

Managed Care versus Fee-for-Service

Medicaid managed care is a health care delivery system in which the state contracts with managed care organizations (MCOs), also called health plans, to provide Medicaid benefits and additional services to Medicaid members.

Cardinal Care Managed Care (CCMC) is Virginia's Medicaid and FAMIS managed care program.

In fee-for-service (FFS), the state contracts with and reimburses health care providers directly for covered benefits and services delivered to members.



It's your health care,
IT'S YOUR CHOICE:

Virginia Medicaid members have their choice of health plans and providers with Cardinal Care.

CardinalCare
Virginia's Medicaid Program

Who Does What?

Department of Medicaid Assistance Services (DMAS)

- Provide oversight for all aspects of the program
- Administer FFS program
- Manage the CoverVA call center
- Administer Medicaid Fair Hearing process (Appeals)
 - Eligibility appeals
 - Adverse benefit decisions for FFS members
 - State fair hearings for health plan members
 - Members must exhaust the health plan appeal process before requesting a DMAS state fair hearing.

Departments of Social Services (DSS)

- Process applications and conduct eligibility reviews
- Case management (ex. processing changes and renewals)
- Manage the Commonhelp website (online application)
- Conduct and coordinate community-based long-term services and support screenings

Cardinal Care Enrollment Broker

- Provide health plan comparison resources and manage platforms (app, website, call center)
- Answer member questions regarding their health plan enrollment
- Manage health plan enrollments and changes

Cardinal Care Health Plans

- Administer Cardinal Care benefits and services to their members
- Connect their members to in-network providers
- Care coordination and care management
- Appeal and grievance process
 - First step for appealing adverse benefit determinations made by a health plan, such as a denial or partial approval of service authorizations or claims.

Foster Care Specialty Plan

Anthem HealthKeepers has been selected to administer a single statewide Foster Care Specialty Plan (FCSP) under the Cardinal Care Managed Care Contract.

Who is eligible?

Foster Care

Members under age 21 who are in foster care.

Former Foster Care

Members under age 26 who were in foster care until their discharge at 18 or older.

Adoption Assistance

Members under age 21 who receive adoption assistance.



All eligible members will be automatically enrolled into Anthem's Foster Care Specialty Plan (FCSP) unless the member elects to opt out.

Additional Resources

Medicaid Managed Care Advocates

- Assists members experiencing challenges with enrollment or disenrollment, continuity of care, accessing benefits, and health plan timeliness.
 - Answers questions about billing, care coordination, and plan benefits.
 - Provide information and assistance with grievances and appeals.
 - Office of the State Long-Term Care Ombudsman (DBHDS)
1-800-552-5019 (TTY Toll-free 800-464-9950)
www.ElderRightsva.org

Medicaid Application Assistance

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

