

Frequently Asked Questions about Case Management

★ **What is the goal of Case Management?**

The goal of Case Management is to help members reach their health goals. Your Case Manager will be your advocate, help you understand your benefits, and bring together the health care services you need.

★ **Who is eligible for Case Management?**

You are eligible for case management if you are likely to have complex medical care. A nurse may call or write you to let you know you are eligible for case management. You may also call us or ask your employer to call us to self-refer.

★ **Is my participation voluntary?**

Yes! If you do not want to take part in this program or feel you no longer need case management, simply call us to opt-out. If you opt-out of Case Management, we will not reach out to you. Opting out will also not impact your benefits. However, even if you opt-out of case management, we may need to speak to your health care providers to review your health plan benefits.

★ **What can I expect?**

Your Case Manager will call you and ask you some questions about your health and treatment. With your input and information from your health care provider, we will help develop a case management plan. Your plan will include goals, review of medications, and help with transitions between providers. Your Case Manager will then call you to check on your progress.

★ **What is my role?** The Case Manager will encourage you to be responsible for and actively participate in your plan of care. This includes communicating with your providers and the case manager as you move through all stages of your care.

★ **How can I call my Case Manager?**

Our toll free phone number is 1 (800) 541-7403. Your Case Manager can be reached from 9:00am to 4:00pm Monday through Friday (except holidays).



Your Case Manager will also provide you a direct phone number. You may leave a confidential message at any time.

Dial "0" during business hours and ask for help if you can't reach your nurse. **You should always call 911 if you are having a Medical Crisis.**

★ **Will I receive a copy of my Case Management Plan, goals, and rights and responsibilities?**

Your Case Manager will review the case management plan and goals with you over the phone. If you want a copy, please ask and it will be sent to you. A listing of your rights and responsibilities are available on CCM's website or you can ask your Case Manager to send you a copy.

★ **Who hires Corporate Care Management (CCM)?**

We are hired by the Third Party Administrator/TPA (Company that pays your claims) or your employer to help you manage your care. This service is free of charge to you.

★ **To whom does Corporate Care Management (CCM) report?**

We may report to the company that pays your claims or to your employer. To guard your privacy, when we report, we refer to your case by a number which we create. This number is unique to you. CCM complies with HIPAA regulations.

★ **How does CCM get my medical information?**

In most cases, a specific signed release of information form is not needed. However, some providers require a specific form. If required, CCM will send you a HIPAA Release Form to sign and return.

★ **What does my insurance cover?**

Specific coverage questions should be directed to customer service for your health plan or TPA (The contact number is on the back of your Member ID card).

★ **How can I give feedback to CCM on my experience or my Case Manager?**

We would like to hear from you about your experience. To share your thoughts with us, good or bad, or to file a complaint, you may:

- Visit our website and complete an on-line satisfaction survey
- Ask us to take a survey at the end of your call
- Request a survey be mailed or emailed to your address

