

Keystone First

Community HealthChoices

Dental Provider Reference Guide

Provider website	www.keystonefirstdentists.com
Provider Services department	1-877-408-0878 (Monday – Friday, 8 a.m. – 6 p.m.)
Provider web portal	www.keystonefirstdentists.com or call 1-855-434-9239
Participant Services department	Keystone First Community HealthChoices 1-855-332-0729 TTY 1-855-235-4976
Participant eligibility	 Participating providers may access eligibility information by: Logging in to the provider web portal via www.keystonefirstdentists.com. Using the Interactive Voice Response (IVR) eligibility hotline at 1-877-408-0878 (24 hours a day, 7 days a week). Contacting the Participant Services department at Keystone First Community HealthChoices: 1-855-332-0729.
Participant copayment	There is no copayment for dental services.
Medical Assistance Transportation Program (MATP) Provides assistance to members in accessing non-ambulance transportation services	To access MATP services, Participants register for the service by calling the county service number listed at http://matp.pa.gov/. Participants will need to show their Pennsylvania ACCESS card when receiving the services.
Authorizations	Prior authorization decisions are made within two business days from the date the request is received, provided all information is complete. Prior authorizations will be honored for 180 calendar days from the date of determination. Authorization requests can be submitted via: Provider website at www.keystonefirstdentists.com. Electronic submission via clearinghouse. HIPAA-compliant 837D file. Paper (2012 ADA form) mailed to: Keystone First-CHC-Auths P.O. Box 2083 Milwaukee, WI 53201

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Claims	The timely filing requirement is 180 calendar days from the date of service. Non-network and emergency transportation providers have 180 days from the last date of service. Claims submissions can be received in the following formats: • Electronic claims via the provider website at www.keystonefirstdentists.com. • Electronic submission via clearinghouse. • HIPAA-compliant 837D file. • Paper (2012 ADA form) mailed to: KF-CHC Claims P.O. Box 2187 Milwaukee, WI 53201 Corrected claims should be mailed to: Keystone First Community HealthChoices Corrected Claims P.O. Box 541 Milwaukee, WI 53201
Provider complaints	To make an inquiry or complaint, contact the Provider Services department at Keystone First Community HealthChoices: 1-877-408-0878 Mail written complaints to: Complaints P.O. Box 1383 Milwaukee, WI 53201
Provider appeals	To request reconsideration of authorizations or claims, providers may call 1-877-408-0878 or write to: Appeals P.O. Box 1383 Milwaukee, WI 53201
Fraud and abuse reporting	To report member fraud or abuse, please call 1-866-833-9718 .