

Optima Health

Transitioning to Cardinal Care

Optima Community Care

Introducing Optima Community Care

Optima Community Care is Cardinal Care

Beginning July 1, 2023, Medallion 4.0 and CCC+ will operate as a single managed care delivery system under one program, Cardinal Care Virginia, to achieve a more cohesive member experience. Additionally, Optima Family Care and Health Community Care will merge and rebrand as **Optima Community Care**.

A phased in strategy began on July 1, 2022, allowing DMAS and health plans time to inform members, providers, and others about the new program; and eliminate unnecessary transitions so members can continue accessing the care, services and assistance they need.

Optima Family Care (Med 4.0)

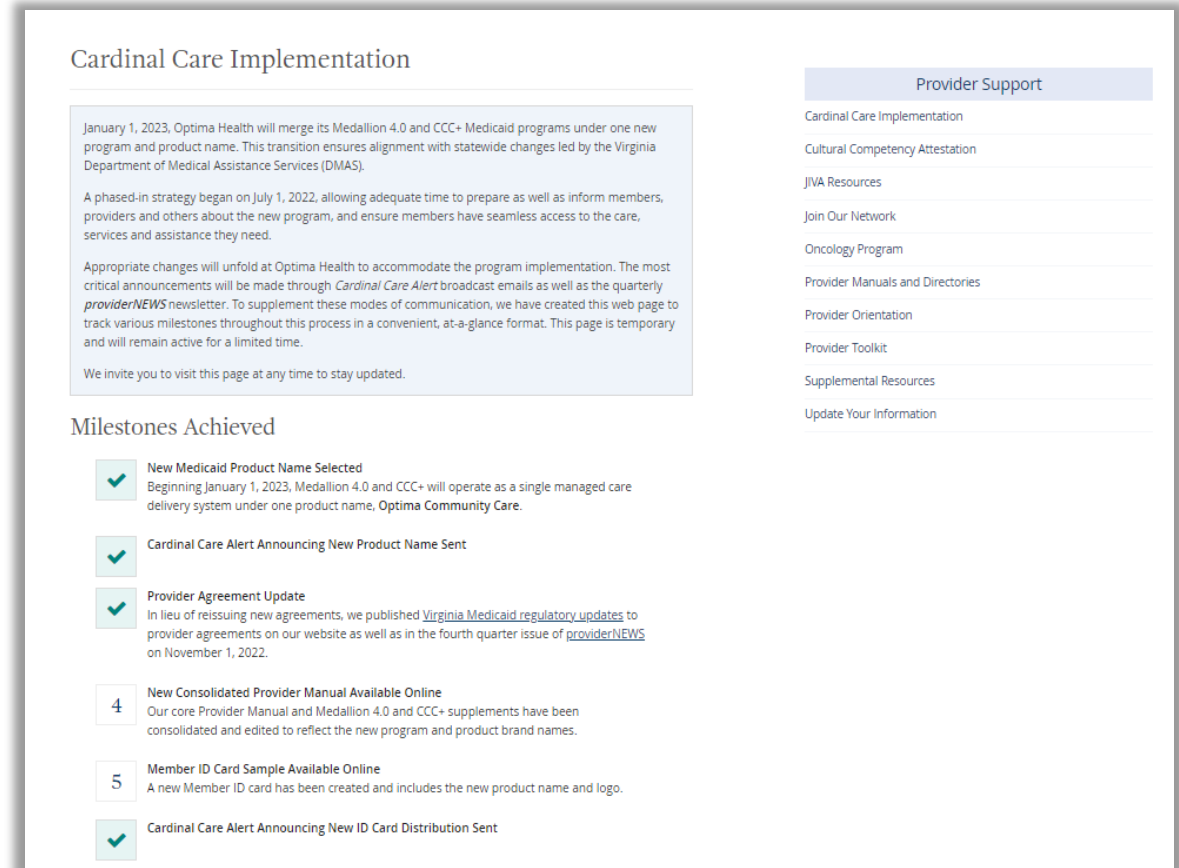
Optima Community Care

Optima Health Community Care (CCC+)



CardinalCare
Virginia's Medicaid Program

The **Cardinal Care Implementation** web page has been created to allow our provider partners 24-hour access to updates as we transition to this new program. Throughout the phase in we will update the page citing each milestone achievement and include a brief description of each action taken.



The screenshot shows a web page titled "Cardinal Care Implementation". It features a main content area with text and a "Milestones Achieved" section. On the right side, there is a "Provider Support" menu with various links.

Cardinal Care Implementation

January 1, 2023, Optima Health will merge its Medallion 4.0 and CCC+ Medicaid programs under one new program and product name. This transition ensures alignment with statewide changes led by the Virginia Department of Medical Assistance Services (DMAS).

A phased-in strategy began on July 1, 2022, allowing adequate time to prepare as well as inform members, providers and others about the new program, and ensure members have seamless access to the care, services and assistance they need.

Appropriate changes will unfold at Optima Health to accommodate the program implementation. The most critical announcements will be made through *Cardinal Care Alert* broadcast emails as well as the quarterly *providerNEWS* newsletter. To supplement these modes of communication, we have created this web page to track various milestones throughout this process in a convenient, at-a-glance format. This page is temporary and will remain active for a limited time.

We invite you to visit this page at any time to stay updated.

Milestones Achieved

- New Medicaid Product Name Selected**
Beginning January 1, 2023, Medallion 4.0 and CCC+ will operate as a single managed care delivery system under one product name, **Optima Community Care**.
- Cardinal Care Alert Announcing New Product Name Sent**
- Provider Agreement Update**
In lieu of reissuing new agreements, we published [Virginia Medicaid regulatory updates](#) to provider agreements on our website as well as in the fourth quarter issue of *providerNEWS* on November 1, 2022.
- 4 New Consolidated Provider Manual Available Online**
Our core Provider Manual and Medallion 4.0 and CCC+ supplements have been consolidated and edited to reflect the new program and product brand names.
- 5 Member ID Card Sample Available Online**
A new Member ID card has been created and includes the new product name and logo.
- Cardinal Care Alert Announcing New ID Card Distribution Sent**

Provider Support

- Cardinal Care Implementation
- Cultural Competency Attestation
- JVA Resources
- Join Our Network
- Oncology Program
- Provider Manuals and Directories
- Provider Orientation
- Provider Toolkit
- Supplemental Resources
- Update Your Information

www.optimahealth.com/providers/provider-support/cardinal-care-implementation

In order to assist with the transition to Cardinal Care and to clarify the automatic amendment to the Provider Agreement triggered by the change in state policy, we have announced changes in the 4th quarter edition of the *providerNEWS* released on November 1, 2022.

These changes will be effective on January 1, 2023.

www.optimahealth.com/providers/updates/cardinal-care-provider-agreement

Enrollment in Provider Services Solution (PRSS) Portal is **REQUIRED** to remain a participating Medicaid provider if you are participating with one or more MCOs.

Excluding PRSS enrollment, no action is required to continue seeing Medicaid patients

Optima Community Care members were issued new ID cards bearing the Cardinal Care logo starting in November 2022. Cards became effective on January 1, 2023

Limited Model of Care changes will be effective on July 1, 2023.

All Medicaid managed care network providers must enroll through PRSS to satisfy and comply with federal requirements in the 21st Century Cures Act. Those network providers that are currently enrolled as fee for service (FFS) in Medicaid **do not** have to re-enroll in PRSS.

Main Points:

- From <https://virginia.hppcloud.com/> Go to “Enroll as a new provider or check your enrollment status.”
- Only one enrollment application is necessary in PRSS, even if you participate with more than one MCO.
- **All new MCO-only providers must first enroll with PRSS prior to requesting credentialing with one or more of the managed care health plans.**

Continue using the MediCall telephonic system, and 270/271 eligibility transactions to verify member eligibility and managed care enrollment.

Automated Response System and MediCall will provide the member's MCO name and phone number.

The DMAS eligibility verification system will now reflect MCO enrollment. Indication of CCC+ and Med4 enrollment will no longer be specified.

<https://www.dmas.virginia.gov/for-providers/cardinal-care-transition/>

Model of Care is an approach to identify targeted populations for outreach, care management, disease management and specifies expectations for member engagement, assessment, care planning, interdisciplinary team meetings, and other interventions to improve member outcomes and member experience.

The Cardinal Care contract incorporates most existing M4 and CCC+ requirements.

Notable changes include:

1. Model of Care
2. Oversight and Compliance
3. Reporting

Members will be managed under the new staffing requirements, timeframes, and care coordination starting 4/1/23 if they are:

1. Under a waiver and receiving Private Duty Nursing (PDN) services;
2. Receiving PDN under EPSDT; or
3. Ventilator Dependent

Optima Health may use telephone or video conferencing to administer the MMHS, HRA and develop the ICP.

Exceptions:

1. HRA must be conducted in-person for members in high Intensity case management
2. Initial HRA and level of care assessments must be done in-person if member is in a nursing facility or has CCC + Waiver

To learn more as well as complete your annual Model of Care training requirement for 2023, review the [Model of Care Provider Guide](#)

Providers are required to review the Model of Care Provider Guide (MCPG) within 30 days of their initial orientation date as a newly contracted provided and by January 31st each subsequent year. Attestation is required and will be recorded by provider name (practice/facility), tax identification number (TIN), and email address.

Optima Community Care Benefits

Standard Covered Services





Prevention & Wellness

- **Diabetes Prevention:** Pre-diabetic health coaching and weight loss program
- **Healthy Member incentives:** Prenatal & Postpartum follow-up, HPV, baby well child and adolescent well child checkup, childhood immunizations, diabetic eye exam, foster care child PCP and dental visits, COVID 19 and more
- **Adult Vision:** One eye exam and \$100 for frames each year
- **Incontinence:** Up to \$30 per quarter for related products
- **Free Sports Physicals**



Women

- **Feminine Hygiene:** Member may purchase feminine hygiene products for up to \$20 per quarter
- **Healthy Moms; Partners In Pregnancy (PIP):** Expanded program to include Parenting Magazine voucher, Free breastfeeding classes, and breast pump



Babies

- **Baby Showers:** Virtual and in person health education and a tour of labor and delivery
- **Diapers:** One fulfillment of 400 diapers per pregnancy



Food & Nutrition

- **Home Delivered Meals:** Four (4) meals will be delivered to a member's home after a hospital stay.
- **Nutritious Food Program:** Pregnant mom receives \$75 healthy savings grocery card to use to purchase healthy food items, including fresh produce



Finances

- **Healthy Savings Program:** provides discount savings on healthy food, over the counter medications, baby items, and cleaning products.
- **Financial Wellness:** Program to assist members achieve financial goals



Literacy

- **Adult Literacy Program (HEAL):** Teaches members how to take control of their health through eight, 90 minute classes about healthy eating, talking to the doctor, prescriptions, emergency room use, and more
- **Reading Program for Children:** Encourage child reading and parent interaction through puppet shows



Education

- **GED Voucher Program:** Up to \$275 for GED testing voucher and online preparatory program
- **College Application Assistance:** Up to \$75 for college application assistance



Convenience

- **Telehealth Services via MD Live:** 24 hour access for non-life-threatening health questions or medical needs
- **Transportation Services (Non-Medical):** 24 round trips per year to grocery stores, places of worship, community events, laundromat, and more

Resources

- **Cell Phones:** Free smartphone with 350 minutes, unlimited texts and free monthly calls to health plan OR free unlimited wireless, texts, minutes and hot spot
- **Mattress Cover/Pillowcase:** Asthmatic members eligible for one mattress cover/protector/pillowcase/bi annually
- **Memory Alarms and Devices:** Home security devices, memory devices, bed alarms, chimes, etc.
- **Online Community Resource Guide:** Online search tool to locate food, housing, jobs, and more
- **Free Pedometer**

Pregnant and postpartum members are eligible for:

1. eight (8) prenatal or postpartum visits
2. one (1) doula attendance at the delivery visit

Members will be educated about the new benefit.

The Partners in Pregnancy (PIP) team will conduct outreach to pregnant members.

To Initiative Services:

1. Members must choose a community doula who has completed a Virginia Department of Health approved certification program.
2. The member's licensed healthcare provider must complete and sign the **Doula Care Recommendation Form** prior to initiating services.



 **Virginia Medicaid**
Department of Medical Assistance Services

DOULA CARE RECOMMENDATION FORM

If you are a Virginia Medicaid member and are pregnant or have given birth within the last six months ...

You are eligible for community doula care to provide you physical, emotional, and informational support before, during and after you give birth. Your doula must get a licensed practitioner's recommendation to provide this care under the VA Medicaid program. You can request a recommendation (for example, from a doctor/midwife/nurse¹) and give it to your doula. You can ask for a recommendation even if you don't know who your doula will be yet.

If you are a doula...

You must secure and retain the record of a licensed practitioner's recommendation for each member prior to initiation of their doula care, storing the record in a manner consistent with HIPAA requirements. A copy of this form must be provided to the Managed Care Organization in which the member is enrolled (for managed care members) or the Department of Medical Assistance Services (for Fee-for-Service members) prior to initiating services.

If you are a licensed practitioner¹ ...

By filling out this recommendation form, you are enabling this individual to access non-clinical community doula services². A recommendation is not the same as a prescription/medical order.

Licensed Practitioner's Recommendation for Doula Care

VA Medicaid member full legal name (first, middle, last):

VA Medicaid member DOB (MM-DD-YYYY):

Licensed Practitioner's Signature:

Licensed Practitioner's full legal name (first, middle, last):

Licensed Practitioner's NPI number:

Date of recommendation (MM-DD-YYYY):

Name of doula (optional):

Name/address of member's primary licensed provider (optional):

Vendor Facilitated Services

ASHN: American Specialty Health Network; Chiropractor Network; Claims are paid through ASHN; Commercial and Medicare Only; 800-848-3555

DentaQuest: Dental Network; Commercial and Medicare; Medicaid is handled by DMAS directly; 888-278-7310

Verida: Transportation Vendor; Commercial, Medicare and Medicaid;
transport_noner@Sentara.com
Formerly Southeastrans, Inc. (SET)

Epic Hearing: Discounted service for Hearing Aids; Commercial, Medicare and Medicaid; 866-956-5400

MDLive: Virtual Visits; Commercial, Medicare and Medicaid;
<https://www.optimahealth.com/features/mdlive>

Nations Hearing: Discounted Services for Medicare and Medicaid Members

Vision Services Plan (VSP): Routine Vision Care Only Commercial, Medicare and Medicaid
Community Eye Care (CEC), a subsidiary of VSP will service all Medicare

LabCorp: Commercial, Medicare and Medicaid

Quest Diagnostics: Commercial, Medicare and Medicaid

Verida (formerly Southeastrans, Inc.) will continue administering the non-emergency transportation benefit for Optima Community Care.

To review the benefits, hours of operation, learn how to register a complaint and more [you may review a related resource on our website.](#)

1-877-892-3986

Member Engagement

Identifying Our Members

New member ID cards bear the Cardinal Care logo.

2023 Optima Medicaid FAMIS Member ID Card
SAMPLE

OptimaHealth

<OPTIMA COMMUNITY CARE>

Member Name: JOHN DOE
 Member Number: 9999999*99
 Plan ID: 99999999
 Group Number: ABC
 Medicaid #: 999999999999
 PCP Name: JANE DOE
 PCP Number: <XXX-XXX-XXXX>
 DOB: <XX-XX-XXXX>
 Member Effective Date: 01-01-22

RxBIN: <003858>
 RxPCN: <MA>
 RxGRP: <OHPMDCD>

FAMIS

Detailed benefit information at optimahealth.com and our mobile app

<Pre Authorization may be required for: hospitalization, outpatient surgery, therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.>
IN CASE OF AN EMERGENCY: Call 911 or go to the nearest emergency room. Always call your Primary Care Physician for non-emergent care.

Member Services: *(Hearing Impaired/Virginia Relay: 711)* <1-800-881-2166>
 Behavioral Health/ARTS Crisis Line: <1-888-946-1168>
 Provider Services: *(Including Pre-Authorization)* <1-888-946-1167>
 24/7 Nurse Advice Line: <1-800-394-2237>
 Pharmacist Help Desk: *(Including Pre-Authorization)* <1-844-604-9165>
 Dental: <1-888-912-3456>

Medical Claims <P.O. Box 5028 Troy, MI 48007-5028>
 Behavioral Health Claims <P.O. Box 1440 Troy, MI 48099-1440>

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SAMPLE (Guides)

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Appointment Access Standards

Please follow the following appointment access standards for Optima Health members.

| Service | Optima Health Medicaid Standard |
|---|---|
| Emergency appointments, including Crisis Services | Emergency appointments and services, including crisis services, must be made available immediately upon the Member's request |
| Urgent appointments | Within 24 hours of the member's request |
| Routine Primary Care | Routine, primary care service appointments must be made within 30 calendar days of the member's request. Standard does not apply to appointments for routine physical examinations, for regularly scheduled visits to monitor a chronic medical condition if the schedule calls for visits less frequently than once every 30 days, or for routine specialty services like dermatology, allergy care, etc.) |
| Maternity Care – First Trimester | Within 7 calendar days of request |
| Maternity Care – Second Trimester | Within 7 calendar days of request |
| Maternity Care – Third Trimester | Within 3 business days of requests |
| Maternity Care – High Risk Pregnancy | Within 3 business days of high-risk identification, or immediately emergency exits |
| Postpartum | Within 60 days of delivery |
| Mental Health Services | As expeditiously as the member's condition requires and within no more than 5 business days from Optima Health's determination that coverage criteria is met |
| LTSS | As expeditiously as the member's condition requires and within no more than 5 business days from Optima Health's determination that coverage criteria is met |

Training Requirements and Resources

Annual

Model of Care

Encouraged

- Fraud, Waste and Abuse
- Cultural Competency
- Trauma Informed Care
- Early and Periodic Screening,
Diagnostic and Treatment

Providers are required to review the **Model of Care Provider Guide (MCPG)** within 30 days of their initial orientation date as a newly contracted provider and by **January 31st** each subsequent year. Attestation is required and will be recorded by provider name (practice/facility), tax identification number (TIN), and email address.

Resources for EPSDT Providers

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program ensures pediatric patients receive regular screenings to avoid delays in diagnosis and treatment. By visiting the Department of Medical Assistance Services (DMAS) website, providers can access educational materials, schedules, approved screening tools, and other resources needed to provide the best care for patients.

Optima Health's **Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Provider Guide** is also available online for review or printing.



— Thank You