

CHAPTER 22:

Care Management

CARE COORDINATION

22.0 HEALTH RISK ASSESSMENT (HRA)

Care coordination begins with a comprehensive health assessment of the beneficiary's medical, psychosocial, cognitive, functional and behavioral health needs. This comprehensive assessment, called the Health Risk Assessment (HRA), captures the member's perception on his/her health care needs. All newly enrolled members are mailed a copy of the HRA. The HRA results, as well as claims information, act as a mechanism for risk identification.

22.1 CARE AND DISEASE MANAGEMENT PROGRAMS

Steward Health Choice Arizona utilizes a risk stratification process to review and analyze each member's health care needs. Member risk stratification for health complications and/or hospitalizations has been automated and ensure accurate placement of our members into high, moderate, or low risk categories.

High risk beneficiaries are referred to a Complex Care Management (CCM) program. The CCM program provides intensive, personalized care management services and goal-setting for members who have complex medical needs and require a wide variety of resources to manage health and improve quality of life. The CCM program encompasses members with multiple chronic conditions and specialty medications.

For members with chronic conditions, SHCA offers disease management programs that include Diabetes, Congestive Heart Failure, COPD, and Hepatitis C. Also are special programs for more unique cases such as transplants, medication therapy management, high utilizers of emergency room services and care management for individuals with behavioral health conditions.

22.2 PROVIDER REFERRALS

Providers may enroll beneficiaries into any of the Steward Health Choice Arizona's Care Management programs by filling out the Case Management Referral Form located on our website. Completed referral forms and any pertinent medical documentation should be faxed to the Care Management Department at: (480) 317-3358.