

First Choice VIP Care Plus is Sunsetting – Members will Transition to First Choice VIP Care

After 10 years, the South Carolina Department of Health and Human Services (SCDHHS) Healthy Connections Prime pilot Medicare-Medicaid Plan (MMP), which was offered as **First Choice VIP Care Plus**, has sunset as of December 31, 2025. However, SCDHHS has transitioned the MMP into a permanent integrated model, which will be offered by Select Health as our First Choice VIP Care and First Choice plans. We are experienced in integrated Medicare and Medicaid health plans and will continue to use such experience to serve our providers through this transition. We are hoping you will find the information below useful as you begin to see our members under the new integrated process.

<p>What will happen to the members who were enrolled in the First Choice VIP Care Plus plan?</p>	<p>As of January 1, 2026, most members have been transitioned to be enrolled in our existing First Choice VIP Care Medicare Advantage Highly Integrated Dual Special Needs Plan (HIDE-SNP), a type of plan designed for individuals who are entitled to both Medicare and Medicaid.</p>	
<p>How does the First Choice VIP Care plan differ from the “Plus” plan?</p>	<p>First Choice VIP Care only covers Medicare benefits (parts A, B, and D), whereas the “Plus” plan covered both Medicare and Medicaid. However, see below regarding Medicaid coverage.</p>	
<p>How will the Medicaid benefits be covered now?</p>	<p>As of 1/1/26, SCDHHS is requiring dual eligibles who are enrolled in a HIDE-SNP in SC to also be enrolled in the same organization’s Medicaid Manage Care Organization (MCO). Therefore, members in Select Health’s First Choice VIP Care plan will also be enrolled in our First Choice Medicaid MCO.</p>	
<p>Why is SCDHHS requiring this integration?</p>	<p>This integration is a permanent solution to replace the MMP pilot and brings South Carolina into alignment with the new Centers for Medicare & Medicaid Services (CMS) Final Rule requiring Medicare and Medicaid integration for the dual eligible population by 2030. This will allow for seamless access to high-quality care through coordination of services traditionally covered separately by Medicare and Medicaid.</p>	
<p>What is being integrated?</p>	<ul style="list-style-type: none"> • Single ID Card • Claims Submission • Care Management 	<ul style="list-style-type: none"> • Prior Authorization • Member/Provider Services • Member Appeals and Grievances
<p>Eligibility Verification</p>	<p>It is especially important to verify the eligibility of a dual eligible at every encounter due to special enrollment guidance which may allow them to change plans more frequently. Call Provider Services or use our provider portal, NaviNet (ID card image available), to verify eligibility.</p>	
<p>**NEW** Single Identification Card</p> <p>First Choice VIP Care ID number →</p> <p>First Choice ID Number →</p>	<div style="border: 1px solid black; padding: 5px;">  <p>First Choice VIP Care (HMO D-SNP) is a managed care plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid.</p> <p>Member Name: <Member Name> Member ID#: <123456789></p> <p>PCP Group(Name): <PCP Name> PCP Phone: <PCP Phone></p> <p>MEMBER CANNOT BE CHARGED Copays: PCP/Specialist: \$0 ER: \$0</p> <p>Select Health of South Carolina Member ID: <123456789></p> <p>MedicareRx RX BIN 019587 RX PCN PRX01809 RXGRP SCDS001</p> <p>RX BIN 019586 RX PCN PRX00218 H4739-001</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>If you have a medical emergency dial 911.</p> <p>Member Services: 1-888-996-0499 (TTY 711) Behavioral Health: 1-866-426-7690 (TTY 711) Pharmacy Help Desk: 1-833-809-3767 (TTY 711) Pharmacy Fax: 1-855-825-2711 Pharmacy Provider Services: 1-833-728-2809</p> <p>Website: www.firstchoicevipcare.com</p> <p>Send Claims to: First Choice VIP Care Claims Processing Center P.O. Box 7182 London, KY 40742-7182</p> <p>Claim Inquiry: 1-888-996-0499 (TTY 711)</p> </div>	

NEW Claims submission information	First Choice VIP Care	First Choice
Changes to claim filing process	<ul style="list-style-type: none"> File only one claim for both the Medicare and/or Medicaid covered services Claims will adjudicate through First Choice VIP Care first for processing under Medicare Most* claims will then automatically crossover to First Choice for processing under Medicaid 	<ul style="list-style-type: none"> For Medicaid only covered services, claims can be submitted directly to First Choice, bypassing the submission to First Choice VIP Care <p><i>*Claims submitted to Medicaid using a different bill type from Medicare (UB04 vs. CMS 1500) will not crossover and must be submitted separately with the First Choice VIP Care remittance.</i></p>
Claims Mailing Address	First Choice VIP Care Claims Processing Department P.O. Box 7182 London, KY 40742-7182	Select Health of South Carolina Claim Processing Department P.O. Box 7120 London, KY 40742-7120
Payer ID	32456	23285
Remittance Advice Information	Providers will receive a remittance advice from both First Choice VIP Care and First Choice	Providers will only receive a remittance from First Choice.
Timely Filing Deadline	365 days from the date of service.	
First Choice VIP Care <u>Plus</u> Claims	12/31/25 is the last date of service (DOS) covered by the "Plus" plan. Claims received with DOS after this date with a "Plus" plan ID will be rejected. <u>Please confirm the member's eligibility to determine if the claim should be sent to First Choice VIP Care or another payer.</u>	
Electronic Claims / EFT / ERA	<ul style="list-style-type: none"> Optum/Change Healthcare's Provider Support Line, available via online chat or by calling 1-800-527-8133, option 2, Monday - Friday, 7am to 5:30pm CST. Availity Client Services at 1-800-AVAILITY (282-4548). Assistance is available Monday - Friday from 8am to 8pm EST. 	
Balance Billing	Members in this plan are classified as Qualified Medicare Beneficiaries (QMBs) and cannot be balance billed per Section 1902(n)(3)(B) of the Social Security Act, as modified by 4714 of the Balanced Budget Act of 1997. Medicare providers cannot collect Medicare Parts A and B deductibles, coinsurance, or copays from members enrolled as a QMB.	
Provider Services Phone Number	1-888-978-0151	
Plan Website	www.firstchoicevipcare.com	
NaviNet Provider Portal Website	www.navinet.net	
Prior Authorization Phone/Fax Numbers	Medical: 1-877-375-4460 Behavioral health: 1-866-426-7690 Radiology contact NIA: 1-800-424-4788	Fax: 1-877-375-4460 Fax: 1-844-211-0972 www.radmd.com
Continuity of Care	Authorizations and Individual Care Plans for members transitioned from the MMP will carry over to the new plan and will be honored until they expire or are updated. Brand new members to the plan will have up to a 90 day continuity of care provision for existing prior authorizations and services from out of network providers.	