



Last Updated: 10/17/2023

General Update on Cardinal Care ☐ - Virginia's Medicaid Program, Including Changes Under Cardinal Care Managed Care (CCMC)

The purpose of this memo is to provide an update for the Virginia Medicaid program. Effective October 1, 2023, Cardinal Care is the new name of Virginia's health services program, which include managed care, fee-for-service and other programs.

Cardinal Care Managed Care (CMCC) operates with the same five managed care organizations (MCOs) that administered both the Commonwealth Coordinated Care Plus (CCC Plus) and Medallion 4.0 programs. The full transition to CCMC will take place over the next 60 days and is expected to be seamless for members and providers.

DMAS was directed to merge the two managed care programs (Medallion 4.0 and CCC Plus) as part of the 2021 Appropriations Act. DMAS proceeded with the initial phase to rebrand as Cardinal Care in January 2023. DMAS recently received CMS approval to implement the final phase of Cardinal Care, effective October 1, 2023, to consolidate its two existing managed care programs, Medallion 4.0 and CCC Plus, under a single managed care waiver and contract.

CARDINAL CARE MANAGED CARE (CCMC)

Cardinal Care Managed Care (CCMC) provides a strong foundation for the Governor's priority initiatives, including [Right Help, Right Now](#) and the [Managed Care Procurement](#).

The full transition to CCMC will take place over the next 60 days and is expected to be seamless for members and providers. Key focus areas include the following:

- Members and providers do not need to take any action to enroll in CCMC; members remain enrolled with their health plan and continue care with current providers.
- Members with significant health needs will continue to have access to comprehensive care management services through their health plan.
- All services covered by CCC Plus and Medallion 4.0 programs are covered through CCMC and the same populations and services excluded from CCC Plus and Medallion 4.0, will continue coverage through the DMAS fee-for-service program.



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- A member's managed care enrollment will continue to be contingent on the individual's Medicaid/FAMIS eligibility.
- MCOs have transitioned to a no wrong door submission process for service authorizations and claims.
- DMAS will discontinue use of the Medallion 4.0 and CCC Plus managed care program names over the next several months, although the Commonwealth [Coordinated Care Plus home and community-based services \(HCBS\) Waiver](#) will continue to operate as CCC Plus HCBS.

Continuity of Care Improvements (Effective November 1, 2023)

CCMC improves continuity of the managed care benefit so that populations will no longer need to enroll in fee for service briefly before transitioning between managed care programs. To ensure adequate advance notice is provided to the impacted Medicaid providers, DMAS will implement the improved continuity of care benefit starting November 1, 2023.

1. Beginning November 1, 2023, Managed care eligible members who are in the hospital at the time of initial MCO enrollment will enroll in managed care under CCMC. This follows the process currently in place for CCC Plus members. There are no changes for claims processing; hospitals should continue to bill for 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 coverage from admission to discharge.
2. Beginning November 1, 2023, newborns of all CCMC mothers will have coverage through the birth mother's MCO for at least the birth month plus two-month timeframe, following the process that has historically been in place for Medallion 4.0 newborns.
3. Beginning November 1, 2023, populations that had transitioned from Medallion 4.0 to CCC Plus, i.e., entered hospice or long-term care, will no longer be disenrolled from managed care before being re-enrolled. A separate Memo will be sent to hospice and long-term services and supports (LTSS) providers to highlight these specific changes.

DMAS' Managed Care Enrollment Broker



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In January 2023, DMAS launched a single managed care enrollment website: VirginiaManagedCare.com, Managed Care Helpline, 1-800-643-2273 (TTY: 1-800-817-6608), mobile app and aligned open enrollment process for managed care members. Members continue to have the option to change their health plan through the enrollment broker during annual open enrollment.

NEW CARDINAL CARE MEDICAID, FAMIS AND PLAN FIRST ID CARDS

Fee-for-service and Plan First ID Cards

On January 1, 2023, DMAS began to replace the current blue and white Medicaid/FAMIS fee-for-service ID cards with updated ID cards that prominently display the Cardinal Care logo. The ID cards also display information needed for fee-for-service claims processing and useful contact information for members and providers. DMAS also updated *Plan First* ID cards, which continue to identify the program as limited benefits coverage, i.e., birth control and services to help prevent unplanned pregnancies.

DMAS will not issue replacement fee-for-service ID cards to all members at once.

Newly eligible members will be the first to receive the new fee-for-service ID cards. The agency will gradually send new fee-for-service ID cards to all members. The existing blue and white Medicaid/FAMIS fee-for-service ID cards and green and white Plan First ID cards continue to be valid for fee-for-service claims processing.

Managed Care ID Cards

Managed care health plans will revise Medicaid and FAMIS MCO ID cards to replace Medallion 4.0 and CCC Plus program names with the Cardinal Care logo.

MEMBER ELIGIBILITY AND MCO ENROLLMENT VERIFICATION

Providers should continue to use the DMAS web-based automated response system (ARS) and the Medicaid telephonic system, and 270/271 eligibility transactions to verify member eligibility and managed care enrollment. ARS and Medicaid will continue to differentiate between Medicaid and FAMIS coverage.

For MCO-enrolled members, eligibility verification systems will include the member's MCO name, MCO ID, MCO phone number and the member's MCO enrollment dates. Additional information including sample automated response system (ARS) eligibility verification screen-prints are available in [the Cardinal Care provider information presentation](#) available on the DMAS [Cardinal Care Provider Transition](#) web page.

CARDINAL CARE MCO CONTACTS

MCOs will issue separate guidance to providers regarding any Cardinal Care-related changes to MCO contracting, claims and service authorization processes. Providers may also contact the MCOs directly using the *MCO Provider Services Contact Information* shown in the *Provider*



Contact Information and Resources table below.

PROVIDER CONTACT INFORMATION & RESOURCES

Virginia Medicaid Web Portal Automated Response System (ARS)

Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.

<https://vamedicaid.dmas.virginia.gov/>

Medicall (Audio Response System)

Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.

1-800-884-9730 or 1-800-772-9996

Acentra (formerly known as Kepro)

Service authorization information for fee-for-service members.

<https://dmas.kepro.com/>

Provider Appeals

DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.

<https://www.dmas.virginia.gov/appeals/>

Managed Care Programs

To be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.

Medallion 4.0

<https://www.dmas.virginia.gov/for-providers/managed-care/medallion-40/>

CCC Plus

<https://www.dmas.virginia.gov/for-providers/managed-care/cc-plus/>

PACE

<https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/program-of-all-inclusive-care/>

Magellan Behavioral Health

Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members. Effective 11/1/2023, services managed through Magellan will transition to Acentra (formerly Kepro) contact information is listed above. See the Medicaid Bulletin dated April 10, 2023 for more information about this transition, available at: <https://vamedicaid.dmas.virginia.gov>.

Providers may contact Kepro/Acentra directly via email at VAproviderissues@kepro.com Or by phone at 1-888- 827-2884. The Kepro/Acentra website is <https://dmas.kepro.com>

Provider HELPLINE

Monday-Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.

1-804-786-6273
1-800-552-8627

Cardinal Care MCO Provider Services Contact Information

MCO

Phone/Website

1-800-279-1878

<https://www.aetnabetterhealth.com/virginia/providers/index.html>

Aetna Better Health of Virginia

Anthem HealthKeepers Plus

1-800-901-0020

<https://www.anthem.com/>

Molina Healthcare

1-800-424-4518

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

Optima Health

Optima Health 1-844-512-3172

Optima Health (formerly Virginia Premier)

1-800-881-2166 <https://www.optimahealth.com/providers/>

UnitedHealthcare

1-844-284-0146

www.uhcprovider.com/