



Montanans with Asthma Enrolled in Medicaid Expansion HELP Plan TPA Health Assessment Survey Results

Report Highlights

Among HELP enrollees with asthma:

36% used tobacco

42% think one has to pay more to eat healthy, well-balanced meals

66% prefer to get health and wellness information by post mail

Upcoming Events

Asthma Advisory Group meeting

May 10, 2018 Great Falls, MT

Association of Asthma Educator Certification Review Course

May 18-19, 2018 Helena, MT

<http://www.umt.edu/sell/cps/asthma/>

Montana Asthma Control Program

1400 E Broadway

Helena, Montana 59620-2951

<http://www.dphhs.mt.gov/asthma>



Introduction

Medicaid expansion was a provision in the Affordable Care Act. It was designed to expand state Medicaid programs to anyone aged 19-64 years with income at or below 138 percent of the federal poverty level, regardless of additional qualifications. The Montana Medicaid expansion, called the Health and Economic Livelihood Partnership (HELP) plan was approved by the State Legislature in 2015. In January of 2016, those without insurance who met the HELP plan eligibility guidelines were allowed to apply for Medicaid coverage. The Medicaid HELP plan insured over 90,000 Montanans.¹ Blue Cross Blue Shield of Montana (BCBSMT) was the third party administrator (TPA) of the HELP plan for a subgroup of these members, which this report refers to as “HELP enrollees”.

This report summarizes the results specific to asthma from a health assessment survey administered to HELP enrollees during the 2016 calendar year.

Methods

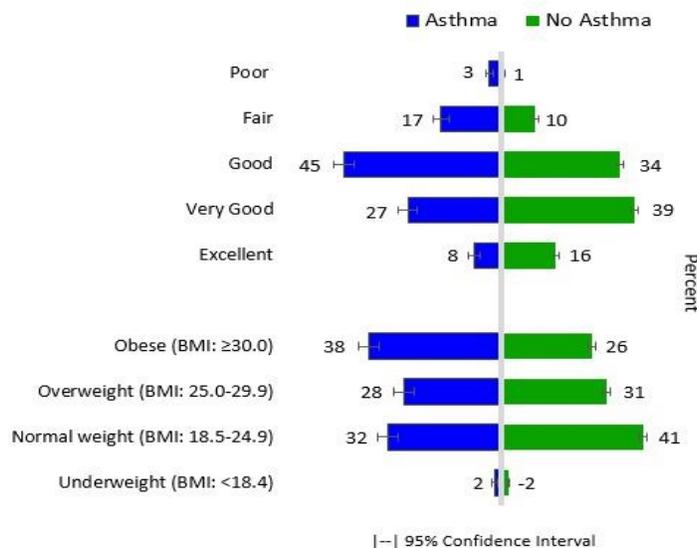
The Montana Medicaid Program staff contracted with BCBSMT to administer the Montana HELP plan including customer service and eligibility inquiries, claim submissions and processing, and enrollment. At the time of enrollment, enrollees were given a health assessment survey, which asked about chronic conditions, preventative health care, eating and exercise habits, and tobacco and alcohol use. The survey was developed by epidemiologists from the Chronic Disease Prevention and Health Promotion Bureau, Montana Department of Public Health and Human Services (CDPHPB MTDPHHS). Many of the health assessment survey questions were adapted from the Behavioral Risk Factor Surveillance System (BRFSS) survey developed by the Centers for Disease Control and Prevention (CDC). Results of the survey were stored by the BCBSMT and only unidentified information for analysis was shared with the CDPHPB MTDPHHS.

Health Assessment Survey Results

In 2016, BCBSMT enrolled 29,583 Montanans into the HELP plan. Of those, 30% (8,751) completed the health assessment survey and 11% (983) reported they had asthma. Of those with asthma surveyed, 66% were females. Enrollees aged 18-34 years, more frequently reported having asthma (49%, [95% CI: 43.7-49.9]) compared to older enrollees aged 35-54 years (32% [95% CI: 31.0-36.9]), or adults aged 55 years and older (19% [95% CI: 16.8-21.7]).

Enrollees with Asthma Compared to Enrollees without Asthma

Fig. 1 Percent of HELP enrollees with asthma compared to enrollees without asthma by health status and BMI, 2016



General Health, Weight, and Obesity

Significantly more HELP enrollees with asthma said their general health was “fair” or “poor” (21%) compared to those enrollees without asthma (11%). (Fig. 1) Those with asthma weighed on average 10 pounds more than those without asthma (183 vs. 174 pounds). Significant differences were found in Body Mass Index (BMI) between those with and without asthma where 38% of HELP enrollees with asthma were obese (BMI 30 or greater) compared to 26% of enrollees without asthma. (Fig. 1)

Enrollees with Asthma

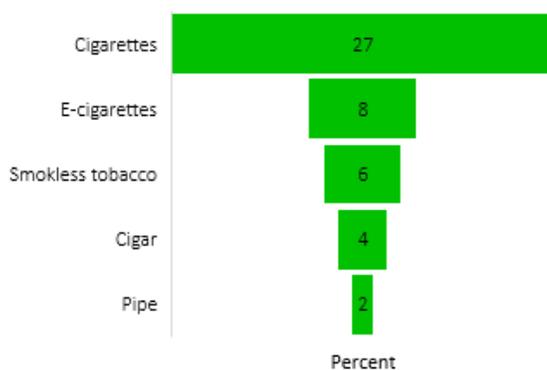
Asthma: Overall Health

Nearly 6 out of 10 HELP enrollees with asthma had a personal doctor or health care provider. Enrollees with asthma more frequently reported hypertension (21%), arthritis (20%), and high cholesterol (15%) than other chronic conditions such as diabetes (6%), heart attack (3%), coronary heart disease (3%), or stroke (2%).

Asthma: Alcohol and Tobacco Use

- 68% of HELP enrollees with asthma consumed alcohol, and 36% used tobacco.
- 8% of HELP enrollees with asthma used e-cigarettes, and 27% used cigarettes. (Fig. 2)
- Among HELP enrollees with asthma who did not smoke, 5% were exposed to second hand smoke daily, and 18% were exposed to second hand smoke occasionally.

Fig. 2 Percent of HELP enrollees with asthma who use tobacco by type of tobacco, 2016



Asthma: Mental Health

- 37% of HELP enrollees with asthma felt bothered or had little interest in doing things. (Fig. 3)
- 42% of HELP enrollees with asthma felt down, depressed or hopeless. (Fig. 3)
- Out of those who reported “fair or poor health”, an even higher percentage (57%), had little interest or pleasure in doing things, and 63% felt down, depressed or hopeless.

Fig. 3 Percent of HELP enrollees with asthma by mental health status, 2016

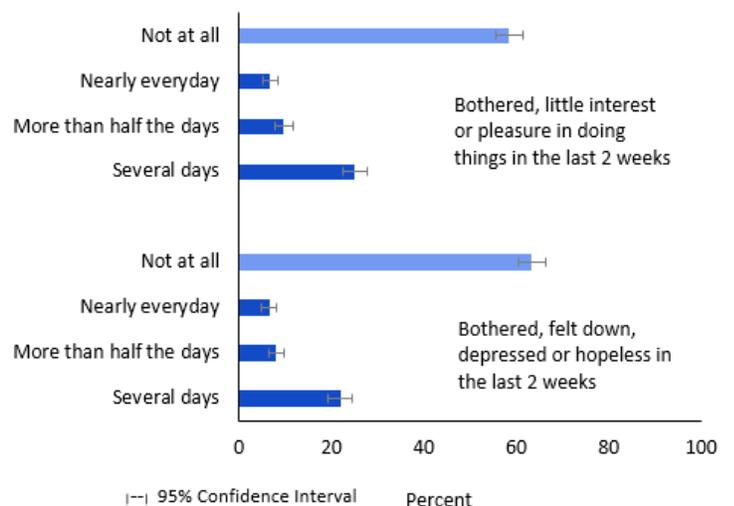
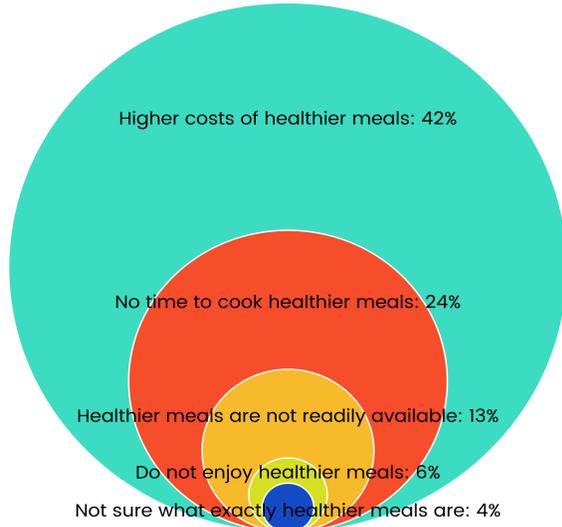


Fig. 4 Percent of HELP enrollees with asthma by eating habits categories, 2016



Asthma: Eating Habits

Survey respondents were asked series of questions about eating habits. When asked “How would you describe your eating habits?” HELP enrollees with asthma reported:

- 13% needed a lot of improvement
- 58% needed some improvement
- 26% had healthy and well-balanced eating habits.

When asked “What are the reasons that make it difficult to maintain well-balanced eating habits”, close to half (42%) reported higher costs of healthier meals. (Fig. 4)

Asthma: Physical Activity

Just over one-third of HELP enrollees with asthma rarely engaged in physical activity such as brisk walking, cycling, or sports. Seventy-one percent were interested in increasing their physical activity. Enrollees with asthma who were interested in increasing physical activity, but rarely exercised reported the following reasons for not getting more physical activity:

- 58% did not have enough time, or it was inconvenient
- 46% lacked motivation
- 37% experienced injury or pain
- 15% had physical disability
- 8% did not like to exercise.

Among HELP enrollees with asthma, there was a significant difference in weight of 36 pounds between those who had a “healthy and well-balanced diet” and were physically active “daily, most days, or few times per week” (166 pounds [95 CI: 161.0-171.3]) compared to those with asthma who “needed some or a lot of improvement” in eating habits and “rarely” engaged in physical activity (202 pounds, [95 CI:194.3-209.6]).

Conclusion

The Medicaid HELP plan provides insurance for thousands of Montanans previously uninsured. Those individuals have access to vital health preventative services such as coverage for many asthma-related medications, durable medical equipment, and services to improve their chronic conditions. Additionally, enrollees have access to covered benefits to participate in tobacco cessation services, classes teaching healthy eating and ways to get exercise based on physical ability or chronic condition.

In order to reduce the prevalence of chronic diseases, it is important for new Medicaid enrollees to obtain resources and referrals to community health and wellness programs covered by the Medicaid Program and offered by MT DPHHS or other community based organizations. Find these in your community at dphhs.mt.gov/publichealth/chronicdisease

References

1. The Economic Impact of Medicaid Expansion in Montana. Bureau of Business and Economic Research, University of Montana. March, 2018.



*For more information
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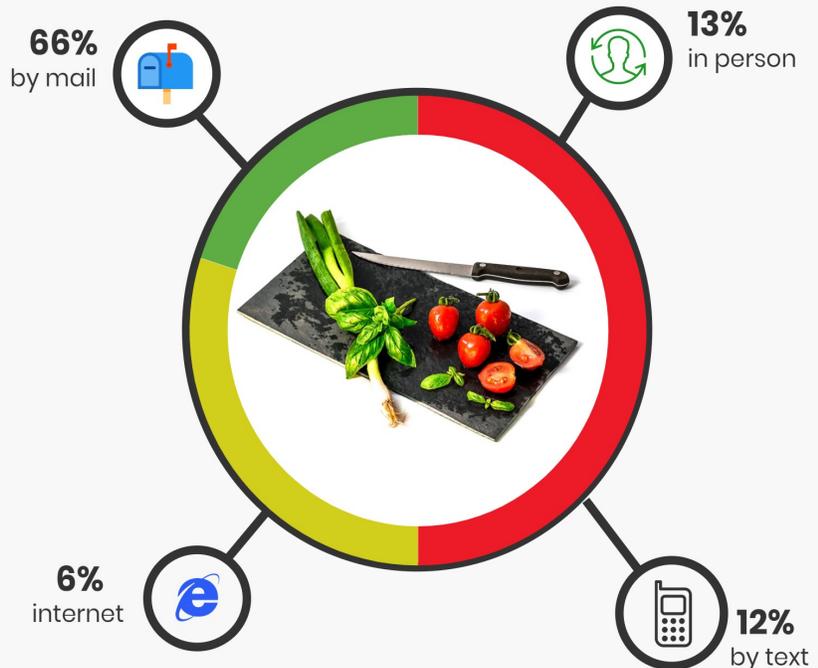
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Clinical Recommendations

- Refer patients with asthma to community based wellness programs such as the Walk with Ease Program or the Diabetes Prevention Program offered by MT DPHHS. To enroll call 1-844-684-5848.
- Ask current tobacco users to call the Quit Line at 1-800-QUIT-NOW (1-800-784-8669) or QuitNowMontana.com
- Share Medicaid office contact information with patients to inquire about benefits, copayment and coverage of asthma services under Medicaid HELP plan. Contact 1-800-362-8312.
- Refer patients to MT DPHHS Addictive and Mental Disorders Division Chemical Dependency services. Contact 406-444-3964.

How do Medicaid expansion beneficiaries prefer to get health and wellness information ?



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