WELL *On your Way*

COMPLEX CASE MANAGEMENT PROGRAM GOALS

- *Identify, provide, and coordinate services for members with complex comorbid conditions.*
- *Facilitate processes to actively assist members and providers with the management of complex conditions.*
- *Facilitate access to particular needed resources.*
- *Systematically assess the characteristics of our member population and sub-populations.*
- *Maintain, review and update as needed case management processes and resources to address members' needs.*
- *Identify processes which specifically outline sources of information to identify members for case management.*
- *Identify appropriate referral avenues for members to be referred to case management and other resources.*

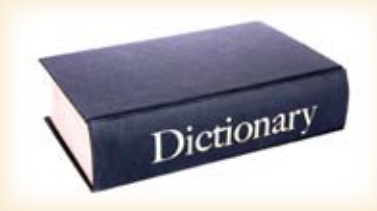
CASE MANAGEMENT

Complex Case Management is a free comprehensive medical program that helps members of Piedmont Community Health Plan and Piedmont Community HealthCare, who have complex or multiple conditions, manage their health issues so they can be as healthy and active as possible.

Making these changes and following their Piedmont Primary Care Physician's plan of care will improve how members manage their health conditions on a daily basis. The program is entirely voluntary, and a member's decision whether or not to participate will not affect their insurance coverage.

PIEDMONT COMMUNITY HEALTH PLAN
Community Partners for Quality Healthcare

Working Together for a Healthier Tomorrow



Case Management /kās/ /ma-nij-mint/ man•age•ment
Noun: a collaborative process of assessment, planning,facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality and cost effective outcomes.

Once accepted into the appropriate Piedmont Complex Case management program, the Piedmont Nurse Case Manager (NCM) will offer support and assist the covered member to ultimately take a more proactive role in making positive and healthy changes in their life.

What To Expect

The Piedmont NCM works with the member and their doctor to help manage chronic health conditions. This can be done by telephone or by pre-arranged contacts at Piedmont. The NCM will also provide education, resource assistance and help the member in navigating the ins-and-outs of the sometimes complex healthcare system. The member will also continue to see their doctor for their primary medical care.

How The Program Helps

The Complex Case Management program assists members to manage their health conditions more independently. However, if they choose to involve family members or caregivers, Piedmont can help them to better understand the participant's conditions and needs as well.

The NCM helps the member make appropriate healthcare decisions to ensure they are receiving the right services and the right support by:

- ***Checking available benefits;***
- ***Negotiating rates with providers who are not part of the plan's network;***
- ***Recommending coverage exceptions where appropriate;***
- ***Coordinating referrals to specialists;***
- ***Arranging for special services;***
- ***And coordinating insured services with any available community services, and coordinate claims with any other or any additional benefit plans.***

For more information on these programs please contact Piedmont's Medical Management staff at 434-947-4463 or 800-400-PCHP.

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