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## **AZ Blue Integrated Care Management Programs**

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AZ Blue is committed to integrating physical health, behavioral health, and social determinants of health into our clinical care management programs. Our multidisciplinary team includes licensed behavioral health professionals, dietitians, and RNs with expertise in pediatrics, mental health, substance use disorders, high-risk maternity, cancer, and chronic conditions such as diabetes, asthma, chronic obstructive pulmonary disease, coronary artery disease, congestive heart failure, and chronic kidney disease, etc. We take a holistic and person-centered approach to care coordination and care management and we care plan with the whole person at the forefront.

### **Our programs**

Our integrated care management (ICM) model aims to provide a proactive approach to early risk identification and outreach to members who would benefit from care management services. Our ICM model offers several programs, including:

- Health screening – We screen members for physical and behavioral health, and social determinants needs.
- Transition of care – This program assists members when transitioning to another level of care or discharging to home. We partner with hospitals to decrease preventable readmissions, support medication adherence, and PCP/specialist follow-up care.
- Short-term care management – We offer targeted support to members needing temporary care or episodic intervention for a non-chronic health event.
- Complex care management – This program focuses on ongoing member needs associated with multi-condition health concerns, high-cost treatment, and/or situational/social issues.
- Health management – This program serves members with newly diagnosed or unmanaged chronic conditions (e.g., diabetes, heart disease, chronic kidney disease, COPD, and asthma). Our registered nurses, dietitians, respiratory therapists, and certified diabetes educators offer participants individually tailored education and coaching to support effective self-management of their condition(s) for optimal health and wellbeing.

When a member accepts our invitation to participate in one of our care management programs, we initiate a collaborative process between the physician, member, family/caregiver, and care manager to meet the member's needs.

### **Whole person care**

Our care managers aim to effectively coordinate care to support whole person health. In addition to addressing medical, behavioral health, and social determinants of health needs, a care management program may encompass services from social support and community providers, bridge gaps in care, and ensure provision of the appropriate level of care. The assigned care manager encourages the member to make informed choices about self-care based on the member's unique values, and cultural and linguistic preferences. AZ Blue is URAC-accredited for case management services.

### **Goals of the program**

Our intention is to support members through case management services that focus on:

- Accessing and maintaining healthcare/social services
- Integrating services provided across a variety of settings
- Enhancing continuity of care
- Increasing member knowledge of health condition and self-management skills
- Reinforcing positive health behaviors
- Improving quality of life
- Reducing healthcare cost

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### Cultural competency

AZ Blue care managers interact with all members in a manner that exemplifies dignity and respect. When assessing a member to determine healthcare needs and customize a plan of care, we consider cultural and ethnic diversity, and the level of health literacy. Assessments may also include identification of hearing and vision impairments, limited English proficiency and reading skills.

The member's care program may include assistance with health benefits, accessing community resources, and coaching for behavior change. We may also offer personalized education, one-on-one demonstrations, and written material at the appropriate reading level. We provide translation services as needed, including TTY.

### How the program works

When a member agrees to participate in our Care Management program, a care manager will:

- Review relevant clinical data
- Outreach and assess the member's needs
- Create and execute a plan of care with the member and the member's care team
- Monitor effectiveness of the care plan
- Consult with the AZ Blue interdisciplinary care team as needed
- Graduate the member from the Care Management program when appropriate

A member has the right to decline to participate in our Care Management program, recommended services, or educational resources.

### Interdisciplinary care team (ICT)

The ICT is available to any member needing assistance with transitional or complex issues. Participants in a member's ICT might include a care manager, clinical pharmacist, medical director, registered dietician, behavioral health clinicians, along with the member, the member's support team, and, when necessary, the member's primary care and/or specialist providers. The goal is to ensure that the entire team works in sync to care for the member.

Our ICT consults with the member (and member's family/care team) to support and enhance a comprehensive, individualized care plan that addresses all aspects of the member's unique needs and upholds the physician's treatment plan. This inter-professional collaboration approach helps mitigate barriers to effective healthcare (such as access to food and transportation) and promotes building a strong foundation for effective care coordination, which is essential to success in value-based care.

### Chronic condition management and health education resources

AZ Blue gathers information from the initial care management assessment to identify members with chronic conditions, such as diabetes, respiratory illness, depression, and cardiovascular conditions. We encourage those members to participate in our educational classes designed to support chronic condition management. We also make members aware of virtual and in-person classes available through various community organizations, local chapters of professional medical organizations, and hospital systems.

### How to refer a AZ Blue member to the Care Management program

Use the "Care Management Referral Form" at [azblue.com/forms](https://azblue.com/forms) or call the Care Management team at 1-877-475-8449.

URAC is a Washington, D.C.-based healthcare accrediting organization that establishes national quality standards for the healthcare industry. URAC is an independent organization, is not affiliated with AZ Blue, and does not provide or administer AZ Blue products or services.