PEOPLES HEALTH
A UnitedHealthcare Company

Peoples Health Complex Case Management (CCM) Program

Complex case management is provided to Peoples Health plan members with multiple medical or behavioral health conditions and a complex social situation that affects management of the member's care. The CCM Program meets health needs through services provided in accordance with NCQA guidance and established clinical case management practices and standards. The CCM team is comprised of three Peoples Health nurses and a team of Peoples Health social workers.

Referrals to the program can be made by providers through a Peoples Health Medical Necessity Form; members on their own behalf; and Peoples Health care coordination and utilization review teams. High-risk populations require a wide variety of resources to manage their health care, improve quality of life and achieve optimal health outcomes. Through monthly reporting, Peoples Health identifies high-risk members who are eligible for CCM enrollment based on specific data.

A Peoples Health care coordinator collaborates with the member or member's caregiver, treatment providers, and community agencies to assess, plan and implement the plan of care (POC) and coordinate, monitor, and evaluate treatment options and services to promote quality, cost-effective health outcomes.

- A welcome letter is mailed to the member and the member's primary care provider (PCP).
- The POC is communicated to the member (with a copy mailed upon request).
- The PCP has access to the POC via the UnitedHealthcare Provider Portal.
- A Peoples Health care coordinator RN follows up with the member every 30 days.
- The member is educated on their chronic conditions and assisted with access-to-care issues, social determinants of health needs, community resources, etc.
- Members are enrolled in the program for a minimum of six months.

CCM criteria can include but are not limited to:

- Members identified with three or more emergency department (ED) visits (not leading to an admit), plus three or more admissions and five or more chronic conditions
- Frequent hospitalizations (more than three admits in a 12-month period)
- Uncontrolled chronic or multiple illnesses (e.g., congestive heart failure, hypertension, chronic obstructive pulmonary disease, diabetes and end-stage renal disease)
- Uncontrolled psychological issues, such as severe depression, chemical dependency, bipolar disorder and schizophrenia
- Frequent ED utilization associated with poorly controlled behavioral health or chronic conditions
- Readmission within 30 days

If you have questions about this program, contact your Peoples Health representative. For general support, call Provider Services at 1-877-842-3210. For information about other Peoples Health clinical programs, visit peopleshealth.com/provider-plan-documents.