# Keystone First
### *Family of Health Plans*

# CONNECTIONS

## In this issue

## Our community response to COVID-19

We are pleased that the Keystone First Wellness and Opportunity Center in Chester reopened its doors to our Keystone First members and our Keystone First Community HealthChoices (CHC) Participants on February 25, 2021, as a designated vaccination administration site. The center was chosen to serve as one of five Delaware County vaccine administration sites through the Delaware County COVID-19 Task Force.

On average, the center administered 240 vaccines a day, three to four days a week. The statistics below are for February 24 to June 7:

- 6,419 total vaccines were administered, and of those:
  - 3,225 were first doses.
  - 3,194 were second doses.

- 3,273 people (first and second doses) volunteered their ZIP codes at the time of receiving their vaccine, and of those:
  - 48% of first and second doses were from Chester.

The community outreach team continues to conduct direct member/Participant outreach for scheduling appointments at the center, in partnership with the City of Chester Health Department and other community organizations. A few examples of the ongoing COVID-19 community response are:

- While the spread of COVID-19 has decreased, we are still offering testing within Chester. We organized multiple mobile testing sites with the Black Doctors COVID-19 Consortium and have screened 200–300 people per event.

- COVID-19 town halls were held to meet our members/Participants where they were. The town halls were virtual with a panel of African American community leaders and Chester residents and featured primary care practitioners, pharmacists, and behavioral health specialists. Topics of discussion included COVID-19 education, addressing vaccine hesitancy, and behavioral health.
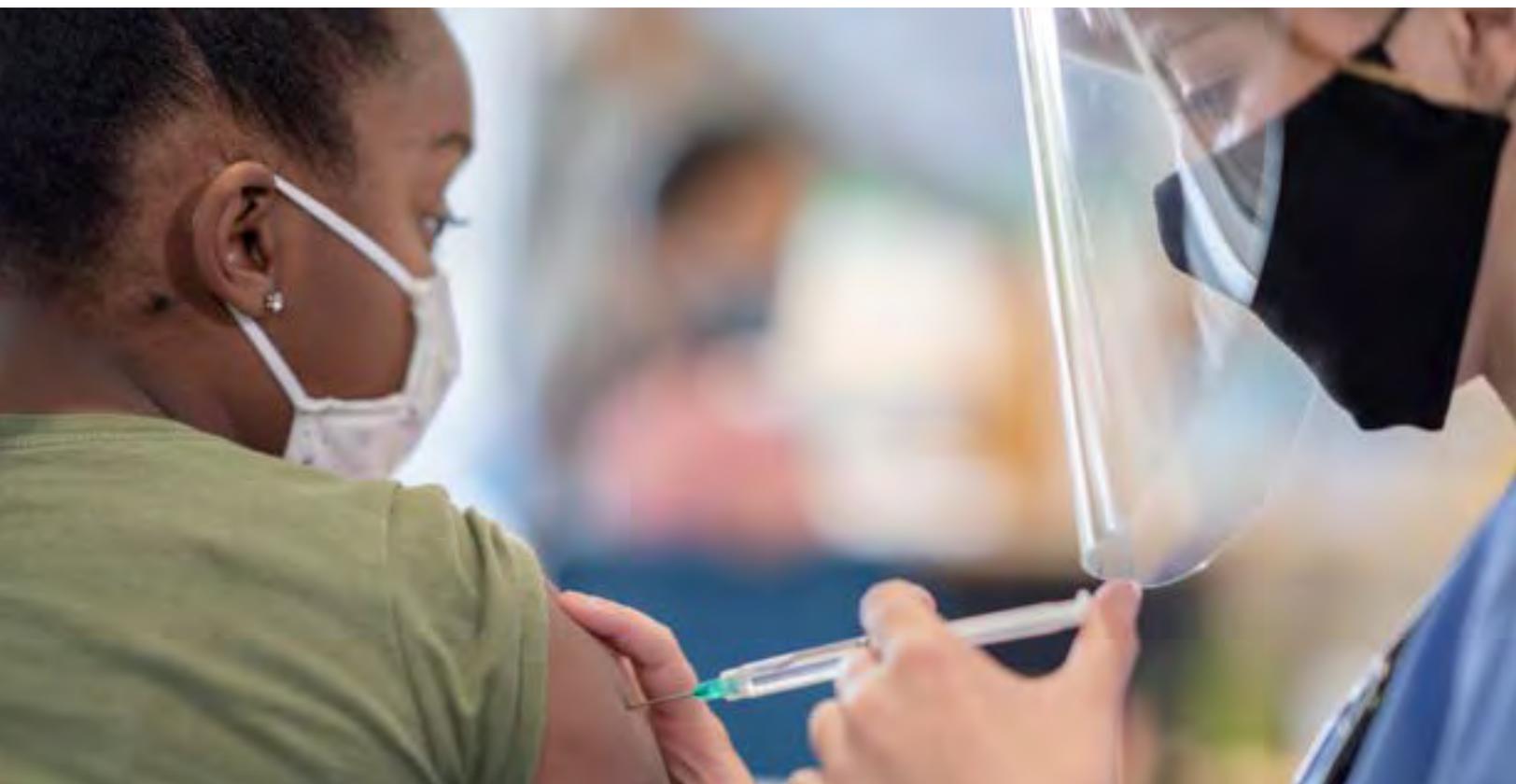
## About our community outreach teams

We participate in neighborhood events and partner with the communities in the five-county area we serve. The associates on our team work with local groups to help address issues that affect health care, including homelessness, domestic violence, unemployment, and education. For more information about what we are doing in your community, please visit our websites at **www.keystonefirstpa.com > Community** and **www.keystonefirstchc.com > Community**.

## COVID-19 vaccine reimbursement update

Keystone First and Keystone First CHC (the Plan) follow the updated guidelines issued on April 19, 2021, by the Department of Human Services (DHS) Medical Assistance Bulletin (MAB) 01-21-03 outlining and updating the reimbursement for the administration of the novel coronavirus (SARS-CoV-2) vaccines.

### What is new?

1. DHS made the decision to again increase the Medical Assistance (MA) program fee schedule rate to that of Medicare for the administration of the SARS-CoV-2 vaccines. The Plan will follow that guidance and update our systems to reflect a $40 reimbursement for the administration of each dose of a SARS-CoV-2 vaccine.

2. The complete MAB, outlining all appropriate procedure codes, national code descriptions, provider types, provider specialties, places of service, pricing, and/or informational modifiers if applicable, etc., is available at **www.keystonefirstpa.com > Providers > Resources > MA Bulletins** or **www.keystonefirstchc.com > Providers > Resources > Department of Human Services (DHS) bulletins and news**.

Please continue to check the Providers section of our websites for the latest updates on COVID-19 and the vaccines.

## Reminder: Balance billing members/Participants is prohibited

As outlined in your provider agreement with the Plan and as outlined in DHS MAB 99-99-06, titled Payment in Full, Keystone First and Keystone First CHC strongly remind all providers of the following points from the bulletin:

The Pennsylvania Code, 55 Pa. Code § 1101.63 (a) statement of policy regarding full reimbursement for covered services rendered specifically mandates that:

- All payments made to providers under the MA program plus any copayment required to be paid by a recipient shall constitute full reimbursement to the provider for covered services rendered.

- A provider who seeks or accepts supplementary payment of another kind from DHS, the recipient, or another person for a compensable service or item is required to return the supplementary payment.

To review the complete MAB 99-99-06, visit **www.keystonefirstpa.com > Providers > Resources > MA Bulletins** or **www.keystonefirstchc.com > Providers > Resources > Department of Human Services (DHS) bulletins and news**.

Similarly, the Centers for Medicare & Medicaid Services (CMS) clearly outlines the prohibition of Keystone First VIP Choice providers to balance bill members as follows:

- Section 1902(n)(3)(B) of the Social Security Act, as modified by Section 4714 of the Balanced Budget Act of 1997, prohibits Medicare providers from balance billing qualified Medicare beneficiaries for Medicare cost-sharing.

- Under the requirements of the Social Security Act, all payments from Keystone First VIP Choice to participating providers must be accepted as payment in full for services rendered. Members/Participants may not be balance billed for medically necessary covered services under any circumstances.

## Gender-specific editing: billing reminder

Keystone First and Keystone First CHC follow all current and correct coding guidelines established by CMS and DHS relating to gender-specific editing. As such, this is a reminder that:

- When the listed diagnosis is not typically performed for a person of the patient's gender, modifier KX must be reported.
- The KX modifier should be billed on the detail line with any procedure code(s) that are gender-specific.

- The billing of the KX modifier will override the edit to deny when, for example, a female is presenting for a typically male-only procedure according to the coding guidelines and allow the service to continue normal processing.

If you have questions, please contact Provider Services at **1-800-521-6007**.

Sources: ICD-9-CM; ICD-10-CM; CMS policy; AMA and specialty societies.

## Providers can now run NaviNet reports at the Tax ID Number (TIN) level

Providers now have the capability to run certain reports on a "RollUp" basis. Instead of having to run a report for each of the provider ID numbers that may exist for your group, you can now run **one** report with data consolidated for the practice at the TIN level. The specific reports that can be run at the RollUp TIN level are:

- Administrative Reports.
- Claims Status Summary RollUp.
- Panel Roster Report.
- RollUp Clinical Reports.
- Admit Report RollUp.
- Care Gap Query RollUp.
- Discharge Report RollUp.

To create a RollUp report in NaviNet:

1. Under Workflows for this Plan on Plan Central, select **Report Inquiry**.
2. Select either **Administrative Reports** or **Clinical Reports**.
3. Select the specific report you would like to run.
4. Select any of the "Group Name – PIN" options available in the Choose a Provider Group dropdown menu.
5. Click **Search**.

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

## Change to your practice? Keep us informed!

DHS has stated there will be a focused effort this year to perform provider directory audits. Provider directory accuracy is very important to ensure our members/Participants have access to care.

Please note that all provider updates must be provided timely and before the change occurs, as follows:

- Provider termination notification – leaving your group.
- New provider notification – joining your group.
- Change in location – new addresses or additional locations.

For all of the above, we ask that you provide as much advance notice as possible, minimally 30 days prior. A provider change form is available on our websites to document all the needed information and to submit to our Plan for changes. The form is available at **www.keystonefirstpa.com > Providers > Resources > Provider Manual and Forms** or **www.keystonefirstchc.com > Providers > Manuals and Forms**.

## Claims submission via Change Healthcare

As of May 2021, Change Healthcare has transitioned from WebConnect to **ConnectCenter**. ConnectCenter is designed to improve claims management functionality previously experienced with Emdeon Office/WebConnect. Providers who have a limited ability to submit claims through their hospital or project management system may now benefit from key features of the new ConnectCenter tool. There is **no cost** to providers to use ConnectCenter.

Key features are:

- Claims users no longer need to choose between data entry of claims and upload of 837 files. All users may do both.

- Secondary and tertiary claims can be submitted.

- Institutional claims are supported.

- Claims created online are fully validated in real time so providers can correct them immediately.

- Whether providers upload their claims or create them online, the claim reports are integrated with the claim correction screen for ease in follow-up.

- Dashboard and work list views enable providers to streamline their billing to-do list.

- Remittance advice is automatically linked to a provider's submitted claim, providing a comprehensive view of the status of their claim.

To transition to the new portal, go to **ConnectCenter Sign-Up**. Change Healthcare customer support is available through online chat, or you can call **1-800-527-8133**, option **2**, for assistance.

You can find more information on electronic claims submission, payment, and remittance advice services, including video tutorials and user guides, on our websites at **www.keystonefirstpa.com > Providers > Claims and Billing > Electronic Billing Services (EDI, ERA, EFT)** and **www.keystonefirstchc.com > Providers > Claims and Billing > Electronic Claims Submission, Payment, and Remittance Advice Services**.

## Medical Provider Satisfaction Survey results 2020

Keystone First and Keystone First CHC thank you for your tireless work and commitment to providing care to our members/Participants as we worked together through the challenges of the pandemic. We sincerely appreciate the practices that were able to participate in the 2020 Provider Satisfaction Survey, and we value your feedback and opinions.

The survey results have been analyzed, and action plans are being developed to address areas that were identified as needing improvement. We look forward to working with you to address these areas.

**Areas that we will strive to improve our performance in are:**

- Increase response time from Provider Account Executives.
- Improve claims processing and resolution of claims issues.

We are very pleased that the survey indicated you are comfortable recommending our Plan to other practices, providers, and their patients. We truly appreciate the confidence you have in us and want to reinforce that we are here to support you in the care of our members/Participants. We look forward to working with you and welcome your ideas and comments. We encourage you to share them at **provider.communications@keystonefirstpa.com** or with your Account Executive.

**We are so encouraged by and proud of your commitment to cultural competency.** Practices scored high in this category and are committed to providing culturally competent care to their patients. For example:

- When asked the following question: Do clinicians in your practice/facility have training to take an accurate history and physical on culturally and linguistically diverse patients? 86.25% answered yes!
- Additionally, well over 45% of offices reported that visits are conducted using the patient's native or preferred language.

**We would like to remind you about the first line support services available to you:**

- Provider Services staff **(1-800-521-6007)** are always available to answer your questions.
- The Providers sections of our websites have a wealth of Plan information and resources.
- NaviNet plan sites have information on eligibility, claims status, etc.

## Obstetrical Needs Assessment Form (ONAF) no longer accepted via fax

As you know from past notifications and trainings, the Optum® OB Care website is now our only submission method for the ONAF as of July 1, 2021. ONAFs submitted after July 1, 2021, via fax to our Bright Start® department will not be processed or eligible for reimbursement.

To get started, please visit **www.obcare.optum.com** to take advantage of benefits such as:

- No legibility issues.
- No incomplete submissions leading to returns to your office.
- Easy and quick submission of the first prenatal, 28–32 week, postpartum, or additional risk visit.

The OB Care User Guide, a PowerPoint training deck, and a link to the Optum website are all available at **www.keystonefirstpa.com** and **www.keystonefirstchc.com > Providers > Resources > Programs> Bright Start Maternity Program**. Thank you for the continued care that you provide to our pregnant members. If you have questions, please contact your Provider Account Executive for assistance or training.

## Do you know your Account Executive?

To find a list of Account Executives, please visit **www.keystonefirstpa.com > Providers > Contact Us** and **www.keystonefirstchc.com > Providers > Quick contact information**.

## Recent provider notices

Visit our websites for the most up-to-date notices at **www.keystonefirstpa.com > Providers > Resources > Communications > Fast Facts** and **www.keystonefirstchc.com > Providers > Resources > Fast Facts**.

## Health literacy — simple ways to improve patient and physician communication

In our March 2021 issue of *Connections*, we focused on the concept of the teach-back method. The teach-back method is used to ensure patients understand health information and risk and benefit tradeoffs associated with treatments, procedures, tests, and medical devices. Another way to engage with your patient is by improving their health literacy.

Health literacy is defined as the ability to communicate with patients in a way that is easy for them to understand and act upon. Patient understanding is a key to better health. Research shows that patients remember and understand less than half of what clinicians explain to them. It is estimated that only 11% of the entire population is proficient in health literacy.[1]

**Did you know?**

- Nearly 9 out of 10 adults may lack the skills needed to manage their health and prevent disease.[2]
- Patients may try to hide their lack of understanding of health information due to fear of being misunderstood or disrespected.

Enhancing health literacy does not always require additional resources. It is a method for improving the effectiveness of the work you are already doing. Patient behaviors that may indicate low health literacy include:

- Seeking help only when illness is advanced.
- Making excuses for not reading materials in front of the provider ("I forgot my glasses").
- Being quiet or passive.
- Frequently skipping appointments.
- Being noncompliant with medications.
- Being unable to name their medications or explain their medications' purpose.
- Having difficulty explaining their medical concerns.
- Having no questions at all.

We thank you for your constant improvement in the way your build your relationships with your patients — our members and Participants. If you'd like additional resources on health literacy, please go to **www.cdc.gov/healthliteracy** or ask your Account Executive for our resources on health literacy, including our Ask 3™ posters.

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[1] C.C. Cutilli and I.M. Bennett, Understanding the Health Literacy of America Results of the National Assessment of Adult Literacy. NCBI, PMC, US National Library of Medicine, National Institutes of Health. 2010. **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2668931/**

[2] Office of Disease Prevention and Health Promotion. Health Literacy. HealthyPeople.gov. **https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/health-literacy**

## Translation services

To help ensure our members and Participants continue to have access to the best possible health care and services in their preferred language, we are extending to our network providers the opportunity to contract with Language Services Associates (LSA) at our low, corporate telephonic rates.

Visit **www.keystonefirstpa.com > Providers > Resources > Initiatives > Cultural competency** and **www.keystonefirstchc.com > Providers > Training** to review a description of services and a letter of commitment for complete details and contact information. You may address any questions you have directly to LSA, since this relationship will be between your office and LSA. Feel free to call them at **1-800-305-9673**, ext. **55321**.

## Quality and utilization management (UM)

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 practice guidelines** and **www.keystonefirstchc.com > Providers > Resources > Clinical Resources > Clinical practice guidelines**, or 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 Plans have medical directors and physician advisors available to address UM issues or answer your questions regarding decisions relating to prior authorization, durable medical equipment, 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 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 (QI) updates

Our 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 and Keystone First CHC QI updates

### Keystone First recent successes (2020)

HEDIS® measures:

- Annual Dental Visits (ADV) exceeded performance goals by performing better than 90% of other Medicaid measures.
- Adolescent Well-Care Visits (AWC) performed better than 75% of other Medicaid health plans.
- Prenatal Care Visits (PPC) performed better than 75% of other Medicaid health plans.

### Keystone First goals for 2021

Keystone First evaluates the QI program at the beginning of every year and determines the successes and new activities to focus on. Below are our goals for 2021:

- Controlling blood pressure for members with hypertension.
- Improving comprehensive diabetes care by increasing members with controlled A1c (<8), diabetic eye exam, and blood pressure control (<140/90 mm Hg).
- Improving follow-up care for children who are prescribed ADHD medications.
- Improving medication adherence for members who are prescribed antidepressants.

### Keystone First CHC recent successes (2020)

- We achieved accreditation from the National Committee for Quality Assurance (NCQA) for Medicaid Plan and Long-Term Services and Supports (LTSS) Distinction.
- We developed and implemented a training curriculum for Service Coordinators.
- Staff was trained on the procedures for preventable serious adverse events (PSAEs) in nursing facilities. Throughout 2020, all staff were educated on the policies and procedures for critical incidents.
- The Home- and Community-Based Services (HCBS) CAHPS® Survey was conducted in the third quarter of 2020.

### Keystone First CHC goals for 2021

- Maintain accreditation status and LTSS Distinction.
- Identify and prioritize opportunities to implement or redesign clinical programs to reduce health care disparities.
- Achieve improvement in the following HEDIS measures:
  - Comprehensive Diabetes Care.
  - Controlling Blood Pressure for Participants with hypertension.
- Improve Participant satisfaction as measured by overall Adult CAHPS and HCBS CAHPS satisfaction scores.
- Help our providers stay informed and up to date on the care that our Participants receive.
- Empower Participants to work more collaboratively with their Service Coordinators to enhance or create their service plans to maintain and/or improve their health status and achieve goals.

## 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 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

Information may be left anonymously.

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**.

## Mandatory training: Reporting Fraud, Waste, and Abuse

Keystone First and Keystone First CHC are committed to detecting and preventing acts of fraud, waste, and abuse and have a webpage dedicated to addressing these issues and mandatory screening information. Visit **www. keystonefirstpa.com > Providers > Resources > Manuals, guides and training > Fraud, Waste, Abuse and Mandatory Screening Information** and **www.keystonefirstchc.com > Providers > Training> Fraud, Waste, Abuse and Mandatory Screening Information**.

Topics include:

- Information on screening employees for federal exclusion.

- How to report fraud to Keystone First and Keystone First CHC.

- How to return improper payments or overpayments to us.

- Information on provider mandatory fraud, waste, and abuse training.

**Note:** After you have completed the training, please complete the attestation.

- Keystone First and Keystone First CHC
  medical providers, go to
  **www.surveymonkey.com/r/9MQ7S8F**.

- Keystone First CHC LTSS providers, go to
  **www.surveymonkey.com/r/577CX62**.

## Formulary updates

| Additions | Update |
|---|---|
| Iron supplements, ferrous sulfate, ferrous fumarate, ferrous gluconate, etc. (various; see supplemental formulary for full listing) | January 18, 2021 |

| Removals | Update |
|---|---|
| Isoniazid 50 mg/5 mL oral solution | April 5, 2021 |
| In-Check Oral Flow Meter and In-Check Nasal with Mask | April 5, 2021 |

## Pharmacy prior authorization: no phoning or faxing — just a click away!

Use our online prior authorization request form to submit pharmacy prior authorization requests instantly. To get started, go to: **www.keystonefirstpa.com > Pharmacy > Pharmacy Prior Authorization > Online Prior Authorization Request Form** or **www. keystonefirstchc.com > Providers > Pharmacy Services > Pharmacy Prior Authorization > Online Prior Authorization Request Form**.

Please visit the Pharmacy Services section of our websites at **www.keystonefirstpa.com > Pharmacy** and **www.keystonefirstchc.com > Providers > Pharmacy Services** for up-to-date information, including:

- Changes approved by the Pharmacy and Therapeutics Committee.

- Opioid treatment resources.

- Prior authorization criteria and procedures for submitting prior authorization.

- A list of pharmaceuticals, including restrictions and preferences.

- How to use the pharmaceutical management procedures.

- An explanation of limits or quotas.

- Drug recalls.
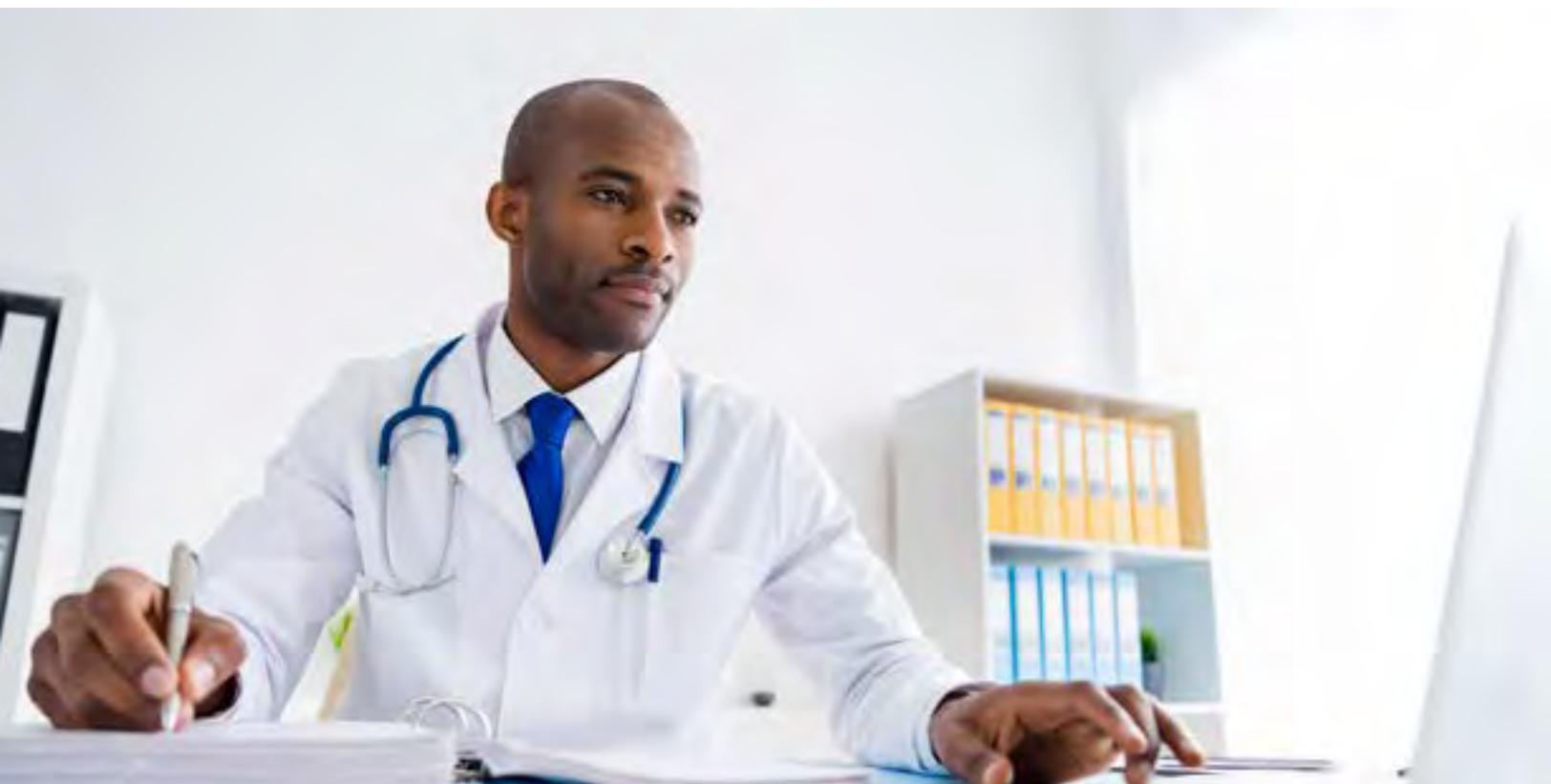
## Home- and Community-Based Services (HCBS) Provider Satisfaction Survey summary

Keystone First CHC sincerely thanks the HCBS providers who participated in our HCBS Provider Satisfaction Survey conducted in late 2020. We take provider input and recommendations seriously. We value your insight and appreciate the time taken to participate in the survey. The survey results identified key areas where Keystone First CHC ranked high as well as opportunities to improve service.

Key strengths of the Plan identified in the survey include:

- Provider relations/network management.
  - Relevance of provider education meetings and in-service trainings.
  - Relevance and timeliness of written communications, policy bulletins, and manuals.
  - Responsiveness and courtesy of Account Executives.
- Nine in 10 providers recommend Keystone First CHC to Participants and to other providers.

Some opportunities for improvement that will be of particular focus for the Plan in the coming months are in the areas of:

- Timeliness and accuracy of claims processing, and resolution of claims payment problems/ disputes.
- Service Coordination/Care Management, especially in the area of care coordination information exchanges.
- HHA eXchange and NaviNet usage and barriers.

Addressing these identified areas of needed improvement will be the focus of strategic workgroups within Keystone First CHC. We are here to support you in the care of our Participants. We look forward to working with you to address any issues identified in the survey and we continue to welcome your ideas and comments.

## Reminder: Two important notices for nursing facilities effective August 1, 2021

We would like to remind nursing facilities that participate with Keystone First CHC of the two requirements below for both public and non-public nursing facilities.

1. Nursing facility admissions of Keystone First CHC nursing facility ineligible (NFI) Participants will **require notification upon admission**, effective **August 1, 2021**.

- Notification is to be made within 48 hours of each admission. Failure to notify Keystone First CHC within 48 hours of an NFI Participant's nursing facility admission will result in claim denial.

- Nursing facility admission notifications should be submitted to our Concurrent Review fax line at **1-855-540-7068**. Registered NaviNet users may also submit admission notifications via the secure NaviNet portal.

2. Effective **August 1, 2021**, when billing for patient pay liability, the gross amount must be billed with value code 23 and the net amount must be billed with value code 66.

- Both value codes are required when billing patient pay liability amounts.

- Failure to bill both value codes will result in a claim denial for invalid billing.

If you have any questions about these requirements, please contact your Account Executive or call Provider Services at **1-800-521-6007**.

## Reporting a critical incident

A critical incident is an occurrence of an event that jeopardizes a Participant's health or welfare.

Reportable critical incidents category definitions are available at **55 Pa. Code § 52.3 Definitions**.

**Did you know?**

- Deaths from natural causes do not need to be reported.

- Once the Participant is discharged from the hospital, and the risk has been mitigated ensuring the Participant's health and safety, the critical incident can be closed in the Enterprise Incident Management System (EIM).

- Adult Protective Services (APS)/Older Adult Protective Services (OAPS) determination of Substantiated, Unsubstantiated, or Inconclusive must be obtained to close a critical incident associated with a protective services investigation. (If a determination is unable to be obtained from APS/OAPS, the Participant's safety needs must be identified and efforts to mitigate any potential risks must be documented in the critical incident report before the incident can be closed in EIM).

- Adult Protective Services can be contacted via their hotline number at **1-800-490-8505**.

## EIM system user identification — quick tips

No matter which Community HealthChoices managed care organization (CHC-MCO) the Participant is enrolled in, providers use the same EIM user ID for all CHC Participants.

Providers must ensure they check the **Search for CHC Participants** checkbox in order to view or create critical incidents on CHC Participants.

## Reminder for Direct Service Providers

Direct Service Providers must **inform the Participant's Service Coordinator** of the critical incident within 24 hours of an incident occurring. While a critical incident report must be submitted in the EIM system by the Service Coordinator or provider agency within 48 hours, Direct Service Providers must communicate with the Service Coordinator about the issue within 24 hours of the critical incident discovery. Direct Service Providers should take action to prevent further incidents and discuss options, concerns, and resolutions with the Service Coordinator and Participant. All critical incident reports must include:

- Discovery time and date of the incident and occurrence date of the incident. (Ensure date of discovery is not before the date of occurrence.)
- Reporter information.
- Participant demographics.
- Event details and type.
- Description of the incident.
- Actions taken to immediately secure the Participant's health and welfare.

Prior to entering a critical incident report in the EIM system, please search EIM to determine if a report has already been initiated. (It is imperative that providers communicate with the Service Coordinator to determine who will enter the incident since providers are unable to see an incident entered by a Service Coordinator in EIM).

- It is mandatory to report any suspected abuse to APS within 24 hours of the knowledge of an incident.
- The entity/individual that first discovers or learns of the critical incident (if they are not present when it occurs) is responsible for reporting it.

- The Service Coordinator or provider agency that discovers or has independent knowledge of the critical incident **must submit the critical incident report within 48 hours** by directly entering the incident into the EIM system. If the critical incident occurs over the weekend, a written report must be entered the first business day after the incident occurred.

**Incidents must be completed in EIM within 30 calendar days from the date of discovery.**

Each critical incident report should include:

- Discovery time and date of the incident and occurrence date of the incident.
- What steps were taken immediately to ensure the Participant's health and welfare?
- What fact-finding steps were taken, and what information was found.
- What corrective steps were taken?
- How the critical incident will be prevented from happening in the future.
- Any changes to the Person-Centered Service Plan (PCSP) because of the critical incident.
- Coordination of any backup supports that may need to be mobilized.
- Contact with other parties who may need to assist or support the Participant (i.e., APS, emergency medical services, law enforcement, etc.).

## Join our Participant Advisory Committee (PAC) and Health Education Advisory Committee (HEAC)

Our PAC and HEAC are always looking for new committee members! Committee members consist of Participants and also physical health, behavioral health, and LTSS providers. The commitment involves in-person or virtual participation in our quarterly meetings. Tentative dates are identified in the beginning of the year, and the remaining dates for 2021 are September 17 and December 17.

Please reach out to the Community Outreach Program Manager, Maritza Padua, at **mpadua@keystonefirstpachc.com** for more information.

## Community events calendar

As we prepare to go back out into the community, the Keystone First CHC Community Outreach team wants to hear from you! Do you have any special events or community events planned for this year? We want to

know! Please reach out to the Community Outreach Program Manager, Maritza Padua, at **mpadua@keystonefirstpachc.com** and share the details.

## Dental Let Us Know form: new and updated!

The Keystone First dental program remains steadfast in highlighting the importance of oral health and its essential role in an individual's overall health. A patient's medical history is a vital part of his or her dental history and increases the dentist's awareness of diseases and medications that might interfere with the patient's dental treatment. Having the dentist serve as an additional touchpoint in evaluating the patient can lead to identifying critical information that might otherwise be ignored. Examples of things to note in the correlation of physical and oral health include: current or new medications; medication the patient has stopped taking; hypertension, diabetes, and cardiovascular history; allergies; and any recent health changes.

The Dental Let Us Know form gives you an opportunity to communicate valuable information that can help keep our members healthier. Could the member benefit from Case Management services, or could a pregnant mom benefit from our Bright Start program?

We also appreciate your office "letting us know" if a member is **not cooperative**, is **chronically missing appointments**, displays **inappropriate behavior** toward staff, or **has not returned to pick up a set of dentures**. Our associates are prepared to intervene to provide some guidance to resolve and educate. The dental team will be included if necessary. The Dental Let Us Know form is a user-friendly tool for communicating important information about your experience with treating a member.

We are now asking your office to become familiar with the updated version of the Dental Let Us Know form. As we continue to encourage the importance of providing patient-centered care, this new version of the form allows you to communicate new elements that will allow us to support the member. It bridges the gap between the delivery of dental services and the circumstances that impact the member's overall health. The form is available at **www.keystonefirstpa.com > Providers > Resources > Dental Program**.

Please contact your Dental Account Executive if you have questions.

## Environmental lead investigation (ELI)

Keystone First members with a venous lead draw showing an elevated blood level of ≥5 µg/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. Phone **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**. For more information and resources about ELI, visit **www.keystonefirstpa.com > Providers > Resources > Lead Screening Resources**.

## Bright Start® support services

Keystone First's Bright Start maternity program is composed of a team of associates dedicated to ensuring members receive early and regular prenatal care that can help result in healthy birth outcomes. Support services available to our members are:

### Maternity Health Navigators (MHNs)

MHNs are health coordinators who work closely with our Bright Start maternity team. The MHNs live and work within the community and meet our pregnant and postpartum members "where they are." MHNs can:

- Assess the home environment.
- Assess/assist with social determinants of health issues.
- Connect members to community resources.
- Provide women's health education.
- Assist with prenatal and postpartum appointment scheduling.
- Assist with transportation coordination.

Additionally, MHNs have received CAPPA Postpartum Doula training, which enhances their knowledge and ability to provide emotional, informational, and physical support to families.

## Doula services

Doulas are nonmedical birth companions to support and assist members during labor and delivery. They provide emotional and physical support as needed. Doulas help women feel less anxious about the birth process and breastfeeding and thus more confident about what their bodies can do. Doulas provide:

- Intensive in-home one-on-one physical and emotional support to decrease stress.
- Childbirth education and preparation.
- Labor support.
- Lactation support.

## Lactation support

The OB or pediatrician can refer any breastfeeding mom and baby for home visits for lactation support by trained lactation agents and have the following evaluated:

- Feeding technique.
- Nipple status/comfort care.
- Feeding frequency.
- Milk production tips.
- If the baby is satisfied after feedings (how to tell when a baby is full).
- Breast pump function and additional flanges, tubing, or connection parts.

For all support services listed above, please call Bright Start at **1-800-521-6867** or fax the completed Bright Start Support Services Referral Form to **1-866-405-7946**. The form is available at **www.keystonefirstpa.com > Providers > Programs > Bright Start Maternity Program**.

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