

## Coverage

The American Lung Association tracks coverage under state Medicaid programs for eight categories of treatments and services that are critical components of guidelines-based<sup>1,2</sup> asthma care. The data collected is only that of traditional Medicaid plans.<sup>3</sup> More information can be found in the Lung Association's [Asthma Guidelines-Based Care Coverage Project: Benchmarks for Key Aspects of Optimal Coverage \(2020 Update\)](#) document.

1. Quick Relief Medications
2. Controller Medications
3. Medical Devices
4. Allergen Testing
5. Allergen Immunotherapy
6. Lung Function Testing
7. Home Visits and Intervention
8. Self-Management Education

## Barriers

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

1. Age Limit: This barrier indicates that the treatment is only covered if a patient is a certain age, including if a treatment has additional barriers for patients of certain ages. *\*This barrier only applies provided it is more restrictive than NAEPP recommendations or FDA-approved guidelines.*
2. Copayment: This is a payment made for a specific service or treatment, even when it is covered by the insurance company (in this case Medicaid or Medicaid managed care plans).
3. Durable Medical Equipment (DME): This means a device is covered only as DME, which could result in having to pay full price for the device at a retail pharmacy.
4. Eligibility Criteria: This means a plan will only provide the treatment after a patient has experienced an incident(s), such as numerous visits to the Emergency Department.
5. Prior Authorization: This barrier requires the provider to get approval from the insurance company (in this case Medicaid or Medicaid managed care plans) before the treatment will be covered (i.e. paid for).
6. Quantity Limit: There is a limit on the number of treatments covered over a given period of time (i.e. month, year).
7. Stepped Therapy: This means a plan requires a patient to try and fail on a different treatment before the insurance company (in this case Medicaid or Medicaid managed care plans) will pay for the treatment that their provider prescribes.



## State Data Report Summary Interpretation

The State Data Report Summary provides both coverage and barrier information for each state Medicaid program under the Asthma Guidelines-Based Care Coverage Project.

Coverage is determined based on whether the benchmark is met in all, some or none of the state Medicaid plans.<sup>4</sup> 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

“NAv”: Data is not available

Barriers are indicated when it is determined that any of the eight areas of coverage has restricted access to care. Please note that some of the seven 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

“NAv”: data on applicable barriers is not available

## State Coverage Map Interpretation

Eight maps that describe state Medicaid coverage of the eight 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.



Covered Without Barriers

For each of the eight 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.



#### Covered

For each of the eight 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.



#### 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 lung function 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) "✘".

For the categories of treatment and service that have a single item that is being tracked for coverage (i.e., allergy testing, 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.



#### No Coverage or Not Available

For each of the eight 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 "✘" or "NAv". The barrier results for all items in the respective category have not applicable "N/A", because the items are not covered.

## Database Interpretation

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

"Y" = Covered for all Medicaid Enrollees

"\*" = Coverage varies by state Medicaid plan for Medicaid Enrollees

"N" = Not covered for Medicaid Enrollees

NAv = Insufficient information available to determine coverage



### *Barriers*

“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 becomes N/A)

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

### *Abbreviations*

The following defines the abbreviations for the barriers found in the database.

AL = Age Limit

CO-PAY = Co-payment

DME = Durable Medical Equipment

EC = Eligibility Criteria

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

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<sup>1</sup> 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. 2007; pub. No.07-4051. Accessed at: <https://www.nhlbi.nih.gov/health-topics/guidelines-for-diagnosis-management-of-asthma>.

<sup>2</sup> National Heart, Lung, and Blood Institute, National Asthma Education and Prevention Program. 2020 Focused Updates to the Asthma Management Guidelines: A Report from The National Asthma Education and Prevention Program Expert Panel Working Group. Bethesda, MD: US Department of Health and Human Services, National Institute of Health. 2020. Accessed at: <https://www.nhlbi.nih.gov/health-topics/asthma-management-guidelines-2020-updates>.

<sup>3</sup> Traditional Medicaid is defined as Medicaid programs that serve both adults and children prior to the passage of the Affordable Care Act.

<sup>4</sup> State Medicaid plan here is defined as state Medicaid managed care plans and fee-for-service.