Keystone First
Community HealthChoices

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2021 Keystone First CHC Provider Manual Updates	Page
Important Plan Telephone Numbers: updated phone and fax numbers, as appropriate.	10-11
Definitions	
Added to and clarified definition of Complaint.	13
Replaced CIS with eCIS within Client Information System definition.	13
Added definition of Formal Provider Appeal.	22-23
Covered Benefits Replaced CHC Covered Physical Health Services, CHC LTSS Benefits, HCBS Services chart to mirror chart in the 2021 CHC Agreement.	28-30
Updated Participant copayment list.	32
Long-Term Services and Supports	
Updated re-credentialing time frame from every three years to every 36 months.	36
LTSS Provider Credentialing Rights: added notification options for providers.	37-38
Expanded instruction for providers relative to address changes.	39
Access to LTSS Care: added language regarding the responsibility of entities, agencies and facilities that provide LTSS to have policies in place for their paid LTSS providers to have access to supports that enable them to safely complete assigned tasks.	39-40
LTSS Covered Services: updated service descriptions to mirror 2021 CHC Agreements descriptions.	44-75
Referral and Authorization Requirements	
Prior Authorization Requirements: updated items 5, 12, 13, and 14; added Prior Authorization Lookup Tool information.	82-84
Durable Medical Equipment Covered Services: clarified DME prior auth requirements.	89
Medical Supplies: updates to medical supplies available through the Plan's medical benefit that are supplied through participating pharmacies and DME suppliers, including prior authorization language for Diapers/Pull-Up Diapers, Blood Glucose Monitor, Blood Pressure Monitors, Spacers and Peak Flow Meters.	103-104
Nursing Facility Covered Services: added 48 hour notification upon Participant's admission to Nursing Facility by the Nursing Facility to the Plan's Utilization Management Department.	104
Obstetrical/Gynecological Services	
Added information that ONAF forms can only be submitted through the Optum website, and Optum registration instructions	105
Updated the Bright Start Maternity department phone number.	106

Diabetic Testing Supplies: added language directing providers to the DHS PDL for current preferred products and quantity limits.	116
Participant Eligibility	
Replaced ID card examples with current examples of ID cards prior to and after July 1, 2021.	129-131
Provider Services	
NaviNet: updated additional functionality	146
Electronic Funds Transfer and Electronic Remittance Advices: replaced Change Healthcare with ECHO, and ECHO contact information.	148
Provider Network Management: clarified Provider Services responsibilities and Provider Network Management Account Executive responsibilities.	150-151
PCP and Specialists Office Standards & Requirements	
Responsibilities of All Providers: added medical records/charts responsibilities.	153-154
PCP Role and Requirements: added information from CHC Agreement that allows Participants who identify as Indian under 42 CFR to receive services from an Indian Tribe, Tribal Organization, or Urban Indian Organization PCP, as long as the PCP has capacity to provide services.	154-155
Payment in Full: added clarification to what is included in Medicaid covered services.	169
Medical Record Standards: added Plan evaluation of medical record standards and preventive health guidelines timeframes, and provider notification methods when changes to the standards. Added medical record passing score standards and review process for providers who do not meet passing score standards.	172-174
Claims	
Program Integrity: revised language for clarity around the Plan's Program Integrity department and processes.	181-182
Refunds for Claims Overpayments or Errors: added provider requirement to adhere to overpayment reporting within 60 days of identification and obligation to repay overpayments according to 42 U.S.C §1320a-7k (d) and Federal False Claims Act.	183
Definitions of Fraud, Waste, and Abuse: added examples of Recipient Fraud and Provider Fraud.	184-185
Federal False Claims Act: added Plan responsibilities to submit and certify claims data to the government, including claims submitted on our behalf from our subcontractors, and that we monitor subcontractor work to ensure compliance.	186-187
Claims denied for Missing Information: included instructions to submit corrected claims electronically.	191
Removed section addressing Emergency Department Payment Level Reconsideration.	192
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Credentialing /Recredentialing Requirements: added additional methods to document professional liability insurance during the application process.	223
Plan's Paper Application Process: added the Provider Trust as another source that may reviewed to ascertain provider sanctions.	225 -226
Facility Application: added timeframe language for Providers to correct erroneous information.	228-229

Criteria Availability: updated the list of clinical practice guidelines available on the KFCHC website.	235
Hours of Operation: removed Unified Interdisciplinary Teams (UNITS) information as it is no longer relevant.	236
Timeliness of UM Decisions: updated decision and notification timeframes for Concurrent Review.	237
Special Needs & Care Management	
Replaced Case Management and Case Manager with Care Management and Care Manager throughout Provider Manual.	240
Bright Start Maternity Program: updated contact phone number.	242
Outreach & Health Education Programs: added additional Community Outreach team responsibilities.	244
Added Pennsylvania Coalition Against Domestic Violence information and contact number.	244
Participant Rights & Responsibilities	
Added additional examples that Participants should notify the Plan and the state of changes that may affect their membership, health care needs, or benefits.	248
Regulatory Provisions	
Participant's Financial Responsibilities: added statement that Covered Services include products, office visits, urine drug screens, counseling referrals, etc., used to treat opioid dependence.	250
Compliance with the HIPAA Privacy Regulations: clarified how the Plan's Notice of Privacy Practices which describes how medical information is used and disclosed, as well as how it can be accessed, are provided to new and existing Plan Participants.	255
Cultural Competency: removed statement that Providers must post statements that language services are available in the top 15 non-English languages spoken in Pennsylvania.	259
Added information about cultural competency trainings and resources available on our website, including LGBTQIA resources.	260
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