

1023 – DISEASE/CHRONIC CARE MANAGEMENT

EFFECTIVE DATES: 10/01/21

APPROVAL DATES: 06/01/21

I. PURPOSE

This Policy applies to ACC, ALTCS E/PD, DCS/Comprehensive Health Plan (CHP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), Tribal ALTCS, TRBHA; and all FFS populations, excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). The Contractor shall implement a Disease/Chronic Care Management Program that focuses on members at high risk and/or with chronic conditions that have the potential to benefit from a concerted intervention plan. The Contractor is responsible for adhering to all requirements for medical management as specified in Contract, Policy, 42 CFR Part 457, and 42 CFR Part 438.

II. DEFINITIONS

Definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).

III. POLICY**REQUIREMENTS FOR DISEASE/CHRONIC CARE MANAGEMENT**

1. The Contractor's Medical Management (MM) Committee shall focus on selected disease/chronic conditions based on utilization of services, at risk population groups, and high need/high cost conditions to develop the Disease/Chronic Care Management Program.
2. The Contractor's Disease/Chronic Care Management Program shall include, but is not limited to:
 - a. Members at risk or already experiencing poor health outcomes due to their disease burden or chronic conditions,
 - b. Health education that addresses the following:
 - i. Appropriate use of health care services,
 - ii. Health risk-reduction and healthy lifestyle choices, including tobacco cessation,
 - iii. Screening for tobacco use with the Ask, Advise, and Refer model, and refer to the Arizona Smokers Helpline utilizing the proactive referral process,
 - iv. Self-care and management of health conditions, including wellness coaching,
 - v. Self-help programs or other community resources that are designed to improve health and wellness,
 - vi. EPSDT services for qualified members including education and health promotion for dental/oral health services, and

- vii. Maternity care programs and services for pregnant women, including family planning.
 - c. Interventions with specific programs that are founded on evidence-based guidelines,
 - d. Methodologies to evaluate the effectiveness of programs, including education specifically related to the identified members' ability to self-manage their disease/chronic conditions and measurable outcomes,
 - e. 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, and
 - f. Components for providers include, but are not limited to:
 - i. Education regarding the specific evidence based guidelines and desired outcomes that drive the program,
 - ii. Involvement in the implementation of the program,
 - iii. Methodology for monitoring provider compliance with the guidelines, and
 - iv. Implementation of actions designed to bring the providers into compliance with the practice guidelines.
3. The Division of Fee For Service Management (DFSM), in coordination with the TRBHAs, RBHA Contractors, AIMHs, and IHS/638 facilities provide care management services for members determined to be at risk for, or already experiencing, poor health outcomes due to their disease burden or chronic conditions, including High Needs High Cost (HNHC) and Tribal ALTCS members. For specific services provided by TRBHAs and Tribal ALTCS, refer to applicable Intergovernmental Agreements (IGAs).