Member Handbook and Certificate of Coverage

www.selecthealthofsc.com
@firstchoicebyselecthealth

February 2024

FC-01292024-M-1.1_WM_U

FirstChoice
by Select Health of South Carolina
Your Hometown Health Plan

Healthy Connections

Contents

If your primary language is not English, language services are available to you free of charge. Call **1-888-276-2020 (TTY 1-888-765-9586).**

Si habla español, tiene a su disposicíon servicios gratuitos de asistencia lingüística. Llame al **1-888-276-2020 (TTY 1-888-765-9586)**.

First Choice℠ Is the Right Choice

Thank you for choosing First Choice by Select Health of South Carolina. First Choice works with you and your family to keep you healthy, and it's free to sign up.

As a member of First Choice, you choose a personal health care provider, known as your primary care provider (PCP), for you and each member of your family.

This Member Handbook and Certificate of Coverage tells about the benefits of First Choice and how the plan can help you. The more you know about First Choice, the better we can serve you and your family. The decision whether or not to join First Choice will not change your eligibility for Medicaid (Healthy Connections) benefits. Your First Choice ID card will be issued (sent in the mail) by the 15th day of the month in which you are enrolled with First Choice. You are able to view a digital copy of your ID card on our mobile app on the 1st day of the month in which you are enrolled with First Choice. (See page 4.) We will mail you a new member packet within 14 calendar days of getting the enrollment information from Healthy Connections.

Please call Member Services if you want information about the structure and operation of First Choice, physician incentive plans, and service utilization policies.

Taking care of your health and well-being is an important responsibility as you become an adult. If you are 18 years old or older at this time, you may need to check with your pediatrician to see if you need to change to a PCP who treats adults. Please call Member Services toll-free at **1-888-276-2020** and we can help you choose your new PCP.

You can get the First Choice Provider Directory as a paper copy or online at **www.selecthealthofsc.com**. The directory is a list of providers in our network. It includes their names, addresses, phone numbers, professional qualifications, languages spoken, and specialties. It also shows whether they are taking new patients. You can also search for or request a provider by preferred race or ethnicity with the online provider directory or by calling Member Services. You can ask for information about any of our providers, including medical school education, residency, and board certification. To learn more about a provider in our network or to ask for a directory, call Member Services at **1-888-276-2020**.

First Choice has a list of preferred medicines on our website at **www.selecthealthofsc.com**. If the medicine you need is not on the list, it may need prior approval. This online list is updated throughout the year. If you do not have access to the internet and would like a copy of the list, call Member Services at **1-888-276-2020**. We can help you with questions you have about the preferred drug list or mail it to you.

We look forward to serving you and your family and keeping you healthy.

When calling us, have your member ID card ready. We'll ask for your ID number each time we talk with you. Questions? We're here to help. Contact us at:

- Member Services toll-free: **1-888-276-2020 (TTY 1-888-765-9586)**
  Monday – Friday: 8 a.m. to 6 p.m.
  Saturday and Sunday: **Open only for members with pharmacy-related calls**, 8:30 a.m. to 5 p.m.

  Fax: **1-800-575-0419**

  Secure email form at **www.selecthealthofsc.com**

First Choice Member Services
P.O. Box 40849
Charleston, SC 29423-0849

- Medical Management toll-free: **1-888-276-2020 (TTY 1-888-765-9586)**

  Fax: **1-800-575-0419**

  Secure email form at **www.selecthealthofsc.com**

  Mail: First Choice Medical Management
  P.O. Box 40849
  Charleston, SC 29423-0849

- 24/7 Nurse Call Line: **1-800-304-5436** for medical advice from a registered nurse, 24 hours a day, seven days a week.

Healthy Connections' yearly review process

Healthy Connections must keep track of changes in your family. They decide your eligibility for Healthy Connections once a year. If you have changes in your family size, housing, county or residence, or mailing address, call Healthy Connections at **1-888-549-0820** or visit your local eligibility office to make these updates.

Healthy Connections will mail you a review form. You must fill it out and send it back even if there are no changes. If you don't, you or your children will lose Healthy Connections benefits.

It is important to let Healthy Connections know about any address changes so you get the review form on time. A correct address will make sure your Healthy Connections form is sent to the right place.

Once you get the form, make sure you:

- Print clearly.
- Sign and date it.
- Include your phone number.
- Enclose all the necessary paperwork.

Mail everything to Healthy Connections at:
SCDHHS Central Mail
P.O. Box 100101
Columbia, SC 29202-3101

If you have any problems or questions when filling out the form, call First Choice Member Services at **1-888-276-2020**. You can also call the Healthy Connections Helpline at **1-888-549-0820** for information about Healthy Connections Choices.

First Choice Service Area

First Choice serves members in all 46 counties in South Carolina.

Fraud and Abuse

Reporting fraud and abuse: It's the law.
Intentional deceit or misrepresentation to get an unauthorized benefit is fraud. Abuse is when a person does not follow the rules.

If you think that a member or provider has committed fraud or abuse, please contact one of these places:

- **First Choice's Fraud and Abuse Hotline**
  1-866-833-9718
  Special Investigations Unit
  200 Stevens Drive
  Mail Stop 13A
  Philadelphia, PA 19113
- **First Choice's Compliance Hotline**
  1-800-575-0417
- **South Carolina's Division of Program Integrity Fraud and Abuse Hotline**
  1-888-364-3224
  fraudres@scdhhs.gov
  South Carolina Fraud Hotline
  Division of Program Integrity
  P.O. Box 100210
  Columbia, SC 29202-3210

Your ID Card

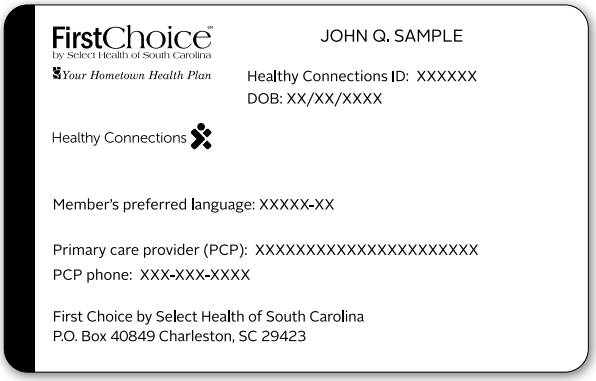
Always carry it with you

Every member of First Choice has a First Choice ID card to show membership in the plan. If you did not get a card or if it has been lost, please call Member Services toll-free at **1-888-276-2020**. We will mail a new card to you. You can also get an electronic copy of your First Choice ID card using our mobile application. An image of your electronic ID card can be faxed from the app directly to your provider's office.

To get our mobile app, visit the Google Play or Apple App Store using your smartphone. Search for **FCSH Mobile**.

Your First Choice ID card is very important. Always carry it with you. You must show your First Choice ID card and your Healthy Connections ID card when you get services from health care providers, hospitals, pharmacies, and other First Choice providers. Do not let anyone else use your First Choice ID card.

First Choice ID card



***FC-09012022-M-1**

What's on your First Choice ID card?

- Name.
- Healthy Connections ID number.
- Date of birth.
- Your preferred language.
- PCP's name.
- PCP's phone number.

Healthy Connections ID card

Your PCP

A personal health care provider for you and your family

When you join First Choice, you must choose a PCP from the First Choice Provider Directory to help you and your family get health care. You can choose a different PCP for each family member, or you can choose one for the whole family. Some providers may have age limits. Member Services calls all new members within 14 calendar days of enrollment to do an orientation and encourage early PCP selection. If a new member has not picked a PCP within 14 calendar days from enrollment, the plan will try to get in touch with the member to help the member choose a PCP. You can find a provider using our online Provider Directory. Go to **www.selecthealthofsc.com** and click on **Find a Provider**. If you need a printed version of the directory, please call Member Services at **1-888-276-2020**.

Providers listed in the First Choice directory have agreed to take care of First Choice members. These providers have met strict standards for quality care. You can find each provider's name, address, phone, professional qualification, and specialty in our Provider Directory. You can ask for information like medical school attended, residency completed, and board certification status by calling Member Services. To learn more about providers listed in the directory, call Member Services. You can also visit **www.selecthealthofsc.com**.

Your PCP cares about your and your family's health. Your PCP arranges all of your health care. When you need medical care, call your PCP's office first. You can call at any time, day or night.

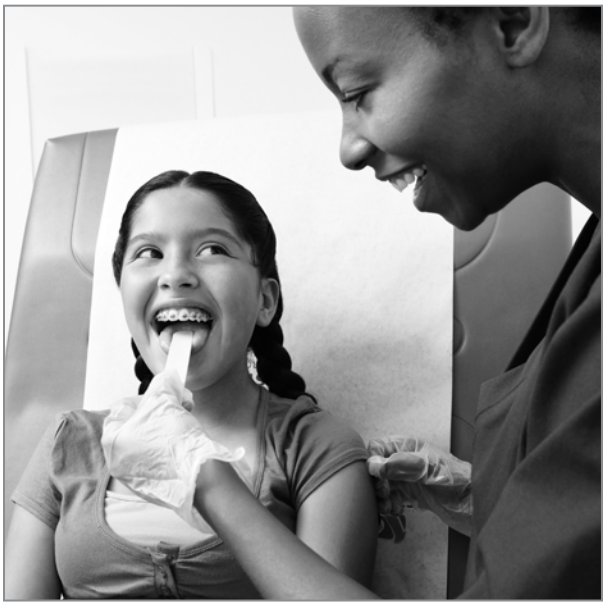
Your PCP will know how to help. If you need to go to a specialist or to the hospital, your PCP can plan it for you.

Some PCPs have trained health care assistants who work with them. They may help your PCP take care of you. There may be times when you will see one of these health care assistants.

If you have questions about this, call Member Services toll-free at **1-888-276-2020**. The types of assistants that may help your PCP are:

- Physician assistants.
- Medical residents.
- Nurse practitioners.
- Nurse midwives.

Family practice, general practice, pediatric, some internal medicine, some OB/GYN doctors, and some nurse practitioners can serve as your PCP. A specialist cannot serve as your PCP.



Your PCP will:

- Listen to your health concerns and answer all questions.
- Keep a record of your health history.
- Give timely medical care to you and your family.
- Give physical exams and immunizations (shots) when needed.
- Write prescriptions when needed.
- Teach you about good health habits and disease prevention.
- Refer you to specialists when needed.
- Arrange for hospital care when needed.
- Explain your health problem and the treatment you need.
- Return phone calls as soon as possible.
- Treat you and your family with kindness and respect.

Tips to help your PCP visits

Your PCP should be available to you 24 hours a day. But it may be best to call during normal business hours if you want to talk to someone from the office. Here are the standards First Choice and your PCP have agreed on for your visits:

- If you have an emergency, you will be seen right away.
- If you have an urgent case, you will be seen within 48 hours.
- If you are making a routine or well visit, you will be seen within four weeks.
- You should not have to wait longer than 45 minutes for planned visits.

If your PCP leaves the First Choice network

When we know your PCP is leaving the First Choice network, we will try to let you know by mail within 15 calendar days from when we find out. We will give you a new PCP in your area.

You may choose a different PCP by calling Member Services toll-free at **1-888-276-2020**. For an updated PCP directory, call Member Services. You can also visit our website at **www.selecthealthofsc.com**.

You will get a new ID card within 14 calendar days of getting a new PCP.

Continuity of care

In certain situations, members can continue ongoing treatment at no cost with a health care provider who is not in the First Choice network. This can happen when:

- A new First Choice member is getting ongoing treatment from a health care provider who is not in the First Choice network.

- A First Choice member is getting ongoing treatment from a health care provider whose contract has ended with First Choice for reasons that are "not for cause." (Not for cause reasons are not about quality of care or compliance with other contract or regulatory needs.)

When this happens, First Choice will:

- Allow new members to get ongoing treatment from a health care provider who is not in the First Choice network. Treatment can continue up to 60 calendar days from the date the member enrolled in First Choice.

- Allow new members in the first trimester of pregnancy who are getting medically necessary covered prenatal services to keep getting these services without prior approval and without regard to provider network status. However, notice is needed for proper claims processing. First Choice may transfer members meeting these criteria to a network provider if the change does not affect services. Medically necessary prenatal services include prenatal care, delivery, and postnatal care.

- Allow new members in their second or third trimester of pregnancy who are getting medically necessary covered prenatal services to keep getting these services with the prenatal care provider through the postpartum period.

- Coordinate continuity of care for members in an active treatment program with a provider whose contract has ended with First Choice.

Get to know your PCP now

Make a visit with your PCP right away, before you get sick and need medical care. Call the office of each PCP you choose for yourself and your family and make an appointment for a medical checkup. Make this visit within 30 calendar days of joining First Choice.

Help with transportation

If you need help getting to your visits, call the Medicaid transportation broker for your county. Call Member Services toll-free at **1-888-276-2020** if you need the phone number for the Medicaid transportation broker.

The Medicaid transportation broker will help schedule a ride to your visit. Also, you may be reimbursed for gas to your local medical visits, but you must call the Medicaid transportation broker first. They will tell you about the process and give you

a form that your health care provider or behavioral health care provider must sign.

Keep your appointments

Your visit time is saved just for you. If you have to cancel or reschedule your visit, give your health care provider's office at least 24 hours' notice. That way, the health care provider can see other people.

At the office

When you get to the PCP's office, you will need to give information about yourself and each family member's health and medical history. Answer all of the questions fully. If there is something you do not understand, ask for help. This information is very important for your PCP to keep you and your family healthy.

Your PCP will then give you or your family member a medical checkup. They will also talk to you about your health or your family member's health. Ask as many questions as you like. You may always stay in the exam room with your dependent child or child under your guardianship who is under 16 years old.

Listen carefully to any directions the PCP gives you. If you have questions or do not understand what your PCP wants you to do, call the PCP's office, day or night.

.

Changing PCPs

You may change your PCP by calling Member Services. We will send you a Provider Directory or help you choose a PCP over the phone. You can also find the Provider Directory on our website at **www.selecthealthofsc.com**.

When you call to change your PCP, the change will happen the first day of the next month.

You will get a new ID card when you change your PCP. When you get the new card, please destroy your old card. Call Member Services toll-free at **1-888-276-2020** to learn more about changing your PCP.

A Helpful Worksheet

This worksheet will help you organize your medical concerns and questions. It is best to answer the first set of questions before you or your family visits the PCP. Your PCP will help answer questions 2 through 4. Call First Choice Member Services to get more copies of this form.

1. Tell the PCP what is wrong:

If you have a problem, when did it start? _____

What are the symptoms (signs)? _____

_____

Have you ever had this problem before? _____ If so, when? _____

What did you do about it? _____

_____

2. Ask your PCP:

What is the problem called? _____

What will happen because of this problem? _____

_____

How do I treat myself at home? _____

_____

3. If your PCP gives you medicine or treatment, ask:

What is the name of the medicine or treatment? _____

What does it look like? _____

Why do I need to take it? _____

What are the risks associated with it? _____

What are the other options? _____

How do I get ready for the treatment? _____

4. Before you leave the PCP's office, find out:

Do I need a follow-up visit? _____

Should I call for test results? _____ If so, when? _____

Are there any danger signs I need to know about or look for? _____

Is there anything else I need to know? _____

_____

When Someone Is Sick or Hurt

Always call your PCP as soon as you can. If the problem is not an emergency, the PCP can make sure you come in to the office for care.

Emergency and urgent care

An emergency is a health problem that someone with average medical knowledge would expect to place a person (or the health of a pregnant person's unborn child) in serious jeopardy, cause serious impairment to bodily functions, or cause serious dysfunction of any bodily organ or part.

You should go to the hospital emergency room (ER) **only** when there is a life-threatening illness or injury or if you believe there would be serious impairment in a person's ability to function. Not sure if you have an emergency? Call your PCP or the 24/7 Nurse Call Line (**1-800-304-5436**).

If you have an emergency, call 911 or go to the nearest ER. Show your First Choice ID card. Call your PCP and First Choice as soon as you can. Emergency services do not need prior authorization.

Urgent care is for a medical condition that needs attention within 48 hours. If the condition is not treated for 48 hours or more, it could turn into an emergency condition.

Nights and weekends

Your PCP can help you 24 hours a day, seven days a week. If you get sick after the PCP's office is closed, call the office anyway. Someone will answer, and the PCP will call you back. Call as early in the day as possible. Try not to wait until late at night, especially if you have had the problem throughout the day. If you cannot reach the PCP, call the 24/7 Nurse Call Line toll-free at **1-800-304-5436.**

Here is a guide to help you decide if your family member should go to the ER:

Conditions not usually considered emergencies:	Call 911 or go to the hospital ER if you or your family member has:	
Sore throat	A serious accident	Eye damage
Flu or cold	Severe bleeding	A fever of 100.5˚ or higher **(infants 0 - 2 months)**
Back pain	Severe cuts or burns	Broken bone(s)
Frequent urination	Blood in vomit	Loss of body parts
Tension headache	A knife or gunshot wound	Chest pain
Fever of 99˚ – 102˚ **(adults and children ages 3 months and older)**	Difficulty breathing	Unconsciousness
Animal bites	Poisoning	Nearly drowned
Earaches	No pulse	A stroke

Out-of-network services and supplies

There may be times when you need services or supplies from a provider who is not in the First Choice network. We can help you get those services if they are medically necessary and you cannot get them in-network. Please call First Choice Member Services toll-free at **1-888-276-2020** to go over your needs and learn more. For family planning services, we encourage you to use First Choice network providers, but you may go to any provider who accepts Healthy Connections. You do not need a referral to see a family planning provider.

Out of town

If you or a family member gets sick and need medical care when out of the First Choice service area, call First Choice Member Services toll-free at **1-888-276-2020**. We will help you find a doctor wherever you are.

Specialists

A specialist is a doctor who practices a certain area of medicine. Your PCP is trained to treat most medical problems. However, there may be times when you need to see a specialist. The PCP will help you decide when to see a specialist. The PCP will give you information about seeing a First Choice specialist.

Specialists can include:

- Heart doctors (cardiologists).
- Skin doctors (dermatologists).
- Doctors for females (gynecologists).
- Doctors for blood problems (hematologists).
- Foot doctors (podiatrists).
- Eye doctors (ophthalmologists).
- Surgeons.

You do not need to have a referral to see a First Choice specialist. However, we encourage you to always check with your PCP before going to a specialist. For a list of First Choice specialists, call Member Services.

Out-of-network specialists

Visits to specialists who are not in the First Choice network must have prior authorization (prior approval) from First Choice through your PCP. If you have questions about out-of-network specialists, call Member Services toll-free at **1-888-276-2020**.

Second opinion

If you want to know what another provider says about your health problem, you may get a second opinion. There is no cost to you if you use a First Choice provider or get authorization for one outside of the First Choice network. To do this, call First Choice Member Services, or have your provider call First Choice for an authorization to see an out-of-network provider.

24/7 Nurse Call Line

First Choice members can call a 24/7 nurse advice helpline. The Nurse Call Line is a service you can call anytime. A nurse will listen to your symptoms (signs) and help you make a good health care decision. So, next time you are sick, hurt, or in need of health care advice, call the 24/7 Nurse Call Line toll-free at **1-800-304-5436.**

Your First Choice Benefits and Benefit Limits

Copayments

Some adult members will need to pay a small amount (copay) for the following:

- Ambulatory surgery center.
- Chiropractor.
- Clinic visits.
- Home health care.
- Inpatient hospital care.
- Medical equipment or supplies.
- Office visits (PCP, specialist, nurse practitioner, licensed midwife).
- Optometrist visits.
- Outpatient hospital.
- Podiatrist.
- Prescription drugs.

There will be no copayment for:

- Children younger than age 19.
- Pregnant people.
- Institutionalized people.
- Members receiving emergency services.
- Well-child visits from birth through the month of the 21st birthday.
- Federally recognized Native Americans.

Durable medical equipment under a rent-to-purchase payment plan will have the copayment split evenly among the 10-month rental payment schedule.

Copayment amounts are listed in the **Copayment Reference Guide** on our website in the **Getting Started** section for members. Please call Member Services at **1-888-276-2020** if you need a printed copy of the copay reference guide and member handbook. You can also call if you have questions about copayments.

Services* covered by First Choice and what to do:

Acute inpatient psychiatric services are free-standing psychiatric facilities that provide mental and behavioral health services. The current inpatient admission copay of $25 would apply for members over the age of 18 who are not part of a federally recognized Native American tribe and/or pregnant.

Have your First Choice network provider call First Choice for prior authorization.

Adult well visits are routine medical checkups to help make sure you are in good health.

Make an appointment with your PCP.

Ambulance transportation is covered when medically needed for your condition and another ride is not appropriate.

Call 911 if there is an emergency.

Audiological services include testing, screening, preventive or corrective services for hearing disorders, or to tell if you have a hearing disorder. Services are free for members younger than age 21. Newborn hearing screenings are also covered by First Choice.

Get a referral from your PCP or other licensed health care professional of the healing arts (LPHA).

Autism spectrum disorder (ASD) services are mental health treatments for people diagnosed with ASD. The member must be shown to have an ASD diagnosis through a complete psychological review. Services are available to members younger than age 21, and group treatment services for ASD are covered.

Get a referral from your PCP, or have your provider call First Choice for prior authorization.

*Benefits and services may be subject to change, coverage limitations, member eligibility, and/or a determination of medical necessity.

BabyNet services are for children from birth up to 3 years who have developmental delays or conditions associated with developmental delays. They are provided in an outpatient setting.

Contact your First Choice provider for more details, including eligibility requirements.

Chiropractic care services are limited to six visits each year.

Have your First Choice network provider call First Choice for prior authorization.

Communicable disease services help control and prevent diseases such as tuberculosis, sexually transmitted infections (STIs), and HIV/AIDS. Services include exams, assessments, diagnostic procedures, health education or counseling, treatment, and contact tracing.

Get care from any public health agency or make an appointment with your PCP.

Durable medical equipment includes medical products, surgical supplies, and equipment when ordered by a physician as medically needed.

Call your PCP.

Family planning services include family planning exams, counseling services to help prevent or plan timing of pregnancy, birth control, family planning-related laboratory services, and surgeries to prevent pregnancy.

You do not need a referral, copay, or prior approval, but some services may need your doctor to fill out and send forms to First Choice. Members are encouraged to use First Choice network providers, but you may see any provider who accepts Healthy Connections. You are free to choose the method of family planning you use without coercion or mental pressure.

Gastric bypass surgery is a surgery that helps you lose weight. The surgery changes how your stomach and small intestine handle the food you eat. To help make sure First Choice members get the best results, we will approve weight-loss surgery only at hospitals with Preferred Bariatric Surgery Center status. The Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) must approve these hospitals. Approved hospitals are listed on the American College of Surgeons website at **www.facs.org**. If you are thinking about having weight loss surgery, check the website to make sure the hospital you are using is approved.

Have your First Choice network provider call First Choice for prior authorization.

Home health care are services at your home, including intermittent skilled nursing; a home health aide; and physical, occupational, and speech therapy. Adult members age 21 and older are limited to 50 visits per year. This does not include nursing homes and institutions.

Get a referral from your PCP.

Hysterectomies, sterilizations, and abortions are covered in some cases. Hysterectomies are covered when they are nonelective and medically necessary. Hysterectomies are not covered if they are done only to stop reproduction. Sterilizations are limited to members who are at least 21 years old, mentally competent, and have voluntarily given consent. Abortions are covered if the pregnancy is a result of rape or incest. They are also covered if the member has a physical disorder, injury, or illness (including a life-endangering condition caused by or from the pregnancy) that

places the member in danger of death unless an abortion is performed.

Call your PCP or First Choice for more details.

Immunizations are covered for adult members age 19 and older. Covered services include the vaccine and administration of the vaccine. Adult vaccinations include serogroup B meningococcal (MenB); measles, mumps, and rubella (MMR); varicella (VAR); and measles, mumps, rubella, and varicella (MMRV). Coverage for members under age 19 is through the Vaccine for Children (VFC) program.

Call your PCP.

Inpatient services are items and medical and behavioral services given under the direction of a doctor if you are admitted to a hospital and the stay is expected to last more than 24 hours. This includes room and board, miscellaneous hospital services, medical supplies, and equipment.

Get a referral from your PCP.

Lab and X-rays are services ordered by a doctor and given by independent labs and X-ray facilities.

Call your PCP.

Life-threatening emergencies are when medical care is needed right away because of a danger to your life, limb(s), or sight if not treated right away.

Call 911 or go to the nearest emergency room.

Long-term care covers the first 90 calendar days of continuous confinement in a long-term care facility or nursing home. First Choice may cover more days until your disenrollment or a maximum of 120 calendar days. After this time, payment for services are made by the Medicaid fee-for-service program. This includes skilled nursing care or rehabilitative services.

Get a referral from your PCP.

Maternity services include prenatal (before birth), delivery, and postpartum (after birth) services, and nursery charges for a normal pregnancy or complications related to the pregnancy. Females ages 12 through 55 are eligible for CenteringPregnancy group prenatal care. CenteringPregnancy prenatal care takes place in a group setting, giving members more time with their provider (up to 10 group visits before delivery).

Call First Choice for more details. You can see a directory of First Choice network providers. Go to www.selecthealthofsc.com, and click on Find a Provider.

Medicines and pharmacies (prescriptions and over the counter.) There is a maximum 31-day supply. Some medicines need prior approval. Members may get an emergency supply of medicine that will cover them for 72 hours while a prior authorization request is pending. A member is permitted one temporary supply per prescription number. Inhalers, diabetic test strip and supplies, and creams or lotions are exceptions to the supply limit because of how they are packaged. For those medicines, the member may receive the smallest package size available. Generic medicine and supplies will be provided when available. Members may get a supply of certain medicines that lasts 90 calendar days to treat asthma, hypertension, diabetes, and high cholesterol. Call Member Services to learn more about covered medicines, the appeal process, or a full list of network pharmacies.

Get a prescription (including over the counter). Take it to a First Choice participating pharmacy. Present your First Choice ID card and Healthy Connections ID card. For a directory of participating First Choice providers, go to www.selecthealthofsc.com, and click on Find a Provider.

Mental health, emotional health, and drug and alcohol services, including those you get through the Department of Alcohol and Other Drug Abuse Services (DAODAS) may need prior authorization. Your provider must call First Choice for prior authorization, when needed, before giving services.

Get a referral from your PCP or have your provider call First Choice for prior authorization.

Obesity-management treatment is available for eligible adults over 21 years of age. Services include an initial screening, five face-to-face behavioral counseling visits, an initial dietitian visit for nutritional counseling, and five follow-up visits. Treatment for members up to age 21 is covered under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.

Contact your PCP or First Choice for more details, including eligibility needs.

Occupational, speech, and physical therapy may need authorization in any setting. Your provider must call First Choice to see if authorization is needed. Private rehabilitative therapy is covered and limited to 105 combined hours of service per fiscal year (July 1 to June 30). Therapy in a hospital-affiliated outpatient setting is covered if medically needed. It is limited to 105 combined hours per fiscal year. You must meet criteria and get authorization when needed.

Get a referral from your PCP.

Opioid treatment programs (OTPs) are for members with opioid use disorder who need medication-assisted treatment. Services include an assessment, counseling, and medications. They are provided in an outpatient setting. Medical necessity must be confirmed at the time of admission by either a physician or an advanced practice registered nurse (APRN) who is employed or contracted by the OTP. Members should use providers in the First Choice network.

Call Member Services for more details. For a directory of First Choice providers, go to www.selecthealthofsc.com, and click on Find a Provider. Use the Search All feature and type in "Opioid Treatment Program."

Outpatient Pediatric AIDS Clinic services (OPAC) include specialty care, consultation, and counseling services for HIV-infected Medicaid-eligible children and their families. Outpatient Pediatric AIDS Clinic services or a First Choice network provider may provide care.

Call your PCP or First Choice for more details.

Outpatient services preventive diagnostic, therapeutic, rehabilitative, surgical, and emergency services you get for the treatment of a disease or injury at an outpatient or ambulatory care facility for a period of time under 24 hours.

Get a referral from your PCP.

Podiatry is covered for medically necessary services for the testing and treatment of foot conditions.

Get a referral from your PCP.

Primary care visits include visits to the personal doctor you chose from the First

Choice Health Care Professional and Provider Directory.

Make an appointment with your PCP.

Psychiatric assessment services are limited to a maximum of one assessment per member every six months.

Call your PCP or any provider who accepts Healthy Connections.

Psychiatric residential treatment facility (PRTF) services are for people who need mental health care. They are given in an inpatient facility. They are not given in a hospital. Services include 24-hour supervision and specialized interventions. Psychiatric residential treatment facility services are only for members under age 21. If a member is in the facility when they turn 21, services may continue until the member no longer needs them or when the member reaches age 22, whichever comes first.

Have your First Choice network provider call First Choice for prior authorization.

Rehabilitative behavioral health services are given to lessen the effects of mental disabilities and improve the ability to function.

Call Member Services for more details or to get help from a First Choice Care Manager. If prior authorization is needed, your First Choice network provider will handle the process for you.

School-based mental health

School-based services are for students who need mental health care. They are given in a school setting through grade 12. Services may also be given via telehealth. Services include diagnostic assessment and therapy services (crisis, individual, family, and group).

Have your First Choice network provider call First Choice for prior authorization.

Specialist visits are visits to a doctor who practices a certain area of medicine.

You don't need a referral from your PCP. Make an appointment with the specialist.

Transplant services must have approval before being performed. First Choice benefits cover:

- Medically necessary transplants.
- All transplant-related services given for all transplant types. This includes corneal transplants.

Get a referral from your PCP or call your First Choice Care Manager.

Vision care:

Children under 21: Routine vision care is covered and includes the following once per fiscal year: one comprehensive eye exam with no copay, one pair of eyeglass lenses including frames, and one eyeglass fitting. It also covers one pair of replacement eyeglasses per fiscal year with no copay if the first pair is lost or damaged.

For replacement eyeglasses, contact the eye doctor who provided the original pair. Vision care for children under age 21 does not need prior authorization when using a First Choice provider. Each fiscal year begins July 1 and ends June 30 of the following year.

Adult members age 21 and older: The adult vision benefit includes the following once every two fiscal years: one comprehensive eye exam with no copay, one pair of eyeglass lenses including frames, and one eyeglass fitting. Eye exams given by a participating network provider will not need prior authorization.

Prior authorization is needed to see providers NOT in the First Choice network. **All eyeglass lenses, including frames, must be ordered from Robertson's Optical from their Select Health Frame Kit; no prior authorization required. Each fiscal year begins July 1 and ends June 30 of the following year.**

Questions about covered benefits or prior authorization needs? We're here to help. Call Member Services. For a directory of First Choice network providers, go to www.selecthealthofsc.com, and click on Find a Provider.

Well-child visits are routine medical checkups from birth through the month of the 21st birthday. Visits may include immunizations (shots). See page 21 for the suggested schedule of visits.

Make an appointment with your PCP.

Well-woman visits are routine medical checkups for women. They include a pelvic exam; a breast exam; yearly sexually transmitted infections (STI) screening; and, as recommended, a Pap test. It is also a chance to talk with your doctor about your health and reproductive health care needs.

Make an appointment with your PCP or a First Choice OB/GYN.

Please call Member Services at 1-888-276-2020 for a full list of services provided by First Choice or Healthy Connections. Services not covered by First Choice or Healthy Connections are noncovered services. To learn more about noncovered services, call Member Services. A list of services covered by Healthy Connections is below.

Note: First Choice follows the Healthy Connections fiscal year when considering annual service limitations. Each fiscal year begins July 1 and ends June 30 of the following year.

Services covered by Healthy Connections and what to do:

Routine and emergency dental services are available for members under age 21. Healthy Connections also covers preventive dental services for adult members over age 21, up to $750 per Healthy Connections fiscal year (July 1 through June 30).

Contact DentaQuest at 1-888-307-6552, visit www.dentaquest.com or call First Choice Member Services.

Developmental evaluation services (DECs) are medically necessary comprehensive neurodevelopment and psychological developmental, evaluation, and treatment services for members from birth up to their 21st birthday.

Contact Healthy Connections or First Choice Member Services to learn more.

Home- and community-based waiver services

Contact Healthy Connections or First Choice Member Services to learn more.

Long-term care/nursing home (after disenrollment).

Contact Healthy Connections or First Choice Member Services to learn more.

Medicaid adolescent pregnancy prevention services (MAPPS) provide Healthy Connections-funded family planning services to at-risk youth. The program aims to prevent teenage pregnancy among at-risk youth, promote abstinence, and educate youth to make responsible decisions about sexual activity. Services include assessments, service plan, counseling, and education.

The services are provided in schools, office settings, homes, and other approved settings.

Contact Healthy Connections or First Choice Member Services to learn more.

Mental health services First Choice coordinates the referral of members for mental health services authorized or provided by a state agency and covered by Healthy Connections.

Call First Choice Member Services to learn more.

Nonemergency medical transportation for covered services.

Call the Medicaid transportation broker for your county. First Choice Member Services can also help you with this call.

Pregnancy prevention services for targeted populations are covered by Healthy Connections through state and community providers. First Choice makes sure members are able to use to these programs.

Call First Choice Member Services to learn more.

School-based services

Call Healthy Connections or First Choice Member Services to learn more.

Targeted case management services

Call Healthy Connections or First Choice Member Services to learn more.

Services excluded by First Choice

Some services are excluded, or not covered, by First Choice. Always call First Choice or Healthy Connections if you have questions about coverage for specific services. Services that require authorization, but are not approved, are not covered.

Auxiliary aids and services (Servicios y recursos para discapacitados)

Services and materials are available to First Choice members and potential members. Please call Member Services for help if you have limited English proficiency or any special needs. First Choice has free translation services for vital documents. First Choice also offers free interpretation services. Please call Member Services at **1-888-276-2020** to get help in another language. If you or your child is vision- or hearing-impaired, we can provide special help. Member materials can be provided in alternate formats including Braille, large font, and audio tape. In-person translation is available to First Choice members when phone-based interpretation is not enough. Also, you can get TTY service for the hearing-impaired by calling our TTY line at **1-888-765-9586**.

Los servicios y materiales están disponibles para los miembros actuales y potenciales de First Choice. Llame a Servicios al Miembro para obtener ayuda si tiene conocimientos limitados de inglés o cualquier necesidad especial. First Choice ofrece servicios de traducción de documentos importantes sin costo alguno para usted. Además, First Choice también brinda servicios de interpretación sin costo a usted. Llame a Servicios al Miembro al **1-888-276-2020** para obtener ayuda en otro idioma. Si usted o su hijo tiene impedimentos visuales o auditivos, podemos proporcionarle ayuda especial. Los materiales de los miembros se pueden proporcionar en formatos

alternativos incluyendo Braille, letra grande y cinta de audio. La traducción en persona está disponible para los miembros de First Choice cuando la interpretación telefónica no es suficiente. Además, el servicio TTY para personas con impedimentos auditivos está disponible llamando a nuestra línea TTY al **1-888-765-9586**.

Advances in medicine and new technology

When there are new medical treatments, First Choice follows the Healthy Connections suggestions to cover new procedures or treatments. Before making a decision, the doctors at Healthy Connections review all clinical and scientific facts with the risks and benefits for new procedures or treatments. First Choice refers requests for new medical procedures or treatments, not routinely covered to Healthy Connections, to decide if they will cover them.

Using your benefits in the right way

At First Choice, we work with you and your PCP to help make sure your benefits are used the right and most cost-effective way.

First Choice makes decisions based only on the appropriateness of care and services and existence of coverage. We do not give rewards or financial incentives to our staff who make decisions, providers, or anyone else for denying, limiting, or delaying health care coverage or services.

Please call Member Services to find out if First Choice covers specific services and benefits.

Required notices

As a First Choice member, you are responsible for letting First Choice know when you need certain services. Questions? We're here to help. Please call Member Services at **1-888-276-2020**.

You must let First Choice Member Services know right away of any workers' compensation claim, a pending personal injury or medical malpractice lawsuit, or if you have been in an auto accident. Also, you must let us know if you have another health insurance policy, including employer-sponsored insurance.

Prior authorization (approval)

Approval is needed before you can get some scheduled medical procedures and medicines. Your PCP will ask for prior authorization from First Choice. To find out if a procedure needs prior approval, please call Member Services.

When your health care provider gives you a new prescription, ask if the medicine needs prior authorization. If it does, ask if there is another medicine that can be used that does not need prior approval. The First Choice preferred drug list is available at **www.selecthealthofsc.com**. You can also call Member Services at **1-888-276-2020**. If prior authorization is needed, your health care provider must complete a Prior Authorization Request Form and return it to First Choice. If the request is not approved, you will get a letter telling you why. If you disagree with the reason, you can file an appeal. You can call Member Services for help filing an appeal. You may also call Member Services at any time if you want to suggest adding or deleting a medicine to the First Choice preferred drug list.

If you are new to the plan, First Choice will cover any existing prescriptions that require prior authorization for 60 calendar days after enrollment. You will need to get prior authorization from First Choice after 60 calendar days. Questions? We're here to help. Please call Member Services at **1-888-276-2020**.

Hospital admissions

When you are admitted to the hospital, prior approval is needed. In most cases, your PCP will handle this for you. You should talk with your PCP if you have a question about hospital admissions. Please call Member Services toll-free at **1-888-276-2020**.

Hospital admissions after ER visits

There will be a review of an admission for all members admitted to a hospital after an emergency. First Choice does not require, but ***asks*** that you (or a friend or relative) call us as soon as possible after an emergency admission to a hospital. After discharge from any hospital admission, please call your PCP for a follow-up visit. First Choice can also help with needed post-stabilization services.

Concurrent review

A concurrent review is a review of your care while you are using certain services. Examples of these services are hospital stays and home health care. First Choice begins this review when needed.

Quality Improvement program

First Choice has a Quality Improvement program that looks at the health care services used by our members.

We look at health care services to see if they meet clinical plans and are working for our members.

The goal of the program is to help make sure our members get the highest quality and the safest clinical care and services possible. To help make sure we are meeting our goals, a Quality Improvement committee heads the program. The committee is made up of First Choice leadership, health care professionals, and doctors from the community.

Every year, First Choice looks at the Quality Improvement program to see if we are meeting our goals. We look at all parts of the program that affect our members, including clinical and service events. The review also includes suggestions and goals to improve the program for the next year.

Utilization management determination time frames and extensions

Utilization management may extend the determination time frame up to 14 more calendar days if:

- You, your provider, or your authorized representative request an extension.
- Utilization management proves a need for more information and how the extension is in your best interest.

Please call Member Services at **1-888-276-2020** if you have questions about an authorization.

Request type	Determination time frame	Extension
Nonurgent prior authorization	Fourteen calendar days from the date First Choice gets the request.	Additional 14 calendar days.
Urgent prior authorization	Seventy-two hours from the date First Choice gets the request.	Up to 14 calendar days from the date of the request.
Concurrent (initial and continued inpatient stay)	One business day from the date the request is received.	If more information is needed: up to 72 hours from the date of the request.
Retrospective review	Thirty calendar days from the date First Choice gets the request.	None.

If you want more information about the Quality Improvement program, please call Member Services toll free at **1-888-276-2020.**

Care management

Care management is a service for members with special needs. Examples of special needs are long-term illnesses, injuries, and pregnancies. Our goal is to help you use your benefits and get the care that you need. Please call Member Services with any questions about this service.

Your Family and First Choice

Well-child and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) visits

These are regular medical checkups that are important for all children from birth through the month of the 21st birthday. The visits may also include immunizations (shots). Well-child visits help make sure your child is growing up healthy. If the PCP finds a problem, the PCP will watch it and treat it early. First Choice wants parents to make sure their children are getting regular medical checkups.

How often should my child have a well visit?

- **From birth to age 2 years:** at 3 to 5 days, 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, and 30 months.
- **From age 3 through age 21:** every year.

What areas of my child's health will be checked?

- Eyes and hearing.
- Blood pressure.
- Lab tests.
- Growth rate, and growth and developmental progress (social, personal, language, and movement skills).
- Eating habits.
- Dental (teeth) health.
- Your child will also have any needed immunizations (shots). These are important to help the body fight disease. Children must have all the shots they need before they can start school.

Will I have to pay for my child's well-child visit?

No. Well-child visits are part of your benefits as a First Choice member.

How can I make sure my child gets a needed well-child visit?

Call your child's PCP's office to make an appointment. When you call for a visit, tell the PCP's office that your child is a First Choice member. If you need help or have problems making your appointment, call First Choice Member Services. If you need a ride to and from your visit, call the Medicaid transportation broker in your county.

Women's services

Well-woman visits are important for good health for adult women. It is recommended that women schedule a well-woman visit for a pelvic exam, a breast exam, and sexually transmitted infection (STI) screening each year. Mammograms and cervical cancer screenings (Pap test) are also important steps in maintaining a woman's health. Call your PCP to learn more information.

Female members also can go to a women's health specialist (OB/GYN), without referral, within the network for covered care needed for routine and preventive health care

services. This is in addition to your PCP's services if they are not a women's health specialist.

Preventive and rehabilitative services for primary care enhancement (PSPCE/RSPCE)

Certain services offered only to high-risk women before are now available through PSPCE/RSPCE to any Medicaid beneficiary shown to have medical risk factors. The goal of PSPCE/RSPCE is to keep and restore the patient to the best level of physical functioning. PSPCE/RSPCE is not intended for all Medicaid beneficiaries, but to help providers with accepting difficult-to-treat patients into their practice.

Bright Start®: if you are pregnant

Early and complete health care before your child's birth is the key to having a healthy baby! Bright Start helps parents-to-be make healthy choices for themselves and their unborn baby.

Who can be a member of Bright Start?

Any pregnant First Choice member can become a member of Bright Start.

Does Bright Start cost anything?

Bright Start is free for First Choice members. Call Member Services for details.

How does First Choice help Bright Start members?

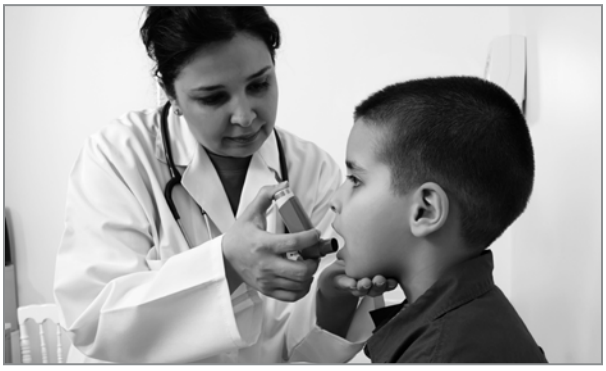
Your prenatal health care provider will decide if your pregnancy is "low risk" or "high risk." If the pregnancy is low risk, you can ask to talk to a Bright Start outreach coordinator about your needs, special services, and classes you may attend. The outreach coordinator will also help you choose a First Choice obstetrician (OB doctor) and a PCP for your newborn. You will be mailed helpful information during your pregnancy. After birth, the outreach coordinator will talk with you again to help plan other services your baby will need.

What if my pregnancy is "high risk?"

You might be at high risk if you are younger than age 18, if you have had a problem pregnancy in the past, or if you have been told by your prenatal health caregiver that your pregnancy is "high risk." Each Bright Start high-risk member works with a special nurse. The nurse talks with you to find out your needs. Then, the nurse will give you information about your needs. The nurse will also work with you to get special services, if needed, that may include social work, special diets, referrals to specialists, home health services, or help from local service agencies.

What about the Women, Infants, and Children (WIC) program?

WIC gives federal grants to states for supplemental foods, health care referrals, and nutrition education. If you think you are eligible for WIC benefits, please call First Choice Member Services. We will help you with a referral to a WIC provider.



Breathe Easy (for members with asthma)

If you or your child has asthma, Breathe Easy by First Choice helps you learn about asthma, like what causes asthma attacks, how to be sure you or your child is staying healthy, and how to work with your or

your child's PCP to find the right asthma medicines. The goal is to make life better for adults and children with asthma, cut back on hospital and emergency room visits, and teach members and parents about asthma.

In Control diabetes program
If you or your child has diabetes, you know it touches almost every part of your life. Many people with diabetes get care and live normal and active lives. But without care, diabetes may cause blindness, heart problems, or amputation (removal of a toe, foot, or leg). In Control helps members with diabetes take charge of diabetes and their health!

Heart First® program
Heart First is a cardiovascular disease management program with an emphasis on self-management interventions for diseases such as heart failure, high blood pressure, high cholesterol, and stroke. Heart First is based on recommendations from the American College of Cardiology Foundation and American Heart Association guidelines.

Sickle cell program
This program helps our members with sickle cell disease to get the care they need to better manage this disease. Our program is based on current sickle cell disease practice guidelines from the National Heart, Lung, and Blood Institute.

Members' Responsibilities

It is up to you to:

1. Establish you or your children with a primary care provider (PCP) within 30 calendar days of entering the plan.
2. Not change your PCP without approval from First Choice.
3. Inform First Choice of any loss or theft of your ID card.
4. Present your ID card whenever using health care services.
5. Be familiar with First Choice procedures to the best of your ability.
6. Ask the First Choice Member Services department any questions you have.
7. Get preventive services.
8. Treat your PCP(s) and their staff with kindness and respect.
9. Provide your PCP(s), practitioners, providers, and First Choice with accurate and complete medical information.
10. To understand your health problems and help develop your treatment goals with your PCP.
11. Follow the prescribed treatment of care recommended by the provider, or let them know why you cannot follow the treatment as soon as possible.
12. Get a referral from your PCP(s) before you go to the hospital your PCP(s) recommended.
13. Go to the emergency room only for emergencies.
14. Call your PCP(s) as soon as you or a family member feels ill. Do not wait. If you feel you have a life-threatening emergency, go to your closest hospital.
15. Make every effort to keep any agreed-on visit or cancel a visit before it is scheduled if you will be unable to go.

16. Notify First Choice if your or your child/children's name, address, or phone number changes.

17. Inform First Choice of any change in your legal status regarding your authority to make decisions on behalf of your child or children.

18. To understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.

Members' and Potential Members' Bill of Rights

1. To be treated with respect and due consideration for your dignity and privacy.

2. To take part in decisions regarding your health care, including the right to refuse treatment.

3. To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as stated in the federal regulations on the use of restraints and seclusion.

4. To be able to request and receive a copy of your medical records, and request that they be amended or corrected.

5. To receive health care services that are accessible; are comparable in amount, duration, and scope to those provided under Medicaid fee-for-service; and are sufficient in amount, duration, and scope to reasonably be expected to reach the treatment goal.

6. To receive services that are appropriate and are not denied or reduced solely because of diagnosis, type of illness, or medical condition.

7. To receive all information, including but not limited to enrollment notices, informational materials, instructional materials, available treatment options, and alternatives in a manner and format that may be easily understood.

8. To get help from both SCDHHS and First Choice in understanding the requirements and benefits of the plan.

9. To receive oral interpretation services free of charge for all non-English languages, not just those identified as prevalent.

10. To be notified that oral interpretation is available and how to get those services.

11. As a member and/or potential member, to receive information about the basic features of managed care, which populations may or may not enroll in the program and First Choice responsibilities for coordination of care in a timely manner to make an informed choice.

12. To receive information on First Choice services, including but not limited to:

    a. Benefits covered.

    b. Procedures for obtaining benefits, including any authorization requirements.

    c. Any cost-sharing requirements.

    d. Service area.

e. Names, locations, phone numbers of, and non-English language spoken by current contracted providers, including, at a minimum, primary care physicians, specialists, and hospitals.

f. Any restrictions on members' freedom of choice among network providers.

g. Providers not accepting new patients.

h. Benefits not offered by First Choice but available to members and how to get those benefits, including how to get a ride.

13. To receive a complete description of disenrollment rights at least annually.

14. To receive notice of any significant changes in the benefits package at least 30 calendar days before the intended effective date of the change. Notice of changes can be made by letter or included in the member newsletter. The benefits package includes services, benefits, and providers.

15. To receive information on the grievance, appeal, and fair hearing procedures.

16. To receive detailed information on emergency and after-hours coverage, including but not limited to:

    a. What constitutes an emergency medical condition, emergency services, and post-stabilization services.

    b. That emergency services do not require prior authorization.

    c. The process and procedures for obtaining emergency services.

    d. The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services and post-stabilization services covered under the contract.

    e. Members' right to use any hospital or other setting for emergency care.

    f. Post-stabilization care services rules as detailed in 42 CFR §422.113(c).

17. To receive First Choice policy on referrals for specialty care and other benefits not provided by the member's PCP.

18. Have their privacy protected in accordance with the privacy requirements in 45 CFR parts 160 and 164 subparts A and E to the extent that they are applicable.

19. To exercise these rights without adversely affecting the way First Choice, its providers, or SCDHHS treat the members.

20. To have a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.

21. To voice grievances or appeals about First Choice or the care it provides.

22. To make recommendations regarding First Choice's member rights and responsibilities.

More About Your Rights

Grievances and appeals

First Choice cares about the health care and service you receive from our providers and us. We want to know when you are not satisfied so that we can help. If you have questions, you can always call Member Services at **1-888-276-2020.**

First Choice may extend the time frame for resolving a grievance or appeal up to 14 calendar days if you ask for the extension. First Choice may also do so if we show (to the satisfaction of the state, on its request) that we need more information and how the delay is in your best interest. If First Choice extends the time frame, we will make reasonable efforts to give you prompt oral notice. Within two calendar days, we will write to you with the reason for the extension. You can file a grievance if you disagree with the decision to extend the time frame for resolving the grievance or appeal. You or your authorized representative can ask for an extension.

Grievances

You may file a grievance when you are not satisfied with any matter other than an adverse benefit determination. Grievances may include, but are not limited to:

- The quality of care or services provided
- Aspects of interpersonal relationships, such as rudeness of a provider or employee, or failure to respect your member rights regardless of whether remedial action is requested

A grievance includes your right to dispute an extension of time we propose to make an authorization decision. You may file a grievance at any time. As state law permits, and with your written consent, a provider or an authorized representative may file a grievance for you. You may file a grievance by calling Member Services at **1-888-276-2020** or by writing to:

First Choice Member Services
P.O. Box 40849
Charleston, SC 29423-0849

If you file a grievance in writing, please include your name, address, Healthy Connections ID number, and any information you think we need to know about your grievance. If we need more information, we will reach out to you. You have the right to send written materials that support your grievance. We will send you a letter to let you know we received

your grievance. After we finish our research and within 90 calendar days of getting your grievance, we will send you another letter with the outcome.

Appeals

An appeal happens when you or an authorized representative who speaks on your behalf asks First Choice to review an adverse benefit determination we have taken. (As state and federal law permits, and with your written consent, a provider or authorized representative may file an appeal for you.) An appeal is a request for

review of adverse benefit determination. "Adverse benefit determination" means any of the following:

1. The denial or limited authorization of a requested service. This includes determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit;

2. The reduction, suspension, or end of a previously authorized service;

3. The denial, in whole or in part, of payment for a service;

4. The failure to provide services in a timely manner, as defined by SCDHHS;

5. The failure of the managed care organization (MCO) to act within the time frames provided in 42 C.F.R. § 438.408(b) (1) and (2) regarding the standard resolution of grievances and appeals.

6. For a resident of a rural area with only one MCO, the denial of a Healthy Connections MCO member's request to exercise their right, under 42 C.F.R. § 438.52(b)(2)(ii), to obtain services outside the MCO's network.

7. The denial of a member's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other member financial liabilities.

You will receive an adverse benefit determination letter when a service has been denied or authorization limited.

You are allowed up to 60 calendar days from the date on the adverse benefit determination letter to file an appeal or expedited appeal. As state law permits, and with your written consent, a provider or an authorized representative may file an appeal or ask for a State Fair Hearing with SCDHHS for you. However, providers cannot ask for continuation of benefits as specified in 42 C.F.R. § 438.420(b)(5). In handling your grievance or appeal, we will give you any reasonable help in completing forms and taking other procedural steps. You may present evidence in person or in writing.

We will provide you and your authorized representative your case file. You can review all documents, medical records, and new or additional information used by First Choice for the adverse benefit determination. The information will be available to you free of charge and sufficiently before the resolution time frame. The review can be before and during the appeals process.

You can begin an appeal by calling Member Services at **1-888-276-2020** or in writing. We must get your appeal within 60 calendar days from the date of the notice of adverse benefit determination. If you send the appeal in writing, mail it to:

First Choice Member Services
P.O. Box 40849
Charleston, SC 29423-0849

We will resolve your standard appeal within 30 calendar days from the day we get it. If your appeal is urgent, you may call Member Services at **1-888-276-2020** and ask for an expedited (fast) appeal. A medical director will review your request. We will expedite an appeal if waiting 30 calendar days may seriously jeopardize your life; physical or mental health; or ability to attain, maintain,

or regain maximum function. For expedited appeals, we will decide within 72 hours after we get your request. However, if we decide your appeal should not be expedited, we will resolve your appeal within 30 calendar days from when we got your expedited appeal request. In addition, we will try to call you and send a letter within two calendar days from your request to let you know the reason for this decision to extend the time frame. We will also let you know of your right to file a grievance if you disagree with that decision.

First Choice may extend the time frame for resolving a standard or expedited appeal up to 14 calendar days if you ask for the extension. We may also do so if we show (to the satisfaction of the state, upon its request) that we need more information and how the delay is in your best interest. If First Choice extends the time frame, we will make reasonable efforts to give you prompt oral notice. Within two calendar days, we will write to you with the reason for the extension. You can file a grievance if you disagree with the decision to extend the time frame.

We will send our final appeal decision to you by certified mail, return receipt requested. If you do not agree with the final decision by First Choice, you have the right to ask for a State Fair Hearing with SCDHHS. You may also ask for a State Fair Hearing if First Choice does not follow the notice or timing requirements for appeals. With your prior written consent, you can ask a representative of your choice to represent you at the State Fair Hearing. A provider cannot require you to make them your representative to get these services or medical services. Your request for a State Fair Hearing must be sent within 120 calendar days from the date on the resolution letter. If you feel that waiting could jeopardize your life; health; or ability to attain, maintain, or regain maximum function, you may also ask for an expedited (fast) State Fair Hearing. You can make the request through the SCDHHS website at **www.scdhhs.gov/appeals**. Or you can send it in writing to:

South Carolina Department of
Health and Human Services
Division of Appeals and Hearings
P.O. Box 8206
Columbia, SC 29202
1-803-898-2600

You may call Member Services at **1-888-276-2020** to ask that your benefits continue while waiting for review of your appeal. First Choice will continue your benefits if all of the following occur:

- You timely ask for an extension of benefits. Or, if state law permits, and with your written consent, an authorized representative asks for an extension of benefits. In this case, providers cannot make this request. This request means filing for benefits to continue on or before the later of the following:

  1. Within 10 calendar days from First Choice mailing the notice of adverse benefit determination, or

  2. The intended effective date of First Choice's proposed adverse benefit determination.

- You filed your appeal timely, within 60 calendar days from the date on the adverse benefit determination notice;

- The appeal involves the ending, suspension, or reduction of a previously authorized course of treatment;
- The services were ordered by a provider.
- The original period covered by the original authorization has not expired.

If First Choice continues or reinstates your benefits while the appeal or State Fair Hearing is pending, the benefits must be continued until one of the following occurs:

- You withdraw the appeal or State Fair Hearing.
- You do not ask for a State Fair Hearing and continuation of benefits within 10 calendar days after First Choice sends you the notice of an adverse resolution to your appeal under § 438.408(d)(2).
- A State Fair Hearing officer issues a hearing decision adverse to you.

If the final resolution of the appeal is adverse to you and upholds our initial adverse benefit determination, First Choice will recover the cost of the services furnished to you while the appeal was pending. This will occur to the extent that the costs were furnished solely because of the requirements:

- Of our contract with SCDHHS
- In 42 C.F.R. Section 438.420
- In 42 C.F.R. Section 431.230(b).

If First Choice or the State Fair Hearing Officer reverses a decision to deny, limit, or delay services not provided while the appeal was pending, First Choice will authorize or provide the services to you promptly and as fast as your health condition requires. This will occur no later than 72 hours from the date that First Choice receives notice of the reversed decision.

Protecting your privacy

First Choice makes every effort to protect the privacy of your medical and personal information. Everyone who handles your information is dedicated to keeping your information confidential. This includes First Choice providers, employees, and others.

To pay your claims, manage your care, and measure and improve the quality of our service, we may ask the health care provider for medical information about you. We may give information about you to your health care provider, other insurance companies (if you have other insurance), government agencies such as Healthy Connections, or in response to a court order or subpoena.

You may ask First Choice to give your confidential information to other parties, including your employer, by sending us a letter signed by you or your legally authorized representative. Also, we will only give claims, medical information about mental health, substance use, or HIV-related conditions if you give us your written permission to do so.

Advance directive

South Carolina and federal law gives all competent adults, 18 years or older, the right to make their own health care decisions. These rights include the ability to decide what medical, surgical, or behavioral health care treatment to accept, reject, or discontinue.

If you do not want certain types of treatment or want to have someone make health care decisions for you, you can let your PCP, hospital, or other health care providers know, and, in general, have these rights respected.

You also have the right to get medical information in terms that you can understand. This information includes the nature of:

- Your illness.
- Proposed treatments.
- Risks of failing to undergo these treatments.
- Any alternative treatments or procedures that may be available to you.

You may decide in advance if you want to accept or refuse certain care. But what if you are too ill to communicate? An advance directive is a legal document that states your wishes and lets you choose who can make decisions if you cannot. South Carolina law recognizes the following advance directive documents:

- Living Will.
- Health Care Power of Attorney.
- Five Wishes.

You should give a copy of your advance directive to as many people as you are comfortable with. These can include family members, health care providers, lawyers, or others.

Keep the original in a safe place where family members can find it. You can cancel your advance directive at any time, but make sure you tell anyone who has a copy.

You have the right to file a grievance with First Choice or the State Survey and Certification Agency if you are not satisfied with First Choice's handling of advance directives or if a provider does not follow your advance directive.

To learn more information about advance directive documents or forms, you may call the South Carolina Lieutenant Governor's Office on Aging at **1-800-868-9095** or **1-803-734-9900**. You may also call First Choice Member Services with questions or for a copy of the First Choice policy on advance directives.

More About First Choice

If you get a bill

First Choice will pay all costs for the covered services listed starting on page 12 in the Services Covered by First Choice section. If you get a bill:

1. Call First Choice. A Member Services representative will help you understand why you got the bill.

2. Remember that you may be denied services or billed for services if you do not follow plan guidelines.

3. We will pay for the bill if it is for First Choice-approved medical services.

4. Have your PCP's office call the program manager at Healthy Connections if the bill is for dental or other services not provided by First Choice but that Healthy Connections can pay.

5. First Choice will give you phone numbers of agencies that may be able to help you if the bill is for services not

provided by First Choice or Healthy Connections.

6. Keep the original bill if you are asked to send a copy of the bill to First Choice. Make a copy of your bill, and write your First Choice ID number on the copy. On a separate sheet of paper, write the name of your First Choice PCP and mail both to:

   First Choice by Select Health
   P.O. Box 40849
   Charleston, SC 29423-0849

Enrollment/disenrollment information

As a member of First Choice, your coverage begins on the first day of the month. To keep First Choice benefits, you must keep your Healthy Connections benefits.

If you become pregnant, call Member Services at **1-888-276-2020** and let us know. Your baby will be covered by First Choice from the date of birth. Your baby will stay on First Choice for the rest of their first year unless you change your baby's health plan to another managed care plan during the second or third month of your baby's life. It will also be important that you choose a PCP for your baby, and we can help. If you do not choose one, we will choose a PCP for you.

Disenrollment may be requested by you, Healthy Connections or First Choice.

You may request disenrollment once without a specific reason at any time during the 90 days after your initial enrollment or 60 days after re-enrollment. After 90 days, you must provide a specific reason to leave First Choice. The following are considered reasons for you to ask for disenrollment at any time:

- You move out of the First Choice service area.
- First Choice or Healthy Connections ends the contract for First Choice to take part in the managed care organization program.
- You need related services (for example, a cesarean section and a tubal ligation) to be performed at the same time, not all related services are available within the First Choice network, or your primary care provider or another provider determines that receiving the services separately would subject you to unnecessary risk.
- You use managed long-term care support services. You would have to change your residential, institutional, or employment supports provider based on that provider's change in status from in-network to an out-of-network provider with First Choice.
- If the plan does not, because of moral or religious objections, cover the service you seek.
- Other reasons, including but not limited to poor quality of care, lack of access to services covered under First Choice's contract with Healthy Connections, or lack of access to providers experienced in dealing with your health care needs.

If your request to change health plans is denied by Healthy Connections, you have the right to file for a State Fair Hearing of the decision with SCDHHS.

You may be disenrolled for the following reasons:

- First Choice no longer takes part in the Medicaid managed care organization program or in your service area;
- Death of a member;
- You become an inmate of a public institution;

- You move out of state or the First Choice service area;
- You elect hospice;
- You become institutionalized in a long-term care facility/nursing home for more than 90 consecutive days and approved by Healthy Connections;
- You elect home- and community-based waiver programs;
- You become age 65 or older;
- Your behavior is disruptive, unruly, abusive, or uncooperative and impairs First Choice's ability to furnish services to other enrolled members;
- You are placed out of home (i.e., Intermediate Care Facility for Individuals with Intellectual Disabilities [ICF/IID]).

Please call First Choice Member Services at **1-888-276-2020** or Healthy Connections Choices at **1-877-552-4642** for complete disenrollment information.

Words You Need to Know

Addiction: Physiological and psychological dependence on a drug — when your mind and body depend on a drug.

Adverse benefit determination:

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit;

2. The reduction, suspension, or ending of a previously authorized service;

3. The denial, in whole or in part, of payment for a service;

4. The failure to provide services in a timely manner, as defined by SCDHHS;

5. The failure of the managed care organization (MCO) to act within the time frames provided in 42 C.F.R. § 438.408(b) (1) and (2) regarding the standard resolution of grievances and appeals.

6. For a resident of a rural area with only one MCO, the denial of a Healthy Connections MCO member's request to exercise their right, under 42 C.F.R. § 438.52(b)(2)(ii), to obtain services outside the MCO's network.

7. The denial of a member's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other member financial liabilities.

Advance directive: If a member becomes seriously ill and cannot make decisions for themself, an advance directive can tell the doctor and family how the member wishes to be cared for. Call Member Services to find out how to arrange for an advance directive.

Appeal: A request from the member or the member's representative to reconsider the plan's decision to deny, reduce, and/or end a service.

Benefits: Health care services provided by a First Choice provider.

Developmental delay/condition: When a child cannot perform a skill or behavior by the age they are expected to.

Disenrollment: Steps to follow to leave First Choice.

Durable medical equipment: Health equipment like wheelchairs and oxygen tanks.

Emergency medical care: A health problem that someone with average medical knowledge would expect to place an individual (or, with respect to a pregnant person, the health of the person or their unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

Free-standing psychiatric facility: A hospital that provides psychiatric services to individuals in an inpatient hospital setting.

Generic drug: A drug that has the same basic ingredients as a brand-name drug.

Grievance: Oral and/or written expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided; aspects of interpersonal relationships, such as rudeness of a provider or employee,; or failure to respect the member's rights, regardless of whether remedial action is requested. Grievances include a member's right to dispute an extension of time proposed by First Choice to make an authorization decision. Members may report grievances at any time by contacting Member Services.

Health care professional: A physician or any of the following:

- Podiatrist.
- Optometrist.
- Chiropractor.
- Psychologist.
- Occupational therapist.
- Therapist assistant.
- Speech-language pathologist.
- Audiologist.
- Registered or practical nurse.
- Clinical nurse specialist.
- Certified registered nurse anesthetist.
- Certified nurse midwife.
- Licensed certified social worker.
- Registered respiratory therapist.
- Certified respiratory therapy technician.

Healthy Connections: Healthy Connections is the name of South Carolina's Medicaid program. The South Carolina Department of Health and Human Services is the state agency that manages Healthy Connections.

Home health agency: A company that provides health care services in your home.

Identification (ID) card: A card that shows that you or your child is a member of First Choice.

Immunizations: A series of shots that will protect your child from many serious diseases. Certain shots are required before children may enter day care or school in South Carolina.

Inpatient: A person who is admitted to a hospital for a period of time.

Limited English proficiency: Does not speak English as a primary language and has a limited ability to read, write, speak, or understand English. May be eligible to receive language help for a particular type of service, benefit, or encounter.

Mammogram: Also breast cancer test or screening, is a way to screen for breast cancer.

Managed care plan: A plan like First Choice that offers doctors, hospitals and other health care providers to keep your family well. Your PCP manages your care.

Medically necessary services: Medical services that your doctor and First Choice staff believe are needed for your child to get well and stay healthy.

Medication-assisted treatment: Medical services that include medication to treat addiction.

Member: A person eligible for First Choice benefits.

Outpatient: A person who receives treatment but is not admitted to a hospital.

Pap test: Also cervical cancer screening, is a way to test for cervical cancer.

Pelvic examination: Also pelvic exam, is a physical examination of the female pelvic organs.

Post-stabilization services: The combined services and care that a member needs after discharge from the emergency room or a hospital stay. This would include things such as:

- A follow-up visit with your PCP or admitting health care provider.
- Filling needed prescriptions related to the ER or hospital admission.
- Taking that medicine as directed by the prescribing health care provider.
- Getting any needed home health services and durable medical equipment.
- Member education about benefits and services.

The Rapid Response and Outreach Team or an assigned Care Manager can help members with post-stabilization services and coordinate hospital discharge needs.

Provider: Any doctor, hospital, pharmacy, laboratory or other medical professional who provides health care services.

Prescription medicine: A drug for which your doctor writes an order.

Primary care provider (PCP): Your personal doctor. They manage all of your health care needs.

Prior authorization: The process used by First Choice to review requests for medical procedures or medicines.

Referral: The process by which your PCP or case manager requests that you visit another health care provider.

Semi-private room: A hospital or nursing home room with more than one bed.

Specialist: A doctor who practices in a certain field of medicine.

Treatment: Health care given to a sick or injured person.

Urgent medical care: A medical condition that requires attention within 48 hours. If the condition is left untreated for 48 hours or more, it could develop into an emergency condition.

Use disorder: A problematic pattern of drug use leading to distress and addiction.

Well-child visits and EPSDT (Early and Periodic Screening, Diagnostic, and Treatment): Regular health exams for children to discover and treat medical problems.

WIC (Women, Infants and Children): A program that provides nutrition help.

Important Phone Numbers

Member's name _____

PCP's name _____ PCP's phone _____

If you need more help, call First Choice Member Services toll free at **1-888-276-2020.**

Questions? Here's where to call.

<table>
<tr><th>Questions about...</th><th>Call</th></tr>
<tr><td>Finding or choosing a PCP</td><td rowspan="11">Member Services, toll free:
1-888-276-2020
TTY for hearing impaired:
1-888-765-9586
Monday – Friday: 8 a.m. to 6 p.m.
Saturday and Sunday: Open only for members with pharmacy-related calls, 8:30 a.m. to 5 p.m.
You can also reach Member Services by using our secure email form at www.selecthealthofsc.com, or by fax at 1-800-575-0419.</td></tr>
<tr><td>Changing your PCP</td></tr>
<tr><td>Reaching your PCP</td></tr>
<tr><td>Billing</td></tr>
<tr><td>First Choice ID card</td></tr>
<tr><td>Enrollment information</td></tr>
<tr><td>Using the emergency room (ER)</td></tr>
<tr><td>Adult vision care</td></tr>
<tr><td>Pharmacy services</td></tr>
<tr><td>Free language interpretation services</td></tr>
<tr><td>Using the search features of the provider directory on our website</td></tr>
<tr><td>Self-care advice</td><td rowspan="3">24/7 Nurse Call Line:
1-800-304-5436
24 hours, seven days a week</td></tr>
<tr><td>Healthy symptoms (signs)</td></tr>
<tr><td>Medical information</td></tr>
<tr><td>Getting care for someone who is sick or hurt</td><td rowspan="2">Your PCP</td></tr>
<tr><td>Well-child visits</td></tr>
<tr><td>Transportation</td><td>Transportation broker for your county or Member Services:
1-888-276-2020</td></tr>
<tr><td>Children's dental care</td><td rowspan="2">Any provider who accepts Healthy Connections</td></tr>
<tr><td>Children's vision care</td></tr>
<tr><td>Medicaid eligibility</td><td rowspan="2">First Choice Medicaid Eligibility Workers: 1-888-276-2020</td></tr>
<tr><td>Healthy Connections ID card</td></tr>
</table>

Select Health
of South Carolina

Healthy Connections

SHSC_243344100 | FC-01292024-M-1.1_WM_U

First Choice, PO Box 40849, Charleston, SC 29423 | www.selecthealthofsc.com | Member Services Toll Free: 1-888-276-2020

Si usted necesita esta información en español, por favor llame al 1-888-276-2020. We help people get care, stay well and build healthy communities.