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REGIONAL ASTHMA MANAGEMENT & PREVENTION

# Quick Guide: Accessing New Medi-Cal Policies for Asthma Home Visiting Programs

## 1 Reach out to the Medi-Cal Managed Care Plan(s) in your area regarding contracting with your organization

If you need help figuring out which managed care plans (MCPs) are in your community, check out this document. Additionally, this resource shows which Community Supports options each plan selected. An "X" in the AR column means the plan is already providing the service; a date indicates when they plan to start providing the service.

If you don't know how to start the conversation with a plan, you can use these talking points that RAMP created. Be sure to talk up your asthma home visiting experience and the successes of your program; we encourage you to use both data and stories from your work with clients.

We recommend you emphasize that the asthma home visiting services you provide encompass both Asthma Preventive Services (APS), which covers education and the in-home assessment, and Asthma Remediation (AR), which covers remediation supplies and services. You can note that, although they are two different policies with different requirements, the services work best for the client when provided seamlessly as a set of comprehensive services. As such, you hope they'll contract with you for both. For a refresher on the policy details, check out our fact sheets for APS and AR.

## 2 Navigate the contracting process

Part of the contracting process includes payment negotiation.

- For AR, you should calculate the full costs of providing services. That includes not just the expenses to cover staff time for visits and supplies, but many associated, indirect expenses. Examples include administrative support, time for client outreach and scheduling, travel expenses, etc. It's important that you ask for an amount that will cover your costs. If you need help figuring out your costs, consider watching this presentation. RAMP can also support you with that process.
- For APS, you can negotiate the rate for managed care members. The rate set with the CPT code 98960 is for members enrolled in fee-for-service. There are advocacy efforts under way to raise that rate, but in the meantime, you can negotiate higher rates for members enrolled in managed care.

The contracting process may also include a discussion of how many clients your organization can handle. Use your experience to come up with a realistic number.

## 3 Establish a process for generating referrals

It's a good idea to discuss the referral process with the MCP upfront, including strategies and your respective roles.

- To increase the chances of success, you will likely need to do a lot of outreach to prospective clients. Chances are that no single referral method will be sufficient, so create multiple referral paths. As just a few examples, you can give presentations to local provider groups, build relationships with ECM providers in your community, and do direct community outreach.
- For the MCP, you may suggest that they use their database to identify clients, reach out to those clients and then do a warm hand-off, and/or that they develop a protocol with the local ED to systematically identify patients that come to the ED with asthma who they can quickly refer so you can reach them when they're most in need. MCPs can also reach out to clinicians in their network to make sure that they are aware of these services and know how to refer their patients.

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## 4 Start providing asthma education and the in-home environmental assessment once you receive a referral

**APS referrals**: Asthma Preventive Services "must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law." Examples include, but are not limited to, physicians, nurse practitioners, physician assistants, and registered respiratory therapists.

- Asthma self-management education is available to all Medi-Cal beneficiaries with a diagnosis of asthma.
- In-home environmental trigger assessments are available to Medi-Cal beneficiaries with poorly controlled asthma (which must be documented in the medical record), or on the recommendation of a licensed physician, nurse practitioner, or physician assistant.

**AR referrals**: A licensed health care provider must confirm client eligibility.

- Per DHCS policy, eligibility is limited to "individuals with poorly controlled asthma for whom a licensed health care provider has documented that the service will likely avoid asthma-related hospitalizations, emergency department visits, or other high-cost services."

For both policies, "poorly controlled asthma" is defined as 1) having a score of 19 or lower on the Asthma Control Test or 2) an asthma-related emergency department visit or hospitalization or two sick or urgent care asthma-related visits in the past 12 months.

If the client was not referred to you by the managed care plan, you may need to confirm the client's enrollment status with the health planOnce a referral for APS and/or AR is in place, you can begin in-home education and conduct the in-home environmental asthma trigger assessment. You can't yet provide trigger remediation -- additional authorization is needed, which is covered below. If any of this is unclear, RAMP is here to help. You may also find our fact sheets for APS and AR helpful.

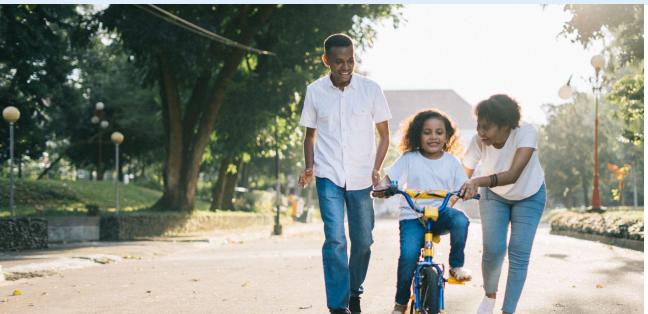
## 5 Streamline a process for getting authorization for trigger remediation

A requirement of AR is that a licensed health care provider must authorize the trigger remediation plan after the assessment is completed. Per DHCS policy: "When authorizing Asthma Remediation as an in lieu of service, the managed care plan must receive and document:

- A current licensed health care provider's order specifying the requested remediation(s) for the member;
- A brief written evaluation specific to the participant describing how and why the remediation(s) meets the needs of the individual, required for cases of 'Other interventions identified to be medically appropriate and cost effective';
- That a home visit has been conducted to determine the suitability of any requested remediation(s) for the participant."

To satisfy the authorization requirement, you will need an authorization form and relationships with licensed health care providers who can sign the authorization

- Some MCPs may have their own authorization protocols and forms; others may want the Asthma Remediation providers to develop their own. We encourage you to discuss this with MCPs early in the process.
- Building relationships with providers and their office staff allows you to communicate directly with them about submitting the authorization. Authorizations from medical providers do *not* have to come from the AR client's primary care provider, so, if AR programs are based at organizations with licensed clinical providers on staff, they may be able to confirm eligibility and authorize services. AR programs may also consider contracting with a licensed health care provider to provide authorizations. You may also consider obtaining the authorization from the provider who initially recommended the services (see Step 4).



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TA@rampasthma.org

## 6 Once authorization is provided, start the remediation process—providing supplies or services

If you are an established asthma home visiting program, for trigger remediation, the level of funding through AR may allow you to provide more remediation supplies and services than you have before. For all organizations, it's important that you manage your remediation budget.

- Consider whether there are some supplies that you'll give to all clients. If so, you may be able to negotiate a discount for bulk orders with particular vendors. You may also want to identify additional products, vendors, and places to order from so that the process is quick and easy when you need the supplies.
- If there are services that you won't provide yourselves, identify contractors that can help. Examples may include Integrated Pest Management, installing an exhaust fan, removing a carpet, etc. Be sure to check with your organization about your process for utilizing outside support through contractors. For instance, some organizations require that a request for qualifications be used.

## 7 Establish a billing system

Establishing a billing system is an essential step with several different components.

- First, your billing process will likely be shaped extensively by the contract you have with individual plans regarding the frequency, amounts, and process for billing.
- That said, it's not completely up to the managed care plans to shape the billing process. DHCS has provided guidance related to billing under Community Supports.
- When you actually go to bill, you'll have to share specific information in designated formats. Again, this will likely be dictated to a great degree by your contract with the managed care plans. It will also be shaped by what you're billing for; for example, AR and APS billing will have different coding requirements. See RAMP's APS and AR fact sheets for details.
- Lastly, you'll want to establish internal systems with appropriate staffing to support all the above components.

## 8 Receive technical assistance (TA) and participate in peer learning throughout the process

- RAMP is here to help! Contact us early and often: TA@rampasthma.org.
- The Department of Health Care Services, which runs Medi-Cal, has developed a TA Marketplace that organizations providing Community Supports, like Asthma Remediation, can access free of charge. RAMP is one of the TA providers in the Marketplace from whom you can request TA. Contact us to learn more.
- You can also participate in our AR/APS Peer Learning Group, which provides opportunities for peer learning and the identification of needs for collective action.

For more information about the policy details, check out our fact sheets on Asthma Preventive Services and Asthma Remediation.