

# Eligibility

A Quick Guide to Understanding the First Choice VIP Care Member Eligibility

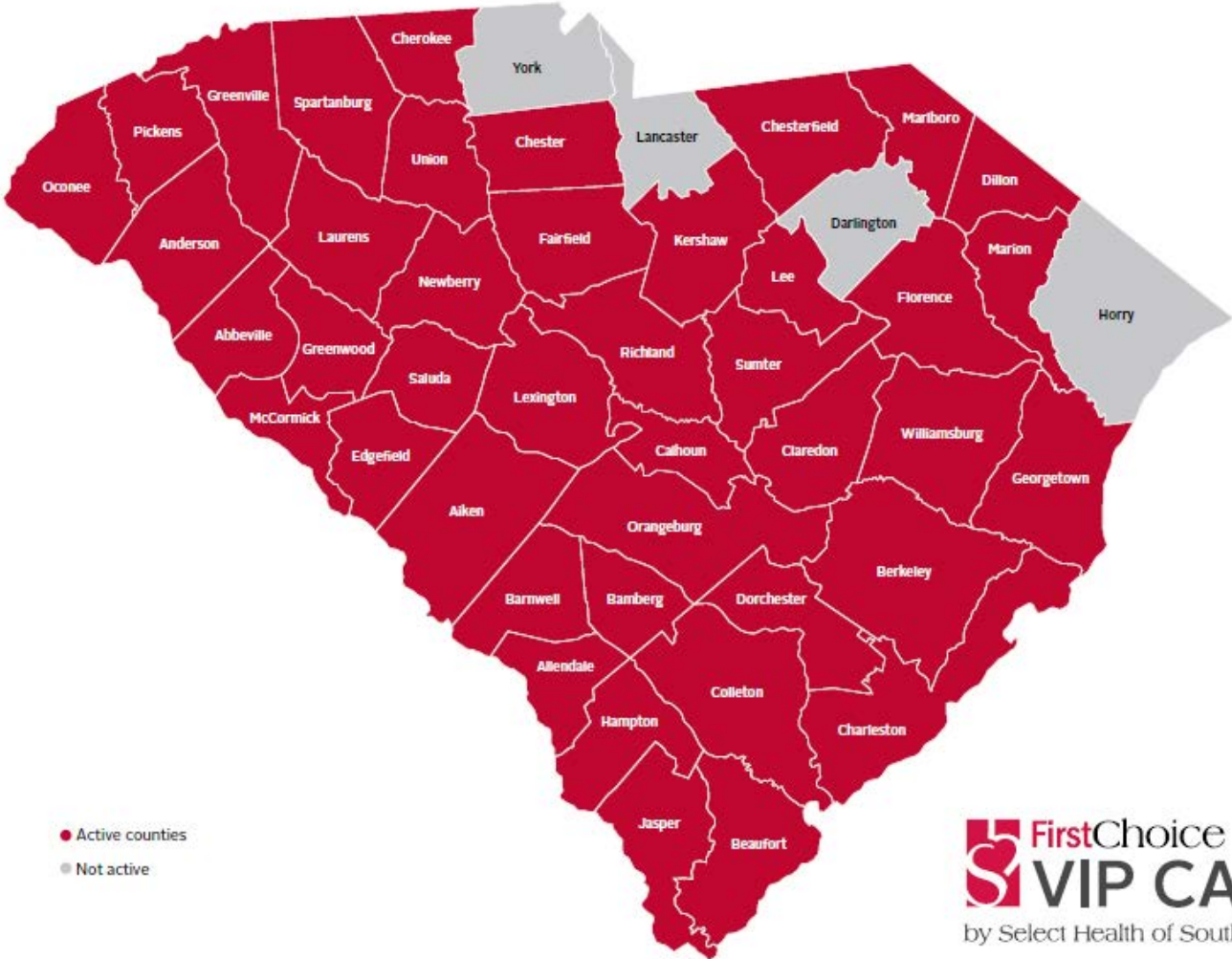
# Member Eligibility Requirements

## **Members are eligible to enroll in First Choice VIP Care if they are:**

- Entitled to Medicare Part A, and enrolled in Medicare Part B.
- Live in our service area.
- Enrolled in the Healthy Connections Medicaid program.

However, Individuals with end-stage renal disease (ESRD) generally are not eligible to enroll in First Choice VIP Care unless the individual meets exceptions to ESRD eligibility rules outlined in Chapter 2, Section 20.2, of the CMS Medicare Managed Care Manual.

# First Choice VIP Care Service Area



- Active counties
- Not active



# Member Eligibility – Medicare Savings Program

Some individuals can get help from the State in paying their Medicare premiums. In some cases, Medicare Savings Programs may also pay Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) deductibles, coinsurance, and copayments if certain conditions are met.

First Choice VIP Care covers individuals who are in the following programs:

Eligibility Category	Coverage	Pays For
Qualified Medicare Beneficiary (QMB)	Medicare <u>without</u> full Medicaid	Helps pay for Part A & B premium and deductibles, coinsurance, and copayments.

# Member Eligibility — Why Verifying Member Eligibility Is Critical for Providers and Members

Since members can change plans quarterly, providers must verify the eligibility of their patients at each encounter. Some key benefits to checking members' eligibility are:

- Ensuring the member is seeing the appropriate provider.
- Reducing claim issues because you are sending the claim to the right plan.



# Member Eligibility — Three Ways to Verify Member Eligibility

## Providers can verify members' eligibility by:

- Calling Provider Services at 1-888-978-0151.
- Visiting our website at [www.firstchoicevipcare.com](http://www.firstchoicevipcare.com) and accessing NaviNet.
- Using the member identification card. However, a member's ID card is not a guarantee of eligibility.

# Member Eligibility — Using NaviNet to Verify Eligibility (Log on Directly or From the First Choice VIP Care Provider Page)

## Providers

[Self-service tools](#)

[Resources](#)

[Communications](#)


[Training and Education](#)

## Self-Service Tools

First Choice VIP Care strives to furnish its provider partners with the tools they need to deliver exceptional, effective, and efficient health care to our members. After all, our members look to you, our participating providers, to help them get healthy and stay healthy.

The following tools are available to help you in the day-to-day care of our members:

### Find a provider or drug

- [Searchable Provider Directory](#)
- [Printable Provider Directory](#)  July 1, 2021
- [Searchable Formulary](#)
- [Request for Redetermination of Medicare Prescription Drug Denial](#)

### Electronic tools

- [Prior Authorization Lookup Tool](#)
- [NaviNet - log in](#)
- [NaviNet - sign up](#)
- [What is NaviNet?](#)

# Member Eligibility — Using NaviNet to Verify Eligibility



## Workflows for this Plan

- Eligibility and Benefits Inquiry
- Claim Status Inquiry
- Claim Submission
- Report Inquiry
- Provider Directory
- Pre-Authorization Management
- Forms & Dashboards

## Eligibility and Benefits: Patient Search

Medicaid is the payer of last resort. To be considered for payment, any claim submission must include a valid EOB or evidence of non-coverage from any and all other insurance plans under which the member is currently insured.

You may enter the member ID #, contract #, social security #, Medicaid ID #, Medicare ID # or HICN # in the Member ID field.

**Search by Member ID**

Member ID

OR

**Search by Name**

Last Name  First Name

Date of Birth

Date Of Service

[Reset Search Fields](#)



# Member Eligibility — Member ID Card

Member Information

PCP Information

Health Plan Contact and  
Claim Filing Information

<p><b>FirstChoice</b> <b>VIP CARE.</b> <small>by Select Health of South Carolina</small></p> <hr/> <p>Member name: &lt;Member Name&gt;</p> <p>Member ID: &lt;123456789&gt;</p> <p>Health plan number: &lt;(80840) 7053314697&gt;</p> <hr/> <p><b>MEMBER CANNOT BE CHARGED.</b> Cost sharing/copays: \$0 for doctor visits and hospital stays</p> <hr/> <p><b>MedicareRx</b> Prescription Drug Coverage</p>	<p><b>FirstChoice</b> <b>VIP CARE.</b> <small>by Select Health of South Carolina</small></p> <hr/> <p>Primary care provider (PCP): &lt;Last Name, First Name&gt;</p> <p>PCP phone &lt;PCP phone&gt;</p> <hr/> <p>RX BIN: &lt;019587&gt; RX PCN: &lt;PRX01809&gt; First Choice VIP Care (HMO-SNP) 4739-001</p> <hr/> <p><b>PERFORMRx</b> <small>Next Generation Pharmacy Benefits</small></p>	<p>First Choice VIP Care Claims Processing Center P.O. Box 7182 London, KY 40742-7182</p> <p><b>DO NOT</b> bill Original Medicare.</p> <p><b>Out-of-area providers:</b> File all claims with First Choice VIP Care plan. Coverage of benefits and services may be limited outside of the First Choice VIP Care service area.</p> <p><b>Submit prescription claims to:</b> PerformRx™/First Choice VIP Care P.O. Box 516 Essington, PA 19029</p> <p><b>Pharmacists:</b> RX ID is the member ID.</p> <hr/> <p><b>Members:</b> Call Member Services at 1-888-996-0499 (TTY 711) or visit our website at <a href="http://www.firstchoicevipcare.com">www.firstchoicevipcare.com</a>.</p> <p><b>Providers:</b> Call 1-888-978-0151.</p> <p><b>Outside of area:</b> To verify member eligibility and coverage, or for pre-certification, call 1-888-978-0151.</p> <p><b>For pharmacy benefit information:</b> Members call 1-833-809-3767.</p> <hr/> <p><a href="http://www.firstchoicevipcare.com">www.firstchoicevipcare.com</a></p>
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No Balance Billing  
Information

Prescription  
Drug Information

# Member Eligibility — Helpful Tips

**The following is a list of helpful tips to keep in mind when determining a member's eligibility:**

- Obtain the Healthy Connections Medicaid ID card for secondary payment.
- First Choice VIP Care is not a Medicare supplement.
- Verify eligibility before each visit – Dual eligible beneficiaries are in a Special Enrollment class and can change plans more frequently than non-duals.
- Make sure the correct primary care physician (PCP) is listed on the member's identification card.



