

# Cardinal Care Managed Care Member Educational Session

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**CardinalCare**  
Virginia's Medicaid Program

# Agenda

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1. Welcome!
2. Cardinal Care Managed Care Program Overview
3. Upcoming Changes to Cardinal Care Managed Care
4. Manage Care Enrollment and Member Supports
5. Overview by Cardinal Care Managed Care Plans
  - Aetna Better Health of Virginia
  - Anthem HealthKeepers Inc.
  - Humana Healthy Horizons of Virginia / Molina Healthcare
  - Sentara Health Plans
  - United Healthcare of the Mid-Atlantic, Inc.

# What is Cardinal Care?

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



# Managed Care Versus Fee-for-Service

Medicaid managed care is a health care delivery system in which the state contracts with managed care organizations (MCOs), also called health plans, to provide Medicaid benefits and additional services to Medicaid members.

**Cardinal Care Managed Care (CCMC) is Virginia's Medicaid and FAMIS managed care program.**

In fee-for-service (FFS), the state contracts with and reimburses health care providers directly for covered benefits and services delivered to members.



# Who Does What?

## Department of Medical Assistance

- Provide oversight for all aspects of the program
- Administer FFS program
- Medicaid Fair Hearing Process (Appeals)
  - Eligibility
  - Adverse benefit decisions

## Department of Social Services

- Process applications and conduct eligibility reviews
- Case management (ex. Processing changes and renewals)
- Conduct and coordinate community-based screenings for long-term services and supports

## Cardinal Care Enrollment Broker

- Provide health plan comparison resources and manage platforms (app, online, phone)
- Answer member questions regarding their health plan enrollment
- Manage health plan enrollments and changes

## Cardinal Care Health Plans

- Administer Cardinal Care benefits and services to their members
- Connect their members to network providers
- Appeal and grievance process
  - First step for appealing adverse benefit decisions for their members

# Cardinal Care Managed Care Rollout

Cardinal Care Managed Care (CCMC) was launched in January 2023 to enhance Virginia's Medicaid managed care system. Through the program, Virginia:

1. Consolidated the two previous managed care programs, Commonwealth Coordinated Care Plus and Medallion 4.0, into CCMC.
2. Defined transformation goals for the program.
3. Reprocured (re-selected and re-contracted) managed care health plans to improve the CCMC delivery system and better serve members.



**New Cardinal Care Managed Care contracts will be effective July 1, 2025**

# What Will Stay the Same?

## Benefits and Services

Your benefits and current service authorizations will not be interrupted as long as you remain eligible for Medicaid

## Managed Care Populations & Services

Populations served through and services covered by managed care

\*excluding FCSP

## Cardinal Care Enrollment

You will continue to be enrolled in Cardinal Care as long as you remain eligible for Medicaid

## Choice

Your right to stay with your current health plan or change plans.\*

\*Molina Healthcare will no longer participate in Cardinal Care. Molina members will be assigned to a new health plan and given the opportunity to select a different plan.



# What Will Change?

## Cardinal Care's Newest Health Plan:

*Humana Healthy Horizons of Virginia*

## Returning Health Plans:

*Aetna Better Health of Virginia*

*Anthem HealthKeepers Inc.*

*Sentara Health Plans*

*United Healthcare of the Mid-Atlantic, Inc*

## Stronger Focus on Member Centered Care

Ensures appropriate access to quality health care in every community. Improved care management model.



## Health Plan Enrollment Alignment

1. Regional open enrollment dates for all members, regardless of coverage type
2. Single CCMC health plan enrollment broker call center, website and app
3. Align FAMIS member health plan enrollment process with the Medicaid member process

## Health Plan Enhanced Benefits *May* Change

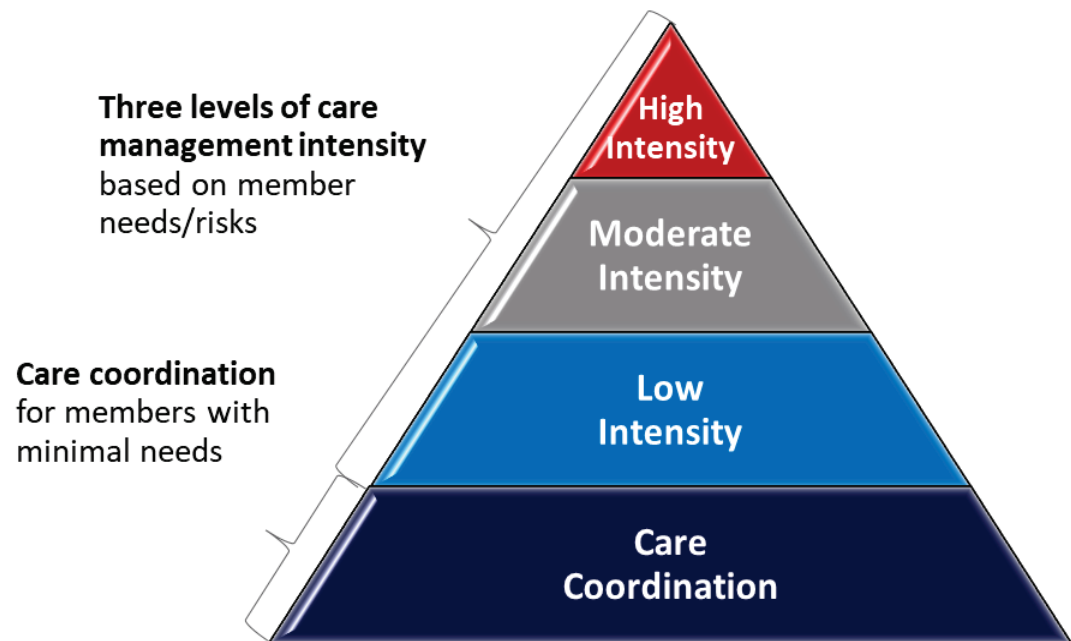
All CCMC health plans offer extra benefits to their members to promote health, connect them to timely care and services, and provide additional resources and assistance



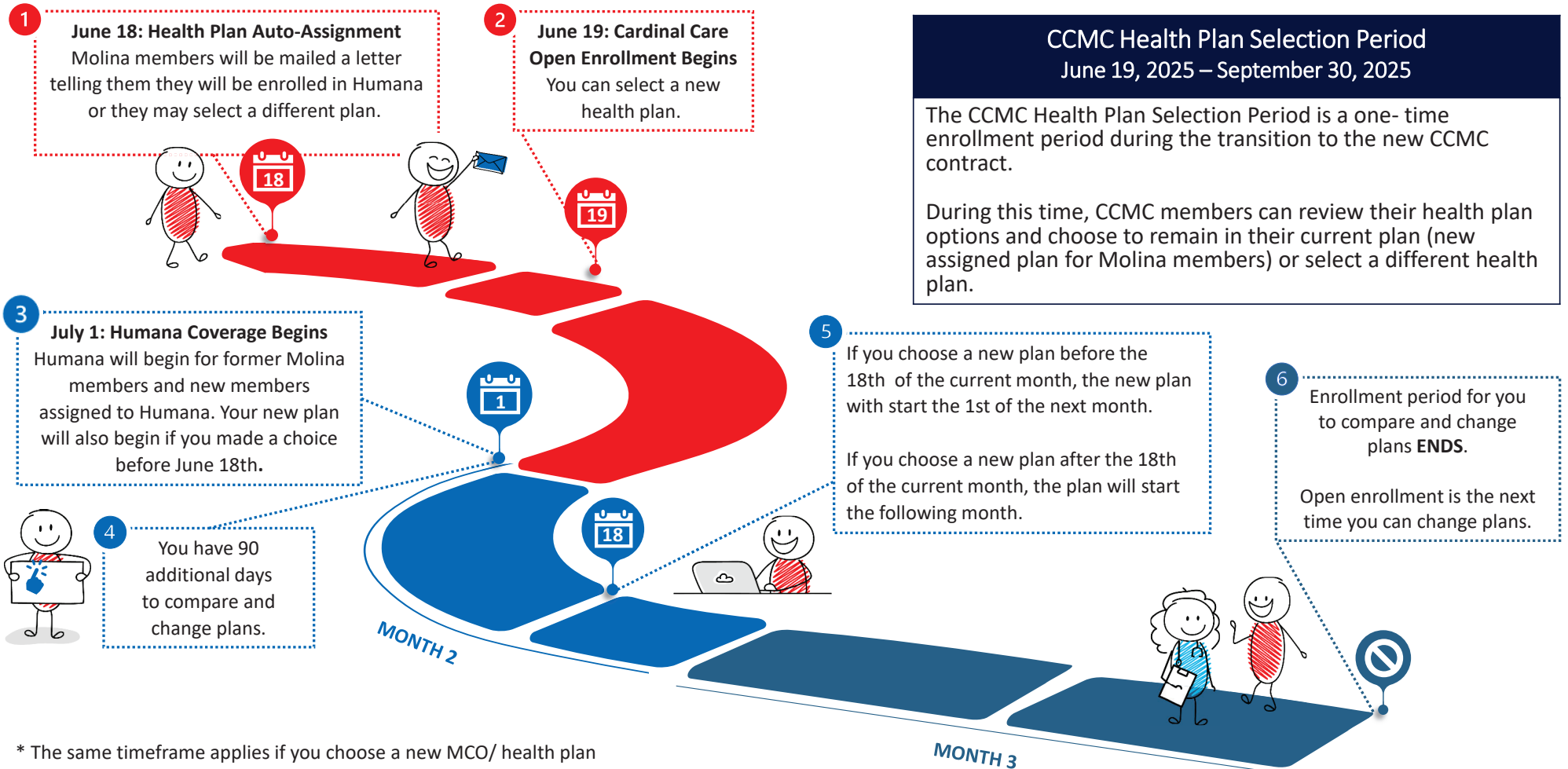
# Enhanced CCMC Care Coordination

## CCMC health plan care managers partner with providers to support members

- Foster interdisciplinary care team to promote member health and well-being
- Provide health risk assessments
- Develop comprehensive care plan centered on the member and their specific needs
- Establish wrap-around services, including to address non-medical needs such as housing stability and food access
- Support member choice to reside in the least restrictive environment and facilitate successful transitions



# Cardinal Care Managed Care Launch: Health Plan Selection Period



\* The same timeframe applies if you choose a new MCO/ health plan in Month 2 or Month 3

# Cardinal Care Enrollment Broker

- The CCMC enrollment broker can help you:
  - Learn more about your health plan choices
  - Compare health plans, including plan provider networks and enhanced benefits
  - Select or change plans
- Single CCMC health plan enrollment broker for all members
- Three easy ways to compare and enroll in a Cardinal Care health plan



## **1. Virginia Cardinal Care App**

Download for Android or iPhone

## **2. Online**

[viriniamanagedcare.com](http://viriniamanagedcare.com)

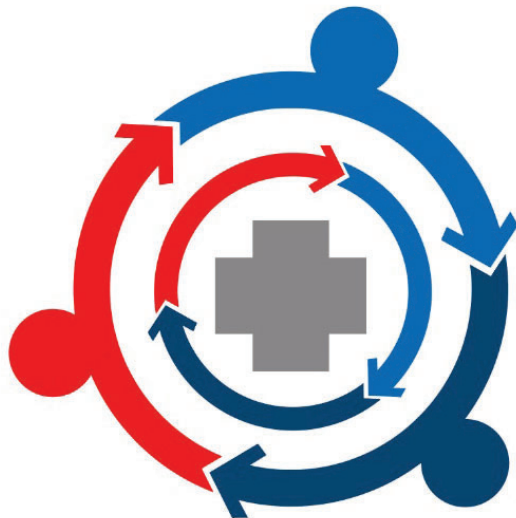
## **3. Managed Care Helpline**

1- 800-643-2273 (TTY: 800-817-660)

Monday – Friday, 8:30am – 6:00pm

# Continuity of Care

**‘Continuity of Care’ requirements protect a member’s care from interruption when they change health plans**



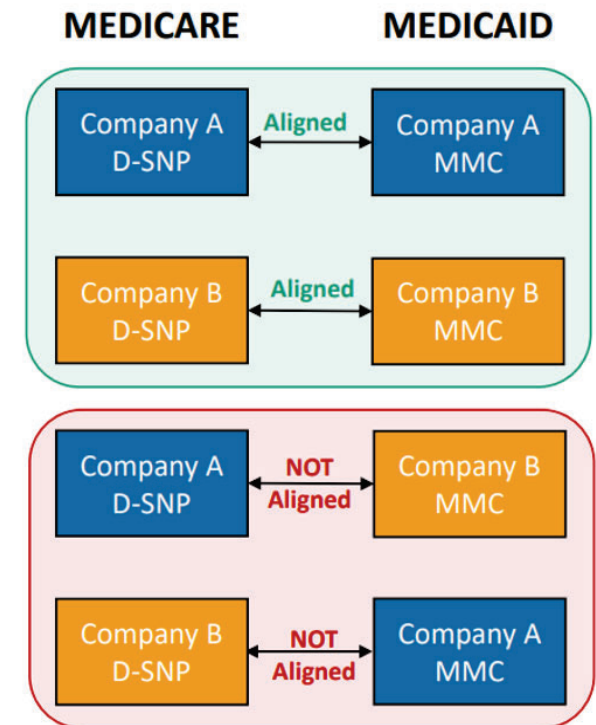
The new health plan must:

- Allow the member to see their current provider for up to 30 days, even if the provider is not in the new health plan’s provider network
- Honor service plan authorizations issued by DMAS or the previous health plan for the length of the authorization or 30 days, whichever is shorter
- Extend these timeframes as needed to ensure the member does not experience interruption in care
  - The new health plan may contract with the member’s provider or help the member develop a safe and effective transition to an in-network provider

# Dual Eligible Special Needs Plans (D-SNPs)

- A D-SNP is a Medicare Advantage coordinated care plan for individuals who are eligible for both Medicare and Medicaid (aka dual eligible enrollees)
  - Dual eligible enrollees are not required to enroll in a D-SNP and can choose to enroll traditional Medicare or Medicare Advantage
- Effective January 1, 2025, D-SNP enrollees must be enrolled in a D-SNP and Medicaid MCO managed by the same health plan
  - All 5 CCMC health plans offer a D-SNP. Members can select which health plan they would like to be enrolled with in alignment with Medicaid and Medicare rules.

Additional resources about D-SNPs are available at [www.dmas.virginia.gov/members/cardinal-care/cardinal-care-managed-care/medicare-and-medicaid-programs/](http://www.dmas.virginia.gov/members/cardinal-care/cardinal-care-managed-care/medicare-and-medicaid-programs/)



# Foster Care Specialty Plan

Anthem HealthKeepers has been selected to administer a single statewide Foster Care Specialty Plan (FCSP) under the Cardinal Care Managed Care Contract.

## *Who is eligible?*

### Foster Care

Members under age 21 who are in foster care.

### Former Foster Care

Members under age 26 who were in foster care until their discharge at 18 or older.

### Adoption Assistance

Members under age 21 who receive adoption assistance.



All eligible members will be automatically enrolled into Anthem's Foster Care Specialty Plan (FCSP) unless the member elects to opt out.

# Additional Resources

## Medicaid Managed Care Advocates

- Assists members experiencing challenges with enrollment or disenrollment, continuity of care, accessing benefits, and health plan timeliness
  - Answers questions about billing, care coordination, and plan benefits
  - Provide information and assistance with grievances and appeals
  - Office of the State Long-Term Care Ombudsman (DBHDS)  
1-800-552-5019 (TTY Toll-free 800-464-9950) [www.ElderRightsva.org](http://www.ElderRightsva.org)

## Medicaid Application Assistance

- Project Connect, [www.vhcf.org/for-those-who-help/what-we-fund/project-connect-grants/](http://www.vhcf.org/for-those-who-help/what-we-fund/project-connect-grants/)
- Enroll Virginia, [www.enrollva.org](http://www.enrollva.org)





## About Aetna Health Better of Virginia

Aetna Better Health of Virginia has been **proudly serving Virginia Medicaid members for almost 30 years.**

Aetna is **deeply rooted in the communities we serve;** our experienced team has a strong understanding of our members needs, excellent relationships with our provider partners, and are here to support the health care priorities of our local communities.

**When you choose Aetna as your Medicaid health plan, you're choosing care you can trust.** It's about bringing together what matters most to your health. Because healthier happens together®.

**Take the next step and select Aetna Better Health® as your health plan of choice.** We're here for members statewide!







## Enhanced Benefits for Aetna Members

### For all members

- Vision and hearing benefits
- Free rides to local resources (up to 30 round trips)
- Free meal delivery for 7 days after hospitalization
- Free cell phone services
- Diabetes management through MyActiveHealth
- Access to GED and career resources, and GED test fee coverage (up to \$120)
- \$500 for supplies for higher ed., military, trade school
- Medication lockbox for opioid users with children at home
- \$250 toward ESL classes
- \$150 for removal of human trafficking or gang-related tattoos
- \$300 for legal housing support for tenants

### For moms and kids

- 300 free diapers for new moms
- Annual sports physical for kids
- Free swimming lessons
- 24/7 breastfeeding support through Pacify

### For elderly members and those with certain health conditions

- Asthma care program; bedding and deep cleaning services
- Curated therapeutic resource box for members with anxiety, depression, or elderly in nursing facilities
- Electronic companion pet for members with memory care issues or intellectual disabilities



### Stipend Benefits

- **New Mom's Stipend:** \$25 per month for OTC products for mom and baby
- **OTC Menstrual Care Stipend:** A monthly stipend of \$20 for members with periods to spend on their choice of period products
- **Healthy Food Card:** \$20 monthly added to a refillable debit card that members with specific conditions (high risk pregnancy, childhood obesity, and/or aging out of foster care aged 17-26) can use to purchase healthy foods
- **Go Get Active:** \$200 annually towards healthy activities, such as after school or sports programs



## Aetna's Unique Programs and Services



### Aetna's Maternity Matters Program

Dedicated Maternity Care Management team, all of whom have a background in L&D, OB, PICU, NICU, and/or Pediatrics.

All pregnant and members up to 12 months postpartum are assigned a Maternity Care Manager.

**New Mom's Stipend: \$25 per month for OTC products for mom and baby**



### Justice-Involved Care Program

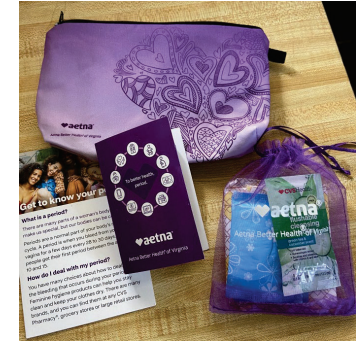
Unique program that offers support for members recently released from incarceration or on probation who may benefit from specialized support.

- **Free phone from Thrive**
- **Rides to and from probation and parole**
- Access to peer support services



### Child Behavioral Health Supports

Realizing the challenges mental health presents to our Commonwealth, and especially our children. Aetna Better Health of Virginia has developed a kit with support items for children and parents/caregivers experiencing mental health challenges.



### Aetna's Menstrual Care Benefit

Eligible members (**women aged 10 – 55**) receive a **\$20 monthly stipend** to use via OTCHS (Over-the-Counter Health Solutions). Members can go online or call in to place an order over the phone. They can select from a wide list of products.

# It takes a village

At Aetna, our members are at the **heart** of all we do!

## Member Rights and Responsibilities

As an Aetna member, you have certain rights and responsibilities that are critical to ensuring you receive the best possible care. Learn more: [AetnaBetterHealth.com/Virginia/medicaid-rights-responsibilities.html](https://www.aetna.com/betterhealth/virginia/medicaid-rights-responsibilities.html)

## Grievances, Appeals, and Complaints

Aetna members have the right to file a complaint (a “grievance”) at any time and will not lose their coverage for filing a complaint. Members can also submit an appeal for any decision about their health coverage or covered services. Aetna Members can file a complaint, grievance, or appeal by phone or by mail.

**Visit our website for more information:**

[AetnaBetterHealth.com/Virginia](https://www.aetna.com/betterhealth/virginia)



## Contact Information and Member Support Resources

### Member Services:

**1-800-279-1878 (TTY: 711)**

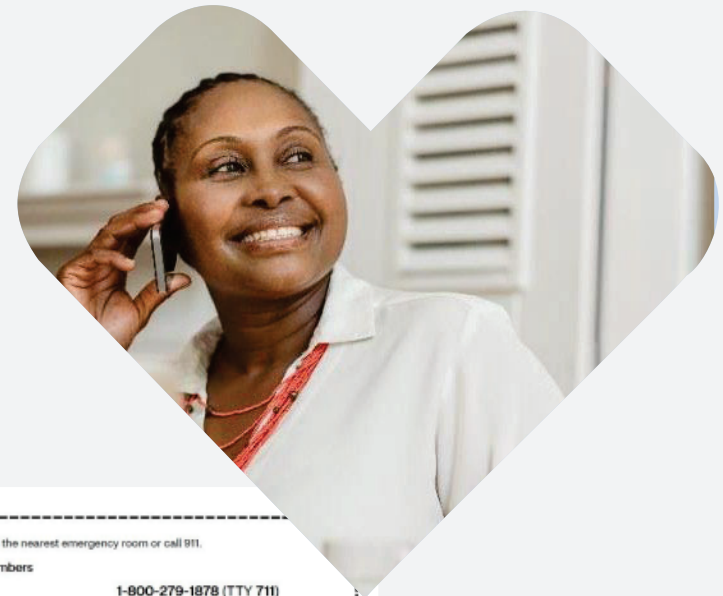
Available 24 hours a day,  
7 days a week

### Website:

[AetnaBetterHealth.com/Virginia](https://AetnaBetterHealth.com/Virginia)

### Provider Directory:

[AetnaBetterHealth.com/Virginia  
/find-provider](https://AetnaBetterHealth.com/Virginia/find-provider)



### Behavioral health crisis and 24-Hour Nurse line:

**1-800-279-1878  
(TTY: 711)**

### Language support and assistance:

**1-800-385-4104  
(TTY: 711)**

			
Aetna Better Health® of Virginia			
<b>Name</b>		<b>DOB</b>	<b>Sex</b>
<b>Medicaid/Member ID #</b>			
<b>Language</b>			
<b>PCP</b>			
<b>PCP Phone</b>		<b>Effective Date</b>	
RxBIN: 610591 RxPCN: ADV RxGROUP: RX8837			
Pharmacist Use Only: 1-855-270-2365			
<b>AetnaBetterHealth.com/Virginia</b>			
THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. VACARD-1			

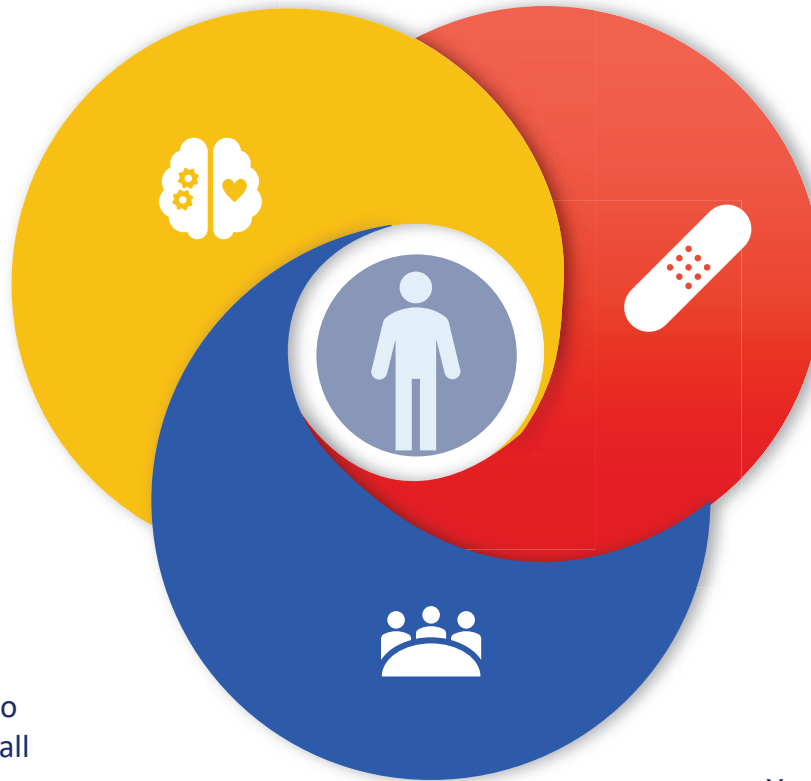
In case of an emergency go to the nearest emergency room or call 911.	
<b>Important numbers for members</b>	
Member Services	<b>1-800-279-1878 (TTY 711)</b>
Behavioral Health and Substance Use Hotline	<b>1-800-279-1878</b>
24 Hour Nurse Line	<b>1-800-279-1878</b>
Dental	<b>1-888-912-3456</b>
Transportation	<b>1-800-734-0430</b>
<b>Important numbers for providers</b>	
Eligibility/Preauthorization:	<b>1-800-279-1878</b>
Radiology Preauthorization:	<b>1-888-693-3211</b>
<b>Submit claims to</b>	
Aetna Better Health of Virginia PO Box 982974 El Paso, TX 79998-2974 EDI Payer 126VA	
<b>Submit grievances and appeals to</b>	
Aetna Better Health of Virginia P.O. Box 81139 5801 Postal Road Cleveland, OH 44181	
VACARD-2	



**Anthem**   
HealthKeepers Plus  
Offered by HealthKeepers, Inc.

# Your Life-Long Trusted Health Partner

- ✓ We offer 37 additional benefits worth over \$5,000 in total value per member each year.
- ✓ We have specifically trained care managers for our members.
- ✓ We act based on a member's personal goals.
- ✓ We use our large network of healthcare providers to meet member needs.
- ✓ We work with members of your community to provide additional support.
- ✓ We create specialized programs to help members achieve their overall wellness.



## We offer several specialized teams supporting:

- Medical Care
- Mental health
- Pregnancy and newborn care
- Foster care youth and youth who have been adopted
- Long-term care
- Individuals with learning or developmental needs

Your trusted healthcare partner for 28 years

# Your Life-Long Trusted Health Partner

## Value added benefits available to members

### YOUTH

Children and adolescents may receive Books, grocery gift cards, youth club membership, sports physicals, and more.

### TECHNOLOGY

Members are eligible for a free cell phone with a preloaded suite of digital health apps, increased hearing aid benefits, and 24/7 access to physicians for urgent care needs from a computer, tablet, or smartphone.

### LIFESTYLE

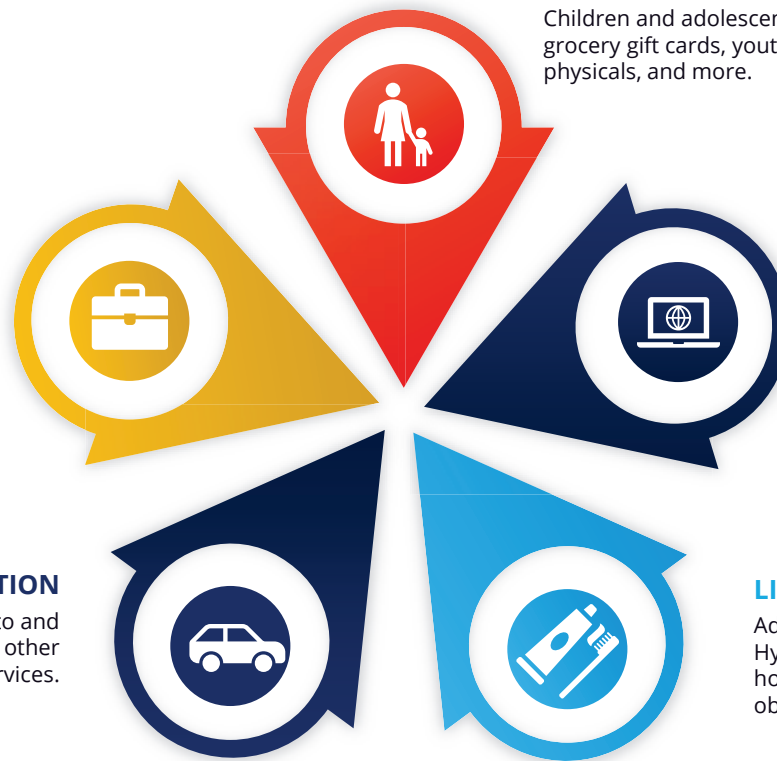
Additional Benefits include Personal and Feminine Hygiene products, Home-delivered meals after hospitalization, Home safety items, and Assistance obtaining Identification.

### EMPLOYMENT

Members can receive vouchers to pay for GED testing and application fees for post-secondary education tests and application fees.

### TRANSPORTATION

Members have access to transportation to and from medical appointments, pharmacies, and other essential services.



# Your Life-Long Trusted Health Partner

## Pregnancies & Birth

Our mission is to promote healthier pregnancies, births, and baby care.

### Unique Programs:

- **Concierge Care** offers real time chats with experts to help pregnant members know what to expect, provides educational training, and coping skills.
- **Pomelo** offers an online 24/7 service helping moms and babies be healthier by offering personal help with eating right, breastfeeding, baby care, as well as postpartum care.

**Additional Benefits** include gift cards for baby essentials, over the counter medications, and healthy groceries.



## Mental Health

Our mission is to ensure that every member has timely access to the right behavioral health care.

### Unique Programs:

- **Specialized Serious Mental Illness Program** offers a specialized team dedicated to serving members with Serious Mental Illness (SMI), all focused on supporting members with the complex needs.
- **Dedicated Crisis Team** offers a team of wellness and recovery specialists, all focused on supporting our members through the crisis system.

**Additional Benefits** include an online substance use support program and a digital mental health toolkit with a meditation app subscription and more.



## Long Term Supports and Services

Our mission is to empower individuals by providing resources to achieve their personal goals.

### Unique Programs:

- **CareBridge** offers a team of therapists who recommend additional tools and services to assist members in maintaining their independence.
- **In-House Service Facilitation** offers a connected care management and service facilitation approach to streamline services for members through one point of contact to ensure timely, accurate care while reducing stress throughout your health journey.

**Additional Benefits** include asthma relief aids, health items like blood pressure cuffs and meal delivery after a hospital stay.





# On a Mission to Improve Lives: Anthem's Foster Care Specialty Plan

Wrap-Around services for youth, families, and caregivers connected to foster care and adoption

## NEW DEDICATED SPECIALTY PLAN

Our dedicated specialty plan features community-based teams across the five Department of Social Services regions, a dedicated support line, and comprehensive whole health resources to address the complex needs of the youth, caregivers, and families we serve.

## CLINICAL INNOVATION

Leveraging innovative technology and specialty clinical roles, we offer comprehensive expertise in family preservation, post-adoption support, transitions of care, justice involvement, education and employment, and program analysis. Our expertise ensures tailored solutions to meet the unique needs of our populations today and beyond.

## EXCLUSIVE BENEFITS

Our specialty plan-only benefits include perks with unique support needs in mind. From technology support to money for clothing and even resources for family game night – we have you covered.

## BETTER TOGETHER

Our new specialty plan represents an innovative partnership between Anthem, DMAS and the Dept. of Social Services to promote the safety, permanency and well-being of our state's youth, caregivers and families.

## EMPOWERING FUTURES

At Anthem, we're committed to empowering our state's youth, caregivers and families with a tailored suite of program solutions. We offer support for youth independence, social-emotional education, caregiver resources, family tool kits and more. Our initiatives, such as flex funding for permanency and social needs and specialized training for providers, are designed to help our state's youth and families to thrive. Anthem is your partner in building a brighter future.



# Your Life-Long Trusted Health Partner

## Contact Us:



**Member Services**  
800-901-0020 Option 1  
Spanish Option 2



**Provider Services**  
800-901-0020  
Option 3

**Member Rights Statement:** You have the right to be treated fairly and respectfully, keep your medical information private, and receive clear information about your health plan. You also have the right to safe and timely medical care. You can participate in decisions about your health, review and update your medical records, report abuse, and file complaints if something is wrong. Laws like the Americans with Disabilities Act help protect these rights.

**Grievances and Appeals:** You can file a grievance at any time after you experience dissatisfaction. Once we receive your complaint, we will inform you of our decision within 90 calendar days. You can request an appeal within 60 days of notification that your requested services have been denied.

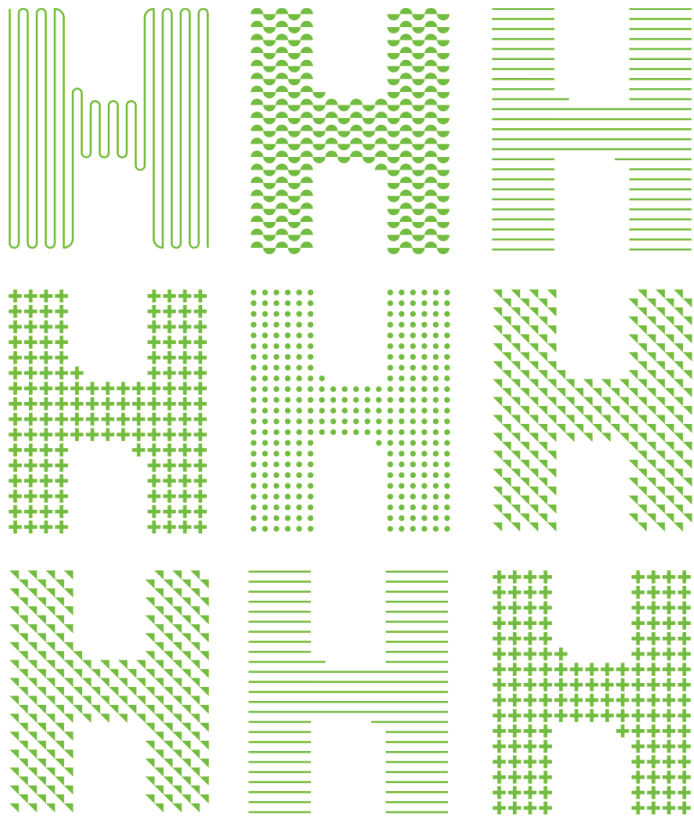
You can submit a standard (regular) or an expedited (fast) appeal request. You might submit an expedited appeal if you or your provider believe your health condition or need for services requires urgent review. You will receive a written notice to inform you of the appeal decision:- Within 72 hours of receiving your expedited request and within 30 days of receiving your standard appeal request. When possible, we provide verbal notice for expedited appeals.

To file a grievance or appeal, you may:- Call member services at 800-901-0020- Send a fax to 855-832-7294- Directly submit your grievance or appeal by logging into the secure member portal- Send a written request to

Grievance and Appeals Department  
HealthKeepers, Inc.,  
P.O. Box 62429  
Virginia Beach, VA 23464

You can authorize a representative (provider, family member) or attorney to act for grievances and appeals on your behalf. If you are dissatisfied with Anthem's appeal decision, request a state fair hearing with DMAS.





Humana.

## Humana Healthy Horizons - Cardinal Care Managed Care Program



# Humana is Creating a Fresh Brand in Medicaid by Using Our Unique Capabilities

## Who We Are

For more than **60 years**, Humana has been helping people improve and maintain their health through clinical excellence and coordinated care.

More than **1.3M** Medicaid members

**30 Years** of Medicaid experience

**We serve our members from birth through aging**  
**Humana has you covered whether you are enrolled in Medicaid, Medicare or both**

## How Can Humana Help You?



### Improving Member Experience

- 24/7 Wellness app (Go365)
- Access to a variety of providers



### Focus on Quality Healthcare

- 24/7 Nurse Advice/Crisis Line
- Access to wellness and preventive services



### Dedicated Care Managers

- Working with you and your caregiver on your healthcare needs



### Partnering with Communities

- Food insecurities
- Housing, etc.




### Personalized Member Programs

- Humana Beginnings
- Peer Support Programs

# Humana’s Enhanced Benefits to Meet Virginia’s Needs


Humana offers a variety of dynamic Enhanced Benefits that were designed to enable person centered solutions. For a complete list of Enhanced Benefits, please refer to our Member Handbook or reach out to Member Services.

**Healthy Families:**  
*Improve Maternal, Infant And Children’s Health*

- Convertible Car Seat or Portable Crib
- Parent/Guardian Self Care Allowance
- Produce Box for Maternal Care
- Youth Development and Recreation Allowance

**Health-Related Social Needs:**  
*Benefits to help Members Manage HRSN*


- Healthy Food Produce Box
- Employment Physical
- Financial Literacy Coaching
- Criminal Expungement Services

**Quality of Life:**  
*Empower Members to live In their least restrictive setting of choice and improve life satisfaction*

- Fall Prevention Kit
- Home-Based Virtual Assistance Technology
- Personal Emergency Response System (PERS)
- Photo Album

**Convenient Care:**  
*Support Personal Responsibility and Access To Appropriate Care*

- Over the Counter Pharmacy Allowance
- Post Discharge Meals
- Chiropractic Services

**Preventive Benefits:**  
*Support Wellness, Prevention, and Condition Management Activities*

- Weight Management Coaching
- Tobacco and Vaping Cessation
- Go365 Wellness Platform
- Additional Vision and Hearing Benefits

Humana offers a comprehensive array of enhanced benefits to support family well-being. This includes providing fresh and nutritious produce boxes to pregnant and postpartum members to promote a healthy pregnancy, as well as supporting children in pursuing their interests and opportunities.

Humana is dedicated to a holistic approach to health and well-being, empowering members with enhanced benefits that address Health-Related Social Needs (HRSN).

Humana enhances the quality of life for members in restrictive settings through offering accessible and personalized support. Humana’s enhanced services include Fall Prevention Kit and PERS that can reduce the risk of fall by addressing environmental hazards and provide members with immediate access to emergency assistance if a fall does occur.

Humana’s \$65 quarterly OTC allowance is crafted to support members by providing access to essential care items, helping them both save money and maintain their overall well-being.

Humana's preventive benefits are designed to enable members to take control of their health and well-being, ensuring they can lead healthier, happier lives.

# Engaging our Members through a Person-Centered Approach

## Humana’s Care Management and Care Coordination Model

- **Person-centered model** using best practices and services to empower our Members to improve their health
- Actively includes and engages the Member or their representative to **develop and manage their comprehensive Care Plan**
- Designed to **address Member/population needs** across the member’s life span, combining physical and behavioral health, environmental, and health related social needs (HRSN) care and services.
- **Care Coordination model extends the reach of clinical programs** to lower acuity Members with short-term needs to manage their health and HRSN

**Specialized care support teams:**

Care Managers/Care Coaches	Care Extenders
Service Coordinators	Peer Support Specialists
Community Health Workers	High Risk Social Needs Coordinators
Homeless Service Liaison/Housing Specialist	Transition Care Coordinators
Chronic Condition/Disease Management	



# Member Rights and Responsibilities



## Rights

- Be free from discrimination based on race, color, ethnic or national origin, age, sex, sexual orientation, gender identity and expression, religion, political beliefs, marital status, pregnancy or childbirth, health status, or disability
- Be treated with respect and consideration for your privacy and dignity
- Get information about your health plan, provider, coverage and benefits
- Obtain information in a way you can easily understand including interpretation, written translation and auxiliary aids available free of charge

## Responsibilities

- Follow your member handbook, understand your rights and ask questions when you want to learn more or do not understand
- Treat your providers, Humana staff and other members with respect and dignity
- Choose your PCP and, if needed, change your PCP
- Be on time for appointments and call your provider's office as soon as possible if you need to cancel or if you are going to be late
- Show your member ID card whenever you get care and services

## Grievances and Appeals

### Member Grievance and Appeals Contact Information



#### Mail Requests:

Humana Healthy Horizons Virginia  
Grievance and Appeals  
PO Box 14163  
Lexington, KY 40512-4163

#### Phone Requests:

844-881-4482 (TTY: 711)  
8:00 a.m. – 8:00 p.m., Eastern time,  
7 days a week

### Grievances

Members or their authorized representatives can file a grievance at any time, orally or in writing, if they are dissatisfied with Humana or any aspect of their care.

### Appeals

Members or their authorized representatives can file an oral or written appeal request within 60 calendar days of the date on the adverse benefit determination. Members can request assistance from Member Services by calling 844-881-4482.



## Contact and Resources:


### Sample Member ID card

<Card front>

**Humana Healthy Horizons® in Virginia**  
A Medicaid product of Humana WI Health Org. Ins. Corp

**MEMBER NAME**  
**MEMBER ID: HXXXXXXXXX**  
Medicaid ID#: XXXXXXXXX  
Effective Date: XX/XX/XX

RxGRP: XXXXX  
RxBIN: 610649  
RxPCN: 3191507

 **CardinalCare**  
Virginia's Medicaid Program

In case of emergency, call 911 or go to the closest emergency room.  
After treatment, call your PCP within 24-hours or as soon as possible.

<Card back>

**Member/Provider Services: 844-881-4482 (TTY: 711)**  
Member Transportation Services: 877-718-4215  
Clinical Triage Line BH/ARTS Crisis, Nurse Line: 888-445-8714  
Member Dental Program: 888-912-3456  
Pharmacy Rx Inquiries: 844-912-0115  
Please visit us at: **Humana.com/HealthyVirginia**  
To connect with Virginia Medicaid visit: [dmas.virginia.gov](https://dmas.virginia.gov)  
For online provider services, go to [Availity.com](https://Availity.com)  
Please mail all claims to:  
**Humana Medical**  
**P.O. Box 14359**  
**Lexington, KY 40512-4359**



# Sentara Health Plans Cardinal Care Information Session



# About Sentara Health Plans



# Sentara Community Plan Enhanced Benefits

Adult Vision Exams and Discounts

Children Literacy Program: Read, Learn, Grow (partnership with Rainbow Puppets)

Feminine Hygiene Products (Up to \$20 per quarter)

Free diapers (Up to 400)

GED Voucher Program (Up to \$275 for the GED testing voucher and online prep program)

Home-Delivered Meals (Up to 56 freshly prepared meals delivered after an inpatient hospital or skilled nursing facility stay)

Incontinence Products (Up to \$30 per quarter)

Pre-Diabetic Health Coaching & Weight Loss

Pregnant Moms Grocery Card / Nutritious Food Program (\$75 per quarter)

Safe Sleep Program (free baby monitor, sleep sack, or pack-n-play for new moms)

Transportation Services (Non-medical) 24 round-trips for members & 24 round-trips for LTSS caregivers

Welcoming Baby Program (Healthy Moms) & Baby Showers

\*Not an inclusive list. Please visit [sentaramedicaid.com/benefits](https://sentaramedicaid.com/benefits) for additional benefits.

# We improve health every day through our model of care

## For Moms

- **Welcoming Baby Program:** provides outreach, education, case management, frequent follow-up by a team of experienced maternal health professionals.
- **Adopt-a-Mom program:** provides peer support during their prenatal or post-partum journey
- **Maternity Nurse Navigator Program:** Nurse Navigators work with pre-and postpartum members to assist with appointment setting, community resources, connection to health plan resources, and education.

## For kids

- **Pediatric Diabetes/Asthma Program:** comprehensive case management program that works with the entire family to assist with managing pediatric diabetes or asthma conditions.
- **The School Liaison Program:** promotes health, wellbeing and education within our school systems through school events, connection to case management services, coordinating participation with community resources, and getting children access to health screenings, vaccinations, and other key services.

## For those with chronic care needs

- **Diabetes Transition Program (DTP):** identifies members who have been admitted or readmitted to a hospital with a primary diagnosis code related to diabetes. Sentara's nurse case managers trained in diabetes management then work one-on-one with those members.
- **Ponos Care Program:** provides holistic and focused concierge-style care to members to address physical and psychosocial aspects of sickle cell disease, Crohn's disease, ulcerative colitis, multiple sclerosis, Lupus, chronic kidney disease, or psoriatic and rheumatoid arthritis.

## For those with Behavioral Health (BH) needs

- **BH Rapid Response Team:** provides in-person visits to engage at risk members in case management services and connect them to community and health plan resources.
- **Peer Support programs:** for Mental Health and Substance Use are offered to members on a voluntary basis. Peer Support Specialists assist members achieve goals during their recovery journey.

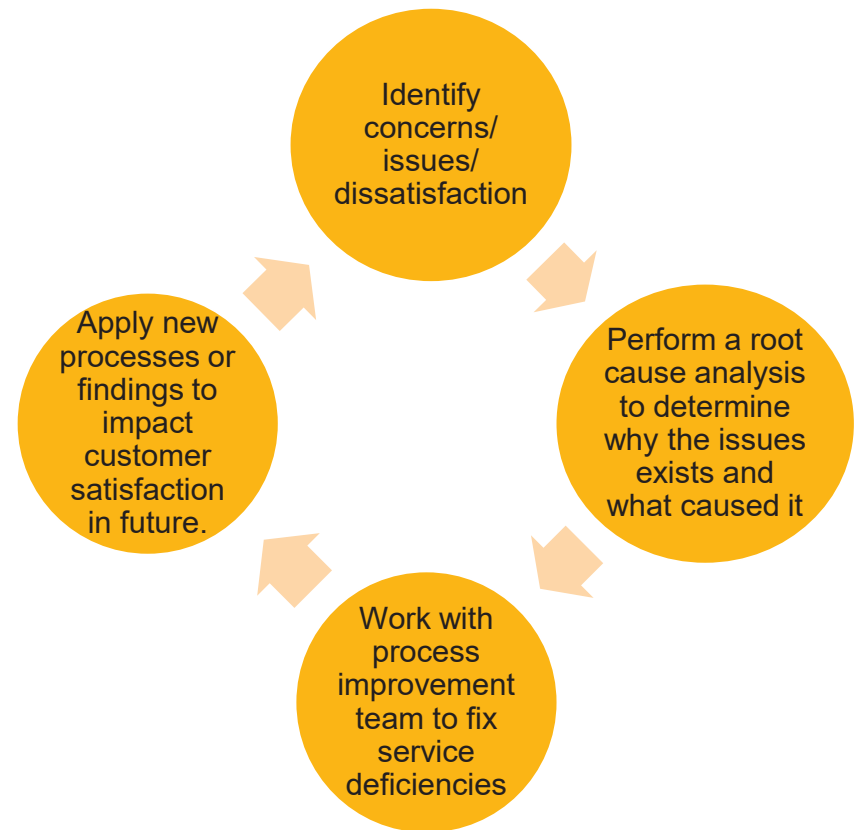
# Member Rights – How Sentara Health Plans helps to resolve member concerns

**Sentara's Customer Advocacy Team** is dedicated to addressing and resolving complex issues that affect numerous members.

This team collaborates with departments across Sentara Health Plans to resolve issues quickly, while also working to ensure timely and effective communication to impacted members.

**Sentara's Service Recovery And Executive Escalation Teams** focus on reaching out to, and working with, members who have expressed dissatisfaction with Sentara Healthcare in surveys, social media, phone conversations, email, etc.

**Sentara's Grievances and Appeals Team** is dedicated to addressing and resolving any complaints or requests for reconsideration of any adverse actions taken by the plan.



## Connect with us:



@SentaraHealthPlans



Sentara Health Plans



1-800-881-2166 (TTY: 711)



[sentaramedicaid.com](https://sentaramedicaid.com)

# UnitedHealthcare Community Plan

04/11/2025





# Who We Are

**Our mission is to help people live healthier lives and help make the health system work better for everyone.**

**All Virginians deserve affordable health care, including you. We have many plans to help you get healthy —and stay healthy.**



UnitedHealthcare Community Plan  
4 out of 5 Stars  
NCQA 2023 & 2024  
Medicaid Health Plan Ratings



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# Value Added Benefits

- **OnePass Fitness** - Unlimited access to 300+ gyms/Premium YMCAs and over 14,000 digital fitness options for members age 18+
- **Diaper Rewards** - Up to 500 diapers at no cost for attending prenatal and postpartum appointments
- **Sticks for Kicks Plus!** - Up to \$100 in vaccine incentives at Foot Locker®/Walmart for members up to age 18.
- **GED support**- Unlimited materials and support to complete the GED test at no cost; ages 18+
- **Menstrual supplies**- Eligible members can receive menstrual underwear for free
- **Housing application reimbursement**- Up to \$80 in gift cards to reimburse housing application fees
- **Self Care** mobile app for emotional health support at no cost
- **Dr. Chat by UHC** – Chat live with a Doctor 24/7
- **Weight Watchers (WW)** – Free vouchers for members ages 18+
- **Social trip Transportation** – free round-trip rides to places of worship, grocery, DMV, DSS, gym, and more!



# Model of Care: Care Coordination, MLTSS



Members can get help finding the right health care or community resources by calling **UnitedHealthcare Community Plan Member Services at 1-844-752-9434.**

Shortly after you become a UnitedHealthcare Community Plan member, a representative will call you to screen for what support is needed for your healthcare.



You can also call **1-800-842-3014, TTY 711** 24 hours a day, seven days a week to talk to an on-call nurse.



UnitedHealthcare Community Plan and the Department provide LTSS (Long-Term Services and Supports) like private duty nursing, personal care, and adult-day health care to help individuals meet daily needs and maintain independence in the community or a facility.

Before receiving LTSS, a community-based or hospital team will assess if you meet the "level of care" criteria, determining your qualification and need for LTSS.

Contact your care manager or member services to learn about the screening process for LTSS.



# Member Rights

**Appeals:** You have the right to file an appeal if you disagree with an adverse benefit determination that UnitedHealthcare Community Plan makes about your health coverage or covered services.

You must appeal *within 60 calendar days from the date on the adverse benefit determination letter.*

**Complaints:** You have the right to file a complaint (a “grievance”) at any time.

You will not lose your coverage for filing a complaint. Be sure to include details on what the complaint is about so that UnitedHealthcare Community Plan can help.

## Ways to file an appeal, and/or complaint:



Phone requests to Member Services:  
1-844-752-9434, TTY 711



Written requests:

**Mail:** P.O. Box 31364  
Salt Lake City, UT 84131-0364

**Fax:** 1-801-994-1082



# Member Services

UnitedHealthcare Community Plan's Member Services is available to help if you have any questions or concerns.

- Call 1-844-752-9434, TTY 711, 8:00 a.m.–8:00 p.m., Monday–Friday, or
- Visit [uhccommunityplan.com/Virginia](https://uhccommunityplan.com/Virginia).

**ATTENTION:** If you do not speak English language assistance services are available to you free of charge.

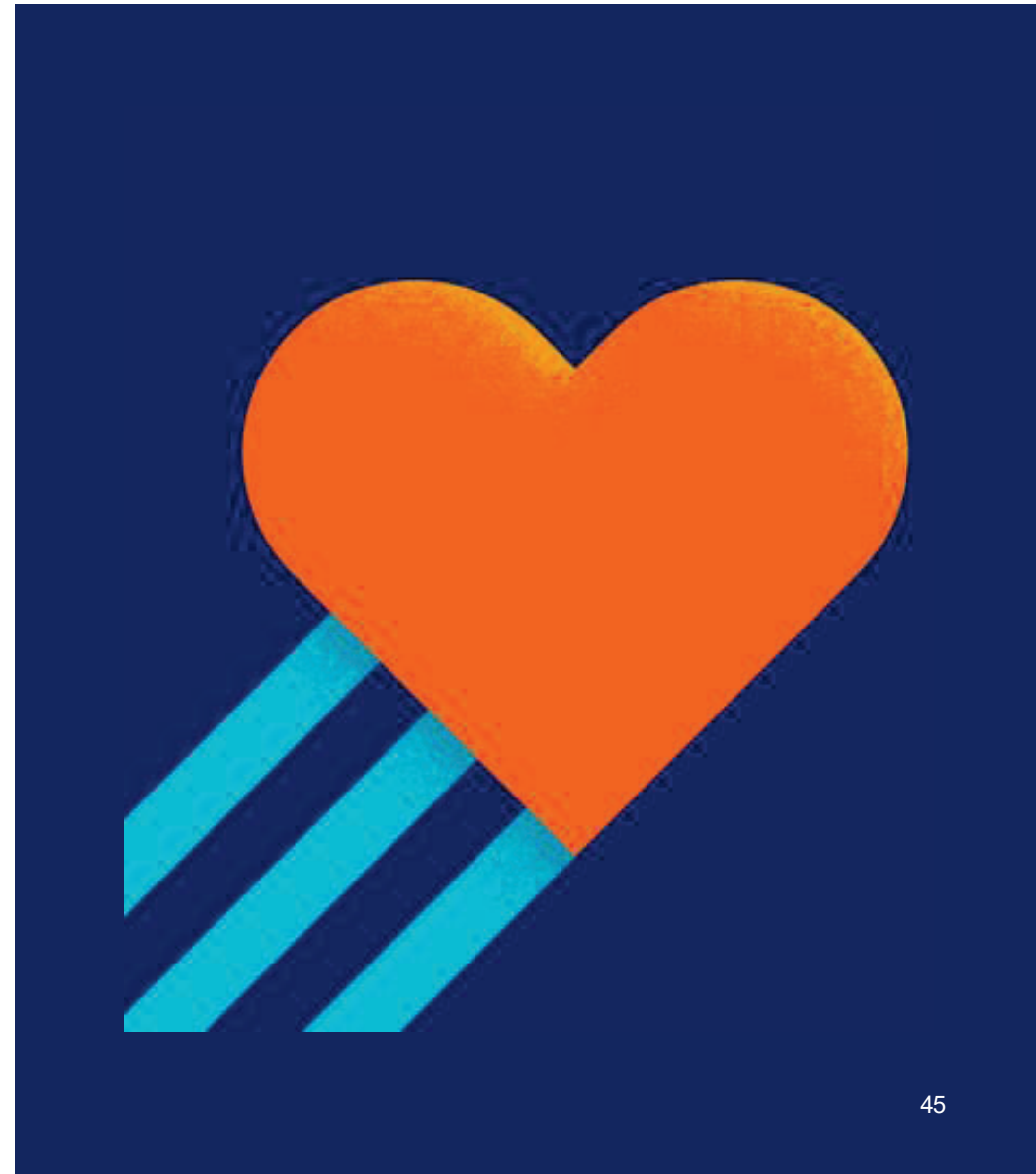
- Call 1-844-752-9434, TTY 711.

See Cardinal Care Member Handbook for additional information or visit [dmas.virginia.gov](https://dmas.virginia.gov) and [dmas.virginia.gov/for-members/cardinal-care](https://dmas.virginia.gov/for-members/cardinal-care).

[VA-CCCPlus-Handbook-EN.pdf](#)



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# Thank You and Questions?

- Virginia Cardinal Care App
- Enrollment Broker Website:  
<https://virginiamanagedcare.com/>
- Enrollment Broker Phone Number:
  - Toll-free number: 1-800-643-2273  
(TTY: 1-800-817-6608)
  - Hours of operation:  
Monday – Friday  
8:30 a.m. – 6:00 p.m.

