

Opioid Care Managers:

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What We Do:

Evaluate: Identify high risk individuals with diagnosed or potential Opioid Use Disorder (OUD) or Stimulant Use Disorder;

Referrals: Coordination of care and outreach with hospitals, clinics, and criminal justice for enrolled and non-enrolled individuals. Also, coordination of care directly with members;

Process: Ensure appropriate follow-up, service provision, links to Medication Assisted Treatment (MAT) and assistance with wrap-around supports;

Coordination: Develop member Integrated Care Management Plans to keep member's clinical team informed and connected.

Standards:

Caseload Volume: Care Managers are responsible for an average of 60 cases per month and provide case management follow-up at minimum once per month.

High Risk: Defined as anyone with a recent relapse, overdose, misusing prescribed opioids, using opioids illicitly, and/or has a Morphine Equivalent Daily Dose (MEDD) above 90.

Success: Cases are closed due to successful treatment if member is stable on MAT or in services for 1 year.



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OPIOID CARE MANAGEMENT

Collaborating with community professionals to aid in the Opioid Epidemic throughout Arizona.

Identifying high risk individuals with Opioid Use Disorder

External Referrals

- County Jails
- Hospitals
- Behavioral Health Homes
- Primary Care Providers
- Speciality Care Providers
- Members

Internal Referrals

- BOWS Alerts
- SHOUT Alerts
- Utilization Management
- Quality Management
- Care Management Teams
- Member Services
- Claims Data

Helping members be successful in recovery is our number one priority!

Health Choice Arizona member, a 35 year-old male, was referred to the Opioid Care Management Team from a Benzodiazepine and Opiate Warning Signs (BOWS) Prevention Protocol Internal referral due to frequent misuse of opioid prescriptions, which exacerbated his mental well-being of hearing voices. He had completely disengaged in behavioral health services with his auto-assigned health home. Opioid Care Management assisted with coordinating services for "member choice" and he enrolled in a new health home. Over the last year, he has engaged with his provider, meets with his clinical team consistently, started MAT, and has maintained his sobriety for over a year. His relationship with his wife and children and have greatly improved. He also no longer hears voices and is thriving as an active member in his community.