



Fact Sheet about Cardinal Care Managed Care

Basic Concept of Cardinal Care

Cardinal Care, formerly called CCC Plus, is managed care, which means that instead of medical and other service providers contracting with Medicaid directly and billing Medicaid directly, each provider will have to go through one of five managed care organizations (MCOs) to enroll, get service authorization, and bill. Most Medicaid users will move to a Cardinal Care Plan within a few months of getting Medicaid. These MCOs are usually for-profit insurance companies. The move toward managed care is part of a large and growing national trend to contain costs for Medicaid.

What Changes as You Move to a Cardinal Care Plan?

- Instead of simply telling a medical or service provider you have Medicaid, you need to tell them which of the five MCOs you use and ensure they are enrolled with that particular plan. For example, you would ask, “Do you accept the Aetna Better Health Plan through Virginia Cardinal Care Medicaid?”
- Your service providers ask for authorizations and bill through an MCO rather than Medicaid. If something you request is denied and you would like to appeal, you first appeal to the MCO, then can ultimately appeal to Medicaid directly.
- Each MCO provides a Care Coordinator for members. The Care Coordinator is a bit like a medical case manager who should be your ongoing point of contact for questions and concerns. They should help you locate services you need both inside and outside of the plan. For example, if you have food or housing needs, they should work to help you locate appropriate resources even if the plan is not directly funding those services. The Care Coordinator should be closely involved with your DD Waiver Support Coordinator and your team, if you have a DD Waiver.
- Individuals with CCC Plus Waivers (formerly called EDCD and Tech Waivers) have both medical and Waiver services managed through the MCO. Individuals with DD Waivers only have their medical services rolled into managed care, and they still work with their CSB Support Coordinators to request and utilize DD Waiver services.
- Medicaid pays for or provide transportation to/from medical appointments, but each of the five MCOs is managing this differently, so you will work with the provider your MCO selects.

What Will Not Change as You Move to a Cardinal Care Plan?

- You still have Medicaid (aka Cardinal Care), even though you’ll be working through an MCO. You still have the same Medicaid card you did before, in addition to a card for your selected MCO.
- Each plan must offer the same services and benefits Medicaid did previously, in the same quantities. They can offer additional benefits as well, but may not reduce what Medicaid provided. Your current authorizations for services continued for the short term, but will soon need to be re-authorized through the MCO, if they have not already. Each plan must offer providers for each service, or allow you to go outside the plan to locate a provider for a service Medicaid offers.
- You may continue to see the same doctors, therapists, and other providers you do now as long as they work with your new MCO.



- If you have a DD Waiver (Community Living, Family and Individual Supports, or Building Independence), your Waiver services are authorized and funded directly through Medicaid with the assistance of your Support Coordinator, just as they were previously.
- If you're a dual eligible (you receive Medicaid and Medicare), none of your Medicare services will change. You can continue with your current Medicare plan and to see your current Medicare providers. Medicaid will continue to pay your monthly enrollment premium with Medicare. You can enroll in a Dual Special Needs Plan with Medicare that will be offered by the same MCO as your Cardinal Care provider and will offer additional benefits to members.

Who was Excluded?

- For a full list of populations excluded from CCC Plus Managed Care, visit <https://coverva.dmas.virginia.gov/media/1240/individuals-excluded-from-managed-care-enrollment.pdf>
- Most people with developmental disabilities are enrolled. The largest group of exceptions is for people enrolled in the HIPP Program. To learn more about this program, that helps pay monthly insurance premiums for people with employer-sponsored plans and Medicaid, visit <https://www.youtube.com/user/videosatTheArcofNOVA> and search "HIPP" for a three-minute webinar on the topic.
- You cannot opt out of CCC Plus enrollment unless you are in an excluded population.

Selecting a Plan, Changing Your Plan, and Enrollment Timelines

- The best way to choose a plan is to contact every Medicaid doctor, therapist, specialist, pharmacy, hospital, and Waiver (if you use CCC Plus Waiver) provider you now see to determine which plan(s) they will accept. Determine if the providers you rely on most will be enrolled in the same plan(s), which may be the wisest plan to choose. You should be able to verify provider enrollment at <https://virginiamanagedcare.com/>. You can compare plans and additional benefits at <https://www.virginiamanagedcare.com/en/compare-plans>
- Each year in the future, you will be able to change your plan in October-December. If you have a "good cause" reason (e.g., providers not available for the services you need, continued service failures), you should be able to change plans at any time. To change your plan, visit <https://virginiamanagedcare.com/enroll>

Contacts

- For a full list of benefits, providers, and provider directories, visit <https://virginiamanagedcare.com/>
- You can send CCC Plus comments, questions, and suggestions to CCCPlus@dmas.virginia.gov or 1-800-643-2273
- You can always visit www.thearcofnova.org/answers to submit a question or ask for general help or advice on any topic related to Developmental Disabilities or Special Needs Trusts. Questions may also be entered into the portal system in Spanish.