

# Proposing a Potential New or Enhanced Medicaid-Covered Benefit: Template for Enhanced Asthma Control Services

To prevent disease progression and improve care delivery for individuals with asthma, state health departments often provide enhanced asthma services to the entire statewide population to augment services typically covered under commercial health insurance or Medicaid. For example, states might provide home-based asthma assessment, education, and care management for targeted patients where environmental triggers can be identified and controlled. These services may be financed in a variety of ways -- through federal, state, or short-term grant funding, such as a CDC grant.

Over the course of such a program, these enhanced services have often demonstrated their effectiveness in decreasing asthma episodes, emergency department use, and/or inpatient hospitalizations for uncontrolled asthma. Once state health departments have created an infrastructure, such as a provider network, training program, and program reporting and evaluation system, and know that the service has value, they may look to commercial and public health insurers to continue the service as a covered benefit. In particular, enhanced asthma services are often valuable to the Medicaid population, which may be at higher risk of asthma triggers due to housing conditions in low-income, urban areas; lack of transportation to centralized services, such as community asthma education; and language barriers to accessing more traditional services. State Medicaid programs across the country have recognized the value of these types of services and some have begun covering them for at-risk Medicaid enrollees. Medicaid programs have several ways to request and be given federal authority to cover enhanced services for eligible beneficiaries, including State Plan Amendments, budget neutral 1115 waivers, or use of administrative costs, with each state Medicaid program determining the appropriate vehicle to meet its needs once a decision is made to cover the service.

## IN BRIEF

This tool is designed to assist public health stakeholders in describing a potential new or enhanced Medicaid asthma control service/benefit to their Medicaid counterparts. The tool includes a template outlining key details, using an example that would be helpful to a Medicaid program, Medicaid managed care organization (MCO), or accountable care organization (ACO) in considering coverage of a new or enhanced Medicaid service/benefit.

## About this Tool

Public health department staff can use this tool to familiarize themselves with the information the Medicaid program needs in deciding whether or not to pursue funding to cover a new or enhanced service. It was developed based on technical assistance provided to 6|18 states that were preparing to make the case for Medicaid covering a new or enhanced benefit. It includes a template outlining the details of a potential new or enhanced asthma service, including an example that would be helpful to a Medicaid program, Medicaid managed care organization (MCO), or accountable

care organization (ACO) in considering coverage. The example used describes an enhanced asthma care coordination benefit for high-risk children who already have access to traditional Medicaid services for asthma, including medications and physician office visits, but who have nonetheless had recent emergency department visits or hospitalization due to uncontrolled asthma.

## How to Use this Tool

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**Step 1:** Public health, in partnership with Medicaid, identifies a service(s) that would complement and enhance a current Medicaid benefit and result in improved outcomes and/or lower overall costs (referred to hereafter as New Service).

**Step 2:** Using columns 1, 2 and 4 in the tool below, public health first reviews questions, examples, and sample descriptions of the New Service for each service component.

**Step 3:** Public health then uses the blank column 3 to describe details specific to the state's asthma control intervention proposed as a New Service, addressing the questions and type of detail suggested in columns 1 and 2.

**Step 4:** Using the service description information in columns 1 and 3, public health creates a table, fact sheet, presentation or written proposal, which fully describes what is being proposed to a potential payor such as Medicaid, a Medicaid managed care organization (MCO), or an accountable care organization (ACO). **Alternative Option:** Public health may simply delete columns 2 and 4 in the tool below and share the completed table (columns 1 and 3) with a potential payor.

**Step 5:** A payor can use the description to consider whether to cover the service, to contract for the service with providers, MCOs, or ACOs (e.g., write contracting language; set a payment amount), and/or to request federal authority for coverage.

### 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](http://www.618resources.chcs.org).

Enhanced Asthma Control Service or High-Risk Children			
Service Description Questions	Type of Detail to Include, as Appropriate	State-Specific New Service/ Benefit Description	Sample Description of New Benefit
What is a short description of the New Service?			Home-based intervention for children with asthma who are considered high risk due to potentially preventable hospital use. This six-month intervention provides home-based clinical and environmental assessments, family education, certain supplies if needed to control triggers, in coordination with the member’s primary care provider.
What is the full scope of the New Service?	<ul style="list-style-type: none"> <li>■ What particular New Services will and will not be covered?</li> </ul>		<p>The evidence-based program shall have the following minimum requirements:</p> <ul style="list-style-type: none"> <li>■ Will include a minimum of 3 home-based meetings by a licensed clinicians (nurses, respiratory therapists) and/or a specially trained community health worker.</li> <li>■ Will provide family education for appropriate use of “control” and “rescue” medications, and creation and use of an “Asthma Action Plan.”</li> <li>■ Will provide a home assessment, and, as appropriate according to each assessment, will provide certain household supplies to mitigate environmental asthma triggers.                             <ul style="list-style-type: none"> <li>○ Household supplies are provided only as needed, and are limited to mattress and pillow covers, HEPA-filter vacuum cleaner, and specialized cleaning supplies.</li> <li>○ House or apartment cleaning and remediation are not covered.</li> </ul> </li> <li>■ Will provide family education on how to mitigate household asthma triggers (e.g., dust mites).</li> <li>■ May provide referrals for additional household remediation supplies and services not covered by the program, when appropriate.</li> <li>■ Will provide referrals for smoking cessation services for enrolled household members as appropriate, including counseling and medication.</li> <li>■ Will provide phone-based follow-up after program completion.</li> </ul>

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What are the patient criteria to be eligible to receive this service?	<ul style="list-style-type: none"> <li>■ <i>Diagnosis</i></li> <li>■ <i>Past service utilization</i></li> <li>■ <i>Age ranges</i></li> </ul>		Children under 18 who are asthma super-utilizers. Super-utilizers are defined as children with 2 or more emergency department visits with a primary diagnosis of asthma in the past year or an inpatient hospitalization with a primary diagnosis of asthma in the past year.
Who will be responsible for referral, outreach, and other service enrollment activities?	<ul style="list-style-type: none"> <li>■ <i>Who is responsible, e.g., Primary Care Provider, New Service provider, or MCO?</i></li> <li>■ <i>Describe responsibilities to identify and enroll eligible members in the New Service.</i></li> </ul>		Managed care organizations will monitor hospital claims to identify, actively reach out to, offer and arrange to provide this benefit to every Medicaid-enrolled family with a child who is an asthma super-utilizer.
Are there any minimum or maximum limits on the amount or number of services to be covered?	<ul style="list-style-type: none"> <li>■ <i>Any minimum number of visits and/or limit on number of visits/ services per recipient per year? Per lifetime?</i></li> </ul>		Minimum of 3 home-based visits and one follow-up call; maximum of 5 home-based visits; each eligible member may enroll in this service only once per lifetime.
Is there an expected duration for the New Service?	<ul style="list-style-type: none"> <li>■ Length of time that the New Service will be covered.</li> </ul>		The program must be completed in 6 months.
How will this New Service be coordinated with already covered benefits such as health plan disease management programs, and other in-plan care management?	<ul style="list-style-type: none"> <li>■ Explain how this New Service will be coordinated with other covered services, such as communication and coordination with primary care physicians, nurse practitioners, and with existing health plan disease management programs.</li> <li>■ It would be helpful to explain how this New Service is not duplicative of already covered services, how it will be complementary to and enhance the effectiveness of existing services, and how communication will be coordinated with health plans, their primary care physicians and their care management staff as appropriate.</li> </ul>		<ul style="list-style-type: none"> <li>■ This enhanced set of services will complement and support appropriate use of already covered benefits such as covered medications, office visits, emergency department visits, etc.</li> <li>■ It will be complementary to and coordinated with care management and primary care staff as appropriate.</li> <li>■ With the written approval of parent or guardian, New Service provider staff will inform the child's primary care provider of services provided and member's progress.</li> </ul>

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<p><b>Are there specific provider qualifications and/or training required?</b></p> <p><b>Are clinical guidelines specified?</b></p>	<p>Specify:</p> <ul style="list-style-type: none"> <li>■ Any provider licensing or certifications required;</li> <li>■ Any initial and ongoing training requirements; and/or</li> <li>■ Clinical guidelines if any.</li> </ul>		<ul style="list-style-type: none"> <li>■ Services will be provided by a team composed of a licensed clinician (RN, respiratory therapist, specially trained community health worker).</li> <li>■ Licensed staff and community health workers will be specifically trained through a state-sponsored training program.</li> <li>■ The Department of Health and Human Services of [insert state name], in partnership with [insert state name] Department of Health and [insert third party organization name], will arrange to provide expert technical assistance to MCOs, ACOs, and new program providers by providing specialized training of community health workers and clinicians (nurses, respiratory therapists) on all aspects of New Program services, including evidence-based services for asthma management and home-based assessment/mitigation.</li> <li>■ The New Service will use the 2007 National Asthma Education and Prevention Program as clinical practice guidelines.</li> </ul>
<p><b>Who provides oversight and monitoring of the New Service and providers?</b></p>	<p>Who is responsible for oversight and monitoring of the New Service? Typically this is the state Medicaid program or MCO. But as part of this proposed partnership between Public Health and Medicaid, what does Public Health bring to the table? The Public Health agency state could consider offering to take on responsibility for any or all of the following:</p> <ul style="list-style-type: none"> <li>■ Technical assistance;</li> <li>■ Provider training; and/or</li> <li>■ Program evaluation.</li> </ul>		<p>The Department of Health and Human Services of [insert state name], in partnership with [insert state name] Department of Health and [insert third party organization name], will arrange to provide expert technical assistance to managed care organizations and their program providers by providing specialized training of community health workers and clinicians (nurses, respiratory therapists) on all aspects of program services, as well as ongoing provider monitoring/training to ensure the Program services delivered are within the evidence-based model.</p>

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<b>Are there specific reporting requirements for the New Service?</b>	Specify if there are any reporting requirements that public health would suggest are needed for program evaluation and reports, in addition to billing and claims data.		MCOs and New Service providers will be expected to work cooperatively with the Department of Health and Human Services of [insert state name], in partnership with [insert state name] Department of Health on data collection to allow the state to measure the impact of the program on health outcomes, utilization, and costs.
<b>Will New Service performance be measured, reported, and/or incentivized?</b>	Especially if the state Medicaid program already incorporates performance-based contracting, consider suggesting a financial incentive for an MCO which achieves a certain level of performance, such as: <ul style="list-style-type: none"> <li>■ A minimum percent of eligible members per year to receive the New Service.</li> </ul>		The MCO will provide this service for 25% of children per year between the ages of __ and __ who meet the clinical qualifications for the service.
<b>Is the New Service evidence-based in improving health status, utilization, or lowering costs?</b>	Evidence that the New Service being proposed as a benefit has a positive return on investment), such as lowering costs, preventing emergency department, or hospital use, and/or improving health status.		The New Service has been shown to decrease preventable emergency department visits by an average of X% for program enrollees in the year following program completion.