Keystone First
Family of Health Plans

CONNECTIONS

Connections 2026, Issue 2

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

MCO-KF_265929702

2026 Provider manuals and claims filing instructions available online

The updated 2026 Keystone First, Keystone First Community HealthChoices (CHC), and Keystone First – CHIP Provider Manuals are now available online. Providers can review the full manuals, including a complete list of 2026 updates and changes, by visiting:

- **www.keystonefirstpa.com > Providers > Provider manual and forms**
- **www.keystonefirstchc.com > For Providers > Provider manual and forms**
- **www.keystonefirstchip.com > Providers > Provider manual and forms**

In addition, the 2026 Medical Provider Claims Filing Instructions for all three plans are now posted online and can be accessed at:

- **www.keystonefirstpa.com > Providers > Claims and billing > Claims Filing Instructions**
- **www.keystonefirstchc.com > For Providers > Claims and billing > Claims filing instructions for medical providers**
- **www.keystonefirstchip.com > Providers > Claims and billing > Claims Filing Instructions**

PROMISe™ Provider Identification Number (PPID) revalidation

To comply with the Affordable Care Act (ACA) requirements for provider enrollment and screening (42 CFR § 455.410), all providers MUST be enrolled in the Pennsylvania State Medicaid program before Medicaid claims can be paid.

Providers enrolled in the Pennsylvania Medical Assistance (Medicaid) program must also revalidate their enrollment information in the PROMISe system at least every five years.

Tips to support timely validation:

1. Check your revalidation date in PROMISe.
2. Submit early; we recommend at least 60 to 90 days prior to your due date.
3. Complete the application in full.
4. Review all information for accuracy before submitting.

Keep your provider information current

Providers should submit practice data updates and changes as soon as possible to help support accurate claims processing, up-to-date directory information, and timely recredentialing communications.

Keeping provider information current can help prevent:

- Incorrect claim payments that may require resubmission.
- Provider directory inaccuracies that can delay Members', Participants', and Enrollees' access to care.
- Missed recredentialing communications that could result in provider disenrollment from the plan.

To access the Medical Provider Change Form, visit the appropriate website:

- **www.keystonefirstpa.com > Providers > Provider manual and forms > Provider change form**
- **www.keystonefirstchc.com > For Providers > Provider manual and forms > Provider change form**
- **www.keystonefirstchip.com > Providers > Provider manual and forms > Provider change form**

Quality and utilization management

Our plans have adopted clinical practice guidelines for treating Members, Participants, and Enrollees with the goal of reducing unnecessary variations in care. 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 on our websites or upon request by calling the Provider Services department at **1-800-521-6007**.

- **www.keystonefirstpa.com > Providers > Resources > Clinical practice guidelines**
- **www.keystonefirstchc.com > For Providers > Resources > Clinical resources > Clinical Practice Guidelines**
- **www.keystonefirstchip.com > Providers > Resources > Clinical practice guidelines**

The plans will provide their utilization management (UM) criteria to network providers upon request. To obtain a copy, contact the appropriate plan's UM department, specify the criteria needed, and include your fax number or mailing address.

- Keystone First: **1-800-521-6622**
- Keystone First CHC: **1-800-521-6622**
- Keystone First – CHIP: **1-877-486-8447**

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 the plans have 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 (DME), home health care, and concurrent review.

Call the Peer-to-Peer Hotline:

- Keystone First: **1-877-693-8480**
- Keystone First CHC: **1-877-693-8480**
- Keystone First – CHIP: **1-833-762-4727**

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 health plan does 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.

Fraud, waste, and abuse

If you or any entity with which you contract to provide health care services on behalf of Keystone First, Keystone First CHC, or Keystone First – CHIP is concerned about or identifies potential fraud, waste, 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 Community HealthChoices/Keystone First – CHIP
  P.O. Box 7317
  London, KY 40742

For more information about Medical Assistance fraud, waste, and abuse, please visit the Department of Human Services (DHS) website at **https://www.pa.gov/agencies/dhs/report-fraud/medicaid-fraud-abuse**

We are committed to detecting and preventing acts of fraud, waste, and abuse and have webpages dedicated to addressing these issues and mandatory screening information. Visit our websites for additional details:

- **www.keystonefirstpa.com > Providers > Resources > Fraud, Waste, Abuse and Mandatory Screening information**
- **www.keystonefirstchc.com > For Providers > Training > Fraud, Waste, Abuse and Mandatory Screening information**
- **www.keystonefirstchip.com > Providers > Resources > Provider training and education > Fraud, waste, and abuse**

Topics include:

- Screening employees for federal exclusion
- Reporting fraud to us
- Returning improper payments or overpayments
- Mandatory Provider 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 **https://www.surveymonkey.com/r/9MQ7S8F**.
- Keystone First CHC long-term services and supports (LTSS) providers, go to **https://www.surveymonkey.com/r/577CX62**.
- Keystone First – CHIP providers, go to **https://www.surveymonkey.com/r/G5GY23M**.

Language services

To help make sure our Members, Participants, and Enrollees 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 phone rates.

For complete details and contact information visit our websites:

- **www.keystonefirstpa.com > Providers > Resources > Initiatives > Cultural Competency**
- **www.keystonefirstchc.com > For Providers > Training**
- **www.keystonefirstchip.com > Providers > Resources > Initiatives > Cultural responsiveness**

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 **1-866-221-1301**.

If a Member, Participant, or Enrollee needs an interpreter, please ask them to call us so we can connect them an interpreter that meets their language needs.

- Keystone First: **1-800-521-6860 (TTY 1-800-684-5505)**
- Keystone First CHC: **1-855-332-0729 (TTY 1-855-235-4976)**
- Keystone First – CHIP: **1-844-472-2447 (TTY 711)**

Access to care standards

Keystone First, Keystone First CHC, and Keystone First – CHIP have established standards to promote timely, accessible medical care for our Members, Participants, and Enrollees. These standards apply to PCPs, dentists, and specialists within our network.

Please review the standards on our websites, as well as in our provider manual. All providers are expected to follow these standards for appointment availability and other access-to-care requirements.

- **www.keystonefirstpa.com > Members > Getting Care > Appointment standards**
- **www.keystonefirstchc.com > For Participants > Getting Care > Appointment standards**
- **www.keystonefirstchip.com > Enrollees > Getting Care > Appointment standards**

Asthma updates and reminders

Follow-up visits with primary care providers and specialists after discharge from an urgent care center, emergency department, or hospital help confirm that symptoms are improving, clarify the plan of care, and support medication compliance after discharge. The Centers for Disease Control and Prevention (CDC) reports that outpatient follow-up visits soon after discharge reduce 30-day readmissions by an estimated 21%, so hospitals, outpatient providers, managed care organizations, and government health agencies continue to focus on post-discharge efforts.

For Measurement Year 2026, the National Committee for Quality Assurance (NCQA) implemented the HEDIS measure AAF-E, Follow-Up After Acute and Urgent Care Visits for Asthma. This measure assesses the percentage of Members, Participants, and Enrollees ages 5 to 64 with an urgent care visit, acute inpatient discharge, observation stay discharge, or emergency department visit with a diagnosis of asthma who had a corresponding outpatient follow-up visit with a diagnosis of asthma within 30 days. This measure supports better asthma control and fosters review of medication use. Keystone First, Keystone First CHC, and Keystone First – CHIP appreciate your continued efforts to care for patients. To support their care, we offer the following services:

- A 90-day supply of inhaled corticosteroids and other asthma controller medications with a provider prescription
- Influenza vaccination coverage

If your patient need assistance, please contact the appropriate support number:

- Keystone First: **1-800-573-4100**
- Keystone First CHC: **1-855-349-6280**
- Keystone First – CHIP: **1-844-377-2447**

Source: Bilicki DJ, Reeves MJ. Outpatient Follow-Up Visits to Reduce 30-Day All-Cause Readmissions for Heart Failure, COPD, Myocardial Infarction, and Stroke: A Systematic Review and Meta-Analysis. Prev Chronic Dis 2024;21:240138.

Critical reminder: EPSDT billing and timely filing requirements

Keystone First would like to remind providers of the following requirements for claim/encounter submission for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) care provided.

- Professional providers billing for complete EPSDT screens must submit **all** information pursuant to your Provider Agreement using the CMS-1500 claim form or electronically using the 837P format, whether reimbursed fee for service, by capitation, or through an all-inclusive encounter rate (i.e., FQHC/RHC providers), **within 90 days of the date of service**.
    - **Original claims submitted greater than 90 days** from the date of service of the EPSDT visit **will be denied**.
- Hospital-based clinics billing for complete EPSDT screens must submit **all** information pursuant to your Provider Agreement using the UB-04 claim form or electronically using the 837I format **within 90 days of the date of service**.
    - **Original claims submitted greater than 90 days** from the date of service of the EPSDT visit **will be denied**.

Providers must bill with the individual age-appropriate procedure codes, including immunizations, for a complete screen. Please refer to **www.keystonefirstpa.com > Provider > Resources > EPSDT**.

EPSDT complete screen procedure codes must be submitted with the EP modifier on the first claim line.

2026 Home and Community-Based Services (HCBS) claims filing instructions now available

Keystone First CHC providers can now access the updated 2026 HCBS Provider Claims Filing Instructions. Key updates include:

- Updated Optum/Change Healthcare contact info: **1-800-527-8133**
- Added NaviNet customer service line: **1-888-482-8057**
- Changed "Incontinence Supplies" to "Specialized Medical Equipment and Supplies"
- Updated the Clinical Provider Appeals address

To access the 2026 HCBS Provider Claims Filing Instructions, simply navigate to the provider center at **www.keystonefirstchc.com > For Providers > Claims and billing > Claims filing instructions for home- and community-based services (HCBS) providers**.

Annual Office of Long-Term Living (OLTL) critical incident reporting training due by December 31

Provider and service coordination entity staff must be trained annually on preventing abuse and exploitation of Participants, critical incident reporting, and mandatory reporting requirements. OLTL offers provider and service coordination entity online training to meet this mandatory annual training requirement. After finishing each module, you will be linked to a webpage to register your completion and print your certificate. Note that you will need your provider number/service location or FEIN number to complete the registration page at the end of each module. **This mandatory annual training must be completed by December 31 of each year.**

Training for Incident Management and Protective Services is available on OLTL contractor Dering Consulting's website: **https://deringconsulting.com/OLTL-Provider**.

Get 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 way to consult with each other and, when appropriate, coordinate efforts and resources for the benefit of the entire CHC population in the zone, including people with long-term services supports (LTSS) needs.

The 2026 Participant Advisory Committee meeting schedule is as follows:

Time	Dates	Location
11 a.m. – 1 p.m.	September 22 December 17	Keystone First Wellness and Opportunity Center 1929 W. 9th Street, Chester, PA 19013

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 Outreach team at **advisoryacpchc@amerihealthcaritas.com** with the contact information for the potential committee member, and we will do the rest!

Class 1 recall: TRUE METRIX Blood Glucose Monitoring Systems

Keystone First, Keystone First CHC, and Keystone First – CHIP would like to remind providers of the U.S. Food and Drug Administration's Class 1 recall for TRUE METRIX Blood Glucose Monitoring Systems.

Reason for Recall:

This recall is for an issue with the **E-5 error code** and the instructions for the user in the "Messages" section of the Owner's Booklets/System Instructions for Use and the online labeling and help guides. The TRUE METRIX meters display the same E-5 Error Code for two different types of issues:

1. A very high blood glucose event (> 600 mg/dL), and/or
2. When there is a test strip error.

If a user receives an E-5 Error Code when they are having a very high glucose event, they may not seek appropriate treatment if they think it is a test strip error, or they may delay appropriate treatment as they try to determine what the error means. Alternately, if a user assumes the E-5 Error Code is due to a very high blood glucose event, but they have low or normal blood glucose, they may improperly treat themselves for high blood glucose when they have low or normal blood glucose.

Either a delay in treatment or improper treatment may result in serious adverse health consequences, such as dehydration, altered mental status, loss of consciousness, or death, especially for users with very high or very low blood glucose levels.

Additional Information:

The FDA is aware that Trividia Health, Inc. has issued an Urgent Medical Device Correction to notify affected customers that all TRUE METRIX, TRUE METRIX AIR, and TRUE METRIX GO Self-Monitoring Blood Glucose Systems and TRUE METRIX PRO Professional Monitoring Blood Glucose Systems, including cobranded products sold under store or distribution partner names, have updated use instructions. Affected devices include:

- TRUE METRIX Self-Monitoring Blood Glucose System
- TRUE METRIX AIR Self-Monitoring Blood Glucose System
- TRUE METRIX GO Self-Monitoring Blood Glucose System

- TRUE METRIX PRO Professional Monitoring Blood Glucose System

Trividia is updating the **E-5 Error Code in the "Messages" section of the Owner's Booklets/System Instructions for Use** to emphasize that users must seek medical attention immediately if they receive an E-5 error code and are experiencing symptoms of high glucose.

What this means for Prescribers:

Prescribers should review affected patients and either prescribe an alternative blood glucose meter and compatible test strips or counsel patients who will continue using a TRUE METRIX device to follow the updated E-5 error instructions. If a patient reports an E-5 error code and symptoms of high glucose, instruct the patient to seek immediate medical attention.

Patient support information: Eligible patients may request a free replacement TRUENESS® Blood Glucose Monitoring System, including a meter and test strips, through Trividia Health Customer Support.

Patients may call Trividia Health Customer Support at **1-888-943-2387**, Monday through Friday, 8 a.m. – 8 p.m. EST (excluding holidays), to sign up to be contacted about a replacement meter.

For official recall and safety information, consumers and health care providers should follow the recommendations in the FDA Safety Communication, **Risks of Using TRUE METRIX Blood Glucose Monitoring Systems by Trividia Health**".

Questions:

For questions about the updated Owner's Booklets/System Instructions for Use, contact Trividia Health Customer Care at **1-888-835-2723**, Monday through Friday, 8 AM-8 PM EST (excluding holidays), or email **trividia0126CC@trividiahealth.com**, or visit the **Trividia Health E-5 product notice page** for additional information.

If your patients have questions about pharmacy benefits or need help obtaining coverage for a replacement meter, they may contact Member/Participant/Enrollee Services:

- Keystone First: **1-800-521-6860**
- Keystone First CHC: **1-855-332-0729**
- Keystone First – CHIP: **1-844-472-2447**

Save time! Submit your pharmacy prior authorization requests online

Providers can submit electronic prior authorization (ePA) requests either through their electronic health record (EHR) tool software or via the following online portals:

- **CoverMyMeds**
- **Surescripts**

Visit our websites for additional details:

- **www.keystonefirstpa.com > Pharmacy > Prior authorization**
- **www.keystonefirstchc.com > For Providers > Pharmacy services > Pharmacy prior authorization**
- **www.keystonefirstchip.com > Pharmacy > Prior authorization**

Topics include:

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

The updated 2026 Keystone First, Keystone First CHC, and Keystone First – CHIP dental provider supplements are now available

- Provider Web Portal Registration & Introduction: added Next Gen Provider Portal Support contact information
- Procedures Requiring Prior Authorization: updated language to include that claims will be subject to benefit frequency limitations and standard care guidelines
- Corrected Claims: added that Providers may make corrections to incorrectly submitted claims up to 365 days from the day of DentaQuest's receipt of the claim requiring correction
- Corrected Claims: added bullet point instructing Providers not to resubmit all service lines on a corrected claim and only to resubmit for the service line requiring correction
- Electronic Claim Submission Utilizing DentaQuest's Provider Portal: updated instructions about how to submit claims via the DentaQuest Provider Portal

For the complete list of 2026 supplement updates and changes, and to access the entire Dental Provider Supplement, visit:

- **www.keystonefirstpa.com > Providers > Resources > Dental**
- **www.keystonefirstchc > For Providers > Resources > Dental program**
- **www.keystonefirstchip > Providers > Dental**

Reminder: Documentation requirements for D9920

As part of ongoing claims auditing, we are reminding Keystone First and Keystone First CHC providers about billing and documentation requirements for code D9920 – behavior management by report.

Recent reviews have identified claims in which:

- No other services are being reported in addition to behavior management.
- The Member's or Participant's past medical claims history did not include diagnosis codes required for the code's allowance.
- Supporting narratives containing medical necessity are not being submitted.

To help avoid audit findings related to overutilization of this procedure, providers should make sure that developmental issues are well documented in the chart, that the need for additional time is clearly supported, and that the methodology used, along with the extra time required to treat the Member or Participant, is recorded in the chart.

Our HealthChoices and Community HealthChoices plans administer the code as follows, in line with the Pennsylvania Department of Human Services (DHS):

- The behavior management fee is a visit fee for difficult to manage persons with developmental disabilities.
    - Developmental disability is a substantial handicap having its onset before the age of 18 years of indefinite duration and attributable to neuropathy.
- There are no age restrictions.
- Frequency is limited to once per Member or Participant per day and four times per Member or Participant per calendar year.

Additional information is available in our DHS approved dental policies on the following websites:

- **www.keystonefirstpa.com > Providers > Resources > Dental > Dental Policies**
- **www.keystonefirstchc.com > For Provider > Resources > Dental program > Dental Policies**

Please note that claims containing this code performed on ineligible Members or Participants will be denied and EPSDT consideration does not apply.

Americans with Disabilities Act

The Americans with Disabilities Act (ADA) is essential in helping to make sure our Members, Participants, and Enrollees have access to care and services. Please provide updated ADA accessibility information for your practice so we can accurately display it in our provider directory. Maintaining current information helps eliminate barriers to care and supports accessible physical environments for all Members, Participants, and Enrollees.

Core areas impacted by the ADA include:

- **Effective communication** – Health care providers must provide appropriate aids and services, such as interpreters, Braille materials, or other communication supports, to help patients with disabilities fully understand their treatment options and rights.
- **Accessible facilities and settings** – Hospitals, clinics, and waiting rooms should include accessible features such as ramps, wide doorways, accessible exam tables, scales, and imaging equipment. ADA accessibility guidelines should also address the path of travel to the building entrance and the provider entrance, if different from the building entrance. These accommodations help make sure patients with mobility limitations can safely access care and receive physical examinations.

Collaborating to Enhance Population Health

Providing care for our shared Members, Participants and Enrollees requires teamwork, communication, and a unified dedication to improving outcomes. Population health management aims to address care gaps, support those at highest risk, and promote comprehensive well-being across our communities. We strive to supply your practice with valuable tools and resources that complement the exceptional care you already offer.

Defined roles and shared accountability

Successful population health management relies on clear role definitions and aligned responsibilities. Together, we are accountable for achieving measurable health results.

***Your practice*:**

- Guides clinical decisions and oversees patient care.
- Determines care needs during appointments and coordinates treatment plans.

- Involves patients in recommended preventive and follow-up care as part of our health plan.

***Our health plan*:**

- Supplies actionable data and quality performance reports.
- Identifies Members, Participants and Enrollees who could benefit from extra support.
- Reaches out to engage Members, Participants and Enrollees and reinforce care plans.
- Offers care management services for Members, Participants and Enrollees who are high-risk or have complex needs.
- Connects Members, Participants and Enrollees to community and social support services.

By aligning responsibilities and maintaining open communication, we can coordinate outreach efforts and connect Members, Participants, and Enrollees to the appropriate care management and support programs, including programs for special health care needs, behavioral health, and chronic conditions. We encourage providers to collaborate with us to refer eligible Members, Participants, and Enrollees and to reinforce engagement in available support services and programs.

You lead your practice's care; we provide support through data, coordination, and engagement. When we work together around shared goals and maintain clear communication, we can:

- Address care gaps.
- Enhance quality performance.
- Minimize unnecessary utilization.
- Improve the Members, Participants, and Enrollees experience.

Advancing population health through value-based collaboration

In addition to defining roles in coordinated care activities, we support providers through alternative payment model (APM) arrangements designed to align incentives with shared population health goals. These value-based strategies promote accountability for quality outcomes and care coordination, and facilitate overall Member, Participant, and Enrollee well-being by aligning performance expectations, data insights, and financial incentives. APM opportunities further strengthen collaboration and support measurable improvements in health outcomes throughout our communities.

For more information about available resources, care coordination support, or value-based partnership opportunities, please contact Provider Services at **1-800-521-6007**.

Help us improve Member, Participant, Enrollee and provider relationships by sharing your demographic data

At Keystone First, Keystone First CHC, and Keystone First – CHIP, we believe quality care starts with informed choice and culturally responsive connections between Members, Participants, Enrollees, and providers. Keystone First, Keystone First CHC, and Keystone First – CHIP collects, stores, and reports race, ethnicity, and language (REL) data from providers and their offices that may be made available to Members, Participants or Enrollees upon request.

By sharing your demographic information – including but not limited to race, ethnicity, and/or language spoken – you help empower our Members, Participants and Enrollees to make informed decisions about their care, improve health equity, and support stronger health outcomes for the communities we serve.

This data allows us to:

- Provide Members, Participants and Enrollees with meaningful, choice-based information when selecting a provider.
- Tailor resources and services to meet the cultural and linguistic needs of our diverse Member, Participant and Enrollee population.
- Monitor and address health disparities across our network.

What is race and ethnicity data?

Race is a classification of humans based on genetic characteristics, such as lineage which is when a group is connected by common descent. Although the National Human Genome Research Institute and other researchers confirm that race is a political and social construct,[1] the federal government uses six racial categories for collecting race:

- American Indian* or Alaska Native
- Asian
- Black/African American
- Pacific Islander/Native Hawaiian
- White
- Middle Eastern/North African

[1] "Race," National Human Genome Research Institute, January 14, 2025, https://web.archive.org/web/20250114154121/https://www.genome.gov/genetics-glossary/Race, accessed August 5, 2025.

*Please be aware that some people consider "American Indian" outdated. While it may be necessary to use when collecting data, when speaking to an individual, refer to them using the terms they use to identify themselves.[2]

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

Why is language data necessary?

The first step to strong patient-centered care is direct communication. Language is more than a communication tool: we express emotions, retain critical information, and make decisions in the language that is most preferred. Providing language data that is spoken by the provider, and their staff is the first step in strong communication between patients and providers.

***Spoken* language** refers to the language in which a Member, Participant or Enrollee prefers to speak about their health care.

***Written* language** refers to the language in which a Member, Participant or Enrollee prefers to read or write about their health care.

Several laws, like the 1964 Civil Rights Act, Title III of the Americans with Disabilities Act (ADA), and Section 1557 of the Affordable Care Act (ACA), require medical facilities, doctors, and other health care providers to implement a language access program. Independent of this, patient satisfaction, care adherence, and other positive benefits result when patients can access services in their preferred language.

How do we collect this information?

- Keystone First, Keystone First CHC, and Keystone First – CHIP requests its contracted provider network voluntarily share their REL data, as well as their office support staff's languages.
- Keystone First, Keystone First CHC, and Keystone First – CHIP requests and collects network provider REL data using the same Office of Management and Budget (OMB) categories it uses to collect Members, Participants and Enrollees REL.

[2] "Race-Related Coverage," *AP Stylebook,* Associated Press, https://www.apstylebook.com/ap_stylebook/race-related-coverage, accessed August 5, 2025.

How do we store and share this information?

REL data is housed in a database that is made available to Members, Participants, and Enrollees.

- Gender data is available through Keystone First, Keystone First CHC, and Keystone First – CHIP provider directories**.**
- Provider's language, staff's language, and additional language services are also available through the provider directory.
- Information on race and ethnicity is only made available to Members, Participants, and Enrollees upon request**.**

Demystifying common provider concerns

"My race and ethnicity have no impact on the care I give." Being grounded in cultural responsiveness is critical to building rapport, comfort, and trust with patients from various cultures.[3] REL data is one essential tool that health plans use to establish, enhance, and promote cultural competence.[4]

"My practice is equipped to support language services, so how does what language I or my staff speak matter?" When the health plan shares other languages spoken by the provider network, Members, Participants, and Enrollees have the autonomy to select a provider that matches their cultural and linguistic preferences.

Sharing your race, ethnicity, and language with Keystone First, Keystone First CHC, and Keystone First – CHIP may feel uncomfortable at first. However, this is an important piece of provider-patient shared decision-making. Racial or ethnic concordance has been shown to have a positive impact on health outcomes[5] and reduce health expenditures.[6]

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[3] Carrington Moore et al., "It's important to Work with People that Look Like Me": Black Patients' Preferences for Patient-Provider Race Concordance," *J Racial Ethn Health Disparities*, Vol. 10, No. 5, December 19, 2022, https://web.archive.org/web/20250114092031/https://pmc.ncbi.nlm.nih.gov/articles/PMC9640880/, accessed July 31, 2025.

[4] Megan Johnson Sen et al., "The Effects of Race and Racial Concordance on Patient-Physician Communication: A Systematic Review of the Literature," *J Racial Ethn Health Disparities,* Vol. 5, No 1, 2018, pp. 117 – 140.

[5] Do Black Patients Fare Better With Black Doctors?" American Association of Medical Colleges, June 6, 2023, https://web.archive.org/web/20250119013744/https://www.aamc.org/news/do-black-patients-fare-better-black-doctors, accessed January 19, 2025.

[6] Timothy T. Brown et al., "Shared Decision-Making & Racial or Ethnic Concordance Reduces Health Expenditures," National Institute for Health Care Management Foundation, August 2023, https://nihcm.org/assets/articles/FINAL_RI-PDF-Tim-Brown_2023-07-12-032727.pdf, accessed July 22, 2025.

Additional resources

Marcella Alsan et al., "Does Diversity Matter for Health? Experimental Evidence from Oakland," Working Paper 24787, National Bureau of Economic Research, June 2018.

Erin Dehon et al., "A Systematic Review of the Impact of Physician Implicit Racial Bias on Clinical Decision Making," *Academic Emergency Medicine: Official Journal of the Society for Academic Emergency Medicine,* Vol. 24, No. 8, August 2017, pp. 895 – 904.

Rachel Johnson et al., "Patient Race/Ethnicity and Quality of Patient–Physician Communication During Medical Visits," *American Journal of Public Health*, Vol. 94, No.12, December 2004, pp. 2084 – 2090.

Ivy Maina et al., "A Decade of Studying Implicit Racial/Ethnic Bias in Healthcare Providers Using the Implicit Association Test," *Social Science & Medicine,* Vol. 199, February 2018, pp. 219 – 229.

Salimah Meghani et al., "Patient–Provider Race-Concordance: Does It Matter in Improving Minority Patients' Health Outcomes?" *Ethnicity & Health* Vol. 14, No. 1, February 2009, pp.107 – 130.

Richard Street et al., "Understanding Concordance in Patient-Physician Relationships: Personal and Ethnic Dimensions of Shared Identity," *The Annals of Family Medicine,* Vol. 6, No. 3, May 1, 2008, pp. 198 – 205.