

First Choice VIP Care PLUS MMP Benefits



First Choice VIP Care PLUS covers all

Original Medicare and Healthy Connections Medicaid Medical Benefits

- Medicare Parts A and B benefits
- Medicare Part D prescription drug benefits
- Healthy Connections Medicaid benefits
- Long Term Services and Supports (LTSS) benefits for the:
 - Community Choices Waiver
 - HIV/AIDS Waiver and
 - Mechanical Ventilator Dependent Waiver
- Supplemental Benefits

First Choice VIP Care Plus **does not** charge deductible, coinsurance, or a copayment for Original Medicare and Healthy Connections Medicaid Medical Benefits to the member, except for some Medicaid only covered services.

Benefits – Medicare vs. Medicaid: Which Program Pays for What Service?

PLAN NAME	MEDICARE PARTS A & B	MEDICARE PART D	HEALTHY CONNECTIONS MEDICAID
Medicaid South Carolina Department of Health and Human Services	NA	NA	
Medicare Fee for Service or Medicare Advantage (MAPD)			Not applicable for non-dual Medicare beneficiaries
			FFS for dual eligible beneficiaries
First Choice VIP Care Plus Medicare Medicaid Plan			

Benefits – Medicare Part A and B Benefits* **

- Ambulance Services
 - Cardiac and Pulmonary Rehabilitation Services
 - Catastrophic Coverage
 - Chiropractic Care
 - Dental Services
 - Diabetes Program and Supplies
 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services
 - Doctor Office Visits
 - Durable Medical Equipment
 - Emergency Care
 - Hearing Services
 - Home Health Care
 - Hospice - Initial Consultation
 - Inpatient Hospital Care
 - Inpatient Mental Health Care
 - Out-of Network Catastrophic Coverage
 - Out-of-Network Initial Coverage
 - Outpatient Mental Health Care
 - Outpatient Rehabilitation
 - Outpatient Services/Surgery
 - Outpatient Substance Abuse Care
 - Pharmacy
 - LTC Pharmacy
 - Mail Order Prescriptions
 - Out-of-Network catastrophic Prescriptions
 - Outpatient Prescription Drugs
 - Podiatry
 - Preventive Services and Wellness/Education
 - Prosthetic Devices
 - Skilled Nursing Facility
 - Urgent Care
- *Exceptions may apply, see provider manual for full list of benefits.
- ** Prior authorization may be required.

Benefits – Medicaid Benefits * **

- Adult Day Health Transportation
- Skilled Nursing Facility
- Home Health Services
- Durable Medical Equipment
- Prosthetics/Medical Supplies
- Family Planning
- Personal Care Services (Personal Care I and II)
- Private Duty Nursing
- Institution for Mental Disease
- Pharmacy Services
- Dialysis for End-Stage Renal Disease (ESRD)
- Medicaid Targeted Case Management
- Health Education
- Behavioral Health Services (Rehabilitative Behavioral Health)
- Outpatient Mental Health Services (Community mental health services)
- Infusion Centers/Services
- Nursing Home Transition Services (Home Again)
- Tele-psychiatry

*Exceptions may apply, see provider manual for full list of benefits.

** Prior authorization may be required.

Supplemental and Carved Out Benefits

Supplemental Benefits:

- Routine vision exams and materials.
- Routine hearing exams and hearing aids.
- Fitness benefit through Silver Sneakers program.
- Mail order over the counter medications and supplies.
- Telemedicine.
- 24/7 Nurse hotline.
- Free language translation line.

Covered by Medicaid Fee for Service:

- Non-Emergency Medical Transportation Services.
- Adult Dental.

Covered by Medicare Fee for Service:

- Hospice Services.

Long Term Services and Supports (LTSS) Benefits



What are Long Term Services and Supports (LTSS)?

- Long Term Services and Supports (LTSS) are services and supports for persons with chronic illnesses/functional limitations which have the primary purpose of supporting the person's ability to live or work in the setting of his/her choice.

Examples include:

- Assistance with bathing.
 - Assistance with dressing and other basic activities of daily life.
 - Support for everyday tasks such as laundry, shopping, and transportation.
- Managed Long Term Services and Supports (MLTSS) refers to the delivery of long term services and supports through capitated Medicaid managed care programs.
 - Increasing numbers of states are using MLTSS as a strategy for expanding home- and community-based services, promoting community inclusion, ensuring quality and increasing efficiency.

What are Medicaid Waivers?

Waivers are the state specific Medicaid programs that allow for long term services and supports to be provided outside of nursing homes. Waivers may also be referred to as:

- 1915 waivers (for the Social Security Act)
- Home and community based services (HCBS) waivers
- Waiver services/programs
- And by any number of other state-specific names

Healthy Connections Prime will include three of the nine South Carolina waiver programs; Community Choices, HIV/AIDS, and Mechanical Ventilator Dependent waivers.

Katie Beckett and her parents - 1983



**History of the
Waiver
Program –
Shaped by a
Movement**

Who Is Katie Beckett?

She is the child who inspired the waiver programs.

- At 5 months old she was confined to a hospital for almost three years due to contracting encephalitis and needing the aid of a ventilator to breathe for most of the day.
- After exhausting private insurance benefits, Medicaid picked up, but would only cover services within the hospital.
- Her parents wanted her home and the doctors agreed.
- Federal officials refused to make an exception, but Ronald Reagan was told about the family and he changed the Medicaid rules.
- Katie was able to go home and, despite the odds, lived to age 34 due in part to being able to live a pretty normal life at home.

The name waiver comes from the fact that the federal government "waives" Medicaid rules for institutional care to allow for states to use the same funds to provide these supports and services for people in their homes or in their own communities.

Birth of the Waiver Programs

- Adult Day Health Care.
- Case Management.
- Personal Care (I and II).
- Adult Care Home Services.
- Adult Companion Care.
- Adult Day Health Care Transportation.
- Attendant Care.
- Community Residential Personal Assistance (CRPA).
- Home Accessibility Adaptations.
- Home delivered meals.
- Nursing Home Transition Service.
- Personal Emergency Response System.
- Specialized Medical Equipment and Supplies.
- Telemonitoring.

Benefits – Community Choices Waiver

Benefits- HIV/Aids Waiver

- Case Management.
- Personal Care (I and II).
- Prescription Drugs, except drugs furnished to participants who are eligible for Medicare Part D benefits.
- Adult Companion Care.
- Attendant Care Services.
- Home Accessibility Adaptations.
- Home Delivered Meals.
- Private Duty Nursing.
- Specialized Medical Equipment and Supplies.

- Personal Care (I and II).
- Respite.
- Prescription Drugs, except drugs furnished to participants who are eligible for Medicare Part D benefits.
- Attendant Care.
- Home Accessibility Adaptations.
- Personal Emergency Response System.
- Pest Control.
- Private Duty Nursing.
- Specialized Medical Equipment and Supplies.

Benefits- Mechanical Ventilator Dependent Waiver

Other Benefits/ Services

- Incontinence Supplies
- Oral Nutritional Supplements
- Miscellaneous Supplies and Equipment
- “Flexible Benefits” - members who are in the application process for one of the three (3) waiver programs listed above may be eligible for “waiver-like” services during that time period, if the First Choice VIP Care Plus Care Coordinator determines that the services are necessary to avoid or delay nursing home placement as identified through an assessment conducted by the care coordinator or by physician recommendation/order.
- Members referred by First Choice VIP Care Plus and accepted in to a waiver program will not be placed on a waiting list.

If your office identifies a patient who is a member of First Choice VIP Care Plus that you believe can benefit from these types of long term service and supports please contact our Care Management Department at 1-888-244-5440.

Identifying Patients with These Needs

Non-covered Benefits / Services

First Choice VIP Care Plus will refer members to local resources for services that are not covered by First Choice VIP Care Plus, such as supportive, affordable housing, and other social services that maximize community integration, as appropriate. Providers may contact the First Choice VIP Care Plus Care Management team at 1-888-244-5440 for assistance with coordination of non-covered services.

Benefits – 24/7/365 Nurse Line

If members are unable to reach their PCP's office, registered nurses are available 24/7days to assist members through the Nurse toll-free Call Line.

First Choice VIP Care Nurse Call Line: 1- 855-843-1147.

Please encourage our members to take advantage of this option.

Interpretation Services



Free language services for First Choice VIP Care Plus members anywhere, anytime.

Call Provider/Member Services 1-888-978-0862

OR

the 24 Hour Nurse Help Line 1-(855)-843-1147 to be connected.

 **FirstChoice**
VIP CARE PLUS
by Select Health of South Carolina

Healthy Connections 
PRIME