

## **Disease Management**

### **breathe with ease Asthma<sup>sm</sup> Program**

Molina Medicare provides an asthma disease management program called *breathe with ease<sup>sm</sup>*, designed to assist members in understanding their disease. Molina Medicare has a special interest in asthma, as it is the number one chronic disease diagnosis for our members. The program educates the member and family about asthma symptom identification and control. Our goal is to partner with you to strengthen asthma care in the community.

### **Healthy Living with Diabetes<sup>sm</sup>**

Molina Medicare has a diabetes health management program called Healthy Living with Diabetes<sup>sm</sup> designed to assist members in understanding diabetes and self-care. The *Healthy Living with Diabetes<sup>sm</sup>* program is designed for members 18 years of age or older upon enrollment in the program. The member must have a confirmed diagnosis of diabetes, (non-gestational and/or non-steroid-induced). Each identified member will receive specific educational materials and other resources in accordance with their assigned stratification level. Additionally, all identified members will receive periodic educational newsletters.

### **Heart Healthy Living<sup>sm</sup>**

Molina Medicare has a cardiovascular program called Heart Healthy Living<sup>sm</sup> designed to teach members 18 years of age and over how to manage their coronary artery disease, hypertension or congestive heart failure. Each identified member will receive educational materials about their condition and ways to stay healthy. All identified members will receive periodic educational newsletters.

### **Living with COPD**

Molina Medicare has a COPD program called Living with COPD for members 21 years of age and over. The program is designed to teach members how to manage their emphysema and chronic bronchitis through educational materials, such as brochures and newsletters, based on their stratification level.

Physicians receive results of their patient's self assessments and updates describing interventions and education offered to members. In addition, practitioners receive notifications and patient profiles on all members enrolled in any of the disease management program. Members shall participate in the program for the duration of his or her eligibility with the plan's coverage or until the member opts out.

Members in the highest risk levels for any program may be enrolled in case management. The role for clinical case management is the provision of short-term acute interventions that may be needed in order for members to be successful with the goals of the overall program. This may involve the management of an acute co-morbid condition facilitating services for the member through the health care continuum. The case manager will collaborate with other team members as appropriate including the treating physician(s), health education/care management staff, and/or a registered dietitian.