

Coronavirus disease (COVID-19) update

Up-to-date information about COVID-19 is available for health care professionals on the Centers for Disease Control and Prevention (CDC) website at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>.

The CDC is closely monitoring the outbreak of respiratory disease caused by a new coronavirus that was first detected in Wuhan City, Hubei Province, China, and continues to spread. On February 11, 2020, the World Health Organization named the disease coronavirus disease 2019 (abbreviated as COVID-19). Our Provider websites have a dedicated COVID-19 section that has links to such resources as the CDC information and alerts, LabCorp testing information and instructions, and more.

For any patient who meets the criteria for evaluation for COVID-19, clinicians are encouraged to immediately contact their local health department to report a person under investigation (PUI) for COVID-19. For more details, visit the Pennsylvania Department of Health website at www.health.pa.gov. For patients who are severely ill with coronavirus-like symptoms, evaluation for COVID-19 may be considered even if a known source of exposure has not been identified.

Evaluation of patients: Go to <https://www.cdc.gov/coronavirus/2019-ncov/hcp/identify-assess-flowchart.html> to access a printable resource for the evaluation of patients who may be ill with or who may have been exposed to COVID-19.

Number of cases in your state: For the cumulative number of cases in your state, go to <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>. This is updated regularly on Mondays, Wednesdays, and Fridays.

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Other CDC resources and alerts

- Health care preparedness tools: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html>.
- Reporting a PUI: <https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html>.
- Health care supply of personal protective equipment: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html>.
- Coronavirus 2019 publications: <https://www.cdc.gov/coronavirus/2019-ncov/publications.html>.
- Health Alert Network (HAN): Update and interim guidance on outbreak: <https://emergency.cdc.gov/han/han00427.asp>.
- FAQs: Coronavirus and pregnancy: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-faq.html>.
- What health care personnel should know about caring for patients: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients.html>.
- FAQs for health care professionals: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>.
- Isolation precautions in health care settings: <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>.

External resources from the CDC

- World Health Organization (WHO) Coronavirus: <https://www.who.int/health-topics/coronavirus>.
- WHO guidance on clinical management of severe acute respiratory infection when coronavirus infection is suspected: <https://www.who.int/docs/default-source/coronaviruse/clinical-management-of-novel-cov.pdf>.



HEDIS® measures

Controlling High Blood Pressure (CBP)

Controlling high blood pressure is an important step in preventing heart attacks, stroke, and kidney disease, and in reducing the risk of developing other serious conditions. Health care providers and plans can help individuals manage their blood pressure (BP) by prescribing medications and encouraging low-sodium diets, increased physical activity, and smoking cessation.¹



HEDIS measure definition

Patients ages 18–85 who had a diagnosis of hypertension reported on an outpatient claim, and whose blood pressure was adequately controlled (<140/09 mm Hg) as of December 31 of the measurement year.

Tips for taking BP readings in the office

- Select the appropriately sized cuff.
- Ensure that the patient has their feet flat on the floor and their legs are not crossed.
- Allow the patient to rest for a few minutes before beginning. Consider taking the BP again after the initial reading is performed.
- Make sure the elbow is at the same level as the heart. If the patient's arm is hanging below the heart level and unsupported, this position can elevate the measured blood pressure by 10–12 mmHg.

Questions to consider asking when taking a BP reading

- When did the patient last take their BP medicine? Was the medication taken late?
- Is the patient experiencing pain and, if so, what level is the pain on a scale of 1 to 10, since pain can often cause an elevation in BP?

Reporting CPT Category II codes for high BP

CPT Category II codes are intended to facilitate data collection regarding the quality of care rendered by coding certain services and test results that support nationally established HEDIS performance measures. CPT II codes are reported in the procedure code field, just as CPT Category I codes are billed, but are typically not associated with any relative value and convey a \$0 billable charge amount.

Please use the following codes when reporting test results and collections. For each reporting of these CPT II codes with a qualifying diagnosis (submitted in box 24E), we will make a \$10 administrative payment when the claim is processed. **Note:** The date to be reported for CPT II codes is the **date the service was performed**, not the date the results were reviewed with the member/Participant.

¹American Medical Association, Current Procedural Terminology (CPT) codes 2018, Category II codes.

Reportable CPT II codes for Controlling High Blood Pressure <140/90 mm Hg	Description	Rate	Age limit	Frequency
3074F	Most recent systolic blood pressure <130 mm Hg	\$5	18 and over	One pair per 90 days
3075F	Most recent systolic blood pressure 130–139 mm Hg	\$5	18 and over	One pair per 90 days
3077F	Most recent systolic blood pressure \geq 140 mm Hg	\$5	18 and over	One pair per 90 days
3078F	Most recent diastolic blood pressure <80 mm Hg	\$5	18 and over	One pair per 90 days
3079F	Most recent diastolic blood pressure 80–89 mm Hg	\$5	18 and over	One pair per 90 days
3080F	Most recent diastolic blood pressure \geq 90 mm Hg	\$5	18 and over	One pair per 90 days
4010F	ACE inhibitor and ARB prescribed	\$10	18 and over	Once per 90 days

Source: NCQA. Controlling High Blood Pressure (CBP). <https://www.ncqa.org/hedis/measures/controlling-high-blood-pressure/>.

Reminder: Important Clinical Laboratory Improvement Amendments (CLIA) claims filing information

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

Therefore, effective April 1, 2020, professional claims submitted for laboratory services will be validated for the following to be processed and paid:

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

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

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

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

- **For the 837 professional electronic claim submission:** Enter your CLIA ID number in Loop ID 2300, segment/data element REF2.
- **For the CMS 1500 paper form:** Enter your CLIA in field 23 (titled prior authorization number).

Note: It is not necessary to indicate your CLIA ID number on institutional claims.

For more information on applying for or renewing a certificate, or about assigned test complexity levels, please visit the CMS CLIA website at <https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html?redirect=/clia/>.

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

Member and Participant rights and responsibilities

Keystone First and Keystone First CHC are committed to treating our members and Participants with dignity and respect. Keystone First and Keystone First CHC, our network providers, and other providers of service may not discriminate against members based on race, sex, religion, national origin, disability, age, sexual orientation, or any other basis prohibited by law. Our members and Participants also have specific rights and responsibilities. The complete list is available in both the Members/Participants sections and the Providers section of www.keystonefirstpa.com and www.keystonefirstchc.com.

Member and Participant copayments

The most current member and Participant copayment schedules are available at www.keystonefirstpa.com > **Providers > Resources > Member information** and www.keystonefirstchc.com > **Providers > Resources > Participant information**.

Credentialing reminders

Please remember that Keystone First and Keystone First CHC offer and encourage all practitioners to use the free Universal Provider DataSource through the Council for Affordable Quality Healthcare (CAQH)* for simplified and streamlined data collection for credentialing and recredentialing. Through the CAQH, credentialing information is provided to a single repository, via a secure internet site, to fulfill the credentialing requirements of all health plans that participate in the CAQH. The complete list of Keystone First and Keystone First CHC credentialing guidelines and related forms, as well as practitioners' credentialing and recredentialing rights, are available at www.keystonefirstpa.com > **Providers > Join our network** and www.keystonefirstchc.com > **Providers > Join our network**.

*Note: CAQH credentialing does not apply to home- and community-based services (HCBS) and long-term services and supports (LTSS) providers. HCBS and LTSS providers should complete our paper application process.



Provider credentialing rights

After the submission of the application, health care providers have the following rights:

- To review information submitted to support their credentialing application, with the exception of references, recommendations, and peer-protected information obtained by the plan.
- To correct erroneous information. When information obtained by the Credentialing department varies substantially from information provided by the provider, the Credentialing department will notify the provider to correct the discrepancy.
- To be informed, upon request, of the status of their credentialing or recredentialing applications.
- To be notified within 60 calendar days of the Credentialing Committee/Medical Director review decision.
- To appeal any credentialing/recredentialing denial within 30 calendar days of receiving written notification of the decision.
- To know that all documentation and other information received for the purpose of credentialing and recredentialing is considered confidential and is stored in a secure location that is only accessed by authorized plan associates.
- To receive notification of these rights.

To request any of the above, the provider should contact the Keystone First/Keystone First CHC Credentialing department at:

Keystone First/Keystone First CHC
 Attn: Credentialing Department
 200 Stevens Drive
 Philadelphia, PA 19113

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** or 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**.

Fraud Tip Hotline

If you or any entity with which you contract to provide health care services on behalf of Keystone First and Keystone First Community HealthChoices 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>.

Explore our fraud, waste, and abuse websites

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 > **Providers > Training > Fraud, Waste, Abuse and Mandatory Screening Information**.

Topics on the sites 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.



Diabetes care for African Americans: recommendations and resources for providers

Research shows that racial and ethnic minorities disproportionately suffer from Type 2 diabetes, complications from Type 2 diabetes, and Type 2 diabetes related mortality.^{1,2,3,4} African Americans have the highest rates of diabetes-related mortality both nationwide and within Pennsylvania.⁵ In cities like Philadelphia, the diabetes death rates are 60% higher in African Americans.⁶

Additionally, national data shows that there are racial disparities in terms on A1c levels for Caucasians versus African Americans. During a baseline period from 2005 to 2008, the percentage of the Caucasian adult population with A1c levels above 9 was 13.1%, while for African American non-Latino adults, the level was 27.3% greater. Keystone First and Keystone First CHC African American members/Participants experience trends in diabetes prevalence and disparities, along with other comorbid chronic conditions.

In response to the upward trend of diabetes-related morbidity and mortality in African American communities, the CDC, the City of Philadelphia, and the Pennsylvania Department of Health have proposed ongoing advocacy and education initiatives along with intervention-based initiatives to reduce diabetes-related disparities.^{6,7,8}

General recommendations to address and support prediabetes and diabetes patients^{6, 7}

- Counsel patients on healthy behaviors to reduce their risk of diabetes, including increasing physical activity and avoiding sugar-sweetened beverages and snacks that are high in sugar and unhealthy fats.
- Offer testing for diabetes to high-risk patients, including all adults age 45 and over and adults and children of any age who are overweight or obese and who have one or more additional risk factors for diabetes including:
 - First-degree relative with diabetes.
 - High-risk race/ethnicity (e.g., African American, Latino, Native American, Asian American, Pacific Islander).
 - History of cardiovascular disease.
 - Hypertension.
 - HDL cholesterol level <35 mg/dL and/or a triglyceride level >250 mg/dL.
 - Women with polycystic ovary syndrome.
 - Physical inactivity.
 - Other clinical conditions associated with insulin resistance (e.g., severe obesity).
- Refer patients with prediabetes to diabetes prevention programs, which are intensive lifestyle change programs that have been shown to decrease the risk of diabetes.
- Follow American Diabetes Association guidelines for managing patients with diabetes.



Specific recommendations to address diabetes in African American patients⁸

- Work with communities and health care professional organizations to eliminate cultural barriers to care.
- Connect patients with community resources that can help them remember to take their medicines as prescribed, get prescription refills on time, and get to follow-up visits.
- Learn about social and economic conditions that may put some patients at higher risk than others for having health problems, including issues of unconscious bias and institutional racism.
- Collaborate with primary care practitioners to create a comprehensive and coordinated approach to patient care.
- Promote a trusting relationship by encouraging patients to ask questions.

Resources for providers

American Diabetes Association. Diabetes in African American Communities Advocacy Fact Sheet. <http://main.diabetes.org/dorg/PDFs/Advocacy/fact-sheet-advocacy-african-american.pdf>.

American Diabetes Association. Standards of Medical Care in Diabetes – 2018. <https://diabetesed.net/wp-content/uploads/2017/12/2018-ADA-Standards-of-Care.pdf>.

Centers for Disease Control and Prevention. National Diabetes Education Program. Road to Health Toolkit. <https://www.cdc.gov/diabetes/ndep/toolkits/road-to-health.html>.

Centers for Disease Control and Prevention. National Diabetes Prevention Program. Working Together to Prevent Type 2 Diabetes. <https://www.cdc.gov/diabetes/prevention/index.html>.

Department of Health and Human Services, Office of Minority Health. Diabetes and African Americans. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=18>.

National Diabetes Prevention Program. Prediabetes Risk Test. <https://www.cdc.gov/diabetes/prevention/pdf/Prediabetes-Risk-Test-Final.pdf>.

¹Chandler, Raeven Faye, and Shannon M. Monnat. "Racial/Ethnic Differences in Use of Health Care Services for Diabetes Management." *Health Education & Behavior: The Official Publication of the Society for Public Health Education* 42, no. 6 (December 2015): 783–92.

²Peek, Monica E., Algernon Cargill, and Elbert S. Huang. "Diabetes Health Disparities." *Medical Care Research and Review: MCRR* 64, no. 5 Suppl (October 2007): 101S-156S.

³Walker, Rebekah J., Joni Strom Williams, and Leonard E. Egede. "Influence of Race, Ethnicity and Social Determinants of Health on Diabetes Outcomes." *The American Journal of the Medical Sciences* 351, no. 4 (April 2016): 366–73.

⁴Lagisetty, Pooja A., Shubadra Priyadarshini, Stephanie Terrell, Mary Hamati, Jessica Landgraf, Vineet Chopra, and Michele Heisler. "Culturally Targeted Strategies for Diabetes Prevention in Minority Population." *The Diabetes Educator* 43, no. 1 (2017): 54–77.

⁵Pennsylvania Department of Health. "Vital Statistics Annual Report." 2017. <https://www.health.pa.gov:443/topics/HealthStatistics/VitalStatistics/PAVitalStatistics/Pages/vital-statistics-report.aspx>.

⁶Philadelphia Department of Public Health. Diabetes Prevalence and Impact on Philadelphia. *CHART* 2019;3(5):1-6.2019.

⁷Pennsylvania Department of Health. "Department of Health: Educate Yourself About Diabetes, Ways to Reduce Your Risk." 2019. <https://www.media.pa.gov:443/Pages/Health-Details.aspx?newsid=680>.

⁸Centers for Disease Control and Prevention. "African American Health." July 3, 2017. <https://www.cdc.gov/vitalsigns/aahealth/index.html>.

Updates to the current benefit limit exception (BLE) process

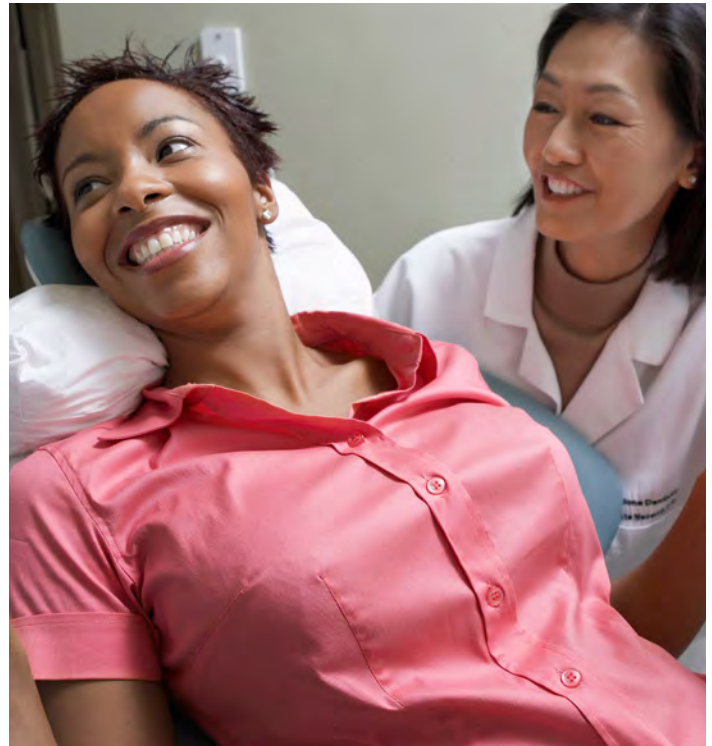
Keystone First

As announced in 2019, the standard 2012 American Dental Association (ADA) claim form that accompanies the BLE form must include a diagnosis code. ICD-10 code Z98.818 must be entered in box 34a of the ADA claim form (see example below). The use of a diagnosis code will provide an opportunity to submit your requests electronically and will allow for a more timely response.

All requests submitted on or after March 1, 2020, without the diagnosis code Z98.818 will be denied. The following denial message will be sent to you and your patient: A benefit limit exception request has been submitted by your dentist. You and your dentist are receiving this message because the request did not include a required diagnosis code. Your dentist must resend the request with the diagnosis code Z98.818 in the correct box.

Additionally, the diagnosis code must be included on the claim form associated with an approved BLE request and all other current requirements associated with the BLE process including physician documentation will continue to apply.

Thank you for your participation in the Keystone First/Keystone First CHC dental provider network and your continued care for our members. If you have any questions, please contact your Dental Account Executive.



Insert diagnosis code here

Code Type AB CD D

Diag A Z98.818

OTHER DENTAL PROCEDURE STATUS

Diag B

Diag C

Diag D

Code	Procedure Description	Tooth	Surfaces	Oral Cavity	Diag Pointer	Duration Value	Unit	Frequency Value	Unit	Qty	POS	Service Dates From	To	Billed Amt
1	D0150 Comprehensive Oral				A					1				100.00
2														
3														
4														
5														
6														
7														
8														
9														

\$100.00

Link the diagnosis code to the service here

Dental Provider Reference Guide

Keystone First and Keystone First Community HealthChoices

To view the most recent guide, please visit www.keystonefirstpa.com > Providers > Resources > Dental Program > Dental reference guide and www.keystonefirstchc.com > Providers > Resources > Provider resources > Dental program > Dental reference guide.

Reminder: Keystone First and Keystone First Community CHC have implemented the Department of Human Services (DHS) mandated statewide preferred drug list (PDL).

Effective as of January 1, 2020:

- Keystone First and Keystone First CHC now adhere to the preferred and nonpreferred status and list of drugs included in the statewide PDL.
- Keystone First and Keystone First CHC use the same prior authorization guidelines as required by DHS for drugs included in the statewide PDL.
- Keystone First and Keystone First CHC maintain a list of preferred and nonpreferred drugs in classes that are not included in the statewide PDL.

What remained the same?

- 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 Committee.
- The process for obtaining prior authorization process 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?

For a complete list of preferred and nonpreferred drugs, as well as any limits associated with these drugs, please see our formulary information at www.keystonefirstpa.com > **Pharmacy > Formulary** and www.keystonefirstchc.com > **Providers > Pharmacy > Pharmacy Services**.

To request ongoing medication/temporary supplies:

- For ongoing medications covered by the Medical Assistance (MA) program, Keystone First and Keystone First CHC will automatically authorize a 15-day temporary supply of the requested medication at the point of sale if prior authorization requirements do not allow the prescription to be filled upon presentation to the pharmacy.
- For a new medication covered by the MA program, a five-day temporary supply of medication will automatically be authorized at the point of sale if prior authorization requirements do not allow the prescription to be filled upon presentation to the pharmacy.

Pharmacies have been made aware of the temporary supply requirements. If you become aware of a specific pharmacy that is not dispensing a temporary supply, please call our Pharmacy Services department at **1-800-588-6767**.

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

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 > **Providers > Pharmacy Services > 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 Pharmacy and Therapeutics Committee.

We need you

We invite you to join our Participant Advisory Committee (PAC). The committee meets quarterly and attendees include Keystone First CHC Participants, providers, and health plan staff.

The PAC solicits Participant feedback and opinions regarding issues related to access and the quality of care and services we provide, as well as potential programs, activities and educational materials.

We value your input. We'd like you to be part of our PAC. Your recommendations may be used to improve quality management activities and policy and operations changes.

If you'd like to join, please call Maritza Padua at **1-484-496-7623** or email her at **mpadua@keystonefirstchc.com**.



Participant benefits

All Participants are entitled to the medical benefits provided under the Pennsylvania Community HealthChoices program. Additionally, Participants who qualify through DHS are eligible to receive long-term services and supports (LTSS) benefits under the same program. For more information about benefits and services, go to Section 1 of the Provider Manual at

www.keystonefirstchc.com > Providers > Provider manual and forms.

Not using NaviNet? Sign up now!

NaviNet is an easy-to-use, free, web-based solution that links providers to Keystone First CHC. NaviNet features and tools help speed up the provider-health plan connection and can often replace paper transactions.

Some important provider-friendly features you can access through NaviNet include:

- Personal assistance services (PAS) authorizations.
- Eligibility information.
- Claims information and updates.
- Benefits information.
- Drug authorizations.
- Real-time clinical care alerts.

If you're not a NaviNet user, learn more at **www.keystonefirstchc.com > Providers > Resources > NaviNet.**



Recent provider notices

Visit **www.keystonefirstchc.com > Providers** to stay up to date with our recent provider notices including:

- CLIA claims filing information update.
- HCPCS medication codes announcement.

To view more provider communications, please visit

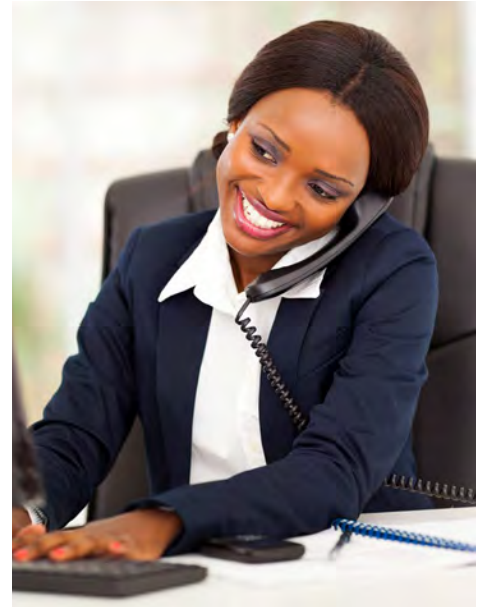
www.keystonefirstchc.com > Providers > Resources > Fast Facts.

Do you know your Account Executive?

Your Account Executive is your liaison with Keystone First CHC. They are responsible for orientation, continuing education, and problem resolution for our network providers. To access our list of provider Account Executives, please visit www.keystonefirstchc.com > **Providers** > **Quick contact information.**

Contact your Account Executive:

- To arrange for orientation or in-service meetings.
- For service calls.
- To respond to any questions or concerns.
- To report any change in your status, such as a phone number, address, Taxpayer Identification Number, or additions/deletions of physicians at your practice.



Medical Assistance (MA) program provider enrollment and revalidation requirements

All Keystone First CHC providers, including home- and community-based services (HCBS) providers (provider type 59), are required by DHS to be enrolled in the MA program and have a valid PROMISe™ ID. Additionally, all providers must revalidate MA enrollment of each service location every five years.

In order to participate with Keystone First CHC, providers must first enroll with DHS.

- Providers should log in to the DHS PROMISe™ website at www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994:
 - To enroll and revalidate information and applications.
 - To check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates.
- The DHS PROMISe lookup function allows providers to verify their enrollment in the MA program. Access the lookup function at <https://promise.dpw.state.pa.us/portal/Default.aspx?alias=promise.dpw.state.pa.us/portal/provider>
- FAQ: PROMISe: <https://www.dhs.pa.gov/providers/FAQs/Pages/PROMISe-FAQ.aspx>
- FAQ: Home- and Community-Based Services Revalidation and Provider Type 59: <https://www.dhs.pa.gov/providers/Providers/Documents/LTC%20Providers/Revalidation%20FAQs.pdf>

Please contact your Account Executive or Provider Services at **1-800-521-6007** with any questions about these requirements.

Spring is in the air — and so is allergy and asthma season!

Help your asthmatic patients with our Breathe Easy. Start Today.® (B.E.S.T.®) asthma program

Keystone First, in collaboration with Stellar Rx, is here to provide you with Inhalers, spacers, masks of various sizes, and medications at no expense to your office!

How does it work?

Stellar Rx will supply everything needed so that medications are dispensed directly from your office to your patient. There's no need for your patient to take a prescription to the pharmacy — your patient leaves your office with an inhaler, spacer, mask, and medication. When it's time to refill medication, Stellar Rx will inform the patient within four to five days before the refill is due. Refills are then mailed/delivered to the patient's home. How easy is that?

Stellar Rx will provide training to your staff by sending a respiratory educator to your office. They will show you how to teach the patient and their parent/guardian the proper way to use the inhaler, spacer, and mask, and then show you how to have the patient and parent/guardian demonstrate proper technique and usage.

Tips for your patients about allergy triggers

Many things like pollen, dust, and mold can trigger your patients' allergies. Springtime is when most allergens appear. Provide your patients with these helpful tips to help alleviate their allergy symptoms:

- Keep the windows closed to protect the indoor air. Don't use fans — they can stir up dust.
- Wash bedding every week in hot water.
- Upon entering the home from the outdoors, shower to wash away any allergens and change into clean clothes.
- Dust! Keeping the home clean is one of the best ways to avoid indoor allergies.
- Don't hang clothes or linens outside to dry. They can collect pollen and mold.
- Check the forecast. Stay indoors as much as possible on hot, dry, windy days, when pollen counts are highest.



Provide critical blood lead level screenings in your office today!

Did you know?

- All Medicaid members are required to be tested for lead levels.
- All Medicaid-eligible children are considered at risk for lead toxicity and must receive blood lead level screening tests for lead poisoning starting at 9 months old, as well as other ages based on history and risk assessment.
- PCPs are required (regardless of responses to the lead screening questions) to ensure that children be screened for lead toxicity from 9 months to 18 months old and again from 2 years to 6 years old. Risk questions should be asked at every visit thereafter.
- Keystone First members with a venous lead draw showing an elevated blood level of ≥ 5 $\mu\text{g}/\text{dL}$ are eligible for an environmental lead investigation (ELI).

To help you comply with these standards, we will reimburse you for blood level screening services if they are performed in your office using the MEDTOX process.

MEDTOX Laboratories provides PCPs with supplies to conduct convenient in-office blood level screenings, via finger sticks, as well the mailing supplies to return the samples back to MEDTOX for testing and processing. PCPs that use this process are reimbursed a \$10 fee after submitting a claim with the CPT code 83655.

Visit our website at www.keystonefirstpa.com > **Providers** > **Resources** > **Lead Level** for the complete process and appropriate forms.

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Environmental lead investigation (ELI)

As stated above, Keystone First members with a venous lead draw showing an elevated blood level of $\geq 5 \mu\text{g}/\text{dL}$ are eligible for an ELI. **Note:** This service is only covered when the CMS/DHS guidelines are followed. If you have questions about this issue, its screening details, its diagnosis, or its follow-up, call the EPSDT Outreach program at **1-888-765-9569**.

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.

Note: LHHP is available only to Philadelphia residents. For more information, contact Eric Sutherland at Accredited Environmental Technologies (AET) at **1-800-9696-AET**.

Contact information for LHHP is:
Lead and Healthy Homes Program (LHHP)
2100 W. Girard Avenue, Building #3
Philadelphia, PA 19130-1400

1-215-685-2788, fax **1-215-685-2978**

Referral forms for AET and LHHP are available at
www.keystonefirstpa.com > Providers > Resources > EPSDT > EPSDT forms and administration.



Keystone First's Focus on Fitness program

Our Focus on Fitness program for gym memberships has been revamped and is now better than ever. Encourage your patients to sign up at no cost to them with no minimum requirement — and no age limit! The program is available at participating gyms in Bucks County, Chester County, Delaware County, Montgomery County, and Philadelphia County. Patients can go to **www.keystonefirstpa.com > Members > Programs > Gym Membership – Focus on Fitness** to fill out an application. Keystone First will then call to complete a health assessment to understand the member's health care needs, and help them get on their way to better health.





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