Keystone First
Family of Health Plans

In this issue

Medical Assistance renewals are coming — important information to share with your patients regarding their health care coverage

The Pennsylvania Department of Human Services (DHS) was able to keep Medical Assistance (MA) coverage open for most people during the COVID-19 Public Health Emergency (PHE) even if they were no longer eligible for MA. Now, DHS must make sure that everyone who is receiving MA is still eligible by reviewing each person's information.

What does this mean for your patients who currently receive Medical Assistance?

When your patients who are on MA receive their renewal paperwork from PA DHS, they must complete and submit their information. If they do not, they will lose their MA coverage.

Once they complete and submit their renewal paperwork, PA DHS will determine eligibility. If they remain eligible, they will continue to receive health care coverage through Keystone First or Keystone First Community HealthChoices (CHC). There is nothing they need to do to continue coverage with us.

If they are found to **not** be eligible for MA, they will no longer have coverage through Keystone First or Keystone First CHC. For help finding affordable health care coverage, your patients can go to **www.Pennie.com**, or call **1-844-844-4440** for help.

Encourage your MA patients to take action now:

ACT NOW	HERE'S HOW
1. Make sure your address and phone number are up to date with DHS.	• Online: **www.dhs.pa.gov/COMPASS** • Mobile App: **myCOMPASS PA** • Phone: **1-877-395-8930** or **215-560-7226** (if you live in Philadelphia) • In Person: Go to your County Assistance Office
2. Sign up for alerts from DHS TODAY.	• Text Alerts: Sign up at **www.dhs.pa.gov/TEXT** • eNotices: Go to **www.dhs.pa.gov/COMPASS** and opt-in to get emails
3. Complete your renewal information and return to DHS when it is due.	• Online: **www.dhs.pa.gov/COMPASS** • Mail: to your County Assistance Office • Phone: **1-866-550-4355** • In Person: Go to your County Assistance Office

It's not too late to vaccinate

Your strong recommendation is a critical factor in whether your patients get vaccinated. During the 2022 – 2023 flu season, while still facing COVID-19, we are asking you to encourage your Keystone First and Keystone First CHC patients to get their flu shot.

Important reminder: Our members and Participants (now age 3 and older) can also be referred to their local participating pharmacy for flu vaccination.

Participating providers will be reimbursed for the administration of the seasonal flu vaccine to children and adults for the following procedure codes:

- 90662 - Influenza, split virus, 65 years and older, enhanced immunogenicity via increased antigen content, intramuscular use, preservative free
- 90672 - Influenza, quadrivalent, live, intranasal, 2-49 years
- 90674 – Influenza, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative, and antibiotic free, intramuscular use
- 90686 - Influenza, quadrivalent, split virus, preservative free, 3 years and older, intramuscular
- 90687 - Influenza virus vaccine, quadrivalent, split virus, 6-35 months of age, intramuscular
- 90688 - Influenza virus vaccine, quadrivalent, split virus, 3 years and older, intramuscular
- 90756 - Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5 ml dosage, for intramuscular use

✓ Reimbursement for administration of seasonal flu vaccine to members or Participants older than age 18 includes the cost of the vaccine.

✓ Providers administering seasonal flu vaccine to members or Participants older than age 18 should obtain the vaccine and supplies from their regular vaccine supplier.

✓ Reimbursement for administration of seasonal flu vaccine to members younger than age 18 is an administration fee only.

✓ Seasonal flu vaccines for children (up to age 18) are provided free through the Pennsylvania Department of Health's Vaccines for Children Program (VFC).

✓ Philadelphia County PCPs should contact the Philadelphia VFC Program. The program is administered by the Philadelphia Department of Public Health Division of Disease Control Immunization Program **(215-685-6728)**.

✓ Providers in all other Pennsylvania counties should contact the Pennsylvania Department of Health **(1-888-646-6864)**.

REMINDER

Critical reminder: Balance billing members and Participants is prohibited

As outlined in your provider agreement with Keystone First and Keystone First CHC and as outlined in the DHS MA Bulletin 99-99-06, "Payment in Full," we strongly remind all providers of the following points from the bulletin:

The Pennsylvania Code, 55 Pa. Code § 1101.63 (a) statement of policy regarding full reimbursement for covered services rendered specifically mandates that:

- All payments made to providers under the MA program plus any copayment required to be paid by a recipient shall constitute full reimbursement to the provider for covered services rendered.

- A provider who seeks or accepts supplementary payment of another kind from DHS, the recipient, or another person for a compensable service or item is required to return the supplementary payment.

To review the complete MAB 99-99-06, visit: **www.keystonefirstpa.com > Providers > Resources > Communications > MA Bulletins** or **www.keystonefirstchc.com > For Providers > Resources > Communications > Department of Human Services (DHS) bulletins and news**

Similarly, the Centers for Medicare & Medicaid Services (CMS) clearly outlines that Keystone First VIP Choice providers are prohibited from balance billing members as follows:

- Section 1902(n)(3)(B) of the Social Security Act, as modified by Section 4714 of the Balanced Budget Act of 1997, prohibits Medicare providers from balance billing qualified Medicare beneficiaries for Medicare cost-sharing.

- Under the requirements of the Social Security Act, all payments from Keystone First VIP Choice to participating providers must be accepted as payment in full for services rendered. Members may not be balance billed for medically necessary covered services under any circumstances.

Providers can reference CMS MLN Matters number SE1128 for further details.

Inpatient (IP) claims and Medicare Part B billing recommendations

When billing for IP claims when a Keystone First member or Keystone First CHC Participant has Medicare Part A and B, but Medicare Part A has exhausted, or the member or Participant has Medicare Part B only, please remember:

1. Providers should follow all Medicare billing requirements when billing Medicare for eligible Part B services.

2. After billing Medicare, providers should receive an Explanation of Benefits (EOB) for the Medicare Part B payment.

3. Providers should bill Keystone First/Keystone First CHC on a UB TOB 12X claim form only after receiving an EOB for Medicare Part B payment.

   • All IP charges, including Room and Board, must be included on the UB TOB 12X claim form.

   • Medicare Part B payments, as well as the UB TOB 12X claim, should be sent to the Plan.

If you need to resubmit a corrected or replacement claim to the original 121 claim, submit a 127 TOB with the original claim ID, as per our corrected/replacement claim resubmission requirements.
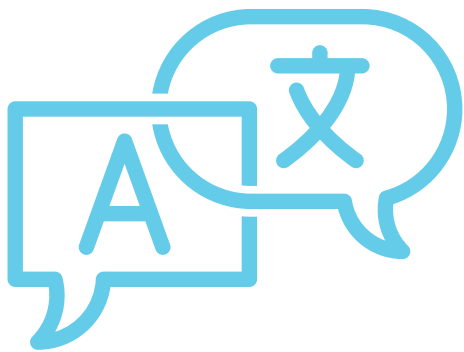
Language and translation services

To help ensure our members and Participants 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.keystonefirstpa.com > Providers > Resources > Initiatives > Cultural competency** and **www.keystonefirstchc.com > For 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**.

If a Keystone First CHC Participant needs an interpreter, please ask the Participant to call us at **1-855-332-0729** to be connected with an interpreter who meets their needs. For TTY services, please call **1-855-235-4976**.

Update: Naloxone take-home distribution by federally qualified health centers and rural health clinics

Keystone First and Keystone First CHC are following the guidelines outlined in the Pennsylvania DHS MA Bulletin 08-22-19 regarding the procedure for submitting claims for a take-home supply of naloxone. This bulletin makes obsolete MA Bulletin 08-21-07, "Naloxone Distribution by Federally Qualified Health Centers and Rural Health Clinics," issued October 21, 2021.

Please submit to our plan, via claim/encounters for a take-home supply of nasal or injectable naloxone distributed to members/Participants as follows:

1. Procedure code T1015 with all other applicable service codes

2. For reporting and tracking purposes, include the appropriate zero-pay HCPCS code on a separate claim line so the Department can track the distribution:

Code	Code description
G1028	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure
G2215	Take-home supply of nasal naloxone; 2-pack of 4 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure
G2216	Take-home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure

To read the complete details of MAB 08-22-19, visit **www.keystonefirstpa.com > Providers > Resources > Communications > MA bulletins** or **www.keystonefirstchc.com > Providers > Resources > DHS bulletins and news**.

Members' and Participants' rights and responsibilities

Keystone First and Keystone First CHC are committed to treating our members and Participants with dignity and respect. Keystone First and Keystone First CHC, our network providers, and other providers of service may not discriminate against members or Participants based on race, sex, religion, national origin, disability, age, sexual orientation, or any other basis prohibited by law. Our members and Participants also have specific rights and responsibilities.

The complete list is available at **www.keystonefirstpa.com > Providers > Resources > Member information** and **www.keystonefirstchc.com > Providers > Resources > Participant information**.

Member and Participant copayment schedule

The most current member and Participant copayment schedule is available at **www.keystonefirstpa.com > Providers > Resources > Member information** and **www.keystonefirstchc.com > For Providers > Resources > Participant Information**.

Provider Services department

The Keystone First and 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.

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

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

Credentialing reminders

Please remember that Keystone First and Keystone First CHC offer and encourage 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 to 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 credentialing guidelines and related forms, as well as practitioners' credentialing and recredentialing rights, can be found at **www.keystonefirstpa.com > Providers > Join our network** and **www.keystonefirstchc. com > For Providers > Join our network**.

*Note: CAQH credentialing does not apply to home- and community-based services (HCBS) and long-term services and supports (LTSS) providers. HCBS and LTSS providers should complete our paper application process.

Provider credentialing rights

After submitting an 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 our Credentialing department at:
Keystone First/Keystone First CHC
Attn: Credentialing Department
200 Stevens Drive
Philadelphia, PA 19113

Fraud, waste, and abuse

If you or any entity with which you contract to provide health care services on behalf of Keystone First or Keystone First CHC becomes concerned about or identifies 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**

- Mailing a written statement to:
  Special Investigations Unit
  Keystone First/Keystone First CHC
  3811 West Chester Pike
  Newtown Square, PA 19073

For more information about Medical Assistance fraud and abuse, please visit the DHS website at **https://www.dhs.pa.gov/about/Fraud-And-Abuse/ Pages/MA-Fraud-and-Abuse---General-Information. aspx**.

We are committed to detecting and preventing acts of fraud, waste, and abuse and have a webpage dedicated to addressing these issues and mandatory screening information. Visit: **www.keystonefirstpa.com > Providers > Resources > Manuals, guides and training > Fraud, Waste, Abuse and Mandatory Screening Information** and **www.keystonefirstchc.com > For Providers > Training > Fraud, Waste, Abuse and Mandatory Screening Information.** Topics include:

- Information on screening employees for federal exclusion

- How to report fraud to Keystone First and Keystone First CHC

- How to return improper payments or overpayments to us

- Information on provider mandatory fraud, waste, and abuse training

Note: After you have completed the training, please complete the attestation.

Keystone First and Keystone First CHC **medical providers**, go to **www.surveymonkey.com/r/9MQ7S8F**.

Keystone First CHC **LTSS providers**, go to **www.surveymonkey.com/r/577CX62**.

Pharmacy prior authorization: no phoning or faxing — just a 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 > Pharmacy Prior Authorization > Online PA request form** and **www.keystonefirstchc.com > For Providers > Pharmacy Services > Pharmacy prior authorizations > Online prior authorization request form**.

Please note: The following are available on our Keystone First and Keystone First CHC websites:

- A list of pharmaceuticals, including restrictions and preferences
- 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
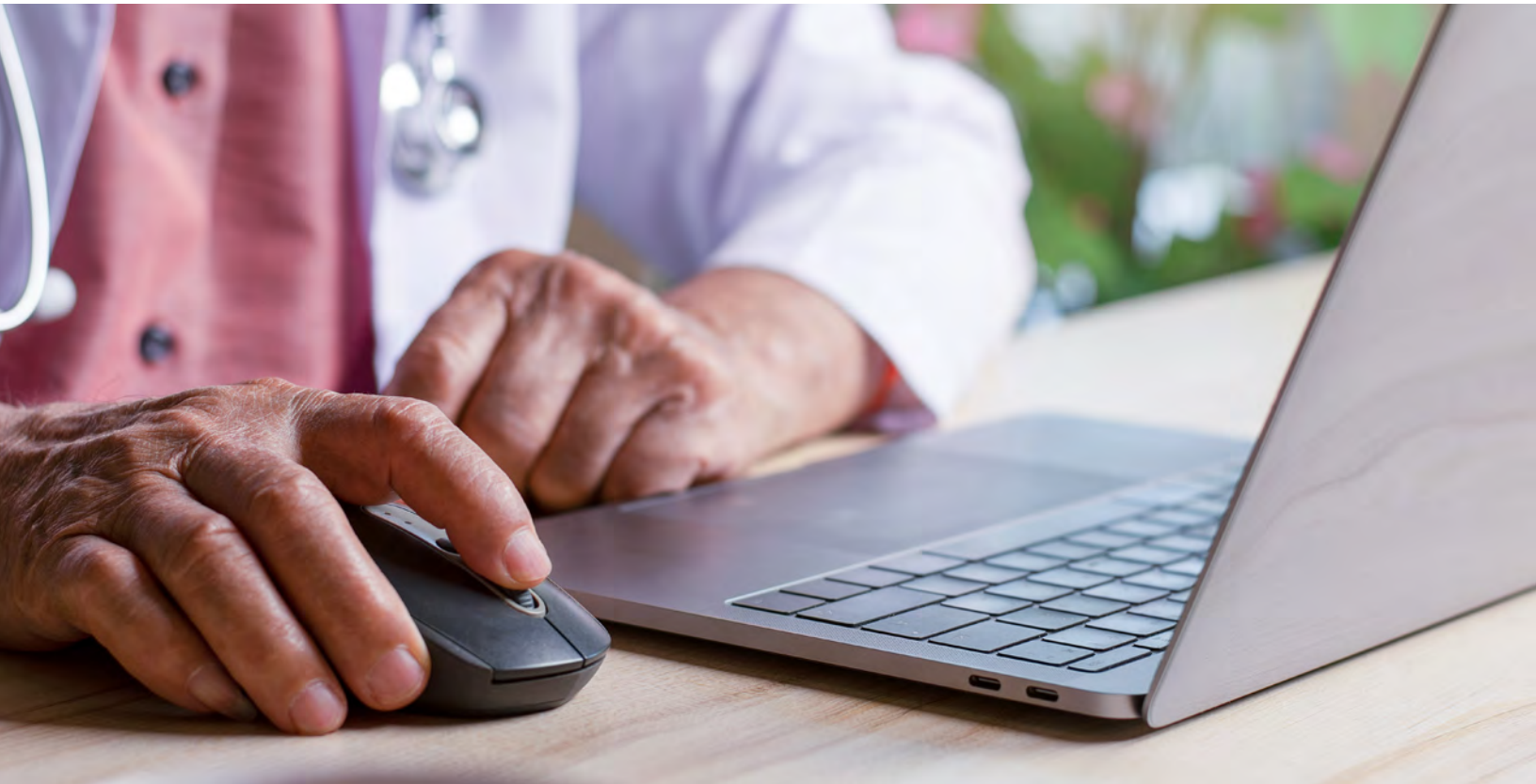
Reinstatement of prior authorization requirements for shift care services for members under 21 years of age

Keystone First has reinstated the prior authorization requirements for existing shift care services provided to members under the age of 21. These prior authorization requirements were suspended in response to the COVID-19 pandemic per the guidelines outlined in the DHS Provider Quick Tips #241 issued in April 2020.

DHS recently released MA Bulletin 05-22-02 providing notice that Fee for Service (FFS) will resume prior authorization of existing shift care services effective November 1, 2022.

Regardless of whether the COVID-19 public health emergency is extended again, the following guidelines have been reinstated:

- Prior authorization is required for all shift care services billed using procedure codes S9123, S9124, and T1019 requested for members under the age of 21.

- Services that continued to be authorized without the need for reauthorization throughout the pandemic must be reauthorized.

- A request for reauthorization must be submitted for medical review within 30 days of the end date of the current authorization period.

- Keystone First will conduct a full clinical medical necessity review of all relevant information submitted by the ordering provider for each request for authorization of pediatric shift care.

- Any reduction in level of shift care services based on the results of medical necessity review, will follow the established written reduction or denial notification process.

From the desk of Lily Higgins, MD,
Chief Medical Officer

Let's spread the word on developmental screening

Did you know that 1 in 4 children ages 0 through 5 are at risk for a developmental delay? Detecting possible delays in development during a child's early years is of paramount importance in order to intervene as early as possible.

Below are tools that have been developed to help in screening:

- Early Intervention Screening Booklet
- Developmental Screening Toolkit

The Early Intervention Screening Booklet has been developed by the Philadelphia Department of Public Health as a tool to be utilized by providers to help identify children with potential developmental delays. The Developmental Screening Toolkit is another tool packed with information created by the Pennsylvania Chapter of the American Academy of Pediatrics to assist providers with developmental delay screenings. These resources are shared with permission from both entities and include information about why developmental screening is so important as well as how to properly implement each tool. Scanning the QR code will navigate you directly to the Developmental Screening Toolkit.

Additionally, visit our website for a comprehensive overview of age-appropriate EPSDT screenings with associated visit/testing coding information: **https://www.keystonefirstpa.com/provider/resources/epsdt/index.aspx**.

New Critical Incident Service Desk

We are pleased to announce a service desk for your critical incident questions.

If you have a question about a critical incident or need assistance in contacting your Service Coordinator regarding a critical incident, the Critical Incident Service Desk can help. Please submit your questions to the email address: **ltssprovider_scinquiries@amerihealthcaritas.com**.

Common questions and topics that the Service Desk can help with include:

- Does the event meet critical incident criteria?
- How to enter or complete the first section of the Critical Incident Report within 48 hours of incident discovery
- How to collaborate with the Service Coordinator regarding the critical incident
- Providing information that has been requested by our Critical Incident Specialist Team

For more information regarding critical incident reporting, please go to Section III of the Provider Manual, which can be found at **www.keystonefirstchc.com > For Providers > Provider manual and forms**.

Behavioral health services

Keystone First CHC recognizes that a Participant's optimal health and well-being are 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 of every Participant who is eligible for LTSS or who requests an assessment. If you are working with a Keystone First CHC LTSS Participant residing in the community or a nursing facility who has an identified unmet BH need, please contact a Keystone First CHC Service Coordinator. The Service Coordinator will make a referral to our 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**.

Covered benefits and services

All Participants are entitled to the medical benefits provided under the Pennsylvania Community HealthChoices program. Additionally, Participants who qualify through DHS are eligible to receive LTSS benefits under the same program.

For more information about benefits and services, go to Section 1 of the Provider Manual, which can be found at **www.keystonefirstchc.com > For Providers > Provider manual and forms**.

Be involved — join our Participant Advisory Committee

Keystone First CHC hosts a quarterly Participant Advisory Committee meeting, and we are asking for your help.

The Participant Advisory Committee is a forum where Participants, providers, caregivers, family members, and direct care workers come together to help us make a difference.

The purpose of the committee is to provide our Participants with an effective means to consult with each other and, when appropriate, coordinate efforts and resources for the benefit of the entire Community HealthChoices population in the zone, including people with LTSS needs.

2023 Participant Advisory Committee meeting schedule

Date	Time	Location
June 15	10:30 a.m. – noon	Zoom (until further notice)
September 14	10:30 a.m. – noon	Zoom (until further notice)
December 14	10:30 a.m. – noon	Zoom (until further notice)

We are excited to share that we are actively recruiting a diverse group of Participants and providers!

- Do you know a Participant who likes to be involved in community meetings or organizations?
- Do you know a formal or informal caregiver who has expressed interest in advocating for others?

If so, we want to hear from them!

Please reach out to Community Relations Manager Nicole Ragab at **nragab@amerihealthcaritas.com** with the contact information of the potential committee member, and we will do the rest!
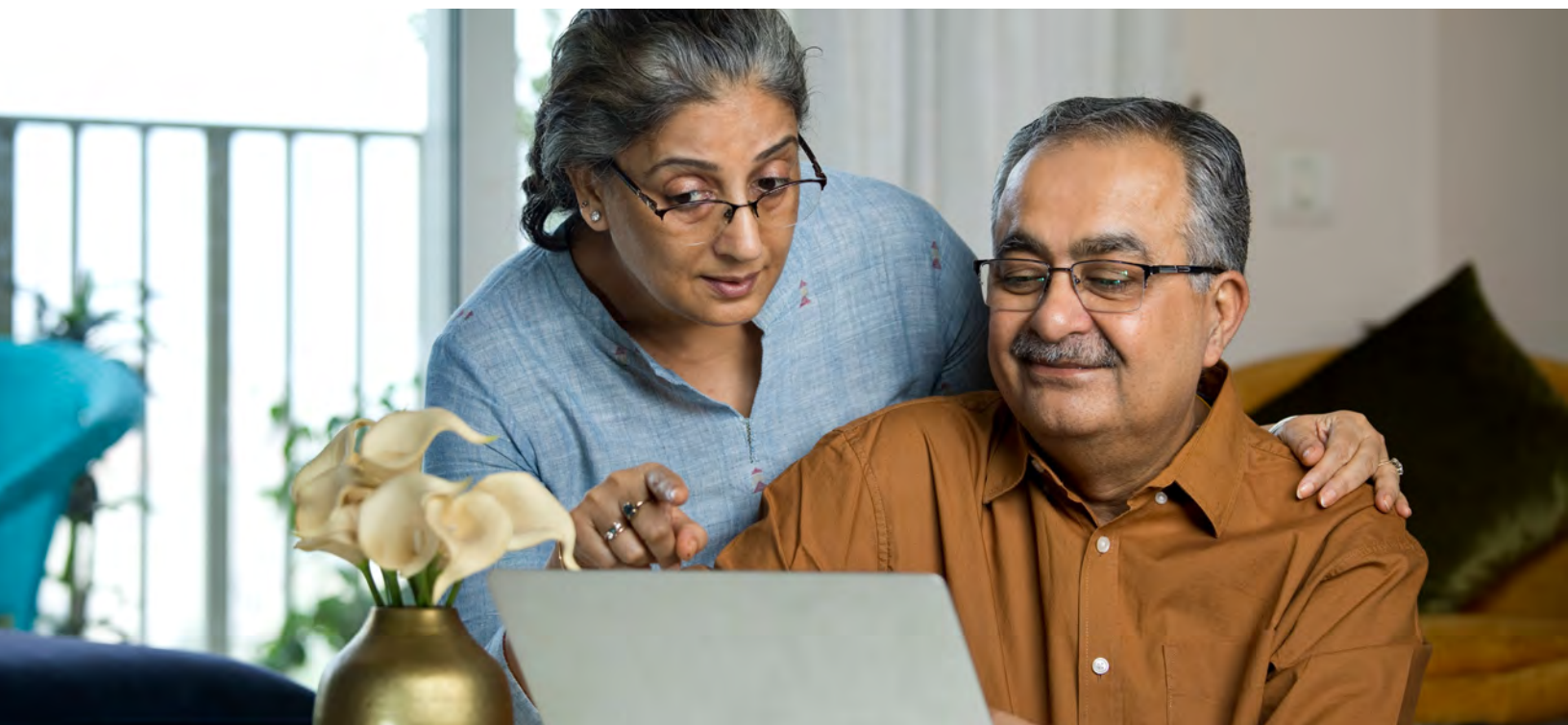
Benefit limit exception

To support Keystone First's continuing efforts to process requests for a benefit limit exception (BLE) or your Keystone First patients, please review the following details regarding the process for submission of BLE requests.

The BLE process does not apply to children younger than 21 or to adults who reside in a nursing facility, an intermediate care facility for individuals with intellectual disabilities (ICF/ID), or an intermediate care facility for persons with other related conditions (ICF/ORC).

A BLE may be requested if you feel a member age 21 or older may be in need of a periodic oral evaluation, prophylaxis, or a denture beyond the allowable limits for these benefited services and who has one of the medical conditions listed below. In addition, there are dental services listed below that are only eligible to members age 21 and older through the benefit limit exception process.

The BLE applies to Keystone First members age 21 or older and members must have one or more of the following medical conditions to be considered for a BLE:

- Diabetes
- Coronary artery disease
- Cancer of the face, neck, or throat (does not include stage 0 or stage 1 non-invasive basal or sarcoma cell cancers of the skin)
- Intellectual disability
- Current pregnancy including the postpartum period (one year)

Although the member's claim history will be checked for one or more of the medical conditions noted above, attach any supporting medical records or letters to substantiate the presence of such medical conditions in the member's history.

The only codes eligible for BLE and that should appear on the BLE request are one or more of the following:

D0120*, D1110*, D2710, D2721, D2740, D2751, D2752, D2791, D2952, D2954, D3310, D3320, D3330, D3410, D3421, D3425, D3426, D3471, D3472, D3473, D3501,

D3502, D3503, D3921, D4210, D4341, D4242, D4355, D5110**, D5120**, D5130, D5140, D5211**, D5212**, D5213**, D5214**

*Only required when requesting additional services beyond benefit limitations

**Only required for replacement of a previously benefited denture

All other non-BLE eligible codes must be submitted on separate claims or authorization requests.

- **All BLE requests must have ICD code Z98.818 placed in box 34a of the ADA claim form or as follows on electronic submissions:**
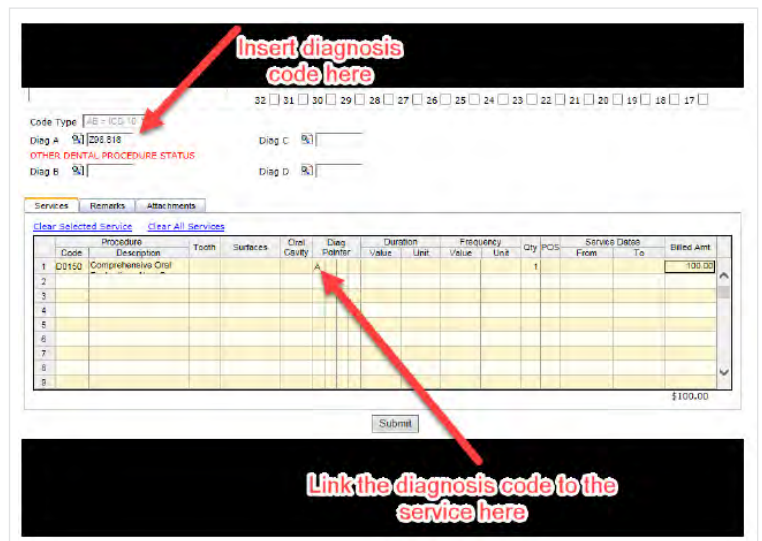
- **The BLE form must accompany all BLE requests and must be filled out in its entirety.**
- Documentation requirements for BLE requests must be submitted and clinical medical necessity criteria for the services must still be met.
- If a BLE is denied by Keystone First, the service(s) may still be provided to the member at usual and customary rates if there is a signed financial agreement between the provider and the member explaining the service(s) in question was denied, the costs of the service(s), and the terms of patient's financial responsibility.

Health literacy — simple ways to improve patient and physician communication

Health literacy is defined as the ability to communicate with patients in a way that is easy for them to understand and act upon. Patient understanding is a key to better health. Research shows that patients remember and understand less than half of what clinicians explain to them. It is estimated that only 11% of the entire population is proficient in health literacy.

Did you know?

- Nearly 9 out of 10 adults may lack the skills needed to manage their health and prevent disease.
- Patients may try to hide their lack of understanding of health information due to fear of being misunderstood or disrespected.
- Enhancing health literacy does not always require additional resources. It is a method for improving the effectiveness of the work you are already doing.

Patient behaviors that may indicate low health literacy include:

- Seeking help only when illness is advanced
- Making excuses for not reading materials in front of the provider ("I forgot my glasses")
- Being quiet or passive

- Frequently skipping appointments
- Being noncompliant with medications
- Being unable to name their medications or explain their medications' purpose
- Having difficulty explaining their medical concerns
- Having no questions at all

One of the most cited methods of checking patient understanding is the teach-back method. Teach-back is used to ensure patients understand health information and risk-and-benefit tradeoffs associated with treatments, procedures, tests, and medical devices.

Here are some tips for using teach-back methods:

- Use plain language. Avoid using medical jargon and vague directions.
- Ask the patients to use their own words.
- Ask open-ended questions that start with "what" or "how."
- Avoid questions that result in "yes" or "no" answers.
- Ask your patients to show you how to do something, such as using their inhaler.

The goal is to check how well you explained the health information — not test the patient. At times, teach-back may reveal that patients do not understand what they need to know or what they need to do. When that happens, say, "I must not have done a good job explaining. Let me try again."

We are in this together. If you need help, go to **www.cdc.gov/healthliteracy** or ask your Account Executive for the plan resources on health literacy, including our Ask Me 3™ posters.

www.keystonefirstpa.com
www.keystonefirstchc.com
www.keystonefirstvipchoice.com

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