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DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	1.0	January 21, 2008	Initial version Uniform Managed Care Manual Chapter 9.3, Disease Management STAR Health
Revision	1.1	December 15, 2008	Chapter 9.3 is revised to include applicable state statutes and rules, to conform to contract requirements, and to align with the DM Requirements for all other programs.

¹ Status should be represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions

² Revisions should be numbered in accordance according to the version of the issuance and sequential numbering of the revision—e.g., "1.2" refers to the first version of the document and the second revision.

³ Brief description of the changes to the document made in the revision.

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Applicability of Chapter 9.3

This chapter applies to the Managed Care Organization (MCO) participating in the STAR Health Program (also known as the “Foster Care Model”).

State Statutes and Rules That Apply to Disease Management

The MCO contract requires an MCO to provide or arrange to provide to its Members with comprehensive disease management services consistent with state statutes and regulations specific to disease management, including:

Statutes and Rules Added by Version 1.1

- [1 Texas Administrative Code §353.421](#), “Special Disease Management”;
- [Texas Human Resources Code §32.057\(c-1\)](#), “Contracts for Disease Management Programs”; and
- [Texas Government Code §533.009](#), “Special Disease Management.”

Additional HHSC Requirements for STAR Health MCO Disease Management programs

The MCO must have Disease Management programs that address Members with Chronic or Complex Conditions. The MCO must provide a comprehensive Disease Management program or coverage for Disease Management services for Chronic or Complex Conditions that are prevalent in the STAR Health population, including but not limited to the following:

- Asthma Enhanced Case Management ; or
- Depression Disease Management.

The MCO’s comprehensive Disease Management program must have the following components:

Additional Requirements Modified by Version 1.1

1. Methods of assessing a Member’s health status upon initial enrollment in the MCO’s health plan, and on an ongoing basis. Such methods must include reasonable attempts to conduct in-person visits for Members who are not receiving regular medical care for their condition and do not have telephones or are hard to reach.
2. A method to identify gaps between recommended prevention and treatment and actual care provided to Members.

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3. A method to identify and collect information on a new eligible Member's prior disease management services in order to evaluate the need to continue with those services.
4. A method to identify eligible Members at high risk for non-adherence to recommended care. For those identified as high-risk:
 - develop, implement, and evaluate an individual plan of care that addresses the Member's (multiple) health, behavioral, and social needs that ensures continuity, quality, and effectiveness; and
 - facilitate appropriate collaboration of the Member's family and/or caregivers, health care providers, and community case managers in the development and implementation of the Member's plan of care.
5. A method to link health care providers with allied health and social services agencies to facilitate access to services necessary for the implementation of the Member's plan of care. This includes, but is not limited to, Medically Necessary services such as pharmacy, mental health, equipment and supplies, rehabilitative therapies, transportation, and interpreter services.
6. A method to educate eligible Members and/or their caregivers, Medical Consenters, DFPS staff, and Providers regarding the Members' particular health care needs brought about by their health condition. The goal of the Member education is to increase the Members' understanding of their diseases and to empower them to be more effective in self-care of their health problem(s) so they:
 - are more effective partners in the care of their disease;
 - are better able to understand the appropriate use of resources needed to care for their problem(s);
 - are able to identify when there is a negative change in their health condition and to seek appropriate attention before they reach crisis levels; and
 - are more compliant with medical recommendations.
7. A method to develop and circulate educational materials to communicate to Members about the Disease Management project and relevant health care information. The specific written materials must be in a form that may be understood by Members and is written at the 6th grade reading level.
8. A method to work with the enrolled Member and local Hospitals to receive timely notification of Hospital admissions of Disease Management Members.

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9. A method to provide care coordination support and discharge planning for early discharge and to prevent Hospital readmissions, including facilitation of necessary revisions to the Member's plan of care and on-site visits to a Member when indicated.
10. A method to provide initial assessment and periodic follow-up of the ongoing health status of the Member by experts in the specific diseases. The frequency of follow-up will be determined based on the risk/severity level of the Member. This includes regular phone contact or in-person visits with hard-to-reach Members.
11. A method to ensure that Members' medical care follows nationally recognized evidence-based guidelines for practice.
12. An assessment of all Members' adherence to prescribed medical care and instructions.
13. Twenty-four (24) hour toll free call center access for symptom evaluation, disease education, and advice on where to reach additional medical care.
14. Service Coordination to include accessing program specific as well as local resources.