



Department of Medical Assistance Services  
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<http://www.dmas.virginia.gov>

# MEDICAID MEMO

**TO:** All Providers of Hospice Services, Contractors, and Managed Care Organizations (MCOs) Participating in the Virginia Medicaid and FAMIS Programs

**FROM:** Cheryl Roberts, Director  
Department of Medical Assistance Services  
(DMAS)

**DATE:** TBD

**SUBJECT:** Changes to Hospice Procedures Under Cardinal Care<sup>SM</sup> - Virginia's Medicaid Program, Effective July 1, 2023.

The purpose of this memo is to provide information about coming changes in accessing and billing for hospice services with the implementation of the Department of Medical Assistance Services' (DMAS') Cardinal Care Managed Care program. Cardinal Care Managed Care will combine the Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus) programs. DMAS anticipates implementing Cardinal Care Managed Care effective July 1, 2023, and the changes to hospice services detailed in this memorandum, which primarily impact members currently enrolled in Medallion 4.0, will go into effect on the implementation date.

## **BACKGROUND: VIRGINIA MEDICAID'S CARDINAL CARE BRAND**

On January 1, 2023, Virginia Medicaid rebranded all of its health coverage programs for Medicaid and FAMIS members. *Cardinal Care* is the new unifying name for Virginia's managed care, fee-for-service, Plan First, and Family Access to Medical Insurance Security (FAMIS) programs.

Within the Cardinal Care brand, *Cardinal Care Managed Care* will be the new name for Virginia's two existing managed care programs, Medallion 4.0 and CCC Plus. The Medallion 4.0 and CCC Plus brands will be phased out by July 1, 2023. Full implementation of Cardinal Care Managed Care requires approval of a new federal Medicaid waiver from the Centers for Medicaid and Medicare Services (CMS), which DMAS anticipates receiving prior to July 1, 2023.

All managed care members previously enrolled in Medallion 4.0 and CCC Plus will automatically be transitioned into Cardinal Care Managed Care effective July 1, 2023. Members will remain enrolled with their Medallion 4.0 or CCC Plus managed care

organization (MCO), and all services covered by those programs will be covered by the MCO through Cardinal Care Managed Care.

## **CHANGES TO COVERED HOSPICE SERVICES AND PROCEDURES**

Currently, Medallion 4.0 members who enter hospice care are transitioned to fee-for-service (FFS) Medicaid and hospice providers bill DMAS directly for those services. Under Cardinal Care Managed Care, all members will have access to hospice services, and members who elect to enter hospice care will remain enrolled in managed care with their Cardinal Care Managed Care MCO. (A member also may be in a waiver and receive hospice services.) The Cardinal Care MCO must cover all services associated with the provision of hospice services for its enrolled members and must ensure that children under age twenty-one (21) are permitted to continue to receive curative medical services even if they also elect to receive hospice services. The Cardinal Care MCO is responsible for providing information to members about the availability and function of hospice services.

To receive inpatient hospice services, members must be enrolled in the hospice Level of Care. The admitting facility's information is submitted by the hospice agency to the Cardinal Care MCO via the 421a *Hospice Admission Form*. The MCO is contractually required to enter hospice admissions and discharges into the DMAS Medicaid Enterprise System (MES) no later than two (2) business days of notification of admission/discharge. This procedure is currently in place for CCC Plus members and will become effective for all Cardinal Care Managed Care members, including those formerly in Medallion 4.0, on July 1, 2023.

## **BILLING FOR HOSPICE SERVICES UNDER CARDINAL CARE MANAGED CARE**

Under Cardinal Care Managed Care, hospice providers will bill the member's MCO directly for services. Former Medallion 4.0 members who entered hospice care and transitioned to FFS prior to July 1, 2023, will *not* be re-enrolled in managed care under the Cardinal Care Managed Care program or with their former MCO after July 1, 2023. Hospice providers serving these and other members in fee-for-service should continue to bill DMAS directly for those services.

Individuals who elect the hospice benefit with a begin date when they have only FFS Medicaid will be excluded from enrollment in Cardinal Care Managed Care.

The Department's FFS claims processing rules will not change because of Cardinal Care, so providers should continue to use the same admission and billing processes for FFS members, unless otherwise notified. Providers must continue to enter hospice admissions with a start date prior to July 1, 2023, directly into the DMAS portal for Medallion 4.0 members. Due to the impact on Cardinal Care Managed Care enrollment, it is critical that hospice providers enter new hospice admissions into the DMAS portal for FFS members as expeditiously as possible. Delayed entry of the hospice benefit will impact member enrollment and could have significant downstream effects on members and other providers.

**CARDINAL CARE MCO CONTACTS**

Hospice providers may contact the MCOs directly using the *MCO Provider Services Contact Information* shown in the *Provider Contact Information and Resources* table below.

<b>PROVIDER CONTACT INFORMATION &amp; RESOURCES</b>	
<p><b>Virginia Medicaid Web Portal Automated Response System (ARS)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p><a href="https://vamedicaid.dmas.virginia.gov/">https://vamedicaid.dmas.virginia.gov/</a></p>
<p><b>Medicall (Audio Response System)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>1-800-884-9730 or 1-800-772-9996</p>
<p><b>KEPRO</b> Service authorization information for fee-for-service members.</p>	<p><a href="https://dmas.kepro.com/">https://dmas.kepro.com/</a></p>
<p><b>Provider Appeals</b> DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.</p>	<p><a href="https://www.dmas.virginia.gov/appeals/">https://www.dmas.virginia.gov/appeals/</a></p>
<p><b>Managed Care Programs</b> Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.</p>	
<p><b>Medallion 4.0</b></p>	<p><a href="https://www.dmas.virginia.gov/for-providers/managed-care/medallion-40/">https://www.dmas.virginia.gov/for-providers/managed-care/medallion-40/</a></p>
<p><b>CCC Plus</b></p>	<p><a href="https://www.dmas.virginia.gov/for-providers/managed-care/ccp-plus/">https://www.dmas.virginia.gov/for-providers/managed-care/ccp-plus/</a></p>
<p><b>PACE</b></p>	<p><a href="https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/program-of-all-inclusive-care/">https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/program-of-all-inclusive-care/</a></p>
<p><b>Magellan Behavioral Health</b> Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.</p>	<p><a href="http://www.MagellanHealth.com/Provider">www.MagellanHealth.com/Provider</a> For credentialing and behavioral health service information, visit: <a href="http://www.magellanofvirginia.com">www.magellanofvirginia.com</a>, email: <a href="mailto:VAProviderQuestions@MagellanHealth.com">VAProviderQuestions@MagellanHealth.com</a>, or Call: 1-800-424-4046</p>
<p><b>Provider HELPLINE</b> Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.</p>	<p>1-804-786-6273 1-800-552-8627</p>
<b>MCO Provider Services Contact Information</b>	
<b>MCO</b>	<b>Phone/Website</b>

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