

VIRGINIA DEPARTMENT OF MEDICAL
ASSISTANCE SERVICES

Cardinal Care Managed Care Launch

Provider: Frequently Asked
Questions (FAQs)



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Cardinal Care Managed Care (CCMC) (Virginia Medicaid) Transition

What is the Cardinal Care Managed Care (CCMC) Program?

The CCMC Program is Virginia's new Medicaid Managed Care program designed to improve healthcare access and service delivery for Medicaid and FAMIS members through contracted Managed Care Organizations (MCOs), also called health plans.

Which health plans participate in the program?

The following MCOs provide services statewide:

- Anthem HealthKeepers Plus Inc.
- Aetna Better Health of Virginia
- Humana Healthy Horizons of Virginia
- Sentara Health Plans
- United Healthcare of the Mid-Atlantic, Inc.

Additionally, Anthem HealthKeepers Plus Inc. administers the single statewide the Foster Care Specialty Plan (FCSP).

How do I contact Molina if I have questions?

Molina Healthcare of Virginia ended its Cardinal Care contract June 30, 2025.

For former Molina Healthcare of Virginia Members and Molina Providers, the following contacts are available to support you and to assist with any questions (including appeals) that you may have about prior coverage or claims. Please note that for participating Molina providers, Molina will cover claims as outlined in your provider agreement subject to the contract's timely filing terms. For non-network provider claims, providers have 365 days from the date of service to submit claims for consideration.

Providers who have questions or need assistance should contact: .

<https://www.molinahealthcare.com/providers/va/medicaid/resources/contact.aspx>

[\(800\) 424-4518](tel:8004244518), Option 2.

I served Molina members, what happens to them?

Molina members were automatically transitioned to Humana Healthy Horizons of Virginia on July 1, 2025. They will have until September 30, 2025 to switch to a different health plan if desired. Humana is obtaining from Molina information on existing authorizations and other important information to allow for a smooth transition. Humana is also offering a 60-day continuity of care period. Molina members will be able to continue to see their current providers and use all existing services during this 60 day period.

For additional questions about credentialing, claims, etc. with Humana, we encourage you to refer to the "[Get to Know Our New Health Plan: Humana Healthy Horizons FAQ](#)".

How can members change their health plan?

- Members can download the new Cardinal Care Mobile App by searching for “Virginia Cardinal Care” on Google Play or the App Store:
 - [Apple AppStore](#)
 - [Google Play Store](#)
- Members can also visit the Cardinal Care Enrollment Broker website at <https://virginiamanagedcare.com> to [Enroll](#) or Members can call the managed care helpline at 1-800-643-2273 (TTY: 1-800-817-6608), Monday – Friday, 8:30 a.m. – 6:00 p.m. for assistance selecting a different health plan.
- The CCMC Health Plan Selection Period is a one- time enrollment period during the transition to the new CCMC contract. During this time, CCMC members can review their health plan options and choose to remain in their current plan (new assigned plan for Molina members) or select a different health plan.
- If your members would like to switch plans they may do so during the current enrollment period from June 18 to September 30, 2025 or during the regional open enrollments in the following years.

When do enrollment changes take effect?

- If your members pick a plan by the 18th of the current month (ex. July 17th), the effective date starts on the 1st of the next month (ex. Aug 1).
- If your members pick a plan after the 18th of the current month (ex. July 19th), the effective date starts the 1st of the 2nd month after that (ex. Sep 1).

If you have more questions related to the member experience, we encourage you to refer to the [CCMC General Implementation Member FAQ](#).

Where can we access the Medicaid rates?

For DMAS rates, please visit the [Rate Setting](#) webpage.

For health plan rates, please refer to the specific Health Plan Provider Manual under the Provider Support and Contact Information section below.

How do I contact Health Plans for Dual Special Needs Plan questions/issues?

Dual special needs plans, or D-SNP, is a Medicare Advantage coordinated care plan for members who are eligible for both Medicare and Medicaid. This allows members to coordinate their care, avoid paying premiums, and take advantage of added benefits not covered by Medicare or Medicaid.

[Aetna Better Health of Virginia](#) 1-855-463-0933 (TTY: 711)

[Anthem HealthKeepers Plus](#) 1-855-949-3321 (TTY: 711)

Humana Healthy Horizons in Virginia 1-844-881-4482 (TTY:711)

[Sentara Community Plan](#) 1-855-434-3267 (TTY: 711)

[United Healthcare](#) 1-844-589-0514 (TTY: 711)

For more information on D-SNP please visit: [Medicare and Medicaid Programs](#)

Who will be enrolled in the Foster Care Specialty Plan (FCSP)?

- Members in Foster Care, Adoption Assistance, and Former Foster Care will be enrolled in the FCSP, administered by Anthem HealthKeepers Plus Inc., Tidewater & Central Virginia regions and Molina members were automatically enrolled on July 1, 2025.
- All other regions will be enrolled on August 1, 2025.

For additional questions on the new Foster Care Specialty Plan (FCSP), email: Fostercare@dmas.virginia.gov or visit the [Foster Care](#) webpage.

Provider Enrollment, Claims, and Forms

How can I join the Health Plan's network/get credentialed?

Aetna: Visit the [Health Care Providers: Join the Aetna Network](#) webpage.

Anthem: Visit the [Join Our Network | HealthKeepers HealthKeepers, Inc., Inc.](#) webpage.

Humana: Visit the [New Enrollment](#) webpage.

Sentara: Visit the [Join Our Network | Providers | Sentara Health Plans](#) webpage.

United: [UnitedHealthcare Community Plan of Virginia Homepage | UHCprovider.com](#)

How long does credentialing take?

Aetna credentialing can take anywhere from 30 to 120 days depending on the case. Credentialing typically takes between 30 and 45 business days.

Anthem credentialing can take up to 90 days depending on the case. Credentialing typically takes around 45 business days.

Humana credentialing takes about 60 days; however, they are currently processing them in 30 days.

Sentara credentialing typically takes under 90 days.

United credentialing typically takes 45 to 90 days.

Where can I find service authorization information?

Aetna Better Health's claim processing system is QNXT. Both electronic and paper claims submissions are accepted. To assist Aetna Better Health in processing and paying claims efficiently, accurately, and timely, the health plan highly encourages providers to submit claims electronically, when possible.

Claims, Appeals, and Additional Forms:

- [Prior Authorization Request Form](#)
- [Provider Dispute and Resubmission Form](#)
- [Managed Care Organization \(MCO\) Authorization Processes Form](#)

To read more about the claims process with Aetna, please refer to their Provider Manual under the Provider Support and Contact Information section on the next page.

Anthem HealthKeepers, Inc. uses Availity, a secure, full-service website offering a claims clearinghouse and real-time transactions at no charge to Anthem HealthKeepers Plus healthcare professionals. Use Availity to submit claims, check the status of claims, appeal a claim decision and much more.

To read more about the claims process with Anthem, please refer to their [Claims Submissions and Disputes | HealthKeepers, Inc.](#) webpage.

Humana uses Availity. You can use Availity to submit claims, check the status of claims, appeal a claim decision and much more.

To read more about the claims process with Humana, please refer to [Humana Healthy Horizons in Virginia: Claims and payments](#)

Sentara uses Availity. You can use Availity to submit claims, check the status of claims, appeal a claim decision and much more.

To read more about the claims process with Sentara, please refer to their [Claims and Billing Quick Reference Guide](#).

United: For claims, billing and payment questions, go to UHCproviders.com/claims. We no longer use fax numbers. Please use our online options or phone number.

To read more about the claims process with United, please refer to their Provider Manual under the Provider Support and Contact Information section below.

How do I file an appeal for an adverse decision or a claim denial?

To learn more about the appeal process, it's best to reach out to the specific health plan. Please refer to the below resources:

Aetna: [Claim Denial Resources for Members | Aetna](#)

Anthem: [Appeals | Anthem.com](#)

Humana: [Exception and Appeals Process Information | Humana](#)

Sentara: [Complaints and Appeals Process Sentara](#)

United: [Appeals and Grievances Process | UnitedHealthcare Community Plan](#)

Where can I find service authorization information?

Aetna: [Prior Authorization for Providers | Aetna Medicaid Virginia](#)

Anthem: [Prior Authorization Requirements | HealthKeepers, Inc.](#)

Humana: [Provider prior authorization and notification lists](#)

For additional Humana specific questions, please refer to the [Humana Healthy Horizons FAQ](#).

Sentara: [Authorizations | Sentara Health Plans](#)

United: [Prior Authorization and Notification | UnitedHealthcare Community Plan of Virginia | UHCprovider.com](#)

Do the health plans offer any provider incentives?

Provider incentives vary by health plan. Please refer to their Provider Manual under the Provider Support and Contact Information section above or call their provider support lines listed above.

Provider Support and Contact Information

Where can I access provider training resources?

Aetna: [Healthcare Professional Education and Training | UHCprovider.com](#)

Anthem: [Provider Training Academy | HealthKeepers, Inc.](#)

Humana: [Humana Healthy Horizons in Virginia: Training material](#)

Sentara: [Provider Education | Providers | Sentara Health Plans | Sentara Health Plans](#)

United: [Training and Education | UnitedHealthcare Community Plan of Virginia | UHCprovider.com](#)

Where can I access the provider manual?

Aetna: [Provider Manual](#)

Anthem: [Policies, Guidelines & Manuals | HealthKeepers, Inc.](#)

Humana: [Provider Manuals Library | MES](#)

Sentara: [Provider Manuals and Directories | Providers | Sentara Health Plans](#)

United: [Community Plan Care Provider Manuals for Medicaid Plans By State | UHCprovider.com](#)

What are the contacts I need for each health plan?

Health Plan	Reconsiderations and Appeals
Aetna	<p>Appeals: Aetna Better Health of Virginia PO Box 81040 5801 Postal Road Cleveland, OH 44181</p> <p>Reconsideration Aetna Better Health of Virginia Attention: Reconsiderations PO Box 982974 El Paso, TX 79998-297</p>
Anthem	<p>Mail: HealthKeepers, Inc., Attention: Civil Rights Coordinator for Discrimination Complaints, P.O Box 62509, Virginia Beach, VA 23466-2509</p> <p>Phone: 800-901-0020 Fax: 855-832-7294 Email: grievancesandappeals-hkp@anthem.com</p>
Humana	<p>Provider reconsideration: Humana Healthy Horizons P.O. Box 14359 Lexington, KY 40512-4359</p>
Sentara	<p>Phone: 1-844-434-2916 Fax: 1-866-472-3920</p>
United	<p>Most care providers in your state must submit reconsideration requests electronically. For further information on reconsiderations, see the Reconsiderations and Appeals interactive guide.</p> <p>For those care providers exempted from this requirement, requests may be submitted at the following address: UnitedHealthcare Community Plan P.O. Box 5270 Kingston, NY 12402 5240</p>

What are the contacts I need for each health plan?

Health Plan	Provider Helpline and Additional Helpful Contacts
Aetna	<p>Provider General Help/Support</p> <p>Phone: 1-800-279-1878 (TTY: 711). We're here for you Monday through Friday, 8 AM to 6 PM.</p> <p>Mail: Aetna Better Health® of Virginia ATTN: Provider Relations PO Box 818044 Cleveland, OH 44181-8044</p>
Anthem	<p>Provider General Help/Support</p> <p>Phone: 800-901-0020 – option 3 (TTY: 711)</p> <p>Email: provider.relations.VA@carelon.com</p> <p>Specific Support by Topic: FCSP Provider Line: 833-838-2605 (TTY: 711)</p> <p>Carelon Behavioral Health National Provider Services Line: 800-397-1630 (TTY: 711)</p>
Humana	<p>Provider General Help/Support</p> <p>Phone: 1-844-881-4482 (TTY: 711), Monday through Friday, 7 a.m. to 7 p.m. Eastern time</p> <p>Email: VAMedicaidProviderRelations@humana.com</p> <p>Mail: Provider correspondence Humana Healthy Horizons P.O. Box 14359 Lexington, KY 40512-4359</p>

<p>Humana</p>	<p>Specific Support by Topic:</p> <p>Service Authorization for LTSS: VAMCDLTSSUtilizationManagement@humana.com</p> <p>Care Management referrals and inquiries: VAMCDCareManagement@humana.com</p> <p>Maternity (HumanaBeginnings) referrals and inquiries: VAMCDMaternity@humana.com</p> <p>Behavioral Health (BH) Contracting and provider updates: VA_BH_Medicaid@humana.com</p> <p>LTSS contracting and provider updates: LTSSContracting@humana.com</p> <p>Medical/Physical Health and Facility-Based Provider Contracting and provider updates: VirginiaProviderUpdates@humana.com</p> <p>Critical Incident Reporting: VACriticalIncidents@humana.com</p>
<p>Sentara</p>	<p>Provider General Help/Support</p> <p>Phone: 1-800-229-8822 (TTY: 711)</p> <p>(First point of contact regarding eligibility, benefits information, and inquiries for up to five claims)</p> <p>Network Educator Email: contactmyrep@sentara.com</p> <p>(Contact for special needs such as health plan updates, claims escalations for 10+, complex issues resolution, and contract concerns)</p> <p>PointClickCare (EDie) Connects care services, billing, and administration processes across a single, cloud-based, person-centric platform.</p> <p>Specific Support by Topic:</p> <p>Care Coordination Line Phone: 1-866-546-7924</p>

<p>Sentara</p>	<p>Specific Support by Topic ct'd:</p> <p>Website Links</p> <ul style="list-style-type: none"> • Frequent Service Contacts • sentarahealthplans.com/providers
<p>United</p>	<p>Provider General Help/Support</p> <p>Phone: 1-844-284-0146 (TTY: 711)</p> <p>UHCprovider.com Live chat available at UHCprovider.com/contactus</p> <p>United Healthcare Provider Portal: UHCprovider.com, then Sign In using your One Healthcare ID or go to UHCprovider.com/portal New users: UHCprovider.com/access</p> <p>Specific Support by Topic:</p> <p>Community Care Provider Portal Training UnitedHealthcare CommunityCare Provider Portal User Guide</p> <p>Resource Library UHCprovider.com/resourcelibrary</p>

Benefits, Care, and Resources for Members

Are providers required to submit an order, prescription, or request an authorization for Enhanced benefits?

Aetna:

Yes. Providers are required to submit these for Aetna. Please refer to their Provider Manual under the Provider Support and Contact Information section above.

Anthem:

It depends. The provider is responsible for verifying member eligibility and covered benefits. Please refer to their [Prior authorization lookup tool](#) [HealthKeepers, Inc.](#) And their Provider Manual under the Provider Support and Contact Information section above.

Humana:

No. Providers are not required to submit these for Humana but are encouraged to educate members to contact their Care Manager.

Sentara:

Yes. Providers are required to submit these for Sentara. Please refer to [Authorizations | Providers | Sentara Health Plans](#) and their Provider Manual under the Provider Support and Contact Information section above.

United:

Yes. Providers are required to submit these for United. Please refer to [Prior authorization and notification | UHCprovider.com](#) and their Provider Manual under the Provider Support and Contact Information section above.

How can I assist members seeking more information on enhanced or value-added benefits?

To view enhanced or value-added benefits, it's best to check with the health plans directly:

Aetna: [Aetna Better Health of Virginia Value-Added Benefits](#)

Anthem: [Medicaid Benefits | Virginia Medicaid | Anthem](#)

Humana: [Value-added benefits | Humana Healthy Horizons in Virginia](#)

Sentara: [Added Benefits | Medicaid | Sentara Health Plans | Sentara Health Plans](#)

United: [Virginia Medicaid | UnitedHealthcare Community Plan](#)

How can providers connect with the health plan's Care Manager/Coordinator?

Aetna: Call 1-800-279-1878 (TTY: 711) or visit [Care Management | Aetna Medicaid Virginia](#)

Anthem: Call 1-800-901-0020 (TTY: 711) or visit [Case Management | HealthKeepers, Inc.](#)

Humana: Call 844-881-4482 (TTY: 711) or email VAMCDCareManagement@humana.com

Sentara: Call 757-552-8975 Toll-free: 1-800-881-2166 (TTY: 711) or visit [Care Coordinators](#)

United: Call 1-844-752-9434 (TTY 711) or refer to their Provider Manual under the Provider Support and Contact Information section below.