

# D-SNP Benefits

A Quick Guide to Understanding the AmeriHealth Caritas VIP Care D-SNP Benefits



# Benefits — AmeriHealth Caritas VIP Care Benefits Overview



## AmeriHealth Caritas VIP Care 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.
- ✓ Medicaid benefits - As a Dual Special Needs Plan in the state of Florida, we are contracted with the Agency for Health Care Administration (AHCA) to also administer Medicaid benefits.

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

Plan name	Medicare Parts A and B	Medicare Part D	Medicaid
<b>Medicaid</b> Florida Department of Children and Families	N/A	N/A	✓
<b>Medicare Advantage</b>	✓	✓	Not applicable for non-dual-eligible Medicare beneficiaries
			Florida Medicaid for dual-eligible beneficiaries
<b>Dual-eligible special needs plans (D-SNP)</b> AmeriHealth Caritas VIP Care	✓	✓	✓

# 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 — AHCA Medicaid Covered Benefit Policies\*

[Allergy Services Coverage Policy](#)  
[Ambulance Transportation Services Coverage Policy](#)  
[Ambulatory Surgical Center Services Coverage Policy](#)  
[Anesthesia Services Coverage Policy](#)  
[Assistive Care Services Coverage and Limitations Handbook](#)  
[Behavioral Health Overlay Services Coverage and Limitations Handbook](#)  
[Behavioral Health Assessment Services](#)  
[Behavioral Health Community Support Services](#)  
[Behavioral Health Intervention Services](#)  
[Behavioral Health Medication Management Services](#)  
[Cardiovascular Services Coverage Policy](#)  
[Child Health Services Targeted Case Management](#)  
[Chiropractic Services Coverage Policy](#)  
[County Health Department Services](#)  
[Dental Services Coverage Policy](#)  
[Dialysis Services Coverage Policy](#)  
[Durable Medical Equipment and Medical Supplies Coverage and Limitations Handbook](#)  
[Early Intervention Services Coverage Policy](#)  
[Emergency Transportation Services Coverage Policy](#)  
[Evaluation and Management Services Coverage Policy](#)  
[Federally Qualified Health Center Services](#)  
[Gastrointestinal Services Coverage Policy](#)  
[Genitourinary Services Coverage Policy](#)  
[Hearing Services Coverage Policy](#)  
[Home Health Services Coverage Policy](#)  
[Inpatient Hospital Services Coverage Policy](#)  
[Integumentary Services Coverage Policy](#)  
[Laboratory Services Coverage Policy](#)  
[Medicaid Forms](#)  
[Medical Foster Care Services](#)

[Mental Health Targeted Case Management Handbook](#)  
[Neurology Services Coverage Policy](#)  
[Non-Emergency Transportation Services Coverage Policy](#)  
[Nursing Facility Services Coverage Policy](#)  
[Occupational Therapy Services Coverage Policy](#)  
[Oral and Maxillofacial Surgery Services Coverage Policy](#)  
[Orthopedic Services Coverage Policy](#)  
[Outpatient Hospital Services Coverage Policy](#)  
[Pain Management Services Coverage Policy](#)  
[Personal Care Services Coverage Policy](#)  
[Physical Therapy Services Coverage Policy](#)  
[Podiatry Services Coverage Policy](#)  
[Prescribed Drug Services Coverage, Limitations and Reimbursement Handbook](#)  
[Private Duty Nursing Services Coverage Policy](#)  
[Provider Reimbursement Schedules and Billing Codes](#)  
[Radiology and Nuclear Medicine Services Coverage Policy](#)  
[Regional Perinatal Intensive Care Center Services](#)  
[Reproductive Services Coverage Policy](#)  
[Respiratory System Services Coverage Policy](#)  
[Respiratory Therapy Services Coverage Policy](#)  
[Rural Health Clinic Services](#)  
[Specialized Therapeutic Services Coverage and Limitations Handbook](#)  
[Speech-Language Pathology Services Coverage Policy](#)  
[Statewide Inpatient Psychiatric Program Coverage Policy](#)  
[Transplant Services Coverage Policy](#)  
[Visual Aid Services Coverage Policy](#)  
[Visual Care Services Coverage Policy](#)

\*Links to AHCA policies. Subject to change per AHCA updates.

# 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: four every year.
- Unlimited.

### **Comprehensive dental:**

- Non-routine services.
- Coverage for minor restorations.
- Fillings, simple extractions, dentures, denture repairs, surgical extractions, oral surgery, periodontics, endodontics, crowns, and mini-implants.
- Unlimited plan coverage.

## 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.
- \$2,000 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 - \$400 limit.

## Gym Benefit

- 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 1-833-535-3767 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 \$225 every month.
- Unused balance will automatically expire at the end of each month or upon disenrollment from the plan.
- May choose items from the OTC Catalog, online ordering portal and/or qualified items at participating retail settings via a restricted spend debit card.
- Qualifying members may use some or all of their OTC monthly allowance towards additional items and services such as: health food, rent/utilities, internet, pest control, and pet supplies

## Podiatry Services

- 12 routine foot care visits every year.

## Acupuncture and Chiropractic (Non Medicare) Services

- Up to a combined total of 20 medically necessary visits per year.

# Benefits — Supplemental Benefits (Continued)

## Meal Benefit

- 14 meals over the course of one week for qualified homebound members after discharge from an inpatient facility or a skilled nursing facility. Up to 4 times per year.

## 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 to assist members through the toll-free AmeriHealth Caritas VIP Care Nurse Call Line at 1-833-835-6250.





# 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: 1-833-535-3767, 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 Member's Summary of Benefits, Member Evidence of Coverage, Provider Manual or call Provider Services at 1-833-350-3477.

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**30 YEARS**  
of making  
**care the heart**  
of our **work.**



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