

VIRGINIA DEPARTMENT OF MEDICAL
ASSISTANCE SERVICES

Cardinal Care Managed Care Launch

Member: 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).

Can I stay with my current health plan?

You can stay with your health plan if you choose to, and continue to receive the same benefits, see the same doctors and providers, and have access to the same health care services.

What if I want to change my health plan?

There is a continuity of care period for those who switch plans. All health plans are required to allow you to see your current providers for up to 30 days. Even if they are not contracted with your new health plan. After the 30- day period, you can work with your health plan to contract with your providers or your health plan can help you transition to a provider/doctor that is already in-network with them.

*Humana will offer continuity of care for 60 days as a new health plan.

When can I change my health plan?

You can change your health plan during the CCMC Health Plan Special Open Enrollment Period from June 19 to September 30, 2025.

The CCMC Health Plan Special Open Enrollment Period is a one- time enrollment period during the transition to the new CCMC contract. During this time, you can review your health plan options and choose to remain in your current plan (new assigned plan for Molina members) or select a different health plan.

Open enrollment is when you can request to change your health plan. Open enrollment dates will depend on where you live.

What happens if I do not select a new plan by September 30, 2025?

After September 30, 2025, you must wait for the next regional Managed Care Open Enrollment Period in 2026 to change plans.

When do enrollment changes take effect?

- If you pick a plan by the 18th of the month, your enrollment with that plan starts on the 1st of the next month.
- If you pick after the 18th, your enrollment with that plan starts the month after the following month.

How can I change my health plan?

- You 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](#)
- You can also visit the Cardinal Care Enrollment Broker website at <https://virginiamanagedcare.com> to enroll or
- You 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.

Can FAMIS members choose their health plan?

Yes, FAMIS members can now select their health plan through the health plan enrollment broker. Follow the instructions under "how can I change my health plan" to make any changes you choose.

Molina Members

What happens to me if I was a Molina member?

You should have received a letter telling you that you would be enrolled in Humana automatically or that you can choose a different plan. Molina members who did not select a health plan, were automatically moved to Humana on July 1, 2025. You can still switch plans until September 30, 2025, if you choose. Humana will work with Molina to make sure your care continues without any problems during the change. Humana will honor your current authorizations for 60 days.

As a Molina member, what if I have an appointment with my doctor after July 1st?

Humana is allowing a 60-day continuity of care period for Molina members to continue to see your doctor. You can present your Cardinal Care Managed Care card or your Medicaid ID number. We encourage you to check with your provider.

If you switched plans before June 18th and you are enrolled in another health plan, we encourage you to check with your health plan.

CCC Plus Waiver Services

How are my Consumer Directed (CD) services affected?

Waiver eligible CCC Plus members with Aetna, Anthem, Sentara, and United Health Plans will not be affected if you are staying with your health plan. If you choose to change plans during this open enrollment period, your new plan is required to maintain a continuity of care for 30 days. After 30 days, you may need to reach out to your health plan directly to ensure CD services remain unaffected.

Former Molina members who were automatically transferred to Humana have been transitioned to Humana with the same CD services. Humana and their Fiscal Employer Agent (F/EA), Consumer Direct Care Network (CDCN), have a process in place that will automatically transfer existing Molina members under CD services over to Humana.

Who do I contact if I have questions about my CCC Plus Waiver services?

For questions regarding your services, please contact your Service Facilitator (S/F) for additional assistance.

Who do I contact if I have any questions about waiver enrollment?

For questions regarding waiver enrollment, you can contact your Health Plan's Care Coordinator or email DMAS at CCCPPlusWaiver@dmas.virginia.gov. Please refer to the section, "Member Support and Contact Information" to find your Health Plan's contact information.

If you have any questions regarding Medicaid eligibility, please contact your Local Department of Social Services.

Who do I contact regarding payroll or tax related questions?

For questions regarding payroll and tax for Aetna, Humana, and Sentara, please use the [PPL contact tool](#) and select your health plan or call 1-833-549-5672.

For questions regarding payroll and tax for Aetna, Anthem, and United, please contact Consumer Direct Care Network (CDCN) at 1-888-444-8182 or email them at infoCDVA@ConsumerDirectCare.com.

Dual Special Needs Plan

What is a Dual Special Needs Plan?

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 you to coordinate your care, avoid paying premiums, and take advantage of added benefits not covered by Medicare or Medicaid.

Starting January 1, 2025: D-SNP enrollees were automatically enrolled in the same plan for both D-SNP and Medicaid health plans.

All 5 health plans offer a D_SNP and you can select which plan is best for you.

- 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)

You can call 1-800-MEDICARE (1-800-633-4227), TTY: 1-877-486-2048. For free help, call the Virginia Insurance Counseling and Assistance Program (VICAP) at 1-800-552-3402. To learn more, read the [DSNP FAQ, August 2024](#).

If I would like to unify my Medicare insurance with Medicaid insurance company or if my Medicare is not aligned with Medicaid, what can I do?

If you have both Medicaid and Medicare, you can sign up for a Medicare Dual Special Needs Plan (DSNP). If you pick a DSNP plan that's offered by a different company than your current Medicaid Cardinal Care health plan, your Cardinal Care plan will automatically change to match your DSNP plan. To switch your Cardinal Care Medicaid plan, you'll need to change your DSNP plan first.

If you have Medicare, you can keep your regular Medicare plan if you want. Joining a DSNP plan is your choice.

Foster Care Specialty Plan (FCSP)

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.

What additional benefits does the FCSP offer?

FCSP members receive:

- A dedicated support line (Active Mon–Fri, 8 AM – 5 PM | 833-838-2605)
- Care management support specialized in child welfare such as judicial liaisons and transition youth liaisons
- Resources such as academic rewards, gas cards, travel assistance, Chromebooks, clothing support, and employment incentives

To read more visit the [Foster Care and Adoption Assistance | Medicaid | Anthem](#) website or [Foster Care DMAS](#) website.

Can children in foster care opt into another MCO?

After the initial transition, members in foster care, adoption assistance, and former foster care can Opt-Out of Anthem's Foster Care Specialty Plan. All Opt-Out requests can be made through the Enrollment Broker.

Foster Care members who Opt-Out of the Foster Care Specialty Plan (FCSP) are no longer eligible for managed care and may only otherwise receive Medicaid benefits through the Fee-for-Service (FFS) delivery system. The local DSS Foster Care Case Worker listed as the Authorized Representative can request to Opt-Out of/In to the FCSP for a Foster Care member by calling the Managed Care Helpline at 1-800-643-2273 (TTY: 800-817-6608) Monday-Friday 8:30am-6:00pm.

Youth enrolled in Adoption Assistance and Former Foster Care who Opt-Out of the Foster Care Specialty Plan must select a different MCO. Guardians or adult members may Opt-Out of Anthem's FCSP through the Virginia Cardinal Care App, online at [virginiamanagedcare.com](#), or by calling the Managed Care Helpline.

Only the Anthem Foster Care Specialty Plan provides enhanced services and support to these populations.

Eligibility and Enrollment

What is the income eligibility for a four-person family?

Medicaid and FAMIS eligibility income limits are dependent upon the category of coverage for which the person is being evaluated. Additional nonfinancial factors, such as having a disability or needing long term services and supports, may change how your income is calculated as well as the eligibility income limit being applied. Individuals are encouraged to apply to ensure that their individual circumstances are correctly taken into account.

- Income limit for children and pregnant women in a household of 4: : \$5,493/month (\$65,908/year)
- Income limit for nonpregnant adults in a household of 4, aged 19-64: \$3,698/month (\$44,367)
- To learn more about eligibility: [CoverVA](#)

If I paid a medical or dentist bill before Medicaid was approved, can I get this money back?

Once an application is approved, the member's Medicaid or FAMIS enrollment will start on the 1st of the month that the application was submitted. Medicaid can also retroactively cover up to 3 months before the application was submitted if the person was eligible during this period and asks for retroactive coverage. If you received a service while your application was pending, are later approved for Medicaid or FAMIS coverage, and the provider accepts Medicaid, the provider will need to submit the claim to Medicaid. It is important to note that the provider will need to submit this claim through fee for service. If the claim is approved, the provider must then reimburse you the full amount you previously paid for the service.

Who do I contact if I have questions about Medicaid eligibility?

If you have questions about your Medicaid eligibility or how to apply for Medicaid, you can contact your eligibility worker at your local Department of Social Services or call the Cover Virginia Call Center Monday through Friday 8 a.m. to 7 p.m. and Saturday 9 a.m. to 12 p.m. at 1-855-242-8282 (TDD: 1-888-221-1590).

What if I no longer need or want Medicaid?

If you no longer need Medicaid Coverage, contact: Cover Virginia at 1-855-242-8282 (TTY: 1- 888-221-1590) or contact your local Department of Social Services.

Benefits, Care, and Resources

Is there an updated chart that provides a side-by-side comparison of benefits between health plans?

Yes! You can view a side-by-side comparison on our updated "[Cardinal Care Comparison Chart](#)."

Do the plans have enhanced benefits?

Yes! To see each plan's enhanced benefits, please refer to the [CCMC Member Education Session slides](#).

What dental benefits do you offer?

All health plans use DentaQuest via [Cardinal Care Smiles](#). To search for a dentist near you, it may be best to use the [DentaQuest Find a Dentist | DentaQuest tool](#).

What vision benefits do you offer?

All plans offer varying vision benefits including eye exams and glasses. We encourage you to refer to your health plans website or member manual to find vision benefits specific to your plan.

Health Plan	Vision Provider	Find a Provider
Aetna	VSP	Vision Provider Locator Tool
Anthem	EyeMed	Find Care Tool or call Member Services at 800-901-0020 (TTY 711)
Humana	EyeMed	Find an In-Network Tool or call Member Services at 844-881-4484 (TTY: 711)
Sentara	VSP	Sentara's Vision Care or call Sentara Health Vision Services at 1-844-453-3378 TTY: 711
United	March Vision Care	Locate a Provider Tool

What transportation benefits do you offer?

All plans offer transportation benefits. We encourage you to visit the resources below to learn more from each plan.

Aetna: [Transportation Services to Doctors & Specialists | Aetna Medicaid Virginia](#)

Anthem: [Transportation | Virginia Medicaid Extras| Anthem](#)

Humana: [Transportation | Humana Healthy Horizons in Virginia](#)

Sentara: [Nonemergency Transportation Benefit](#)

United: [VA-CCCPlus-Handbook-EN.pdf](#) and go to page 29

Do you have Care Coordinators? If yes, what can they help with?

Yes, all plans have Care Coordinators or Care Managers. Care Coordinators/Managers often have special health care expertise. Care coordinators perform the following services:

- 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 addressing non-medical needs such as housing stability and food access
- Support member choice to reside in the least restrictive environment and facilitate successful transitions

Can I use my Cardinal Care plan out of state?

Cardinal Care will only cover out of state care in limited circumstances, such as when emergency services are required or when prior authorization to receive out of state care is granted because the service or care needed is not available with the state. We encourage you to reach out to your MCO for more information about the MCO provider network and additional policies regarding out of state care.

How do I find a provider?

You can use the DMAS website [to find a provider](#) or download the Cardinal Care app via Apple and Google play.

Your MCO can also help you choose a provider.

- For medical questions, call your MCO and ask to speak to a nurse.
- For other questions, check online or call your MCO member services number:
- [Aetna Better Health of Virginia](#) 1-800-279-1878 or TTY: 711
- [Anthem HealthKeepers Plus](#) 1-800-901-0020 or TTY: 711
- [Humana Healthy Horizons in Virginia](#) 1-844-881-4482 or TTY: 711
- [Sentara Community Plan](#): 1-800-881-2166 or TTY: 711 (Northern VA Kaiser Permanente members: 1-855-249-5025)
- [United HealthCare](#) 1-844-752-9434 or TTY: 711

What if my provider is not in network?

Your health plan can work with your provider to enroll with them. If your provider chooses not to join your health plan's network, your health plan will help you find a similar provider in network.

You can also try searching using the Virginia Managed Care tool: [Find a Primary Care Provider \(PCP\)](#).

If you want to switch health plans in order to stay with your provider, please see information under "When can I change my health plan?" to change plans during the CCMC or open enrollment periods. You can call the Managed Care Helpline Monday through Friday from 8:30 a.m. to 6 p.m. at 1-800-643-2273 (TTY 1-800-817-6608) for assistance.

Member Support and Contact Information

Who can I contact for Medicaid Application Assistance?

Applications for Medicaid and FAMIS can be submitted:

- Online at commonhelp.virginia.gov
- Over the phone with the Cover Virginia Call Center, Monday through Friday 8 a.m. to 7 p.m. and Saturday 9 a.m. to 12 p.m. at 1-855-242-8282(TDD: 1-888-221-1590).
<https://www.dss.virginia.gov/localagency/index.cgi>
- Mailed or submitted in-person to your local Department of Social Services

For additional help completing an application:

- Project Connect: www.vhcf.org/for-those-who-help/what-we-fund/project-connect-grants/ 15
- Enroll Virginia: www.enrollva.org

How can I contact my health plan?

Health Plan	Chat/Email Support	Phone Numbers
Aetna		24/7 Member Services line: 1-800-279 1878 (TTY:711) Behavioral health crisis and 24-Hour Nurse line: 1-800-279-1878 (TTY:711) Language support and assistance: 1-800-385-4104 (TTY:711)
Anthem	Live Chat Anthem	24/7 Member services line: 1-800-901-0020 (TTY: 711)
Humana	Live Chat Humana	M-F 8 am-8 pm ET Member services line: 1-844-881-4482 (TTY: 711)
Sentara	members@sentrara.com	For the fastest service, please call member services at the number on your member ID card. You can also call: 757-552-7401 or toll-free at 1-877-552-7401 (TTY: 1-800-828-1140 or 711). 24/7 Nurse Advice Line: 757-552-7250 or 1-800-394-2237
United		Member Services at 1-844-752-9434 24/7 On-Call Nurse: 1-800-842-3014 (TTY:711)

How can I file an appeal or claim?

Health Plan	Phone	Mail
Aetna	Call Aetna at 1-800-279-1878 (TTY: 711)	Aetna Better Health® of Virginia Attn: Appeals Department PO Box 81139 5801 Postal Road Cleveland, OH 44181 Fax: 866-669-2459
Anthem	Member services at 1-800 901-0020 (TTY:711)	Grievance and Appeals Department HealthKeepers, Inc., P.O. Box 62429 Virginia Beach, VA 23464 Send a fax to 855-832-7294
Humana		Humana Healthy Horizons Virginia Grievance and Appeals PO Box 14163 Lexington, KY 40512-4163
Sentara		Claims Mailing Addresses Medical Claims PO Box 8203 Kingston, NY 12402-8203 Behavioral Health Claims PO Box 8204 Kingston, NY 12402-8203
United	Call Member Services: 1-844-752-9434 (TTY: 711)	P.O. Box 31364 Salt Lake City, UT 84131-0364 Fax: 1-801-994-1082

Where can I access the live Q&A recording and slides?

You can access the slides and the recording at: [Cardinal Care for Members](#)