

Asthma Medication Ratio (AMR)

Description of Measure

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.¹

Persistent Asthma Definition

Members are identified as having persistent asthma by at least one of the following criteria during both the measurement year (MY) and the prior year (PY):

- At least one ED visit or acute inpatient encounter, with a principal diagnosis of asthma.
- At least one acute inpatient discharge with a principal diagnosis of asthma on the discharge claim. To identify an acute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays.
 2. Exclude nonacute inpatient stays.
 3. Identify the discharge date for the stay.
- At least four outpatient 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 medication. Visit type need not be the same for the four visits. Use all the medication lists in the tables below to identify asthma controller and reliever medications.
- At least four asthma medication dispensing events for any controller or reliever medication. Use all the medication lists in the tables below to identify asthma controller and reliever medications

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 the same year as the leukotriene modifier or antibody inhibitor (the measurement year or the year prior to the measurement year). Do not include laboratory claims (claims with POS code 81).

Exclusions

Exclusions	Time limit
■ Members who use or elect to use a hospice benefit ■ Members who have died	Any time during MY

Exclusions	Time limit
- Members who had a diagnosis for any of the below conditions: - Emphysema - COPD - Obstructive Chronic Bronchitis - Chronic Respiratory Conditions due to Fumes or Vapors - Cystic Fibrosis - Acute Respiratory Failure	Anytime during the member's history through December 31 of the measurement year.
Members who had no asthma controller or reliever medications dispensed	During MY

Exclusion Codes

Codes	Description
ICD10: J43.0, J43.1, J43.2, J43.8, J43.9, J98.2, J98.3	Emphysema
ICD10: J44.0, J44.1M J44.89, J44.9	COPD
ICD10: J44.81	Obstructive Chronic Bronchitis
ICD10: J68.4	Chronic Respiratory Conditions due to Fumes or Vapors
ICD10: E84.0, E84.11, E84.19, E84.8, E84.9	Cystic Fibrosis
ICD10: J96.00, J96.01, J96.02, J96.20, J96.21, J96.22	Acute Respiratory Failure
CPT: 99377, 99378	Hospice Intervention & Hospice Encounter
HCPCS: G0182, G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046	

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
Methylxanthine	Theophylline



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Asthma Reliever Medications

Description	Prescription
Short-acting, inhaled beta-2 agonists	Albuterol; Levalbuterol

Strategies for Success

- Schedule the next visit at the end of the appointment
- Ask the member if they have any barriers to filling their prescription(s)
- Educate patients about the difference between controller and rescue medications/inhalers, the importance of controller medications in their treatment plan, and utilizing more controller (preventive) medication instead of rescue medications to manage their asthma.
- Verify that the member diagnoses are coded correctly.
- Create and review an asthma action plan to help members understand how to manage their symptoms and medications.
- Educate members on the importance of adhering to medications and reducing asthma triggers
- Arkansas Blue Cross case management is available for assistance and education between visits by calling **800-225-1891**.
- Ask a community pharmacist questions about how to use inhalers. Fill and pick up controller inhaler prescriptions regularly. Ask a pharmacist about setting up controller inhaler refills for automatic refill, increasing supply to 90 days, and/or using delivery or medication synchronization services.
- Eligible ARHOME members can earn \$40 in Blue Wellness Rewards for filling a controller inhaler or medication. Visit blue.wellthrewards.com and register or login or call **866-567-2070** to sign up with a customer service representative to see what rewards are recommended.

Resources

- I. National Committee for Quality Assurance, HEDIS® Measurement Year 2026 Volume 2 Technical Specifications for Health Plans



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