

## Case management

MCC of VA's complex case management program consists of members who are identified as high risk with co-morbid conditions and at higher risk of hospital or long-term care admission. Members who are identified for this program receive outreach from an assigned care coordinator with the goal of completing an assessment and care plan within 30 days.

Care Coordinators conduct assessments to review a member's health and socioeconomic status and identify any opportunities for improvement in their care plan that will improve the member's condition and reduce their risk of hospitalization. We use various means to identify members for enrollment in this program, such as claims, utilization data, as well as a member's social determinants of health, which may increase their risk.

All Commonwealth Coordinated Care Plus members are assigned a care coordinator to assist with their needs. Providers can also refer Medallion 4.0 members into care coordination by calling customer service at 1-800-424-4518 and requested this service. Providers should identify the reason for the referral and the member will be enrolled into the care coordination program.

This complex care management program meets National Committee for Quality Assurance (NCQA) accreditation standards. Provider referrals to the program are an important component toward improving our members' health and quality of life and allowing them to live independently and safely in the community.