

Complex Case Management

What Is Complex Case Management?

Complex Case Management is a voluntary program available to eligible members. The program is designed to support members with complex or high-risk health conditions by helping coordinate care across providers and settings.

A dedicated Case Manager may work with you, your caregivers, and your providers to help you better understand your health conditions and available resources. Participation is voluntary, and members may decline or discontinue participation at any time. Services are provided at no additional cost to eligible members as part of your health plan benefits.

Who May Be Eligible?

Members who may be eligible include those who:

- Have multiple chronic health conditions
- Have frequent hospital or emergency room visits
- Require medication management assistance due to complex medication regimens
- Require coordination among multiple providers or specialists
- Have health-related social needs impacting care
- Have mental health or substance use challenges that affect their overall health

What Services May Be Provided?

Depending on individual needs, services may include:

- Completion of a comprehensive assessment to identify medical, behavioral, and social needs
- Development of a care plan based on identified needs and member goals
- Coordination with primary care providers, specialists, and other treating providers
- Medication review and education
- Support during transitions of care (such as after hospital discharge)
- Assistance connecting to community resources

How to Request or Refer

To request participation or refer an eligible member, please complete the attached Complex Case Management Referral Form and submit it

- **Email:** care_management@goldkidney.com
- **Fax:** 866-878-0051
- **Mail:** Gold Kidney Health Plan, ATTN: Care Management
P.O. Box 285, Portsmouth, NH 03802

You may also call Member Services at **844-294-6535 (TTY 711)**. A representative can assist you in completing the referral form and will forward the request to the Case Management Department for eligibility review.



For questions or more information, please call Member Services:

1 (844) 294-6535

HOURS OF OPERATION

Oct 1 - March 31:
8 a.m. - 8 p.m., local time,
7 days a week
(except holidays)

April 1 - Sept 30:
8 a.m. - 8 p.m., local time,
Monday - Friday
(except holidays)

Complex Case Management Referral Form

Member Information		
Last Name:	First Name:	MI:
Gold Kidney ID Number:	Date of Birth:	
Address:		
City:	State:	ZIP:
Phone Number:	Email:	
Alternate Contact <i>(if applicable)</i> :		
Referral Information		
Referral Source		
<input type="checkbox"/> Self-Referral (Member)	<input type="checkbox"/> Specialist	
<input type="checkbox"/> Caregiver / Family Member	<input type="checkbox"/> Facility (Hospital / SNF / Rehab)	
<input type="checkbox"/> Primary Care Provider	<input type="checkbox"/> Other:	
Referring Person Name:		
Organization (if applicable):		
Phone Number:	Email:	
Reason for Referral <i>(check all that apply)</i>		
<input type="checkbox"/> Multiple chronic conditions	<input type="checkbox"/> Social determinants of health needs	
<input type="checkbox"/> Frequent hospitalization	(transportation, food, housing, etc.)	
<input type="checkbox"/> Frequent ER visits	<input type="checkbox"/> Complex care needs	
<input type="checkbox"/> Medication management assistance	<input type="checkbox"/> Other:	
<input type="checkbox"/> Care coordination needs		
Additional Comments:		
Clinical Information <i>(if available)</i>		
Primary Diagnosis:		
Secondary Diagnoses:		
Most Recent Hospital Admission <i>(if applicable)</i>		
Facility Name:		
Admission Date:	Discharge Date:	
Authorization		
I understand that submitting this referral allows the health plan to contact the member regarding Case Management services.		
Name:	Date:	