



In this issue

Pennsylvania Medical Assistance renewals have started.....	2	Language and translation services.....	10
The updated 2023 Keystone First and Keystone First CHC Provider Manuals are now available online.....	3	Electronic visit verification.....	11
Remember to use the NaviNet online prior authorization services.....	3	Be involved — join our Participant Advisory Committee.....	12
Fraud, waste, and abuse.....	4	American Dental Association (ADA) claim form update.....	13
Quality and utilization management.....	5	The updated 2023 Keystone First and Keystone First CHC Dental Provider Supplements are now available online.....	13
Quality improvement updates.....	6	Important: new formulary changes.....	14
School's out for summer, and so are your pediatric patients.....	8	RECALL NOTICE: Akorn issues voluntary nationwide recall due to company shutdown.....	14
Provider Satisfaction Survey summary.....	8	Pharmacy prior authorization: no phoning or faxing — just click away!.....	15
Let Us Know.....	9		
HCBS Provider Satisfaction Survey summary.....	10		



Pennsylvania Medical Assistance renewals have started

As you know, the Pennsylvania Department of Human Services (DHS) was able to keep Medical Assistance (MA) coverage open for most people during the COVID-19 public health emergency (PHE) even if they were no longer eligible for MA. DHS is now in the process of making sure that everyone who is receiving MA is still eligible by reviewing each person's information.

How can you help?

Start the conversation with your MA patients and stress the importance of submitting their renewal paperwork on time. To help you with this process:

- **Share our quick tip checklists** with your patients. These tear-off lists tell MA recipients what they need to do and where they can go if they need help or have questions. If you need these lists, please let your Account Executive know.
- **Visit the NaviNet provider portal** to use the following new tools, which allow you to view upcoming MA eligibility redetermination dates:
 - **Member/Participant Annual Eligibility Redetermination Popup Alert:** In the **Eligibility and Benefits Screen** under the **Patient Alert Details** pop-up, there will be a new **Redetermination Report** link that, when clicked, will display the patient's upcoming eligibility redetermination date. The new pop-up alert will be very similar to the existing Care Gap and PCP History alerts and will be available to all provider types.
 - **Member/Participant Annual Eligibility Redetermination Report:** In the **Administrative Report Inquiry** section, a new report will be available for PCPs under the report drop-down menu that provides a full list of all members or Participants on your roster who have upcoming eligibility redetermination dates (within the next 90 days). The report will be available for PCPs to download in both PDF and Excel formats.

The updated 2023 Keystone First and Keystone First CHC Provider Manuals are now available online

Examples of updates and changes include:

- Prior Authorization Lookup tool: Added that the additional payment may also be adjusted if the member or Participant's eligibility changes between the time the authorization was issued and the time the service was provided.
- Medically Necessary: Updated the Medically Necessary section to reflect updated definition.
- Maternity/Obstetrical Observation Stay: Updated how a Maternity/Obstetrical Observation Stay is defined.
- Non-Covered Medications: Removed drugs and other items prescribed for any of the following: obesity, anorexia, weight loss, weight gain, or appetite control unless the drug or item is prescribed for any medically accepted indication other than obesity, anorexia, weight loss, weight gain, or appetite control.

For the complete list of the 2023 manual updates and changes, and to access the manual in its entirety, visit www.keystonefirstpa.com > **Providers > Provider manual and forms** and www.keystonefirstchc.com > **For Providers > Provider manual and forms**.



Provider Manual | May 2023
Primary Care | Specialist | Ancillary | Hospital

 **Keystone First**

Copyright © 2023 Keystone First. All rights reserved. Keystone First is a registered trademark of Keystone First. Keystone First is not responsible for the content of any external links.



Provider Manual | May 2023
Primary Care | Specialist | Ancillary | Hospital
Long-Term Services and Supports

 **Keystone First**
Community HealthChoices

Remember to use the NaviNet online prior authorization services

In addition to submitting and inquiring about existing authorizations on NaviNet Plan Central, you can also:

- Verify if no authorization is required.
- Receive auto approvals, in some circumstances.
- Submit amended authorization.
- Attach supplemental documentation.
- Sign up for in-app status change notifications directly from the health plan.
- Access a multi-payer authorization log.
- Submit inpatient concurrent reviews online if you have health information exchange (HIE) capabilities (fax is no longer required).
- Review inpatient admission notifications and provide supporting clinical documentation.

Video tutorials and step-by-step instructions are available on the NaviNet Plan Central page.

Fraud, waste, and abuse

Keystone First and Keystone First CHC are committed to detecting and preventing acts of fraud, waste, and abuse and have webpages 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 > **For 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 mandatory provider 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.

If you suspect it, report it: Help us fight 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 beneficiaries, becomes concerned about or identifies potential fraud, waste, 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
3875 West Chester Pike
Newtown Square, PA 19073

Providers may also report suspected fraud, waste, and abuse directly to the Pennsylvania Department of Human Services through one of the following methods:

- Phone: **1-866-379-8477**
- Online:
www.dhs.pa.gov/about/Fraud-And-Abuse/Pages/MA-Fraud-and-Abuse---GeneralInformation.aspx
- Fax: **1-717-772-4655**, Attn: MA Provider Compliance Hotline
- Mail:
Department of Human Services
Bureau of Program Integrity
P.O. Box 2675
Harrisburg, PA 17105-2675

Quality and utilization management

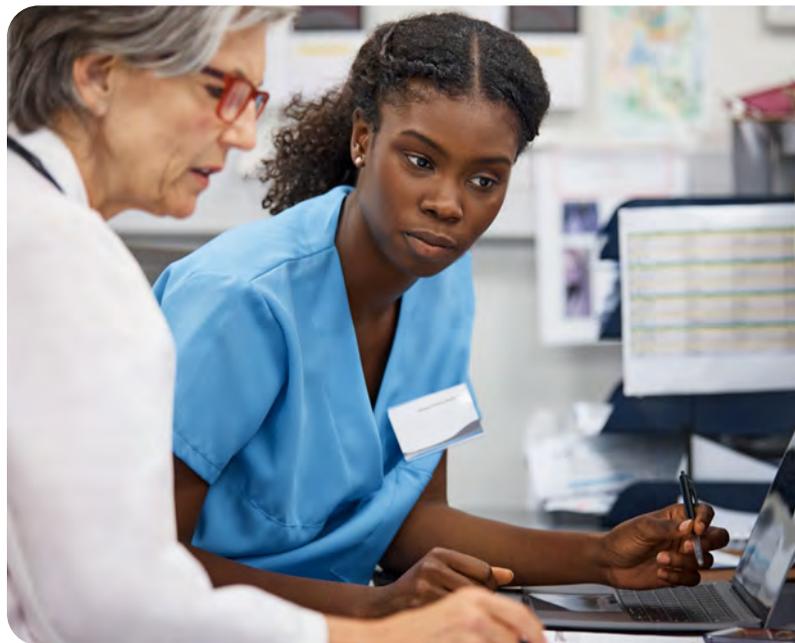
Our plans have adopted clinical practice guidelines for treating members and Participants, with the goal of reducing unnecessary variations in care. Clinical practice guidelines represent current professional standards, supported by scientific evidence and research. These guidelines are intended to inform, 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 resources** and www.keystonefirstchc.com > **For Providers > Resources > Clinical Resources**. The guidelines are also available upon request by calling Provider Services at **1-800-521-6007**.

The plans will provide their utilization management (UM) criteria to network providers upon request. To obtain a copy of the UM criteria:

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

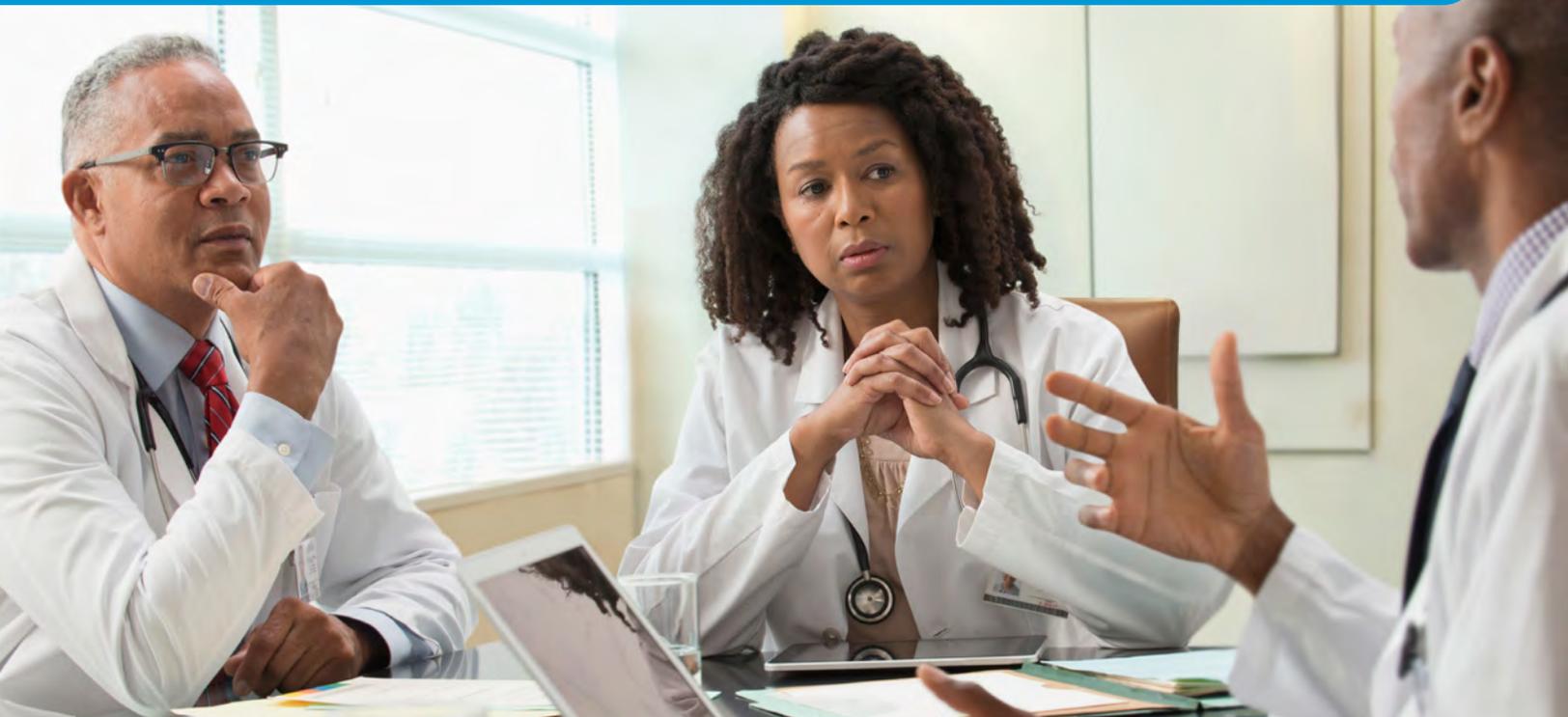
You will receive a faxed copy of the requested criteria within 24 hours or a written copy by mail within five business days of your request.

Please remember that the health 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 (DME), home health care, and concurrent review. Call the Medical Director Hotline at **1-877-693-8480**.



Additionally, we would 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 health 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 updates

Our Quality Improvement (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

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

The following measures exceeded the previous year's performance percentile:

- ADV — Annual Dental Visit
- AWC — Adolescent Well Care Visit
- WCC — Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents
- LSC — Lead Screening in Children
- CDC — Comprehensive Diabetes Care — Eye Examination
- AMR — Asthma Medication Ratio
- AMM — Antidepressant Medication Management — Acute and Continuum Phases
- ADD — Follow-Up Care for Children Prescribed ADHD Medication — Initiation and Continuation Phases

Continued on page 7

Quality improvement updates continued from page 6

Keystone First goals

- Controlling blood pressure for members with hypertension
- Increasing the compliance rates for African Americans by reducing disparities
- Improving medication adherence for members with asthma
- Implementing a comprehensive diabetes management program across teams

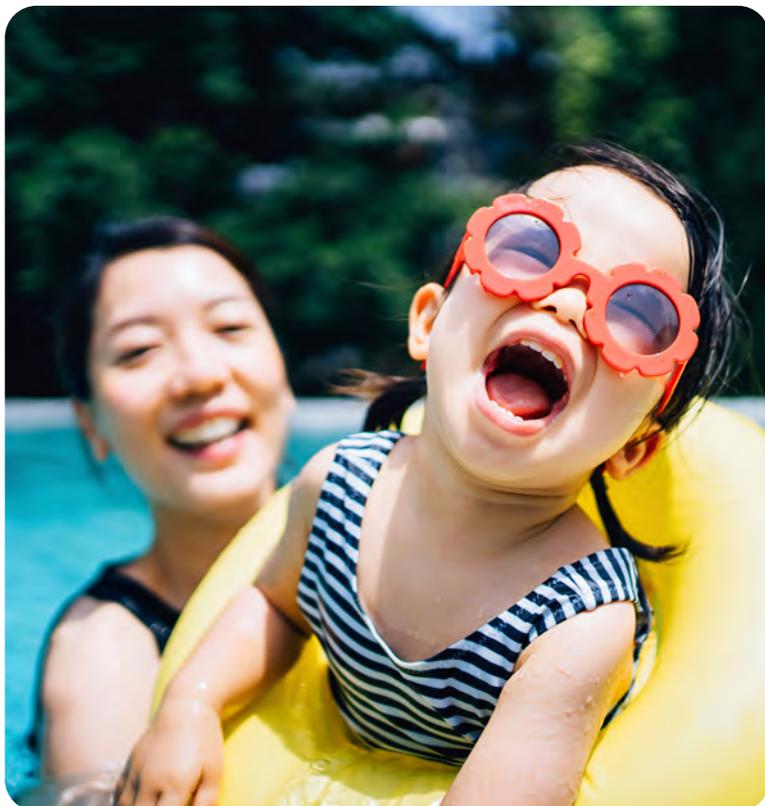
Keystone First CHC recent successes

- Achieved Medicaid Health Plan Accreditation and LTSS Distinction status from NCQA.
- Achieved significant improvement in the Adult Annual Dental Visit (AADV) measure from the prior year's measurement.
- Improved timeliness for closing critical incidents.
- Exceeded the access standards for routine and urgent care for PCPs, routine care for high-volume and high-impact specialists, and urgent care for high-volume specialists.
- Exceeded the geographic access goals (urban and rural) for PCPs, high-impact specialty care, and high volume-specialty care providers.
- Met the goals for grievances for all five categories (QOC, Access, Attitude/Service, Billing/Financial, Quality of Practitioner Office Site).
- Achieved a 100% compliance rate for credentialing practitioners and providers within the required 60-day turnaround time.
- Improved the HEDIS LTSS Shared Care Plan measure rate from 2020 to 2021.
- All delegation oversight annual audits were completed timely.

- The following HEDIS measures exceeded the previous year's performance percentile:
 - Controlling High Blood Pressure (CBP)
 - Blood Pressure Controlled (< 140/90 mmHg)
 - Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medication (SSD)
 - Cervical Cancer Screening
 - Pharmacotherapy Management of COPD Exacerbation — Bronchodilator
 - Statin Therapy for Patients with Cardiovascular Disease — received Statin Therapy (Females 40 – 75 Years)

Keystone First CHC goals

- Achieve ≥ 86% or better on all measures related to critical incidents.
- Achieve an NCQA Health Plan Rating ≥ 4.
- Achieve a score of ≥ 85% for key Medicaid Adult CAHPS measures.
- Meet after-hours access goals.
- Meet the timeliness of utilization management determinations standards.
- Improve the Medicaid Adult and HCBS CAHPS measures that did not meet goals.
- Improve the percentage of Participants who follow up with their PCP after being discharged from an inpatient setting to meet the target goal of 70%.
- Improve the percentage of Participants who follow up with their PCP after being discharged from an ER visit to meet the target goal of 70%.
- Improve compliance on the measure “Number and percent of CHC-MCO waiver Participants who have Person-Centered Service Plans (PCSPs) adequate and appropriate to their needs, capabilities, and desired outcomes.”



School's out for summer, and so are your pediatric patients

Summertime is the perfect time to make sure pediatric patients are up to date on all required and recommended immunizations for their respective ages before the back-to-school rush. The pediatric immunization schedule provides a breakdown of recommended vaccines by age and dosage frequency. In addition, physicians can also refer to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) periodicity schedule to verify that their pediatric patients are up to date on crucial screenings, preventive health assessments, examinations, and diagnostic services. We want to help make sure our young members are getting the care they need to aid their overall health and wellness.

The pediatric immunization schedule and the EPSDT periodicity schedule can be found on our website at www.keystonefirstpa.com > **Providers > Resources > Clinical resources EPSDT.**

Provider Satisfaction Survey summary

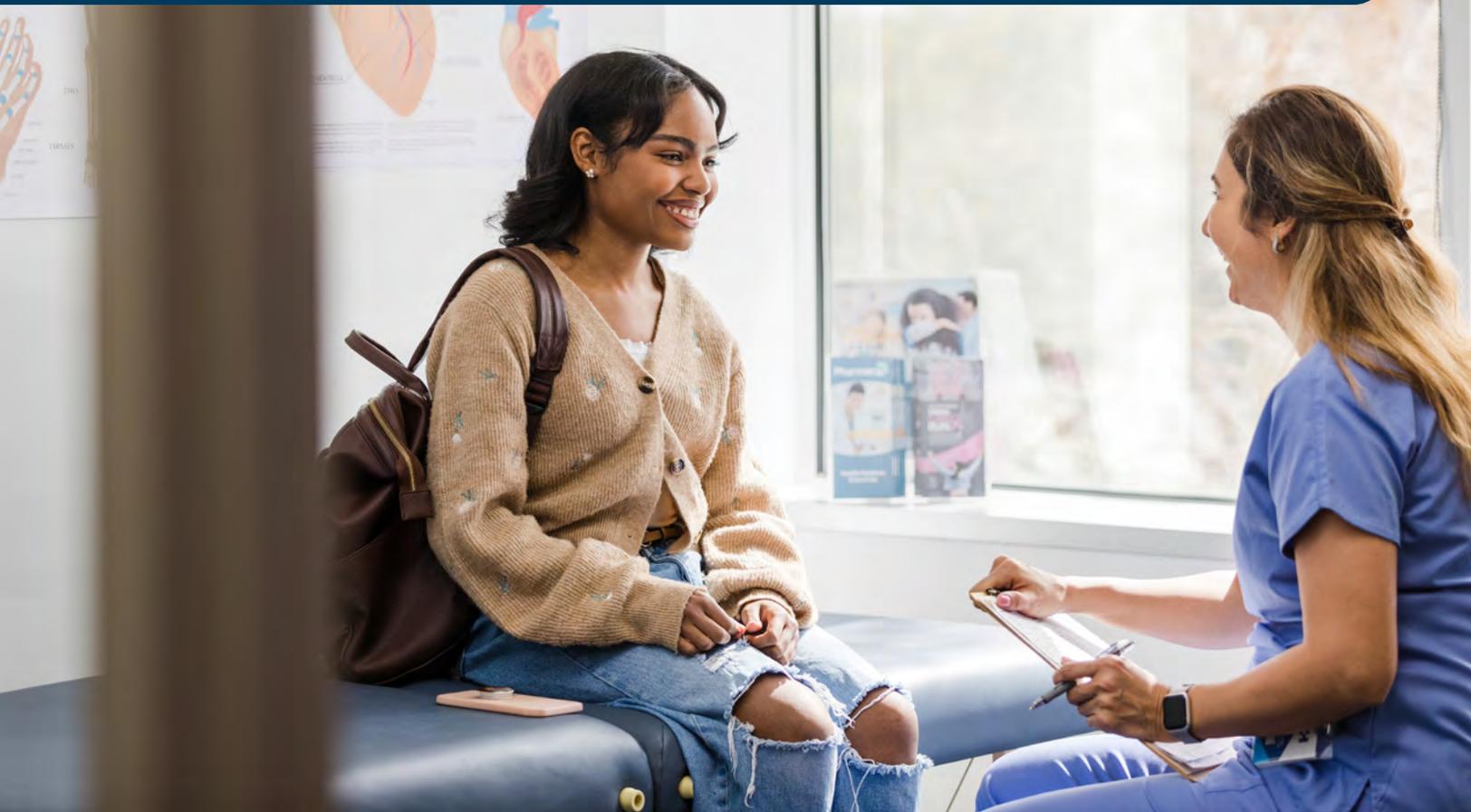
Keystone First sincerely thanks the practices that were able to participate in the 2022 Provider Satisfaction Survey, and we value your feedback and opinions.

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. For example:

- 77.97% meet the cultural needs of your patients by taking into consideration their dietary or medication restrictions/preferences, family traditions, beliefs about blood transfusions, choice of practitioner gender for examinations, etc.
- 53.04% conduct the office visit in the patient's native or preferred language.

Thank you for your continued support of our members and your dedication to **ongoing training** in the following areas:

- Cultural competency
- Medical bias
- LGBTQIA+ cultural competency



Let Us Know

The Let Us Know program is not just for notifying Keystone First of member missed appointments. The program can also be used to refer members who have the following needs or require necessary interventions:

- Assistance with transportation
- Frequent emergency room utilization
- Prescription medication nonadherence
- Food insecurity
- Crisis intervention
- Tobacco cessation
- Weight management
- Crisis follow-up resources

We have many support teams and tools available to assist in the identification, outreach, and education of our members, as well as clinical resources for providers in their care management. For more information on the Let Us Know program, visit www.keystonefirstpa.com > **Providers** > **Resources** > **Programs**.

HCBS Provider Satisfaction Survey summary

Keystone First CHC sincerely thanks the home- and community-based services (HCBS) providers who participated in the 2022 Provider Satisfaction Survey. We value your insight and appreciate the time taken to participate in the survey.

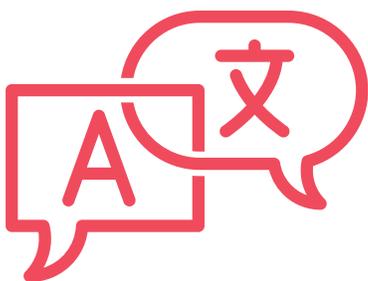
We are so encouraged and proud of your commitment to cultural competency. Providers surveyed scored high in this category and are committed to providing culturally competent care to Participants. For example:

- 97% use professional guidelines or best practices when working with Participants with religious, cultural, or language backgrounds that differ from your own.
- 63% conduct visits using the Participant's preferred language.



Thank you for your continued support of our Participants and your dedication to **ongoing training** in the following areas:

- Cultural competency
- Medical bias
- LGBTQIA+ cultural competency



Language and translation services

To help make sure our 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.

Go to www.keystonefirstchc.com > **For 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 **1-215-259-7000, ext. 55321**.

If a Keystone First CHC Participant needs an interpreter, please ask the Participant to call us at **1-855-332-0729** to be connected with an interpreter that meets their needs. For TTY services, please call **1-855-235-4976**.



Electronic visit verification

HCBS providers who provide and bill for personal care services (PCS) and respite services (in unlicensed settings only) are required to use the electronic visit verification (EVV) system. Keystone First CHC utilizes the EVV data to confirm that there is a corresponding EVV transaction to support the claims payment.

In addition to the denial of the claim, failure to submit EVV records for verified visits without manual edits may subject you to a corrective action plan (CAP). In order to achieve and maintain compliance with this requirement, please make certain that you and your staff are familiar with and comply with the following:

- Matching EVV data is required for claim lines billed with codes **W1793** (PCS) and **T1005** (respite) for dates of service.
- Providers should monitor their EVV compliance on a weekly basis and educate staff on EVV requirements.
- The implementation of EVV must not negatively impact the provision of services. You should provide these services as you did before the implementation of these EVV requirements. EVV does not change the method and location for service delivery.

If you have any questions regarding this notice, please contact your dedicated Keystone First CHC Account Executive.



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 zone, including people with LTSS needs.

The 2023 Participant Advisory Committee meeting schedule is as follows:

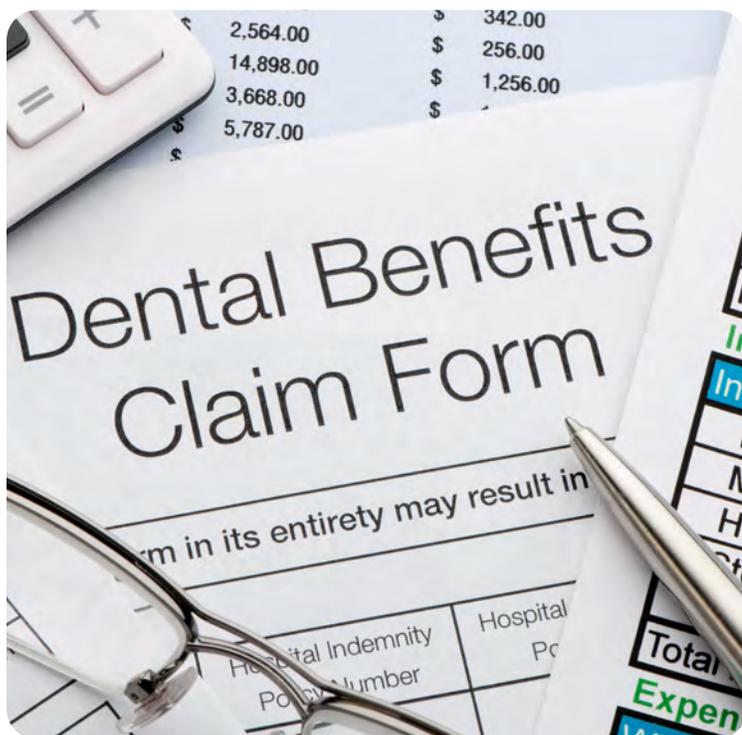
Date	Time	Location
September 14	10:30 a.m. – noon	Zoom (until further notice)
December 14	10:30 a.m. – noon	Zoom (until further notice)

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 know a Participant who likes to be involved in community meetings or organizations?
- Do you know 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 Relations Manager Nicole Ragab at nragab@amerihealthcaritas.com with the contact information of the potential committee member, and we will do the rest!



American Dental Association (ADA) claim form update

Keystone First and Keystone First CHC would like to remind providers to follow the billing guidelines issued in DHS Medical Assistance bulletin 17-23-01 regarding the requirement to submit the ADA claim form (2019 version).

All claims and authorization requests, regardless of dates of service, must be submitted on the 2019 ADA claim form. Any claim submitted on the 2012 (or older) ADA claim form will be rejected.

2019 ADA claim forms can be ordered from the ADA by calling **1-800-947-4746** or accessing the ADA website at <https://catalog.ada.org/catalog>.

The updated 2023 Keystone First and Keystone First CHC Dental Provider Supplements are now available online

Examples of updates and changes include:

- The requirement to submit all claims and prior authorization requests on the most current version of the ADA form.
- Orthodontic Continuation of Care: Added section for the process of continuation of orthodontic coverage.
- Clarification that patient records must be kept for a minimum of 10 years after the end of the termination of the state of client contract.
- Updated the list of services that require Prior Authorization/Retrospective Review.
- Updated the Dental Benefits Grid.
- Chart audit scores above 90% are considered as passing. Offices with scores less than 90% will have a corrective action letter sent and are re-reviewed for compliance within the next 120 days

For the complete list of 2023 supplement updates and changes, and to access the supplement in its entirety, visit www.keystonefirstpa.com > **Providers** > **Resources** > **Dental program** or www.keystonefirstchc.com > **For Providers** > **Resources** > **Dental program**.

Important: new formulary changes

Prior authorization is required for members/Participants currently receiving more than the quantity limit(s) listed in the Formulary Limits chart, for whom it is not medically advisable to change therapy.

Formulary Limits	
Product list	Quantity limit
Glucose test strips (products vary)	100 test strips per 30 days
Lancets (products vary)	100 lancets per 30 days
Disulfiram oral tablet 250 mg	30 tablets per 30 days
Omeprazole-sodium bicarbonate oral packet 20-1,680 mg	30 packets per 30 days
Saxenda subcutaneous solution pen-injector 18 mg/3 ml	Five pens or 15 ml per 30 days
Wegovy subcutaneous solution auto-injector 0.25 mg/0.5 ml	Four pens or 2 ml per 30 days
Wegovy subcutaneous solution auto-injector 2.4 mg/0.75 ml	Four pens or 3 ml per 30 days

Additional prior authorization criteria may apply. Please refer to the most recent drug formulary and prior authorization information available online at:

www.keystonefirstpa.com > Pharmacy or www.keystonefirstchc.com > Providers > Pharmacy services



RECALL NOTICE: Akorn issues voluntary nationwide recall due to company shutdown

Akorn Operating Company, LLC (Akorn) has voluntarily recalled several products from the market due to the company shutdown. Akorn has discontinued its quality program and can no longer ensure that product identity, strength, quality, and purity characteristics are met. The company has stated that further distribution or use of any remaining product on the market should cease immediately.

For a list of recalled products, please visit: <https://www.fda.gov/media/167863/download>.

Members and Participants who had a prescription filled for any of the recalled products were notified and instructed to contact their provider or pharmacy.

For more information on this recall, please visit the U.S. Food and Drug Administration site:

<https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/update-akorn-issues-voluntary-nationwide-recall-various-human-and-animal-drug-products-within-expiry>



Pharmacy prior authorization: no phoning or faxing — just 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 > For Providers > Pharmacy Services > Pharmacy Prior Authorization > Online prior authorization request form.

Please visit our websites for:

- A list of pharmaceuticals, including restrictions and preferences
- How to use the pharmaceutical management procedures
- An explanation of limits or quotas
- Drug recalls
- Prior authorization criteria and procedures for submitting prior authorization requests
- Changes approved by the Pharmacy and Therapeutics Committee



Connections Editorial Board

Joanne McFall
Market President
Keystone First

John Koehn
Vice President
Keystone First Community HealthChoices

Lily Higgins, MS, MD, MBA
Corporate Chief Medical Officer
Keystone First

Erica David-Park, MD
Market Chief Medical Officer
Keystone First Community HealthChoices

Kristen Young
Director
Pennsylvania Communications

Marianne Gravina
Manager
Provider Communications

Chris Byrom
Editor

Contact us:
Keystone First: provider.communications@keystonefirstpa.com

Keystone First CHC: provider.communications@keystonefirstchc.com

KF_232808256-1

Coverage by Vista Health Plan,
an independent licensee of the
Blue Cross and Blue Shield Association.

All images are used under license for illustrative
purposes only. Any individual depicted is a model.

www.keystonefirstpa.com
www.keystonefirstchc.com
www.keystonefirstvipchoice.com



Keystone First
Family of Health Plans