



## Addressing patients' social determinants of health together

Up to 80 percent to 90 percent of a person's health is tied to factors other than clinical care.<sup>1</sup> These factors, known as the social determinants of health (SDOH), include nutritious food, access to care, safe housing, reliable transportation, and community supports.

These underlying drivers of health impact every part of our physical, mental, and social well-being. When they work against someone or are left unaddressed, they create health inequalities — which lead to worse outcomes and more expensive care. Social factors, including education, racial segregation and bias, social supports, and poverty, can affect a person's risk factors for premature death and life expectancy. SDOH disproportionately impact low-income individuals and minority populations. As SDOH have a significant impact on health outcomes, addressing the impacts from SDOH is essential to the achievement of greater health equity.

## How can you help?

You are uniquely positioned to identify and address SDOH to ensure that our members have the critical supports and services they need by screening for SDOH issues and by adding the appropriate supplemental ICD-10 diagnosis codes that identify SDOH. These codes can be found at [www.keystonefirsttpa.com](http://www.keystonefirsttpa.com) → **Providers** → **Resources** → **Social Determinants of Health** and at [www.keystonefirstchc.com](http://www.keystonefirstchc.com) → **Providers** → **Resources** → **Social determinants of health**.

## How can we help you? Let Us Know!

A key support program in identifying members who need intervention or simply a helping hand is the Let Us Know program. Let us know if you have Keystone First members who are:

- Facing food insecurity.
- Experiencing housing issues.
- Having transportation challenges.

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## Addressing patients' social determinants of health together (continued)

- Not showing up for appointments or follow-up care.
- Being noncompliant with their treatment plan.
- In need of behavioral health/drug or alcohol assistance.
- Pregnant.
- Having other issues that you think we could help with.

Contact our Rapid Response and Outreach Team (RROT) — they are here to support you! Call **1-800-573-4100** from 8 a.m. to 6:30 p.m., or use the Member Intervention Request Form.

- Access the form at [www.keystonefirstpa.com](http://www.keystonefirstpa.com) → **Providers** → **Resources** → **Let Us Know** → **Member Intervention Request Form**.
- Fax the form to **1-800-647-5627** to request RROT outreach to the member.

### What happens next?

- The RROT acknowledges the provider request and determines what type(s) of intervention is required.
- The RROT attempts to reach the member by phone. At least three attempts are made.
- If member is contacted, the appropriate action, assistance, or education is provided.
- If the member cannot be reached after three attempts:
  - A dedicated Community Health Navigator is engaged.
  - The Community Health Navigator will make two visits to the member's home.

### How is the loop closed?

Your office is notified after all outreach has been attempted. To date, providers have referred 336 members to the Let Us Know program:

- 30 percent of those referred were contacted.
- 35 percent of those contacted kept and scheduled an appointment with your offices.
- 5 of the members contacted and who kept appointments are with a Keystone First Care Manager.

This program aims to reconnect your patients with you. We look forward to working together in addressing our members' (your patients') unmet social and medical needs, and we encourage you to take advantage of the Let Us Know program.

With your help in identifying SDOH challenges of our members through your claims submissions and/or the Let Us Know program, Keystone First will have actionable data and be able to respond to our members' unmet needs. We will also be able to work with you to customize person-centered programs to ensure that our members have critical support and services.



### Source

1. S. Magnan, "Social Determinants of Health 101 for Health Care: Five Plus Five," *NAM Perspectives*, Discussion Paper (Washington, D.C.: National Academy of Medicine, 2017), <https://doi.org/10.31478/201710c>.



## Benefit limit exception (BLE) reminder\*

As of July 1, 2019, the standard 2012 American Dental Association (ADA) claim form that accompanies the BLE form must include a diagnosis code. ICD-10 code Z98.818 should be entered in box 34a of the ADA claim form. The use of a diagnosis code provides an opportunity to submit your requests electronically and also allows for a more timely response. All other requirements, including physician documentation, will continue to apply.

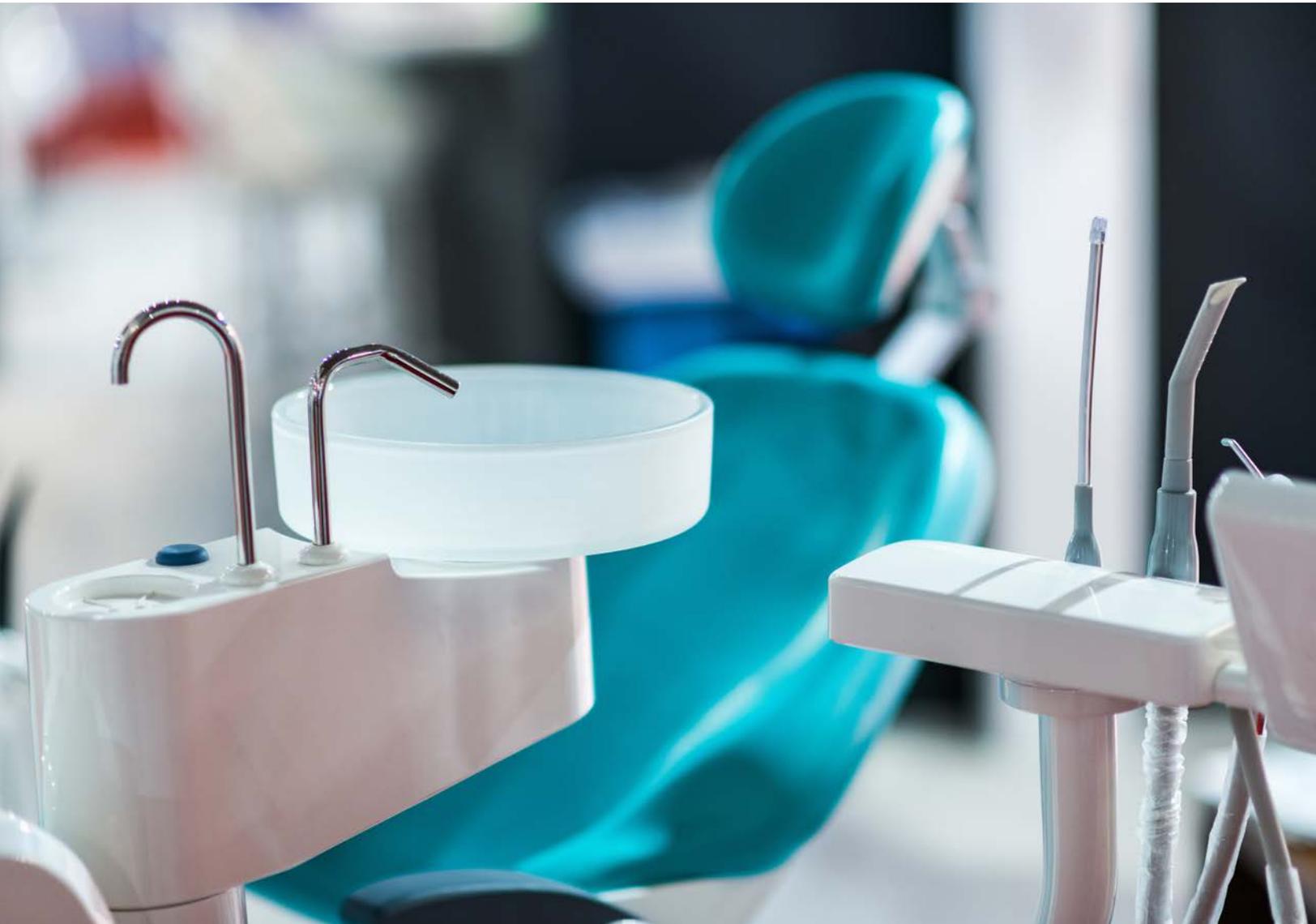
The diagnosis code must also be included on the claim form associated with the approved BLE request, and all other current requirements associated with the

BLE process, including physician documentation, will continue to apply.

There will be a 90-day transition period for your office to implement the use of the diagnosis code. BLE requests that do not contain the diagnosis code Z98.818 will continue to be processed during the 90-day transition period. Therefore, as of September 30, 2019, all requests submitted without the diagnosis code Z98.818 will be denied.

Please contact your Dental Account Executive if you have questions.

\*Does not apply to Keystone First CHC.





## Inclusive Dental

Keystone First is proud to introduce Inclusive Dental, a new program developed to provide more dental access to members with intellectual and physical disabilities, particularly adults. Dental services have been identified as the most unmet health need for this population. Treatment is often delivered under general anesthesia. The goal of the program is to encourage greater provider/office participation within the community and to reduce the use of general anesthesia.

Keystone First collaborated with the Temple University Kornberg School of Dentistry and the University of Pennsylvania School of Dental Medicine which in tandem developed a continuing education course designed to instill a level of confidence while expanding their practices to include special care. Participation in the program includes an enhanced fee schedule and allows reimbursement for desensitization visits and minimally invasive restorative services.

## You can be part of the solution! What are your next steps?

- Talk to your Dental Account Executive.
- Complete a four-hour online continuing education course.
- Request an addendum to your contract.
- Take advantage of ongoing learning opportunities.

## Do you know your Keystone First Dental Account Executive?

Do you need more information on Keystone First, or perhaps need to reach out to the appropriate Dental Account Executive? You can access our territory assignment grid at [www.keystonefirstpa.com](http://www.keystonefirstpa.com) → **Providers** → **Resources** → **Dental** → **Contact dental account executive.**



## Important reminder about patient safety and automatic refills

Patients who take medication for chronic diseases often sign up for an automatic refill service so they won't run out of their medicines if they forget to call for refills. Although this is great for compliance, medications are often automatically refilled until there are no refills left on the prescription. More important, unnecessary auto-refills may risk patient safety and introduce wasteful prescription billing.

If a medication is stopped or strength and/or frequency of dosing has changed without notifying the pharmacist, a patient may receive an automatic refill for a discontinued drug or a refill with the wrong dose or directions on the label. Patients may also unwittingly refill as-needed medications more often than they actually need to be used.

Recent patient safety issues related to primary care include the following statistics<sup>1</sup>:

- Annually, one in nine emergency department admissions is related to an adverse drug event.
- An estimated 160 million medication errors occur each year in primary care.
- Up to 80 percent of information shared in a primary care visit is immediately forgotten by patients.

Please help your patients to stay safe when using automatic refill services by encouraging them to:

- Notify their pharmacist of any changes or discontinuation of medications.
- Discard old medicines.
- Check for duplicate medicines.
- Use the same pharmacy for all medicines.

Let's help reduce the statistics related to medication errors and improve the safety of our members — your patients. You and your staff can help by reminding them or by contacting the pharmacists to report changes and to clarify patients' current active medications.

## Pharmacy prior authorization: No phoning or faxing — just a click away!

Use our online prior authorization request form that, when completed, submits Pharmacy prior authorization requests instantly. To get started, go to:

**[www.keystonefirstpa.com](http://www.keystonefirstpa.com) → Providers → Pharmacy Services → Pharmacy Prior Authorization → Online Prior Authorization Request Form** or

**[www.keystonefirstchc.com](http://www.keystonefirstchc.com) → Providers → Pharmacy Services → Pharmacy Prior Authorization → Online Prior Authorization Request Form.**

Please note the following are available on our websites:

- A list of pharmaceuticals, including restrictions and preferences.
- How to use the pharmaceutical management procedures.
- An explanation of limits or quotas.
- Drug recalls.
- How to use pharmaceutical management procedures.
- Prior authorization criteria and procedures for submitting prior authorization requests.
- Changes approved by the Pharmacy and Therapeutics (P&T) Committee.

### Sources

1. "Patient safety issues in primary care are real." Agency for Healthcare Research and Quality. August 2018. [www.ahrq.gov/data/infographics/patient-safety-issues.html](http://www.ahrq.gov/data/infographics/patient-safety-issues.html).

2. "Errors can happen with pharmacy's automatic refill service." ConsumerMedSafety.org. January 9, 2012. [www.consumermedsafety.org/medication-safety-articles/item/479-errors-can-happen-with-pharmacys-automatic-refill-service](http://www.consumermedsafety.org/medication-safety-articles/item/479-errors-can-happen-with-pharmacys-automatic-refill-service).



## Formulary updates

Additions	Update
Orilissa 150 mg tablet (with prior authorization)	April 1, 2019
Orilissa 200 mg tablet (with prior authorization)	April 1, 2019
Choline citrate 650 mg tablet	April 1, 2019
Choline SR 300 mg tablet	April 1, 2019
Xarelto 2.5 mg tablet (quantity limit of two tablets per day)	April 1, 2019
Generic Advair Diskus (quantity limit of one inhaler per month/no age limit)	March 15, 2019
Removals	Update
Breo Ellipta (fluticasone/vilanterol) 100/25 mcg and 200/25 mcg inhalers	June 3, 2019
All needles, pen needles, and syringes other than BD brand products	July 15, 2019
Update	Update
Opioid prescription morphine milligram equivalent (MME): We are lowering the maximum MME from 90 MME per day to 50 MME per day.	July 1, 2019

### Formulary changes: Opioid prescription morphine milligram equivalent (MME)

As shown in the table above, on July 1, 2019, Keystone First and Keystone First Community HealthChoices lowered the maximum MME from 90 MME per day to 50 MME per day. **This updated MME limit will apply along with other opioid limits already in place.**

Prior authorization will be required for:

- All extended-release and long-acting (ER/LA) opioids.
- Any opioid regimen greater than or equal to **50 MME per day** (calculated across all products if members or Participants are receiving more than one opioid concurrently).
- Greater than a three-day supply of opioids for members or Participants under age 21.
- Greater than a five-day supply of opioids for members or Participants age 21 or older.

Members or Participants that are currently undergoing treatment for cancer, in hospice, receiving palliative

care, or identified as having sickle cell disease will be exempt from these requirements. Claims for these members or Participants that do not auto-approve can receive a one-year approval by calling the numbers below.

Prior authorization forms for opioid-containing products, as well as opioid treatment resources, are available on the Plans' websites:

**[www.keystonefirstpa.com](http://www.keystonefirstpa.com) → Providers → Pharmacy Services**

**[www.keystonefirstchc.com](http://www.keystonefirstchc.com) → Providers → Pharmacy Services**

If you have any questions regarding this notice, please contact Pharmacy Services:

#### Keystone First

Opioid phone number: **1-800-558-1655**

Opioid fax number: **1-978-313-8230**

#### Keystone First Community HealthChoices

Opioid phone number: **1-866-907-7088**

Opioid fax number: **1-855-851-4058**

## J-Code prior authorization transition update

Injectable medications requiring prior authorization through the Keystone First and Keystone First Community HealthChoices Utilization Management departments have transitioned to require prior authorization through our Plans' Pharmacy Services departments.

A list of Healthcare Common Procedure Coding System (HCPCS) codes for medication requiring prior authorization has been added to the Plans' websites at [www.keystonefirstpa.com](http://www.keystonefirstpa.com) and [www.keystonefirstchc.com](http://www.keystonefirstchc.com) → Pharmacy → **Prior Authorization** and on NaviNet Plan Central. The new HCPCS codes list replaces all previous authorization requirements.

The process to submit medication requests containing an HCPCS code that requires prior authorization is as follows:

1. Submit a medication prior authorization request to the Pharmacy Services team by fax (see below). The prior authorization form and submission tutorial is available in the Pharmacy area of the Providers section of our websites.
2. The HCPCS code that corresponds to the medication request should be included in the request. If the HCPCS code is a miscellaneous code, the National Drug Code (NDC) number must also be included on the request.
3. Pharmacy Services will communicate the final determination to the provider.
  - a. If the prior authorization request is approved, a fax will be sent to your office alerting you of the approval. An additional copy will be mailed to the member or Participant.
  - b. If the prior authorization request is denied, a fax will be sent to your office alerting you of the denial. Also, a letter of denial will be mailed to your office. An additional copy will be mailed to the member or Participant.

Prior authorization requests can be submitted to the Pharmacy Services department by any of the following methods: **Online: [www.keystonefirstpa.com](http://www.keystonefirstpa.com) or [www.keystonefirstchc.com](http://www.keystonefirstchc.com) → Pharmacy → Prior Authorization**

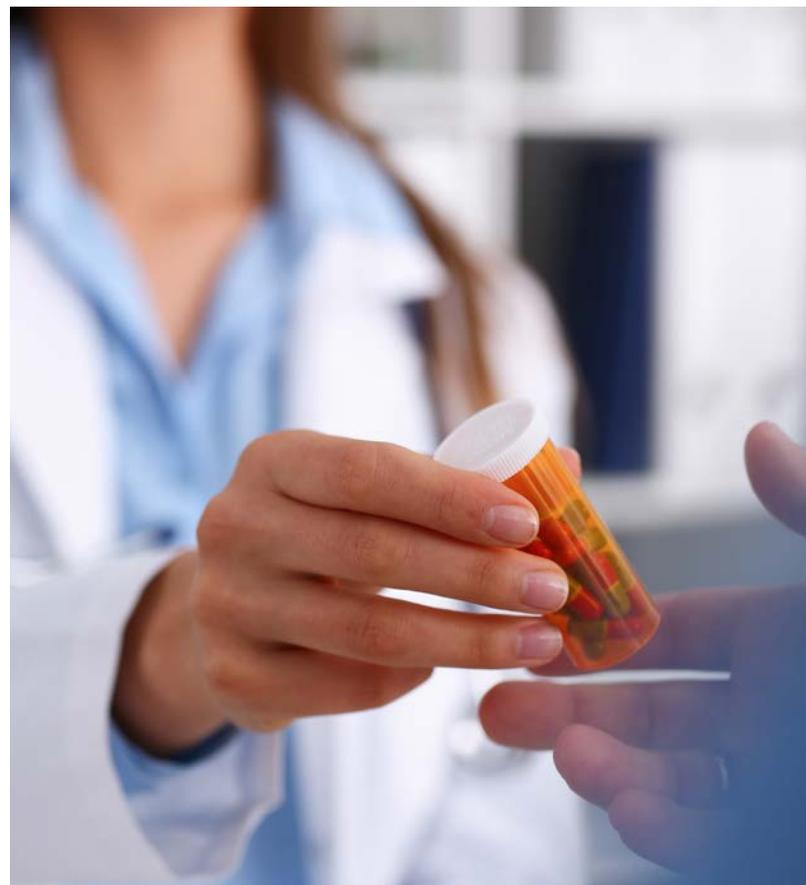
**Phone: Keystone First 1-800-588-6767** (after normal business hours, call Member Services at **1-800-521-6860**).

**Phone: Keystone First Community HealthChoices 1-866-907-7088** (after normal business hours, call Participant Services at **1-855-332-0729**).

**Fax: Keystone First 1-215-937-5018**

**Fax: Keystone First Community HealthChoices 1-855-851-4058**

Thank you for participating in our network and for your commitment to the care of your patients. If you have questions, please call the Pharmacy Services department.



## End of continuity of care

Keystone First Community HealthChoices (CHC) would like to remind you that the continuity of care (COC) period for Participants receiving home- and community-based services (HCBS) under their existing service plan using Participants' existing providers, including service coordination entities, ended on **June 30, 2019**.

For your reference, the Office of Long-Term Living (OLTL) has published a number of helpful Community HealthChoices (CHC) materials and informational sheets for providers. Visit **[www.healthchoices.pa.gov](http://www.healthchoices.pa.gov)** → **Provider resources** → **Community HealthChoices** to view CHC questions and answers, view publications, and register for the latest CHC news.

If you have questions, please contact Keystone First CHC Provider Services at **1-800-521-6007** or your Keystone First CHC Long-Term Services and Supports (LTSS) Account Executive.

## Important billing reminder for non-homecare providers

On April 22, 2019, we notified our Keystone First CHC non-homecare providers of changes when submitting claims for completed services. Effective **July 1, 2019**, Keystone First CHC has transitioned away from HHAeXchange for completed services claims submission.

To assist you with submitting your claims, we are pleased to offer an online solution at no cost to you through Change Healthcare.

**WebConnect** is a web portal and claims clearinghouse that functions as an electronic data interchange (EDI) gateway for multiple payers and serves as a single EDI connection.

- Setup is easy. Go to **<https://office.emdeon.com/vendorfiles/amerihealth.html>** and begin the process of connecting to WebConnect for your EDI transmissions.
- Change Healthcare will assist you with any EDI connection questions. Just call **1-877-667-1512, option 2**.

## Verifying eligibility

It is critical that you always verify Participant eligibility prior to rendering services, as eligibility may change from month to month. Eligibility should be verified at every visit. You should also retain documentation of the verified eligibility for billing purposes. Listed on page 9 are the methods to check eligibility.

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As a reminder, you can view important provider communications on our website at **[www.keystonefirstchc.com](http://www.keystonefirstchc.com)** → **Providers** → **Resources** → **Communications**.



- **NaviNet**

- This free, web-based application provides real-time current and past eligibility status and eliminates the need to call our Plan.
- For more information or to sign up for access to NaviNet, go to **www.navinet.net** or call NaviNet Customer Service at **1-888-482-8057**.

- **Keystone First CHC Automated Eligibility Hotline: 1-800-521-6007**

- This hotline provides immediate real-time eligibility status with no holding to speak to a representative.
- The hotline is available 24 hours a day, seven days a week.

- **Pennsylvania Eligibility Verification System (EVS): 1-800-766-5387**

- If a Participant presents to your office and states he or she is a Medical Assistance recipient but does not have an ACCESS card, eligibility can still be verified by using the Participant's date of birth (DOB) and Social Security number (SSN) when the call is placed to EVS.
- The ACCESS card has a magnetic strip designed for swiping through a point-of-sale (POS) device to access eligibility information through EVS.
- EVS is available 24 hours a day, seven days a week.

- **PROMISE™**

- Go to **http://promise.dpw.state.pa.us/** and click PROMISE Online.
- HIPAA-compliant PROMISE software (Provider Electronic Solutions Software) is available at no cost to you.
- Download from the OMAP PROMISE website at **https://promise.dpw.state.pa.us/ePROM/\_ProviderSoftware/softwareDownloadForm.asp?m=1**.

## Provider Services department

The Keystone First CHC Provider Services department operates in conjunction with the Provider Network Management department, addressing provider concerns and offering assistance. Both departments make every attempt to ensure all providers receive the highest level of service available.

The Keystone First CHC Provider Services department can be reached 24 hours a day, seven days a week. Call them at **1-800-521-6007** to:

- Verify Participant eligibility/benefits.
- Request forms or literature.
- Ask policy and procedure questions.
- Report Participant noncompliance.
- Obtain the name of your Provider Account Executive.
- Request access to centralized services such as:
  - Outpatient laboratory services.
  - Behavioral health services.
  - Dental services.
  - Vision.



## Do you know your Keystone First CHC Long-Term Services and Supports (LTSS) Account Executive? Southeast Region — Effective June 1, 2019

<b>Regional PNM Account Executive – LTSS network</b> Lisa McLain-Monroe Account Executive II	1-484-497-1396 (fax) 1-267-432-8947 (cell)	lmclainmonroe@keystonefirstchc.com
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<b>PNM Account Executive – LTSS network</b> Alexander Crist Account Executive	1-215-937-8214 (office) 1-267-768-1812 (cell) 1-484-497-1396 (fax)	acrist@keystonefirstchc.com
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<b>Southeast Region County — Philadelphia county ZIP codes</b>								
19111	19116	19120	19124	19132	19135	19149	19154	
19114	19118	19121	19125	19133	19136	19150		
19115	19119	19122	19126	19134	19137	19152		

<b>PNM Account Executive – LTSS network</b> Patricia Canela-Duckett Account Executive	1-267-298-5646 (office) 1-215-510-8856 (cell) 1-484-497-1396 (fax)	pcaneladuckett@keystonefirstchc.com
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<b>Southeast Region Counties — Philadelphia county ZIP codes</b>								
Brain Injury/Residential Rehab Providers*								
19102	19106	19127	19130	19142	19146	19151		
19103	19107	19128	19131	19143	19147	19153		
19104	19123	19129	19139	19145	19148			

<b>Montgomery County ZIP codes</b>								
19003	19401	19438	19465					
19004	19403	19462	19468					
19096	19406	19464	19490					

<b>*Brain Injury/Residential Rehab Providers</b>								
Acadia Acquisition								
Caremore House Home Care Services, LLC								
Delaware Valley Residential Care, LLC								
Devereux Foundation								

<b>PNM Account Executive – LTSS network</b> Donna R. Fisher Account Executive	1-215-937-8709 (office) 1-215-936-1690 (cell) 1-484-497-1396 (fax)	dfisher@keystonefirstchc.com
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<b>Southeast Region Counties — Delaware and Chester</b>								
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<b>PNM Account Executive – LTSS network</b> Shenae Christian Account Executive	1-215-937-7230 (office) 1-215-606-7756 (cell) 1-484-497-1396 (fax)	schristian@keystonefirstchc.com
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<b>Southeast Region Counties — Bucks and Montgomery</b>								
<b>Montgomery County ZIP Codes</b>								
18073	18969	19006	19031	19040	19090	19426	19446	19474
18936	19001	19025	19034	19044	19095	19428	19454	19525
18964	19002	19027	19038	19046	19422	19444	19473	

## Prenatal services and third-party liability requirements

Keystone First and Keystone First CHC will comply with the requirements outlined in the Bipartisan Budget Act of 2018 (Pub. L. 115-123), amended section 1902(a) (25) (E) of the Social Security Act and the Department of Human Services (DHS) MA bulletin 01-19-12, 05-19-01, 08-19-14, 09-19-12, 31-19-12, 33-19-12, 47-19-01 regarding payment for prenatal care.

The complete MA bulletin outlining all requirements is available at [www.keystonefirsttpa.com](http://www.keystonefirsttpa.com) → **Providers** → **Resources** → **MA bulletins**.

**Effective April 1, 2019, if there is a third-party resource, providers are to submit claims to that resource prior to submitting a claim for prenatal services to Keystone First or Keystone First CHC.**

Providers must verify whether a member has insurance coverage in addition to Medical Assistance (MA). Providers can verify member eligibility and benefits through any of the following methods:

- NaviNet ([www.navinet.net](http://www.navinet.net)).
- Eligibility line: **1-800-521-6007**.
- Pennsylvania Eligibility Verification System (EVS): **1-800-766-5387**.

If you have any questions, please contact Provider Services at **1-800-521-6007** or your Provider Account Executive.

## Reminder: Medical record standards

Complete and consistent documentation in patient medical records is an essential component of quality

patient care. Keystone First adheres to medical record requirements that are consistent with national standards for documentation and applicable laws and regulations. Keystone First performs an annual medical record review on a random selection of practitioners. The medical records are audited using these standards. The standards are available at [www.keystonefirsttpa.com](http://www.keystonefirsttpa.com) → **Providers** → **Resources** → **Clinical Resources** → **Medical Record Standards** and [www.keystonefirstchc.com](http://www.keystonefirstchc.com) → **Provider Resources** → **Medical Record Standards**.

Please note that medical records must be preserved and maintained for a minimum of five years from termination of the health care provider's agreement with our Plan or as otherwise required by law or regulatory requirement. Medical records may be maintained in paper or electronic form; electronic medical records must be made available in paper form upon request.

## Translation services

To help ensure our members continue to have access to the best possible health care and services in their preferred language, we are extending to our network providers the opportunity to contract with Language Services Associates (LSA) at our low, corporate telephonic rates.

Visit [www.keystonefirsttpa.com](http://www.keystonefirsttpa.com) → **Providers** → **Resources** → **Initiatives** → **Cultural competency** and [www.keystonefirstchc.com](http://www.keystonefirstchc.com) → **Providers** → **Training** to review a description of services and a letter of commitment for complete details and contact information. You may address any questions you have directly to LSA, since this relationship will be between your office and LSA. Feel free to call them at **1-800-305-9673, ext. 55321**.

## Medicaid enrollment reminders

Providers **must** participate in the Pennsylvania Medical Assistance program. Section 6401 of the Patient Protection and Affordable Care Act (P.L. 111-148) (ACA), as amended, requires that all providers be enrolled in Medicaid in order to be paid by Medicaid. This means all providers must enroll and meet applicable Medical Assistance provider requirements of the Pennsylvania Department of Human Services (DHS) and receive a Pennsylvania PROMISE™ Provider Identification Number (PPID). The enrollment requirements for facilities, physicians, and practitioners include registering **every service location** with DHS and having a different service location extension for each location.

DHS also requires that providers obtain a National Provider Identifier (NPI) and share it with DHS. Learn more at [www.dhs.pa.gov/provider/promise/enrollmentinformation/S\\_001994](http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994).

### Instructions for providers who have applied for Medicaid enrollment and want to check their status:

1. Check the status of the portal enrollment application to verify the application has been approved or has been pended in the event the Fee-for-Service (FFS) office has reached out for additional information.
2. If you already have an existing enrollment, check ePEAP (electronic Provider Enrollment Automation Project) to determine if the new service location address has been added.

### How to check the ePEAP portal:

Log in to ePEAP at <https://promise.dpw.state.pa.us/portal/Default.aspx?alias=promise.dpw.state.pa.us/portal/provider&AspxAutoDetectCookieSupport=1>.

There is a manual that outlines how to establish a new provider account if you do not have one. Once logged in, click the ePEAP tab to check on your current service location enrollments.

If after 30 days you have confirmed that the application was approved but the new service location address is not on file in ePEAP and you have not received an enrollment confirmation letter with the new PPID, you can call OMAP/BFFSP Provider Enrollment at **1-800-537-8862**. Select **option 2, option 4**, and then select one of the options below:

- Option 1 – to check the status of a provider enrollment application including CHIP.
- Option 2 – for all other provider enrollment questions including CHIP.

The hours are Monday through Friday, 8 a.m. to 4:30 p.m.

## Fraud Tip Line

If you or any entity with which you contract to provide health care services on behalf of Keystone First and Keystone First Community HealthChoices become concerned about or identify potential fraud or abuse, please contact us by:

- Calling the toll-free Fraud, Waste, and Abuse hotline at **1-866-833-9718**.
- Emailing [fraudtip@amerihealthcaritas.com](mailto:fraudtip@amerihealthcaritas.com)
- Mailing a written statement to:  
**Special Investigations Unit**  
**Keystone First/**  
**Keystone First Community HealthChoices**  
**200 Stevens Drive**  
**Philadelphia, PA 19113**

For more information about Medical Assistance fraud and abuse, please visit the DHS website at [www.dhs.pa.gov/learnaboutdhs/fraudandabuse/mafraudandabusegeneralinformation](http://www.dhs.pa.gov/learnaboutdhs/fraudandabuse/mafraudandabusegeneralinformation).

## Quality Improvement program updates: Clinical practice guidelines

Our plans have adopted clinical practice guidelines for treating members and Participants, with the goal of reducing unnecessary variations in care. The clinical practice guidelines represent current professional standards, supported by scientific evidence and research. These guidelines are intended to inform, not replace, the practitioner's clinical judgment. The practitioner remains responsible for ultimately determining the applicable treatment for each individual patient. All clinical practice guidelines are available at [www.keystonefirstpa.com](http://www.keystonefirstpa.com) → **Providers** → **Resources** → **Clinical practice guidelines** and [www.keystonefirstchc.com](http://www.keystonefirstchc.com) → **Providers** → **Resources** → **Clinical Resources** → **Clinical practice guidelines**, or upon request by calling the Provider Services department at **1-800-521-6007**.

The Plans will provide their Utilization Management (UM) criteria to network providers upon request. To obtain a copy of the UM criteria:

- Call the UM department at **1-800-521-6622**.
- Identify the specific criteria you are requesting.
- Provide a fax number or mailing address.

You will receive a faxed copy of the requested criteria within 24 hours or a written copy by mail within five business days of your request.

Please remember that Keystone First has medical directors and physician advisors who are available to address UM issues or answer your questions regarding decisions relating to prior authorization, durable medical equipment, home health care, and concurrent review. Call the Medical Director Hotline at **1-877-693-8480**.

Additionally, we would like to remind you of our affirmation statement regarding incentives:

- UM decision-making is based only on appropriateness of care and the service being provided.
- Our Plans do not reward providers or other individuals for issuing denials of coverage or services.
- Financial incentives for UM decision-makers do not encourage decisions that result in underutilization.

Our Quality Improvement (QI) program monitors and assesses the health care services used by our members and Participants to ensure that they:

- Meet quality guidelines.
- Are appropriate.
- Are efficient.
- Are effective.

The Quality Assessment and Performance Improvement (QAPI) Committee oversees the QI program and coordinates efforts to measure, manage, and improve the quality of care and services for members. The committee is made up of local health care providers, along with clinical and nonclinical associates. Each year, the QI program sets goals to improve members' and Participants' health outcomes by using data and conducting activities to meet those goals.

The QI program is evaluated at the beginning of each year and determines the successes and new activities to focus on. The QI program supports our organization's mission to help people get care, stay well, and build healthy communities.



## Keystone First's Quality Improvement program updates: Recent successes and our plans for 2019

### Accomplishments in 2018

- Maintained National Committee for Quality Assurance (NCQA) "Commendable" accreditation status.
- Maintained NCQA Multicultural Health Care Distinction.
- Achieved performance in the Healthcare Effectiveness Data Information Set (HEDIS®):
  - Met the 95th percentile for Annual Dental Visit.
  - Met or exceeded the 75th percentile for the following measures:
    - Adolescent Well Care.
    - Medication Management for People with Asthma.
    - Weight Assessment, Counseling for Nutrition, and Physical Activity for Children/Adolescents.
    - Chlamydia Screening for Women.
    - Statin Therapy for People with Diabetes.
    - Antidepressant Medication Management.
    - Adherence to Antipsychotics for People with Schizophrenia.

### Goals for 2019

- Attain "Excellent" NCQA accreditation status during the 2019 accreditation survey.
- Improve health outcomes for members as evidenced by improvement in key HEDIS measures, such as Breast Cancer Screening and Comprehensive Diabetes Care.
- Increase performance on the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS®) patient experience survey.

## Do you have a patient who needs assistance with smoking cessation?

Keystone First's Tobacco Use Prevention and Cessation program provides three options to assist your patients in leading a healthy, smoke-free lifestyle.

### 1. Counseling services

Tobacco cessation counseling services are covered for all members when provided at a facility approved by the Pennsylvania Department of Health. Members may access this service without referral or authorization and may receive 70 counseling sessions per calendar year. A counseling session is defined as a 15-minute face-to-face meeting for either group or individual counseling.\*

Your patients can find a preapproved tobacco cessation program in their county by visiting <https://www.health.pa.gov/topics/programs/tobacco/Pages/Registry.aspx>.

The registry provides them with:

- The type of program (either individual or group).
- Program address.
- Program phone number.

### 2. Drug products

You may prescribe tobacco cessation drug products:

- Bupropion (generic Zyban) and generic nicotine replacement products (gum, lozenges, and patches) for all members.\*\*
- Chantix for members age 18 and older.

### 3. 1-800-QUIT-NOW

For smokers who are either unable or unwilling to attend individual or group counseling sessions, the Pennsylvania Free Quitline, **1-800-QUIT-NOW (784-8669)**, is an alternative

approach. This confidential telephonic counseling system is staffed by clinically trained counselors who assess the caller's readiness to quit, as well as provide self-help advice and other resources to attain success.

## Provide education to your patients and be a part of our program!

If you provide education on smoking cessation to your patients who smoke, you may use the following codes that are payable for smoking cessation:

- **99406** Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes.
- **99407** Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes.
- **G9016** Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service.

For more information on our program, visit [www.keystonefirstspa.com](http://www.keystonefirstspa.com) → **Providers** → **Resources** → **Initiatives** → **Tobacco use prevention and cessation**.

\*Prescription medication counseling normally given when dispensing a prescription is not eligible for tobacco cessation counseling session reimbursement under this program.

\*\*Members under age 18 do not need a parent or guardian's permission to get a prescription for tobacco cessation products.



## Do you know your Account Executive?

All participating providers are assigned a dedicated Account Executive. If you are a participating medical provider with Keystone First/Keystone First VIP Choice/Keystone First CHC, your currently assigned Account Executive continues to support your practice for all plans. To find a list of Account Executives, please visit: [www.keystonefirstpa.com](http://www.keystonefirstpa.com) → **Providers** → **Resources** → **Contact account executive.**



## Intensive Case Management (ICM) program for primary care practitioner practices

The ICM program pays incentives, through the claims system, to primary care practitioners (PCPs) who use NaviNet to access member-specific diagnosis information for their panels and select either:

- **Adjust Claim:** Submit a claim adjustment via NaviNet concurrently with a transaction that applies a status to the diagnosis for the specific claim date of service (members with claims on file from the PCP practice), or
- **Please Schedule an Appointment:** Submit a Complex Case Management Worksheet that reports diagnosis status and, concurrently but separately (using the standard claims submission method), submit a new claim reporting confirmed diagnosis (members with no claims on file from the PCP practice).

PCP practices can either review medical records on their own prior to submitting claims adjustments and diagnosis status information, or they can deliver the required medical records to Keystone First, where Certified Professional Coders will review and report results back to the practice so the practice can submit claims adjustments through NaviNet ICM.

In each of these scenarios, the PCP receives the incentive payment, which can be either the base rate or a reduced rate depending on the elapsed time between dates of service when multiple claims are submitted for the same member.

The incentive payment is paid based on the new or adjusted claim receipt, not the diagnosis status information. Therefore, even if the diagnosis status reported is “Resolved” or “Cannot Confirm,” the PCP practice receives payment.

## Collecting provider REL data 101

In order to eliminate racial and ethnic disparities in health care, health plans must have valid and reliable data on the race, ethnicity, and language preferences of the providers and members they serve. While data collection alone cannot eliminate or reduce health disparities, the process is an essential first step in identifying health care gaps. Keystone First collects, stores, and reports race, ethnicity, and language (REL) data from providers that is made available upon request to members and to assess gaps in resources.

**Race** is a classification of humans based on genetic characteristics such as lineage or a group connected by common descent. The five race categories as defined by the federal government are:

- American Indian or Alaska Native.
- Asian.
- Black/African American.
- White/Caucasian.
- Pacific Islander/Native Hawaiian.

**Ethnicity** is a classification of humans based on historical connection by a common national origin or language. Ethnicity could also be defined as a person's roots, ancestry, heritage, country of origin, or cultural background. The two ethnicity categories as defined by the federal government are:

- Hispanic.
- Non-Hispanic.

**Spoken language** refers to the language a member prefers to speak about their health care.

**Written language** refers to the language a member prefers to read or write about their health care.

### Why is it important to collect provider REL data?

- **Tackles health disparities:** The first step to end health disparities is to have consistent REL

data collection from health care providers and members. Reliable data is crucial in tracking health care disparities and developing effective programs to address them.<sup>1</sup>

- **Promotes equitable care:** Offering provider REL is an equitable service for patients. By promoting diversity among health care providers, we can better accommodate a diverse patient population and thus improve health outcomes for disenfranchised groups.<sup>2 3 4</sup>
- **Empowers patients:** REL data gives patients the tools and autonomy to choose a provider that meets their preferences.
- **Encourages a sense of concordance:** Research shows that marginalized patients initially engage more with physicians with whom they feel some sort of compatibility (gender, race, language, ethnicity, etc.).<sup>1 6 7</sup>
- **Promotes values of cultural and linguistic competency:** For some patients, racial and ethnic concordance allows for greater physician understanding of the social, cultural, and economic factors that influence their patients. This enhances the patient-physician relation through promoting trust and communication.<sup>1 4 6 7</sup>

### How do we collect this information?

- Keystone First requests that the contracted provider network voluntarily share their REL information as well as voluntarily share their office support staff's languages.
- The language spoken by the provider is collected during the credentialing process. Additionally, the annual provider demographic validation process includes the (voluntary) collection of provider REL information using the same Office of Management and Budget (OMB) categories that are used to collect member REL information. This process also collects languages spoken by the staff.

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### How do we store and share this information?

- REL data is housed in a database that is made available to members.
- Gender data is available to members through the online provider directory.
- Provider's language and staff's language are also available through the organization's directory.
- Race and ethnicity are only made available to members upon request.

### Demystifying common provider concerns

- **What do my race, ethnicity, and language have to do with the quality of care I give?**

Research shows that race, culture, and/or ethnicity concordance with the patient-provider are not strong indicators of overall quality care. However, cultural competence and awareness are critical to build rapport, comfort, and trust with diverse patients. REL data is one essential tool that health plans use to establish, enhance, and promote cultural competence.<sup>14 67</sup>

- **My practice is equipped to support language services, so how does what language I or my staff speak matter?**

When Keystone First is able to share other languages spoken by the provider network, members have the autonomy to select a provider that matches their cultural and linguistic preferences.

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## Is your patient in need of behavioral health services?

Keystone First has a wealth of information for providers with patients who may be in need of behavioral health services. We offer training on:

- Anxiety disorders.
- Attention-deficit/hyperactivity disorder.
- Depression.

We also offer a behavioral health provider toolkit that was developed to provide you with education and support. All of this information can be accessed at [www.keystonefirstpa.com](http://www.keystonefirstpa.com) → **Providers** → **Resources** → **Behavioral health**.

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