

# ProviderAlert

**To:** Select Health Providers

**Date:** February 26, 2026

**Subject:** Medicaid Carve-In for Waiver and Nursing Facility Populations

The South Carolina Department of Health and Human Services (SCDHHS) implemented changes to the delivery of services for certain Healthy Connections Medicaid members.

Effective January 1, 2026, changes to the Healthy Connections Medicaid program will impact certain members now enrolled with Select Health. This alert is intended to help you understand what is changing, what is not, and how we will partner with you during the transition.

## Who is affected

Medicaid members 18 years of age and older who are:

- Dually enrolled in Medicare and Medicaid
- Enrolled in the HIV/AIDS Waiver
- Enrolled in the Mechanical Ventilator Dependent (Vent) Waiver
- Enrolled in the Community Choices (CC) Waiver

Members in these groups are now enrolled in a Medicaid Managed Care Organization (MCO), such as Select Health, for their medical coverage. Member enrollment can be verified within the Select Health Secure [Provider Portal](#)/NaviNet or on the [SCDHHS website](#).

## What services are covered by the MCO and where to send your claims:

Starting January 1, 2026, if you're caring for someone who's a dually enrolled in Medicare and Medicaid, which may also include members in one of the waivers listed above, their claims for medical services which are covered by both Medicare and Medicaid must be submitted to Medicare first. The good news is, if the member's Medicare plan is Select Health's First Choice VIP Care, most\* claims will automatically crossover to Select Health's First Choice plan for applicable secondary payment. However, if a different Medicare plan is primary, then a remit from that plan must accompany the secondary claim filed to Select Health's First Choice plan or any other Medicaid MCO they're now enrolled with. Additionally, Select Health will allow **Medicaid only** covered services to by-pass the submission to the Medicare plan and to be submitted directly to the First Choice plan.

Information on filing claims is fast and easy for Select Health providers. Both our First Choice and First Choice VIP Care websites provide tools and resources you need to help manage electronic or paper claim submissions, including entering claims directly through [ConnectCenter](#), and how you receive

payments. For quick reference on filing claims for the dual eligible members who are enrolled in both First Choice VIP Care and First Choice, please refer to the chart below:

First Choice VIP Care (Medicare)	First Choice (Medicaid)
<ul style="list-style-type: none"> <li>File only one claim for both the Medicare and/or Medicaid covered services</li> <li>Claims will adjudicate through First Choice VIP Care first for processing under Medicare</li> <li>Most* claims will then automatically <b>crossover</b> to First Choice for processing under Medicaid</li> </ul>	<ul style="list-style-type: none"> <li>For Medicaid <b>only</b> covered services, claims can be submitted directly to First Choice, bypassing the submission to First Choice VIP Care</li> </ul>
<b>Payer ID for Electronic Submissions:</b> 32456	<b>Payer ID for Electronic Submissions:</b> 23285
<b>Paper Submissions:</b> First Choice VIP Care Claims Processing Department P.O. Box 7182 London, KY 40742-7182	<b>Paper Submissions:</b> Select Health of South Carolina Claim Processing Department P.O. Box 7120 London, KY 40742-7120

*\*Claims submitted to Medicaid using a different bill type from Medicare (UB04 vs. CMS 1500) will not crossover and must be submitted separately with the First Choice VIP Care remittance.*

Medical services include, but are not limited to:

- Durable Medical Equipment (DME)
- Incontinence supplies (*Medicaid only covered item – no Medicare remit required and can be submitted directly to First Choice.*)
- Home Health Services
- Rehabilitative Therapies — including Physical therapy (PT), Occupational therapy (OT), and speech/language therapy (ST)
- Pharmacy Services
- Physician Services, including medical care provided by other practitioners such as Nurse Practitioners (NP), Physician Assistants (PA) and Others
- Clinic Services — including Rural Health Clinic (RHC) and Federally Qualified Health Clinics (FHQC) services (*example of claims which will not automatically crossover, since Medicare claims are filed with a UB04 and Medicaid claims are filed with a CMS 1500*)
- Inpatient and Outpatient Hospital Services
- Behavioral Health Services
- Podiatry Services
- Chiropractic Services
- Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT) for members under the age of 21

**What remains Fee-for-Service (FFS)**

For dates of service on and after January 1, 2026:

- **Waiver services**, such as personal care, and **nursing facility services\***, such as room and board, will continue to be authorized and paid through the FFS delivery model.

Remember—waiver services aren't the same as medical services. Waiver services stay in the Fee-for-Service program, while medical services for those same waiver members need to be billed to the MCO the member is enrolled with—such as Select Health. Keeping that distinction in mind will help prevent billing delays and confusion. SCDHHS has provided a [chart](#) outlining these services on their website.

*\*For a dually enrolled member, skilled nursing facility services should still be billed to the appropriate Medicare plan, if applicable.*

### Continuity of Care Commitment

To support a smooth transition, Select Health will honor the 180-day continuity of care period for newly enrolled members. During this time, we will:

- Honor all existing, open prior authorizations, such as those provided by Medicaid FFS before the member was enrolled with Select Health
  - To request a secure copy of the list of your patients provided to Select Health, please use the contact list below.
- Pay previously authorized services at 100% of the applicable Medicaid FFS rate, unless a contracted rate applies, regardless of network status

After this continuity of care period ends, providers must be enrolled with Select Health to continue rendering services to enrolled members.

We value our partnership with you and recognize the complexity these changes may present. Our team is committed to supporting you through continuity of care, claims submission, and enrollment needs.

For prior authorization, enrollment, or credentialing questions, please contact Select Health Provider Services at **1-800-741-6605**. If you need further information, please contact:

#### **Primary Contact**

Stephanie McGurn, PNM Account Executive  
[smcgurn@amerihealthcaritas.com](mailto:smcgurn@amerihealthcaritas.com)  
864-607-6935

#### **Secondary Contact**

Nancy Carey, Manager PNM  
[ncarey@selecthealthofsc.com](mailto:ncarey@selecthealthofsc.com)  
843-300-5857

**First Choice by Select Health members** may contact a Care Manager about prior authorization:

#### **Case Managers**

<b>Case Managers</b>		
Shanice Heyward <a href="mailto:sgraham2@selecthealthofsc.com">sgraham2@selecthealthofsc.com</a> 843-529-5247	Jonathan Ward <a href="mailto:jward@selecthealthofsc.com">jward@selecthealthofsc.com</a> 843-529-5250	Dana Heatherly <a href="mailto:dheatherly1@selecthealthofsc.com">dheatherly1@selecthealthofsc.com</a> 843-414-3187

Thank you for your continued care of our members.

Select Health of South Carolina  
Provider Network Management