

# Transitioning to Cardinal Care

**Sentara Community Plan**

November 2023



# Introducing Sentara Community Plan

# Sentara Community Plan is Cardinal Care

On November 1, 2023, Medallion 4.0 and CCC+ became a single managed care delivery system under one program, Cardinal Care Virginia, to achieve a more cohesive member experience. Additionally, Optima Family Care and Optima Health Community Care merged and were rebranded as Sentara Community Plan. 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.



# About Your Provider Agreement

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 became effective on January 1, 2023

**[sentarahealthplans.com/providers/updates/cardinal-care-provider-agreement](https://sentarahealthplans.com/providers/updates/cardinal-care-provider-agreement)**

# Day One

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

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

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Sentara Community Plan members were issued new ID cards bearing the Cardinal Care logo in November 2022. Those cards became effective on January 1, 2023.

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

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# Enrolling in PRSS

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

## Main Points:

- From [virginia.hppcloud.com](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 Managed Care Organization (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.**

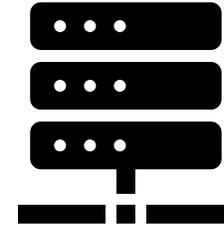
# Member Eligibility



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 Department of Medical Assistance Services (DMAS) eligibility verification system will now reflect MCO enrollment.

**[dmas.virginia.gov/for-providers/cardinal-care-transition/](https://dmas.virginia.gov/for-providers/cardinal-care-transition/)**

# Model of Care

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. To learn more as well as complete your annual Model of Care training requirement for 2024, review the **Model of Care Provider Guide** (MCPG).

The Cardinal Care contract incorporates these 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.

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

Sentara Health Plans 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 the member is in a nursing facility or Coordinated Care Plus home and community-based services (HCBS)  
**Waiver**.

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

# Sentara Community Plan Benefits

# Standard Covered Services



# More Extensive Added Benefits!

## Prevention and Wellness

- **Diabetes Prevention:** Pre-diabetic health coaching and weight loss program
- **Healthy Member Incentives:** Prenatal and postpartum follow-up, HPV, baby well child and adolescent checkup, childhood immunizations, diabetic eye exam, foster care child Primary Care Provider (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: Welcoming Baby:** 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



# Benefits (continued)

## Food and Nutrition

- **Home Delivered Meals:** Four meals will be delivered to a member's home after a hospital stay.
- **Nutritious Food Program:** Pregnant moms receive a \$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 will 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:** Encourages child reading and parent interaction through puppet shows.



# Benefits (continued)

## 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 Service via MDLIVE:** 24- hour access for non-life-threatening health questions or medical needs
- **Transportation Services (non-medical):** A maximum of 24 round trips per year to grocery stores, places of worship, community events, laundromats, etc.



## 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**

# New: Doula Care Benefit

Pregnant and postpartum members are eligible for:

- eight prenatal or postpartum visits
- one doula attendance at the delivery visit

Members will be educated about the new benefit. The Welcoming Baby team will conduct outreach to pregnant members.

To Initiate Services:

- Members must choose a community doula who has completed a Virginia Department of Health approved certification program.
- 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/nurse<sup>1</sup>) 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 practitioner<sup>1</sup>....*

By filling out this recommendation form, you are enabling this individual to access non-clinical community doula services<sup>2</sup>. 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: 1-800-848-3555

**DentaQuest:** dental network; Commercial and Medicare; Medicaid is handled by DMAS directly: 1-888-278-7310

**Modivcare:** transportation vendor for Medicare and Medicaid members: transport\_noner@sentara.com

**Epic Hearing:** discounted service for hearing aids; Commercial, Medicare and Medicaid: 1-866-956-5400

**MDLIVE:** virtual visits; Commercial, Medicare and Medicaid [website](#)

**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

# Transportation

Modivcare: Transportation vendor for Medicaid and Medicare members

Email address: [transport\\_noner@sentara.com](mailto:transport_noner@sentara.com)

To review the benefits, hours of operation, learn how to register a complaint and you may review a related source on our website [\*\*sentarahealthplans.com\*\*](https://www.sentarahealthplans.com).

Sentara Community Plan (Medicaid): 1-877-892-3986

Sentara Medicare members: 1-866-381-4860

# Member Engagement

# Identifying Our Members

New member ID cards bear the Cardinal Care logo.

 <p><b>SENTARA COMMUNITY PLAN</b></p> <p>Member Name: JOHN DOE          Member Number: 9999999          Group Number: SCP          Medicaid/Rx ID: 999999999999          PCP Name: JANE DOE          PCP Phone: 123-456-7899          Member Effective Date: 01/01/24</p> <p>RxBIN: 003858          RxPCN: MA          RxGRP: SHPMDCD</p>  <p>*Detailed plan information at <a href="http://sentarahealthplans.com">sentarahealthplans.com</a></p>	<p>Pre-Authorization may be required for: hospitalization, outpatient surgery, therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.</p> <p><b>IN CASE OF AN EMERGENCY:</b> Call 911 or go to the nearest emergency room. Always call your Primary Care Physician for non-emergent care.</p> <hr/> <p>Member Services: <i>(Hearing Impaired/Virginia Relay: 711)</i> 1-800-881-2166          Behavioral Health/ARTS Crisis Line: 1-833-686-1595          Transportation: 1-877-892-3986          24/7 Nurse Advice Line: 1-833-933-0487          Pharmacist Help Desk: 1-844-604-9165          Dental: 1-888-912-3456</p> <hr/> <table border="0"> <tr> <td><b>Medical Claims</b></td> <td><b>Behavioral Health Claims</b></td> <td><b>Sentara Health Plans</b></td> </tr> <tr> <td>PO Box 8203 Kingston, NY 12402</td> <td>PO Box 8204 Kingston, NY 12402</td> <td>PO Box 66189 Virginia Beach, VA 23466</td> </tr> </table>	<b>Medical Claims</b>	<b>Behavioral Health Claims</b>	<b>Sentara Health Plans</b>	PO Box 8203 Kingston, NY 12402	PO Box 8204 Kingston, NY 12402	PO Box 66189 Virginia Beach, VA 23466
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# Appointment Access Standards

Please follow the following appointment access standards for Sentara Health Plan members.

Service	Sentara Health Plans 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, 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 calendar days of request
Maternity care- high risk pregnancy	Within 3 calendar days of high-risk identification, or immediately in the case of emergency
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 Sentara Health Plan'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 Sentara Health Plan's determination that coverage criteria is met

# Training Requirements and Resources

# Provider Training

## 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 31<sup>st</sup>** each subsequent year. Attestation is required and will be recorded by **provider name** (practice/facility), **tax identification number (TIN)**, and **email address**.

# EPSDT Education and Resources

## 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.

Sentara Health Plans Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Provider Guide is also available online for review or printing on our [website](#).

