

Your Provider Network Management Account Executive: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email: \_\_\_\_\_

## First Choice VIP Care Plus website: [www.firstchoicevipcareplus.com](http://www.firstchoicevipcareplus.com)

Visit us online for the most detailed, up-to-date information regarding member identification and eligibility, Model of Care, prior authorizations, notifications, benefits, Culturally and Linguistically Appropriate Services (CLAS) standards, claims submission and appeals, ongoing training, plan updates, and changes.

### Provider information

Provider Services.....1-888-978-0862  
 Hours ..... 8 a.m. – 8 p.m., 7 days a week

When dialing Provider Services, it's critical you get to the correct main menu. When you dial the Provider Services number, you will hear:

Thank you for calling First Choice VIP Care Plus, a Healthy Connections Prime Medicare-Medicaid plan. If you are a doctor, hospital, or provider of care, **press 9** now.

- Prior authorizations for medical services, **press 1**.
- Questions about Part D drugs, formulary, prior authorizations, and exceptions, **press 2**.
- For detailed questions regarding finalized claims, payment, redetermination, or adjustment, **press 3**.
- Prior authorizations for behavioral health services, **press 4**.
- Care coordination, **press 5**.

Fraud and Abuse Hotline .....1-866-833-9718

Prior authorizations .....1-888-244-5410  
 Fax .....1-888-257-7960

Laboratory services .....LabCorp  
 (and contracted hospitals)

Pharmacy services .....1-855-327-0512

Transportation services.....[memberinfo.logisticare.com/scmember/FAQ.aspx](http://memberinfo.logisticare.com/scmember/FAQ.aspx)  
 SC Region 1 .....1-866-910-7688  
 SC Region 2 .....1-866-445-6860  
 SC Region 3 .....1-866-445-9954

Providers may also contact First Choice VIP Care Plus for assistance in scheduling transportation for a First Choice VIP Care Plus member.

NaviNet (provider portal).....connect.NaviNet.net  
 NaviNet Customer Care.....1-888-482-8057

The free NaviNet provider portal is for key systems and patient information such as member eligibility, member primary care provider (PCP) rosters, electronic copies of remittances, claim status and updates, online prior authorization, care gaps, and more.

### Additional government resources

Centers for Medicare & Medicaid Services (CMS) .....1-800-MEDICARE (1-800-633-4227)  
 TTY/TDD .....1-877-486-2048  
 Website.....[www.cms.gov](http://www.cms.gov)

South Carolina Department of Health and Human Services.....[www.scdhhs.gov](http://www.scdhhs.gov)

### Member information

Member Services .....1-888-978-0862  
 TTY/TDD .....1-866-428-7583  
 Hours ..... 8 a.m. – 8 p.m., 7 days a week

Member enrollment.....1-877-552-4642  
 TTY/TDD .....1-877-552-4670  
 Website.....[www.scchoices.com](http://www.scchoices.com)  
 Hours ..... 8 a.m. – 6 p.m., Monday – Friday

Member Pharmacy Services .....1-855-327-0511  
 Hours ..... 24 hours a day, 7 days a week

Nurse Call Line.....1-855-843-1147  
 Hours ..... 24 hours a day, 7 days a week  
 A confidential line for members to ask health-related questions.

Care Management.....1-888-244-5440  
 Fax .....1-888-257-7950  
 Hours ..... 8 a.m. – 5 p.m., Monday – Friday  
 The Care Management Team has registered nurses, social workers, and Care Connectors ready to assist members with their most urgent needs. Staff can assist members with a wide array of clinical and nonclinical services; answer questions regarding health conditions and medications; help schedule physician appointments and arrange transportation; and help members locate community resources for housing, food, and clothing.

### Claims submission, remittance advice, and electronic funds transfer

First Choice VIP Care Plus payer ID: **77009**

Contact your practice management system vendor or clearinghouse to initiate electronic claims submission through Change Healthcare (formerly Emdeon).

#### To submit claims directly to Change Healthcare:

Electronic billing.....[www.emdeon.com](http://www.emdeon.com)  
 Phone.....1-877-363-3666

#### To arrange electronic funds transfer (EFT) or electronic remittance advice (ERA) through Change Healthcare:

EFT enrollment .....1-866-506-2830  
 ERA enrollment .....1-877-363-3666

#### Paper claims submission:

Please indicate "Resubmitted" or "Corrected Claim" on the claim form (if applicable).

First Choice VIP Care Plus  
 Claims Processing Department  
 P.O. Box 853914  
 Richardson, TX 75085-3914

## Filing information

- Claims must be filed within 365 days from the date of service (or the date of discharge for inpatient admissions).
- This plan covers both Medicare and Medicaid, but should only be listed as a primary plan and not listed as primary and secondary in your billing system. Therefore, file only one claim to the plan, and it will be processed under both Medicare and Medicaid benefits. Only one payment will be remitted for both benefits.
- When submitting an explanation of benefits (EOB) with a claim, the dates and dollars must all match to avoid a rejection of the claim.

## Provider complaints

Providers may call Provider Services at **1-888-978-0862** to notify First Choice VIP Care Plus of a complaint, or you may contact your Provider Network Management Account Executive.

## Model of Care

First Choice VIP Care Plus's Model of Care is an integrated care management approach to health care delivery and coordination for dual-eligible (Medicare and Medicaid) individuals. The Model of Care is a program that involves multiple disciplines coming together to provide input and expertise for a member's individualized plan of care. This plan is designed to maintain the member's health and encourage the member's involvement in his or her health care.

The Centers for Medicare & Medicaid Services (CMS) requires providers who care for our beneficiaries to annually participate in and attest to completing our Model of Care training. Annual Model of Care training is also a First Choice VIP Care Plus contractual requirement for all participating providers. This required training can be accessed in any of the following ways:

- Through an online interactive Model of Care training module on our website at [www.firstchoicevipcareplus.com/provider/training/index.aspx](http://www.firstchoicevipcareplus.com/provider/training/index.aspx).
- In person from a First Choice VIP Care Plus Account Executive or training seminar.
- By requesting printed Model of Care training materials from Provider Services at **1-888-978-0862** or by calling your First Choice VIP Care Plus Account Executive.

## Balance billing

For First Choice VIP Care Plus Healthy Connections Prime members, providers **may not bill and/or collect** any Medicare cost-sharing amounts, including deductibles, coinsurance, and copayments, that may be represented on the remit, as they are not members' responsibility.

This practice, known as "balance billing," is prohibited by federal law and as stipulated under your First Choice VIP Care Plus Provider Services Agreement. **Please be advised that it is unlawful for providers to balance bill any patient who is a member of Healthy Connections Prime for any covered services.**

## Prior authorization

Prior authorization is required for all referrals to out-of-network physicians and providers with the exception of emergency services.

Emergency room (ER) policy: Prior authorization is not required for ER visits. Participating providers are not required to obtain prior authorization for an emergent short procedure unit (SPU) or emergent 23-hour observation stay.

The most up-to-date listing of services requiring prior authorization will be maintained in the provider section at [www.firstchoicevipcareplus.com](http://www.firstchoicevipcareplus.com).

## Services requiring prior authorization\* include, but are not limited to, the list below:

- Elective or non-emergent air ambulance transportation.
- All out-of-network services (excluding emergency services).
- Inpatient services:
  - All inpatient hospital admissions, including medical, surgical, skilled nursing, and rehabilitation.
  - Inpatient diabetes programs and supplies.
  - Inpatient medical detoxification.
  - Elective transfers for inpatient and/or outpatient services between acute care facilities.
- Certain outpatient diagnostic tests.
- Home-health services.
- Therapy and related services:
  - Home- and community-based services.
  - Speech, occupational, and physical therapy provided in the home or in an outpatient setting, after the first visit per therapy discipline or type.
  - Chiropractic services.
  - Cardiac and pulmonary rehabilitation.

## Services requiring prior authorization\* include, but are not limited to, the list below (continued):

- Transplants, including transplant evaluations.
- All durable medical equipment (DME) rentals and rent-to-purchase items.
- DME, medical supply, and prosthetic device purchases:
  - Purchase of all items in excess of \$500 in allowable charges.
  - Prosthetics and orthotics in excess of \$500 in allowable charges.
  - **All** wheelchairs (motorized and manual) and all wheelchair accessories (components), regardless of cost per item.
  - Nutritional supplements.
- Hyperbaric oxygen.
- Surgery (including sleep apnea or uvulopalatopharyngoplasty [UPPP]).
- Religious nonmedical health care institutions (RNHCIs).
- Medications: All infusion or injectable medications listed on the Medicare Professional Fee Schedule. Infusion or injectable medications not listed on the Medicare Professional Fee Schedule are not covered by First Choice VIP Care Plus.
- Surgical services that may be considered cosmetic, including, but not limited to:
  - Blepharoplasty.
  - Mastectomy for gynecomastia.
  - Mastopexy.
  - Maxillofacial.
  - Panniculectomy.
  - Penile prosthesis.
  - Plastic surgery and cosmetic dermatology.
  - Reduction mammoplasty.
  - Septoplasty.
- Cochlear implantation.
- Gastric bypass and vertical band gastroplasty.
- Hysterectomy.
- Pain management — external infusion pumps, spinal cord neurostimulators, implantable infusion pumps, radiofrequency ablation, and injections and nerve blocks.
- Radiology outpatient services:
  - Computed tomography (CT) scan.
  - Positron emission tomography (PET) scan.
  - Magnetic resonance imaging (MRI).
  - Magnetic resonance angiography (MRA).
  - Magnetic resonance spectroscopy (MRS).
  - Single-photon emission computed tomography (SPECT) scan.
  - Nuclear cardiac imaging.
- All miscellaneous, unlisted, or not otherwise specified codes.
- All services that may be considered experimental and/or investigational.

For inquiries.....**1-888-244-5410**

\*All requests for services are subject to Medicare and Healthy Connections Medicaid coverage guidelines and limitations.

Emergency room, observation care, and inpatient imaging procedures do not require prior authorization.

Providers must meet state and CMS requirements and documentation for reimbursement. Please see requirements and documentation necessary in the First Choice VIP Care Plus Provider Manual.

Prior authorization for CT scans, MRIs, MRAs, and nuclear cardiology services are required for outpatient services only. The ordering physician is responsible for obtaining a prior authorization number for the study requested. Patient symptoms, past clinical history, and prior treatment information will be requested and should be available at the time of the call. (Outpatient studies ordered after normal business hours or on weekends should be conducted by the ordering facility as requested by the ordering physician. However, the ordering physician must contact Prior Authorization within 48 hours or the next business day to obtain proper authorization for the studies, which will be subject to medical necessity review.)

