Asthma Remediation:
Authorization Challenges and Solutions

Current requirements for authorizations:

- *Licensed health care provider must confirm client eligibility.* Per DHCS policy: "Individuals with poorly controlled asthma (as determined by an emergency department visit or hospitalization or two sick or urgent care visits in the past 12 months or a score of 19 or lower on the Asthma Control Test) 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.
- *Licensed health care provider must authorize the trigger remediation plan.* Per DHCS policy: "When authorizing Asthma Remediation as an in lieu of service, the managed care plan must receive and document:
    1. A current licensed health care provider's order specifying the requested remediation(s) for the member;
    2. 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';
    3. That a home visit has been conducted to determine the suitability of any requested remediation(s) for the participant."

Challenges:

- The current requirements result in complicated, multi-step process that can delay the provision of services to members who are eligible, in need of the services, and willing to accept the services. This can negatively affect member engagement and member health.
- Additional delays may result due to complicated bureaucratic processes with the managed care plan. For example, some plans provide Asthma Remediation providers with lists of eligible clients based on DHCS program criteria, such as a recent ED visit. Asthma Remediation providers at times have to track down a record of that ED visit from the client and send it back to a different department at the plan to request an authorization for the assessment.
- The current processes require a great deal of staff time from the Asthma Remediation providers, the MCP, or both. Such inefficiencies may make it infeasible to continue providing Asthma Remediation services and undermine the long-term success of the Asthma Remediation option under Community Supports.

Improving the referral and authorization process:

Short-term solutions

- For Asthma Remediation (AR) providers:
    - AR providers can proactively build relationships with licensed health care providers and their staff, so that a) health care providers are more likely to make a referral, and b) AR providers have a clear contact to speed up the authorization process.
    - Given that authorizations from medical providers do not have to come from the AR client's primary care provider, 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 if they do not have any on staff.

- For Managed Care Plans (MCPs):
    - MCPs can proactively identify eligible members through healthcare utilization data. An in-house health care provider can confirm eligibility, or the MCP can reach out to clients' primary care providers to request confirmation of eligibility.
    - MCPs can educate the licensed health care providers in their networks about the value of AR and how to provide the referral/authorization. Authorization forms developed by the MCP may also speed up the provider authorization process.
- MCPs and/or AR providers can be proactive in building relationships with hospital ED staff and have the ED staff systematically provide referrals for any members of the MCP that came to the ED with asthma.

Long-term solutions

- If the in-home environmental trigger assessment is completed as part of the Asthma Preventive Services benefit, the Asthma Remediation step of requiring a licensed health care provider to confirm eligibility for the assessment will no longer be needed.
- DHCS should change the requirement to allow MCPs to provide "presumptive authorization" for eligibility confirmation for any member that meets the definition of poorly controlled asthma (either per their own database of healthcare utilization or through documentation from an AHVP that the ACT score is 19 or lower) without needing the additional approval from a licensed health care provider.
- DHCS should change the requirement so that licensed health care provider authorization is not needed for the list of remediation supplies and services included in their Asthma Remediation policy guidance, given robust evidence of their effectiveness. Instead, authorization could just be required for "Other interventions identified to be medically appropriate and cost effective." (Note that while we want to streamline the process for provider authorization, we recognize that there is value in having direct communication between the Asthma Remediation provider and medical provider. We encourage Asthma Remediation providers to maintain regular contact with the clients' medical providers.)