



All Things **HEALTHCARE**



Healthcare is a landscape that is constantly changing. This month is no different, so I have provided significant healthcare updates that most likely will touch you in some way. Moving forward, the first newsletter of each month will be dedicated to sharing these types of changes with you. Just a guess, but I am certain that is why you subscribed to my newsletter... THANK YOU!

Upcoming Changes in Healthcare

1. **Cardinal Care transition** (*for Virginia providers*): On January 1, 2023, the Virginia Department of Medical Assistance Services (DMAS) began transitioning to Cardinal Care, a program that combines Virginia's two existing managed care programs – Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus) – to create a single identity for all members receiving services through Medicaid health plan partners. This transition includes fee-for-service Medicaid members, ensuring smoother transitions for individuals whose health care needs evolve over time.
 - The single contract that will govern Virginia's unified managed care program is pending approval by the Centers for Medicare and Medicaid Services (CMS) and is expected to replace the separate contracts for Medallion 4.0 and CCC Plus on July 1, 2023.
 - The new brand on [Medicaid ID cards](#) and [MCO ID cards](#) were distributed to members in January of this year. DMAS provided copies of this [flyer](#) or [poster](#) to display in your office that explains the new Medicaid ID cards for members. Here's what to expect:
 - **The blue-and-white Medicaid ID cards will still be valid.** Both the old and new cards will enable claims processing. New Cardinal Care Plan First ID cards will clearly reflect the program's limited benefits coverage.
 - Managed care health plans will revise ID cards to replace Medallion and CCC Plus program names with the Cardinal Care logo.



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- COVID-19 vaccinations:** While many plans must continue to cover COVID-19 vaccines from an in-network provider at no cost to you, starting May 12, 2023, your health plan may impose cost sharing if you receive a vaccine from a provider that is not in your health plan's network. Ask your plan which providers are available to provide COVID-19 vaccines at no cost to you.
- COVID-19 diagnostic testing:** After the end of the COVID-19 public health emergency (starting May 12, 2023), most health plans will no longer be required to cover COVID-19 diagnostic testing (including over-the-counter (OTC) tests) at no cost to you. Although plans are encouraged to continue to cover these tests, this means that you may be responsible for payment of all or part of the cost of COVID-19 tests, including OTC COVID-19 tests, you purchase on and after May 12, 2023. Contact your health plan to find out if there will be any changes to coverage for COVID-19 tests.
- Deadlines for key health benefit decisions:** During the COVID-19 national emergency, many health plans were required to provide more time to make key decisions about your health coverage. For example, you and your family members had more time to request special enrollment to join your employer's health plan. Special enrollment is a period outside of your normal open enrollment period when you have an opportunity to enroll in the health plan (if you experienced certain types of life events, like getting married, welcoming a new child into your family, etc., and were otherwise eligible for the health plan). You were also allowed to take more time to meet deadlines related to electing and paying for COBRA continuation coverage, as well as to submit claims and appeals to your health plan. Contact your health plan to make sure you understand any new deadlines for your key health benefit decisions.
- Telehealth:** During the COVID-19 public health emergency, many health plans expanded coverage of telehealth services. Since the COVID-19 pandemic has





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ended, some telehealth services may end. Check with your plan to see if any of these benefits are changing.

- 6. Medicaid and Children’s Health Insurance Program (CHIP) coverage:** If you or your family members currently have health coverage through Medicaid or the CHIP, you may need to take steps to find out if you can continue that coverage. States will soon resume Medicaid and CHIP eligibility reviews. This means some people with Medicaid or CHIP coverage could be disenrolled from those programs. However, you may be eligible to buy a health plan through the Health Insurance Marketplace or your state’s Marketplace and receive assistance paying for it. Visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) to submit a new or updated Marketplace application to see if you (or other family members) are eligible. You may also be able to request special enrollment into your employer’s health plan. Contact your employer for more information.
- 7. Merger of health plans:** Optima Health Plan will assume agreements with Virginia Premier Providers on July 1. Effective July 1, 2023, Optima Health Plan will assume all payer agreements with Virginia Premier Health Plan providers. As of the merger effective date, Optima Health will assume all of Virginia Premier’s rights and obligations under existing agreements. No action is necessary for providers, who should continue to serve Virginia Premier members now known as “Optima Health, Group Number: VP.” Contact your contracting manager for more details.

National Health Observances—May 2023

- Mental Health | Mental Health America | www.mhanational.org
- Arthritis Awareness Month | Arthritis Foundation | www.arthritis.org
- National Asthma and Allergy Awareness | Asthma and Allergy Foundation of America | www.aafa.org
- Skin Cancer Awareness
- Physical Fitness & Sports
- National Bike Month
- Healthy Vision Month

