

Broadcast DMAS 110

DATE: January 18, 2023
TO: LDSS Directors and Eligibility Staff
FROM: Katie Hill, Integrated Care, Department of Medical Assistance Services
SUBJECT: Medicaid Rebranding to Cardinal Care

Acronyms used in this Broadcast:

ARS: Automated Response System
CCC Plus: Commonwealth Coordinated Care Plus: CCC Plus
FAMIS: Family Access to Medical Insurance Security
FFS: Fee-for-service
MCO: Managed Care Organization

The purpose of this broadcast is to inform local agency workers about new Medicaid ID cards and other changes related to Medicaid's consolidation and rebranding to Cardinal Care.

1. Virginia Medicaid rebranded its programs as Cardinal Care on January 1, 2023. Cardinal Care follows a phased implementation that will be fully operational by July 1, 2023.
2. Cardinal Care does not make any changes to coverage or services for members. Members and providers do not need to take any action to enroll in Cardinal Care, and members can stay with their MCO and keep their same doctors.
3. Cardinal Care includes members *currently* served through the Medicaid Family Access to Medical Insurance Security (FAMIS) fee-for-service programs and managed care programs, including Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus).
4. Beginning January 1, 2023, you may see new Cardinal Care ID cards with the Cardinal Care logo. Fee-for-service (FFS) members can continue to use their current blue-and-white cards. Members will get a new Virginia Medicaid Cardinal Care fee-for-service card if they become newly eligible on/after January 1, 2023, or if their current card is lost or damaged. Samples of FFS ID cards are available at: <https://www.dmas.virginia.gov/for-members/cardinal-care>. Members in Cardinal Care managed care will receive new ID cards (with the Cardinal Care logo) from their Managed Care Organization (MCO) through mid-2023.



5. Beginning in January 2023, open enrollment for all Medicaid MCO members follows a regional schedule based on where the member lives. Members use the existing enrollment websites and helplines until they are modified in July 2023.
6. DMAS will consolidate the Medallion 4.0 and CCC Plus contracts, under a single Cardinal Care MCO Contract – *effective upon approval by the Centers for Medicare and Medicaid Services (CMS); anticipated in early 2023.*
7. DMAS and the MCOs will gradually discontinue use of the Medallion 4.0 and CCC Plus program names and will replace with Cardinal Care Managed Care.
8. Beginning January 1, 2023, our eligibility verification systems (ARS, Medicall, and 270/271 EDI transaction) reflect MCO or fee-for-service enrollment, and no longer list CCC Plus or Medallion 4.0 (see Attachment 1). Additionally, all MCOs will accept Medallion and CCC Plus service authorizations and claims through either previous submission process.
9. See the Cardinal Care implementation timeline below for details.

Cardinal Care Implementation Timeline

January 1, 2023 – June 30, 2023

January 2023 Cardinal Care Branding	April 2023 Managed Care Contract Consolidation	June 30, 2023 Fully Implemented
<ul style="list-style-type: none"> • New Cardinal Care ID Cards begin to circulate for fee-for-service and MCO members. • ARS and Medicaid reflect managed care enrollment as MCO. • MCOs accept service authorizations and claims submissions through either program submission process. (Providers can continue to identify the program name by the MCO provider ID reflected in ARS, Medicaid, and the 270/271 eligibility transaction). • Open enrollment is aligned for all Managed Care members based on the region where the member lives. 	<ul style="list-style-type: none"> • DMAS will operate its MCO programs under a single Cardinal Care Managed Care Waiver and Contract • Contract includes all populations and services historically included in Medallion or CCC Plus Programs. • Excludes all populations and services that had been excluded from managed care. • Consolidated contract improves continuity of care and members no longer transition between the two MCO programs. Example: Medallion members transitioning into hospice or long-term services and supports will no longer drop to FFS before enrolling in managed care. 	<ul style="list-style-type: none"> • Enrollment Broker will implement a single Cardinal Care Managed Care website, phone number and Mobile Application. <i>(Until July, the existing Medallion and CCC Plus managed care enrollment broker websites will be co-branded with Cardinal Care, Medallion, and CCC Plus program names.)</i> • After July 1, 2023, DMAS and Enrollment broker websites will no longer use the Medallion 4.0 and CCC Plus Program names.

MCO Provider Services Contact Information	
MCO	Phone/Website
Aetna Better Health of Virginia	1-800-279-1878 https://www.aetnabetterhealth.com/virginia/providers/index.html
Anthem HealthKeepers Plus	Medallion - 1-800-901-0020 CCC Plus – 1-855-323-4687 https://www.anthem.com/
Molina Healthcare	1-800-424-4518 https://www.molinahealthcare.com/providers/va/medicaid/home.aspx
Optima Health	Medical - 1-800-229-8822 Behavioral Health – 1-800-648-8420 https://www.optimahealth.com/providers/
UnitedHealthcare	Medallion: 1-844-284-0146 CCC Plus: 1-877-843-4366 www.uhcprovider.com/
Virginia Premier Health Plan	1-800-727-7536 https://www.virginiapremier.com/providers/medicaid/provider-resources/

Attachment 1: Identifying MCO Program in ARS and Medicaid Using MCO Provider ID Number

Providers should continue to use the DMAS eligibility verification systems, including the web-based automated response system (ARS), Medicaid telephonic system, and 270/271 EDI transactions to verify member eligibility and managed care enrollment. Beginning January 1, 2023, DMAS' eligibility verification systems will simply reflect the member's fee-for-service or MCO enrollment. The eligibility verification systems will continue to include the member's MCO name and phone number, MCO provider ID, and the member's MCO enrollment dates. MCOs have transitioned to accept managed care service authorizations and claims through either program submission process. However, if providers have a separate business need to identify the CCC Plus and Medallion 4.0 programs during this transition, they can do so from the MCO provider ID listed in ARS, Medicaid and 270/271 EDI transaction. Each MCO has a separate Provider ID number for CCC Plus and Medallion 4.0, as shown in the table below. The ARS screen shot below shows where the MCO Provider ID number is located. The MCO Provider ID number is also shared in Medicaid and the 270/271 eligibility verification transaction.

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
Virginia Premier	0562425717	0247726240

MCO Provider ID Number

ARS Screen-Shot

The screenshot displays the ARS interface with three main sections: Benefit Plan, TPL Spans, and Patient Pay Information. A red arrow points to the 'Provider ID' field in the 'Benefit Plan' table for the 'MCO NTHWIN -- 029' plan.

Plan Description - CoPay Indicator - Aid Category	Plan From	Plan To	Provider ID	Provider Name	Provider Phone
MEDICAID FFS - C -- 029	11/01/2022	11/30/2022			
MCO NTHWIN -- 029	11/01/2022	11/30/2022	0247725788	UNITED HEALTHCARE COMMUNITY PLAN	877-843-4366
MED CO & DED -- 029	11/01/2022	11/30/2022			

Carrier Code	Carrier Name	Coverage Type	CoPay Amount	Policy Number	Policy Begin Date	Policy End Date
00001	MEDICARE	47	0.00		03/01/2013	12/31/9999
00001	MEDICARE	96	0.00		03/01/2013	12/31/9999
00001	MEDICARE	88	0.00		03/01/2013	12/31/9999

Begin Date	End Date	Patient Pay	Status
No patient pay info			

At the bottom of the screen, there are buttons for 'CoPay Amounts', 'Service Limits', and 'Choose a Different Member'.