

**Clinician Guide:
Bridges to Excellence
Asthma Care Recognition Program**

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Rev: 01/12/2016
ICD-10 Updates

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Introduction

The Health Care Incentives Improvement Institute (HCI3) 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 organizations. HCI3'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.

HCI3 has partnered with CECity as the Performance Assessment Organization (PAO) for all Bridges to Excellence (BTE) Recognition Programs submitted electronically or direct data submission through CECity's cloud-based MedConcert® platform. Clinicians will be provided with real-time performance assessments, feedback reports, and access to dynamically linked improvement tools and resources to help them close performance gaps.

About CECity

Pittsburgh, PA-based CECity is the health care industry's leading platform-as-a-service provider of cloud-based applications and distribution networks for performance improvement, quality reporting, and lifelong learning. Health care professionals and healthcare organizations, including QIOs, health plans, hospitals, chain pharmacies, professional medical certifying and licensing boards, publishers, professional societies, and academic medical centers, count on CECity to power their solutions for continuous performance improvement, performance assessment, clinical registries, professional development, patient safety, medication adherence, care coordination, population health informatics, and quality reporting.

About MedConcert®

MedConcert, healthcare's first social cloud platform for continuous performance improvement and lifelong learning, provides one convenient, integrated solution to help all stakeholders answer the question, "How Do We Improve?" Through MedConcert, providers, practices, and healthcare organizations engage in building secure social networks to share best practices and connect in meaningful ways to address a variety of critical needs driven by healthcare reform. Through the MedConcert App Store, individuals and health systems access a wide variety of applications for pay for performance, performance dashboards, population health management, clinical integration, performance improvement, professional certification, patient surveys, care coordination, patient registries, enterprise-wide benchmarking, and much more.

Overview

The Health Care Incentive Improvement Institute (HCI3) is a not-for-profit organization developed by employers, physicians, health care services, researchers, and other industry experts with a mission to create significant leaps in the quality of care by recognizing and rewarding health care providers who demonstrate that they have implemented comprehensive solutions in the management of patients and deliver safe, timely, effective, efficient, equitable and patient-centered care.

The Asthma Care Recognition Program is a BTE Clinician Recognition Program intended to identify clinicians who deliver high-value asthma care to adult patients. The program is designed with an understanding that adult patients may seek the care of 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

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. HCI3 believes that the Asthma Care Recognition program has the potential to significantly improve the quality of care experienced by patients with asthma and to reduce the financial and human burden of unnecessary hospitalizations and complications.

To earn Asthma Care Recognition, clinicians and medical practices voluntarily submit medical record data documenting their delivery of care to patients with asthma. HCI3 has partnered with an objective third-party independent Performance Assessment Organization (PAO) to evaluate 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 and its health plan licensees. BTE's Asthma Care Recognition Program has three performance thresholds.

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 HCI3's web site www.hci3.org, and communicated to both health plans and employers.
- Clinicians may use the BTE Recognition 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.
- Where applicable, clinicians can establish eligibility for pay-for-performance bonuses or differential reimbursement or other incentives from payers and health plans.
- Clinicians who achieve Asthma Care Recognition by submitting data through a CCHIT-certified¹ electronic health record or through an electronic health record certified to meet the federally-defined Meaningful Use criteria will also receive BTE Level II Physician Office Link (POL) recognition.

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 measures²

1. Asthma Assessment and Classification
2. Lung Function Testing
3. Medication Therapy
4. Influenza Vaccination
5. Patient Self-Management Plan
6. Smoking Cessation Advice and Treatment

¹ The Certification Commission for Healthcare Information Technology or CCHIT is a recognized certification body for electronic health records and their networks, and an independent, voluntary, private-sector initiative, whose mission is to accelerate the adoption of health information technology by creating an efficient, credible and sustainable certification program. A list of CCHIT-certified products can be found at <http://cchit.org/>.

² *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.

7. Documented Body Mass Index

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

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 to include 3 levels or tiers of recognition. Assessment for recognition in all 3 tiers is based upon data submitted on the same asthma measures (listed above).

Level I: Focuses on a clinician-centric view of measurement, looking at individual metrics summed to produce a composite score. Program recognition threshold has been set to focus on above average performance.

Level II: Similar in design to Level I with the exception that the program recognition threshold is set to focus on very good performance.

Level III: Similar in design to Level I and II with the exception that the 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; the total of all the measures is the same across all levels of recognition. A clinician achieves points for a measure based on the percentage of his or her patient sample that meets or exceeds the set thresholds for that measure.

Performance Assessment Organization (PAO) award recognition to clinicians who achieve at least:

Level I: 60% of the total possible points

Level II: 72.5% of the total possible points

Level III: 85% of the total possible points

Minimum Requirements

To be eligible for recognition, clinicians must attain at least 60 percent of the total possible points. In the case of clinical measures, this means a minimum of 25 patients for the denominator of each measure for individual clinician applicants, and a minimum of 10 patients for the denominator of each measure for each individual clinician in a practice level applicant, with a minimum practice average of 25 patients per clinician.

Applicants must qualify for each level of recognition before they can be assessed for a subsequent level (e.g., must pass Level I to be assessed for Level II).

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

Table 1: Asthma Care Measures, Performance Criteria and Scoring

Clinical Measures	Threshold	Minimum Criteria	Maximum Points
<i>Process Measures</i>			
Asthma Assessment & Classification	N/A	N/A	15
Lung Function Testing	N/A	N/A	15
Medication Therapy	N/A	N/A	20
Influenza Vaccination	N/A	N/A	15
Patient Self-Management Plan	N/A	N/A	20
Tobacco Cessation Advice and Treatment ³	N/A	N/A	15
Body Mass Index	N/A	N/A	0
Total Points			100
Percentage of Total Points Needed to Achieve Level I Recognition			60
Percentage of Total Points Needed to Achieve Level II Recognition			72.5
Percentage of Total Points Needed to Achieve Level III Recognition			85

³ Measure is applicable to a subset of the eligible patient population only and requires a minimum of 25 eligible patients for the denominator subset. Applicants who do not meet this measure-specific patient minimum will not be scored on this measure, and the maximum points for the measure will be removed from the total possible points. 60 percent of the total possible points are needed to achieve recognition in these cases.

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.
- Applicants must submit the required data documenting their delivery of care for all eligible patients in their full patient panel.
- Applicants must use PAO-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 asthma⁴.

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.

⁴ **Asthma patients** are 5-75 years of age, with a documented diagnosis of asthma (as defined by criteria labeled “Patient Eligibility Criteria”) for at least 12 months AND have been under the care of the applicant physician or clinician practice for at least 12 months. This is defined by documentation of two face-to-face visits for asthma care between the clinician and the patient: one within 12 months of the last day of the reporting period and one that predates the last day of the reporting period by at least 12 months.

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.

Numerator: A description of the applicant's eligible patients (denominator) who meet the measure threshold or standard.

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

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 of the clinical measures and is listed under "Patient Eligibility Criteria".

Asthma Care Recognition Program Measurement Set

Asthma Assessment and Classification:

- Description:** Percentage of patients aged 5 through 75 years old with asthma and documentation of an asthma assessment and classification.
- 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 National Asthma Education and Prevention Program Expert Panel Report 3 (NAEPP-EPR-3) guidelines recommend monitoring signs and symptoms (daytime; nocturnal awakening) of asthma to determine whether goals of asthma therapy (i.e. reduction of impairment and risk) are being met. It is anticipated that clinicians who provide services for the primary management of asthma will submit this measure.
- Numerator:** Patients aged 5-75 years with a diagnosis of asthma and documentation of an asthma assessment and classification. See “Patient Eligibility Criteria” for further information on codes to identify patients with asthma.

Medical Record Collection: The patient is numerator compliant if he or she has at a minimum, a note indicating the date and frequency (numeric) of daytime and nocturnal asthma symptoms. The measure may also be met by clinician documentation or patient completion of a validated asthma assessment tool/survey/questionnaire. In either case the document completion date must fall within the reporting period. Numerator compliant asthma assessment tools include but are not limited to the following:

1. Quality Metric Asthma Control Test
2. NAEPP Asthma Symptoms and Peak Flow Diary

The following is not acceptable documentation for asthma assessment or classification:

1. Patient self-reporting

- Frequency:** Most recent documentation over the last 12 months from last day of the reporting period.
- Scoring:** Earned Points = [numerator/denominator] x maximum available points for the measure

Lung Function/Spirometry Evaluation:

- Description:** Percentage of patients aged 5 through 75 years old with asthma and documentation of a spirometry evaluation.
- 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 claims/encounter data or medical record data for spirometry information for the numerator.
- Explanation:** The National Asthma Education and Prevention Program Expert Panel Report 3 (NAEPP-EPR-3) guidelines recommend monitoring pulmonary function (spirometry; peak flow monitoring) to determine whether goals of asthma therapy are being met. It is anticipated that clinicians who provide services for the primary management of asthma will submit this measure.
- Numerator:** Patients aged 5-75 years with a diagnosis of asthma and documentation of a spirometry evaluation, unless a physical inability exists. Two methods are provided to identify patients documented spirometry evaluation and/or physical inability: claims and medical record data. See “Patient Eligibility Criteria” for further information on codes to identify patients with asthma.

Electronic Collection: The patient is numerator compliant if he or she has documentation of spirometry evaluation during the reporting period, as evidenced through claims data. Below is a list of codes to identify spirometry evaluation.

CPT-I codes: 9410, 94014, 94015, 94016, 94060, 94070, 94620

Medical Record Collection: The patient is numerator compliant if he or she has documentation in the medical record of spirometry results OR a physical inability to perform spirometry. This includes those patients with asthma who had one of the following:

1. Documentation indicating the date and spirometry results (FEV1 and FEV1/FVC) during the reporting period.
2. Documentation of spirometry evaluation and results from another treating clinician during the reporting period.
3. Documentation of a physical inability to perform spirometry.

The following is not acceptable documentation for spirometry evaluation and results:

3.

1. Patient self-reporting

Frequency: Most recent documentation over the last 12 months from last day of the reporting period.

4.

Scoring: Earned Points = [numerator/denominator] x maximum available points for the measure

Appropriate Medication Therapy:

Description: Percentage of patients aged 5 through 75 years old with asthma who were dispensed at least one prescription for a preferred long-term asthma medication or an acceptable alternative.

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 claims/encounter, pharmacy or medical record data for medication prescription information for the numerator.

Explanation: The National Asthma Education and Prevention Program Expert Panel Report 3 (NAEPP-EPR-3) guidelines recommend monitoring pharmacotherapy (as-needed use of inhaled short-acting beta 2 agonists, adherence to regimen of long-term control medications) to determine whether goals of asthma therapy are being met. It is anticipated that clinicians who provide services for the primary management of asthma will submit this measure.

Numerator: Patients aged 5-75 years with a diagnosis of asthma who were dispensed at least one prescription for a preferred long-term asthma medication or an acceptable alternative. Three methods are provided to identify patients documented appropriate asthma medication use: pharmacy, claims and medical record data. See “Patient Eligibility Criteria” for further information on codes to identify patients with asthma.

Electronic Collection: The patient is numerator compliant if pharmacy or claims data documents he or she was dispensed a preferred long-term asthma medication (inhaled corticosteroid) or an acceptable alternative during the reporting period. Acceptable alternatives include:

Acceptable alternatives include:

1. Leukotriene modifiers
2. Immunomodulators
3. Cromolyn/Nedocromil
4. Sustained methylxanthines

Below is a list of codes that can also be used to identify the dispensing of a preferred long-term asthma medication or an acceptable alternative.

CPT-II Code: 4015F

Medical Record Collection: The patient is numerator compliant if he or she has dated documentation in the medical record of use of a long-term asthma medication (inhaled corticosteroid) or an acceptable alternative. This includes those patients with asthma who had one of the following:

1. Documentation indicating the date on which a preferred long-term asthma medication (inhaled corticosteroid) or acceptable alternative was prescribed during the reporting period.
2. Documentation of a prescription for a preferred long-term asthma medication (inhaled corticosteroid) or acceptable alternative from another treating clinician during the reporting period.

Acceptable alternatives include:

1. Leukotriene modifiers
2. Immunomodulators
3. Cromolyn/Nedocromil
4. Sustained methylxanthines

For a list of numerator compliant long-term asthma medications (inhaled corticosteroids) and acceptable alternatives, see Tables 3 and 4 under “Relevant Medication Lists for Asthma Care Measurement Set.” These lists are provided as an example, but do not constitute exhaustive lists of appropriate medications.

The following is not acceptable documentation for long-term asthma medication or acceptable alternative:

1. Patient self-reporting

Frequency: Most recent prescription over the last 12 months from the last day of the reporting period.

Scoring: Earned Points = [numerator/denominator] x maximum available points for the measure

Influenza Immunization:

- Description:** Percentage of patients aged 5 through 75 years old with asthma who received the influenza vaccination, in the absence of contraindications.
- 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 claims/encounter data or medical record data for influenza vaccination information for the numerator.
- Explanation:** The National Asthma Education and Prevention Program Expert Panel Report 3 (NAEPP-EPR-3) guidelines recommend monitoring annual influenza vaccination for individuals with persistent asthma. The CDC advisory committee on Immunization Practices recommends vaccination for persons who have asthma because they are considered to be at risk for complications from influenza. It is anticipated that clinicians who provide services for the primary management of asthma will submit this measure.
- Numerator:** Patients aged 5-75 years with a diagnosis of asthma and documentation of having received the influenza vaccine, in the absence of contraindications. Two methods are provided to identify patients documented influenza vaccine: claims and medical record data. See “Patient Eligibility Criteria” for further information on codes to identify patients with asthma.

Electronic Collection: The patient is numerator compliant if he or she has documented evidence of having received the influenza vaccine or contraindication to the influenza vaccine, as identified by claims data. This includes those patients with asthma who had one of the following:

1. Influenza vaccine administered during the reporting period.
2. Evidence of contraindication or previous adverse reaction to the influenza vaccine

Influenza Vaccine: The following codes may be used to identify the administration of the influenza vaccine:

ICD-9 codes: V04.81

ICD-10 codes: Z23

CPT-I codes: 90656, 90658, 90660

Evidence of Contraindication or Previous Adverse Reaction: The following codes may be used to identify contraindications to the administration of the influenza vaccine:

ICD-9 Codes:

Egg allergy: 693.1, V15.03, 995.68

Adverse reaction to the influenza vaccine: 995.0 with E949.6, 995.1 with E949.6, and 995.2 with E949.6

ICD-10 Codes:

Egg allergy: L27.2, Z91.012, T78.08XA

Adverse Reaction to the influenza vaccine: T78.2XXA with T50.B95A or T50.B95S: T78.3XXA with T50.B95A or T50.B95S

Medical Record Collection: The patient is numerator compliant if he or she has documentation in the medical record of having received the influenza vaccine OR previous adverse reaction or contraindication to the influenza vaccine. This includes those patients with asthma who had one of the following:

1. Documentation indicating the date on which the influenza vaccine was administered to the patient during the reporting period.
2. Documentation of administration of the influenza vaccine by another treating clinician during the reporting period.
3. Documentation of diagnosis or medical treatment for one of the following indicating a contraindication to the administration of the influenza vaccine.
 - Egg allergy
 - Adverse reaction to the influenza vaccine

The following is not acceptable documentation for influenza vaccine:

1. Patient self-reporting

Frequency: Most recent documentation over the last 12 months from the last day of the reporting period.

Scoring: Earned Points = [numerator/denominator] x maximum available points for the measure

Patient Self-Management and Action Plan:

Description: Percentage of patients aged 5 through 75 years old with asthma and documentation of an asthma self-management plan.

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 patient self-management plan information for the numerator.

Explanation: The National Asthma Education and Prevention Program Expert Panel Report 3 (NAEPP-EPR-3) guidelines for the management of patients with asthma recommend that the patient or patient caregiver receive a written asthma management plan, which includes specific written instructions under which conditions the patient should contact his or her treating clinician or go to the emergency room. They also stress the importance of integrating asthma self-management education into all aspects of asthma care. It is anticipated that clinicians who provide services for the primary management of asthma will submit this measure.

Numerator: Patients aged 5-75 years with a diagnosis of asthma and documentation of an asthma self-management plan. The patient self-management plan is recommended to include the following:

1. Written instructions specifying under which conditions the patient should contact his or her treating clinician or go to the emergency room.
2. Instructions on when to change medications in response to a change in patient symptoms.

See “Patient Eligibility Criteria” for further information on codes to identify patients with asthma.

Medical Record Collection: The patient is numerator compliant if he or she has:

1. A dated copy of an asthma management plan on record during the reporting period.

AND

2. A dated note documenting having given the patient written asthma instructions during the reporting period.

OR

Documentation of the patient having received written asthma instructions from another treating clinician during the reporting period.

The following is not acceptable documentation for self-management plan:

1. Patient self-reporting

Frequency: Most recent documentation over the last 12 months from the last day of the reporting period.

Scoring: Earned Points = [numerator/denominator] x maximum available points for the measure

Tobacco Status and Cessation Advice and Treatment:

Description: Percentage of patients aged 13 through 75 years with asthma who have documentation of tobacco status, and if a tobacco user, received cessation counseling or treatment.

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 claims/encounter, pharmacy or medical record data for documentation of tobacco status, and if a tobacco user, pharmacy or medical record data for documentation of cessation counseling or treatment information for the numerator.

Explanation: The National Asthma Education and Prevention Program Expert Panel Report 3 (NAEPP-EPR-3) guidelines for the management of patients with asthma recommend inquiring on patients' tobacco status and tobacco cessation and counseling intervention when applicable. It is anticipated that clinicians who provide services for the primary management of asthma will submit this measure.

Numerator: Patients aged 13-75 years with a diagnosis of asthma and documentation of tobacco status, and if a tobacco user, date of cessation counseling or treatment. See "Patient Eligibility Criteria" for further information on codes to identify patients with asthma.

Electronic Collection: The patient is numerator compliant if he or she has tobacco status documented (see Medical Record Collection below) AND if tobacco user has documented date of receipt of cessation counseling and/or treatment during the reporting period, as identified by claims data. The following codes may be used to identify tobacco cessation counseling and/or treatment:

CPT I Codes: 99406, 99407;

CPT II: G0436, G0437, 100F, 1032F, 1033F, 1034F, 1035F, 1036F

HCPCS Codes: S9453.

Medical Record Collection: The patient is numerator compliant if he or she has tobacco status documented AND if a tobacco user, has documented date of receipt of cessation counseling and/or treatment during the reporting period. 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 non-tobacco user, the patient is NOT numerator compliant if:

1. His or her tobacco status documentation is missing
OR
2. His or her tobacco status was not asked

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

1. His or her tobacco status documentation is missing
OR
2. His or her tobacco status was not asked
OR
3. His or her documentation on receiving cessation counseling and/or treatment is missing
OR
3. 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 during the reporting period

Denominator Patients aged 13-75 years with the domain denominator diagnosis (i.e., asthma).

Subset: Information on the domain's denominator diagnosis can be found under the "Patient Eligibility Criteria" section of the document.

Frequency: If non-tobacco user: most recent tobacco status.
If tobacco user: most recent tobacco status and counseling/treatment over the last 12 months from the last day of the reporting period.

Scoring: If denominator subset ≥ 25 patients, then Earned Points =
[numerator/denominator] x maximum available points for the measure

If denominator subset < 25 patients, then measure is not scored.

Body Mass Index:

- Description:** Percentage of patients' aged 18 through 75 years with asthma for whom a documented body mass index (BMI) is calculated.
- 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, pharmacy or medical record data for identification of patients with asthma for the denominator, and claims/encounter and medical record data for BMI information for the numerator.
- Explanation:** The USPSTF (2009) recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. The clinical guideline for obesity recommends assessment of BMI at each encounter (National Heart, Lung and Blood Institute).
- Numerator:** Patients aged 18-75 years with a diagnosis of asthma and a documented BMI calculated. See "Patient Eligibility Criteria" for further information on codes to identify patients with asthma.

Electronic Collection: The patient is numerator compliant if he or she has a calculation of their BMI documented during the reporting period, as identified by claims data. The following codes may be used to identify a documented BMI:

CPT II Code: 3008F

HCPCS Codes: G8417-G8420

ICD-9: V-Codes: V85.0 BMI less than 19, adult; V85.1 BMI between 19-24, adult; V85.2 BMI between 25-29, adult; V85.3 BMI between 30-39, adult; V85.4 BMI between 40 and over, adult.

ICD-10: Z68.1 BMI less than 19, adult; Z68.20 – Z68.24 BMI between 20-24, adult; Z68.25-Z68.29 BMI between 25-29, adult; Z68.30 – Z68.39 BMI between 30-39, adult; Z68.4 BMI between 40 and over, adult.

Medical Record Collection: The patient is numerator compliant if he or she has had their BMI calculated and documented. This includes those patients with asthma who had one of the following:

1. Documentation of the result of a BMI calculation during the reporting period
2. Documentation in the medical record must include BMI result and exam date. **Calculated BMI** – Requires that both the height and weight are actually measured by an eligible professional or by their staff.

The following are not acceptable documentation for documented BMI calculation:

1. Patient self-reporting

Frequency: Most recent test result over the last 12 months from last day of the reporting period.

Not Eligible/Not Appropriate for BMI Measurement – Patients can be considered not eligible in the following situations:

1. If the patient has a terminal illness – life expectancy less than 6 months
2. If the patient is pregnant

Scoring: Earned Points = [numerator/denominator] x maximum available points for the measure

Patient Eligibility Criteria

An **eligible** asthma patient is one who meets **all three** criteria:

1. Is between 5 and 75 years of age.
2. Has had a documented diagnosis of asthma (as defined in Table 1 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 two face-to-face visits for asthma care between the clinician and the patient: one within 12 months of the last day of the reporting period and one that predates the last day of the reporting period by at least 12 months.

There are two accepted data sources that can be used to identify patients with asthma: claims/encounter data and medical record data.

Claims/Encounter data: Patient is denominator compliant if he or she is aged 5-75 and has had at least 2 face-to-face encounters for asthma in an ambulatory setting: one within 12 months of the last day of the reporting period and one that predates the last day of the reporting period by at least 12 months. See Table 1 below for further information on codes to identify patients with asthma.

Medical Record data: Patient is denominator compliant if he or she is aged 5-75 with a documented diagnosis of asthma listed on the problem list AND has been under the care of the applicant for at least 12 months. See Table 1 below for further information on diagnoses to identify patients with asthma.

Exclusions: Patients in hospice or palliative care are excluded from the denominator. See Table 2 below for further information on codes to identify patients with exclusions.

Table 1: Codes to Identify a Patient with a Diagnosis of Asthma

Diagnosis Codes
<p>Asthma</p> <p>ICD-9: 493, 493.0, 493.00, 493.01, 493.02, 493.1, 493.10, 493.11, 493.12, 493.2, 493.20, 493.21, 493.22, 493.8, 493.81, 493.82, 493.9, 493.90, 493.91, 493.92</p> <p>ICD-10: J45.20, J45.21, J45.22, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998</p>
Encounter Codes
<p>99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350</p>

Table 2: Codes to Identify Patients with Exclusions

Diagnosis Codes
Hospice and Palliative Care
ICD-9: V66.7
ICD-10: Z515
CPT: 99377, 99378

Applying for Recognition

Clinician applicants opt to voluntarily submit their data to a PAO 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 PAO. All necessary steps will be taken by the data aggregator and PAO 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 applicant will 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 a 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 backloaded, 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 issues an official certificate to each recognized clinician or medical practice.

Additionally, BTE reserves the right to complete an audit of any individual or practice application for Recognition. PAO 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 PAO. 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.

The PAO 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 Asthma Care 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 or NCQA. Patient Centered Medical Home Recognitions achieved through the NCQA have a three-year duration.

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 his or her current practice and patient base. Clinicians are responsible for informing the data aggregator within 30 days who will inform the PAO 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 Level I 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 (I, II and III) 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 Level II or III 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 Level I for two consecutive quarterly assessments will be assigned or maintain Level I Asthma Care Recognition status and maintain their current begin and end recognition dates.

Example 1: Clinician A assessment history

<i>Assessment period</i>	<i>Assessment date</i>	<i>Assessed (Scored) Level⁵</i>	<i>Recognition Level⁶</i>	<i>Recognition Dates</i>
10/1/07-9/30/08	10/22/08	Level III	Level III	10/22/08-10/22/2011
1/1/08-12/31/09	1/21/09	Level III	Level III	1/21/09-1/21/2012
4/1/08-3/31/09	4/18/09	Level III	Level III	4/18/09-4/18/2012
7/1/08-6/30/09	7/25/09	Level II	Level III	4/18/09-4/18/2012
10/1/08-9/30/09	10/16/09	Level II	Level II	10/16/09-10/16/2012

Example 2: Clinician B assessment history

⁵ A clinician’s Assessed Level is the BTE level at which the clinician’s data is scored for the current measurement period.

⁶ A clinician’s Recognition Level is the BTE level at which the clinician is currently recognized and the level that is distributed to BTE’s health plan licensees and the BTE consumer portal at HealthGrades. A clinician’s Recognition Level may or may not be the same as a clinician’s Assessed Level.

<i>Assessment period</i>	<i>Assessment date</i>	<i>Assessed (Scored) Level</i>	<i>Recognition Level</i>	<i>Recognition Dates</i>
10/1/08-9/30/09	10/22/09	Not Pass	N/A	N/A
1/1/09-12/31/10	1/21/10	Level II	N/A	N/A
4/1/09-3/31/10	4/18/10	Level II	Level II	4/18/2010-4/18/2012
7/1/09-6/30/10	7/25/10	Not Pass	Level II	4/18/2010-4/18/2012
10/1/09-9/30/10	10/16/10	Not Pass	Level I	4/18/2010-4/18/2012

Reporting Results to HCI3 and Its Partners

As part of BTE’s mission to identify and promote quality, the PAO 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 HCI3 for display on the web site www.hci3.org and transmission to BTE-licensed health plans for associated rewards payments. Once the final decision is made, the PAO will reveal the identity, program name and program level 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

PAO 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.