CHAPTER 20:

Care Management

Reviewed/Revised: 9/2/25, 9/3/24, 1/1/24, 5/1/25, 12/1/2025

CARE COORDINATION

20.0 CARE MANAGEMENT REFERRAL

The Care Management program supports members identified as high risk or at emerging risk due to acute or chronic conditions and health-related social needs. Using a population-based approach, PCPs are required to screen all members for behavioral health conditions or disorders using standardized screening tools. Rationale for a care management referral may include, but is not limited to:

- Comorbidities of conditions or diseases
- High risk members with:
    - Multiple trauma
    - Neurologic injuries
    - Chronic multi-system illnesses
    - Polypharmacy usage
    - Non-compliance with treatments
    - Multiple emergency department visits and/or readmissions
    - High-risk pregnancies
    - Transplants
    - Complex behavioral health needs
    - Members needing assistance with the transition to other care when benefits end, and care is still needed.

20.1 CARE MANAGEMENT PROGRAMS

We utilize a risk stratification process to review and analyze each member's healthcare needs. Member risk stratification for health complications and/or hospitalizations ensures the accurate placement of our members into high, moderate, or low-risk categories.

High-risk beneficiaries are referred to one of our care management programs, depending on their specific needs. Care management programs include the following.

- Integrated Care Management (ICM): The Integrated Care Management Program provides intensive, personalized care management services and goal setting for adult and pediatric members who have acute, chronic or complex health needs and require a wide variety of resources to manage health and improve quality of life. The care management program

serves members with multiple chronic conditions, Health Related Social Needs (HRSN), substance use, and those using specialty medications.

- Maternal Health Care Management: We offer a care management program for pregnant and postpartum members with high-risk conditions. Maternal Health Care Managers are nurses who provide condition specific education and assist members to obtain the medical, behavioral, social, and community resources they need during the pregnant and post-partum period.
- Behavioral Health Care Management: Behavioral Health Care Management is available for adult and child members with coordination needs related to complex behavioral health conditions.

20.2 PROVIDER REFERRALS

Providers may refer beneficiaries to any of our Care Management programs by completing the Care Management Referral Form located on our website (exhibit 5.1 of our Provider Manual). Completed referral forms and any pertinent medical documentation can be emailed to the Care Management Department at HCHHCAcasemanagement@azblue.com. Providers may also request referral to Care Management Programs by calling the Customer Service Line: (800) 322-8670.

20.3 SELF-MANAGEMENT TOOLS

We developed a set of evidence-based self-management tools which are interactive and help members determine health risk factors, provide guidance on health issues, and recommend ways to improve health or reduce risk. The tools provide information to assist members in improving their health literacy. They are also provided to care-managed members when the tools support the member's self-management or care management plan goals.