

Asthma Preventive Services and Asthma Remediation: Best Practices for Managed Care Plans



Asthma home visiting services – such as Medi-Cal’s Asthma Preventive Services (APS) and the Asthma Remediation (AR) option under Community Supports – improve member health, reduce costly hospitalizations, and reduce asthma disparities. These services can also improve member experience and the Asthma Medication Ratio (AMR).

Medi-Cal managed care plans (MCPs) have an opportunity to increase the utilization of APS and AR to better meet the needs of members with asthma – particularly those with poorly controlled asthma.

Below are best practices related to APS and AR implementation that we at Regional Asthma Management & Prevention (RAMP) have gathered through our technical assistance to programs and plans.

Contract with your current Asthma Remediation providers to also provide Asthma Preventive Services

We recommend asking AR providers if they also want to provide APS, as having a single provider for both services creates a more seamless process for members. Of course, MCPs might need to contract with multiple organizations to cover their service area, but overall it’ll be more efficient and effective if each provider organization can provide both AR and APS.

As part of that contracting process, MCPs will need to work with the asthma program to agree upon rates. As DHCS has noted, MCPs do not have to mirror the FFS schedule for APS. This is particularly true for the in-home trigger assessment. The typical assessment takes two hours or more, so it would simply not be feasible for asthma programs to conduct assessments for the single payment of \$26.66 that’s listed in the fee schedule. We at RAMP are available to help MCPs think through rates that make the services sustainable for providers while also keeping costs low for plans.

“As a Respiratory Therapist, I’ve seen firsthand how Asthma Remediation (AR) significantly reduces the burden of asthma. Providing simple, tangible interventions to improve home environments has led to a 70% reduction in daily symptoms among our program participants. They report less shortness of breath, fewer limitations in daily activities, and reduced absences from work and school. These improvements not only enhance quality of life but also lower hospital utilization and overall healthcare costs.”

-Angela Maskill, Respiratory Therapist



Proactively identify and refer eligible members for services

- ❖ Make sure network providers know that APS/AR is an option and make it easy for them to refer. If MCPs need support for this, RAMP can help. We created an informational flyer that MCPs can adapt and send to medical providers to spread the word. For MCPs that convene medical providers, RAMP can also present to them about APS/AR services and their value. One managed care plan also convenes their medical providers regularly for updates, and has invited AR providers to present to the medical providers to build familiarity with services offered.
- ❖ Don't wait for referrals to come in from medical providers. Many MCPs have used their databases to generate lists of eligible members based on an asthma-related ED visit, hospitalization, or two urgent care visits in the past 12 months. Plans then share those lists with APS and AR providers who can conduct the outreach and enrollment.
- ❖ Consider using Asthma Medication Ratio (AMR) data to generate lists of potential clients. Potential clients with poor AMR scores still need to qualify for AR services through other means, such as specified health care utilization or a score of 19 or lower on an Asthma Control Test.
- ❖ Develop creative partnerships to cultivate referrals. One MCP has a relationship with a local children's hospital, where the ED sends a list of MCP members that have been to the ED due to asthma. The MCP then shares that list with its asthma home visiting providers who can quickly reach out to the clients. These clients are more likely to agree to the services given their recent ED visit.
- ❖ Work within your own organization to generate referrals. For instance, at one MCP, a pharmacist identifies members who are refilling their albuterol too frequently and refers them for AR services.
- ❖ Lastly, provide a warm hand-off between the potential client and the APS/AR provider. One MCP reaches out to members to explain the service and let them know to expect a call from their asthma home visiting provider.

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Do you have questions about APS or AR implementation?

RAMP can provide no-cost technical assistance.

Email us at TA@rampasthma.org

Also, check out [our website](#) for tools, including:

a workflow, a supply list, a sample flyer for medical providers, and more.

