



In this issue

2021–2022 flu vaccinations.....	2	Access to Care Management.....	13
COVID-19 news and updates.....	3	What is covered and what is not covered by Keystone First?.....	14
New services available on NaviNet®	5	Critical incident reporting: Improving communication between providers and Service Coordinators.....	16
Timely filing reminder	5	Important information about reporting missed visits	16
Summary of privacy practices.....	6	Access to Care Management.....	17
Fraud, waste, and abuse.....	6	COVID-19 booster shot protection for those with high blood pressure.....	18
Medical record documentation	7	Keep your demographic information up-to-date.....	18
HEDIS® data collection and reporting	7	Unplanned hospitalization reminders.....	18
Cultural competency	8	Be involved! Join our Participant Advisory Committee	19
DHS will implement changes to the statewide preferred drug list (PDL) on January 3, 2022	9	Fraud, waste, and abuse and mandatory screening information.....	19
Pharmacy prior authorization.....	11		
Keystone First announces the availability of the 2021 Provider Manual.....	12		
Reminder: Take the Medical Provider Satisfaction Survey — your opinion counts!	13		



2021–2022 flu vaccinations

Your strong recommendation is a critical factor in whether your patients get vaccinated. In preparation for the onset of the 2021–2022 flu season, while still facing COVID-19, we are asking you to encourage your Keystone First and Keystone First Community HealthChoices (CHC) patients to get their flu shots.

Important reminder: Our members (now ages 3 and older) can also be referred to their local participating pharmacy for flu vaccinations.

Participating providers will be reimbursed for the administration of the seasonal flu vaccine to children and adults for the following procedure codes:

- 90630 - Influenza, quadrivalent (IIV4), split virus, preservative free, intradermal.
- 90656 - Influenza, trivalent, split virus, 3 years and older, preservative free.
- 90662 - Influenza, split virus, 65 years and older, enhanced immunogenicity via increased antigen content, intramuscular use, preservative free.
- 90672 - Influenza, quadrivalent, live, intranasal, 2–49 years.
- 90674 - Influenza, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, intramuscular use.
- 90685 - Influenza, quadrivalent, split virus, 6–35 months, preservative free, intramuscular.
- 90686 - Influenza, quadrivalent, split virus, preservative free, 3 years and older, intramuscular.
- 90687 - Influenza virus vaccine, quadrivalent, split virus, 6–35 months of age, intramuscular.
- 90688 - Influenza virus vaccine, quadrivalent, split virus, 3 years and older, intramuscular.
- 90756 - Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free.
- 0.5 mL dosage, for intramuscular use.

COVID-19 news and updates

Administration and payment of SARS-CoV-2 vaccines for homebound members

Keystone First and Keystone First CHC will follow the guidelines recently released by the Pennsylvania Department of Human Services (DHS) Medical Assistance Bulletin (MAB) regarding the administration and payment of the SARS-CoV-2 vaccine for homebound members/Participants.

As outlined in the MAB, “the provision of SARS-CoV-2 vaccines to MA beneficiaries who are homebound presents unique challenges to provide the appropriate vaccine storage temperatures, handling, and administration to ensure safe and effective vaccination. MA beneficiaries who are homebound include but are not limited to those individuals that need help from another person or from medical equipment such as crutches, a walker, or a wheelchair to leave their home, those individuals whose medical provider believes that their health or illness could get worse if they leave their home, and it is difficult for them to leave their home and they typically cannot do so.”

Providers are reimbursed as follows:

- Submit the newly created CPT code M0201 with the applicable SARS-CoV-2 administration code. Payment is \$35.
- This payment will be made in addition to the current \$40 SARS-CoV-2 administration fee when the vaccine is administered to an individual in their home.



Expansion of providers for the administration of SARS-CoV-2 vaccines and monoclonal antibody therapy

DHS also recently released MAB 01-21-08 regarding expanding the scope of Medical Assistance (MA) enrolled providers who may bill for administration of the novel coronavirus (SARS-CoV-2) vaccines and monoclonal antibody therapy.

To support the vaccination of our members/Participants, we are following the guidelines outlined by DHS and will expand providers who may bill us for the administration of the SARS-CoV-2 vaccines to include the following types:

- Home health agencies.
- Ambulance providers.
- Renal dialysis centers.
- Drug and alcohol outpatient clinics.

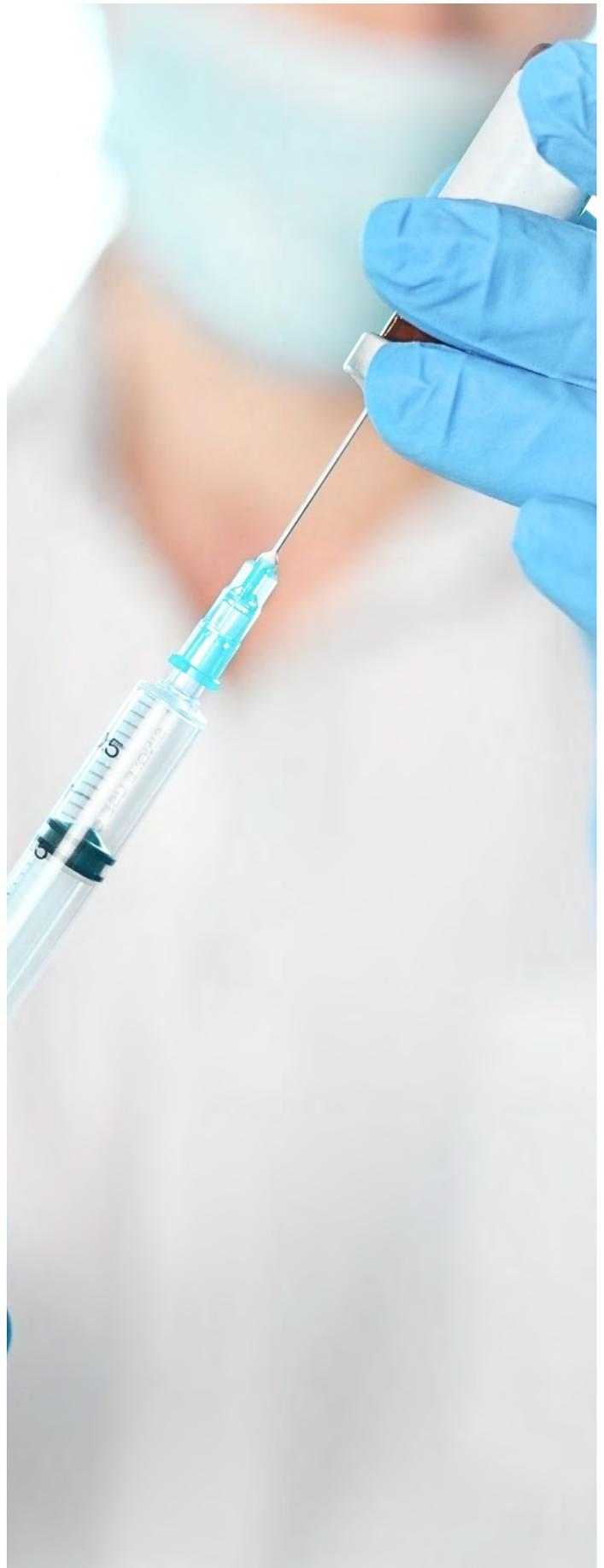
Additionally, we currently pay physicians, outpatient hospital clinics, and independent medical surgical clinics for the administration of unapproved monoclonal antibody therapies for the treatment of mild to moderate SARS-CoV-2. We will expand this list to include renal dialysis centers.

The administration of SARS-CoV-2 monoclonal antibody therapy to MA beneficiaries by renal dialysis centers can be billed for dates of service on and after the dates that the Emergency Use Authorizations (EUAs) were granted by the U.S. Food and Drug Administration (FDA) for CPT codes M0239, M0243, and M0245. CPT code M0239 can only be billed until April 16, 2021, which is the date the FDA revoked the EUA for the monoclonal antibody therapy associated with this CPT code.

Both MABs, outlining all appropriate procedure codes, national code descriptions, provider types, provider specialties, places of service, pricing, and/or informational modifiers if applicable, etc., are available in the Providers section of our websites under Latest Provider Updates at:

www.keystonefirstpa.com > Providers > Important information regarding COVID-19 vaccines

www.keystonefirstchc.com > Providers > Important information regarding COVID-19 vaccines



New services available on NaviNet®

Providers can now access all practice locations under a specific Tax ID Number (TIN) once registered for NaviNet. We are committed to making doing business with us easier by minimizing administrative burdens for our providers.

In keeping with that, we are pleased to announce that now when you register for NaviNet, you will automatically have access to all of the group/practice locations that fall under one TIN. Previously, if you needed access to more than one location/provider entity for which you were responsible, you would contact your designated Security Officer to request access. Now, all registered users will have access to all of the providers under a specific TIN, without the need for any additional steps.

Current NaviNet users' accounts have automatically been upgraded to this level of access.

New information available on the Member Clinical Summary report!

- The Member Clinical Summary report is a virtual snapshot of a patient's clinical data and demographic information in a user-friendly format. **Just added: COVID-19 Vaccine Status.**

COVID-19 Vaccine Status		
Dose	Brand and Lot Number	Date Received
1-Dose	Moderna	24/12/2020
2-Dose	Moderna	21/01/2021

Timely filing reminder

As outlined in the Claims Filing Guides, not following claims submission deadlines will result in a denied claim. The Claims Filing Deadline section states the following:

- Original invoices must be submitted to us **within 180 calendar days** from the date services were rendered or compensable items were provided.
- Resubmission of previously denied claims with corrections and requests for adjustments must be submitted **within 365 calendar days** from the date services were rendered or compensable items were provided. Claims beyond the 365 days will not be reconsidered for reimbursement.
- Please allow for normal processing time before resubmitting a claim either through the electronic data interchange (EDI) or paper process. This will reduce the possibility of your claim being rejected as a duplicate claim.
- Claims are not considered as received under timely filing guidelines if rejected for missing or invalid provider or member data.
- Exceptions to the claims filing timeframes will not be granted. Failure to comply with these timeframes will result in the denial of all claims filed after the filing deadline. Late claims paid in error shall not serve as a waiver of the right to deny any future claims that are filed after the deadlines or as a waiver of the right to retract payments for any claims paid in error.

To review the entire Claims Filing Guide, please visit:

www.keystonefirstpa.com > Providers > Claims and billing > Claims filing instructions

www.keystonefirstchc.com > Providers > Claims and billing > Claims filing guide for medical providers

www.keystonefirstchc.com > Providers > Claims and billing > Claims filing guide for HCBS providers

Summary of privacy practices

We 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>.

We are committed to detecting and preventing acts of fraud, waste, and abuse and 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**

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.
- 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.

Medical record documentation

Complete and consistent documentation in patient medical records is an essential component of quality patient care. Keystone First and Keystone First CHC adhere 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

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



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. We, 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.

Cultural competency

Title III of the Americans with Disabilities Act (ADA) states that public accommodations, including health care provider sites, must comply with basic nondiscrimination requirements that prohibit exclusion, segregation, and unequal treatment of any person with a disability.

Race, ethnicity, linguistics, gender, sexual orientation, gender identity, and culture must not present barriers to members' or Participants' access to and receipt of quality services.

Providers should demonstrate willingness and the ability to make necessary accommodations in providing services; to employ appropriate language and language preference when referring to and speaking with people with disabilities; and to understand communication, transportation, scheduling, structural, and attitudinal barriers to accessing services.

If a member/Participant requires or requests translation services because they are either non-English or limited-English-speaking, have a preferred language, or have some other sensory impairment, the provider has a responsibility to make arrangements to procure translation services for those members/Participants, and to facilitate the provision of health care services.

Providers who are unable to arrange for translation services should contact:

Keystone First Member Services: **1-800-521-6860 (TTY 1-800-684-5505)**,
24 hours a day, seven days a week.

Keystone First CHC Participant Services: **1-855-332-0729 (TTY 1-855-235-4976)**,
24 hours a day, seven days a week.

With an aim to increase sensitivity, awareness, and knowledge, and to help decrease potential disparities, we offer opportunities to receive free Continuing Medical Education (CME) credits for ongoing cultural competency training on our website. Please check often for updated resources and trainings at:

www.keystonefirstpa.com > Providers > Resources > Initiatives > Cultural competency

www.keystonefirstchc.com > Providers > Training



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**.

DHS will implement changes to the statewide preferred drug list (PDL) on January 3, 2022*

As a reminder, DHS required all Medical Assistance 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:

- We continue to adhere to all updates to the preferred and non-preferred status and list of drugs included in the statewide PDL.
 - Please see Appendix A for a list of drugs that will be changing formulary status effective January 3, 2022.
- We will continue to use the prior authorization guidelines as required by DHS for drugs included in the statewide PDL.

***Important note: Please keep in mind that up until January 3, 2022, the current version of the statewide PDL is still in effect.**

Reminders

- A list of preferred and non-preferred drugs will continue to be maintained 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 (P&T) Committee.
- The process for obtaining prior authorization 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 2022 PDL are available on DHS' Pharmacy website and at <https://papdl.com/>. Additional resources including our Plan's supplemental formularies are available on the Formulary page at <http://www.keystonefirstpa.com> > Pharmacy or www.keystonefirstchc.com > Providers > Pharmacy Services.

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

Appendix A: Statewide PDL drugs changing from Preferred to Non-preferred effective January 3, 2022*

Drug	Preferred alternative options*
Antibiotics, inhaled	
Kitabis	Tobramycin
Antiemetics/antivertigo agents	
Bonjesta ER	Diclegis Tablet, Metoclopramide, Ondansetron
Antihyperuricemics	
Colchicine capsules	Colchicine tablet
Colony stimulating factors	
Fulphila	Ziextenzo
Nivestym	Granix, Neupogen
Contraceptives, other	
Zafemy Patch	Xulane Patch
Eluryng and Etonogestrel EE Vaginal Ring	Nuvaring
HIV/AIDS antiretrovirals	
Kaletra	Lopinavir-Ritonavir
Hypoglycemics, incretin mimetics/enhancers	
Ozempic	Trulicity, Victoza
Hypoglycemics, insulin and related agents	
Humalog Mix 75-25 Kwikpen	Insulin Lispro Protamine Mix 75-25 Pen
Humulin 70/30 Kwikpen	Humulin 70-30 Vial
Humulin R 100 unit/mL	Novolin R Vial
Novolog 100 unit/mL	Insulin Aspart Penfill Cartridge, Apidra, Insulin Lispro
Novolog Mix 70-30 Flexpen, Vial	Insulin Aspart Protamine-Insulin Aspart 70-30 Pen, Vial
Immunomodulators, atopic dermatitis	
Pimecrolimus 1% Cream	Elidel Cream
Macrolides	
E.E.S. Suspension, ERYPED Suspension	Azithromycin, Clarithromycin
Migraine acute treatment agents	
Zomig Nasal Spray	Imitrex, Sumatriptan, Zolmitriptan Nasal Spray
Monoclonal antibodies - anti-IL, anti-IGE	
Nucala	Dupixent, Xolair, Fasenra
Ophthalmics, antibiotic-steroid combinations	
Zylet Eye Drops	Tobradex Drops, Neomycin-Polymyxin-Dexamethasone Drops

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

For a complete list of Preferred and Non-preferred drugs to be included in the 2022 Statewide PDL, as well as any limits associated with these drugs, please visit <https://papdl.com>.

Pharmacy prior authorization

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 > 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 Keystone First and Keystone First CHC 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 P&T Committee.



Keystone First announces the availability of the 2021 Provider Manual

Examples of updates and changes include:

- Updated Services Requiring Prior Authorization and added information about the Prior Authorization look-up tool on the Providers section of our website.
- Clarified Home Modifications not covered.
- Information about Home Accessibility DME coverage.
- Information about Obstetrical Needs Assessment Forms (ONAFs) being submitted only through the Optum website.
- Medical Record Standards: added Plan evaluation of medical record standards and preventive health guidelines timeframes, and provider notification methods when the standards change.
- Program Integrity: revised language for clarity around the Plan's Program Integrity department and processes.
- Information about cultural competency trainings and resources available on our website, including LGBTQIA resources.

For the complete list of the 2021 manual updates and changes, and to access the manual in its entirety, visit www.keystonefirstpa.com > **Providers** > **Provider manual and forms**.



Reminder: Take the Medical Provider Satisfaction Survey — your opinion counts!

Please 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.

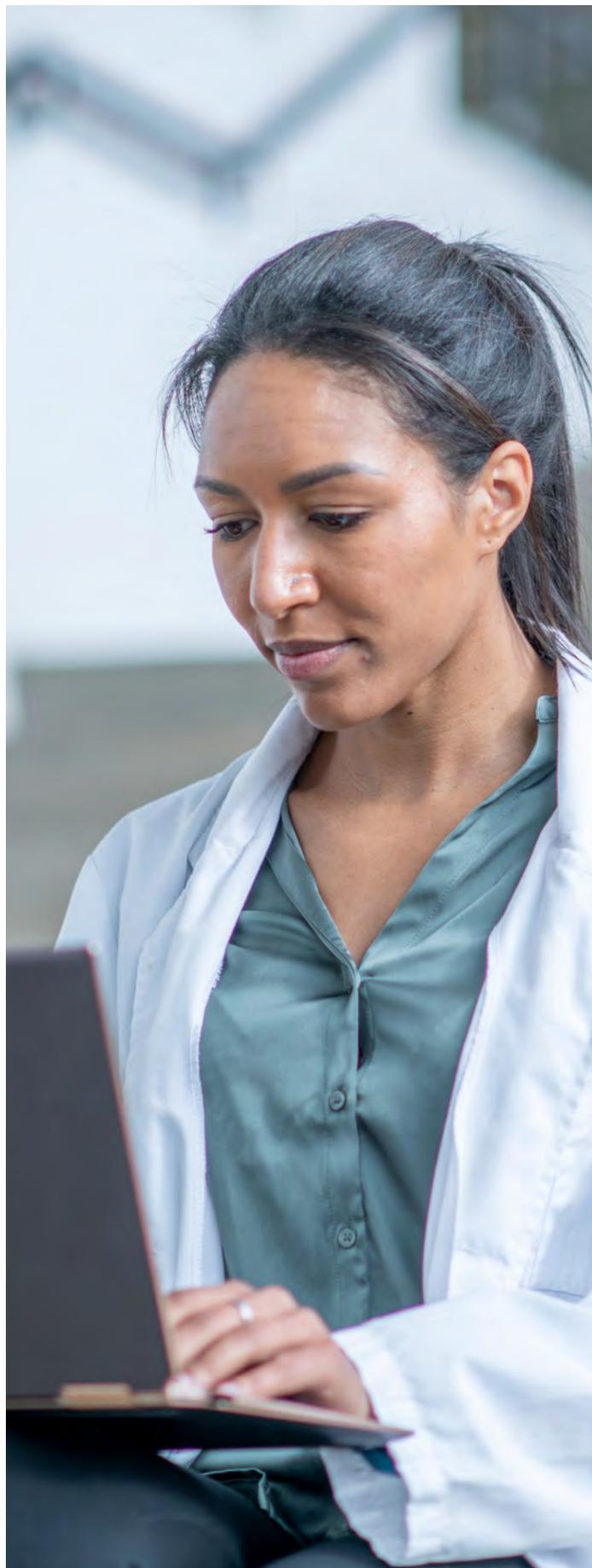
Please take the survey today and be entered to win a \$25 VISA gift card. Use the following link to get started: <https://www.surveymonkey.com/r/SMXH95B>.

Access to Care Management

Keystone First has multiple programs and resources available for providers caring for our members who may require complex care management services; among them:

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

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



What is covered and what is not covered by Keystone First?

Our members are entitled to all of the benefits provided under the Pennsylvania MA program. Benefits include, but are not necessarily limited to, the following:

- Ambulance.
- Behavioral health services.*
- Chemotherapy and radiation therapy.
- Dental care.
- Durable medical equipment (DME) and medical supplies.
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services.
- Family planning.
- Home health care.
- Hospitalization.
- Laboratory services.
- Nursing facility services.
- Obstetrical/gynecological services.
- Other specialty care services.**
- Pharmacy services.
- Primary care services.
- Physical, occupational, and speech therapy.
- Rehabilitation services.
- Renal dialysis.
- Vision care.

*Under the HealthChoices program, behavioral health services are coordinated through, and provided by, the member's county behavioral health managed care organization (BH-MCO). These services are not part of Keystone First's benefit package, but are available to all Keystone First members through the BH-MCOs.

**For members with a life-threatening, degenerative, or disabling disease or condition, or members with other special needs, a standing referral may be available. For more information on obtaining standing referrals, please contact the Provider Services department at 1-800-521-6007.



Services not covered

Some services are not covered by the Pennsylvania MA program and/or Keystone First, including, but not necessarily limited to, the following:

- Services that are not medically necessary.
- Services rendered by a health care provider who does not participate with Keystone First, except for: Medicare-covered services, emergency services, family planning services, or when otherwise prior-authorized by Keystone First.
- Cosmetic surgery, such as tummy tucks, nose jobs, face lifts, and liposuction.
- Dental implants.
- Experimental treatments and investigational procedures, services, and/or drugs.
- Acupuncture.
- Infertility services.
- Paternity testing.
- Any service offered and covered through another insurance program, such as Workers' Compensation, TRICARE, or other commercial insurance that has not been prior-authorized by Keystone First. However, Medicare-covered services provided by a Medicare provider do not require prior authorization.
- Motorized lifts for vehicles.
- Services provided outside the United States and its territories.
- Private duty (also known as shift care) skilled nursing and/or private duty home health aide services for members age 21 or older.
- Services not considered a "medical service" under Title XIX of the Social Security Act.
- Structural or home modifications including:
 - Modifications to the home or place of residence.
 - Repairs of the home, including repairs caused by the installation, use, or removal of the medical equipment or appliance.
 - Changes to the internal or external infrastructure of the home or residence, including:
 - ◇ Adding internal supports such that the support requires access to the area behind a wall or ceiling or underneath the floor.
 - ◇ Constructing retaining walls or footers for a retaining wall.
 - ◇ Installation of or modification of a deck.
 - ◇ Installation of a driveway or sidewalk.
 - ◇ Upgrading the electrical system.
 - ◇ Plumbing.
 - ◇ Ventilation or HVAC work.
 - ◇ Widening a doorway.
 - ◇ Drywall.
 - ◇ Painting.
 - ◇ Installation of flooring or carpeting.
 - ◇ Tile work.
 - ◇ Landscaping.
 - ◇ Demolition of existing property or structure.

When in doubt about whether Keystone First will pay for health care services, please contact the Provider Services department at **1-800-521-6007**.

Critical incident reporting: Improving communication between providers and Service Coordinators

Did you know that network providers and subcontractors **are required** to report the occurrence of a critical incident? If you are the witness to the incident or have first-hand knowledge of the occurrence, it is your responsibility to both notify the Participant's Service Coordinator and enter the incident into the Enterprise Incident Management (EIM) System. By completing these steps you will:

- Decrease the amount of work for both the provider and the Service Coordinator.
- Decrease duplicate work that will cause unnecessary deletions in the EIM system.
- Improve collaboration and rapport between the provider and Service Coordinator.

Important information about reporting missed visits

Keystone First CHC has identified a concerning trend with incomplete or vague detail when reporting missed visits in HHAExchange (HHA). It is critical to report missed visits timely, accurately, and with sufficient detail when entering your report within HHA.

As a reminder, Keystone First CHC providers are required to report all missed services for Keystone First CHC Participants who use home health skilled care, home health aide services, and/or Personal Assistance Services (PAS).

Please remember to:

- Use correct reason codes for reporting missed visits.
 - Additional details are required, regardless of the reason code.
 - All missed visits should have details as to why the visit is missed regardless of the code used. Generic dropdown answers do not include vital details that the Office of Long-Term Living (OLTL) is reviewing.
 - Provider comments should succinctly describe the circumstances of the missed visit and steps taken to ensure Participant health and safety particularly when due to inability to staff.
- For Participants with excessive missed shifts (30% or more of authorized visits), providers must have an explanation as to why and what steps are being taken to keep the Participant safe.
- If Health/Safety Risk = YES, the identified health or safety risk should be described in additional details.
- No missed shifts should be reported if there is no active service authorization for the applicable dates.
- If an EIM report is required, you must ensure you have entered the EIM and reported the correct EIM number for the incident. Do not enter placeholder numbers in this required field.

Please contact your Account Executive with any questions about required missed visit reporting.

Access to Care Management

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

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

For more information about Keystone First CHC care management, go to our website at www.keystonefirstchc.com > **Participants** > **Programs**.



COVID-19 booster shot protection for those with high blood pressure

Did you know people with high blood pressure and other health problems are at a higher risk for COVID-19? Please make sure to remind your Participants to:

- Get vaccinated.
- Monitor their blood pressure and diet.
- Have enough medication on hand to treat their high blood pressure and other health conditions.
- Wear a mask in public areas if needed.
- Wash their hands with soap and warm water.

Keep your demographic information up-to-date

As a reminder, providers are contractually bound to report changes that affect referrals, such as the relocation of an office site, and to ensure that all service locations are registered and enrolled with DHS and have an active Medical Assistance ID number (MMIS/PPID) for each location.

The Provider Change Form for LTSS providers is available on our website at www.keystonefirstchc.com/providers/manual-forms/index.aspx.

Providers are responsible for notifying their Account Executive immediately of the following changes:

- Change of ownership.
- Change to the name of the entity (including DBA).
- Change to the Tax ID Number or Employer Identification Number.
- Change to the Group Medicaid ID Number (PPID/MPI).
- Change in the status of the business filing with the Pennsylvania Department of State.
- Change in service location address (change must first be approved as PA DHS active type 59 with CHC).
- Demographic changes (e.g., remittance address, phone numbers, point of contact, etc.).

Unreported changes may result in payment delays.

Unplanned hospitalization reminders

Direct service providers can play an important role in notifying Service Coordinators of a Participant's unplanned hospitalization.

- Within two days of an inpatient stay, Service Coordinators are responsible for working with the Participant, caregivers, and hospital staff regarding discharge planning.
- Make it a practice to always notify the Service Coordinator that a Participant has been hospitalized.

Be involved! Join our Participant Advisory Committee

Keystone First CHC hosts a quarterly Participant Advisory Committee meeting, and we are asking for your help.

The Participant Advisory Committee is a forum where Participants, providers, caregivers, family members, and direct care workers come together to help us make a difference.

The purpose of the committee is to provide our Participants with an effective means to consult with each other and, when appropriate, coordinate efforts and resources for the benefit of the entire CHC population in the zones and/or populations with LTSS needs.

The 2022 Participant Advisory Committee meeting schedule is as follows:

Time	Location	Keystone First CHC
March 18	10:30 a.m. – 12 p.m.	Zoom (until further notice)
June 17	10:30 a.m. – 12 p.m.	Zoom (until further notice)
September 16	10:30 a.m. – 12 p.m.	Zoom (until further notice)
December 16	10:30 a.m. – 12 p.m.	Zoom (until further notice)

We are excited to share that we are actively recruiting a diverse group of Participants and providers based on geographic and plan diversity!

- Do you have a Participant who likes to be involved in community meetings or organizations?
- Do you have a formal or informal caregiver who has expressed interest in advocating for others?

If so, we want to hear from them!

Please reach out to Community Outreach Program Manager, Maritza Padua, at mpadua@amerihealthcaritas.com with the contact information of the potential committee member, and we will do the rest!

Fraud, waste, and abuse and mandatory screening information

Reminders for Keystone First CHC home and community-based services (HCBS) providers:

- Please complete the Fraud, Waste, and Abuse training and attestation annually.
- Screen employees and contractors, both individuals and entities, for participation exclusion from the Medicare, Medicaid, or any other federal health care program.
- Report fraud, waste, or abuse concerns and incidents immediately.

If you have not completed your training for this calendar year, please go to www.keystonefirstchc.com/providers/claims-billing/fwa.aspx and complete the training and attestation as soon as possible.



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