

D-SNP Benefits

A Quick Guide to Understanding the Keystone First VIP Choice D-SNP Benefits



Benefits — Keystone First VIP Choice Benefits Overview








Keystone First VIP Choice provides coverage for:

- Medicare Parts A and B.
- Medicare Part D prescription drug benefits.
- Supplemental benefits.
- Coordination of the care of members who are receiving Medicaid benefits from the state.

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



Plan name	Medicare Parts A and B	Medicare Part D	Medicaid
Medicaid Pennsylvania Department of Human Services Medical Assistance	N/A	N/A	
Medicare Advantage			Not applicable for non-dual-eligible Medicare beneficiaries
			For Dual Eligible beneficiaries - Pennsylvania Medical Assistance
Dual-eligible special needs plans (D-SNP) Keystone First VIP Choice			Pennsylvania Medical Assistance or Community Health Choices

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.
- LTC pharmacy.
- Mail order prescriptions.
- Out-of-network catastrophic coverage.
- Out-of-network catastrophic prescriptions.
- Out-of-network initial coverage.
- Outpatient mental health care.
- Outpatient prescription drugs.
- Outpatient rehabilitation.
- Outpatient services and surgery.
- Outpatient substance abuse care.
- Pharmacy.
- Podiatry.
- Preventive services and wellness education.
- Prosthetic devices.
- Skilled nursing facility services.
- Urgent care.

*Exceptions may apply, see provider manual for full list of benefits. Referral or prior authorization may be required.

Benefits — Supplemental Benefits



Dental services

Preventive dental:

- Oral exams: one every six months.
- Cleaning: one every six months.
- Fluoride treatment: one every six months.
- Dental X-rays: two every year.
- Unlimited.

Comprehensive dental:

- Non-routine services.
- \$3,000 limit every two years.
- Coverage for minor restorations.
- Fillings, simple extractions, dentures, denture repairs, surgical extractions, oral surgery, periodontics, endodontics, crowns, and mini-implants.

Hearing services

- One routine hearing exam every year.
- Three hearing aid fittings every three years.
- 80 batteries per aid for non-rechargeable models every three years.
- \$1,500 allowance for hearing aids every three years.

Vision services

- Up to one supplemental routine eye exam every year.
- Up to one pair of eyeglasses or contact lenses every year – \$350 limit.

Fitness center membership

- SilverSneakers® is a free fitness benefit which includes access to participating SilverSneakers fitness facilities, online wellness resources, and classes.

Benefits — Supplemental Benefits (Continued)



Telemedicine

- MDLive offers all members 24/7 access throughout the year to a participating doctor via telephone, desktop, or mobile device.
- Members can immediately have a medical or behavioral health consultation with a physician.

Transportation services

- Must be plan-approved location.
- Unlimited trips per year to a plan-approved location.
- Car, shuttle and van services include non-emergent transportation to doctor visits, preventive services, pharmacies and fitness centers.
- Authorization and scheduling rules apply.
- Members may call Member Services at 1-800-450-1166 or their care managers to arrange transportation.

Over the counter (OTC)

- Typically includes medicines or products that alleviate or treat injuries or illness.
- May use the benefit without a statement or documentation of a diagnosis from a medical provider.
- Up to \$310 every three months.
- No rollover quarter to quarter.
- Member may fill out OTC Catalog or call Member Services at 1-800-450-1166 to order OTC products.

Podiatry Services

- Six routine foot care visits every year.

Benefits — Supplemental Benefits (Continued)

Meal Benefit and COVID-19 Meal Benefit

- 14 meals/week for 4 weeks for qualified homebound members after discharge from an inpatient facility or a skilled nursing facility.

Worldwide Emergency/Urgent Coverage

- \$50,000 combined annual maximum.

Additional Smoking and Tobacco Use Cessation

- Four additional face-to-face PCP visits for smoking/tobacco cessation annually.

Nurse Hotline

- If members are unable to reach their PCPs' offices, registered nurses are available 24 hours/7 days a week to assist members through the toll-free Keystone First VIP Choice Nurse Call Line at **1-888-765-6375**.



Benefits — Supplemental Benefits (Continued)



Care Team

The Care Team consists of Care Coordinators, Concierge Team, and Care Managers (nurses and social workers) trained to help members investigate and overcome barriers to achieve their health care goals. Outreach services include:

- Contacting members.
- Educating members.
- Calling providers.
- Calling pharmacies.
- Completing surveys and assessments to support special projects.

Providers may request CMT support directly by calling toll-free: 1-800-450-1166, 8 a.m. – 5 p.m., Monday through Friday.

Benefits — Additional Information



We are here to help our members find the services they need. Whether it is a Medicare or Medicaid covered service. Additionally, even if it is a non-covered service our Care Team can assist members in locating the service at a reduced or no cost.

For additional information on benefits, please refer to the Provider Manual or call Provider Services at 1-800-521-6007.

Coordination with Community Health Choices



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.

Coordination with Community Health Choices Cont.



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.

Coordination with Community Health Choices Cont.



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.

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