



## Help Patients Better Control Their Asthma and Its Triggers

Together we can educate members to better manage their asthma

To support your work with patients with asthma, Health Net\* is providing members who have asthma with educational materials about asthma, asthma medication compliance and managing their asthma triggers.

### Why target asthma?

Asthma is one of the most prevalent, expensive health conditions in the U.S. In California alone, over 2 million adults and over 850,000 children currently have asthma.<sup>1</sup> When patients manage their asthma well, it can help them avoid emergency room visits and inpatient stays.<sup>2</sup>

### Use these best practices for successful asthma care

According to the U.S. Department of Health and Human Services (HHS), successful asthma care must include proper diagnosis and treatment, followed by long-term regular follow-up to ensure control.<sup>3</sup>

- Asthma self-management education is essential to reducing asthma-related adverse health effects. Education improves quality of life by reducing urgent care visits, emergency room visits, hospitalizations, and health care costs.<sup>4</sup>
- The key to successfully managing asthma is ensuring patients know when to use controller medications and when rescue medications are needed to handle emergency asthma attacks.
- Consider using peak flow or spirometry with a physical exam to confirm a diagnosis of asthma.
- Once you establish a confirmed asthma diagnosis, manage your patients' use of controller and rescue medications.
  - If patients use more rescue medication than controller medication, it may indicate that a patient's current medication regimen is not working and needs reassessment. Identify patient barriers and work with the patient to ensure their controller medication(s) are managing their asthma well.

### Improve asthma control with these helpful tips and tools

- **Create an asthma action plan.** A written action plan will help patients recognize early warning signs, symptoms and peak expiratory flow (PEF) measures that indicate worsening asthma.

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
- EPO
- Medicare Advantage (HMO)
- Medi-Cal
  - Kern
  - Los Angeles
    - Molina
  - Riverside
  - Sacramento
  - San Bernardino
  - San Diego
  - San Joaquin
  - Stanislaus
  - Tulare

PROVIDER SERVICES

provider\_services@healthnet.com

**EnhancedCare PPO (IFP)**

1-844-463-8188

provider.healthnetcalifornia.com

**EnhancedCare PPO (SBG)**

1-844-463-8188

provider.healthnet.com

**Health Net Employer Group HMO, POS, HSP, PPO, & EPO**

1-800-641-7761

provider.healthnet.com

**IFP – CommunityCare HMO, PPO,**

**PureCare HSP, PureCare One EPO**

1-888-926-2164

provider.healthnetcalifornia.com

**Medicare (individual)**

1-800-929-9224

provider.healthnetcalifornia.com

**Medicare (employer group)**

1-800-929-9224

provider.healthnet.com

**Medi-Cal – 1-800-675-6110**

provider.healthnet.com

PROVIDER COMMUNICATIONS

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- **Make sure patients have an asthma spacer.** Make sure your patients with asthma have a spacer. When patients use a spacer, they will get more medication into their lungs and less medication deposited in the mouth and throat. It also helps them coordinate inhaling and pressing on their metered dose inhaler.
- **Teach patients about a peak flow meter (PFM).** Make sure patients have a peak flow meter and know how to use it.

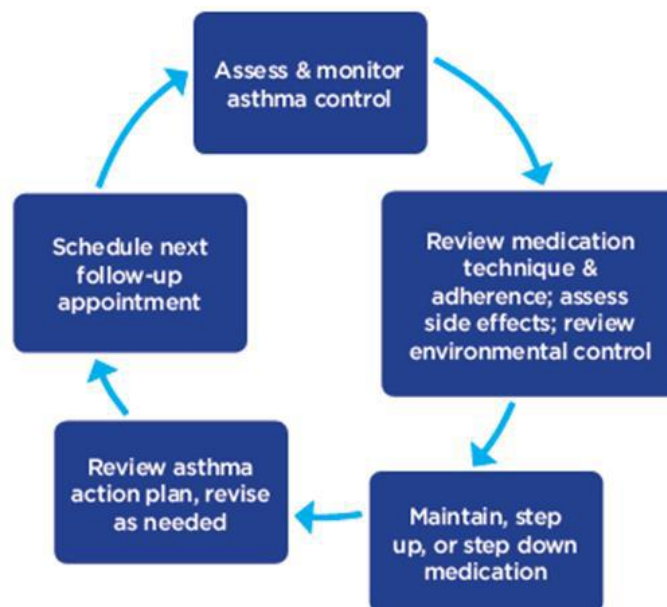
Spacers and peak flow meters are a covered Medi-Cal benefit. To check the specific health plan coverage for spacers and PFMs for your patient(s), please review their *Schedule of Benefits* or contact Provider Services at the telephone number as listed in the right-hand column on page 1.

- **Provide pre-discharge review.** Review your patient’s inhaler technique and, when possible, environmental control strategies to reduce the patient’s exposure to allergens and irritants.

### Improve health outcomes with culturally sensitive and linguistically appropriate care

- **Speak with your patients about their cultural views and beliefs about asthma.** Address your patient’s concerns, beliefs and attitudes, as they are key to successful asthma self-management.
- **Provide asthma education that is age, culturally and linguistically appropriate.** Once you have identified your patient’s cultural and language needs, be sure to discuss the following:
  - Confirm your patients and their families and/or support persons understand the:
    - Asthma diagnosis and basic facts about asthma.
    - Severity of their asthma.
    - Patient’s particular asthma triggers and how to minimize exposure to them.
- **Initiate a prescription medication, if needed.** Explain how the medications work and how some are required to be used even though your patient may not be having symptoms.
- **Teach the patient how to use an inhaler and spacer.** Demonstrate their use.
- **Complete a written asthma action plan.** Review the plan with the patient.
- **Schedule a follow-up appointment.** This will help you see how well the patient is able to control their asthma and if they are following your medication recommendations.

Refer to the national asthma care guidelines at [www.nhlbi.nih.gov/files/docs/guidelines/asthma\\_qrg.pdf](http://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf), and strive to deliver culturally and linguistically appropriate care at every recommended phase of each visit. For a quick look at each phase, see the Asthma Quick Reference<sup>5</sup> figure below.



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## Keep up to date on HEDIS® asthma measures

The Healthcare Effectiveness Data and Information Set (HEDIS®) is one of health care's most widely used performance improvement tools. Better medication adherence may not only help members treat their condition and reduce health care expenses, but can also help you improve your performance ratings for two asthma HEDIS measures.

### Asthma Medication Ratio (AMR)<sup>2</sup> for Commercial and Medi-Cal members

Looks at the percentage of members, adults and children ages 5–64, who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. This metric indicates if a member is overutilizing their rescue medicine.

### Medication Management for People with Asthma (MMA) – 75%<sup>2</sup> for Commercial members

Looks at the percentage of members, adults and children ages 5–64, who were identified as having persistent asthma and were dispensed appropriate controller medications that they remained on for at least 75% of their treatment period.

To help ensure that members with asthma are accurately identified for the asthma HEDIS measure (or are excluded, if appropriate), be sure to also code for those members with the respiratory conditions listed below, if applicable.

#### Codes for Conditions Other than Asthma

Description	Codes
<b>Emphysema</b>	J43.0, J43.1, J43.2, J43.8, J43.9
<b>Other emphysema</b>	J98.2–J98.3
<b>COPD</b>	J44.0, J44.1, J44.9
<b>Chronic respiratory conditions due to fumes/vapors</b>	J68.4
<b>Cystic fibrosis</b>	E84.0, E84.11, E84.19, E84.8–E84.9
<b>Acute respiratory failure</b>	J96.00–J96.02, J96.20–J96.22

## Additional information

Providers are encouraged to access the provider portal online at [provider.healthnet.com](http://provider.healthnet.com) for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center by email at [provider\\_services@healthnet.com](mailto:provider_services@healthnet.com) within 60 days, by telephone or through the Health Net provider website as listed in the right-hand column on page 1.

<sup>1</sup> [https://www.cdph.ca.gov/Programs/CCDPPH/DEODC/EHIB/CPE/CDPH%20Document%20Library/Asthma\\_Surveillance\\_in\\_CA\\_Report\\_2017.pdf](https://www.cdph.ca.gov/Programs/CCDPPH/DEODC/EHIB/CPE/CDPH%20Document%20Library/Asthma_Surveillance_in_CA_Report_2017.pdf).

<sup>2</sup> [www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/](http://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/).

<sup>3</sup> U.S. Department of Health and Human Services. National Institute of Health. National Heart, Lung, and Blood Institute. Asthma Care Quick Reference. Diagnosing and Managing Asthma. September 2012. Accessed online August 2016 at [www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines/quick-reference](http://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines/quick-reference).

<sup>4</sup> [www.cdc.gov/asthma/pdfs/asthma\\_facts\\_program\\_grantees.pdf](http://www.cdc.gov/asthma/pdfs/asthma_facts_program_grantees.pdf).

<sup>5</sup> [https://www.nhlbi.nih.gov/files/docs/guidelines/asthma\\_qrg.pdf](https://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf). U.S. Department of Health and Human Services. National Institute of Health. National Heart, Lung, and Blood Institute. Asthma Care Quick Reference. Diagnosing and Managing Asthma. September 2012. Accessed online August 2016 at [www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines/quick-reference](http://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines/quick-reference).