

Managed Care Organization Survey Questions to Assess Asthma Control Services

Cross-agency Medicaid-Public Health teams interested in pursuing asthma control interventions under the 6|18 framework may need to uncover how asthma control services (i.e., services additional to primary care visits, such as asthma self-management education or home visits) and medications are currently being covered, promoted, reimbursed, tracked, and evaluated by Medicaid managed care organizations (MCOs). Better information will allow teams to more accurately identify the most impactful opportunities to address asthma control.

A subset of the sample questions in this resource was adapted from a survey administered to MCOs by the Michigan Department of Health and Human Services, Asthma Prevention & Control Program and the Managed Care Plan Division, as follow-up to the American Lung Association's Asthma Guidelines-Based Care Initiative survey. Additional questions were modified from similar MCO surveys related to tobacco cessation benefits. The full set of questions is not intended to be used in its entirety. Instead, below are considerations to guide teams in identifying questions that best meet their needs.

- **Tailor questions using information from other sources.** Use information available from other sources to understand what your state requires its MCOs to cover, and make the coverage questions yes/no confirmations of those requirements. For example, the State Medicaid Plan describes how the state administers its Medicaid program and generally includes coverage requirements.
- **Assess whether MCOs use their own formularies and/or pharmacy benefit managers,** or whether the state handles all pharmaceuticals through a central contract. If the latter, medication questions should be posed to the state administrator rather than the MCO, and teams should also ask whether, and if so how, the information is fed back to MCOs to help them identify the targeted population.
- **Understand the business model of your state's MCOs.** with independent clinicians in the community. This may also be impacted by a state's reimbursement models and quality payments.
- **Determine whether MCOs are already collecting and submitting data on the utilization of asthma control services.** Medicaid and state health department staff should work together to understand what information is already available from MCOs to avoid asking MCOs for data that is already in hand.
- **Tailor questions to specific asthma control activities.** If you already have a sense of what kind of asthma control initiative your state wants to pursue, focus on questions relevant to those activities.
- **Direct the survey to the appropriate MCO contact.** Particularly if the state already has a partnership with an MCO, identify the most appropriate person to complete a survey. If the survey covers too many different topics, it will be distributed across multiple departments, which could jeopardize both the timeliness and accuracy of the response.
- **Determine whether the health department or the Medicaid agency will send the survey based on the local environment and relationships.** Because the Medicaid agency has regulatory authority over the MCOs, requests from Medicaid often receive more prompt and accurate responses. However, requests from Medicaid may also

raise concerns about possible regulatory intervention, so a state health department inquiry could be the appropriate approach.

- **Determine whether MCOs are already collecting and submitting data on the utilization of asthma control services.** Medicaid and state health department staff should work together to understand what information is already available from MCOs to avoid asking MCOs for data that is already in hand.
- **Tailor questions to specific asthma control activities.** If you already have a sense of what kind of asthma control initiative your state wants to pursue, focus on questions relevant to those activities.
- **Direct the survey to the appropriate MCO contact.** Particularly if the state already has a partnership with an MCO, identify the most appropriate person to complete a survey. If the survey covers too many different topics, it will be distributed across multiple departments, which could jeopardize both the timeliness and accuracy of the response.
- **Determine whether the health department or the Medicaid agency will send the survey** based on the local environment and relationships. Because the Medicaid agency has regulatory authority over the MCOs, requests from Medicaid often receive more prompt and accurate responses. However, requests from Medicaid may also raise concerns about possible regulatory intervention, so a state health department inquiry could be the appropriate approach.

ADVANCING IMPLEMENTATION OF THE CDC'S 6 | 18 INITIATIVE

Through support from the Robert Wood Johnson Foundation, the Center for Health Care Strategies, in collaboration with a number of [partners](#), is coordinating technical assistance to facilitate state Medicaid and public health implementation of the Centers for Disease Control and Prevention's (CDC) 6|18 Initiative. The CDC's 6|18 Initiative promotes the adoption of evidence-based interventions that can improve health and control costs related to six high-burden, high-cost health conditions — tobacco use, high blood pressure, inappropriate antibiotic use, asthma, unintended pregnancies, and type 2 diabetes. For more information and additional resources, visit www.618resources.chcs.org.

Sample Asthma Control Survey Questions for Medicaid Health Plans

Background Information

1. How many Medicaid members does your plan serve?
2. Does your plan identify all members with an asthma diagnosis? If so, how?
3. What percent of your Medicaid members have you identified as having an asthma diagnosis?
4. Does your plan provide asthma control services (i.e., services in addition to primary care visits, such as asthma self-management education or home visits)?
5. How does your plan identify members using asthma control services (e.g., asthma self-management education or home visits)?
6. Please describe the minimum criteria Medicaid plan members must meet to qualify for asthma control services (e.g., asthma self-management education or home visits to address asthma control)
7. Please describe the minimum criteria Medicaid plan members must meet to qualify for asthma control medications.

Spacers/Valved Holding Chambers

1. Which of these apply to your Medicaid health plan's members obtaining **spacers/valved holding chambers** (select all that apply):
 - a. Prior authorization (PA) required
 - b. Durable Medical Equipment (DME) benefit only
 - c. Quantity limits (please note quantity and time frame)
2. Please select the rejection message a pharmacist receives when they run a prescription for a spacer and it is rejected (select all that apply)
 - a. Indicates an alternative device that is covered at the pharmacy
 - b. Refers to a DME provider
 - c. Instructs them to contact the Medicaid Health Plan (MHP) or Pharmacy Benefits Manager (PMB)
 - d. Not a covered service
 - e. Member has already met the limit for number allowed in one year
 - f. No instructions given
 - g. Other (please describe)

Short-Acting Beta-Agonist (SABA) and Long-term Controller Medications

1. Is it possible for a Medicaid health plan member to obtain more than one SABA in one dispensing event if the prescription allows (e.g., one for school, and one for home)?
2. Does your Medicaid health plan track SABA overfill (e.g., more than 2 SABA MDI dispensing events per year)?
3. Does your Medicaid health plan track long-term controller medication underfill (e.g., fewer than nine dispensing events or fewer than nine 30-day supplies of the medication per year)?
4. What does your plan do if you identify SABA overfill? Do you notify the prescriber?
5. What does your plan do if you identify long-term controller medication underfill? Do you notify the prescriber?

Health Plan Asthma Member Support

1. In what ways does your Medicaid health plan provide asthma control support (select all that apply)?
 - a. Print/digital asthma information
 - b. Telephonic asthma case management
 - c. In-person asthma self-management education
 - d. Referrals to specialist services
 - e. Referrals to in-home asthma education
 - f. Other (please describe)
2. What indicators prompt additional asthma control support by your Medicaid health plan? (select all that apply)
 - a. New diagnosis of asthma
 - b. Emergency department visit for asthma
 - c. Hospitalization for asthma
 - d. Unscheduled office visit for asthma
 - e. SABA overfill (more than 2 SABA MDI dispensing events per year)
 - f. Long-term controller medication underfill (fewer than nine dispensing events or fewer than nine 30-day supplies of the medication per year)
 - g. Other (please describe)
3. Does your Medicaid health plan provide in-home asthma education or asthma services for members?
4. What educational components does your Medicaid health plan include as part of its asthma services for members? (select all that apply)
 - a. What happens in the lungs during an asthma flare-up
 - b. Asthma medications
 - c. Asthma triggers
 - d. Signs and symptoms of asthma
 - e. Home environmental assessment
 - f. Trigger control supplies (e.g., mattress covers)
 - g. Other (please describe)

5. Please list any external agency or agencies you contract with to provide in-home asthma education for members

Beneficiary Outreach and Communication Strategies

1. Do you promote asthma control services (e.g., asthma self-management education or home visits to address asthma control) to your Medicaid members? If no, why? If yes, what methods does your health plan use to communicate the services to members? Which of these have you used in the last 12 months?
2. Where can Medicaid members find information about your plan's asthma control benefits?
3. Does your plan recommend or refer Medicaid members to community-based asthma resources? If yes, describe how these referrals are made and documented. Is there a follow-up protocol for referrals?
4. Do community-based resources made available to Medicaid members need to meet certain criteria? If yes, please describe.
5. How often does your plan review the quality, availability or viability of the community-based resources?
6. What special efforts and resources (if any) are in place to meet the asthma control needs of:
 - a. Populations known to have a higher prevalence of asthma than the general population (e.g. Hispanics, Blacks/African Americans)?
 - b. Non-English-speaking members?
 - c. Children vs. adults?
 - d. Individuals with limited formal education and limited health literacy?
 - e. Individuals with mental health conditions and/or chemical dependency?

Evaluation Metrics/Outcomes

1. Does your health plan track utilization rates of asthma control services (e.g., asthma self-management education or home visits to address asthma control)? If yes, please describe how. Do you calculate a separate utilization rate for your Medicaid members?
2. Do you use claims information as a performance metric? If yes, explain. Please describe any additional measures your health plan uses to assess outcomes.