Keystone First
Family of Health Plans

CONNECTIONS
2020 | ISSUE 2

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A Note of Appreciation to Our Providers and Their Staff:

Thank you for the care you have provided and continue to provide to our members and Participants. Your dedication is greatly appreciated during these difficult times. We at Keystone First and Keystone First Community HealthChoices (CHC) would like to assure you of our continued commitment to providing your office with the service, support, and partnership you have come to rely on from our Plans now and beyond the COVID-19 pandemic.

We understand your day-to-day lives may not look the same, and the same goes for your Account Executive. For your safety and theirs, they will continue to follow our company's safety guidelines and will not be making in-person visits to your office; however, they continue to support you via phone and e-mail. We also have other support services like:

- Our front-line Provider Services staff (**1-800-521-6007**) who continue to conduct business as usual to answer your questions.
- Your plan's NaviNet site for member and Participant eligibility, claims status, etc. It is important to note that our claims submission, receipt, and payment process has not changed. We will continue to process and pay claims throughout this situation.

We also would like to suggest that you and your staff familiarize yourselves with the Providers section of our websites at **www.keystonefirstpa.com > Providers** and **www.keystonefirstchc.com > Providers**. We have developed a COVID-19 resources section on the Providers home page that has offerings such as:

- Links to updates from the CDC.
- Telehealth updates.
- LabCorp testing information.
- Department of Human Services (DHS) guidelines and quick tips.
- COVID-19 Care Kit.
- Coding guidelines.

You can find additional information on testing, what to do if you suspect a patient has COVID-19, and the use of telehealth for the care of our members and Participants at **www.keystonefirstpa.com > Providers > Coronavirus (COVID-19)** and **www.keystonefirstchc.com > Providers > Coronavirus (COVID-19)**.

Another great tool for keeping up to date is our e-lert system! Sign up for free email alerts at **https://www.keystonefirstpa.com/apps/icontact-elert/index.aspx**.

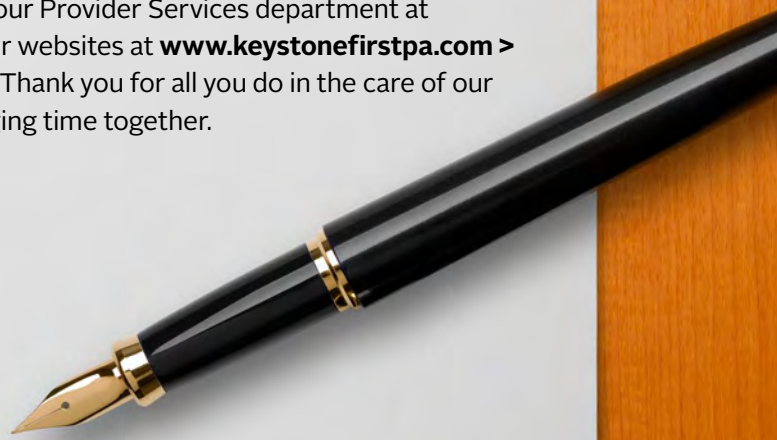
For Keystone First CHC email elerts, sign up at **https://www.keystonefirstchc.com/apps/icontact-networknews/index.aspx**.

We hope you take advantage of our resources during this time and remind you that your first line of defense should any issues or questions arise is always our Provider Services department at **1-800-521-6007**, followed by the Providers section of our websites at **www.keystonefirstpa.com > Providers** and **www.keystonefirstchc.com > Providers**. Thank you for all you do in the care of our members and Participants as we all navigate this challenging time together.

Sincerely,

Lily Higgins, M.S., M.D., M.B.A.
Market Chief Medical Officer

Denise Ameye
Director, Provider Network Management



Claims and Billing updates — coming in August 2020

As part of our ongoing commitment to simplify and improve payment transactions for your practice, Keystone First, Keystone First CHC, and Keystone First VIP Choice (the Plan) are now offering more choice in payment methods. We're excited to offer these additional payment solutions.

Change Healthcare, a provider of revenue and payment cycle management, and **ECHO Health Inc.**, a leading innovator of electronic solutions for payments to health care providers, partner together to allow you to process electronic payments more efficiently. **As of August 20, 2020 (rather than July 20, 2020, as previously communicated),** the Plan will partner with Change Healthcare and ECHO Health Inc. to provide additional electronic payment methods.

Outlined below are the payment options and any action items needed by your office:

- **Virtual Credit Card (VCC) Services: No action is necessary** to start receiving Virtual Credit Card payments.

  If you are not currently registered to receive payments electronically, beginning August 20, 2020, you will receive VCC payments as your default payment method, instead of paper checks. Your office will receive either faxed or mailed VCC payments, each containing a VCC with a number unique to that payment transaction, your Explanation of Payment (EOP), and an instruction page for processing. Normal transaction fees apply based on your merchant acquirer relationship. To opt out of this VCC payment method, you can contact ECHO directly at **1-888-492-5579**.

- **Existing Electronic Fund Transfer (EFT) Payments:** If you are currently receiving EFT payments from the Plan, your payments will continue to be transmitted electronically. Please note:

  - Payment will appear on your bank statement from PNC and ECHO as "PNC – ECHO".
  - If you are using a practice management system, to ensure continued receipt of Electronic Remittance Advices (ERAs), you may want to update your software to accept the new ECHO Payer ID 58379 in addition to the following Health Plan Payer ID(s):
    - ◊ Keystone First Payer ID 23284.
    - ◊ Keystone First CHC Payer ID 42344.
    - ◊ Keystone First VIP Choice Payer ID 77741.
  - All generated ERAs will also be accessible to download from the ECHO provider portal **(www.providerpayments.com)**. Changes to the ERA enrollment or ERA distribution can be made by contacting the ECHO Health Enrollment team at **1-888-834-3511**.

- **New to EFT Payments**: If you are interested in receiving payment via EFT, setting up EFT is fast and straightforward. In addition to your banking account information, you will need to provide an ECHO payment draft number and payment amount as part of the enrollment authentication. Please note: Payments from the Plan will appear on your bank statement from PNC and ECHO as "PNC– ECHO".

  - To sign up to receive EFT from the Plan and any Keystone First Family of Health Plans affiliated plans, visit **https://enrollments.echohealthinc.com/efteradirect/enroll**. You only need to enroll once for all affiliated plans and **there is no fee**.

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  - To sign up for EFT from **all** payers you work with to process payments on the ECHO platform, visit **https://enrollments.echohealthinc.com/**. **A fee for this service may be required.**

- **MedPay:** If you are not enrolled with us to receive payments via EFT and you opt out of Virtual Credit Card, and have enrolled for Medical Payment Exchange (MPX) with another payer, you will continue to receive your payments in your MPX portal account. Otherwise, you will receive a paper check via print and mail.
- **Paper check:** To receive paper checks and paper EOPs, you must opt out of the Virtual Card Services by contacting ECHO Health at **1-888-492-5579** after your initial virtual card payment is received.

In addition, we want to make you aware that you will also be able to log in to **www.providerpayments.com** to access a detailed EOP for each payment from the Plan.

We appreciate your support as we roll out these new payment options, and we look forward to continuing to work with you. If you have additional questions regarding your payment options, please contact ECHO Health at **1-888-492-5579**.

National Drug Code (NDC) billing information reminder

As a reminder, all claims for outpatient medications are validated for the presence of a(n):

1. Valid NDC.
2. NDC that corresponds to the billed HCPCS.
3. Accurate unit of measure the NDC bill (F2, GR, ML, UN).
4. NDC quantity with appropriate FDA minimum and maximum levels.

Claims submitted that do not meet all of the above listed validation criteria will be denied. For all appropriate NDC billing details, please visit our websites at **www.keystonefirstpa.com > Pharmacy > NDC Billing information** and **www.keystonefirstchc.com > Providers > Pharmacy services > NDC Billing information**.

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

Timeliness in responding to requests for additional information for determining medical necessity decisions

This is a reminder that when a Keystone First or Keystone First CHC associate requests additional or supporting information from you to assist in making a prior authorization decision and/or an appeal request, you must comply by the date designated in the correspondence. If we do not receive the additional information within 14 days, the decision will be made to approve or deny the service based on the information we already have.

Reminder: Please submit all claims data even when no payment is due

It is critical for providers to submit all claims to Keystone First and Keystone First CHC even if there is no payment due. If you receive a payment from a primary payer, the claim with the explanation of benefits (EOB) should be submitted to Keystone First and Keystone First CHC so that services can be part of Medicaid services reporting. It is important for DHS to know what services are performed for its Medicaid population. Some examples of the importance of receiving all encounter data include:

- To determine Hospital Quality Incentive Payments (HQIPs) using submitted inpatient and outpatient encounter data. See the link below for information on this initiative.
- To ensure that service records for Healthcare Effectiveness Data and Information Set (HEDIS®) measures are collected. For the HEDIS indicators, payment is not considered. HEDIS is based on utilization only by procedure code.
- To ensure that children are receiving Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services as part of Keystone First's clinical oversight.

Information on HQIP is available at **https://www.dhs.pa.gov > For Providers > Hospital Assessment Initiative**.

Important Clinical Laboratory Improvement Amendments (CLIA) Claims filing information

To ensure the accuracy, reliability, and timeliness of patients' test results, the Centers for Medicare & Medicaid Services (CMS) requires that laboratories, including physician office laboratories, meet applicable federal requirements and have a CLIA certificate to operate. Providers that perform laboratory testing are required to indicate their CLIA ID number when submitting professional claims to Keystone First and Keystone First CHC.

As of April 1, 2020, professional claims submitted for laboratory services are validated for the following in order to be processed and paid:

- Is the lab code submitted subject to CLIA requirements?*
- Is there an active CLIA number on the claim? (See below for correct fields.)
- Is the lab code billed within the scope of the CLIA certification number submitted on the claim?

*Codes appearing on the CMS clinical waiver list should be billed with a QW modifier. Failure to do so will result in claim payment denials.

Please note that it is the responsibility of providers to make sure the laboratory tests performed are within the scope of their certification and that they have a valid (not expired) CLIA number.

For electronic and paper professional claims, please enter your CLIA ID numbers in the fields indicated below:

- For the 837 professional electronic claim submission: Please enter your CLIA ID number in Loop ID 2300, segment/data element REF2.
- For the CMS 1500 paper form: Please enter your CLIA in field 23 (titled prior authorization number).
- It is not necessary to indicate your CLIA ID number on institutional claims. For additional information regarding CLIA, applying for or renewing a certificate, or regarding assigned test complexity levels, please visit the CMS CLIA website. If you have questions, please contact your Provider Account Executive or the Provider Services department at **1-800-521-6007**.

Providing quality and equitable care to limited English proficiency (LEP) patients

Providers care for patients who come from diverse ethnic backgrounds who may have limited English proficiency (LEP). Eliminating language barriers is a key factor in promoting increased access to coverage and care.

What is LEP?

DHS defines a person with LEP as an individual age 5 or older who reports speaking English less than "very well." LEP is also applied to an individual who is unable to speak English as their primary language and has limited ability to read, write, speak, and/or understand English.[1]

LEP population in Pennsylvania

In 2011, it was reported that 350 languages were spoken in the United States and over 25 million individuals reported needing language assistance.[1] Overall, the LEP population in Pennsylvania is steadily increasing. U.S. census data between 2012 and 2016 estimated that about 11% of Pennsylvanians age 5 and older speak a language other than English at home; of those individuals, over 490,000 indicate that they either do not speak English very well or they do not speak it at all.[2] Data shows that Pennsylvania is among the 10 largest states for LEP populations with Medicaid insurance.[3]

Language access requirements

Title VI of the Civil Rights Act of 1964 specifies that health care providers, organizations, and agencies receiving federal funds must make language services available for individuals who do not speak or understand English.[4]

How language barriers affect quality of care and patient safety

Research shows more than half of adverse events for individuals with LEP can be attributed to failures of communication. Health care barriers and adverse impacts include but are not limited to health care access, risk to misdiagnosis, medical errors, lack of informed consent, higher rates of readmissions, and/or poor quality of care.[5, 6, 7] Additionally, LEP patients are often left with the limited choice of using poorly trained, inexperienced, or unsuitable ad-hoc interpreters, which results in inadequate and distorted communication.[7,8,9] Therefore, language barriers lead to inefficient and inferior care, as providers are unable to assess patient needs and symptoms, which results in unnecessary use of diagnostic resources or invasive procedures.

Tips from the American Medical Association for communicating with LEP patients[10]

- Develop policies and strategies to identify and address your patients' needs for language assistance for both commonly and rarely encountered languages.
- Inform LEP patients of their rights to interpretation and translation services.
- Assign responsibility to a particular work force member for arranging interpretation services when needed. Designate another staff member to take the lead in incorporating language assistance services into continuous quality improvement activities.
- Implement a system to track patient need for language assistance services.
- Reserve blocks of time for LEP patients to schedule appointments and arrange for interpreters to be available during these times.
- Ensure all signs are understandable (e.g., multilingual or symbol-based).
- Provide vital documents and patient education materials in English and in the language of your patients (translated by certified translators). Even though your patients may not read English, someone at home may.
- Use professional interpreters.
  - Interpreters can be contracted through a language service vendor (i.e., Language Service Associates).
  - Bilingual health care providers can be used and/or staff can be trained to get appropriately certified to offer language interpretation within a medical setting.
- It is recommended not to use family members and other ad-hoc individuals as language interpreters. However, in cases where these individuals are the only option to communicate with patients, providers should never ask children to serve as the interpreter for their parents.
- Train clinical and nonclinical staff members on how to work with interpreters.

[1]U.S. Census Bureau. QuickFacts: Pennsylvania. Accessed October 28, 2018. https://www.census.gov/quickfacts/fact/table/pa/PST045217.

[2]Pew Research Center. Philadelphia's Immigrants: Who they are and how they are changing the city. The Pew Charitable Trusts. Published 2018. Accessed May 27, 2020. https://pew.org/2swfWPw.

[3]Proctor K, Wilson-Frederick SM, Haffer SC. The Limited English Proficient Population: Describing Medicare, Medicaid, and Dual Beneficiaries. *Health Equity*. 2018;2(1):82-89. doi:10.1089/heq.2017.0036.

[4]Chen AH, Youdelman MK, Brooks J. The legal framework for language access in healthcare settings: Title VI and beyond. *J Gen Intern Med*. 2007;22 Suppl 2:362-367. doi:10.1007/s11606-007-0366-2.

[5]Schenker Y, Pérez-Stable EJ, Nickleach D, Karliner LS. Patterns of interpreter use for hospitalized patients with limited English proficiency. *J Gen Intern Med*. 2011;26(7):712-717. doi:10.1007/s11606-010-1619-z.

[6]Yu SM, Huang ZJ, Schwalberg RH, Nyman RM. Parental English proficiency and children's health services access. *Am J Public Health*. 2006;96(8):1449-1455. doi:10.2105/AJPH.2005.069500.

[7]Wilson CC. Patient Safety and Healthcare Quality: The Case for Language Access. *Int J Health Policy Manag*. 2013;1(4):251-253. doi:10.15171/ijhpm.2013.53.

[8]Lindholm M, Hargraves JL, Ferguson WJ, Reed G. Professional Language Interpretation and Inpatient Length of Stay and Readmission Rates. *J Gen Intern Med*. 2012;27(10):1294-1299. doi:10.1007/s11606-012-2041-5.

[9]Jacobs EA, Leos GS, Rathouz PJ, Fu P. Shared Networks Of Interpreter Services, At Relatively Low Cost, Can Help Providers Serve Patients With Limited English Skills. *Health Aff (Millwood)*. 2011;30(10):1930-1938. doi:10.1377/hlthaff.2011.0667.

[10]Chen AH, Flores G, Jacobs E, et al. Office guide to communicating with limited English proficient patients. Published online August 2007. Accessed May 27, 2020. http://www.multiculturalmentalhealth.ca/wp-content/uploads/2013/10/lep_booklet.pdf.

Resources

Centers for Medicare & Medicaid Services, Guide to Developing a Language Access Plan. **https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Language-Access-Plan-508.pdf**.

Office of Minority Health, A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations. **https://minorityhealth.hhs.gov/Assets/pdf/Checked/HC-LSIG.pdf**.

U.S. Department of Health and Human Services, Limited English Proficiency (LEP) Resources for Effective Communication. **https://www.hhs.gov/civil-rights/for-individuals/special-topics/hospitals-effective-communication/limited-english-proficiency/index.html**.

Translation services

To help ensure that 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**.

Quality and utilization management (UM)

Our plans have adopted clinical practice guidelines for treating members and Participants, with the goal of reducing unnecessary variations in care. The 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 at **www.keystonefirstpa.com > Providers > Resources > Clinical practice guidelines** and **www.keystonefirstchc.com > Providers > Resources > Clinical Resources > Clinical practice guidelines**, or upon request by calling the Provider Services department at **1-800-521-6007**.

The Plans will provide their UM criteria to network providers upon request. To obtain a copy:

- Call the UM department at **1-800-521-6622**.
- Identify the specific criteria you are requesting.
- Provide a fax number or mailing address.

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 our 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, home health care, and concurrent review. Call the Medical Director Hotline at **1-877-693-8480**. We would also 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 Plans do 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.

Quality Improvement (QI) updates

Our QI programs monitor and assess the health care services used by our members and Participants to ensure that they:

- Meet quality guidelines.
- Are appropriate.
- Are efficient.
- Are effective.

Keystone First QI update

The Quality Assessment and Performance Improvement (QAPI) Committee oversees the QI program and coordinates efforts to measure, manage, and improve the quality of care and services for members and Participants. The committee is made up of local health care providers, along with clinical and nonclinical associates. Each year, the QI program sets goals to improve members' and Participants' health outcomes by using data and conducting activities to meet those goals. The QI program is evaluated at the beginning of each year and determines the successes and new activities to focus on. The QI program supports our organization's mission to help people get care, stay well, and build healthy communities.

Keystone First recent successes (2019)

- HEDIS measures: Annual Dental Visits (ADV) exceeded performance goals by performing better than 90% of other Medicaid measures.
- Adolescent Well Care Visits (AWC) performed better than 75% of other Medicaid health plans.
- Prenatal Care Visits (PPC) performed better than 75% of other Medicaid health plans.
- Lead Screening (LSC) also saw an increase in the span of a year. Keystone First scored 77. 62% in 2018 and 83.94% in 2019.

Goals for 2020

Keystone First evaluates the QI program at the beginning of every year and determines the successes and new activities to focus on. Below are our goals for 2020:

- Controlling blood pressure for members with hypertension.
- Improving Comprehensive Diabetes Care by increasing members with controlled A1c (<8), diabetic eye exam, and blood pressure control (<140/90 mm Hg).
- Improving follow-up care for children who are prescribed ADHD medications.
- Improving medication adherence for members who are prescribed antidepressants.

Keystone First CHC QI update

- Keystone First CHC was launched in 2019 and Quality Management participated in provider forums to provide an overview of the department.
- A QAPI Committee was established and has met monthly since February 2019.
- To address the quality of clinical care, a training curriculum for Service Coordinators was developed and implemented.
- Staff was also trained on the procedures for Preventable Serious Adverse Events (PSAE) in Nursing Facilities. Throughout 2019 all staff were educated on the policies and procedures for critical incidents.
- The Home- and Community-Based Services (HCBS) CAHPS® Survey was conducted in the third quarter of 2019.

Keystone First CHC recent successes (2019)

We achieved accreditation from the National Committee for Quality Assurance (NCQA) for Medicaid Plan and long-term services and supports (LTSS) Distinction.

Goals for 2020

- Maintain accreditation status and LTSS Distinction.
- Identify and prioritize opportunities to implement or redesign clinical programs to reduce health care disparities.
- Achieve improvement in the following HEDIS® measures:
  - Comprehensive Diabetes Care.
  - Controlling Blood Pressure for Participants with hypertension.
- Improve Participant satisfaction as measured by overall Adult CAHPS and HCBS CAHPS satisfaction scores.
- Help our providers stay informed and up to date on the care that our Participants receive.
- Empower Participants to work more collaboratively with their Service Coordinators to enhance or create their service plans to maintain and/or improve their health status and achieve goals.

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 CHC
  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**.

Mandatory training: Reporting Fraud, Waste, and Abuse

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

- Information on screening employees for federal exclusion.
- How to report fraud to Keystone First and Keystone First CHC.
- How to return improper payments or overpayments to us.
- Requirements for home- and community-based services (HCBS) billing when a Participant is inpatient.
- Information on provider mandatory fraud, waste, and abuse training.

Important 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**.

Keystone First and Keystone First CHC are now able to fill up to a three-month supply of oral contraceptives at a time

Following recent DHS guidelines, Keystone First and Keystone First CHC have instituted the following changes to contraceptive dispensing: Members and Participants may fill up to a three-month supply at a time for oral contraceptives that are included in the Pennsylvania Statewide Preferred Drug List (PA PDL). Additional restrictions may apply, such as nonpreferred status, prior authorization, and quantity limits, as noted on the PA PDL. For more information, including formulary status, prior authorization criteria, and other family planning options, visit our pharmacy websites at **www.keystonefirstpa.com > Pharmacy** and **www.keystonefirstchc.com > Providers > Pharmacy Services**.

The following are also 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.

Formulary updates

Additions	Update
Baqsimi (glucagon) 3 mg nasal powder (2 devices per 30 days and an age restriction to age 4 years and older)	April 1, 2020
Melatonin tablets, capsules and liquid (various strengths)	April 20, 2020

Update	Update
Hydroxychloroquine (quantity limit of 4 tablets per day and a day supply restriction of 10 days)	April 6, 2020

Note: N

Promoting smoking and tobacco cessation within your dental practice

Tobacco and oral health

Tobacco use can have significant adverse effects on oral health. Oral health professionals in the dental office or community setting have a unique opportunity to increase tobacco abstinence rates among tobacco users.[1]

During an oral exam, a dental provider can identify intra-oral changes induced by tobacco use including precancerous or cancerous lesions. Although cigarettes are the most commonly used form of tobacco, other recreational tobacco formulations include conventional smokeless tobacco; compressed dissolvable tobacco; cigars; tobacco pipes and water pipes (i.e., hookahs); and electronic cigarettes (e-cigarettes)[2] — all of which can compromise oral and systemic health.

Ask, Advise, Refer

Use these three steps to identify and advise patients who use tobacco. Some of these steps can be delegated to members of your oral health care team.

Step 1: Ask
While collecting vital signs, health history, and oral assessments, ask the patient whether they smoke or use other forms of tobacco. Document the patient's tobacco use status.

Step 2: Advise
Once a smoker has been identified, advise the patient to quit by saying something like, "I see that you smoke. Quitting smoking is one of the most important things you can do for your health right now. Have you thought about quitting?" This advice works best when delivered in a nonjudgmental tone.

You can make the advice **more compelling** by personalizing it, for example, by linking it to the identified oral health tissue changes.

Step 3: Refer
For patients who are interested in trying to quit, you or other members of your team can refer patients to the PA Free Quitline at **1-800-QUIT-NOW (784-8669)** and/or offer information about tobacco cessation treatment.

Become a tobacco cessation counselor

Dental providers, including dental hygienists, who provide face-to-face tobacco cessation counseling must use code **D1320 to be paid $15 per encounter for up to 70 encounters (inclusive of all provider types) per calendar year.** Providers must provide more than 10 minutes of face-to-face counseling in order to submit a claim for a tobacco cessation counseling visit. This does not apply to federally qualified health centers (FQHCs) and rural health clinics (RHCs).*

To be eligible for reimbursement, you must participate in the Pennsylvania Medical Assistance program and be approved by the Pennsylvania Department of Health.

Steps to become a tobacco cessation counselor

1. Every Smoker, Every Time Training is free online training that provides entry-level tobacco-use-related education for behavioral and primary health care staff, counselors, social workers, and others. Access the training at **https://www.surveygizmo.com/s3/4303018/Every-Smoker-Every-Time**.

2. Submit a preapproved Tobacco Cessation Registry Application after successfully passing a post test of the above training. **https://www.health.pa.gov/topics/programs/tobacco/pages/registry.aspx**.Pre-Approved Tobacco Cessation Registry Application Instructions are available at **https://www.health.pa.gov/topics/Documents/Programs/Tobacco/Registry%20Application%20Instructions.pdf**.

[1]"Effectiveness of dentist's intervention in smoking cessation: A review." *J Clin Exp Dent.* 2016 Feb; 8(1)78-83.

[2]American Dental Association (ADA). Smoking and Tobacco Cessation. https://www.ada.org/en/member-center/oral-health-topics/smoking-and-tobacco-cessation.

*FQHCs and RHCs are paid an all-inclusive per-encounter payment rate. FQHCs and RHCs should submit claims for tobacco cessation counseling services when provided at the time of a face-to-face visit using procedure code T1015, defined as "clinic visit/encounter, all-inclusive."

Did you know Keystone First and Keystone First CHC have a Dental Opioid Toolkit for providers?

To access the toolkit, go to **www.keystonefirstpa.com > Providers > Resources > Dental > Dental Opioid Resources** or **www.keystonefirstchc.com > Providers > Resources > Dental program > Dental Opioid Resources**.

Keystone First patients and dental sealants

As a reminder, it is recommended that our members be assessed for sealants upon the eruption of their first permanent molars.

As oral health professionals, you are aware of the importance of placing sealants as close as possible to the eruption of permanent premolars and molars. Dental sealants are one of the most universally used preventive materials today. Eighty percent of decay in young permanent teeth occurs in pit and fissure areas, and sealants have proven to be a very useful tool for prevention.

However, the success of a sealant is highly dependent on the application process and the ability to maintain a dry and clean environment. We remind you of several factors that can assist with sealant retention:

- Isolation and prevention of saliva contamination.
- Proper technique by experienced operators.
- Proper tooth preparation.
- Never applying sealants to partially erupted teeth.

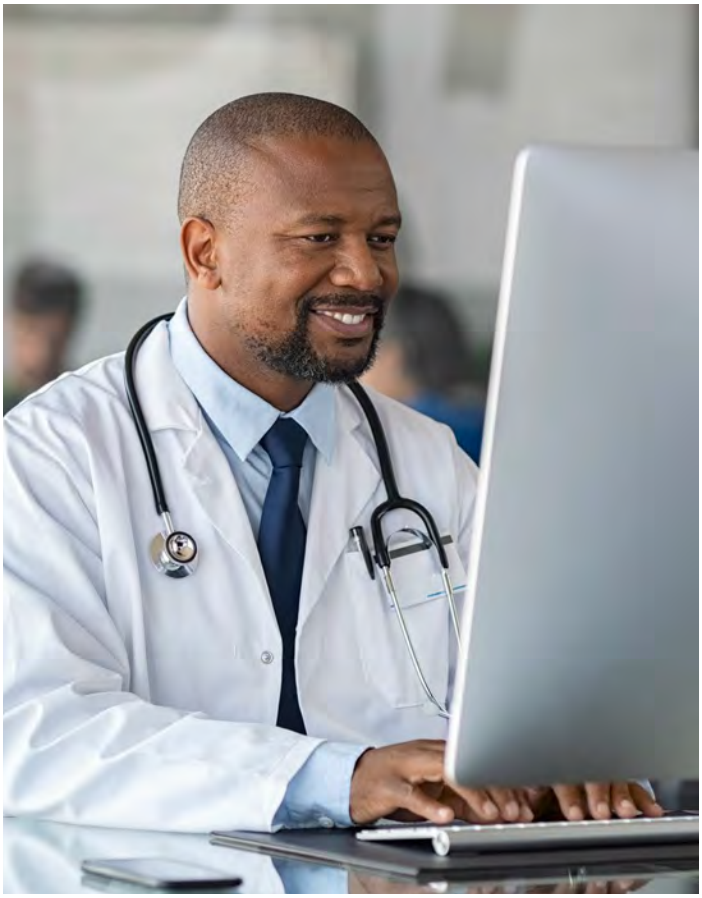
Sealants aren't meant to be permanent but can last up to 10 years. So, make sure the integrity of the sealant is intact at every visit, and talk to your patient's parents and caregivers about sealants at every visit.

Important changes to authorization notices

Effective **June 1, 2020,** Keystone First CHC discontinued mailing authorization notices to our home- and community-based services (HCBS) providers. All HCBS providers can access approved authorizations in the NaviNet secure portal. Home care providers can continue to access authorizations in HHAeXchange as well as NaviNet.

NaviNet is now enabled for you to access your approved authorizations directly from the NaviNet portal. To use this important new feature, you must be a registered NaviNet user. To register, go to **https://navinet.secure.force.com/**. NaviNet, a secure, web-based provider portal, allows us to share administrative, financial, and clinical data in one place. NaviNet delivers:

- Cost-effective tools and services through a single, secure web portal.
- Reliable Participant information right on the desktop.
- Increased efficiency for streamlining business processes.
- Reliable access to real-time, paperless transactions.



Reminder: HHAeXchange continues to also be a convenient way for home care providers to access HCBS authorizations.

Prior authorization and eligibility reminders

We want to remind our providers that prior authorization is not a guarantee of payment for the services authorized. Payment is subject to Participant eligibility and benefits on the date of service.

Billing for HCBS when a Participant is inpatient

Providers should never bill us for authorized HCBS services when a Participant is in any inpatient setting. Keystone First CHC will retract any payment made based on improper billing. Please refer to the Keystone First CHC Provider Manual, Claims and Claims Disputes section, to learn more about relevant federal and/or state laws and regulations relating to improper billing. You can access the Provider Manual at **www.keystonefirstchc.com > Providers > Provider manual and forms**.

Check Participant eligibility and benefits at every visit

A Participant's eligibility is subject to change; therefore, it is vital to verify a recipient's eligibility each time services are provided. This step also helps you identify benefit prior authorization requirements. You can check eligibility in a number of ways:

- **Pennsylvania Eligibility Verification System (EVS): 1-800-766-5387**, 24 hours/7 days a week.
  - If a Participant presents to a provider's office and states he or she is a Medical Assistance recipient, but does not have a Pennsylvania ACCESS card, eligibility can still be obtained by using the Participant's date of birth and Social Security number when the call is placed to EVS.
  - The plastic Pennsylvania ACCESS card has a magnetic strip designed for swiping through a point-of-sale (POS) device to access eligibility information through EVS.
- **NaviNet: www.navinet.net**
  - This free, web-based application provides real-time current and past eligibility status and eliminates the need for phone calls to the Plan.
  - For more information or to sign up for access, go to **www.navinet.net** or call NaviNet Customer Service at **1-888-482-8057**.
- **Keystone First CHC Provider Services Eligibility Hotline: 1-800-521-6007**, 24 hours/7 days a week.
- **PROMISe™:** HIPAA-compliant PROMISe software (Provider Electronic Solutions Software) is available at no cost to you.
  - Go to **http://promise.dpw.state.pa.us/** and click **PROMISe Online**.
  - Download from the OMAP PROMISe website at **https://promise.dpw.state.pa.us > Provider Electronic Solutions Software.**

Home care providers: If there is a discrepancy in authorized services between HHAeXchange and NaviNet, please use the information reflected in NaviNet.

Please remember that Keystone First CHC reserves the right to adjust any payment made following a review of medical record and determination of medical necessity of services provided.

Recent provider notices

Stay up to date with our recent provider notices.

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

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 about issues related to access and the quality of care and services we provide, as well as potential programs, activities, and educational materials.

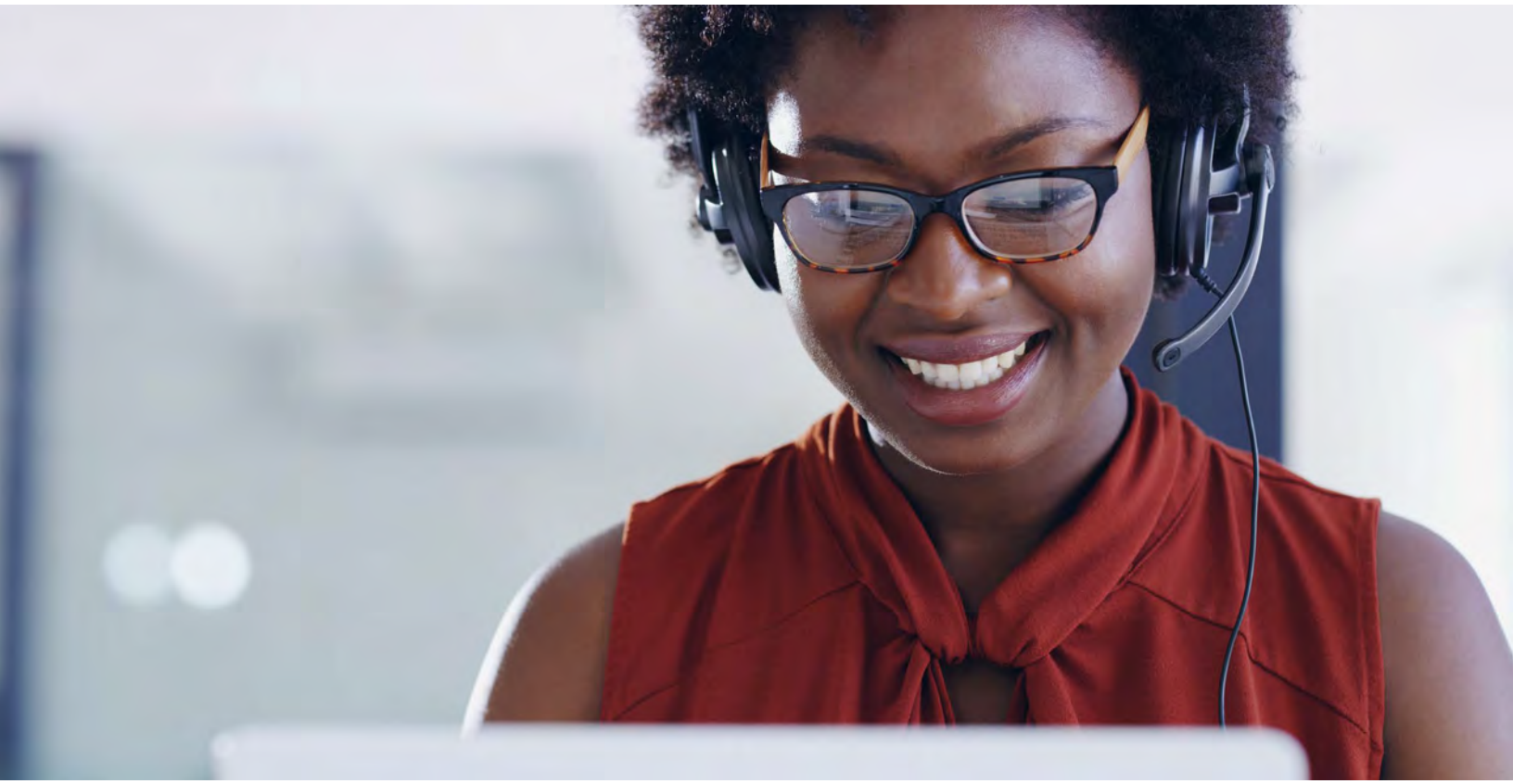
We value your input. We'd like you to be part of our PAC. Your recommendations may be used to improve quality management activities and policy and operations changes. If you'd like to join, please contact Maritza Padua at **1-484-496-7623** or at **mpadua@keystonefirstchc.com**.

Do you know your LTSS 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 > Long-term services and supports (LTSS) account executives**.

Call your LTSS 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.



Provider Satisfaction Survey results 2019

Keystone First appreciates and values your feedback and opinions. We sincerely thank the practices that participated in the 2019 Provider Satisfaction Survey. The survey results have been analyzed, and action plans are being developed to address areas that were identified as needing improvement. We look forward to working with you to address these areas.

Areas that we will strive to improve our performance in are:

- Improving/making quicker credentialing time and communication.
- Increasing visits from Provider Account Executives.
- Increasing Provider Claims services staff knowledge.

We are so encouraged and proud of your commitment to Cultural Competency — practices surveyed scored high in this category and are committed to providing culturally competent care to their patients.

- 84.21% have clinicians in their practice/facility that have taken training to take an accurate history and physical on culturally and linguistically diverse patients.
- 81.20% practices/facilities conduct medical visits for patients with limited English proficiency using the patient's native or preferred language.
- 55.64% use information on alternative remedies that culturally and linguistically diverse patients might use (e.g., cupping).

We are pleased that the survey indicated you are comfortable recommending our plan to other practices, providers, and their patients. We truly appreciate the confidence you have in Keystone First and want to reinforce that we are here to support you in the care of our members. We look forward to working with you and welcome your ideas and comments. We encourage you to share them at **provider.communications@keystonefirstpa.com** or with your Account Executive.

Updated May 2020: EPSDT Program Periodicity Schedule and Coding Matrix

On May 26, 2020, DHS released an updated Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule and Coding Matrix. The updated schedule went into effect immediately and is located on the EPSDT page of the Providers section of our website at **www.keystonefirstpa.com > Providers > Resources > Clinical Resources > EPSDT**.

There are no coding changes. DHS updated Pennsylvania's EPSDT periodicity schedule to incorporate the American Academy of Pediatrics (AAP) Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents footnote. DHS also made two content updates and two footnote updates to improve tracking of performed services and improve referral and evaluation suggestions. The updates are as follows:

Content updates:

- On the line for Depression Screening, the dot (•) in each periodicity from 12 through 20 years of age was replaced with the procedure code 96127 to improve tracking of performed services. Providers are to use a standardized screening tool to assess depression.
- On the line for Tobacco, Alcohol or Drug Use Assessment, the star (*) in each periodicity from 11 through 20 years of age includes procedure code 96160 to identify that the assessment was performed.

Footnote updates:

- Footnote 10 was updated to include: Caregiver anxiety screening and caregiver substance use disorder as part of a family-centered psychosocial/behavioral assessment. Appropriate referrals are to be made when necessary. Maternal depression screenings as supported by the AAP in Bright Futures.
- Footnote 19 was updated to include: Referral and evaluation suggestions for children with elevated blood lead levels.

Thank you for the careful attention you pay to the timing of these important preventive health screenings for our members.

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Keystone First's Tobacco Use Prevention and Cessation Program

Do you have a patient who needs assistance with smoking cessation? This program provides several options to assist your patients in leading a healthy, smoke-free lifestyle.

Counseling services

Tobacco cessation counseling services are covered for all members when provided at a facility approved by the Pennsylvania Department of Health. Members may access this service without referral or authorization.

- 70 counseling sessions per calendar year. A counseling session is defined as a 15-minute, face-to-face meeting for either group or individual counseling.[1]

Your patients can find a preapproved tobacco cessation program in their county by visiting **www.health.pa.gov → My Health → Healthy Living → Smoke-Free/Tobacco → Pre-Approved Tobacco Cessation Registry**.

The registry provides them with:

- The type of program (either individual or group).
- Program address.
- Program phone number.

[1] Prescription medication counseling normally given when dispensing a prescription is not eligible for tobacco cessation counseling sessionreimbursement under this program.

Drug products

You may prescribe tobacco cessation drug products:

- Bupropion (generic Zyban) and generic nicotine replacement products (gum, lozenges, and patches) for all members.[2]
- Chantix for members age 18 and older.

[2] Members under age 18 do not need a parent or guardian's permission to get a prescription for tobacco cessation products.

1-800-QUIT-NOW

For smokers who are either unable or unwilling to attend individual or group counseling sessions, the Pennsylvania Free Quitline, **1-800-QUIT NOW** (**784-8669**), is an alternative approach. This confidential telephonic counseling system is staffed by clinically trained counselors who assess the caller's readiness to quit, as well as provide self-help advice and other resources to attain success.

Provide education to your patients and be a part of our program!

If you provide education on smoking cessation to your patients who smoke, you may use the following codes that are payable for smoking cessation:

- 99406 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes.
- 99407 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes.
- G9016 Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service.

For more information on our program, visit: **www.keystonefirstpa.com → Providers → Resources → Initiatives →Tobacco use prevention and cessation.**

*Prescription medication counseling normally given when dispensing a prescription is not eligible for tobacco cessation counseling session reimbursement under this program.

**Members under age 18 do not need a parent or guardian's permission to get a prescription for tobacco cessation products.

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Director
Provider Communications

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Manager
Provider Communications

Molly Kearney
Editor
Provider Communications

Contact us:
provider.communications@keystonefirstpa.com
and
provider.communications@keystonefirstchc.com

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