SECTION: 4 CHAPTER: 1200
POLICY: 1201, Disease Management

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1. PURPOSE:

a. Any Regional Behavioral Health Authority (RBHA) contracted with the Arizona Department of Health Services, Division of Behavioral Health services to provide integrated healthcare services must implement a Disease Management Program. The program must focus on members with high risk and/or chronic conditions that have the potential to benefit from a concerted intervention plan, including interventions targeting chronic behavioral and physical health conditions such as cardiac disease, chronic heart failure, chronic obstructive pulmonary disease, diabetes mellitus and asthma.

b. Integrated RBHAs must have a program to employ strategies, such as health coaching and wellness, to facilitate behavioral change that will address underlying health risks and to increase member self-management, as well as improve practice patterns of providers, thereby improving healthcare outcomes for members.

2. TERMS:

Definitions for terms are located online at http://www.azdhs.gov/bhs/definitions/index.php. The following terms are referenced in this section:

Disease Management
Integrated healthcare services
Integrated RBHA
Medical Management
Serious Mental Illness

3. PROCEDURES:

c. The Integrated RBHA Medical and Utilization Management (MM/UM) Committee must focus on selected disease conditions based on utilization of services, at risk population groups, and high volume/high cost conditions to base their Disease Management program. The Integrated RBHA may adopt a nationally recognized Disease Management Program or develop its own. The Disease Management Program must include, but is not limited to:
   - i Review of members at risk or already experiencing poor health outcomes due to their disease burden.
   - ii Interventions with specific programs that are founded on evidence based guidelines.
   - iii Methodologies to evaluate the effectiveness and measurable outcomes of programs, including education specifically related to the identified members' ability to self-manage their disease.
   - iv Methods for supporting both the member and the provider in establishing and maintaining relationships that foster consistent and timely interventions and an understanding of and adherence to the plan of care.

v Establishment of provider responsibilities and provider oversight, including but not limited to:
   (1) Education regarding the specific evidenced based guidelines and desired outcomes driving the program.
   (2) Involvement in the implementation of the program.
   (3) Methodology for monitoring provider compliance with the guidelines, and
   (4) Implementation of actions designed to bring the providers into compliance with the practice guidelines.

vi The Integrated RBHA must develop a method to report Disease Management activities, including monitoring, trending and analysis on a quarterly basis. Such reports must be incorporated into the Integrated RBHA's annual MM/UM Plan and Evaluation.

4. REFERENCES:

The following citations serve as additional resources for this content area:
42 CFR 456
R9-20-101
AHCCCS/ADHS Contract
ADHS/RBHA Contracts
ADHS/TRBHA IGAs
AHCCCS Medical Policy Manual (AMPM), Chapter 1000, Policy 1020, Section J

5. APPROVED BY:

3/26/14

Cory Nelson, MPA — Date
Deputy Director
Arizona Department of Health Services
Division of Behavioral Health Services

3/25/14

Steven Dingle, M.D. — Date
Medical Director
Arizona Department of Health Services
Division of Behavioral Health Services