

Asthma Care Coverage Project: Glossary

Coverage

The American Lung Association tracks coverage under state Medicaid programs for seven categories of treatments and services that are critical components of guidelines-based¹ asthma care. The data collected is only that of traditional Medicaid plans².

1. Quick Relief Medications: including, four medications types within two medication classes
2. Controller Medications: including, twenty medication types within nine medication classes
3. Medical Devices: including, nebulizers, peak flow meters and valved-holding chambers
4. Allergen Testing: including, both skin testing and in vitro testing
5. Allergen Immunotherapy
6. Home Visits and Intervention
7. Self-Management Education

Barriers

In addition to tracking coverage, the Lung Association tracks nine barriers that can limit access to these seven categories of treatments and services.

1. Age Limit: indicates a medication is only covered if a patient is under a certain age.
2. Age Restriction: indicates a medication is only covered if a patient is over a certain age.
3. Copayment: fee a patient is responsible for in order to get the treatment.
4. Durable Medical Equipment (DME): indicates the treatment or service is available under the DME benefit.
5. Eligibility Criteria: indicates a patient needs to meet certain criteria before the patient receives a treatment or service.
6. Prior Authorization: indicates that in order for a patient to receive a treatment or service, it must first be approved by a patient's plan.
7. Quantity Limit: limits the amount of services or medication that a patient can have during a specified amount of time.
8. Specialty Visit Limitation: indicates that services can only be accessed through a specialist and specialty visits are limited to a set number during the course of a year.
9. Stepped Therapy: indicates that a treatment or service can be received only after other type of therapy has been tried.

Benchmark

The following is the benchmark for each of the seven categories of guidelines-based care for asthma. More information can be found in the Lung Association's [Asthma Guidelines-Based Care Coverage Project: Benchmarks for Key Aspects of Optimal Coverage](#) document.

1. Coverage for at least one medication per medication type within quick relief medications, without barriers;
2. Coverage of at least one medication per medication type within controller medications, without barriers;
3. Coverage of devices, including at least one nebulizer and peak-flow meter, and at least 2 valved-holding chambers, without barriers;




4. Coverage of allergy testing, including coverage of both in-vitro and skin testing, without barriers;
5. Coverage of allergen immunotherapy without barriers;
6. Coverage or reimbursement for home visits and interventions without barriers; and,
7. Coverage for asthma self-management education without barriers.

State Data Report Summary Interpretation

The State Data Report Summary provides both coverage and barrier information in each state for each of the seven criteria under the Asthma Guidelines-Based Care Initiative.

Coverage is answered by determining whether the criteria is covered in all, some or none of the state Medicaid plans³. As a result, as seen in the State Data Report Summary icons for coverage:

“”: Covered for all Medicaid Enrollees

“”: Coverage varies by state Medicaid plan for Medicaid Enrollees

“”: Not covered for Medicaid Enrollees

Barriers are indicated when it is determined that any of the seven areas of coverage has restricted access to care. Please note: some of the nine barriers are not applicable to certain areas of coverage. Barriers are indicated in the State Data Report Summary as:

“Yes”: applicable barriers exist in some or all of the state Medicaid plans (please see database interpretation for further details)






“No”: applicable barriers do not exist in any of the state Medicaid plans (please see database interpretation for further details)

“N/A”: if the criteria within the category of treatment or service is not covered, then barriers are not applicable

State Coverage Map Interpretation

Seven maps that describe state Medicaid coverage of the seven categories of treatment and services are also available. The following provides a description of how to interpret the maps using information from the state data report summaries.

Map legend:

-  Covered Without Barriers
-  Covered
-  Some Coverage
-  No Coverage
-  States for which data is not yet available




Map Interpretation:

 Covered Without Barriers

For each of the seven categories of treatment and services found on a state data report summary, the coverage results for all items in the respective category should all have green checks “✓”. Additionally, the barrier results for all items in the respective category should all have “No” barriers.

Therefore, if a respective category meets all of the above, then, there is state Medicaid coverage of this category for all Medicaid enrollees, without barriers.

 Covered

For each of the seven categories of treatment and services found on a state data report summary, the coverage results for all items in the respective category all have green checks “✓”. However, the barrier results for all items in the respective category do not all appear as “No” barriers.

Therefore, if a respective category meets all of the above, then, there is state Medicaid coverage of this category for all Medicaid enrollees, with barriers.

 Some Coverage

For the categories of treatment and service that have multiple items being tracked for coverage (i.e., quick relief and controller medications, medical devices, and allergen testing): the coverage results for all items in the respective category have a mix of green check(s) “✓” and/or yellow triangle(s) “▼” and/or x- mark(s) “✘”. The barrier results for all items in the respective category do not all appear as “No” barriers.

For the categories of treatment and service that have a single item that is being tracked for coverage (i.e., allergen immunotherapy, home visits and interventions, and self-management education: the coverage result has a yellow triangle “▼”. The barrier result for the item in the respective category is either be a “Yes” or “No” barrier.

Therefore, if a respective category meets the above, then, there is some state Medicaid coverage of this category for some Medicaid enrollees.

 No Coverage

For each of the seven categories of treatment and services found on a state data report summary, the coverage results for all items in the respective category all have an x- mark “✘”. The barrier results for all items in the respective category have not applicable “N/A”, because the items are not covered.

Therefore, if a respective category meets all of the above, then, there is no state Medicaid coverage of this category.

States for which data is not yet available

These are the states for which data will also be collected.

Database Interpretation

The database information, which will be available later in 2016, will provide further details on the specific barriers that exist for each of the seven categories of treatment or service for coverage. The following provides a description on how to interpret the database coverage and barriers information.

Definitions

“Y” = Yes

“N” = No

“ * ” = Varies by plan

“NAv” = Not available

“N/A” = Not applicable

Coverage

The coverage values in the database are answered by: “Y”, “N”, or “ * ”

“Y” = Covered for all Medicaid Enrollees

“ * ” = Coverage varies by state Medicaid plan for Medicaid Enrollees

“N” = Not covered for Medicaid Enrollees

Barriers

The barrier values in the database for each of the nine barriers is answered by:

“Y”, “N”, “ * ”, “NAv”, or, “N/A”

“Y” = applicable barrier exists in all state Medicaid plans

“N” = applicable barrier does not exist in any state Medicaid plan

“ * ” = applicable barrier exists in some state Medicaid plans

“NAv” = there is insufficient information available to determine if applicable barrier exists across state Medicaid plans

“N/A” = the particular barrier is not applicable for the particular treatment or service (please note: if the coverage value for an item is “N”, the barrier inquiry becomes N/A altogether, unless otherwise shown to be covered)

The barrier answer in the State Data Report Summary is a “Yes” if any of the applicable barriers for a particular treatment or service is a “Y”, “ * ” or “NAv”. Otherwise, the barrier answer in the State Data Report Summary is a “No”.

Allergen Testing: Both Covered

For Allergen testing, the Lung Association is tracking coverage of both skin testing and in vitro testing for patients with persistent asthma. In the database, there is a “Both Covered” component, too. “Both Covered” is determined by whether both skin testing and in vitro testing are each covered for all Medicaid enrollees in a particular state. For example, if both skin testing and in vitro testing each have a coverage value of “Y”, then “Both Covered” in the database is answered as “Yes”.

Database: Barrier Abbreviations

The database will be available later in 2016. The following defines the abbreviations for the barriers found in the database.

AL=Age Limit

AR= Age Restrictions

CO-PAY= Co-payment

DME=Durable Medical Equipment

EC=Eligibility Criteria/requirements

PA=Prior Authorization

QL= Quantity Limit

SVL=Specialty Visit Limitation

ST=Step Therapy

¹ National Heart, Lung, and Blood Institute, National Asthma Education and Prevention Program. Expert Panel Report 3: Guidelines for the diagnosis and management of asthma. Bethesda, MD: US Department of Health and Human Services, National Institute of Health. Pg 93. 2007; pub. No.07-4051.

<https://www.nhlbi.nih.gov/files/docs/guidelines/asthgdln.pdf> Accessed on 9-17-2015

² Traditional Medicaid is defined as Medicaid programs that serve both adults and children prior to the passage of the Affordable Care Act.

³ State Medicaid plan here is defined as state Medicaid managed care plans and fee-for-service