There are three distinct plans within the Keystone First Family of Health Plans that may fit into the complex puzzle of meeting your patients’ unique needs.

As you know, Keystone First is Pennsylvania’s largest Medical Assistance (Medicaid) managed care health plan, serving more than 400,000 Medical Assistance recipients in southeastern Pennsylvania including Bucks, Chester, Delaware, Montgomery, and Philadelphia counties.

But did you know that there are two other pieces to the Keystone First puzzle?

The second piece is Keystone First VIP Choice, our Medicare Advantage dual eligible special needs plan (D-SNP) that serves Medicare- and Medicaid-eligible beneficiaries.

The third and newest piece of our puzzle is Keystone First Community HealthChoices (CHC). This managed care organization (MCO) coordinates physical health care and long-term services and supports (LTSS) for older Pennsylvanians, persons with physical disabilities, and persons who are dually eligible for Medicare and Medicaid (Community Well Duals).

Like Keystone First, both Keystone First VIP Choice and Keystone First CHC serve Bucks, Chester, Delaware, Montgomery, and Philadelphia counties.

(continued on page 2)
What does each population look like?

Keystone First

www.keystonefirstpa.com
Email: provider.communications@keystonefirstpa.com
Provider Services: 1-800-521-6007
Member Services: 1-800-521-6860

Keystone First members are:
- Persons who are eligible to receive services as determined by the guidelines outlined in the Pennsylvania Department of Human Services (DHS) Medical Assistance program.

Keystone First VIP Choice

www.keystonefirstvipchoice.com
Provider Services: 1-800-521-6007
Member Services: 1-800-450-1166

Keystone First VIP Choice members are:
- Entitled to Medicare Part A and enrolled in Medicare Part B.
- Enrolled in the Pennsylvania Medical Assistance program.

Keystone First Community HealthChoices

www.keystonefirstchc.com
LTSS email: chcproviders@keystonefirstchc.com
Medical email: provider.communications@keystonefirstchc.com
Provider Services: 1-800-521-6007
Member Services: 1-855-332-0729

Keystone First Community HealthChoices Participants are:
- Ages 21 years and older with physical disabilities and receiving Medical Assistance physical health managed care services and LTSS.
- Ages 21 years and older and dually eligible for Medicare and Medicaid whether or not they need LTSS.

*Keystone First CHC Participants can have any Medicare plan to cover their Medicare benefits; sample B represents Keystone First CHC Participants who have Keystone First VIP Choice as their Medicare plan.

Find your assigned 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, your current Account Executive will continue to support your practice for all plans. To find a list of Account Executives, please visit:

Medical providers: www.keystonefirstpa.com → Providers → Contact us → Contact account executive

LTSS providers: www.keystonefirstchc.com → Providers → Quick contact information → Long-term services and supports (LTSS) account executives
Keystone First Community HealthChoices providers

Welcome from Dr. Susan Coutinho McAllister

Since I began my role as Chief Medical Officer for Keystone First Community HealthChoices (CHC), I have been consistently impressed by our network providers’ dedication and focus on improving patient care for Pennsylvanians who are eligible for both Medicaid and Medicare (dual eligible), older adults, and those with physical disabilities enrolled with CHC.

We consider our diverse network of providers to be leaders in providing quality care to their patients. The care and well-being of our Participants is our highest priority. As an MCO, we are fully committed to working closely and collaboratively with you to serve more people in communities, giving them the opportunity to work, spend more time with their families, and experience an overall better quality of life.

Please take advantage of the information in this issue of Connections, our provider newsletter. It covers a wide range of administrative and clinical topics, as well as those that are unique to home- and community-based services (HCBS) providers.

I would also like to remind you that your dedicated Account Executive is your best source of information about Keystone First CHC, and the person to whom you can turn with questions or suggestions. I encourage you to go to the Providers section of our website where you will find the Provider Manual, policies, and other resources to help you care for your patients.

Thank you for the quality care you give our Participants.

Susan Coutinho McAllister, M.D.
Chief Medical Officer
Keystone First Community HealthChoices

Behavioral health services

Keystone First CHC recognizes that a Participant’s optimal health and well-being is better achieved through a whole-person approach. We strive to address our Participants’ behavioral health (BH) needs through care coordination and collaboration with the behavioral health managed care organizations (BH-MCOs).

Keystone First CHC conducts a comprehensive needs assessment for every Participant who is eligible for LTSS, or who requests an assessment.

If you are working with a Keystone First CHC Participant who is residing in the community or in a nursing facility and has an identified unmet BH need, please contact a Keystone First CHC Service Coordinator. The Service Coordinator will make a referral to the plan’s BH Coordinator who can assist the Participant with connecting to BH services. To reach a Keystone First CHC Service Coordinator, please call 1-855-349-6280.

Important provider notices

Keystone First CHC wants to help keep you informed about the health plan and other news that is useful to you. We regularly post important provider communications on our website.

Visit www.keystonefirsthc.com → Providers → Resources → Communications for important notices.
Reporting a critical incident

A critical incident is an occurrence of an event that jeopardizes a Participant’s health or welfare.

Reportable critical incidents categories include:

• Unexplained death, serious injury, or hospitalization (unplanned) of the Participant.
• Provider and staff member misconduct including deliberate, willful, unlawful, or dishonest activities.
• Abuse, including the infliction of injury, unreasonable confinement, intimidation, punishment, or mental anguish of the Participant. This includes:
  - Physical abuse.
  - Psychological abuse.
  - Sexual abuse.
  - Verbal abuse.
• Neglect.
• Exploitation.
• Restraint.
• Service interruption, which is an event that results in the Participant’s inability to receive services and that places the Participant’s health or welfare at risk.
• Medication errors that result in hospitalization, an emergency room visit, or other medical intervention.

Using the Enterprise Incident Management (EIM) system

Service Coordinators who file critical incidents must obtain a user ID from the Keystone First CHC Business Partner Administrator. To set up new user IDs, service coordination entities must:

• Create a new, unique email address for Keystone First CHC so they can file incidents in EIM for CHC Participants.
• Send a list of Service Coordinator names and unique email addresses to Keystone First CHC at KFCHCCriticalincident@keystonefirstchc.com.

Questions related to critical incidents and EIM can be sent to KFCHCCriticalincident@keystonefirstchc.com.

(continued on page 5)
Reporting a critical incident (continued from page 4)

Prior to entering a critical incident report in the EIM system, please search EIM to determine that a report has not already been initiated.

- It is mandatory to report any suspected abuse to Adult Protective Services (APS) within 24 hours of the knowledge of an incident.

- The entity/individual that first discovers or learns of the critical incident (if they are not present when it occurs) is responsible for reporting it.

- The service coordination or provider agency that discovers or has independent knowledge of the critical incident must submit the critical incident report within 48 hours by directly entering the incident into the EIM system.

  - If the critical incident occurs over the weekend, a written report must be entered the first business day after the incident occurred.

- Incidents must be completed in EIM within 30 calendar days from the date of discovery.

- Each critical incident report should show:
  - Time and date of the incident and/or discovery of the incident.
  - What steps were taken immediately to ensure the Participant’s health and welfare.
  - What fact-finding steps were taken, and what information was found.
  - What corrective steps were taken.
  - How the critical incident will be prevented from happening in the future.
  - Any changes to the Person-Centered Service Plan (PCSP) because of the critical incident.
  - Coordination of any backup supports that may need to be mobilized.
  - Contact with other parties who may need to assist or support the Participant (i.e., APS, emergency medical services, law enforcement, etc.).

Reminder for Direct Service Providers

Direct Service Providers must inform the Participant’s Service Coordinator of the critical incident within 24 hours of an incident occurring. While a critical incident report must be submitted in the EIM system by the service coordination or provider agency within 48 hours, Direct Service Providers must communicate with the Service Coordinator about the issue within 24 hours of the critical incident discovery. Direct Service Providers should take action to prevent further incidents and discuss options, concerns, and resolutions with the Service Coordinator and Participant. All critical incident reports must include:

- Time and date of the incident and/or discovery of the incident.
- Reporter information.
- Participant demographics.
- Event details and type.
- Description of the incident.
- Actions taken to immediately secure the Participant’s health and welfare.

If you have any questions about critical incident reporting, please send an email to KFCHCCriticalincident@keystonefirstchc.com.
Sign up for Network News

Remember to sign up for our free subscription email service, Network News. This service is used to share health plan and industry information on topics of importance to you, including plan updates and more.

Signing up is easy — just complete the online form available at www.keystonefirstchc.com → Providers → Sign up for email alerts.

Subscribe today to start receiving electronic updates from Keystone First CHC!
As a reminder, on July 3, 2018, DHS issued Medical Assistance Bulletin 27-18-09, *Updates to the Pediatric Dental Periodicity Schedule*, which incorporated changes resulting from the recommendations by the American Academy of Pediatric Dentistry (AAPD). To view the entire bulletin, visit our dental provider web portal.

In addition to the recommendation that members should begin receiving clinical examinations, fluoride treatments, and a caries risk assessment by age 1, it is also recommended that our members and your patients are assessed for sealants upon the eruption of their first permanent molars.

As oral health professionals, you are aware of the importance of placing sealants as closely as possible to the eruption of permanent premolars and molars.

Dental sealants are one of the most universally used preventive materials today. Eighty percent of decay in young permanent teeth occurs in pit and fissure areas, and sealants have proven to be a useful tool for prevention.¹

However, the success of sealants greatly depends on the application process and the ability to maintain a dry and clean environment. Factors that can assist with sealant retention include isolation and prevention of saliva contamination, proper technique by experienced operators, proper tooth preparation, and never applying sealants to partially erupted teeth.

Sealants are not meant to be permanent but can last up to 10 years, so make sure the integrity of the sealant is intact at every visit. Talk to your patients’ parents and caregivers about sealants at every visit.

**Member rights and responsibilities**

Keystone First is committed to treating its members with dignity and respect. Keystone First, its network providers, and other providers of service may not discriminate against members based on race, sex, religion, national origin, disability, age, sexual orientation, or any other basis prohibited by law. Our members also have specific rights and responsibilities. The complete list is available in both the Members section and the Providers section of [www.keystonefirstpa.com](http://www.keystonefirstpa.com).

**Member copayments**

The most current member copayment schedule is available at [www.keystonefirstpa.com → Providers → Resources → Member information](http://www.keystonefirstpa.com).

**Credentialing reminders**

Please remember that Keystone First offers and encourages all practitioners to use the free Universal Provider DataSource through the Council for Affordable Quality Healthcare (CAQH) for simplified and streamlined data collection for credentialing and recredentialing. Through the CAQH, credentialing information is provided through a single repository, via a secure internet site, to fulfill the credentialing requirements of all health plans that participate in the CAQH. The complete list of Keystone First credentialing guidelines and related forms, as well as practitioners’ credentialing and recredentialing rights, is available at [www.keystonefirstpa.com → Providers → Join our network](http://www.keystonefirstpa.com).  

**Practitioner credentialing rights**

After the submission of the application, health care providers have the following rights:

- To review information submitted to support their credentialing application, with the exception of references, recommendations, and peer-protected information obtained by the plan.
- To correct erroneous information. When information obtained by the Credentialing department varies substantially from information provided by the provider, the Credentialing department will notify the provider to correct the discrepancy.
- To be informed, upon request, of the status of their credentialing or recredentialing applications.
- To be notified within 60 calendar days of the Credentialing Committee/Medical Director review decision.
- To appeal any credentialing/recredentialing denial within 30 calendar days of receiving written notification of the decision.
- To know that all documentation and other information received for the purpose of credentialing and recredentialing is considered confidential and is stored in a secure location that is only accessed by authorized plan associates.
- To receive notification of these rights.

To request any of the above, the provider should contact the Keystone First Credentialing department at:

Keystone First  
Attn: Credentialing Department  
200 Stevens Drive  
Philadelphia, PA 19113
Tips for providing culturally and linguistically appropriate services for Arabic and Muslim patients

Keystone First has recently seen an increase in Arabic-speaking members, many of whom come from Arab or Muslim cultures. Due to cultural differences, special consideration may be required from providers when treating these patients. The Middle East Center at the University of Pennsylvania has published guidelines to assist medical professionals who treat Arab and Muslim patients. For more information, please visit the center’s website at www.sas.upenn.edu/mec/outreach/medpamph. Here are some highlights:

Medical procedures and explanations in the office or hospital

- Communication is important, as some patients might be disoriented in an American hospital setting. Use a translator to explain procedures and hospital billing procedures, American health care, insurance, etc. It is best to use a same-sex translator from the hospital, if possible.

- Patients (especially older ones), even if residing in the United States, may speak little English. They also may not understand machines or invasive procedures.

- Be sure to explain images and procedures.

- Be sure to explain each medication, and separate essential medicines from those for symptoms. Relate daily behavior to the treatment regimen (i.e., “eat one pill with breakfast”) and explain in detail how medications are to be administered.

- Do not be surprised if the patient is accompanied by family, which is extremely important in Middle Eastern culture. Within the bounds of confidentiality, keep family members involved in decision-making, and assume patients will not give you a decision about their care or finances without family consultation.

Popular practices and religious concerns

- Muslims fast during the holy month of Ramadan. Some Muslims may consider medication as food from which they must abstain during Ramadan. Be sure to ask the patient whether he or she will fast for Ramadan. The Qur’an (Muslim holy book) allows medical exemptions from fasting.

- Ask the patient if they have any reservations about the treatment regimen. Discuss any traditional preconceived medical ideas that might contribute to the patient’s compliance or noncompliance. Many families use home/folk remedies that may not be considered as medication but may be counter-indicated with prescribed medication.

Patient-physician social interaction

- Always shake hands with male patients or male family members when greeting them or saying goodbye. Shaking hands with females should be left up to the female patient.

- In the Arab world, good posture is considered polite. Putting your feet up or crossing your legs in such a way that the soles of your shoes are exposed is considered offensive.

- Always remember that elders are held in high esteem in Arab culture and are treated with the utmost respect.

- Stereotyping: While these tips attempt to explain some of the broad characteristics of Muslim and Middle Eastern patients, patients should, of course, be treated as individuals.
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 Keystone First’s low, corporate telephonic rates.

Visit www.keystonefirstpa.com → Providers → Resources → Initiatives → Cultural competency 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.

Fraud Tip Line

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

- Calling the toll-free Fraud Tip Line at 1-866-833-9718.
- Emailing fraudtip@amerihealthcaritas.com.
- Mailing a written statement to:
  
  Special Investigations Unit
  Keystone First
  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.
**Formulary updates**

**Note:** There are no additions to report at this time.

<table>
<thead>
<tr>
<th>Removals</th>
<th>Update</th>
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<tbody>
<tr>
<td>Pataday (olopatadine hcl) ophthalmic drops</td>
<td>March 2019</td>
</tr>
<tr>
<td>Nalfon (fenoprofen calcium) 600 mg capsules</td>
<td>March 2019</td>
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<tr>
<td>Meclofenamate sodium capsules</td>
<td>March 2019</td>
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<tr>
<td>Daypro (oxaprozin) tablets</td>
<td>March 2019</td>
</tr>
<tr>
<td>Indocin (indomethacin) oral suspension</td>
<td>March 2019</td>
</tr>
<tr>
<td>Zamicet (hydrocodone/acetaminophen) solution</td>
<td>March 2019</td>
</tr>
<tr>
<td>Lortab Elixir (hydrocodone/acetaminophen) solution</td>
<td>March 2019</td>
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<tr>
<td>Oxycodone hcl 5 mg capsules</td>
<td>March 2019</td>
</tr>
<tr>
<td>Percodan (oxycodone hcl/aspirin) tablets</td>
<td>March 2019</td>
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<tr>
<td>Morphine sulfate suppository</td>
<td>March 2019</td>
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<tr>
<td>Kadian (morphine sulfate) capsules</td>
<td>March 2019</td>
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<table>
<thead>
<tr>
<th>Formulary limit updates</th>
<th>Update</th>
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<tbody>
<tr>
<td>Celebrex (celecoxib) 400 mg capsules — <strong>quantity limit:</strong> 1 capsule per day</td>
<td>March 2019</td>
</tr>
<tr>
<td>Chemet (succimer) 100 mg capsules — <strong>day supply limit:</strong> 19 day supply</td>
<td>March 2019</td>
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<tr>
<td>Latuda (lurasidone hcl) 20 mg, 40 mg, 60 mg, or 120 mg tablets — <strong>quantity limit:</strong> 1 tablet per day</td>
<td>March 2019</td>
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<tr>
<td>Latuda (lurasidone hcl) 80 mg tablets — <strong>quantity limit:</strong> 2 tablets per day</td>
<td>March 2019</td>
</tr>
<tr>
<td>Arnuity Ellipta (fluticasone furoate) 100 mcg and 200 mcg blister, with inhalation device — <strong>quantity limit:</strong> 1 inhaler per month</td>
<td>March 2019</td>
</tr>
<tr>
<td>Single- or combination-ingredient codeine products — <strong>age limit:</strong> 18 years or older</td>
<td>March 2019</td>
</tr>
<tr>
<td>Short-acting, long-acting, or combination products with tramadol — <strong>age limit:</strong> 18 years or older</td>
<td>March 2019</td>
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</table>
| An opioid-containing cough and cold product:  
  **Day supply limit:** 5 days for members ages 21 years and older without prior authorization.  
  **Day supply limit:** 3 days for members ages 18 to 20 without prior authorization.  
  **Quantity limit:** 120 milliliters per month or 2 capsules per day without prior authorization. | March 2019|
### Formulary step therapy updates

The following products will now require step therapy:

- Zyrtec-D (cetirizine hcl/pseudoephedrine).
- Claritin-D (loratadine/pseudoephedrine).
- Claritin (loratadine) oral disintegrating tablets.

**Step therapy:** Allegra (fexofenadine) generic for children under 2 years old, Claritin (loratadine) generic tablets, Xyzal (levocetirizine) generic tablets, Zyrtec (cetirizine) generic tablets or oral solution or pseudoephedrine.

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<td>March 2019</td>
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### Formulary step therapy updates

Brand-name Ventolin HFA (albuterol sulfate) 90 mcg/actuation aerosol inhaler and ProAir HFA (albuterol sulfate) 90 mcg/actuation aerosol inhaler will be non-formulary.

**Preferred:** Generic Ventolin HFA (albuterol sulfate) 90 mcg/actuation aerosol inhaler.

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<td>February 2019</td>
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Keystone First Specialty Pharmacy Network

Prior authorizations for specialty medications

Providers can specify a dispensing pharmacy on a prior authorization form when requesting coverage of specialty medications. Specialty medications can be filled at any specialty pharmacy in the Keystone First specialty network, and all prior authorization forms should indicate the requested specialty pharmacy.

Keystone First will allow access to medications dispensed at out-of-network pharmacies when the drug(s) cannot be obtained at a network pharmacy (limited distribution) or if the network pharmacy cannot serve the member in the time frame needed to prevent negative impact.

Our Specialty Network Providers directory is available on our website at www.keystonefirstpa.com → Pharmacy → Pharmacy directory → Specialty pharmacy directory.

If you have questions, please contact Pharmacy Services at 1-800-588-6767.

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

Use our online prior authorization request form to submit pharmacy prior authorization requests instantly.

To get started, go to www.keystonefirstpa.com → Providers → Pharmacy Services → Online PA request form.

The following information is also available on our website:

- A list of pharmaceuticals, including restrictions and preferences.
- How to use the pharmaceutical management procedures.
- An explanation of limits or quotas.

Drug updates

Please visit the Pharmacy Services section of our website at www.keystonefirstpa.com/pharmacy/index.aspx for up-to-date pharmacy information, including:

- Changes approved by the Pharmacy and Therapeutics (P&T) Committee.
- Preferred drug list (PDL) updates.
- Drug recalls.
- Updated pharmaceutical management procedures.
- Prior authorization criteria and submission procedures.
Provider Satisfaction Survey results 2018

Keystone First appreciates and values your feedback and opinions. We sincerely thank the practices that participated in the 2018 Provider Satisfaction Survey. The survey results have been analyzed, and action plans are being developed to address areas that were identified as needing improvement. We look forward to working with you to address these areas.

Areas that we will strive to improve our performance in are:

- The knowledge, accuracy, and helpfulness of responses to phone inquiries.
- Timeliness in answering questions and/or resolving problems.
- Timeliness of staff in resolving claims payment issues.

We are very pleased that the survey indicated you are comfortable recommending our plan to other practices, providers, and their patients. We truly appreciate the confidence you have in Keystone First and want to reinforce that we are here to support you in the care of our members. We look forward to working with you and welcome your ideas and comments. We encourage you to share them at provider.communications@keystonefirstpa.com or with your Account Executive.

Electronic programs available to your patients!

Mobile app for members

The member mobile app is available to members ages 18 and over with iPhone® or Android™ smartphones. The app gives members the ability to:

- View and fax a digital member ID card.
- Access the Provider Directory.
- Access the medicine cabinet.
- Connect to resources.
- Contact us.

To download the member mobile app

Members should visit Google Play™ or the Apple App Store® and search “Keystone First.”

Have your patients follow the app instructions for registration.

Appointment reminder programs

The Keystone First Adolescent Well Care (AWC) opt-out texting program launched in September 2018. The texting program sends reminders to members who are in need of an adolescent well visit. It also provides education on the importance of an annual well visit. Text messages instruct members to call the Rapid Response and Outreach Team for help with scheduling an appointment.
Bright Start® support services

Lactation assistance

Bright Start believes all breast feeding mothers should have access to high-quality, easily obtainable manual or electric breast pumps. These pumps ensure a more successful and longer duration of breast feeding, which can lead to healthier babies.

The types of pumps available for Keystone First members are:

- Manual pump.
- Basic electric pump (well-baby).
- NICU electric pump (hospital-grade).

A Bright Start Breast Pump Form or a prescription from a physician is required for all pumps. The form is available at www.keystonefirstpa.com → Providers → Resources → Bright Start maternity program → Bright Start support services. When submitting a signed prescription, please include the following details:

- Mother’s full name, birth date, address, and phone number.
- Mother's Keystone First member ID number.
- Ordering physician’s name and contact number.
- Type of pump needed, and indication.

Please fax the completed prescription or form to Bright Start at 1-866-405-7946. Upon our receipt of the properly filled prescription, the mother should receive her breast pump within 48 hours.

If you have questions, please call Bright Start at 1-800-521-6867, Monday through Friday, 8 a.m. to 5 p.m. (no weekends or holidays).

Lactation support

The OB or pediatrician can refer any breast feeding mom and her baby for home visits for lactation support by trained lactation agents and have the following evaluated:

- Feeding technique.
- Nipple status/comfort care.
- Feeding frequency.
- Milk production tips.
- If the baby is satisfied after feedings (how to tell when a baby is full).
- Breast pump function and additional flanges, tubing, or connection parts.

Complete the Lactation Support Referral Form (www.keystonefirstpa.com → Providers → Resources → Bright Start maternity program → Bright Start support services) and fax it to Bright Start at 1-866-405-7946. More information is available at www.keystonefirstpa.com → Providers → Resources → Bright Start maternity program.
Keystone First partners with Broad Street Ministry

In 2018, Keystone First introduced a new partnership with Broad Street Ministry that has continued into 2019. This partnership was launched because 779 Keystone First members receive mail services at this facility.

Quarterly, 15 Keystone First volunteers help serve lunch during a health fair that offers screenings such as blood pressure, glucose, and BMI to members, and also offers health education.

On September 7, 2018, a Philadelphia Eagles-themed lunch was attended by 250 community members. Of this total, 37 attendees (20 of which were Keystone First members) received health screenings. Here are some results:

- One person was sent to the hospital because of an elevated screening.
- One member went to urgent care as a result of an infection identified by a nurse.
- All attendees received health education and assistance with navigation on how to set up follow-up appointments with their providers or how to locate an urgent care center.

Member Services staff assisted members with the following:

- Obtaining new ID cards.
- Making primary care practitioner (PCP) changes.
- Getting information about medical supplies and equipment.
- Making address changes.
- Getting dental and vision benefit information.

Keystone First looks forward to continued collaboration opportunities to help serve our members throughout 2019 and into the future.