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## **MEDICAID REBRANDING TO CARDINAL CARE**

**DATE:** January 26, 2023  
**TO:** LDSS Directors and Benefits Staff  
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**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.

### **Virginia Medicaid is now Cardinal Care.**

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). 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.

Beginning in 2023, Virginia's two managed care programs – Medallion 4.0 and Commonwealth Coordinated Care Plus (*CCC Plus*) – will be phased into **one** program, Cardinal Care Managed Care. This change will help reduce transitions or gaps in care if a member's needs change and streamline credentialing for providers. Here are answers to some of the most frequently asked questions about Cardinal Care:

### **Will members get a new Medicaid ID card?**

Beginning in January, new Virginia Medicaid/FAMIS members (*those enrolling for the first time*) will receive Cardinal Care cards. Existing members will receive the new Cardinal Care card at a later date, and should continue to use their old, blue-and-white Virginia Medicaid ID cards until their new Cardinal Care card arrives. Members in managed care will receive a new Managed Care Organization (*MCO, or Medicaid/FAMIS health plan*) ID card by July 2023.

### **Do existing members need to do anything to get their new Cardinal Care card?**

No, members do not need to take any action, so long as their telephone number and mailing address are up to date with Virginia's Department of Medical Assistance Services (*DMAS*). Their new Cardinal Care card, and new MCO Cardinal Care card, will come to them automatically later this year.

Members can update their address by:

- Visiting [commonhelp.virginia.gov](https://commonhelp.virginia.gov),
- Calling the Cover Virginia call center at 1-855-242-8282,
- Calling their local Department of Social Services (*LDSS*), or
- Contacting their Medicaid/FAMIS MCO.

### **What changes should members expect under Cardinal Care?**

One key change under Cardinal Care will be the availability of care coordination for **all** Medicaid/FAMIS members, if needed. They will no longer have to transition between two delivery systems if their needs change. Cardinal Care will also

streamline members' MCO enrollment (*including annual regional opportunities to change MCOs*), to help reduce confusion for families.

### **Will benefits change under Cardinal Care?**

The core benefits available to Medicaid members will remain the same under Cardinal Care. The same six MCOs (*Aetna Better Health of Virginia, Anthem HealthKeepers Plus, Molina Healthcare, Optima Community Care, UnitedHealthcare Community Plan, and Virginia Premier*) will continue to offer services.

### **Where can I learn more about Cardinal Care?**

Members and those who serve them can learn more at [dmas.virginia.gov/for-members/cardinal-care/](https://dmas.virginia.gov/for-members/cardinal-care/). Providers can learn more at [dmas.virginia.gov/for-providers/cardinal-care-transition/](https://dmas.virginia.gov/for-providers/cardinal-care-transition/).

### **How do I check Medicaid eligibility?**

DMAS eligibility verification systems, including the web-based automated response system (ARS), Medicaid telephonic system, and 270/271 EDI transactions are used 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. Each MCO has a separate Provider ID number for CCC Plus and Medallion 4.0, as shown in the table below.

<b>MCO</b>	<b>Medallion 4.0 Provider ID</b>	<b>CCC Plus Provider ID</b>
Aetna	0562425543	0247726596
Anthem	0562425972	0247726836
Molina	0575325995	0247725432
Optima	0562427754	0247719971
United	0575326118	0247725788
Virginia Premier	0562425717	0247726240

