

Questions for Health Plans on Availability of Asthma Programs

Contact Information:

Health Plan Name:

Contact Name; Email; Phone Number:

Date:

Questions:

- 1) Does your Plan offer programs or additional services to child members (or their families) with asthma (e.g., disease management, health education, support groups, asthma camps, brochures, free or reduced equipment or medications, high risk screens, quality improvement programs etc.)?
 - List all programs and provide a brief description.
 - What are the enrollment procedures?
 - o Self-referral
 - o Referral by provider (e.g. physician/physician assistant, nurse practitioner)?
- 2) Does your Plan employ a patient advocate?
 - Obtain name, phone number and email.
- 3) Is there a patient contact for children with asthma or general patient contact?
 - Obtain name, phone number and email.