# Northcrest Health Plan

Member Services · P.O. Box 55210, Riverbend, ST 58023
Member services 1-800-555-0210 (TTY 711), Mon–Fri 7:00a–7:00p Central
northcresthealthplan.example · Plan year 2028


PROGRAM DESCRIPTION


**Document**
Care management program description
**Program**
Northcrest Care Partners
**Version**
3.2 · Effective 01/01/2028
**Owner**
Population Health · reviewed by Privacy and Compliance 11/2027


# What Care Management Can Do, and What It Cannot

A voluntary program. Joining it changes nothing about your benefits, your copays, your network, or your eligibility.

**THIS IS AN INVITATION, NOT A REQUIREMENT — AND IT IS NOT A BENEFIT CHANGE**

You can join, decline, or leave at any time. Your coverage, your costs, your network, and your eligibility are exactly the same either way. A care manager never approves or denies a service.

| MEMBER | MEMBER ID | INVITATION REFERENCE | PROGRAM |
|---|---|---|---|
| **Marisol T. Okafor** | NCH-884215017 | **Mailed 02/12/2028 —** CP-2028-11704 | **Northcrest Care Partners — voluntary, no cost to the member** |
| ASSIGNED CARE MANAGER IF YOU ENROLL | PROGRAM LINE | SECURE MESSAGE | CONTROLLING DOCUMENT |
| **Rhonda Pike, RN, BSN · 1-800-555-0223 ext. 4471** | **1-800-555-0222, Mon–Fri 8:00a–6:00p Central** | **Portal → Care Partners → Message my care manager** | NCH-EOC-2028 |

## CAN AND CANNOT — THE WHOLE PROGRAM IN ONE TABLE

| A CARE MANAGER CAN | A CARE MANAGER CANNOT |
|---|---|
| Help you get appointments scheduled when a practice is hard to reach | Diagnose anything, or tell you what your symptoms mean |
| Explain a denial letter, a bill, or an Explanation of Benefits in plain language | Prescribe, change, or stop a medicine |
| Tell you exactly which form your provider needs to submit, and to which fax or portal | Order a test, an image, or a referral |
| Track a prior authorization and call you with the status instead of you calling us | Approve or deny a service — utilization management is a separate department |
| Put the questions you want answered into writing before a specialist visit | Overrule your clinician, or give a second opinion |
| Find in-network options near you when a practice is not taking new patients | Change your benefits, your copays, your deductible, or your network |
| Connect you with community programs for transport, food, and utility assistance | Make you eligible for anything you were not already eligible for |
| Have a pharmacist review the full list of what you take and send the findings to your prescriber | Speak to a family member about you without your written authorization |
| Call you after a hospital discharge to check the follow-up appointment actually got booked | Be reached in an emergency — **call 911** |
| Document your goals and share them with your care team when you agree to it | Replace your primary care provider, your specialists, or your pharmacist |

Enrollment is recorded in the plan's care management system. It is not recorded as a benefit election and it does not appear on a claim.

## HOW IT WORKS, STEP BY STEP

| STEP | WHAT HAPPENS | WHO | TIMING | WHAT YOU DECIDE |
|---|---|---|---|---|
| 1. Invitation | A letter or a call explains why you were invited. Invitations are generated from claims and authorization patterns, not from a clinician's referral of your case. | Northcrest Care Partners | Reference CP-2028-11704, mailed 02/12/2028 | Whether to call back at all. There is no consequence to ignoring it. |
| 2. Enrollment | A short call confirming you want to take part and how you prefer to be contacted. | You and an enrollment coordinator | 10 minutes | Whether to enroll; preferred phone, time of day, and language |
| 3. Assessment | A structured conversation about your health goals, your medicines, your appointments, your transport, and anything getting in the way. | You and Rhonda Pike, RN | 45–60 minutes, by phone, within 5 business days of enrolling | Which questions you answer. Any question can be skipped. |
| 4. Goal plan | Two or three goals, written in your words, each with a next step, an owner, and a date. You receive a copy. | You, with your care manager | Within 3 business days of the assessment | The goals themselves. They are yours, not ours. |
| 5. Regular contact | Calls at the cadence in the table below, plus messages between calls. | Your care manager | See the cadence table | The cadence, the day, the time, and the channel |
| 6. Review | The plan is reviewed with you and updated. Goals that are done come off. | You and your care manager | Every 90 days | Whether to continue, change the cadence, or stop |
| 7. Graduation or opt-out | The program closes when your goals are met, or whenever you say so. | You | Any time | Everything. This is entirely your decision. |

## CONTACT CADENCE

| LEVEL | CALL CADENCE | TYPICAL REASON | BETWEEN CALLS |
|---|---|---|---|
| High touch | Weekly | Recent hospital discharge, or several specialists to coordinate at once | Secure message, answered within 1 business day |
| Moderate | Every 2 weeks | An active goal plan with steps in progress | Secure message, answered within 1 business day |
| Maintenance | Monthly | Goals largely on track | Secure message, 2 business days |
| Monitoring | Quarterly | Stable, staying enrolled for continuity | Secure message, 2 business days |

- Calls come from `1-800-555-0223`. We will leave a callback number and never ask for a full Social Security number or a bank account.
- A missed call is not a problem. Call back when it suits you.
- Two consecutive months with no contact moves you to Monitoring, and we write to tell you.

## WHO IS ON THE TEAM

| ROLE | NAME | WHAT THEY DO | REACH THEM |
|---|---|---|---|
| Care manager | Rhonda Pike, RN, BSN | Your single point of contact; owns the goal plan | 1-800-555-0223 ext. 4471 |
| Clinical pharmacist | Dev Narayanan, PharmD | Reviews everything you take and sends findings to your prescriber | Through your care manager |
| Social worker | Imani Vaughn, LCSW | Transport, food, housing, utility, and community programs | Through your care manager |
| Care coordinator | Bryce Tolliver | Appointment scheduling and records requests | 1-800-555-0222 |
| Medical director | Sonia Reyes-Adler, MD | Oversees the program; does not review your authorizations | Through your care manager |

No one on this team works in utilization management, claims, or appeals. That separation is deliberate.

## WHAT IS SHARED, WITH WHOM, AND ON WHAT BASIS

| INFORMATION | SHARED WITH | BASIS | YOUR CONTROL |
|---|---|---|---|
| Your goal plan | Your primary care provider | Treatment and care coordination | You can ask that it not be sent, and that request is recorded |
| Your goal plan | A specialist involved in a specific goal | Treatment and care coordination | You name which specialists at the assessment |
| The pharmacist's medication review | Your prescriber | Treatment | You can decline the review entirely |
| Enrollment status and contact cadence | Northcrest internal reporting | Plan operations, reported in aggregate | Not separately controllable; no clinical detail is included |
| Anything at all | A spouse, adult child, or other family member | **Only with your written authorization**, form NCH-AUTH-2028 | You name each person, what they may hear, and for how long; revocable in writing at any time |
| Anything at all | Your employer | **Never** — your employer is not told whether you were invited, enrolled, or declined | Not applicable |
| Anything at all | Underwriting, eligibility, or premium setting | **Never** — participation does not affect eligibility or cost | Not applicable |

Notes taken by your care manager become part of the plan's records and are handled under the plan's Notice of Privacy Practices, form NCH-NPP-2028.

## QUESTIONS WORTH ASKING ON THE FIRST CALL

- Why was I invited, and what information was that based on?
- Who else will see what I tell you?
- Can I choose which of my clinicians receive the goal plan?
- What happens if I miss calls for a month?
- Can you help with a specific bill or denial I already have?
- How do I reach you if something changes between calls?
- How do I stop, and does stopping affect anything about my coverage?

> **Answer in advance:** The honest answer to the last one is no. Nothing about your coverage depends on whether you take part.

### LEAVING THE PROGRAM

1. Tell your care manager on a call, send a portal message, call 1-800-555-0222, or write to P.O. Box 55210, Riverbend, ST 58023.
2. You do not have to give a reason, and you will not be asked for one twice.
3. The opt-out is recorded within 1 business day and a written confirmation is sent.
4. Outreach calls stop. Required plan notices, such as claim and authorization letters, continue because they are not part of this program.
5. Your benefits, copays, network, deductible, and eligibility do not change in any way.
6. You can rejoin later by calling 1-800-555-0222. Rejoining starts at the assessment step.

**Boundaries:** Care management is support and coordination. It is not treatment, it is not a medical opinion, and it is not a coverage decision. Decisions about your care belong to you and your clinicians; coverage decisions are made under the Evidence of Coverage. The Evidence of Coverage for this plan, form `NCH-EOC-2028`, is the controlling document. Where anything in this guide differs from the Evidence of Coverage, the Evidence of Coverage governs. Nothing here creates a benefit, and an approval, referral, or estimate is never a guarantee of payment.