

HEDIS® Tip Sheet

Asthma Medication Ratio (AMR)

Measure Description

The percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Members are in the measure if they met at least one of the following during *both* the measurement year and the year prior:

- At least one ED visit or acute inpatient encounter with a principal diagnosis of asthma.
- At least one acute inpatient discharge with asthma as a principal diagnosis on the discharge claim.
- At least four outpatient visits, observation visits, telephone visits or e-visits or virtual check-ins, on different dates of service, with any diagnosis of asthma **and** at least two asthma medication dispensing events for any controller or reliever medications. Visit type need not be the same for the four visits.
- At least four asthma medication dispensing events for any controller or reliever medication. Use all the medication dispensing events for any controller or reliever medication. Use all the medication lists in the table below to identify asthma controller and reliever medications.

Note: A member identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma, in any setting, in the same year as the leukotriene modifier or antibody inhibitor (the measurement year or the year prior to the measurement year).

Product Lines: Commercial, Medicaid, Exchange

Codes Included in the Current HEDIS® Measure

Description	Code
Asthma	ICD-10: J45.21, J45.22, J45.30-J45.32, J45.40- J45.42, J45.50- J45.52, J45.901, J45.902, J45.909, J45.991, J45.998
ED Visits and Acute Inpatient Encounters	ICD-10: 99221-99223, 99231-99236, 99238, 99239, 99251-99255, 99281-99285, 99291 UBREV: 0450-0452, 0456, 0459, 0981
Outpatient and Telehealth	CPT: 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99341-99342, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483 HCPCS: G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, T1015 UBREV: 0510, 0511, 0513-0517, 0519-0523, 0526-0529, 0982, 0983

Medications

Asthma Controller Medications

Description	Prescription
Antibody Inhibitors	Omalizumab
Anti-interleukin-4	Dupilumab
Anti-interleukin 5	Benralizumab, Mepolizumab, Reslizumab

Inhaled Steroid Combinations	Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol-mometasone
Inhaled Corticosteroids	Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone
Leukotriene Modifiers	Montelukast, Zafirlukast, Zileuton
Long-acting beta2-adrenergic agonist (LABA)	Fluticasone furoate-umeclidinium-vilanterol, Salmeterol, Tiotropium
Methylxanthines	Theophylline

Asthma Reliever Medications

Description	Prescription
Short-acting, Inhaled Beta-2 Agonists	Albuterol-budesonide, Albuterol, Levalbuterol

Ways Providers can Improve HEDIS® Performance

- Educate patients on the use of asthma rescue and controller medications.
- Prescribe a long-term controller medication and provide reminders to your patients to fill the medication.
- Inform patients that mail-order delivery is available to them.
- Writing Prescriptions:
 - Consider writing the controller medication for a 90-day refill.
- Schedule a **telehealth** appointment to diagnose patients with asthma and prescribe a controller or reliever medication.
- Medication Adherence:
 - Inform the members of Molina’s 90-day fill policy for all HEDIS® approved AMR medications.
 - Inform the member of mail order pharmacy services through CVS (800) 875-0867.
 - Members can go into a CVS Pharmacy, located in Target stores, to start the mail-order process. If the member does not have a good home address, shipments can be mailed to the store.
 - Encourage members to sign up for autofill on medications. Members can sign up for autofill by downloading the CVS App, visiting a CVS location, or calling the number listed above.
 - Molina Member Services can help members with questions.
 - Providers can send a new electronic prescription to CVS Caremark Mail Service Pharmacy or fax to (800) 378-0323. CVS will contact the members to obtain demographics.
 - Members can create an account by calling CVS or going to www.cvs.com.

Ways Health Plans can Improve HEDIS® Performance

- Educate members on the use of asthma medications.
- Inform members that mail-order delivery is available to them.
- Refer members for Health Management interventions and coaching by contacting Health Care Services at Molina Healthcare.
- Use the services needed list and contact members who have not filled in a controller medication.
- Identify and educate the top 10 providers with open gaps.

Required Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Members who die any time during the measurement year.
- Members who had any diagnosis from any of the following value sets, any time during the member’s history through December 31 of the measurement year: Emphysema, Other Emphysema, COPD, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions Due to Fumes or Vapors, Cystic Fibrosis, or Acute Respiratory Failure value sets. Do not include laboratory claims (POS: 81).

- Members who had no asthma controller or reliever medications dispensed during the measurement year. Use all the medication lists in the tables above to identify asthma controller and reliever medications.

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