

Summary of Changes	<ul style="list-style-type: none"> • No specification changes for the 2025 Measurement Year (2025 DOS). • Inclusion of courtesy notes, indicated by an asterisk, regarding measure changes to the Numerator definition and Measure Scoring specifications for the 2026 Measurement Year (2026 DOS). 										
Description	<p>The percentage of pediatric (5-17 years of age) and adult (18-50 years of age) patients who had a diagnosis of asthma and whose asthma was optimally controlled during the measurement period as defined by achieving BOTH of the following:</p> <ul style="list-style-type: none"> • Asthma well-controlled as defined by the most recent asthma control tool result available during the measurement period • Patient not at elevated risk of exacerbation as defined by less than two emergency department visits and/or hospitalizations due to asthma in the last 12 months <p>Separate rates are reported for each age group.</p>										
Measurement Period	<p>FINAL 2025 MY: January 1, 2025 through December 31, 2025</p> <p>PRELIMINARY 2026 MY: January 1, 2026 through December 31, 2026</p>										
Eligible Population	<table border="1"> <tr> <td>Eligible Specialties</td> <td>Family Medicine, Internal Medicine, Pediatrics, Allergy/Immunology, Pulmonology</td> </tr> <tr> <td>Eligible Providers</td> <td>Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Advanced Practice Registered Nurses (APRN)</td> </tr> <tr> <td>Ages</td> <td>5 years or older at the start of the measurement period AND less than 51 years at the end of the measurement period</td> </tr> <tr> <td>Diagnosis</td> <td> <p>Patient had a diagnosis of asthma (<i>Asthma</i> Value Set) with any contact during the current or prior measurement period OR had asthma (<i>Asthma</i> Value Set) present on an active problem list at any time during the measurement period.</p> <p>Both contacts AND the active problem list must be queried for diagnosis (<i>Asthma</i> Value Set).</p> </td> </tr> <tr> <td>Event</td> <td>At least one established patient office or telehealth visit (<i>Established Pt Asthma</i> Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period</td> </tr> </table>	Eligible Specialties	Family Medicine, Internal Medicine, Pediatrics, Allergy/Immunology, Pulmonology	Eligible Providers	Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Advanced Practice Registered Nurses (APRN)	Ages	5 years or older at the start of the measurement period AND less than 51 years at the end of the measurement period	Diagnosis	<p>Patient had a diagnosis of asthma (<i>Asthma</i> Value Set) with any contact during the current or prior measurement period OR had asthma (<i>Asthma</i> Value Set) present on an active problem list at any time during the measurement period.</p> <p>Both contacts AND the active problem list must be queried for diagnosis (<i>Asthma</i> Value Set).</p>	Event	At least one established patient office or telehealth visit (<i>Established Pt Asthma</i> Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period
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Denominator	The eligible population										

Numerator*	<p>The number of patients in the denominator whose asthma was optimally controlled during the measurement period as defined by achieving BOTH of the following:</p> <ul style="list-style-type: none"> • Asthma well-controlled as defined by the most recent asthma control tool result during the measurement period: <ul style="list-style-type: none"> • Asthma Control Test (ACT)TM result greater than or equal to 20 (patients 12 years of age and older) • Childhood Asthma Control Test (C-ACT)[®] result greater than or equal to 20 (patients 11 years of age and younger) • Asthma Control Questionnaire (ACQ)[®] result less than or equal to 0.75 (patients 17 years of age and older) • Asthma Therapy Assessment Questionnaire (ATAQ)[®] result equal to 0 – Pediatric (5 to 17 years of age) or Adult (18 years of age and older). • Patient not at elevated risk of exacerbation as defined by less than two patient reported emergency department visits and/or hospitalizations due to asthma in the last 12 months
Required Exclusions	<p>The following exclusions must be applied to the eligible population:</p> <ul style="list-style-type: none"> • Patient had a diagnosis of cystic fibrosis, COPD, emphysema, or acute respiratory failure (<i>Obstructive Lung and Respiratory Failure Value Set</i>)
Allowable Exclusions (Optional)	<p>The following exclusions are optional and may be applied to the eligible population:</p> <ul style="list-style-type: none"> • Patient was in hospice or receiving palliative care (<i>Palliative Care Value Set</i>) at any time prior to the end of the measurement period • Patient died prior to the end of the measurement period • Patient had only urgent care visits during the measurement period
Measure Scoring*	<p>Rate/Proportion</p> <p>Results are always stratified by age:</p> <ul style="list-style-type: none"> • Optimal Asthma Control, Children (5-17 years of age) • Optimal Asthma Control, Adults (18-50 years of age)
Interpretation of Score	Higher score indicates better quality
Measure Type	Outcome, All-or-none Patient Level Composite

* NOTE: Beginning in the 2026 MY, the following changes will be made to the measure specifications:

- The ACQ tool will be removed from the numerator definition.
- The AIRQ tool (for adults and children) will be added to the well-controlled component definition (a score of 0 to 1 indicates control).
- The AIRQ tool (for adults and children) will also be incorporated into the low risk of exacerbation component definition (a score of 0 to 1 indicates low risk of exacerbation).
- Results will be stratified into two rates per population (adults and children) – original tools (ACT, C-ACT, ATAQ) and new tool (AIRQ).

Statewide and medical group/clinic level results will be privately reported for measurement year 2026. Following the private reporting period, the Measure and Reporting Committee (MARC) will evaluate the uptake of AIRQ use and determine the appropriateness of the level of results that are publicly reported. Over three to five years, MARC will also evaluate the uptake of AIRQ use among clinics. Based on this evaluation, MARC will determine if it is appropriate to transition to calculating components by using only the AIRQ tool.