



Cardinal Care Managed Care (Medicaid) and Dual Eligible Special Needs Plans (Medicare): Information for Providers

What's a Medicare Dual Eligible Special Needs Plan?

A [Dual Eligible Special Needs Plan](#) (D-SNP) is a type of Medicare Advantage Plan which limits enrollment to people who qualify for both Medicare and Medicaid. These individuals are referred to as “dual eligible,” or sometimes “duals.” The benefits, provider choices, and drug formularies offered by D-SNPs are designed to best meet the specific needs of its member base, which consists of older adults and people with disabilities who have chronic health conditions.

What is Cardinal Care Managed Care?

Cardinal Care is the brand name of Virginia's Medicaid program. [Cardinal Care Managed Care](#) (CCMC) is a statewide Medicaid managed care program that provides the full suite of Medicaid-funded services to enrollees, including dental and behavioral health services. Approximately 1.8 million Virginians are served each year through this program, including individuals who are eligible for both Medicare and Medicaid. In 2024, five Managed Care Organizations (MCOs) provide CCMC coverage.¹ These include:

- ❖ Aetna Better Health of Virginia
- ❖ Anthem Healthkeepers Plus
- ❖ Molina Healthcare of Virginia
- ❖ Sentara Health Community Plan, and
- ❖ UnitedHealthcare.

What's The Benefit to Individuals of Joining a D-SNP?

- ❖ Medicare and Medicaid were not designed to work together, which creates gaps and overlaps in care for those who are dually eligible.
- ❖ Gaps in care are especially problematic for D-SNP enrollees, given that 70% have one or more serious and chronic health conditions and 40% have a behavioral health disorder. These individuals often experience cognitive impairments which make navigating complex information and systems challenging, especially when the individual has limited health literacy.
- ❖ D-SNPs are required by federal regulation to coordinate benefits across Medicare and Medicaid, including the delivery of care coordination services to manage members' health and human service needs. Effective January 2025, dually enrolled individuals must be enrolled with the same MCO for their Medicaid and D-SNP coverage, which will provide for seamless care management services.

¹ As of Fall 2024, Virginia's Medicaid Managed Care program is under reprocurement. As such, this list of MCOs may change. Information about current Virginia Medicaid MCOs can be found at www.VirginiaManagedCare.com.

- ❖ If a member is enrolled in a D-SNP, they will have no premiums or co-pays for doctor or specialist visits. They may have some co-pays for prescription drugs.

Where Are D-SNPs Offered in Virginia?

Virginia's five Medicaid MCOs are contractually required by the Commonwealth to offer D-SNPs in Virginia and you can find a list with contact information at the end of this document. There is at least one D-SNP offered in nearly every county and city across the state. To find out what D-SNPs are available in their geographic area, individuals can contact the Virginia Insurance Counseling and Assistance Program (VICAP) at 1-800-552-3402 (TTY 711); their CCMC health plan directly; or Medicare at 1-800-MEDICARE (1-800-633-4227, TTY 1-877-486-2048).

What Services Do D-SNPs Cover?

D-SNPs must cover all medically necessary and preventive services allowable under Medicare Parts A and B, and prescription drug coverage under Part D. D-SNPs may also cover extra services, such as supplemental benefits for individuals with chronic health conditions, tailored to the special groups they serve. Individuals should contact the health plan to learn exactly what benefits and services the plan covers.

D-SNP members also benefit from a Model of Care that the D-SNP health plans use to assess members' needs and coordinate their care. The Model of Care requires the health plan to assess and stratify members based on medical complexity and provide care management services tailored to the member's individual care needs.

Each member receives a comprehensive health risk assessment (HRA) within 90 days of enrollment, covering a member's physical, behavioral and functional needs, and a comprehensive medication review. The member's HRA is used to create an individualized care plan. Depending on the member's individual needs, their care manager may convene an Individualized Care Team to coordinate care across the member's healthcare providers. You or a representative of your practice may be asked to participate, depending on your role in the member's care.

D-SNP HRAs, care plans and care managers support members and their providers by helping to identify and escalate potential problems for early intervention, to help ensure appropriate and timely follow-up, and to help navigate and coordinate services across the Medicare and Medicaid programs.

What Are The Cost Sharing Protections of D-SNPs?

Providers should understand that D-SNP members are protected from all balance billing. In Virginia, D-SNPs are "zero cost share" plans, meaning they only enroll dual-eligible beneficiaries who have Medicare cost sharing protection under their Medicaid benefits (this group is often referred to as "Full Benefit Dual Eligible" recipients).

Providers may not seek payments for cost sharing from dual-eligible members for health care services; cost sharing is handled by DMAS or its contracted Medicaid MCOs. Providers cannot bill D-SNP members for services not reimbursed by Medicaid or the DSNP plan, nor can providers balance bill for the difference between what has been paid and the billed charges. **It is important to note that Virginia is considered a “lesser of” state with respect to Medicaid reimbursement of Medicare cost-sharing; this means that DMAS covers the member’s Medicare cost share up to the Medicaid allowable rate, not the Medicare fee.**

How Do I Become a D-SNP Provider?

Contracting to become a D-SNP provider is handled by the D-SNP health plans. The health plans open to enrolling new providers and their contact information is listed below. If you are interested in contracting with them, or just learning more about their D-SNP, please contact them using this information.

Health Plan Name	Medicaid Plan Information	D-SNP Information
Aetna Better Health of Virginia	https://www.aetnabetterhealth.com/virginia/index.html 1-800-279-1878 (TTY: 711)	https://www.aetnabetterhealth.com/virginia-hmosnp/ 1-855-463-0933 (TTY: 711)
Anthem HealthKeepers	https://mss.anthem.com/va/virginia-home.html 1-800-901-0020 (TTY: 711)	https://www.anthem.com/medicare/medicare-advantage-plans/special-needs-plans/dual-special-needs-plans 1-855-949-3321 (TTY: 711)
Molina Healthcare of Virginia	https://www.molinahealthcare.com/members/va/en-US/pages/home.aspx 1-800-424-4518	https://www.molinahealthcare.com/members/va/en-us/hp/medicare/medicare.aspx 1-866-403-8293 (TTY: 711)
Sentara Health Plans	https://www.sentarahealthplans.com/members/medicaid 1-844-563-4201	https://www.sentarahealthplans.com/plans/medicare/sentara-community-complete-hmo-d-snp 1-855-434-3267 (TTY: 711)
United Health Care	https://www.uhc.com/communityplan/virginia 1-855-326-9418	https://www.uhc.com/medicare 1-844-589-0514 (TTY: 711)

Where Can I Find More Information?

For more information about Virginia D-SNPs or questions about this information, please contact the DMAS D-SNP team at dsn@dm.virginia.gov. For general information about Medicare and D-SNPs, contact 1-800-MEDICARE (TTY 1-877-486-2048).