

History

Peoples Health was established in 1994 as a health services administrator for the Louisiana market. The company is part of UnitedHealthcare and administers a variety of Medicare Advantage plans offering medical benefits and prescription drug coverage to Louisiana residents. It provides a unique approach to wellness, care coordination and support services.

By the Numbers

Health plan members: **150,000+**

Contracted physicians: **11,000+**

Contracted hospitals: **100+**

Community Leadership

Peoples Health actively supports the community, sponsoring many social, cultural, athletic and health organizations. A few the company proudly sponsors include the Greater New Orleans Senior Games, Jefferson Chamber of Commerce, Jefferson Community Foundation, Houma-Terrebonne Chamber of Commerce, The Chamber of Southwest Louisiana, Greater Shreveport Chamber of Commerce, Monroe Chamber of Commerce, New Orleans Chamber of Commerce, New Orleans Jazz & Heritage Festival, Louisiana State University Athletics, New Orleans Saints, Second Harvest Food Bank of Greater New Orleans and Acadiana, Louisiana Council on Aging Directors Association, Louisiana Aging Network Association, The National WWII Museum, and various hospitals and councils on aging.

Star Rating

Since 2018, Peoples Health HMO plans have consistently earned high star ratings from the Centers for Medicare & Medicaid Services, which issues ratings annually based on a 5-star rating system as a measure of how well plans perform in several categories, including quality of care and customer service.

Accreditation

Peoples Health plans are accredited by NCQA, a private nonprofit organization dedicated to improving health care quality. For more about NCQA, visit ncqa.org.

Media Contact

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Medicare Advantage Health Plans

- Peoples Health Choices 65 (HMO-POS) Greater New Orleans and Baton Rouge Area
- Peoples Health Choices 65 (HMO-POS) Northshore
- Peoples Health Choices 65 (HMO-POS) Southland
- Peoples Health Choices 65 (HMO-POS) Rural Southeast
- Peoples Health Choices Gold (HMO-POS)
- Peoples Health Medicare Advantage Giveback LA-4 (HMO-POS)
- Peoples Health Medicare Advantage Patriot No Rx LA (HMO-POS)*

Two plans, available statewide, with a nationwide out-of-network benefit:

- Peoples Health Choices (PPO)
- Peoples Health Patriot (PPO)*

Three dual-eligible special needs plans, available statewide, for people with both Medicare and Medicaid:[†]

- Peoples Health Dual Complete LA-S5 (HMO-POS D-SNP)
- Peoples Health Secure Complete (HMO-POS D-SNP)
- Peoples Health Secure Health (HMO-POS D-SNP)

Three chronic condition special needs plans for people with diabetes, chronic heart failure or a cardiovascular disorder:

- Peoples Health Complete Care LA-5 (HMO-POS C-SNP)
- Peoples Health Complete Care LA-6 (HMO-POS C-SNP)
- Peoples Health Complete Care LA-7 (HMO-POS C-SNP)

Plans with an out-of-network benefit for employees and retirees of an employer group:

- Peoples Health Group Medicare (HMO-POS)
- Peoples Health Group Medicare (HMO-POS) Office of Group Benefits

Visit the Peoples Health website for a list of parishes each plan serves.

Service Excellence: Surrounding Members With More Personalized Care

A team of clinical staff coordinates the health care needs of our plan members and provides a comprehensive array of services, including:

- Education on chronic conditions and preventive screenings and assistance with social determinants of health needs
- Post-hospital discharge follow-up calls to ensure access to resources and an understanding of care
- Virtual wellness assessments via telehealth
- A complex care management program that offers one-on-one education, guidance and follow-up for members with chronic conditions, such as diabetes, heart failure and cancer

Members have access to:

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|-------------------|---|
| ■ Case management | ■ Educational and wellness programs |
| ■ Social services | ■ Medication management |
| ■ Service centers | ■ Fitness centers and online brain exercises and activities |

*Does not offer Part D prescription drug coverage

[†]Eligibility varies by plan and is based on level of Medicaid coverage