



Commonwealth Coordinated Care is a new Virginia initiative that coordinates care for individuals who are currently served by both full Medicare (entitled to benefits under Medicare Part A and enrolled under Medicare Parts B and D) and full Medicaid and meet certain eligibility requirements. The program is designed to be the single entity accountable for coordinating delivery of primary, preventive, acute, behavioral, and long-term services and supports.

Current Medicare-Medicaid enrollees without coordinated care must use three ID cards for Medicare, Medicaid and prescription drugs; have three different sets of benefits; receive bills when they should not and are routinely frustrated over challenges in understanding which plan pays for which services.

The goal of this initiative is to provide Virginians with high quality, person-centered health care that focuses on their needs and preferences.

Benefits

The benefits of *Commonwealth Coordinated Care* include:

- One ID card
- One toll free phone number for 24 hours/7 days a week assistance
- A unified appeals process
- Person-centered service coordination/case management

Eligibility

Eligible individuals include those who:

- Are 21 and older
- Are enrolled in full Medicare and full Medicaid
- Live in designated regions of Virginia

Important Dates

Commonwealth Coordinated Care begins in 2014 and will continue through December 31, 2017. Congressional action will be needed in order for the program to continue beyond December 31, 2017.

Contact Information

For details about this program, visit the website at:
http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx

Or contact the Office of Coordinated Care at the
Department of Medical Assistance Services, at CCC@dmas.virginia.gov