Virginia Medicaid has Transitioned to Cardinal Care

An Overview for Providers and Stakeholders

December 2023

Cardinal Care: Virginia's Medicaid Program

◦ Cardinal Care will provide high quality care to more than 2 million Virginians through managed care and fee-for-service.

◦ Cardinal Care is the Department's brand that encompasses all DMAS health coverage programs, including Medicaid, Family Access to Medical Insurance Security (FAMIS), managed care and fee-for-service programs, effective January 1, 2023.

◦ Cardinal Care Managed Care consolidates Virginia Medicaid's two managed care programs – Medallion 4 and CCC Plus, effective October 1, 2023.

Background

- As part of the 2021 Appropriations Act, DMAS was directed to merge our two managed care programs, Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus), in a manner that links seamlessly with the fee-for-service program.

- DMAS's strategy to achieve these legislative directives was implemented in phases, including the initial phase to rebrand as Cardinal Care in January 2023, while working closely with the Center for Medicare and Medicaid Services (CMS) to receive federal approval to consolidate the two managed care waivers and contracts.

- Cardinal Care is DMAS's program name that includes all Medicaid, FAMIS, and Plan First members, and includes members served through managed care and fee-for-service delivery systems.

- DMAS received approval from CMS to consolidate the Medallion 4.0 and CCC Plus programs under Cardinal Care Managed Care – effective October 1, 2023.

- Cardinal Care Managed Care provides a strong foundation for the Governor's priority initiatives, including *Right Help Right Now* and the managed care procurement.

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Facts about Cardinal Care Managed Care

- Cardinal Care Managed Care (CCMC) includes all existing managed care populations and services.

- Medallion 4.0 and CCC Plus enrolled members have already transitioned seamlessly to CCMC.

- CCMC Members remain enrolled with their current managed care organization (MCO) and can continue to see their doctors and other providers.

- Full implementation of CCMC may require up to 60 days from October 1, 2023.

- DMAS will phase-out use of the CCC Plus and Medallion 4.0 managed care program names over time.

- The [CCC Plus home and community-based services (HCBS) Waiver](#) will continue to operate as the CCC Plus HCBS Waiver.

- CCMC improves continuity for members who will no longer need to transition between two managed care programs.

- Overall, this continuity will result in greater efficiency; full alignment may require process changes as described in the next slides.

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Cardinal Care Managed Care Populations

Includes the same populations participating in the CCC Plus and Medallion 4.0 Programs

Nearly 2 million managed care members:

- Newborns
- Infants
- Children
- Pregnant women
- Caretaker adults
- Older adults

- Disabled children
- Disabled adults
- Medicaid expansion adults
- Individuals with Medicare and Medicaid (full-benefit duals)

- Individuals receiving nursing facility or community-based long-term services and supports (LTSS), including hospice services.

Excludes the same populations who have been historically excluded from managed care participation

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Cardinal Care Managed Care Services

Includes the same services provided in the CCC Plus and Medallion 4.0 Programs

Medical, preventive and behavioral health services; addiction and recovery treatment services (ARTS); maternal, newborn, and infant services; transportation; hospice; and long-term services and supports (LTSS) in community and nursing facilities.

Participants in the Developmental Disability (DD) Waivers are included; however, DD Waiver services are carved-out and paid through the DMAS fee-for-service program.

CCMC continues to carve out dental services, school health services and LTSS screenings.

Excludes psychiatric residential treatment services

CCMC aligns benefits for managed care members

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Cardinal Care Managed Care Benefit Alignment

Coverage under Medallion 4 and CCC Plus varied slightly for the services listed below. CCMC will align coverage for these services effective November 1, 2023. Providers should follow the existing process for the following services, until November 1, 2023.

1. Hospitalized At Enrollment – Under Medallion 4 rules, managed care enrollment was delayed until the member was discharged from the hospital. CCMC aligns with CCC Plus rules, and CCMC eligible members who are in the hospital at the time of initial MCO enrollment will enroll in CCMC managed care. Hospitals continue to bill inpatient DRG admissions as they do today, i.e., claims should be submitted to the entity (FFS or MCO) with whom the member is enrolled at admission; the entity at admission is responsible for hospital DRG from admission to discharge.

2. Newborn Enrollment – Under CCC Plus, newborns of CCC Plus mothers were first enrolled in fee-for-service prior to enrolling in managed care. CCMC aligns with Medallion 4.0, so that newborns of CCMC mothers will have coverage through the birth mother's MCO for at least the birth month plus two-additional months timeframe, which has been in place under Medallion 4.0 for many years.

3. LTSS and Hospice Services – Under Medallion, members who needed LTSS or hospice were disenrolled from the MCO to fee-for-service before re-enrolling in managed care. CCMC aligns with CCC Plus so that managed care populations who elect hospice benefits or enroll in long-term care programs will not be disenrolled as they were in Medallion 4.0.

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Cardinal Care Managed Care Improvements

Single MCO Contract and Single CMS 1915 (b) Managed Care Waiver

Preserves Continuity of Managed Care Enrollment

Responsive Model of Care

Aligned Regional Open Enrollment Effective January 1, 2023

Enhanced Accountability & Oversight

Cardinal Care Branding, Communications, and Consolidated Enrollment Broker Website (Jan 2023)

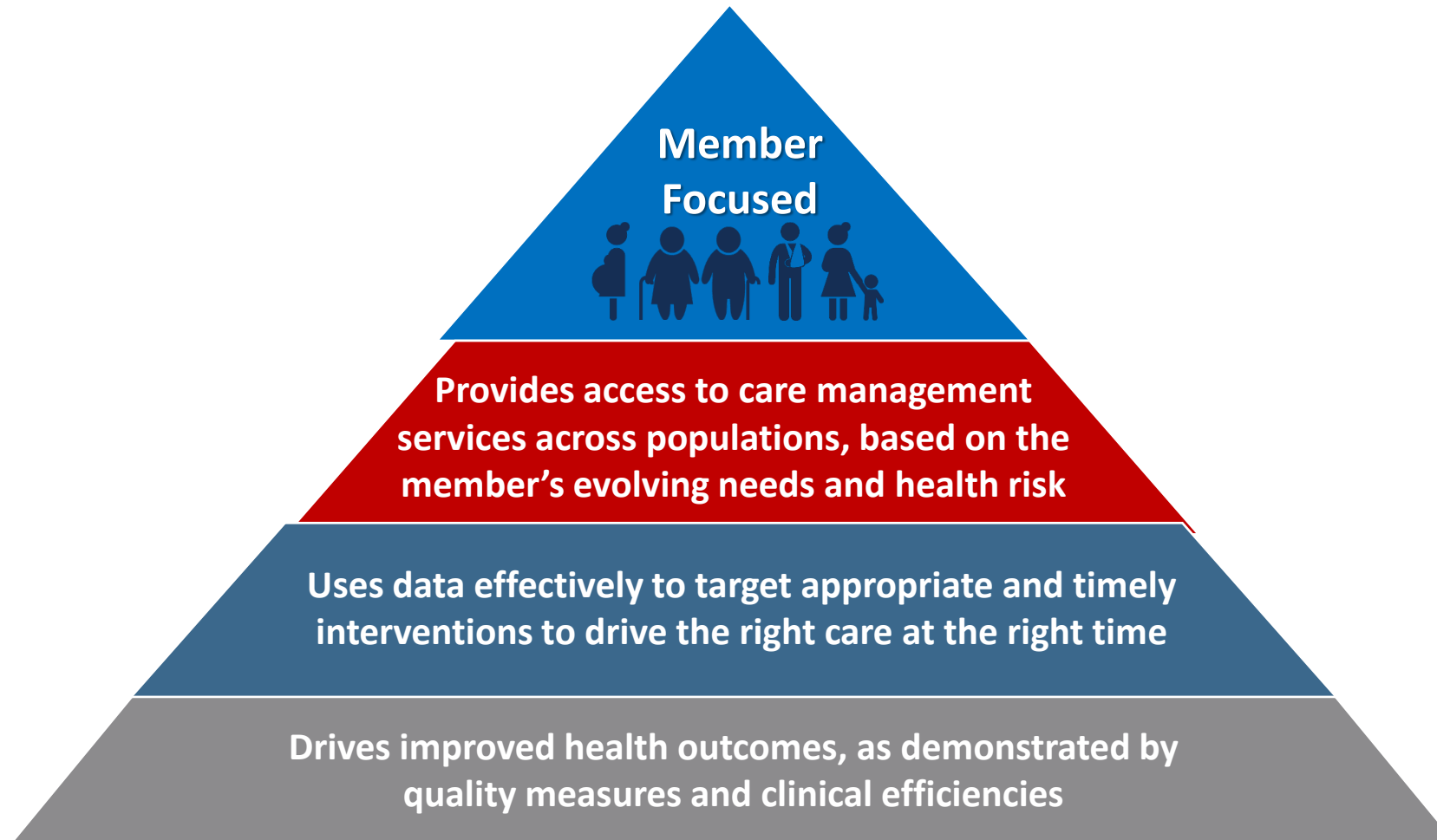**CardinalCare**
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Consolidates Managed Care Contract and Waivers

Cardinal Care Managed Care contract between DMAS and the same MCOs.

Cardinal Care 1915 (b) Managed Care Waiver

The CCC Plus 1915 (c) Home and Community-Based Services (HCBS) Waiver remains unchanged and will continue to be referred to as the CCC Plus HCBS Waiver.

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Responsive Model of Care

Member Focused

Provides access to care management services across populations, based on the member's evolving needs and health risk

Uses data effectively to target appropriate and timely interventions to drive the right care at the right time

Drives improved health outcomes, as demonstrated by quality measures and clinical efficiencies

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Care Management Intensity

Three levels of care management intensity based on member needs/risks

Care coordination for members with minimal needs

High Intensity

Moderate Intensity

Low Intensity

Care Coordination
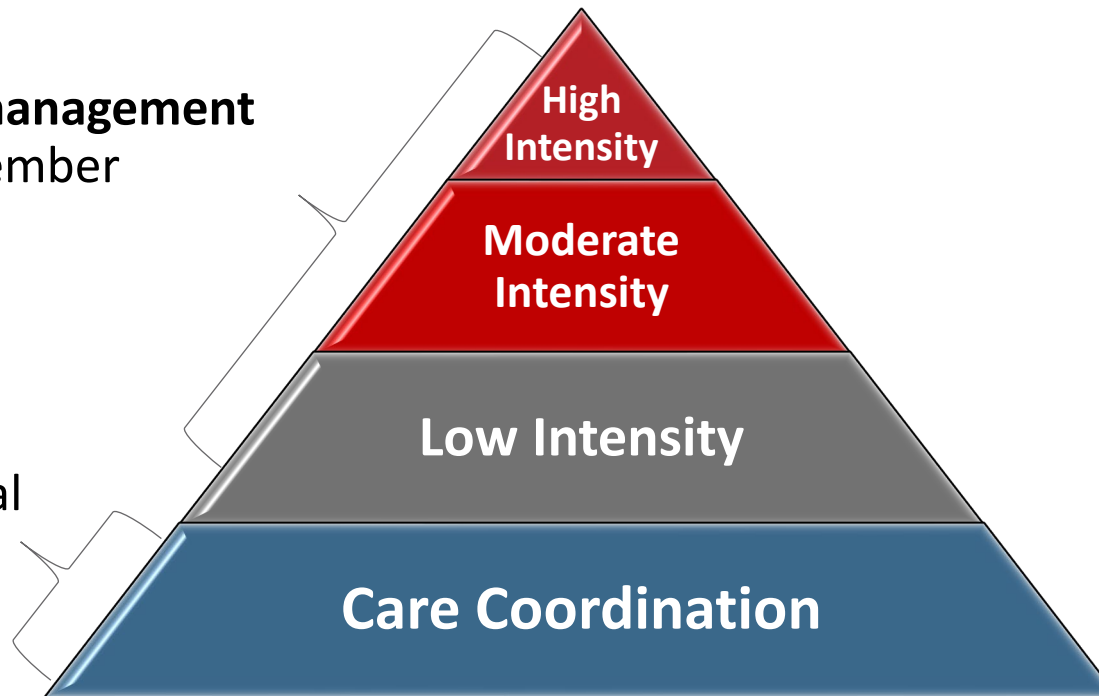
Care Management Components

MCO care managers partner with providers on behalf of members with significant health needs to:

- Support the member's choice to reside in the least restrictive environment

- Facilitate successful transitions between levels of care and settings

- Provide comprehensive health risk assessments

- Develop comprehensive member-centered care plans

- Foster interdisciplinary care team collaboration, participation and communication

- Engage the provider's expertise/ability to promote quality, etc.

- Collaborate with involved parties to ensure the member's health, safety and welfare

- Establish wrap-around community support services, addressing social determinants of health

Cardinal Care ID Cards

- Fee-for-service members can continue to use their current blue-and-white cards. Members receive a new Virginia Medicaid Cardinal Care fee-for-service card if they are newly eligible on/after January 1, 2023, or if their current card is lost or damaged. *Samples of the ID cards are provided in the appendix.*

- Members in managed care received new health plan ID cards with the new Cardinal Care logo, beginning in 2023.

- All managed care members use the same **VirginiaManagedCare.com** enrollment website and managed care helpline at **1-800-643-2273** (TTY: 1-800-817-6608) to choose a health plan.

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Provider Contracting and Billing

- Providers will continue to contract with same MCOs.

- Continue to use the same service authorization and billing processes for fee-for-service and MCOs, unless notified of a specific change.

- Continue to check Medicaid eligibility. During our transition to Cardinal Care, the program names of CCC Plus and Medallion 4.0 will be phased out. DMAS eligibility verification systems (ARS and Medicall) will reflect managed care enrollment as "MCO." The member's MCO information on ARS will not change. *See before/after examples in the Appendix.*

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Appendix

Virginia Medicaid Fee-for-Service ID Card

Virginia Medicaid

CardinalCare

Jon B. Doe

Member ID: 252 158 698 154

Rx Bin: 010900

Date of Birth: 05/09/1991

Card #

Member Services – 1-833-522-5582 or TDD: 1-888-221-1590; web: www.coverva.org / www.dmas.virginia.gov/for-members
Dental - 1-888-912-3456 or TTY/TDD 1-800-466-7566
Transportation - 1-866-246-9979 TTY 711

Providers Services
Eligibility Verification -1-800-884-9730 or 1-800-772-9996 or https://vamedicaid.dmas.virginia.gov/provider
Provider Helpline - 1-800-552-8627
Service Authorization - 1-888-827-2884
Pharmacy - www.virginiamedicaidpharmacyservices.com

Fraudulent use of this card may result in criminal prosecution, loss of benefits, and cost reimbursement to Virginia Medicaid. This card does not entitle the cardholder to any benefits; providers must verify member eligibility at the time of service.

Return lost ID cards to:
DMAS, PO Box 537, Richmond, VA 23204-0537

Both the new Cardinal Care cards and the blue and white Commonwealth of Virginia ID cards are valid for use by Medicaid members.

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Previous Virginia Medicaid Fee-for-Service ID Card
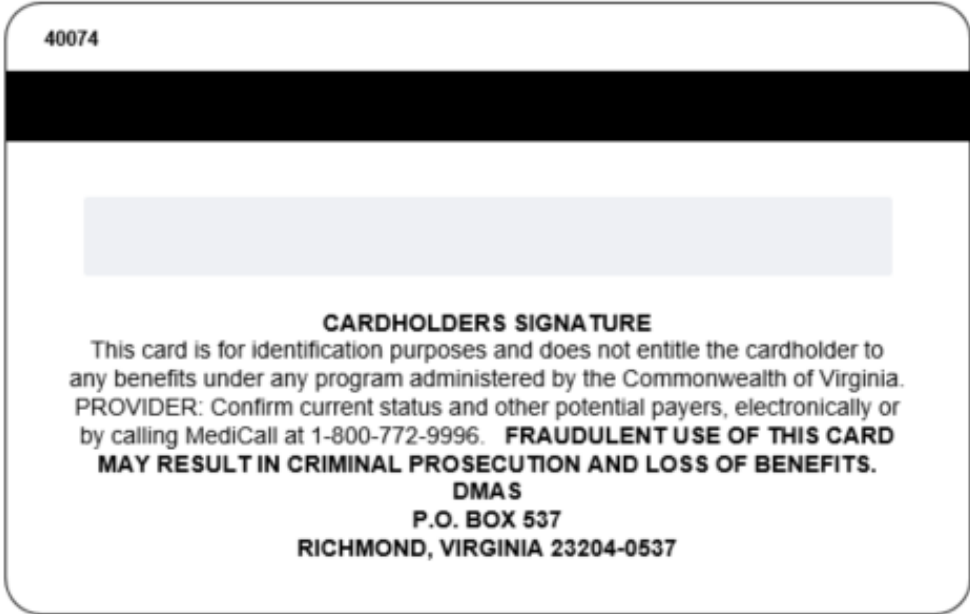
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

002286

999999999999

V I R G I N I A   J . R E C I P I E N T

DOB: 05/09/1964   F   CARD # 00001

40074

CARDHOLDERS SIGNATURE
This card is for identification purposes and does not entitle the cardholder to any benefits under any program administered by the Commonwealth of Virginia. PROVIDER: Confirm current status and other potential payers, electronically or by calling MediCall at 1-800-772-9996.   **FRAUDULENT USE OF THIS CARD MAY RESULT IN CRIMINAL PROSECUTION AND LOSS OF BENEFITS.**
DMAS
P.O. BOX 537
RICHMOND, VIRGINIA 23204-0537

**The Commonwealth of Virginia Medicaid ID card remains valid
and will continue to work for all claims processing.**

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Virginia Medicaid FAMIS Fee-for-Service ID Card

Virginia Medicaid FAMIS

CardinalCare

Jon B. Doe

Member ID: 252 158 698 154

Rx Bin: 010900

Date of Birth: 05/09/1991

Card #

Member Services – 1-833-522-5582 or TDD: 1-888-221-1590; web: www.coverva.org / www.dmas.virginia.gov/for-members
Dental - 1-888-912-3456 or TTY/TDD 1-800-466-7566
Transportation - 1-866-246-9979 TTY 711

Providers Services
Eligibility Verification -1-800-884-9730 or 1-800-772-9996 or https://vamedicaid.dmas.virginia.gov/provider
Provider Helpline - 1-800-552-8627
Service Authorization - 1-888-827-2884
Pharmacy - www.virginiamedicaidpharmacyservices.com

Fraudulent use of this card may result in criminal prosecution, loss of benefits, and cost reimbursement to Virginia Medicaid. This card does not entitle the cardholder to any benefits; providers must verify member eligibility at the time of service.

Return lost ID cards to:
DMAS, PO Box 537, Richmond, VA 23204-0537

The new Cardinal Care card and the blue-and-white Commonwealth of Virginia ID card are valid for use by Medicaid members.

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Cardinal Care Virginia Medicaid Plan First ID Card

CardinalCare

Virginia Medicaid Plan First
(limited benefits only)

Jon B. Doe

Member ID: 252 158 698 154

Rx Bin: 010900

Date of Birth: 05/09/1991

Card #

Plan First provides limited benefits to eligible individuals, including birth control and services to help prevent unplanned pregnancies; for a list of covered services, visit https://www.coverva.org/en/plan-first

Member Services – 1-833-522-5582 or TDD: 1-888-221-1590; web: www.coverva.org / www.dmas.virginia.gov/for-members

Providers Services
Eligibility Verification -1-800-884-9730 or 1-800-772-9996 or https://vamedicaid.dmas.virginia.gov/provider
Provider Helpline - 1-800-552-8627

Fraudulent use of this card may result in criminal prosecution, loss of benefits, and cost reimbursement to Virginia Medicaid. This card does not entitle the cardholder to any benefits; providers must verify member eligibility at the time of service.

Return lost ID cards to:
DMAS, PO Box 537, Richmond, VA 23204-0537

The new Cardinal Care card and the green-and-white ID card are valid for use by Medicaid members.

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Previous Virginia Medicaid Plan First ID Card
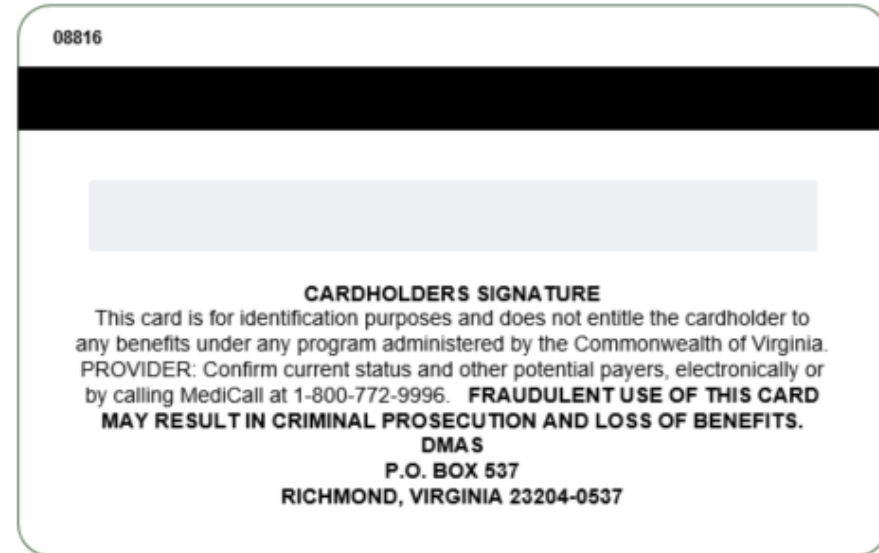
The green-and-white Plan First ID card remains valid and will work for claims processing for this limited benefits program.

MCO ID Cards

Aetna Better Health® of Virginia
Name
Medicaid/Member ID #   **DOB**   **Sex**
Language
PCP
PCP Phone   **Effective Date**

RxBIN: 610591   **RxPCN:** ADV   **RxGROUP:** RX8837
Pharmacist Use Only: **1-855-270-2365**
AetnaBetterHealth.com/Virginia
THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.   VACARD-1

Anthem. HealthKeepers Plus
Offered by HealthKeepers, Inc.

JOHN Q SAMPLE   PCP Name
Member ID   PCP Phone
123456789   Medicaid ID

Group Number   HKP00200   PCP/Specialist $0/$0
BC/BS Plan   923   Outpatient $0
RxBIN: 020107   Inpatient $0
RxPCN: FM   Emergency $0
RxGRP: WQWA   Rx $0/$0

Member name: XXXXXXX
Preferred language: English
Medicaid ID #: 123456789
Subscriber ID #: 123456789
Effective date: xx/xx/xxxx

Pharmacy
RxBIN: BIN number
RxPCN: RXPCN
RxGRP: RXGroup

OPTIMA COMMUNITY CARE

Member Name: <Member Name>
Member Number: <XXXXXXX*XX>   RxBIN: 003858
Group Number: <XXX>   RxPCN: MA
Medicaid #: <XXXXXXXXXXXX>   RxGRP: OHPMDCD
PCP Name: <PCP Name>
PCP Number: <XXX-XXX-XXXX>
DOB: <XX-XX-XXXX>
Member Effective Date: <MM/DD/YY>

Detailed benefit information at optimahealth.com and our mobile app

United Healthcare Community Plan
Health Plan (80840)   911-87726-04

Member ID: 001500001   Group Number: VACCCP
Member: Payer ID: 87726
NEW M ENGLISH
Medicaid ID: 9999999991
PCP Name:
DOUGLAS   GETWELL
PCP Phone: (717)851-6816

OPTUMRx
Rx Bin: 610494
Rx GRP: ACUVA
Rx PCN: 4900

0501   UnitedHealthcare Community Plan
            Administered by UnitedHealthcare Insurance Company

*Former Virginia Premier members
have Group Number: VP

Previous Medicaid Enterprise System (MES) Automated Response System (ARS)

In this example, the member is enrolled in Medicaid CCC Plus; shown as "XIX CCCP "

In this example, the Member's MCO is United Healthcare Community Plan and ARS screen displays MCO name and phone number

Eligibility Inquiry MES

Service Date From: 08/01/2022   Service Date To: 08/30/2022   Confirmation Number: ▮▮▮▮▮

Member Information

Name: ▮▮▮   Date of Birth: ▮▮▮   Member ID: ▮▮▮   Member SSN:

Benefit Plan

Plan Description - CoPay Indicator - Aid Category ▲	Plan From ▲	Plan To ▲	Provider ID ▲	Provider Name ▲	Provider Phone ▲
XIX SNF - B -- 020	08/01/2022	08/30/2022	1417944315	JAMES RIVER CONVALESCENT CENTR	757-595-2273
XIX CCCP TD -- 020	08/01/2022	08/30/2022	0247725788	UNITED HEALTHCARE COMMUNITY PLAN	877-843-4366
MED CO & DED -- 020	08/01/2022	08/30/2022			
MEDICAID FFS -- 020	08/01/2022	08/30/2022			

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TPL Spans

Carrier Code ▲	Carrier Name ▲	Coverage Type ▲	CoPay Amount ▲	Policy Number ▲	Policy Begin Date ▲	Policy End Date ▲
00001	MEDICARE	47	0.00	▮▮▮	01/01/2007	12/31/9999
00001	MEDICARE	96	0.00	▮▮▮	01/01/2007	12/31/9999
00001	MEDICARE	88	0.00	▮▮▮	01/01/2007	12/31/9999

Showing 1 - 3 of 3

Protected Health Information Removed

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Medicaid Enterprise System (MES) Automated Response System (ARS)

No longer reflects "CCCP" Shows that the Member is enrolled in a Medicaid (XIX) MCO in the Tidewater Region

No changes; continues to reflect the Member's MCO name and phone number

Eligibility Inquiry MES

Service Date From: 08/01/2022   Service Date To: 08/30/2022   Confirmation Number: ████

Member Information

Name: ████   Date of Birth: ████   Member ID: ████   Member SSN:

Benefit Plan

Plan Description - CoPay Indicator - Aid Category	Plan From	Plan To	Provider ID	Provider Name	Provider Phone
XIX SNF - B -- 020	08/01/2022	08/30/2022	1417944315	JAMES RIVER CONVALESCENT CENTR	757-595-2273
XIX MCO TD -- 020	08/01/2022	08/30/2022	0247725788	UNITED HEALTHCARE COMMUNITY PLAN	877-843-4366
MED CO & DED -- 020	08/01/2022	08/30/2022			
MEDICAID FFS -- 020	08/01/2022	08/30/2022			

Showing 1 - 4 of 4

TPL Spans

Carrier Code	Carrier Name	Coverage Type	CoPay Amount	Policy Number	Policy Begin Date	Policy End Date
00001	MEDICARE	47	0.00	████	01/01/2007	12/31/9999
00001	MEDICARE	96	0.00	████	01/01/2007	12/31/9999
00001	MEDICARE	88	0.00	████	01/01/2007	12/31/9999

Showing 1 - 3 of 3

Protected Health Information Removed

MCO Provider ID Numbers

MCO	Medallion 4.0 Provider ID	CCC Plus Provider ID
Aetna	0562425543	0247726596
Anthem	0562425972	0247726836
Molina	0575325995	0247725432
Optima	0562427754	0247719971
United	0575326118	0247725788

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More Information

DMAS Cardinal Care Member Page

https://www.dmas.virginia.gov/for-members/cardinal-care/

DMAS Cardinal Care Provider Page

https://www.dmas.virginia.gov/for-providers/cardinal-care-transition/

Sign up to get the latest news from Virginia Medicaid at:
https://www.dmas.virginia.gov/

Cardinal Care Questions: ccmccontract@dmas.virginia.gov

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