Keystone First VIP Choice

FASTFACTS Important Information for Our Providers

Community HealthChoices (CHC) and how it works with Keystone First VIP Choice

The Community HealthChoices (CHC) plan is designed for individuals 21 and older who:

- Receive Medicaid-only coverage and receive or need Long-Term Services and Supports (LTSS). These Participants may reside in community-based settings or in private or county nursing facilities **OR**
- Receive both Medicare and Medicaid coverage (Dual Eligible). These Participants can include those with and without LTSS needs.

Those who receive both Medicare and Medicaid are eligible to enroll in a Dual Eligible Special Needs plan (D-SNP) which is a Medicare Advantage Plan that primarily or exclusively enrolls individuals who are enrolled in both Medicare and Medicaid. Keystone First VIP Choice is a D-SNP, which is available to CHC members to enroll in. This may include Community Well Dual (CWD) participants and participants who are nursing facility ineligible (NFI) or not nursing facility clinically eligible (NFCE) but who have Medicare and Medicaid. Participants may choose a D-SNP that is aligned with the Keystone First CHC plan, unaligned with our CHC plan (another company's D-SNP), or remain in Medicare fee-for-service.

The goal of Keystone First CHC and its companion D-SNP (Keystone First VIP Choice) is to provide a coordinated experience from the perspective of Full Dual Eligible Participants who enroll in both. This includes but is not limited to:

- An integrated assessment and care coordination process that spans all Medicaid and Medicare services.
- Administrative integration to evolve over the life of CHC.
- Keystone First CHC cooperating fully with the Department of Human Services (DHS) and Centers for Medicare & Medicaid Services (CMS)in ongoing efforts to streamline administration of the two programs, which may include, but is not limited to, coordinated readiness reviews, monitoring, enrollment, Participant materials, and appeals processes.

D-SNP Coordination with CHC

- Keystone First CHC (CHC Plan) will pay Medicare deductibles and coinsurance amounts relating to any Medicare-covered service for dual eligible participants not to exceed the contracted Plan rate. The CHC Plan will not be responsible for copayments or cost-sharing for Medicare Part D prescriptions.
- If no contracted CHC Plan rate exists or if the provider of the service is not in the CHC Plan provider network, the CHC Plan must pay deductibles and coinsurance up to the applicable Medical Assistance (MA) fee schedule rate for the service.
- For Medicare services that are not covered by MA or CHC, the CHC Plan must pay cost-sharing to the extent that the payment made under Medicare for the service and the payment made by the CHC Plan do not exceed eighty percent (80%) of the Medicare-approved amount.
- The CHC Plan, its subcontractors and providers are prohibited from balance billing participants for Medicare deductibles or coinsurance. The CHC Plan must provide a dual eligible participant access to Medicare products and services from the Medicare provider of his or her choice. The CHC Plan is responsible to pay any Medicare coinsurance and deductible amount, whether or not the Medicare provider is included in the CHC Plan's provider network and whether or not the Medicare provider has complied with the prior authorization requirements of the CHC Plan.

If you would like more information or training on CHC please reach out to your Account Executive.