



Discharge Planning Guide

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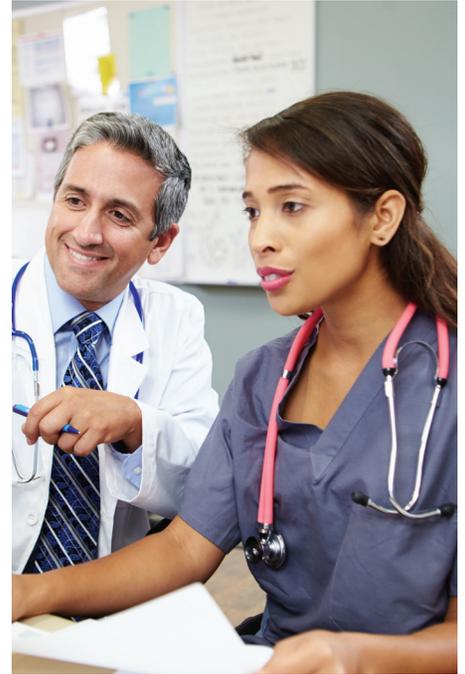
How to use this guide

This guide is a collection of resources for our hospital and provider partners to help you provide the best care to our members — your patients. It is intended to be used as a reference when referring Keystone First members for services.

Included are procedural steps and documents needed to request discharge planning services for patients who need durable medical equipment (DME), home care services, and placement into facilities for rehabilitation services, such as skilled nursing, acute care, sub-acute care, and long-term acute care.

You will find the following resources:

- Discharge planning steps.
- Discharge planning checklists.
- Discharge planning form.
- Link to search for participating providers.



For more information about Keystone First, please visit our website at www.keystonefirstpa.com.

Authorization request fax numbers

Authorization requests, including all applicable information, can be submitted via fax to the numbers below.

DME fax		1-215-937-5383
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Home Care Services fax		1-215-937-5322
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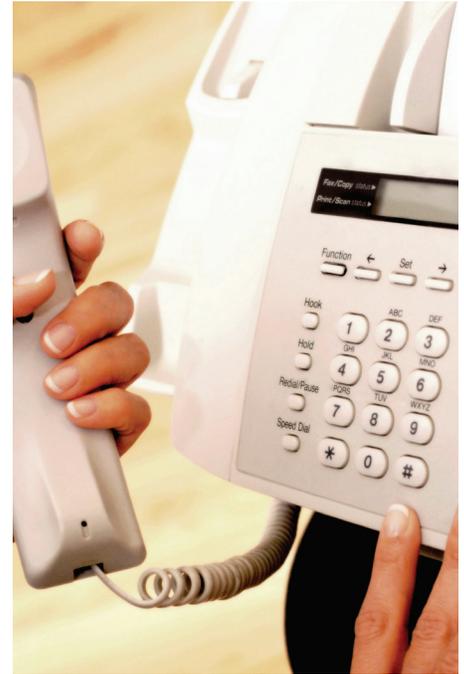
Inpatient Services fax	Unit 1:	1-215-937-7368
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	Unit 2:	1-215-937-7370
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	Unit 3:	1-215-937-7369
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	Unit 4:	1-215-937-7365
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	Unit 5 (SNF/Rehab/Hospice):	1-215-937-7367
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For additional assistance, contact the Keystone First Utilization Management department at **1-800-521-6622** or the Prior Authorization department at **1-215-937-5322**. Detailed information is available on our website at www.keystonefirstpa.com.

Discharge planning steps

Step 1.

Obtain a signed provider's order.

A signed provider's order or treatment plan must be included with a request to initiate a referral for patient placement into a facility for rehabilitation services and to request home care services or DME. Without the signed provider's order, the processing of these requests will be delayed.

Step 2.

Create a treatment plan that includes the following information.

- Specific measurable long- and short-term goals.
- A reasonable estimate of when the goals will be reached.
- The specific modalities and/or therapeutic procedures to be used during the treatment.
- The frequency and duration of treatment.

Step 3.

Complete the clinical review process.

Upon receiving all requested information, the Clinical Care Reviewer will review the request for medical necessity and determine whether to approve the request within one calendar day (Concurrent Review) to two business days (Prior Authorization). We will notify requesters if required information is missing. Requesters will then have 24 hours after receiving notification to provide the requested clinical information. Processing of requests will be delayed if the plan does not receive all requested information.

Step 4.

Await notification.

The Clinical Care Reviewer notifies providers by fax, phone, and letters of the approval or denial of requests and the reasons for denials. The Clinical Care Reviewer will also advise providers of information missing from requests, and will document provider notifications into our systems. Requesters will have the right to request peer-to-peer reviews at **1-877-693-8480**.



Important information

- A physician must certify the prescribed treatment plan requires skilled care.
- The member must require skilled nursing or skilled rehabilitation services, or both, on a daily basis.
- Skilled nursing and skilled rehabilitation services are those that require the skills of technical or professional personnel such as registered nurses, licensed practical nurses, physical therapists, and occupational therapists. Services are deemed skilled when the service is of a complex nature that can only be safely and effectively performed by or under professional or technical supervision.

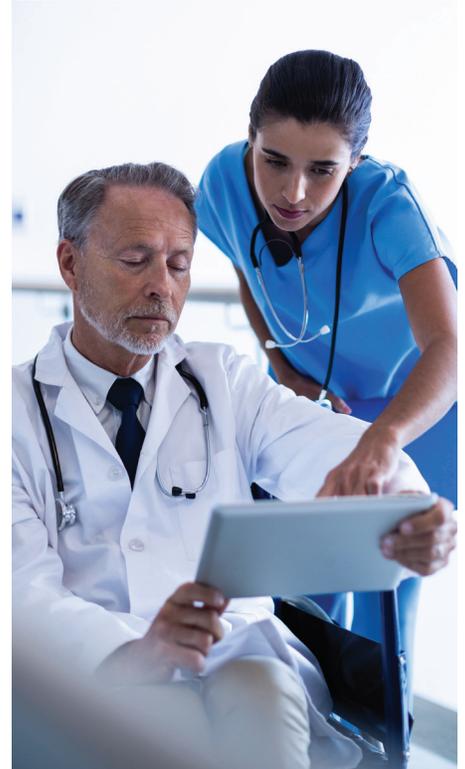
Link to participating network providers

(including DME, hospice, rehabilitation facilities, skilled nursing facilities, and home health agencies)

Use the following link to search for participating network providers. While searching, be sure to select **Hospital/Facility**, enter the member's **ZIP code**, and choose the **specialty** for which you are searching.

<http://keystonefirstpa.prismisp.com/AdvancedSearch>

If you need further assistance in locating a participating network provider, please contact Provider Services at 1-800-521-6007.



☑ Checklists

Requests for transfer to rehabilitation facilities

- Signed provider's order with a prescribed treatment plan.
- Member demographic information or face sheet.
- Contact information for person who submitted the request (phone and fax numbers).
- Clinical therapy notes (from intravenous antibiotic, occupational, physical, or speech therapies).
- Discharge summary.
- Diagnostic test results.
- Laboratory results.
- Medicine lists.
- Patient history.
- Names of facilities and points of contact where the request was faxed.



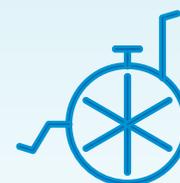
Requests for transfer of services provided by a home care agency

- Signed provider's order.
- Member demographic information or face sheet.
- Contact information for person who submitted the request (phone and fax numbers).
- Address of the location where the patient will be staying upon discharge.
- Contact our plan's Utilization Management department to request authorization.
- Names of facilities and points of contact where the request was faxed.
- Notify our plan's concurrent review team of intention to use home care services.



Requests for DME

- Signed provider's order.
- Member demographic information or face sheet.
- Contact information for person who submitted the request (phone and fax numbers).
- Address where equipment is to be delivered.
- Names of facilities and points of contact where the request was faxed.
- Notify our plan's concurrent review team of intention to use DME.



Discharge Planning Form

Please print clearly in blue or black ink.



Keystone First

Provider information	
Primary care practitioner:	Phone number:
Admitting provider:	Phone number:
Other specialist (e.g., cardiologist):	Phone number:
Hospital name or Taxpayer Identification Number (TIN):	

Patient information		
Name:	Date of birth: (MM/DD/YYYY)	Age:
Date of admit:	Diagnosis or procedure:	
Date of most previous admit:	Provider:	
Provider's admission discharge plan: <input type="checkbox"/> Home <input type="checkbox"/> Skilled nursing facility (SNF) <input type="checkbox"/> Other (please specify):		
Comments:		

Health insurance information	
Primary:	ID number:
Secondary:	ID number:
Private or other:	

Discharge Planning Form

Significant medical history

Medications

Pharmacy:

Phone number:

Prescription given for the following medication(s):

- Narcotic Anticoagulant Insulin Digoxin Aspirin
 Other (please specify):

Comments:

Prior hospitalizations

- Readmit within 30 days of emergency room (ER) visits:

Medical history:

- Cancer Heart failure
 Chronic obstructive pulmonary disease (COPD) Mental illness
 Deep vein thrombosis Pneumonia
 Depression Stroke
 Diabetes Other:

Comments:

Residence

- Single-family Townhouse Apartment or condo Lives alone Needs assistance

- Single-level Multiple levels

Number of steps inside/outside home:

- Lives with/relationship:

Discharge Planning Form

Services needed for discharge (include provider order and indicate frequency)

Physical therapy
 Occupational therapy
 Registered nurse
 Home health aide

Preferred home rehabilitation services	Preferred SNF
1.	1.
2.	2.
3.	3.

Other (e.g., hospice inpatient or home)	Transportation needs
1.	<input type="checkbox"/> Private <input type="checkbox"/> Ambulance <input type="checkbox"/> Wheelchair van
2.	Name of company or person:
3.	Contact phone number:

Durable medical equipment (DME) needs

Purchase
 Rental

Wheelchair
 Bedside commode
 Walker
 Shower chair
 Cane

Preferred purchase for DME

1.
2.
3.

Hospital contact personnel

Contact person name:

Title:

Phone number:

	DME fax	Home Care Services fax	Inpatient Services fax
Keystone First	1-215-937-5322	1-215-937-5322	Unit 1: 1-215-937-7368
			Unit 2: 1-215-937-7370
			Unit 3: 1-215-937-7369
			Unit 4: 1-215-937-7365
			Unit 5: 1-215-937-7367

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Form: KF_18243773



Keystone First

Prior Authorization Fax
1-215-937-5322

 Prior Authorization Retro Fax
1-215-937-7371

 DME Fax
1-215-937-5383

 OB Request Fax
1-844-688-2973

Fax this form and submit all pertinent clinical information to the appropriate fax number above.

Please print — accuracy is important.

Facility name:			
National Provider Identifier (NPI) number:			Tax ID:
Address:			
Phone:		Fax:	
Provider name:		Keystone First provider ID:	
NPI number:		Tax ID:	
Address:			
Phone:		Fax:	
Preparer's name:		Phone:	Fax:
Date faxed:		Number of pages:	

Patient information

Patient name:	
Keystone First ID number:	
Date of birth:	
Eligibility date:	
Third-party liability:	

Check one: IP request OP request Short Procedure Unit (SPU) DME: rental or purchase OB request Home care

Date of service:		Pending authorization number (if applicable):	
Requested service:		Dx code(s):	
Treating physician name:		CPT code(s) and quantity:	
Physician NPI number:		HCPC code(s) and quantity:	

Referring physician name:	
NPI number:	
Phone number:	
Fax number:	

Important payment notice:

Please note that reimbursement for all rendering network providers subject to the ordering/referring/prescribing (ORP) requirement for an approved authorization is determined by satisfying the mandatory requirement to have a valid Pennsylvania Medical Assistance (MA) Provider ID. Effective January 1, 2018, any claims submitted by rendering network providers that are subject to the ORP requirement will be denied when billed with the NPI of an ORP provider that is not enrolled in MA.

To check the MA enrollment status of the practitioner ordering, referring, or prescribing the service you are providing, visit the DHS provider look-up portal at: <https://promise.dpw.state.pa.us/portal/Default.aspx?alias=promise.dpw.state.pa.us/portal/provider>.

Our mission

We help people get care, stay well, and build healthy communities.

We have a special concern for those who are poor.

Our values

Advocacy

Dignity

Care of the poor

Diversity

Compassion

Hospitality

Competence

Stewardship



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