

Statistics on isolation¹

Addressing depression and anxiety during COVID-19 for patients and providers

The pandemic has increased mental health risks caused by job loss/risk of job loss; isolation and social distancing; juggling children and work; not having proper supplies; fear of getting sick; and managing expanded workloads. We even know that 54% of Americans fear they may lose their jobs due to the coronavirus outbreak and another 50% of workers say they are fearful of returning to work due to health concerns. Besides the risks, there are psychological effects of quarantine such as acute stress disorder, symptoms of post-traumatic stress disorder, depression, anger and confusion, irritability, insomnia, and suicidal ideation.^{2,3,4}

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Social connection risk continuum¹

High Social Connection is associated with protection.

Low Social Connection is associated with risk.

What does data look like after our COVID-19 quarantine protocols?

We have seen alarming increases:

- From February 16 to March 15, anti-anxiety prescriptions **increased** 34.1%.
- Antidepressants and anti-insomnia prescriptions increased 18.6% and 14.8%, respectively.
- The use of anti-anxiety and anti-insomnia medications had been **declining** over the past five years.
- Anti-anxiety use was down 12% and anti-insomnia use was down 11.3%.⁵

You and your staff are on the front line, and considering the challenges, it is OK to not be OK.

Starting the conversation

- Talk with someone you trust about how you are feeling.
- Understand that self-help and healthy coping strategies may not be enough.
- A longer delay in seeking the most appropriate treatment and support will lead to a more difficult recovery.
- Consider seeking appropriate professional help.
- Visit www.HowRightNow.org for tips on how to begin the conversation.

Strategies for employees and you⁶

- Lead by example to reduce stigma; speak candidly about mental health.
- Connect employees to wellness and health programs, trainings, and seminars like those listed above.
- Make mental health self-assessment tools and materials available.
- Create designated office quiet zones and de-stressing areas.
- Require employees to go offline during lunch breaks.
- Upgrade work-from-home setups.

Practice self-care⁷

- Take breaks from news stories and social media.
- Make time for deep breathing, stretching, meditation, or another activity you enjoy.
- Try to eat healthy, well-balanced meals.
- Exercise regularly and get plenty of sleep.
- Avoid excessive alcohol consumption.
- Talk with people you trust about how you are feeling.

How to help members/Participants:

To refer a member or Participant to behavioral health services by county, please see below. This information is also in our provider reference guides.

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County	Service provider	Phone number
Bucks	Magellan Behavioral Health	1-877-769-9784
Chester	Community Care Behavioral Health	1-866-622-4228
Delaware	Magellan Behavioral Health	1-888-207-2911
Montgomery	Magellan Behavioral Health	1-877-769-9782
Philadelphia	Community Behavioral	1-888-545-2600

Other resources for patients

www.HowRightNow.org: Created by the CDC Foundation. Provides resources that support mental health during the pandemic and offers ideas for ways to cope with COVID-19 related stress. Features an interactive tool to help users find resources that address their specific concerns and how to start the conversation about how they are feeling. Other resources on the site are fact sheets, articles, webinars, mobile apps, and crisis hotlines from a variety of reputable organizations such as the Centers for Disease Control and Prevention (CDC), the American Red Cross, the U.S. Department of Veterans Affairs, AARP, and the American Psychological Association.

As a reminder, we have online trainings on mental health available to you at **www.keystonefirstpa.com > Providers > Resources > Behavioral Health.**

¹Holt-Lunstad, J. "Spotlight on the Problem." National Institute for Health Care Management, October 15, 2018.
<https://nihcm.org/publications/the-health-impact-of-loneliness-emerging-evidence-and-interventions>

²Holt-Lunstad, J. (2018). The Potential Public Health Relevance of Social Isolation and Loneliness: Prevalence, Epidemiology, and Risk Factors. The Gerontological Society of America, 127-130.

³"COVID-19's Impact on Mental Health and Workplace Well-being," National Institute for Health Care Management Foundation, October 16, 2020.
<https://www.nihcm.org/categories/covid-19-s-impact-on-mental-health-and-workplace-well-being>.

⁴PsychU. May 4, 2020. The Negative Psychological Effects of Quarantining & How to Mitigate Them. Retrieved from www.psychu.org: <https://www.psychu.org/the-negative-psychological-effects-of-quarantining-and-how-to-mitigate-them/>.

⁵Express-Scripts. April 16, 2020. America's State of Mind Report. Retrieved from www.express-scripts.com: <https://www.express-scripts.com/corporate/americas-state-of-mind-report>.

⁶"COVID-19's Impact on Mental Health and Workplace Well-being," National Institute for Health Care Management Foundation, October 16, 2020.
<https://www.nihcm.org/categories/covid-19-s-impact-on-mental-health-and-workplace-well-being>.

⁷CDC. April 30, 2020. Coronavirus Disease 2019 Stress and Coping. Retrieved from www.CDC.gov: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>.



Reminder: Take the Annual Medical Provider Satisfaction Survey

Your opinion counts! Take the survey today!

We count on your feedback to let us know how we are doing and how we can improve.

What's involved?

- The survey takes about 5 to 7 minutes to complete.

Who should take the survey?

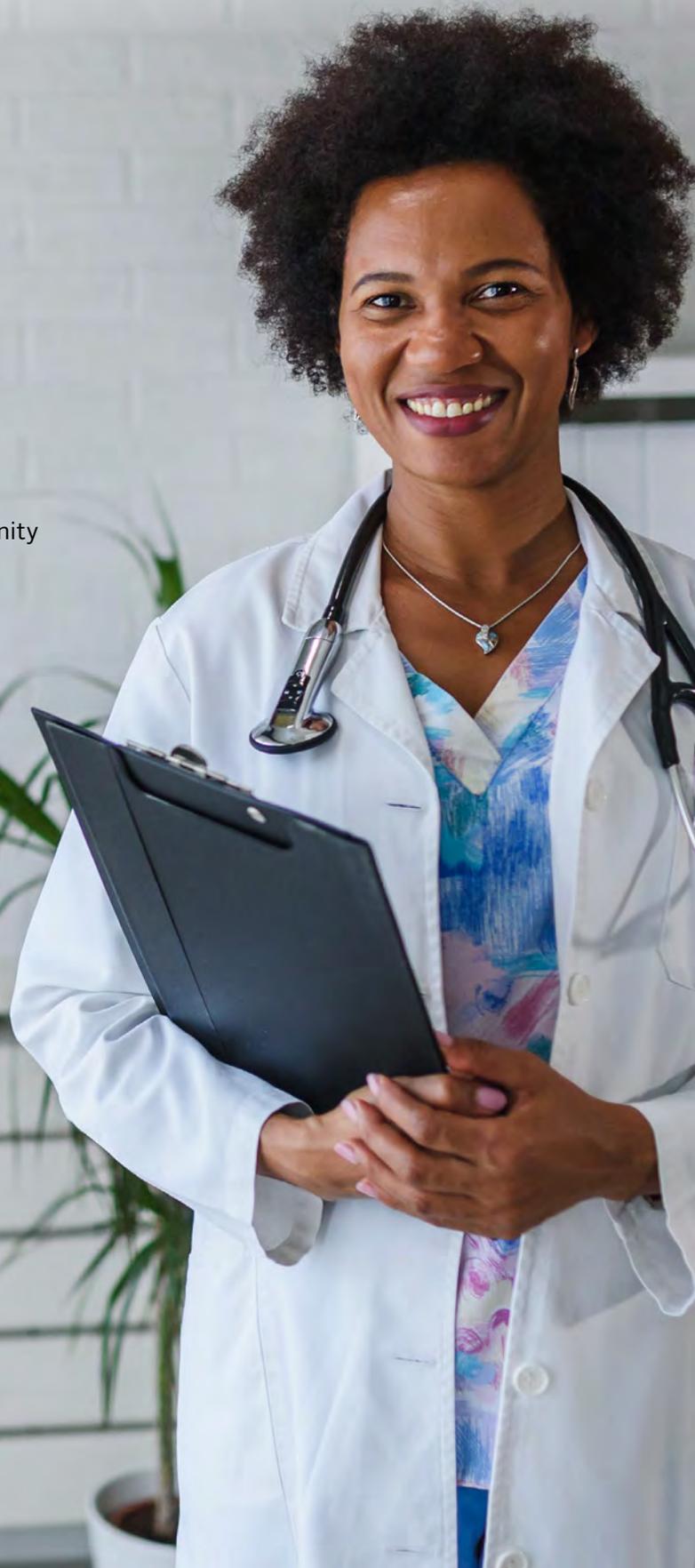
- One* person from your practice or facility, such as:
 - Provider.
 - Office manager.
 - Staff member who works closely with Keystone First and/or Keystone First Community HealthChoices (CHC).

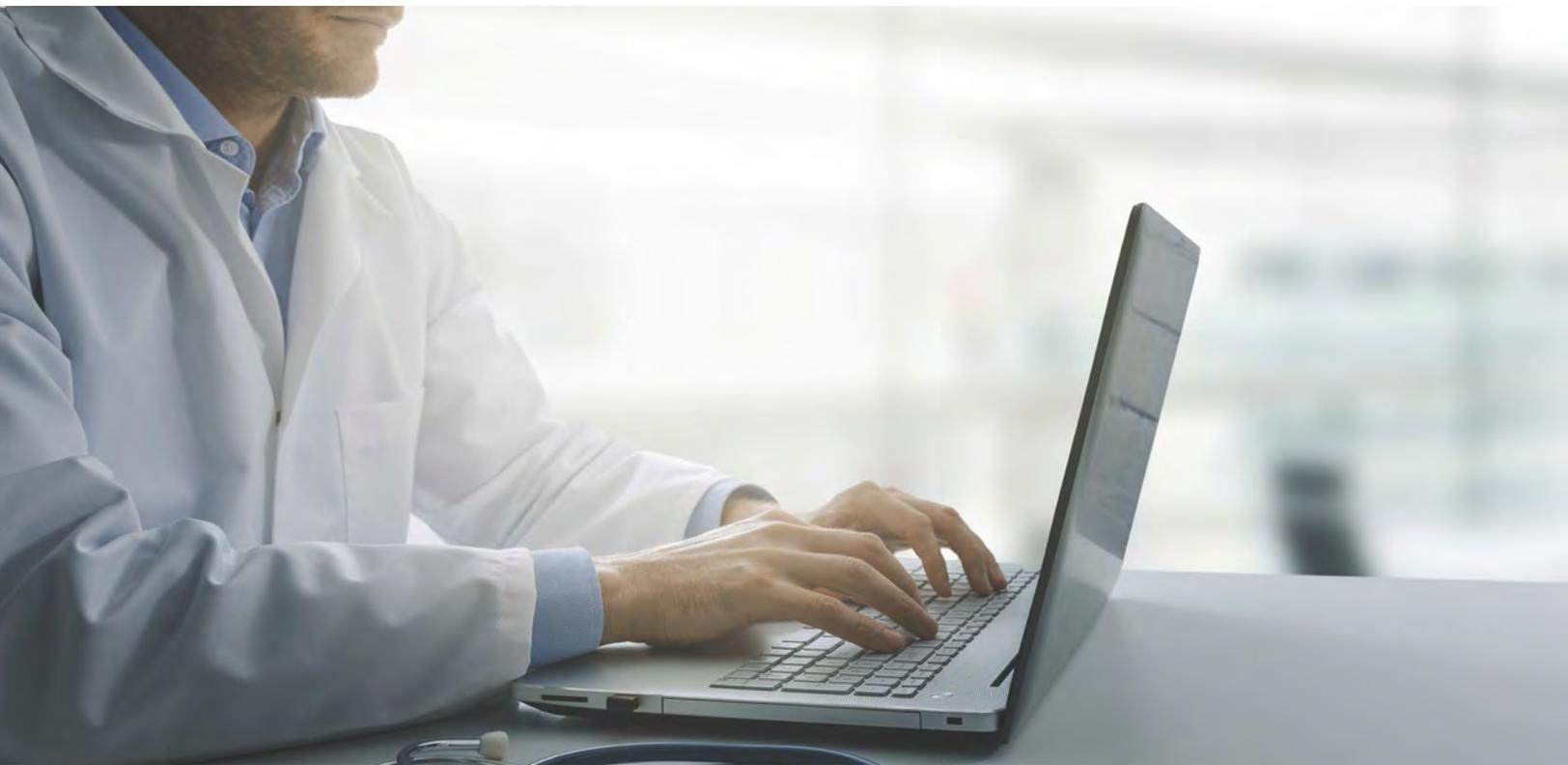
***Please note:** Only **one** survey submission per location.

Please take the survey today and be entered to win a \$25 VISA gift card. Use the following link to get started:

<https://www.surveymonkey.com/r/2PG9CN9>

Thank you in advance for taking the time to share your opinion. As always we appreciate your participation in our network and the care you provide to our members and Participants.





Prior authorization lookup tool

This tool provides general information for medical outpatient services performed by a participating provider.

The following services always require prior authorization:

- Elective inpatient services.
- Urgent inpatient services.
- Services from a nonparticipating provider.

The results of this tool are not a guarantee of coverage or authorization. All results are subject to change in accordance with plan policies and procedures and the Provider Manual.

If you have questions about this tool or a service, or to request a prior authorization, call **1-800-521-6622**.

Find out if a service needs prior authorization. Type a Current Procedural Terminology (CPT) code or a Healthcare Common Procedure Coding System (HCPCS) code in the tool.

Instructions

1. Enter a CPT/HCPCS code in the tool found at **www.keystonefirstpa.com > Providers > Resources > Prior Authorization** or **www.keystonefirstchc.com > Providers > Resources > Prior Authorization**.
2. Click **Submit**.
3. The tool will tell you if that service needs prior authorization.

Electronic funds transfer (EFT) and electronic remittance advice (ERA) reminders

Change Healthcare and ECHO Health Inc. now offer additional electronic payment methods, including Virtual Credit Card (VCC) services and MedPay.

EFT simplifies the payment process for providers by:

- Providing fast, easy, and secure payments.
- Reducing paper.
- Eliminating checks lost in the mail.
- Not requiring you to change your preferred banking partner.

If you previously enrolled in EFT through Change Healthcare, you have been automatically enrolled with ECHO Health.

If you are not enrolled for EFT, by default, you will receive payment via VCC.

ERA (also referred to as an 835 file) can also be accessed through Change Healthcare and ECHO Health.

- View your remittances online in the ECHO Health provider payments portal, which features enhanced search capabilities.
- **Important:** To receive ERAs from Change Healthcare and ECHO, you will need to include both the appropriate payer ID (Keystone First payer ID **23284**/Keystone First CHC payer ID **42344**) and the ECHO payer ID **58379**.

For EFT or ERA enrollment support, please contact ECHO Health at **1-888-834-3511**.

For complete EFT and ERA information, including the enrollment guide, quick reference guide, and FAQ, visit our websites:

www.keystonefirstpa.com > Providers > Claims and billing > Electronic claims submission, payment, and remittance advice services

www.keystonefirstchc.com > Providers > Claims and billing > Electronic claims submission, payment, and remittance advice services

Note: Home- and community-based services (HCBS) providers that use HHAeXchange for billing and wish to receive ERAs in the HHAeXchange portal, please contact the HHAeXchange support team at **1-800-845-6592** to sign up.



Summary of Privacy Practices

Keystone First and Keystone First CHC are committed to protecting the privacy of our members' and Participants' health information, and to complying with applicable federal and state laws that protect the privacy and security of a member's/Participant's health information. Consistent with this commitment, we have established basic requirements for the use or disclosure of member and Participant protected health information (PHI). For a complete and detailed description of our routine uses and disclosures of PHI, as well as the organization's internal protection of oral, written, and electronic PHI, please visit www.keystonefirstpa.com > **Providers > Resources > Communications > HIPAA** and www.keystonefirstchc.com > **Participants > Participant rights, responsibilities, and privacy**.

Fraud, waste, and abuse

If you or any entity with which you contract to provide health care services on behalf of Keystone First and Keystone First CHC become concerned about or identify 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
Community HealthChoices
200 Stevens Drive
Philadelphia, PA 19113

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>.

Keystone First and Keystone First CHC are committed to detecting and preventing acts of fraud, waste, and abuse and have launched 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 > **Providers > Training > Fraud, Waste, Abuse and Mandatory Screening Information**.

Topics on the sites 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 long-term services and supports (LTSS) providers, go to www.surveymonkey.com/r/577CX62.

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 > **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**.

Considerations for implementing health equity strategies in telemedicine services

This article highlights some of the health equity challenges vulnerable groups face and provides strategies on how to address barriers for these populations.

The American Academy of Family Physicians (AAFP) Foundation defines telemedicine as “the practice of medicine using technology to deliver care at a distance. A physician in one location uses telecommunication infrastructure to deliver care to a patient at a distance.”¹ In response to COVID-19, health care organizations and providers are conducting a large number of health care visits virtually. A recent report published by the CDC shows a 154% increase in telemedicine visits during the emergence of the COVID-19 pandemic.² Efforts to increase and sustain telemedicine utilization have also been supported by regulatory agencies and insurance companies reworking and allowing for flexibility in the reimbursement for telemedicine services. Therefore, telemedicine is being integrated as part of the health care patients receive.

Telemedicine and health equity

Current research shows that the shift in telemedicine services does have a number of benefits. These include comfort of the patient to access health services from their home; no wait time for patients; easier access to medication to allow for more accurate reporting of medication management; and a greater ability for other care providers to participate, e.g., social worker, interpreter, etc.

However, increased use of telemedicine services also increases challenges for communities of color and low-resourced populations. For example, differential access to internet and broadband quality; limited access to devices such as smartphones, tablets, or computers; and lack of familiarity with technology are ongoing challenges that many patients face. Additionally, virtual visits are only effective for non-acute visits and do not allow for a thorough physical examination. Lastly, patients who live in smaller housing have challenges with privacy and confidentiality. These barriers to telemedicine disproportionately affect already vulnerable groups including Black/ African American and Latino individuals, the elderly, rural populations, and individuals with limited English proficiency.

Telemedicine has the potential to address and improve health care access barriers including unreliable transportation, inability to get time off work, lack of culturally appropriate care including language barriers, and lack of child care or elder care. However, based on current challenges that vulnerable groups are facing with telemedicine services, there is potential to create, reinforce, and/or widen disparities further.

Strategies to improve telemedicine services

The CDC has compiled the following actionable solutions for health care systems to improve telemedicine services that address health inequities³:

1. Analyze telehealth utilization data to identify potential access to care gaps.
2. Prepare for the telemedicine visit prior to the visit, including:
 - a. Assessing and putting in place needed resources relating to the patient's medical, technological, and cultural needs.
 - b. Having a system in place that flags additional support before visits, such as a need for a language or sign language interpreter, and having that support already scheduled before the visit.
 - c. Ensuring patient and provider settings for the telemedicine visit are appropriate and confidential.

The current pandemic brought telemedicine rapidly into mainstream care. However, many patients, especially vulnerable groups, still need support to be equipped to fully benefit from telemedicine access and convenience. To seamlessly integrate telemedicine into regular care, providers need to consider systematic approaches to providing telemedicine, including equitable digital and technological access, and ensure services are addressing health literacy and engagement challenges.

¹AAFP. "What's the Difference between Telemedicine and Telehealth?" AAFP. 2020, www.aafp.org/news/media-center/kits/telemedicine-and-telehealth.html.

²Koonin LM, Hoots B, Tsang CA, et al. Trends in the Use of Telehealth During the Emergence of the COVID-19 Pandemic — United States, January–March 2020. *MMWR Morb Mortal Wkly Rep* 2020; 69:1595–1599.

³Liburd, L., et al. "Telehealth & Health Equity: Considerations for Addressing Health Disparities during the COVID-19 Pandemic." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 27 July 2020, emergency.cdc.gov/coca/calls/2020/callinfo_091520.asp.



HEDIS® measure: Controlling High Blood Pressure (CBP)

Controlling high blood pressure is an important step in preventing heart attacks, stroke, and kidney disease, and in reducing the risk of developing other serious conditions. Health care providers and plans can help individuals manage their blood pressure (BP) by prescribing medications and encouraging low-sodium diets, increased physical activity, and smoking cessation.¹

HEDIS measure definition

Patients ages 18–85 who had a diagnosis of hypertension reported on an outpatient claim, and whose blood pressure was adequately controlled (<140/90 mm Hg) as of December 31 of the measurement year.

What has changed

Due to updates to the National Committee for Quality Assurance (NCQA) guidelines, members now have the ability to take and report their own blood pressure readings to their physician's office. Primary care practitioners (PCPs) also now have the ability to write a script for the member to obtain the BP cuff through the member's pharmacy benefits.

Please use the following codes when reporting test results and collections. For each reporting of these CPT II codes with a qualifying diagnosis (submitted in box 24E), we will make a \$10 administrative payment when the claim is processed. **Note:** The date to be reported for CPT II codes is the **date the service was performed**, not the date the results were reviewed with the member, which also applies to member self-reported results.

Category II CPT codes for reporting high blood pressure			
Code	Description	Incentive	Requirements (either or both)
3074F	Systolic blood pressure <130 mm Hg	\$10	Diabetes diagnosis code payable once every 90 days
3075F	Systolic blood pressure 130–139 mm Hg	\$10	
3077F	Systolic blood pressure ≥140 mm Hg	\$10	Hypertensive diagnosis code payable once every 90 days
3078F	Diastolic blood pressure <80 mm Hg	\$10	
3079F	Diastolic blood pressure 80–89 mm Hg	\$10	
3080F	Diastolic blood pressure ≥90 mm Hg	\$10	

¹American Medical Association, Current Procedural Terminology (CPT) codes 2018, Category II codes.



HEDIS data collection and reporting

As we look forward to our next cycle of HEDIS data collection and reporting, we wanted to first thank you for your continued participation in this important quality initiative. We are also taking this opportunity to highlight some of the lessons we have learned through this process, and to remind you of your key role in helping us measure and report on the quality of care delivered to our members/Participants — your patients.

- Every provider in our network is required by contract to cooperate with and participate in our Quality Management (QM) program and Quality Assessment and Performance Improvement (QAPI) program. We rely on your cooperation and participation to meet our own state and federal obligations as a Medicaid managed care organization (MCO).
- Our access to the medical records maintained by our providers is a critical component of our data collection as we seek to ensure appropriate and continued access to care for our members. Our Plans or our designees must receive medical records from you in a timely manner for purposes of HEDIS data collection, NCQA accreditation, medical records documentation audits, and other quality-related activities that our QAPI program comprises. We will reach out from time to time to request records for these purposes; it is essential that you provide requested records within the time frames set forth in those notices.

Our clinical reviewers fully investigate potential quality of care (QOC) concerns, in accordance with our policy. Providers are expected to comply with QOC review processes, beginning with the timely submission of records in response to requests from us. Your support of and participation in this critical review process helps to ensure the provision of high-quality care and service to our members/Participants.

The Pennsylvania Department of Human Services (DHS) will implement changes to the statewide preferred drug list (PDL) on January 5, 2021*

As a reminder, DHS required all Medical Assistance managed care organizations (MCOs) in the physical health HealthChoices and Community HealthChoices plans to move to the mandated statewide PDL in 2020 and to adhere to any subsequent statewide PDL updates. As such:

- Keystone First and Keystone First CHC will continue to adhere to all updates to the preferred and nonpreferred status and list of drugs included in the statewide PDL.
 - **Please see below for a list of drugs that will be changing formulary status for Keystone First and Keystone First CHC effective January 5, 2021.**
- Keystone First and Keystone First CHC will continue to use the prior authorization guidelines as required by DHS for drugs included in the statewide PDL.

*** Important note: Until January 5, 2021, the current version of the statewide PDL is still in effect.**

Reminders

- Keystone First and Keystone First CHC will maintain a list of preferred and nonpreferred drugs in classes that are not included in the statewide PDL. This is called the Supplemental Formulary.
- Medication classes that are not included in the statewide PDL are reviewed and approved by the Keystone First and Keystone First CHC Pharmacy and Therapeutics Committee.
- The process for obtaining prior authorization process remains the same. For more information about prior authorization, go to www.keystonefirstpa.com > Pharmacy or www.keystonefirstchc.com > Providers > Pharmacy Services.

Prior authorization request by:	Keystone First	Keystone First CHC
Phone	1-800-588-6767	1-866-907-7088
Fax	1-215-937-5018	1-855-851-4058
Online	www.keystonefirstpa.com	www.keystonefirstchc.com

Where can I see the changes?

The current PDL and 2021 PDL are available on DHS’ Pharmacy website and at <https://papdl.com/>. Additional resources including our supplemental formularies are available on the Formulary page at www.keystonefirstpa.com > Pharmacy or www.keystonefirstchc.com > Providers > Pharmacy Services.

If you have any questions regarding this change, please contact Keystone First Pharmacy Services at **1-800-588-6767** or Keystone First CHC Pharmacy Services at **1-866-907-7088**.



Statewide PDL drugs changing from preferred to nonpreferred effective January 5, 2021*

Drug	Preferred alternative options*
Acne agents	
Azelex cream	Clindamycin-benzoyl peroxide 1.2%–5% gel (generic Duac, Neuac), adapalene-benzoyl peroxide 0.1%–2.5% gel pump (generic EpiDuo), Retin-A (brand) gel
Clindamycin-benzoyl peroxide 1%–5% gel, Differin 0.1% lotion	Adapalene-benzoyl peroxide 0.1%-2.5% gel pump (generic EpiDuo), Differin (brand) 0.1% gel, Retin-A (brand) gel
Claravis, Isotretinoin (generic) capsule	Amnesteem, Myorisan, Zenatane
Sulfacetamide sodium-sulfur 10%–5% cleanser	Sulfacetamide sodium-sulfur 8%–4% suspension or 9%–4.5% wash, adapalene-benzoyl peroxide 0.1%–2.5% gel pump (generic EpiDuo)
Other topical agents	
Calcitriol ointment, Vectical ointment	Calcipotriene cream, ointment, solution
Sklice	Natroba, Permethrin 5% cream, Piperonyl Butoxide/Pyrethrins/Permethrin Kit (OTC) (Lice Solutions Kit)
Synera patch	Lidocaine cream, ointment, solution
Hematologic agents	
Aranesp, Mircera	Retacrit, Epogen
Udenyca	Fulphila
Other injectable and biologic agents	
Byetta, Bydureon	Ozempic, Trulicity, Victoza
Cosentyx	Enbrel, Humira, Taltz
Gel-one syringe, Hymovis syringe	Sodium hyaluronate (generic), Euflexxa, Hyalgan
Ophthalmic agents	
Acuvail	Ketorolac drops, Ilevro, Nevanac
Lotemax drops	Ketorolac drops, Lotemax ointment, prednisolone
Moxeza	Ciprofloxacin, Gentak, ofloxacin
Other agents	
Clorazepate dipotassium tablet	Chlordiazepoxide, diazepam, lorazepam
Diclegis	Bonjesta
Gengraf capsule, Sandimmune capsule	Cyclosporine capsule, cyclosporine (modified) softgel or solution
Didanosine DR capsule, Stavudine	Abacavir, lamivudine, zidovudine
Hemocytel Plus capsule	Virt-Gard
Hemocytel-F tablet	Ferrex 150 Forte, Folivane-F, Iferex
Hydrocodone-ibuprofen tablet	Hydrocodone-acetaminophen tablet, oxycodone-acetaminophen tablet
Savella	Duloxetine, gabapentin, pregabalin
Tirosint	Levothyroxine (generic), Levoxyl

*Not an all-inclusive list, and some drugs may be subject to additional limits and/or specifications.

For a complete list of preferred and nonpreferred drugs to be included in the 2021 statewide PDL, as well as any limits associated with these drugs, please visit <https://papdl.com>.

Did you know you can close your member care gaps and meet the NCQA’s HEDIS guidelines by using telehealth?

Telehealth visits can capture the following HEDIS measures when you apply the appropriate modifiers or place of service codes: Controlling High Blood Pressure (CBP), Comprehensive Diabetes Care (CDC), Care for Older Adults (COA), Prenatal and Postpartum Care (PPC), Weight Assessment Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Child and Adolescent Well-Care Visits (WCV), Well-Child Visits in the First 30 Months of Life (W30), and Transitions of Care (TRC).

Telephone visits can help close HEDIS gaps for CBP, CDC, and TRC.

Member-reported height, weight, and blood pressure readings are now acceptable for many HEDIS measures if the information is collected by a PCP or specialist, or if the specialist is providing a primary care service related to the condition being assessed, while taking a patient’s history. **The information must be recorded, dated, and maintained in the member’s legal health record.**

Type of service	Place of service	CPT modifier	Description	CPT codes
Telehealth	02	GT 95	Via interactive audio and video telecommunication systems. Synchronous, telemedicine service rendering via a real-time interactive audio and video telecommunication system.	Appropriate E/M codes
Telephone Visit, Non-Physician			Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment.	98966: 5–10 minutes of medical discussion
				98967: 11–20 minutes of medical discussion
				98968: 21–30 minutes of medical discussion
Telephone Visit, Physician			Telephone evaluation and management (E/M) services by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.	99441: 5–10 minutes of medical discussion
				99442: 11–20 minutes of medical discussion
				99443: 21–30 minutes of medical discussion

Source: National Committee for Quality Assurance –M. HEDIS® MY 2020 Volume 2, Value Set Directory, 2020.

If you have any questions, please contact your Provider Network Management Account Executive.

Formulary updates

Additions	Update
Seasonal flu vaccines (2020/2021)	August 24, 2020
Diaphragms (quantity limit per 34 days)	June 1, 2020
Nonoxynol-9 4% gel (quantity limit 3 boxes [8 grams] per month)	June 1, 2020
Nonoxynol-9 3% jelly (quantity limit 2 tubes [162 grams] per month)	June 1, 2020
Phos-NaK Oral Packet 280-160-250 mg	May 20, 2020
Phospha 250 Neutral Oral Tablet 155-852-130 mg	May 20, 2020
K-Phos Oral Tablet 500 mg	May 20, 2020
K-Phos-Neutral Oral Tablet 155-852-130 mg	May 20, 2020
Virt-Phos 250 Neutral Oral Tablet 155-852-130 mg	May 20, 2020
Ceftriaxone injection vials	May 11, 2020
Fexofenadine HCl Oral suspension 30 mg/5 mL	May 11, 2020
Fexofenadine HCl Children's Oral suspension 30 mg/5 mL	May 11, 2020
CVS Allergy Relief Children's Oral Suspension 30 mg/5 mL	May 11, 2020
Wal-Fex Children's Oral Suspension 30 mg/5 mL	May 11, 2020
EQL Allergy Children's Oral Suspension 30 mg/5 mL	May 11, 2020
Aller-Ease Children's Oral Suspension 30 mg/5 mL	May 11, 2020

Note: No removals.

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 Prior Authorization Request Form or

www.keystonefirstchc.com > Providers > Pharmacy Services > Pharmacy Prior Authorization > Online Prior Authorization Request Form.

Please note the following are available on our websites:

- A list of pharmaceuticals, including restrictions and preferences.
- How to use the pharmaceutical management procedures.
- 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 Committee.

Reminder: Silver diamine fluoride

The U.S. Food and Drug Administration (FDA) approved the application of silver diamine fluoride (SDF) in 2014 as a clinical treatment to help reduce sensitivity. Commonly referred to as SDF, silver diamine fluoride can be used “off label” in dental offices to help control the active progression of dental caries. Currently, dentists, dental hygienists, and Expanded Functions Dental Assistants are permitted to apply SDF.



SDF is a liquid medication that is applied topically to the teeth with a small brush or a special type of floss. The silver fluoride formula is 38% silver fluoride salt which is made water-soluble by the addition of small amounts of ammonia. The result is a formula that dentists can painlessly paint onto teeth in a matter of seconds.

In 2018, Keystone First included SDF as a benefit for its members ages 0 to 20 including those with special needs. It serves as an alternative to more invasive procedures and can help delay drilling to fill a cavity or sedation until a child is older. The benefit now includes Keystone First members of all ages as well as Keystone First CHC Participants.

Older adults face multifactorial challenges, which put them at a higher risk for untreated dental caries and other oral manifestations. Changes in salivary flow due to age and medications, poor diet, and exposure of root surfaces in areas of recession place older adults at a greater risk for developing caries than younger patients. The incidence of root caries increases with an increase in medical conditions and age.

SDF can provide a safe and effective treatment option for use in community-living facilities and for medically compromised patients. Application is simple and requires no special equipment or infrastructure support. For patients in ambulatory or palliative care, SDF can prevent the progression of carious lesions without the added stress that often occurs when transporting these patients to a dental facility for treatment. Patients with advanced dementia or mental illnesses do not fully understand dental and medical procedures, making it difficult to treat them safely. In these cases, SDF can be an alternative treatment option.

Dental and medical providers should understand that even though SDF can be used to successfully arrest a carious lesion, it is not a final restoration. Composite resin or glass ionomer materials may be placed on a lesion to fill the cavitation, with glass ionomer as the material of choice for root surface lesions in older adults.

Adverse effects of SDF are rare and mostly limited to the dark brown or black staining that occurs when SDF contacts a carious lesion. SDF will not stain healthy tooth structures. Contraindications include patients with allergies to heavy metals (specifically silver or fluoride allergies), ulcerative gingivitis, or stomatitis; those undergoing thyroid gland therapy; and those with teeth that show signs and symptoms of irreversible pulpitis.

2020 Dental Provider Supplement now online!

Go to www.keystonefirstpa.com > Providers > Resources > Programs > Dental > Dental Provider Supplement.

Electronic Visit Verification (EVV) implementation reminder for HCBS providers

We want to remind our home- and community-based services (HCBS) providers who deliver personal assistance services (PAS) and respite services of the required EVV implementation date and requirements outlined in the Office of Long-Term Living and Developmental Programs bulletin 07-20-04, 54-20-04, 59-20-04, 00-20-03, released by DHS on September 10, 2020. As directed by DHS, Keystone First CHC will comply with all federal and state EVV requirements around EVV implementation.

Beginning **January 1, 2021**, claim lines billed with codes **W1793** (PAS) and **T1005** (respite) for dates of service on or after January 1, 2021, without matching EVV transaction information will be denied. Providers with questions about EVV can find more information on the DHS website at <https://www.dhs.pa.gov/providers/Billing-Info/Pages/EVV.aspx>.

October provider education presentation on our website

Keystone First CHC hosted annual provider education webinars for HCBS providers in October and December. A big thank you to the more than 300 HCBS providers who attended these productive and informative virtual refreshers on topics that included:

- Service Coordination updates, including missed visit reporting process and Service Coordination communication enhancements.
- Claims and billing reminders, including electronic funds transfer (EFT) and electronic remittance advices (ERA) updates.
- Quality updates, including critical incident reporting, cultural competency information, and training resources.
- Fraud, waste, and abuse reminders.

If you missed the webinars, the presentation is available on our website at www.keystonefirstchc.com > **Providers > Training > Home- and community-based services (HCBS) provider webinar presentation – October 2020.**



New! Lesbian, gay, bisexual, transgender, and queer (LGBTQ) resources and training

For individuals in the LGBTQ community, encountering discrimination and societal stigma increases the risk of poor physical and mental health outcomes. We are pleased to offer numerous resources and trainings specific to the health care needs of the sexual orientation and gender identity (SOGI) minority population.

The following SOGI courses are offered through the National LGBTQIA+ Health Education Center, a program of the Fenway Institute, for no-cost continuing medical education (CME) credits. The course topics include:

- General SOGI health care education.
- Elder and aging SOGI health education.
- Transgender, nonbinary, and gender-affirming health education.
- SOGI health care education for racial and ethnic minorities.

To access LGBTQ resources and trainings, please visit

<http://keystonefirstchc.com/providers/training/lgbtq-cultural-competence.aspx>.



Reporting a critical incident

A critical incident is an occurrence of an event that jeopardizes a Participant's health or welfare. Reportable critical incidents category definitions are available at **55 Pa. Code § 52.3 Definitions**.

Did you know?

- Deaths from natural causes do not need to be reported.
- Once the Participant is discharged from the hospital, and the risk has been mitigated ensuring the Participant's health and safety, the critical incident can be closed in the Enterprise Incident Management (EIM) system.
- Adult Protective Services (APS)/Older Adult Protective Services (OAPS) determination of Substantiated, Unsubstantiated, or Inconclusive must be obtained to close a critical incident associated with a protective services investigation.
- Protective Services may be contacted via their hotline number at **1-800-490-8505**.

EIM system user identification: Quick tips

No matter which CHC-MCO the Participant is enrolled in, providers use the same EIM user ID for all CHC Participants.

Providers must ensure they have checked the "Search for CHC Participants" check box in order to view or create critical incidents on CHC Participants.

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 the time and date of the incident and/or discovery of the incident. (Ensure that the date of discovery is not before the date of occurrence.) Please include the following:

- Reporter information.
- Participant demographics.
- Event details and type.
- Description of the incident.
- Actions taken to immediately secure the Participant's health and welfare. Prior to entering a critical incident report in the EIM system, please search EIM to determine that a report has not already been initiated.

Please note:

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

We need you

We invite you to join our Participant Advisory Committee (PAC). The committee meets quarterly and attendees include Keystone First CHC Participants, providers, and health plan staff.

The PAC solicits Participant feedback and opinions regarding issues related to access and the quality of care and services we provide, as well as potential programs, activities, and educational materials.

We value your input. We would like you to be part of our PAC. Your recommendations may be used to improve quality management activities and policy and operations changes.

If you would like to join, please call Maritza Padua at **1-484-496-7623** or email her at **mpadua@keystonefirstchc.com**.

Recent provider notices

Stay up to date with our recent provider notices. Check our notice page often to keep up with changes that may affect you by visiting **www.keystonefirstchc.com > Providers > Resources > Fast Facts**.

Do you know your Account Executive?

Your Account Executive is your liaison with Keystone First CHC. They are responsible for orientation, continuing education, and problem resolution for our network providers. To access our list of provider Account Executives, please visit **www.keystonefirstchc.com > Providers > Quick contact information**.

Call your Account Executive:

- To arrange for orientation or in-service meetings.
- For service calls.
- To respond to any questions or concerns.
- To report any change in your status, such as a phone number, address, Taxpayer Identification Number, or additions/deletions of physicians at your practice.

Available programs and resources

Keystone First CHC has multiple programs and resources available for providers caring for our Participants who may require complex case management services, such as:

- Disease management and education.
- Discharge planner referral.
- Participant or caregiver referral.
- Practitioner referral.

Covered benefits

All Participants are entitled to the medical benefits provided under the Pennsylvania Community HealthChoices program. Additionally, Participants who qualify through DHS are eligible to received long-term services and support (LTSS) benefits under the same program. Benefit limits and copayments may apply.

The most current version of the Participant Copayment Schedule is available online at **https://www.keystonefirstchc.com/pdf/participants/copays.pdf**.

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

2020 Claims Filing Instructions now available online!

Keystone First is pleased to announce the availability of the 2020 Claims Filing Instructions. Some important updates:

- Added guidance on correct EDI submission when primary payer is Medicare or another commercial payer.
- Updated Change Healthcare Provider Support phone number to **1-877-363-3666**.
- Added new section on Electronic Claims submission outlining Electronic Claims Payment options, enrollment processes, and links to user guides and frequently asked questions.
- Added new section on Clinical Laboratory Improvement Amendments (CLIA) requirements.
- Updated EPSDT appropriate diagnosis codes.

Visit **www.keystonefirstpa.com** > **Providers** > **Billing Information** to access the instructions.

If you have questions, please contact your provider Account Executive or the Provider Services department at **1-800-521-6007**.

Keystone First offers the following programs and resources to providers caring for our members who may require complex case management services:

- Integrated Health Care Management (complex case management).
- Let Us Know program.
- Special Needs Unit.
- Bright Start® program for pregnant members.

For more information and contacts regarding these programs, please visit **www.keystonefirstpa.com** > **Providers** > **Resources**.



Primary care reminders

Vaccines for Children program: annual reminder for PCPs

All pediatric providers are required to participate in the VFC program in order to provide vaccines/immunizations to our members. Our expectation is that these services will be provided in the physician's office for our pediatric members. These members should not be directed to hospitals and/or health centers for these services.

Vaccines for adults

For your adult patients, it is just as important to ensure vaccines and immunizations are provided in the primary care office as well to ensure that our members are receiving these services as needed.

Please note the only exception to this is for flu vaccines during flu season. In accordance with DHS guidelines, Keystone First members age 3 and older can go to their local pharmacy to receive flu vaccinations.

Medical record documentation

Complete and consistent documentation in patient medical records is an essential component of quality patient care. Keystone First adheres to medical record requirements that are consistent with national standards on documentation and applicable laws and regulations. We perform an annual medical record review on a random selection of practitioners. The medical records are audited using these standards.

A list of our Medical Record Standards is available at

www.keystonefirstpa.com > Providers > Resources > Clinical Resources > Medical Record Standards.

Covered services

Our members are entitled to all of the benefits provided under the Pennsylvania Medical Assistance program. Depending on the member's category of aid and age, benefit limits and copayments may apply. The most current version of the Member Copayment schedule is available at **www.keystonefirstpa.com/pdf/member/eng/benefits/copay-schedule.pdf**.

For more information about benefits and services, go to Section 1 of the Provider Manual at

www.keystonefirstpa.com > Providers > Provider manual and forms. When in doubt about whether Keystone First will pay for health care services, please contact the Provider Services department at **1-800-521-6007**.



Provide critical blood lead level screenings in your office today!

Did you know?

- All Medicaid members are required to be tested for lead levels.
- All Medicaid-eligible children are considered at risk for lead toxicity and must receive blood lead level screening tests for lead poisoning starting at 9 months old, as well as other ages based on history and risk assessment.
- PCPs are required (regardless of responses to the lead screening questions) to ensure that children be screened for lead toxicity from 9 months to 18 months old and again from 2 years to 6 years old. Risk questions should be asked at every visit thereafter.
- Keystone First members with a venous lead draw showing an elevated blood level of ≥ 5 $\mu\text{g}/\text{dL}$ are eligible for an environmental lead investigation (ELI).

To help you comply with these standards, we will reimburse you for blood level screening services if they are performed in your office using the MEDTOX process.

MEDTOX Laboratories provides PCPs with supplies to conduct convenient in-office blood level screenings, via finger sticks, as well the mailing supplies to return the samples back to MEDTOX for testing and processing. PCPs that use this process are reimbursed a \$10 fee after submitting a claim with the CPT code 83655.

Visit our website at www.keystonefirstpa.com > **Providers** > **Resources** > **Lead Level** for the complete process and appropriate forms.

Environmental lead investigation

As stated above, Keystone First members with a venous lead draw showing an elevated blood level of ≥ 5 $\mu\text{g}/\text{dL}$ are eligible for an ELI. Note: This service is only covered when the CMS/DHS guidelines are followed. If you have questions about this issue, its screening details, its diagnosis, or its follow-up, call the EPSDT Outreach program at **1-888-765-9569**.

ELI process

Keystone First has contracted with Accredited Environmental Technologies (AET) and the Philadelphia Department of Public Health's Lead and Healthy Homes Program (LHHP) to provide ELI services to our members. **Note:** LHHP is available only to Philadelphia residents. For more information, contact Eric Sutherland at Accredited Environmental Technologies (AET) at **1-800-9696-AET**.

Contact information for LHHP is:
Lead and Healthy Homes Program (LHHP)
2100 W. Girard Avenue, Building #3
Philadelphia, PA 19130-1400
1-215-685-2788, fax **1-215-685-2978**

Referral forms for AET and LHHP are available at www.keystonefirstpa.com > **Providers** > **Resources** > **EPSDT** > **EPSDT forms and administration**.



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Editor
Provider Communications

Contact us:

**provider.communications@
keystonefirstpa.com**
and
**provider.communications@
keystonefirstchc.com**

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