

A message from our Market Chief Medical Officer, Dr. Lily Higgins

Dear Keystone First Providers,

Thank you for the care you provide to our members day after day. As clinicians, we must ensure that we take care of this vulnerable population. I am so proud of the continued success we have had working with you for two of our member-facing programs, the B.E.S.T.® Asthma Program. Breathe Easy. Start Today.® and C.A.R.E. in HandSM.

Through our B.E.S.T. program, Keystone First offers your practice an in-office way to ensure that your asthmatic patients are breathing easily. This program combines an innovative educational concept with inhalers, spacers, masks, and medications dispensed directly from your office.

For our C.A.R.E. in Hand program (Contraceptives and medications. Available at the point of service. Ready. Every day.), we have collaborated with Stellar Rx™ to bring you the XpeDose® unit, which allows you to dispense family-planning medication and devices, along with treatments for STIs. This will support point-of-service care at no expense to your office and with no administrative burden of ordering and restocking.

We truly appreciate your participation in these programs and your acceptance of the changes they entail for your practice's workflow. These changes greatly improve our members' quality of care at the point of service. I would like to share with you some results that prove how successful our partnership can be:

B.E.S.T. Asthma Program	Decrease in ER visits and inpatient stays
C.A.R.E. in Hand	Increase in contraception usage postpartum

Another key part of improving care is our daily hospital encounter notification. This notice, sent by fax or e-mail to your practice, provides information about your Keystone First patients who have either:

- Visited the emergency room.
- Been admitted.
- Been discharged.



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A message from our Market Chief Medical Officer, Dr. Lily Higgins (continued)

Each confidential notice has the following data elements:

- Member name, Keystone First ID number, and birth date.
- Member contact information, including address and phone number.
- Facility name.
- Date and time of visit.
- Identification if member is at risk and may need case management.

We are thankful to those of you who use the daily hospital encounter notification to improve your patients' preventable hospital readmissions and occurrences of emergency visits. If you are not receiving it, please reach out to your Account Executive. We hope to see a continued increase in 2019.

Finally, with the upcoming new year in mind, Keystone First is committed to providing person-centered care. We realize the importance of the social determinants of health — 50 percent of a person's state of health can be affected by improving their social determinants.

We will focus on five key determinants:

- Economic stability.
- Education.
- Social and community context.
- Health and health care.
- Neighborhood and environment.

I encourage you to reach out to me to discuss our programs or to schedule time for me to visit your practice. You can reach me at yhiggins@keystonefirstpa.com or **1-215-863-6604**. As we come to the end of another year, I thank you and your practices for your continued commitment to the care, health, and well-being of our members.

Wishing you and yours a happy and healthy new year.

Regards,



Dr. Lily Higgins



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Instructional videos now available for expanded NaviNet functionalities

We recently added functionality in NaviNet to enable you to complete more activities directly in the portal. To help you take advantage of these convenient features, we are sharing videos that walk you through the steps of using each function. **You can access and view the following videos on NaviNet Plan Central:**

- Admissions and Discharge (ADT) Alerts.
- Claims Investigation.
- Care Gap Response Form.
- Intensive Case Management Program.

Additional resources

For other resources on managing and using your NaviNet account, check out the **NaviNet Basics** page (<https://support.nanthealth.com/health-plans/navinet-basics>), your virtual user guide to navigating NaviNet. Just click the NaviNet Basics link to go directly to the support page. Or, after you are logged in, click **Help** on the top-left of the NaviNet screen, and then click the **NaviNet Basics** tab.

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



Keystone First maintains commendable accreditation status from the National Committee for Quality Assurance (NCQA)

Keystone First members continue to be satisfied with their care and overall experience with the plan, which measures member satisfaction directly from the annual results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®).

Areas where we continue to do well:

- Overall health care received by members.
- Experience with customer service.
- Multicultural Health Care Distinction — continuing to improve culturally and linguistically appropriate services.

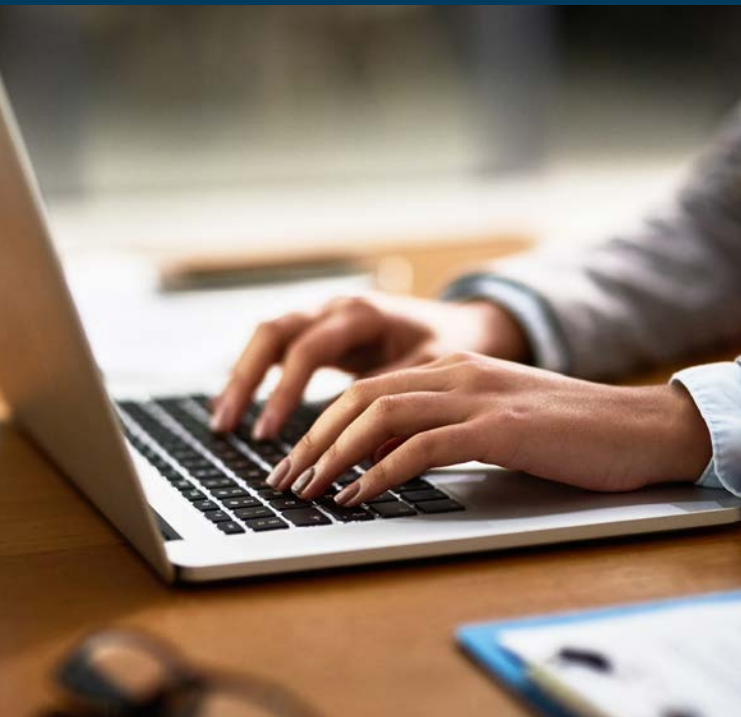
Area where we improved in satisfaction:

- Care coordination (10 percent increase) — important in meeting members' needs and preferences in their preferred delivery of quality health care.

Areas that we are committed to improving:

- Balancing health care decision-making between member and primary care practitioner (PCP)/provider.
- Member education via outreach and screenings.
- Provider support.

As we move closer to a new year, we are looking forward to working with you to meet our mutual goals in providing the best care possible to our members. If you have feedback or suggestions for improvement, please reach out to us through our Provider Communications mailbox at provider.communications@keystonefirstpa.com.





Important reminders!

Sealants

Each year, managed care organizations in each state are required to report on the effectiveness of their program efforts. The Annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Participation Report evaluates the number of children under age 21 who have received child health screenings, have been referred for corrective treatment, and have received dental services. One of the key dental elements includes measuring the number of individuals ages 6 to 9 and ages 10 to 14 who received dental sealants on permanent molars. Sealants help reduce the incidence of caries, the number-one chronic disease in children, which unfortunately impacts the underserved disproportionately.

As oral health professionals, you are aware of the importance of placing sealants upon eruption of permanent premolars and molars. 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 greatly depends on the application process and the ability to maintain a dry and clean environment. Factors that can assist with sealant retention include: isolation and prevention of saliva contamination,

proper technique by experienced operators, proper tooth preparation, and not applying sealants to partially erupted teeth.

Sealants are not meant to be permanent but can last up to 10 years, so make sure the integrity of the sealant is intact at every visit. Talk to your patients' parents and caregivers about sealants at every visit.

Silver diamine fluoride (SDF) update

We are now reimbursing providers for the SDF application for patients ages 0 to 20 (previously, 0 to 16) who demonstrate active decay.

As a reminder, members can receive SDF treatments (D1345) every 180 days (or two times per rolling year), with a maximum of five teeth per arch. However, those that have been identified as high risk via the ADA Caries Risk Assessment are eligible to receive an application every 90 days (or four times per rolling year) with a maximum of five teeth per arch. Prior authorization is not required.

For additional information concerning the uses, application, and dosages, please refer to www.elevateoralcare.com or contact your dental Account Executive.



Source: Mehta, V. Five Key Criteria for Sealant Success. Spear, 2014. www.speareducation.com/spear-review/2014/03/five-key-criteria-for-sealant-success.

Coding corner: Hypertensive disease and ICD-10-CM

Claims analysis shows that hypertensive disease is a frequently undercoded diagnosis. And, coding correctly for hypertension using ICD-10-CM can be daunting unless you know the rules. Correct coding is important for many reasons, including:

- Adherence to ICD-10-CM coding conventions for reporting diagnoses is required under Health Insurance Portability and Accountability Act (HIPAA) regulations.¹
- It is vital for managed care organizations like Keystone First to have accurate and complete hypertension diagnosis data on file to provide optimal care management and coverage.

When coding hypertension, it is important to consider the **ICD-10-CM Official Guidelines for Coding and Reporting**, which include instructions about “casual relationships.” When assigning diagnosis codes for hypertension, in most cases there is a **presumed causal relationship** between hypertension and heart involvement, and between hypertension and kidney involvement. In this case, the presumption allows coders to associate hypertension and chronic heart and or chronic kidney disease even when the medical record does not definitively indicate they are related.²

Below is a quick reference guide to correct coding for hypertensive disease.³

Hypertensive disease coding guide

Hypertension	Heart disease	Heart failure	Kidney disease	ICD-10-CM code
Yes	No	No	No	I10, (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic) hypertension
Yes	Yes	No	No	I11.9, Hypertensive heart disease without heart failure
Yes	Yes	Yes*	No	I11.0, Hypertensive heart disease with heart failure
Yes	No	No	Yes**	I12.9, Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease or unspecified chronic kidney disease
Yes	No	No	Yes**	I12.0, Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end-stage renal disease
Yes	Yes	Yes*	Yes**	I13.0, Hypertensive heart and chronic kidney disease with heart failure and with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
Yes	Yes	Yes*	Yes**	I13.2, Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end-stage renal disease
Yes	Yes	No	Yes**	I13.10, Hypertensive heart and chronic kidney disease without heart failure and with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
Yes	Yes	No	Yes**	I13.11, Hypertensive heart and chronic kidney disease without heart failure and with stage 5 chronic kidney disease, or end-stage renal disease

*Also requires type of heart failure to be coded — Category I50.

**Also requires type of kidney disease to be coded — Category N18.

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¹“HIPAA administrative simplification: modifications to medical data code set standards to adopt ICD-10-CM and ICD-10-PCS. Final rule,” Federal Registry, January 16, 2009; 74(11):3328-62, www.ncbi.nlm.nih.gov/pubmed/19385111 (accessed July 23, 2018).

²Carol J. Buck, *CD-10 CM Official Guidelines: 2018 ICD-10-CM For Hospitals*, Elsevier, 2018, p. 18.

³Kenneth D. Beckman, MD, MBA, CPE, CPC, “How to Document and Code for Hypertensive Diseases in ICD-10,” *Fam Pract Manag.* 2014 Mar-Apr;21(2):5-9, www.aafp.org//2014/0300/p5.html (accessed July 23, 2018).

Health equity

Health equity is the “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”

A *health disparity* is “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Source: Office of Disease Prevention and Health Promotion. HealthyPeople.gov. 2014. www.healthypeople.gov/2020/about/foundation-health-measures/Disparities.

Keystone First wants to help!

These new definitions of “health equity” and “health disparity” affect the way we address the health care encounter. There is less focus on diseases and more focus on other disadvantages. Health differences are pieces of the puzzle each patient brings to a health care encounter. That puzzle has two sections:

1. Genetic — cannot be changed.

- Gender and/or gender identity — can make people feel uncomfortable.
- Race and/or ethnicity — a major influence on food choices.
- Disability — both physical and emotional disabilities can impact lifestyle choices.

2. Environmental — can be changed.

- Education.
 - Helps a person understand their own health-related issues.
 - Helps influence making healthy choices.
- Health literacy — ability to understand their medical condition.
 - Both reading and mathematical calculations.
 - Situational — newly diagnosed with a chronic disease. Even a person with a Ph.D. can have difficulty navigating instructions when given a new diagnosis of diabetes.
 - Stress-induced — most individuals who get a dire

- diagnosis stop comprehending what is being said.
- Family income.
 - Regular income or income variations.
 - Living in poverty and the shame associated with poverty.
 - Living in a public-transportation-dependent situation.
- Geographic location.
 - Ease of getting a doctor nearby.
 - Availability of healthy foods.
 - Availability of public transportation.
 - Availability of affordable housing.
 - Safety in their neighborhood due to crime and violence.
- Readiness to live a healthy life — all the talk will not change a person unless that person is motivated to change.

Addressing the individual

Now that we have examined some of the health differences, how can the medical provider help address these issues? Here are a few tips:

- Ask questions to get a full history on the patient, not just the medical issue.
 - Access to fresh food and ability to pay for it.
 - Access to transportation.
 - Access to affordable housing.
 - Geographic location.
- Listen for clues. A patient who always “forgets” their glasses may not be able to read, or a patient who is noncompliant may not be able to read the directions on their medicines.
- Use teach-back to confirm the patient really does know what to do next.
- Implement diversity and inclusion training for all staff.
 - Create an environment where people of all backgrounds (age, race, gender, heritage, etc.) can feel comfortable.
 - Engage all staff in problem-solving. A patient who is always late or misses an appointment may lack transportation or child care.
 - Get to know the community you serve. Bring in community partners to educate your staff of emerging populations in your service area.

Above all else, treat the individual. Similarities and differences are both important. There are multiple ways to reach the same goal. Each situation is different and may require a different solution.



For more information on food insecurity and the teach-back method, see the March 2018 issue of *Connections*. For more information on treating non-English speakers, see the July 2018 issue. These editions are available online at www.keystonefirstpa.com → **Providers** → **Resources** → **Provider newsletters**.

Translation services

To help ensure our members 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 Keystone First's low, corporate telephonic rates. Visit www.keystonefirstpa.com → **Providers** → **Resources** → **Initiatives** → **Cultural competency** 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.

Member privacy

Keystone First is committed to protecting the privacy of our members' health information, and to complying with applicable federal and state laws that protect the privacy and security of members' health information. Consistent with this commitment, Keystone First has established basic requirements for the use or disclosure of members' 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/ICD-10**.



Formulary updates

Additions	Update
Advair Diskus (will pay at point of sale for members 11 and younger)	July 30, 2018
Depo-Testosterone (testosterone cypionate) vial 100 mg (with quantity limit of 4 mL per 28 days)	June 25, 2018
Testosterone enanthate (with quantity limit of 5 mL per 28 days)	June 25, 2018
Generic Axiron solution (with prior authorization)	June 25, 2018
Generic AndroGel 1% (with prior authorization)	June 25, 2018
Generic Fortesta (with prior authorization)	June 25, 2018
Benicar (with step therapy — trial of losartan or losartan HCTZ)	June 25, 2018
Benicar HCT (with step therapy — trial of losartan or losartan HCTZ)	June 25, 2018
Exforge (with step therapy — trial of losartan or losartan HCTZ)	June 25, 2018
Micardis (with step therapy — trial of losartan or losartan HCTZ)	June 25, 2018
Seasonal flu vaccines 2018 — 2019 (with quantity limit of one vaccine per six months)	September 2018
Niacin ER tablets (step therapy is no longer in place)	September 2018
Zenpep capsules	September 2018
Vancomycin capsules (prior authorization is no longer in place)	September 2018
Firvanq oral solution	September 2018
Cimduo tablets	September 2018
Dificid tablets (with prior authorization)	September 2018
Lucentis syringe, solution for injection (with prior authorization)	September 2018
Eylea vial (with prior authorization)	September 2018
Jynarque tablets (with prior authorization)	September 2018
Aimovig auto-injector (with prior authorization)	September 2018
Humira vial, pen, syringe, syringe kit (with prior authorization)	September 2018
Xeomin solution (with prior authorization)	September 2018
Fulphila syringe (with prior authorization)	September 2018
Arnuity Ellipta (with a quantity limit of one inhaler per month)	September 2018



Removals	Update
Apidra or Apidra SoloSTAR (Admelog is the preferred short-acting insulin product with a quantity limit of 30 mL per month)	August 2018
Humalog vials, Humalog cartridge, and Humalog KwikPen (Admelog is the preferred short-acting insulin product with a quantity limit of 30 mL per month)	August 2018
Promethazine vials	August 2018
Clemastine 1.34 mg and 2.68 mg tablets	August 2018
Generic Lexapro solution	August 2018
Generic Celexa solution	August 2018
Paxil suspension	August 2018
Dulera (members ages 11 years and younger will pay at point of service without a prior authorization)	July 30, 2018
Updates	
<p>Effective September 4, the following opioid edits were implemented:</p> <ul style="list-style-type: none"> All members will be restricted to 89 maximum morphine milligram equivalents (MME) per day. All members ages 21 and older will be restricted to a five-day supply every six months. All members under age 21 will be restricted to a three-day supply every six months. All long-acting opioids will require prior authorization or be non-formulary. 	September 4, 2018

Opioid prescription update

As a reminder, Keystone First continues to carefully review and update our prior authorization requirements for opioid prescriptions.

Our goal is to work with you to help ensure that our patients are receiving the correct treatment for their pain and that opioid utilization is managed and monitored appropriately. To accomplish this goal, we are expanding our application of MME and maximum day supply limits safety edits for opioid medications.

If you have any questions, please contact us at our new opioid phone and fax numbers:

Phone: **1-800-558-1655**

Fax: **1-978-313-8230**

Prior authorization is now required for:

- All extended-release and long-acting (ER/LA) opioids.
- Any opioid regimen greater than or equal to 90 MME a day (calculated across all products if members are receiving more than one opioid concurrently).
- Greater than a three-day supply of opioids for members under age 21.
- Greater than a five-day supply of opioids for members age 21 or older.

Important note: Members who are currently undergoing treatment for cancer, in hospice, receiving palliative care, or who have sickle cell disease will be exempt from these requirements. Claims that do not auto-approve for these members can receive a one-year approval by calling **1-800-588-6767**.*

*This does not apply to Keystone First VIP Choice members.

Prior authorization forms for opioid-containing products, as well as opioid treatment resources, are available on our website at www.keystonefirstpa.com → **Providers** → **Pharmacy**.



Pharmacy prior authorization: No phoning or faxing — just one click away!

Use our online prior authorization request form that, when completed, submits pharmacy prior authorization requests instantly.

To get started, go to

www.keystonefirstpa.com → **Providers** → **Pharmacy Services** → **Pharmacy Prior Authorization**.

The following are also available on our website:

- A list of pharmaceuticals, including restrictions and preferences.
- How to use the pharmaceutical management procedures.
- An explanation of limits or quotas.

It's not too late to vaccinate!

Please remember that there is still time for our members to receive the flu vaccine after the holiday season, and into January and beyond!





BRIGHTSTART®

Bright Start support services

Doula services

Doulas are nonmedical birth companions or post-birth supporters. They provide emotional and physical support as needed. Doulas help women feel less anxious about the birth process and breast feeding and thus more confident about what their bodies can do.

Current research shows women who use doulas:

- Have decreased risk of having a cesarean section, forceps delivery, or episiotomy.
- Have improved ability to cope with labor and decreased use of pain medication.
- Have greater perception of the birth experience in positive terms.
- Are more likely to succeed with breast feeding.
- Are more likely to be confident in mothering skills.
- Are more likely to see their bodies as strong and capable.

Bright Start's doulas provide:

- Tools to manage daily responsibilities.
- Health care navigation.
 - Help with understanding medical instructions if member has low literacy.
 - Compliance with appointments.
- Incorporating partner assistance in care.
- Intensive in-home one-on-one physical and emotional support to decrease stress — a risk factor for preterm birth.
- Childbirth education and preparation.
- Labor support.
- Lactation support.
 - Within 24–48 hours postpartum.

More information is available at www.keystonefirstpa.com → **Providers** → **Resources** → **Bright Start maternity program**.



Is your practice information up to date?

Don't forget to notify us through our Provider Change form of any and all changes to your practice information so that our online provider directory is accurate. Changes include:

- Adding a practice.
- New fax number.
- Joining a practice.
- Name change.
- New phone number.
- Other (attach documentation with form).
- Adding an office location.
- Changing an office location.

The form is available on our website at www.keystonefirstpa.com → **Providers** → **Resources** → **Provider manual and forms** (in the left menu). Once you have completed the form, please mail it and other supporting documents to:

**Keystone First
Provider Network Management
200 Stevens Drive
Philadelphia, PA 19113**

Or, fax to **1-215-937-5343**.

Important notice about electronic funds transfer (EFT)

In 2019, Keystone First will begin efforts to go paperless. All network providers still receiving paper checks are encouraged to transition to EFT and electronic remittance advice (ERA).

Keystone First uses Change Healthcare for EFT. EFT is a method used to transfer funds from one bank account to another, eliminating the use of paper checks. Its use is recommended because it is more efficient and secure than payment by checks. Through EFT, funds reach your bank account faster than checks through the mail, and there is no need to make mobile deposits or trips to the bank for deposits.

Keystone First has several resources to help make the transition to EFT and ERA simple. Please go to our website at www.keystonefirstpa.com → **Providers** → **Claims and billing** → **Electronic funds transfer**. Your Account Executive can help you fill out the necessary paperwork and walk you through the process if necessary. Their contact information is available at www.keystonefirstpa.com → **Providers** → **Contact account executive**.

If you are unable to receive EFT/ERA for some reason, please contact your Account Executive.

Environmental lead investigation (ELI) process

Keystone First has contracted with Accredited Environmental Technologies (AET) and the Philadelphia Department of Public Health's Lead and Healthy Homes Program (LHHP) to provide ELI services to our members.

Please note: LHHP is available only to Philadelphia residents.

For more information, contact:

Accredited Environmental Technologies (AET)

Eric Sutherland
1-800-9696-AET

Lead and Healthy Homes Program (Philadelphia only)

2100 W. Girard Avenue, Building #3
Philadelphia, PA 19130-1400
1-215-685-2788 or fax 1-215-685-2978

Referral forms for both are available at www.keystonefirstpa.com → **Providers** → **Resources** → **EPSDT** → **EPSDT forms and administration**.

Connections Editorial Board

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