used for visits on or after April 1, 2020.

Altarum | Bridges to Excellence
3520 Green Court, Suite 300
Ann Arbor, MI 48105
bte@Altarum.org | www.bridgestoexcellence.org
Effective: 04/01/2020
Rev: 06/2020

Table of Contents

INTRODUCTION

Altarum is excited to offer the opportunity for clinicians to participate in the Bridges to Excellence (BTE) recognition program and its automated EMR/Registry performance assessment system. The BTE EMR/Registry performance assessment system allows for rapid and independent medical record-based clinician performance evaluations by connecting local and national medical record data sources to a network of performance assessment organization. Altarum's goals are to: reduce the reporting burden for clinicians; leverage existing reporting/data aggregation initiatives; reduce data collection and reporting costs; facilitate the connection between quality improvement and incentives; and speed up cycle times between reporting, improvement and reporting. Clinicians who meet BTE performance thresholds may be eligible for BTE incentives through participating health plans, employers and coalitions. Clinicians who meet BTE performance thresholds may be eligible for BTE incentives through participating health plans, employers and coalitions. In addition, participation in any BTE program qualifies for "medium" status points in the MIPS scoring system under QPP.

The Asthma Care Recognition Program is a BTE Clinician Recognition Program intended to identify clinicians who deliver high-value asthma care to patients 5 years and older. The program is designed with an understanding that patients may seek care from various types of practitioners— primary care (PCPs), pulmonologists, allergy and immunologists, and others—for treatment and management of their asthma. Accordingly, the measures reflect that clinicians should do the following:

- Deliver high-quality care from the outset of patient contact
- Understand and consider previous treatment history to help avoid inappropriate treatment and avoid duplication of services

The program comprises a set of measures, based on available clinical evidence, that promote a model of care that includes the following criteria:

- Comprehensive patient assessment and reassessment
- Patient education
- Shared decision making

BTE's Asthma Care requirements assess clinical measures representing standards of care for patients with asthma. BTE believes that the BTE Asthma Care Recognition program has the potential to significantly improve the quality of care experienced by patients with asthma 5 years and older, and to reduce the financial and human burden of long-term complications due to asthma.

To earn Asthma Care Recognition, clinicians and medical practices voluntarily submit medical record data documenting their delivery of care to patients with asthma. Altarum evaluates clinician data based on standard measures to publicly recognize those that meet the BTE Asthma Care performance thresholds. Those clinicians not meeting the BTE Asthma Care performance thresholds remain anonymous to BTE's health plan licensees. BTE's Asthma Care Recognition Program has three performance thresholds which give physicians star ratings, based on their performance compared to their peers.

Clinician Benefits of Recognition

- Clinicians can demonstrate to the public and to their professional peers that they meet the standards of care assessed by the program by issuing a press release, as well as having their recognition achievements posted on BTE's, INQUIREhealthcare® website and communicated to health plans, employers and health coalitions.
- Where applicable, clinicians can establish eligibility for pay-for-performance bonuses or differential reimbursement or other incentives from payers and health plans.
- Clinicians may use BTE Recognition(s) to demonstrate that they meet the standards of care assessed by the program when contracting with health organizations and purchasers of health services.
- Clinicians can identify areas of their practice that vary from the performance criteria and take steps to improve quality of care.
- Eligible clinicians may use their BTE Recognition(s) to qualify for "medium" status points for Improvement Activity (IA_PSPA_14) for the Merit-Based Incentive Payment System (MIPS) scoring system under QPP.
- Clinicians may use their BTE Recognition(s) to receive Maintenance of Certification (MOC) Part IV: Improvement in Medical Practice points from various medical specialty boards.

Background on the Measurement Criteria

Eligible clinicians and medical practices voluntarily apply for BTE Recognition by submitting information on how they treat and manage their patients with regard to the following.

Clinical Measures[1]

1. Documentation of Disease Severity (including spirometry)
2. Short Acting Beta Agonist Prescribed to All Patients with Asthma
3. All patients with persistent asthma (any degree) should be prescribed a controller medication (inhaled corticosteroids – ICS - preferred)
4. Patients with Asthma should NOT be taking long-acting beta agonists (LABA) alone
5. Patients with moderate/severe asthma exacerbations should be prescribed oral corticosteroids
6. Patients with moderate/severe asthma exacerbation should have follow-up within 10 days
7. Patients with persistent asthma (any severity) should have 2 annual visits with their care team
8. Patients with asthma should have an "Asthma Action Plan" or "Asthma self-management plan" documented
9. Documentation of proper inhaler technique should be provided (5-11years old)
10. Tobacco Status/Tobacco Exposure Status should be assessed and documented
11. Documentation of Tobacco Cessation counseling if user – and Treatment (12 years and older)
12. Influenza vaccine offered annually

Clinicians who demonstrate high-quality performance based on these measures are awarded BTE Asthma Care Recognition.

[1] *Clinical measures evaluate performance based on care provided to a sample of individual patients and documented in the medical records of those patients. Clinical measures are scored based on the percentage of the sample (denominator) which meet or comply (numerator) with the measure threshold.*

Recognition Program Structure

Given the evidence in the literature advocating the creation of clinician quality reward programs that promote continuous quality improvement amongst its participants, the BTE Asthma Care Recognition Program is designed for clinicians to achieve BTE award status based on their performance summed up across all asthma related measures.

Assessment for recognition is based upon data submitted on the same Asthma measures (listed above). The BTE program focuses on a clinician-centric view of measurement, looking at individual metrics summed to produce a composite score.

Three Stars: Program recognition threshold has been set to focus on above average performance.

Four Stars: Program recognition threshold is set to focus on excellent performance.

Five Stars: Program recognition threshold is set to focus on exceptional performance.

What Recognition Requires

To seek BTE Asthma Care Recognition, clinician applicants must submit medical record data that demonstrates they meet BTE's Asthma Care performance requirements. Each measure has an assigned maximum available point value (Table 1). A clinician achieves points for a measure based on the percentage of their patient sample that meets or exceeds the set thresholds for that measure.

Bridges to Excellence (BTE) awards recognition to clinicians who achieve at minimum:

3-Stars:	50 - 64 points
4-stars:	65 - 84 points
5-stars:	85 points and above

Table 1: Asthma Care Measures, Performance Criteria and Scoring

Measure	Total Possible Points	Level of Evidence	Source
Documentation of Disease Severity (including spirometry)	10	LOE-B	EPR3, Choosing Wisely, GINA
Short Acting Beta Agonist Prescribed to All Patients with Asthma	10	LOE-C	EPR3, AAFP
All patients with persistent asthma (any degree) should be prescribed a controller medication (inhaled corticosteroids – ICS - preferred)	15	LOE-A (for ICS)	EPR3, GINA
Patients with Asthma should NOT be taking long-acting beta agonists (LABA) alone	10	LOE-A	EPR3, GINA, FDA
Patients with moderate/severe asthma exacerbations should be prescribed oral corticosteroids	10	LOE-A	EPR3, GINA
Patients with moderate/severe asthma exacerbation should have follow-up within 10 days	10	LOE-B	EPR-3, GINA
Patients with persistent asthma (any severity) should have 2 annual visits with their care team	10	LOE-D	EPR3
Patients with asthma should have an "Asthma Action Plan" or "Asthma self-management plan" documented	5	LOE-B	EPR3, GINA
Documentation of proper inhaler technique should be provided (5-11 years old)	10	LOE-B	EPR3, GINA
Tobacco Use / Tobacco Exposure Status should be assessed and documented	5	LOE-C	EPR3, GINA
Documentation of Tobacco Cessation counseling if user – and Treatment (12 years and older)	10	LOE-C	EPR3, GINA
Influenza vaccine offered annually	5	Expert Opinion	EPR3, GINA
Total Possible Points	100*		

*(The 10-point variance comes from meeting Documentation of proper inhaler technique should be provided (5-11 years old) *or* Documentation of Tobacco Cessation counseling if user – and Treatment (12 years and older) measures.)

EPR3 = Expert Panel Report 3 by National Heart Lung and Blood Institute's (NHBLI) National Asthma Education and Prevention Program (NAAEPP)
FDA = U.S. Food and Drug Administration
GINA = Global Initiative for Asthma

Eligibility for Clinician Participation

Clinicians may apply for BTE Asthma Care Recognition as individuals or part of a medical practice. To be eligible, applicants must meet the following criteria.

- Applicants must be licensed as a medical doctor (M.D. or D.O.), nurse practitioner (N.P.), or physician assistant (P.A.).
- Applicants must provide continuing care for patients with asthma and be able to meet the minimum patient sample sizes.
- Applicants must complete all application materials and agree to the terms of the program by executing a data use agreement and authorization with a data aggregator partner or direct submission via Altarum's provider portal.
- Applicants must submit the required data documenting their delivery of care for a minimum sample size of consecutive eligible patients in their full patient panel.
- Applicants must use Altarum supplied or approved methods for submitting data electronically.

Individual Clinician Applicant

An individual clinician applicant represents one licensed clinician practicing in any setting who provides continuing care for patients with asthma, 5 years of age and older.

Medical Practice Applicant

A medical practice applicant represents any practice with three or more licensed clinicians who, by formal arrangement, share responsibility for a common panel of patients and practice at the same site, defined as a physical location or street address. For purposes of this assessment process practices of two clinicians or less must apply as individual applicants.

Minimum Requirements

To be eligible for recognition, clinicians must have a minimum of 25 patients for the denominator for individual clinician applicants, and a minimum of 10 patients for the denominator for each individual clinician in a practice level applicant, with a minimum practice average of 25 patients per clinician.

Table 1 (page 6) shows the program measures and the associated point values for scoring clinicians' performance.

How to Submit for Recognition

Step One:

Decide which program(s) to patriciate in by visiting the Bridges to Excellence website, http://www.bridgestoexcellence.org/recognition-programs.

Step Two:

Once you have selected the program(s) you would like to participate in, become familiar with the program structure, chronic care recognition program clinical measures and the associated requirements, the recognition process and patient eligibility criteria.

Step Three:

Determine which performance assessment pathway suites best. There are two pathway options for submitting the data to be scored.

Option One: Submit data directly via Altarum's BTE Web Portal, https://portal.bridgestoexcellence.org/login.

Option Two: Have your EMR vendor pull the data and submit it for scoring. You have this option if you use one of the following EMR providers that partners with BTE: Athena Health, eClinicalWorks, MediTab, or Meridios. The EMR will submit data for all your patients who meet the program parameters. EMR contact information is listed below. *

Vendor	Contact Information
Athena Health	ClinicalQualityPrograms@athenahealth.com
eClinicalWorks	IncentivePrograms@eclinicalworks.com
MediTab	info@meditab.com
Meridios	info@meridios.com

BTE Asthma Care Recognition Clinical Measures

The following examples illustrate the format used for clinical measures.

Evaluation Program Title: Asthma Care Recognition Program

Clinical Measures

Clinical measures are standard measures with a numerator and denominator that reflect performance across a sample of eligible patients based on medical record documentation.

The following items are listed for each clinical measure.

Description: A statement of what is being measured specifically.

Data Source: A list of the data sources accepted for the clinical measure.

Explanation: Additional information about the clinical measure.

Denominator: A description of a subset of the applicant's eligible patients (domain denominator) for whom a particular measure is relevant (measure denominator).

Numerator: A description of patients in the applicant's eligible patients (denominator) who fulfil the measure criteria or standard.

Frequency: Time frames associated with the numerator requirements.

Scoring: Performance level (percentage of patients meeting or complying with the measure) translated to points total for the clinical measure.

Information on the Domain Denominator is consistent across all the clinical measures and is listed under "Patient Eligibility Criteria", beginning on page 29.

Asthma Care Recognition Program Measurement Set

Documentation of Disease Severity (including spirometry)

Description: Percentage of patients 5 years of age and older with a diagnosis of Asthma who have documentation of disease severity, including spirometry measurements, such as peak expiratory flow.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with asthma for the denominator, and medical record data for the assessment and classification information for the numerator.

Explanation: The Global Initiative for Asthma (GINA) and the NIH's National Heart Blood and Lung Institute (NHBLI)'s Expert Panel Report 3 guidelines recommend that asthma be classified. Classifications include (1) intermittent (2) Persistent-mild (3) persistent-moderate, and (4) persistent-severe). *For patients age 5 and over, asthma classification is based on symptoms AND spirometry.* These classifications help to ensure appropriate monitoring and treatment.

Denominator: See "Patient Eligibility Criteria", beginning on page 29, for information on codes to identify patients with asthma (Table 3, page 30).

Numerator: Patients in the denominator who have disease severity documented and/or spirometry measurements, such as peak expiratory flow in their medical record during the reporting period.

Frequency: Annually

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: EPR3: LOE-B, GINA

Short Acting Beta Agonist Prescribed to All Patients with Asthma

Description: Percentage of patients 5 years of age and older with a diagnosis of Asthma who were prescribed a short acting beta agonist (SABA) as a rescue medication, regardless of disease severity.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with asthma for the denominator, and medical record or pharmacy data for the numerator.

Explanation: The American Academy of Family Practice and the NIH's National Heart Blood and Lung Institute (NHBLI)'s EPR3 guidelines recommend that all patients with any degree of asthma be prescribed a short-acting beta agonist. This medication is the fastest way to obtain adequate bronchodilation and can be used as a "rescue" medication.

Denominator: See "Patient Eligibility Criteria", beginning on page 29, for information on codes to identify patients with asthma (Table 3, page 30).

Numerator: Patients in the denominator who were prescribed a short acting beta agonist (SABA) as a rescue medication, regardless of disease severity during the reporting period unless allergy or contraindication is recorded in chart. (Medications may be found starting on page 31 under "Relevant Medication Lists for Asthma Care Measurement Set").

Frequency: Annually

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: EPR-3: LOE-A, AAFP: LOE-C

All patients with persistent asthma (any degree) should be prescribed a controller medication (Inhaled Corticosteroids – ICS - preferred)

Description: Percentage of patients 5 years of age or older with a diagnosis of "Persistent" Asthma who were prescribed a controller medication, preferably an inhaled corticosteroid (ICS).

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with asthma for the denominator, and medical record data or pharmacy data for the numerator.

Explanation: The Global Initiative for Asthma (GINA) and the NIH's National Heart Blood and Lung Institute (NHBLI)'s EPR3 guidelines recommend that all patients with persistent asthma of any degree should be prescribed a controller medication to prevent exacerbations. Inhaled corticosteroids are preferred, however other agents may be appropriate in certain patients. These agents include Leukotriene Receptor Antagonists, Omalizumab (Xolair), Ziluetron, Cromolyn, or Theophylline. Inhaled corticosteroids are strongly preferred due to evidence of effectiveness with few adverse effects.

Denominator: See "Patient Eligibility Criteria", beginning on page 29, for information on codes to identify patients with asthma (Table 3, page 30) and who has documented Asthma disease severity of Persistent Mild, Persistent Moderate or Persistent Severe.

Numerator: Patients in the denominator who were prescribed a controller medication, preferably an inhaled corticosteroid (ICS) during the reporting period, unless allergy or contraindication is recorded in chart. (Medications may be found starting on page 31 under "Relevant Medication Lists for Asthma Care Measurement Set")

Frequency: Annually

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: EPR-3: LOE-A for ICS, variable for other medications, GINA Guideline

Patients with asthma should not be taking long-acting beta agonists (LABA) alone

Description: Percentage of patients 5 years of age or older with a diagnosis of Asthma who are not taking long-acting beta agonists (LABA) alone as monotherapy.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with asthma for the denominator, and medical record data or pharmacy data for the numerator.

Explanation: The Global Initiative for Asthma (GINA) and the NIH's National Heart Blood and Lung Institute (NHBLI)'s EPR3 guidelines recommend that all patients with asthma NOT be prescribed a long acting beta agonist (LABA) as monotherapy. Some studies have shown an increase in asthma exacerbations with LABA monotherapy and there is a potential increase in mortality as well. Currently, the FDA states that these medications are contraindicated if being used as monotherapy and has placed a "black box" warning on these drugs.

Denominator: See "Patient Eligibility Criteria", beginning on page 29, for information on codes to identify patients with asthma (Table 3, page 30).

Numerator: Patients in the denominator who are not taking long-acting beta agonists (LABA) alone as monotherapy during the reporting period. (Medications may be found starting on page 31 under "Relevant Medication Lists for Asthma Care Measurement Set")

Frequency: Annually

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: EPR-3: LOE-A, GINA Guideline

Patients with moderate/severe asthma exacerbations should be prescribed oral corticosteroids

Description: Percentage of patients 5 years of age or older with a diagnosis of Asthma who were treated for a moderate-severe asthma exacerbation and were prescribed oral corticosteroids.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with asthma for the denominator, and medical record data or pharmacy data for the numerator.

Explanation: The Global Initiative for Asthma (GINA) and the NIH's National Heart Blood and Lung Institute (NHBLI)'s EPR3 guidelines recommend that all patients with a moderate-severe asthma exacerbation be treated with oral corticosteroids. In most cases, oral steroids are as effective as IM/IV formulations and begin to reverse symptoms in 4-6 hours. A 5-7-day course is effective for most patients.

Denominator: See "Patient Eligibility Criteria", beginning on page 29, for information on codes to identify patients with asthma (Table 3, page 30) and who had a moderate-severe asthma exacerbation during the reporting period. (ICD-10 coding or EMR notes/problem list).

Numerator: Patients in the denominator who were treated for a moderate-severe asthma exacerbation and were prescribed oral corticosteroids during the reporting period, unless allergy or contraindication is recorded in chart. (Medications may be found starting on page 31 under "Relevant Medication Lists for Asthma Care Measurement Set")

Frequency: Assess Annually

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: EPR-3: LOE-A, GINA Guideline

Patients with moderate/ severe asthma exacerbation should have follow-up within 10 days

Description: Percentage of patients 5 years of age or older with a diagnosis of Asthma who were treated for a moderate-severe asthma exacerbation and had a follow-up visit with a primary care provider or pulmonologist within 10 days.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with asthma for the denominator, and medical record data or medical claims data for the assessment for the numerator.

Explanation: Routine follow-up has been shown to decrease further exacerbations and re-hospitalizations. The Global Initiative for Asthma (GINA) and the NIH's National Heart Blood and Lung Institute (NHBLI)'s EPR3 guidelines recommend that all patients with moderate-severe asthma exacerbations receive follow up promptly with their PCP or pulmonologist. This should be done within 10 days.

Denominator: See "Patient Eligibility Criteria", beginning on page 29, for information on codes to identify patients with asthma (Table 3, page 30) and who had a moderate-severe asthma exacerbation.

Numerator: Patients in the denominator who were treated for a moderate-severe asthma exacerbation and had a follow-up a visit with a primary care provider or pulmonologist within 10 days during the reporting period.

Frequency: Annually

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: EPR-3: LOE-B, GINA: Expert Opinion

Patients with persistent asthma (any severity) should have 2 annual visits with their care team

Description: Percentage of patients 5 years of age or older with a diagnosis of Asthma (mild, moderate, or severe) who had at least 2 visits annually with their treating provider.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with asthma for the denominator, and medical record data or medical claims data for the assessment for the numerator.

Explanation: The Global Initiative for Asthma (GINA) and the NIH's National Heart Blood and Lung Institute (NHBLI)'s EPR3 guidelines recommend that all patients with asthma be seen on a regular basis by their PCP and/or pulmonologist to assess their level of control and to provide education around their disease. Patients should have at least 2 visits annually in which asthma is addressed. One of these visits can be the physical exam.

Denominator: See "Patient Eligibility Criteria", beginning on page 29, for information on codes to identify patients with asthma (Table 3, page 30).

Numerator: Patients in the denominator (mild, moderate, or severe) who have at least 2 visits annually with their treating provider during the reporting period.

Frequency: Annually

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: EPR-3: LOE-D

Patients with asthma should have an "Asthma Action Plan" or "Asthma Self-Management Plan" documented

Description: Percentage of patients 12 years of age or older with a diagnosis of Asthma for whom an "Asthma Action Plan" or "Asthma Self-Management Plan" is documented in their chart.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with asthma for the denominator, and medical record data for the assessment and classification information for the numerator.

Explanation: The NIH's National Heart Blood and Lung Institute (NHBLI)'s EPR3 guidelines recommend that all patients with asthma have an individual "asthma action plan", which outlines steps they should take to manage their symptoms, and states when to reach out to their professional care team for help. This plan should be documented in the patient's health record and reviewed annually.

Denominator: Patients 12 years of age or older with a diagnosis of Asthma. See "Patient Eligibility Criteria", beginning on page 29, for information on codes to identify patients with asthma (Table 3, page 30).

Numerator: Patients in the denominator who have an "Asthma Action Plan" or "Asthma Self-Management Plan" documented in their chart.

Frequency: Annually

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: EPR-3: LOE-B

Documentation of proper inhaler technique should be provided (5-11 years old)

Description: Percentage of patients 5 through 11 years of age with a diagnosis of Asthma who were prescribed inhaled medications and have documentation of being provided proper inhaler instructions.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with asthma for the denominator, and medical record data for the assessment and classification information for the numerator.

Explanation: The NIH's National Heart Blood and Lung Institute (NHBLI)'s EPR3 guidelines recommend that all patients with asthma, age's 5-11 have documented teaching of proper inhalation technique. Inhaled medications, when not used correctly, may not be dosed correctly. A spacer device may be prescribed, but is not required for all patients.

Denominator: Patient's 5 – 11 years of age with an active diagnosis of Asthma. See "Patient Eligibility Criteria", beginning on page 29, for information on codes to identify patients with asthma (Table 3, page 30).

Numerator: Patients in the denominator who were prescribed an inhaled medication and have documentation of being provided proper inhaler instructions.

Frequency: Assess Annually

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: EPR-3: LOE-B

Tobacco Use / Tobacco Exposure Status should be assessed and documented

Description: Percentage of patients 5 through 11 years of age with a diagnosis of Asthma who have their Tobacco Exposure Status assessed and documented.

AND/OR

Percentage of patients 12 years of age or over with a diagnosis of Asthma who have their Tobacco Use assessed and documented.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with asthma for the denominator, and medical record data for the assessment and classification information for the numerator.

Explanation: Because tobacco smoke exposure is often a trigger for worsening asthma symptoms, each patient's tobacco use and exposure status should be assessed and documented. For younger patients with asthma, if someone in the child's environment is a smoker, they should be advised to quit.

Denominator: See "Patient Eligibility Criteria", beginning on page 29, for information on codes to identify patients with asthma (Table 3, page 30).

Numerator: Patients in the denominator who are 5 through 11 years of age and who have their Tobacco Exposure Status assessed and documented during the reporting period.

AND/OR

Patients in the denominator 12 years of age or over and who have their Tobacco Use assessed and documented during the reporting period.

DATA Collection: The patient is numerator compliant if he or she has tobacco use status documented.

Below is a list of codes that can also be used to identify patients that had tobacco use assessed:

HCPCS (2006) code: 1000F 1034F, 1035F, 1036F
HCPCS (2012) code: 1031F

The patient is NOT numerator compliant if:

1. His or her tobacco use status documentation is missing

OR

2. His or her tobacco status was not asked

Frequency: Most recent tobacco use / tobacco exposure status over the last 12 months from the last day of the reporting period.

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: EPR-3: LOE-C

Documentation of Tobacco Cessation counseling if user – and Treatment (12 years and older)

Description: Percentage of patients 12 years of age or older with a diagnosis of Asthma who use tobacco and have received tobacco cessation counseling and / or treatment at least once during the reporting period.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with Asthma for the denominator, and medical record data and/or medical claims data for the assessment and classification information for the numerator.

Explanation: Because tobacco smoke exposure is often a trigger for worsening asthma symptoms, all patients who are smokers should be counseled to quit regularly.

Denominator: Patients 12 years and older with Asthma who are tobacco users. See "Patient Eligibility Criteria", beginning on page 29, for information on codes to identify patients with asthma (Table 3, page 30).

Current Tobacco user: 1034F, 1035F

Numerator: Patients in the denominator who are tobacco users and have received tobacco cessation counseling and/or treatment. If patient is a documented tobacco user, then date of cessation counseling or treatment must also be recorded for compliance to this measure.

DATA Collection: The patient is numerator compliant if the patient has a diagnosis of Asthma and is a tobacco user and has documented date of receipt of cessation counseling and/or treatment during the reporting period, as identified by medical claims data or medical record data.

The following codes may be used to identify smoking cessation counseling and/or treatment:
CPT I Codes (2008): 99406, 99407
CPT II Codes (2012): 4000F, 4001F, 4004F
HCPCS Codes (2002): S9453
HCPCS Codes (2015): G9458

For a list of numerator compliant medications, see Table 13, pages 35 under "Tobacco Cessation Medications".

Medical Record Collection: Acceptable forms of cessation counseling and treatment methods/resources include dated documentation of patient receiving/ participating in at least one of the following:

1. 1:1 teaching
2. Written or web-based risk-based educational materials
3. Group education class focused on tobacco cessation
4. Drug therapy

If the patient is a tobacco user, the patient is NOT numerator compliant if:

1. His or her status documentation is missing.
   OR
2. His or her tobacco user status was not asked.
   OR
3. His or her documentation on receiving cessation counseling and/or treatment is missing.
   OR
4. He or she has not received cessation counseling and/or treatment.
   OR
5. He or she has not received cessation counseling and/or treatment during the reporting period.
   OR
6. His or her documentation on receiving cessation counseling and/or treatment is not available during the reporting period.

Frequency: Most recent counseling/treatment within the 12 months prior to the last day of the reporting period.

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: EPR-3: LOE-C, GINA Guideline

Influenza vaccine offered annually

Description: Percentage of patients 5 years of age or older with a diagnosis of Asthma who were offered the influenza vaccine at least once during the reporting period.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with asthma for the denominator, and medical record data for the assessment and classification information for the numerator.

Explanation: The Global Initiative for Asthma (GINA) and the NIH's National Heart Blood and Lung Institute (NHBLI)'s EPR3 guidelines recommend that all patients with asthma be offered the influenza vaccine each year. Influenza contributes to morbidity and mortality in patients with asthma.

Denominator: See "Patient Eligibility Criteria", beginning on page 29, for information on codes to identify patients with asthma (Table 3, page 30).

Numerator: Patients in the denominator who were offered the influenza vaccine at least once during the reporting period.

Frequency: Annually

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: EPR-3: Expert Opinion, GINA Guideline

Recognition Process

Applying for Recognition

Clinician applicants opt to voluntarily submit their data to a Altarum for performance assessment through the Asthma Care Recognition program. Participating clinicians must execute a data use agreement with the data aggregator partner through which they plan to submit data for BTE's automated performance assessment process. All data aggregator partners have data use agreements executed with their partnering Altarum. All necessary steps will be taken by the data aggregator and Altarum to protect the confidentiality of patient data, as required by The Health Insurance Portability and Accountability Act of 1996 (HIPAA). To assist with clinician compliance with HIPAA, the data aggregator partner provides a Business Associate addendum referenced in the data use agreement, which states that both the data aggregator and the clinician applicantwill comply with HIPAA requirements.

Clinicians considering applying for recognition should:

1. Determine eligibility. See "Eligibility for Clinician Participation" for more information.
2. Familiarize themselves with the BTE Asthma Care measures and specifications. See "What Recognition Requires".
3. Determine whether to apply as an individual clinician or medical practice.

Clinicians submitting through an electronic data aggregator partner are required to submit medical record data for all eligible patients across their full patient population on a quarterly calendar schedule. Clinicians are required to continue submitting data for all eligible patients each quarter unless they cease using the data aggregator's electronic system.

Clinicians that are new to an electronic data aggregator partner's system, where the system is not yet fully integrated in the clinicians' office and patient records have not been back loaded, are required to prospectively enter all eligible patients from their full patient panel into the data aggregator's electronic system. For individual applicants, clinician assessment will automatically be triggered after all required data is submitted through the data aggregator's electronic system for the minimum requirement of 25 eligible patients. For practice level applicants, assessment will automatically be triggered after all required data is submitted through the data aggregator's electronic system for 10 patients per individual clinician and a practice average of 25 patients per clinician. It is assumed that after one full year of usage of the data aggregator's electronic system that all eligible patients will be included.

Completed applications are processed for compliance with performance requirements, and applicant-specific reports with results for all Asthma Care measures are produced within 30 days. The begin recognition date is calculated based on the date that the applicant's data is scored. BTE releases an official award certificate for each recognized clinician or medical practice via the BTE web page, http://www.bridgestoexcellence.org.

Additionally, BTE reserves the right to complete an audit of any individual or practice application for Recognition. Altarum or specified local organization subcontractors conduct audits of at least 5 percent of the recognized clinicians from each data aggregator partner each year. Audits may be completed by fax, mail, electronically or on site, as determined by the Altarum. The remainder of the five percent will be identified by a single methodology that randomizes the medical groups who submit to the data aggregator and then sequentially selecting medical groups. The number of medical groups selected is dependent on the total number of recognized clinicians in each medical group, enough groups will be selected to account for 5% of total recognized clinicians submitted by the data aggregator.

BTE will notify the data aggregator, which will notify the applicant if their application is chosen for audit, ascertain that audit personnel have no conflict of interest with the audited organization and provide instructions on audit requirements. Obtaining final Recognition results takes longer than usual for applicants chosen for audit. For those applicants selected for audit, final Recognition determination will be made within 60 days of the date of data submission. Upon passing an audit, the applicant's recognition dates are assigned retroactively to the date the applicant's data was scored. Failure to pass an audit or failure to respond to an audit request and complete the audit within 30 days results in no further consideration for the program for six months to two years (depending on the audit score) from the date of submission of the application.

Duration of Recognition

The Chronic Care Recognition Programs have duration of two years from the date on which the recognition was awarded; regardless of the pathway the clinician achieved the recognition – electronic data submission, direct data manual submission.

For continuously assessed applicants who maintain their current level of recognition, new begin and end recognition dates will be assigned at the time of the most recent assessment. Recognition determinations are made on the basis of a specific patient population. Recognition status remains in effect for the duration of recognition as long as the clinician maintains their current practice and patient base. Clinicians are responsible for informing the data aggregator within 30 days who will inform the Altarum if they move or change practices.

Changes in Recognition Levels

Continuous data submission applicants are eligible for changes in recognition level. Clinicians who achieve at least Three Star Asthma Care Recognition will maintain their Asthma Care Recognition for the duration of recognition outlined above. However, during this time it is possible for the recognition status to move between program levels (3, 4, or 5 Stars) based on changes in clinical data from quarter to quarter. Changes to program level and recognition dates occur according to the following rules:

- Clinicians who achieve a higher level of recognition for two consecutive assessment periods will have their recognition level changed effective the date of the most recent assessment.
- Clinicians recognized at Four Stars or Five Stars can drop in levels of recognition based on lower scoring results for two consecutive assessment periods.
- Each time a clinician's recognition status changes levels in either direction a new begin recognition date is assigned for the date of the most recent assessment and a new end recognition date is calculated.
- Clinicians who drop below Three Stars for two consecutive quarterly assessments will be assigned or maintain Three Star Asthma Care Recognition status and maintain their current begin and end recognition dates.

Example 1

- A provider submitted for Q1 and was assessed at a 3 Star Rating
  - The providers 'Current Recognition' Level is a 3 Star Rating
- The provider was submitted in Q2 and was assessed at a 5 Star Rating
  - The providers 'Current Recognition' Level is a 3 Star Rating
- The provider was submitted in Q3 and was assessed at a 4 Star Rating
  - The providers 'Current Recognition' Level is now a 4 Star Rating

How this works:

If a provider's assessment level increases for 2 consecutive assessments, the new recognition level equals the lower of the 2 most recent assessment levels.

Assessment Date	Assessed Rating	Recognition Rating	Recognition Dates
Q1	3	3	01/21/2016 - 01/20/2018
Q2	5	3	04/21/2016 - 04/20/2018
Q3	4	4	07/21/2016 -07/20/2018

Example 2

- A provider submitted in Q1 and was assessed at a 5 Star Rating
  - The providers 'Current Recognition' Level is a 5 Star Rating
- The provider submitted in Q2 and was assessed at a 4 Star Rating
  - The providers 'Current Recognition' Level is a 5 Star Rating
- The provider submitted in Q3 and was assessed at a 3 Star Rating
  - The providers 'Current Recognition' Level is now a 4 Rating

How this works:

If a provider's assessment level decreases for 2 consecutive assessments, the new recognition level equals the higher of the 2 most recent assessment levels.

Assessment Date	Assessed Rating	Recognition Rating	Recognition Dates
Q1	5	5	01/21/2016 - 01/20/2018
Q2	4	5	04/21/2016 - 04/20/2018
Q3	3	4	07/21/2016 -07/20/2018

Example 3

- A provider submitted for Q1, Q2, and Q3, and was assessed at a 5 Star Rating all three submissions
    - The providers 'Current Recognition' Level remains unchanged and will be a 5 Star Rating

How it works:

If a provider's assessment level remains the same for 2 consecutive assessments, the recognition level is unchanged.

Assessment Date	Assessed Rating	Recognition Rating	Recognition Dates
Q1	5	5	01/21/2016 - 01/20/2018
Q2	5	5	04/21/2016 - 04/20/2018
Q3	5	5	07/21/2016 -07/20/2018

Reporting Results to BTE and Its Partners

As part of Altarum's mission to identify and promote quality, the Altarum report results to the following:

- To the data aggregator partner through which the recognition application was submitted. The data aggregator is required to share results reports with the clinician applicant to facilitate quality improvement.
- To BTE: Only Recognized statuses are reported to BTE for display on Altarum's BTE web site: www.bridgestoexcellence.org and transmission to BTE-licensed health plans for associated rewards payments. Once the final decision is made, the Altarum will reveal the identity, program name and program rating of the recognized clinicians only. No clinical data is shared with BTE at any point in the process.

Terms of Recognition

When communicating with patients, third-party payers, managed care organizations (MCOs) and others, clinicians or practices who receive BTE Asthma Care Recognition may represent themselves as BTE-recognized and meeting NQF/AQA quality measure requirements; however, clinicians or practices may not characterize themselves as "NQF/AQA-Approved" or "NQF/AQA- Endorsed." The use of this mischaracterization or other similarly inappropriate statements will be grounds for revocation of status.

Revoking Recognition

Altarum may revoke a Recognition decision if any of the following occurs:

- The clinician or practice submits false data or does not collect data according to the procedures outlined in this manual, as determined by discussion with the clinician or practice or audit of application data and materials.
- The clinician or practice misrepresents the credentials of any of its clinicians.
- The clinician or practice misrepresents its Recognition status.
- The clinician or any of the practice's clinicians experience a suspension or revocation of medical licensure.
- The clinician or practice has been placed in receivership or rehabilitation and is being liquidated.
- State, federal or other duly authorized regulatory or judicial action restricts or limits the clinician or practice's operations.
- BTE identifies a significant threat to patient safety or care.

Data Use Terms

Data use terms are outlined in the data use agreement that the applicant signs with the selected data aggregator partner.

Patient Eligibility Criteria

An eligible Asthma patient is one who meets all three criteria:

1. Is between 5 and 80 years of age.[2]

2. Has had a documented diagnosis of asthma (as defined in Table 3 below) for at least 12 months, from the last day of the reporting period.

3. Has been under the care of the applicant for at least 12 months. This is defined by documentation of one or more face-to-face visits for Asthma care between the clinician and the patient: one (1) face-to-face visit within 12 months of the last day of the reporting period. (as defined in Table 2 below)

There are two accepted data sources that can be used to identify patients with Asthma:

Claims/Encounter data: Patient is denominator compliant if the patient is 5-80 years of age during the measurement period, with a documented diagnosis of Asthma listed on the problem list, has had at least one (1) face-to-face encounter in an ambulatory setting and has been under the care of the applicant for at least 12 months. See Table 3 for further information on diagnoses to identify patients with Asthma and Table 2 for further information on procedural codes to identify a face-to-face visit.

Medical Record data: Patient is denominator compliant if the patient is 5-80 years of age during the measurement period, with a documented diagnosis of Asthma listed on the problem list, has had at least one (1) face-to-face encounter in an ambulatory setting and has been under the care of the applicant for at least 12 months. See Table 3 for further information on diagnoses to identify patients with Asthma and Table 2 for further information on procedural codes to identify a face-to-face visit.

Exclusions: Patients in hospice or palliative care are excluded from the denominator. See Table 4 below for further information on codes to identify patients with exclusions.

Please note that Telehealth and Home visit temporary codes for the Public Health Emergency of the COVID-19 Pandemic were added to "Face-to-Face Visits" found in Table 2 on page 30. These codes may be used for visits on or after April 1, 2020.

[2] As of the last day of the reporting period. Patients known to be deceased should be excluded.

Relevant Procedural and Diagnosis Codes for Asthma Care Measurement Set

Table 2: Face-to-Face Visits

Procedural Codes
Face-to-Face Visits (new and established patients) CPT: 99201-99205, 99212-99215 Value Set Authority-Value Set Name - Office Visit – OID - 2.16.840.1.113883.3.464.1003.101.11.1005 CPT: 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350 Value Set Authority-Value Set Name - Home Healthcare Services – OID - 2.16.840.1.113883.3.464.1003.101.12.1016 HCPCS: G0438, G0439 Value Set Authority-Value Set Name - Annual Wellness Visit - OID -2.16.840.1.113883.3.526.3.1240 CPT: 99381, 99382, 99383, 99384 Value Set Authority-Value Set Name - Preventive Care Services-Initial Office Visit, 0 and 17 – OID - 2.16.840.1.113883.3.464.1003.101.12.1022 CPT: 99385, 99386, 99387 Value Set Authority-Value Set Name - Preventive Care Services-Initial Office Visit, 18 and Up – OID - 2.16.840.1.113883.3.464.1003.101.12.1023 CPT: 99391, 99392, 99393, 99394 Value Set Authority-Value Set Name - Preventive Care Services - Established Office Visit, 0 and 17 - OID - 2.16.840.1.113883.3.464.1003.101.12.1024 CPT: 99395,99396,99397 Value Set Authority-Value Set Name - Preventive Care Services - Established Office Visit, 18 and Up - OID - 2.16.840.1.113883.3.464.1003.101.12.1025 **Temporary Addition for Telehealth Services for Est Patients for the COVID-19 Pandemic** (Added 04/2020) CPT: 98966, 98967, 98968, 99441, 99442, 99443 Value Set Authority-Value Set Name – Telehealth Services – OID - 2.16.840.1.113883.3.464.1003.101.12.1031 **Temporary Addition for the PHE for the COVID-19 Pandemic** (Added 04/2020) CPT: Patient Evaluations - 97161, 97162, 97163, 97164, CPT: Home Visits - 99347, 99348, 99349, 99350, 99341, 99342, 99343, 99344, 99345 CPT: Evaluate patient use of inhaler - 94664

Table 3: Codes to Identify Patients with a Diagnosis of Asthma

Diagnosis Codes
ICD-10: J44.0, J44.1, 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 Value Set Authority-Value Set Name-Asthma Diagnosis Grouping -OID: 2.16.840.1.113762.1.4.1047.309

Table 4: Codes/Notations to Identify Patients with Exclusions

Procedural & Diagnosis Codes / Notations
Hospice Care CPT : 99377, 99378 Value Set Authority-Value Set Name-Hospice Care CPT-OID 2.16.840.1.113883.3.3157.1004.19 ICD-10: Z51.5 Value Set Authority-Value Set Name- Palliative Care-OID 2.16.840.1.113883.3.600.1.1575

Relevant Medication Lists for Asthma Care Measurement Set

Table 5: Beta-2 Agonists 1: Short-acting Inhaled (SABAs)

Drug Names	Generic Names
AccuNeb	Albuterol Inhaled
Albuterol Inhaled	Generic
Combivent	Ipratropium Bromide/Albuterol Inhaled
Combivent Respimat	Ipratropium Bromide/Albuterol Inhaled
DuoNeb	Ipratropium Bromide/Albuterol Inhaled
Ipratropium Bromide/Albuterol Inhaled	Generic
Levalbuterol Inhaled	Generic
ProAir HFA	Albuterol Inhaled
ProAir RespiClick	Albuterol Inhaled
Proventil HFA	Albuterol Inhaled
Ventolin HFA	Albuterol Inhaled
Xopenex	Levalbuterol Inhaled
Xopenex HFA	Levalbuterol Inhaled

Table 6: Beta-2 Agonists: Long-acting Inhaled (LABAs)

Drug Names	Generic Names
Advair Diskus	Fluticasone Propionate/Salmeterol Inhaled
Advair HFA	Fluticasone Propionate/Salmeterol Inhaled
Anoro Ellipta	Umeclidinium/Vilanterol Inhaled
Arcapta Neohaler	Indacaterol Inhaled
Bevespi Aerosphere	Glycopyrrolate/Formoterol Fumarate Inhaled
Breo Ellipta	Fluticasone Furoate/Vilanterol Inhaled
Brovana	Arformoterol Inhaled
Dulera	Mometasone/Formoterol Inhaled
Foradil Aerolizer	Formoterol Inhaled
Perforomist	Formoterol Inhaled
Serevent Diskus	Salmeterol Inhaled
Stiolto Respimat	Tiotropium/Olodaterol Inhaled

Striverdi Respimat	Olodaterol Inhaled
Symbicort	Budesonide/Formoterol Inhaled
Utibron Neohaler	Indacaterol/Glycopyrrolate Inhaled

Table 7: Beta-3 Agonists: Oral

Drug Names	Generic Names
Albuterol	Generic
Metaproterenol	Generic
Terbutaline	Generic
VoSpire ER	Albuterol

Table 8: Asthma Controller Medications

Drug Names
Leukotriene Receptor Antagonists
Omalizumab (Xolair)
Ziluetron
Cromolyn
Theophylline

Table 9: Corticosteroids, Inhaled (ICS)

Drug Names	Generic Names
Advair Diskus	Fluticasone propionate/salmeterol inhaled
Advair HFA	Fluticasone propionate/salmeterol inhaled
AeroBid	Flunisolide Inhaled
Aerospan	Flunisolide Inhaled
Alvesco	Ciclesonide Inhaled
Arnuity Ellipta	Fluticasone Furoate Inhaled
Asmanex HFA	Mometasone Inhaled
Asmanex Twisthaler	Mometasone Inhaled
Breo Ellipta	Fluticasone Furoate/Vilanterol Inhaled
Budesonide Inhaled	Generic
Dulera	Mometasone/Formoterol Inhaled
Flovent Diskus	Fluticasone Propionate Inhaled

Flovent HFA	Fluticasone Propionate Inhaled
Pulmicort Flexhaler	Budesonide Inhaled
Pulmicort Respules	Budesonide Inhaled
Qvar	Beclomethasone Dipropionate Inhaled
Symbicort	Budesonide/Formoterol Inhaled

Table 10: Corticosteroids, Systemic (Oral)

Drug Names	Generic Names
Betamethasone Sodium Phosphate/Betamethasone Acetate	Generic
Celestone Soluspan	Betamethasone Sodium Phosphate/Betamethasone Acetate
Cortef	Hydrocortisone
Cortisone	Generic
Decadron	Dexamethasone
Depo-Medrol	Methylprednisolone Acetate
Dexamethasone	Generic
Dexamethasone Sodium Phosphate	Generic
Emflaza	Deflazacort
Flo-Pred	Prednisolone
Florinef	Fludrocortisone
Fludrocortisone	Generic
Hydrocortisone	Generic
Medrol	Methylprednisolone
Methylprednisolone	Generic
Methylprednisolone Acetate	Generic
Methylprednisolone Sodium Succinate	Generic
Millipred	Prednisolone
Orapred	Prednisolone
Orapred ODT	Prednisolone
Pediapred	Prednisolone
Prednisolone	Generic

Prednisone	Generic
Prelone	Prednisolone
Rayos	Prednisone
Solu-Cortef	Hydrocortisone Sodium Succinate
Solu-Medrol	Methylprednisolone Sodium Succinate
Sterapred	Prednisone
Sterapred DS	Prednisone
Trivaris	Triamcinolone Acetonide
Veripred 20	Prednisolone

Table 11: Long-Acting Muscarinic Antagonists (LAMA) - Anticholinergics, Inhaled

Drug Names	Generic Names
Anoro Ellipta	Umeclidinium/Vilanterol Inhaled
Atrovent HFA	Ipratropium Bromide Inhaled
Bevespi Aerosphere	Glycopyrrolate/Formoterol Fumarate Inhaled
Combivent	Ipratropium Bromide/Albuterol Inhaled
Combivent Respimat	Ipratropium Bromide/Albuterol Inhaled
DuoNeb	Ipratropium Bromide/Albuterol Inhaled
Incruse Ellipta	Umeclidinium Inhaled
Ipratropium Bromide Inhaled	Generic
Ipratropium Bromide/Albuterol Inhaled	Generic
Spiriva HandiHaler	Tiotropium Inhaled
Spiriva Respimat	Tiotropium Inhaled
Stiolto Respimat	Tiotropium/Olodaterol Inhaled
Tudorza Pressair	Aclidinium Bromide Inhaled
Utibron Neohaler	Indacaterol/Glycopyrrolate Inhaled

Table 12: Other Asthma Medications

Drug Names	Generic Names
Accolate	Zafirlukast
Aminophylline	Generic
Asthmanefrin	Racepinephrine (Racemic Epinephrine) Inhaled

Bronkaid	Ephedrine/Guaifenesin
Cinqair	Reslizumab
Cromolyn inhaled	Generic
Elixophyllin	Theophylline
Intal	Cromolyn Inhaled
Montelukast	Generic
Nucala	Mepolizumab
Primatene	Ephedrine/Guaifenesin
Singulair	Montelukast
Theo-24	Theophylline
Theophylline	Generic
Uniphyl	Theophylline
Xolair	Omalizumab
Zafirlukast	Generic
Zileuton	Generic
Zyflo	Zileuton
Zyflo CR	Zileuton

Table 13: Tobacco Cessation Medications

Buproban Oral	Habitrol (TD)	Nicotine TD	NTS Step 1 TD
Bupropion SR	INTS Step 3 TD	Nicotine Transdermal TD	NTS Step 2 TD
Brupopion XL	Medic Nicotine TD	Nicotrol (PDR)	NTS Step 3 TD
Chantix (varenicline)	NicoDerm CQ	Nicotrol Inhaler (PDR)	Prostep TD
CVS NTS Step 1 TD	NicoDerm CQ TD	Nicotrol NS (PDR)	Wellbutrin
CVS NTS Step 2 TD	NicoDerm TD	Nicotrol NS Nasal	Zyban (PDR)
CVS NTS Step 3 TD	Nicotine Nasal	Nicotrol TD	Zyban Oral
Habitrol (PDR)	Nicotine Patches (PDR)	Nicotrol Td TD	

APPENDICES

Appendix A: Audit Methodology

The Altarum is responsible for conducting three levels of audit pertaining to applicant submissions for BTE Asthma Care Recognition:

- Level 1: Data Aggregator (DA) Data Extraction code review
- Level 2: Data Validation (Load Summary) see table below
- Level 3: Clinician Chart Audit

Detailed audit policies are included in the BTE Clinician Assessment Policy and Procedures Manual.

The following data validation checks are used in creating the load summary provided to the data aggregator after each data file submission to identify any missing or invalid data values:

Clinician Identifier Data

Data Field	Data Field Specifications and Acceptable/Valid Data Range(s)
Clinician_RespID	(Required field) Alphanumeric value up to 26 characters in length
Clinician_NPI	(Required field) Numeric value 10 characters in length
Clinician_DEA	Alphanumeric value 9 characters in length First letter must be “A”, “B”, “F” or “M”.
Clinician_MedicalLicense	Alphanumeric value up to 10 characters in length
Clinician_LastName	(Required field) Alpha value up to 50 characters in length
Clinician_FirstName	(Required field) Alpha value up to 50 characters in length
Clinician_MiddleName	Alpha value up to 30 characters in length
Clinician_Degree	(Required field) Numeric value 01 = M.D. 02 = D.O. 03 = N.P. 04 = P.A.
Clinician_PracticeAddress1	(Required field) Alphanumeric value up to 100 characters in length
Clinician_PracticeAddress2	Alphanumeric value up to 100 characters in length
Clinician_PracticeCity	(Required field) Alpha value up to 100 characters in length

Clinician_PracticeState	(Required field) Alpha value 2 characters in length
Clinician_PracticeZipCode	Numeric value 5 (#####), 9 (#########) or 10 characters (#####-####) in length
Clinician_emailaddress	Example: smith@email.com
Clinician_PracticePhone	Alphanumeric value up to 30 characters in length
Clinician_DateofBirth	Numeric value: MM/DD/YYYY
Clinician_Gender	F = Female M = Male U = Unknown
Clinician_Specialty	01 = Allergy/Immunology 02 = Cardiology 03 = Critical Care Services 04 = Dermatology 05 = Endocrinology 06 = Gastroenterology 07 = Gen/Fam Practice 08 = Geriatric Medicine 09 = Hematology 10 = Infectious Disease 11 = Internal Medicine 12 = Nephrology 13 = Neurology 14 = Neurosurgery 15 = Obstetrics/Gynecology 16 = Occ. Medicine 17 = Oncology 18 = Ophthalmology 19 = Orthopedics 20 = Otolaryngology 21 = Pediatrics 22 = Phys/Rehab Medicine 23 = Psychiatry 24 = Psychopharmacology 25 = Pulmonary Medicine 26 = Rheumatology 27 = Surgery 28 = Urology 29 = Other – not listed
PracticeID	(Required field) Alphanumeric value up to 26 characters in length
PracticeName	(Required field) Alpha value up to 100 characters in length

Individual_Group	(Required Field) Alpha value "I" - Individual Scoring or "G" - Group Scoring
Group_GroupID	If yes, Provide the Group ID that the Individual Provider wishes to be associated with. Numeric value 10 characters in length
Data Submission through CCHIT /Meaningful Use Certified System	Yes/No
Full Patient Panel	Yes/No

Clinical Measures Data

Data field	Data field specifications	Data Values
ResponsibleProviderID	Internal provider ID that matches with the ID in the physician file	Any unique combination of characters and numbers
NPI	Responsible Provider NPI	Alphanumeric value 10 characters in length
groupID	The unique identifier that will identify the providers within a group applying for recognition together.	Alphanumeric value up to 50 characters in length
individualGroup	G if the provider is applying as part of a group for recognition. I if the provider is applying individually.	I or G - blank will default to I
ChartID	Unique patient or chart ID	Alphanumeric value up to 50 characters in length
lastVisitDate	The date of the last face-to face encounter/visit for the patient	MM/DD/YYYY - cannot be after the end of the reporting period
PatientDOB	The date of birth of the patient	MM/DD/YYYY - must be 5-80 years old throughout the *entire* reporting period
patientGender	Patient's Gender	Female, Male
patientRace	The chosen race that the patients identify themselves with.	• American Indian or Alaskan Native • Asian, Black or African American • Native Hawaiian or Other Pacific Islander • Other Race • White • Declined to Identify

medicarePartB	Is the patient a Medicare Part B Fee-For-Service (FFS) beneficiary (includes Railroad Retirement Board, Medicare Secondary Payer, and Critical Access Hospitals method II; does not include Medicare Advantage beneficiaries)?	YES, NO
AsthmaDiagnosis	Does the patient have a diagnosis of Asthma?	YES, NO
AsthmaDiseaseSeverity	What is this patient's Asthma Severity level?	• Intermittent • Persistent Mild • Persistent Moderate • Persistent Severe
AsthmaDiseaseSeverityDate	Most recent Severity Assessment	MM/DD/YYYY - cannot be after the end of the reporting period
SpirometryEvalResults	Most recent Spirometry (FEV) results >60% Normal (3025F) or <60% Obstructions (3027F)	numeric value
SpirometryEvalDate	Most recent Spirometry evaluation date	MM/DD/YYYY - cannot be after the end of the reporting period
SABAPrescribedDate	Most recent prescription or refill date for a short acting beta agonist (SABA) as a rescue medication.	MM/DD/YYYY - cannot be after the end of the reporting period
InhaledCorticosteroidDispensed	Was the patient dispensed an Inhaled Corticosteroid Therapy?	YES, NO
InhaledCorticosteroidDispensedDate	Most recent dispensed date for an Inhaled Corticosteroid Therapy	MM/DD/YYYY - cannot be after the end of the reporting period
InhaledCorticosteroidPrescribed	Was the patient prescribed an Inhaled Corticosteroid Therapy?	YES, NO
InhaledCorticosteroidPrescribedDate	Most recent prescription or refill date for an Inhaled Corticosteroid Therapy	MM/DD/YYYY - cannot be after the end of the reporting period
OralCorticosteroidPrescribed	Was the patient prescribed Oral Corticosteroid Therapy?	YES, NO
OralCorticosteroidPrescribedDate	Most recent prescription or refill date for Oral Corticosteroid Therapy	MM/DD/YYYY - cannot be after the end of the reporting period

InhaledBronchodilatorPrescribedDate	Most recent prescription or refill date for a Long-Acting Anti-Muscarinic (LAMA), Long-Acting Beta Agonist (LABA) or a LAMA/LABA combination	MM/DD/YYYY - cannot be after the end of the reporting period
OralBeta3AgonistsDispensedDATE	Most recent date that an Oral Beta-3 Agonists was dispensed to a patient	MM/DD/YYYY - cannot be after the end of the reporting period
OralBeta3AgonistsPrescribedDATE	Most recent prescription or refill date for an Oral Beta-3 Agonists	MM/DD/YYYY - cannot be after the end of the reporting period
AsthmaMedicationPrescribedDate	Most recent prescription or refill date for an Allergy Medication other than a SABA, LAMA, LABA or Inhaled Corticosteroid Therapy?	MM/DD/YYYY - cannot be after the end of the reporting period
AsthmaExacerbationEpisode	Did this patient experience an asthma exacerbation episode during the reporting period?	YES, NO
AsthmaExacerbationSeverity	If yes, what was the severity of the exacerbation episode?	• Mild • Moderate • Severe • Life Threatening
AsthmaExacerbationDATE	Date of the patient's most recent exacerbation episode	MM/DD/YYYY - cannot be after the end of the reporting period
AsthmaExacerbationReferralDate	The date the patient was referred to their PCP, pulmonologist, or pulmonary rehab after an episode of exacerbation	MM/DD/YYYY - cannot be after the end of the reporting period
FaceToFaceVisit1	Date of a face-to-face visit with PCP, pulmonologist, or pulmonary	MM/DD/YYYY - cannot be after the end of the reporting period
FaceToFaceVisit2	Most recent date of a face-to-face visit with PCP, pulmonologist, or pulmonary	MM/DD/YYYY - cannot be after the end of the reporting period
AsthmaActionPlanDate	Date the patient was most recently given an Asthma Action Plan	MM/DD/YYYY - cannot be after the end of the reporting period
AsthmaSelfManagementPlanDate	Date the patient was most recently given an Asthma Self-Management Plan	MM/DD/YYYY - cannot be after the end of the reporting period

InhalerEducationDATE	Date the patient was most recently provided with Inhaler Education	MM/DD/YYYY - cannot be after the end of the reporting period
TobaccoExposureStatus	Is the patient exposed to smoke at home?	YES, NO
TobaccoExposureStatusDate	Date the patient was most recently assessed for Tobacco Exposure status	MM/DD/YYYY - cannot be after the end of the reporting period
tobaccoStatus	Is the patient a tobacco user? • Light Smoker (1-9 cigs/day) • Moderate smoker (10-19 cigs/day) • Heavy smoker (20-39 cigs/day) • Very heavy smoker (40+ cigs/day)	• Tobacco Free • Light Smoker • Moderate Smoker • Heavy Smoker • Very Heavy Smoker
tobaccoStatusAssessmentDate	Date the patient's tobacco use status was most recently assessed	MM/DD/YYYY - cannot be after the end of the reporting period
tobaccoCessationAdviceOrTreatmentDate	Date the patient was most recently given tobacco cessation counseling or treatment	MM/DD/YYYY - cannot be after the end of the reporting period
InfluenzaImmunization	Was an influenza immunization recommended, ordered, administered or previously received within the reporting year?	• YES • NO • Documented allergy or contraindication
InfluenzaImmunizationDate	Date Assessed	MM/DD/YYYY - cannot be after the end of the reporting period

Measures Specifications

Documentation of Disease Severity (including spirometry)

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- Patient age = 5 – 80 (at the time of the reporting period)
- AsthmaDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

IF ≥ 18 years old, then:

AsthmaDiseaseSeverity = Intermittent, Persistent Mild, Persistent Moderate or Persistent Severe
AND
AsthmaDiseaseSeverityDate = date is present and within reporting period (12 months)

And/or

IF ≤ 17 years old, then:

SpirometryEvalResults = numeric value is present
AND
SpirometryEvalDate = date is present and within reporting period (12 months)

SCORING:

Score=(numerator/denominator) x Total Possible Points

Short Acting Beta Agonist Prescribed to All Patients with Asthma

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- Patient age = 5 – 80 (at the time of the reporting period)
- AsthmaDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

SABAPrescribedDate = date is present and within reporting period (12 months)

SCORING:

Score=(numerator/denominator) x Total Possible Points

All patients with persistent asthma (any degree) should be prescribed a controller medication (Inhaled Corticosteroids – ICS - preferred)

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 5 – 80 (at the time of the reporting period)
- AsthmaDiagnosis = YES
- AsthmaDiseaseSeverity = Persistent Mild, Persistent Moderate or Persistent Severe
- AsthmaDiseaseSeverityDate = date is present and within reporting period (12 months)
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

OralCorticosteroidPrescribedDATE = date is present and within reporting period (12 months)

OR

InhaledCorticosteroidDispensedDATE = date is present and within reporting period (12 months)

OR

InhaledCorticosteroidPrescribedDATE= date is present and within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

Patients with asthma should not be taking long-acting beta agonists (LABA) alone

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- Patient age =5 – 80 (at the time of the reporting period)
- AsthmaDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

InhaledBronchodilatorPrescribedDate = date is present and within reporting period (12 months)

OR

OralBeta3AgonistsDispensedDATE = date is present and within reporting period (12 months)

OR

OralBeta3AgonistsPrescribedDATE = date is present and within reporting period (12 months)

And

AsthmaMedicationPrescribedDate = date is present and within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

Patients with moderate/severe asthma exacerbations should be prescribed oral corticosteroids

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 5 – 80 (at the time of the reporting period)
- AsthmaDiagnosis = YES
- AsthmaDiseaseSeverity = Persistent Moderate or Persistent Severe
- AsthmaDiseaseSeverityDate = date is present and within reporting period (12 months)
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

OralCorticosteroidPrescribedDate = date is present and within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

Patients with moderate/ severe asthma exacerbation should have follow-up within 10 days

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 5 – 80 (at the time of the reporting period)
- AsthmaDiagnosis = YES
- AsthmaExacerbationSeverity = Moderate, Severe or Life Threatening
- AsthmaExacerbationDATE = date is present and within reporting period (12 months)
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

AsthmaExacerbationReferralDATE= date is present and ≥10 days from the AsthmaExacerbationDATE

OR

FaceToFaceVisit1 = date is present and ≥10 days from the AsthmaExacerbationDATE

OR

FaceToFaceVisit2 = date is present and ≥10 days from the AsthmaExacerbationDATE

SCORING

Score=(numerator/denominator) x Total Possible Points

Patients with persistent asthma (any severity) should have 2 annual visits with their care team

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 5 – 80 (at the time of the reporting period)
- AsthmaDiagnosis = YES
- AsthmaDiseaseSeverity = Persistent Mild, Persistent Moderate or Persistent Severe
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

AsthmaExacerbationDATE = date is present and within reporting period (12 months)

AND

FaceToFaceVisit1 = date is present and within reporting period (12 months)

AND

FaceToFaceVisit2 = date is present within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

Patients with asthma should have an "Asthma Action Plan" or "Asthma Self-Management Plan" documented

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 12 – 80 (at the time of the reporting period)
- AsthmaDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

AsthmaActionPlanDate = date is present and within reporting period (12 months)

And

AsthmaSelfManagementPlanDate= date is present and within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

Documentation of proper inhaler technique should be provided (5-11 years old)

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 5 – 11 (at the time of the reporting period)
- AsthmaDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

InhalerEducationDATE = date is present and within reporting period (12 months)

AND

InhaledCorticosteroidDispensedDate = date is present and within reporting period (12 months)

OR

InhaledCorticosteroidPrescribedDate = date is present and within reporting period (12 months)

OR

InhaledBronchodilatorPrescribedDate = date is present and within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

Tobacco Use / Tobacco Exposure Status should be assessed and documented

DENOMINATOR REQUIREMENTS:

Patients are included in the denominator when:

- PatientAge = 5 – 80 (at the time of the reporting period)
- AsthmaDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS:

Patients in the denominator are numerator compliant when:

IF ≥ 5 and ≤ 11years old, then:

TobaccoExposureStatus = YES or NO
AND
TobaccoExposureStatusDate = date is present and within reporting period (12 months)

AND/OR

IF ≥ 12 years and ≤80 old, then:

TobaccoStatus = Tobacco Free, Light Smoker, Moderate Smoker, Heavy Smoker or Very Heavy Smoker
AND
TobaccoStatusAssessmentDate = date is present and within reporting period (12 months)

SCORING:

Score=(numerator/denominator) x Total Possible Points

Documentation of Tobacco Cessation counseling if user – and Treatment (12 years and older)

DENOMINATOR REQUIREMENTS:

Patients are included in the denominator when:

- PatientAge = 12 – 80 (at the time of the reporting period)
- AsthmaDiagnosis = YES
- TobaccoStatus = Light Smoker, Moderate Smoker, Heavy Smoker or Very Heavy Smoker
- tobaccoStatusAssessmentDate = date is present and within reporting period (12 months)
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS:

Patients in the denominator are numerator compliant when:

TobaccoCessationAdviceOrTreatmentDate = date is present and within reporting period (12 months)

SCORING:

Score=(numerator/denominator) x Total Possible Points

Influenza vaccine offered annually

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 5 – 80 (at the time of the reporting period)
- AsthmaDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

InfluenzaImmunization = YES
AND
InfluenzaImmunizationDate = date is present and within reporting period (12 months)

OR

influenzaImmunization = documented allergy or contraindication

SCORING

Score=(numerator/denominator) x Total Possible Points