



**In this issue**

Gun safety — making the conversation a normal part of well visits.....	2	Reminder: Balance billing members and Participants is prohibited.....	10
Provide critical blood lead level screenings in your office today.....	3	Annual fraud, waste, and abuse training is now available.....	11
Environmental lead investigation.....	3	Formulary updates.....	12
The updated 2022 Keystone First Provider manual is now available online.....	4	Pharmacy prior authorization — just a click away!.....	15
2022 Medical Provider Claims Filing Instructions.....	5	Promoting smoking and tobacco cessation within your dental practice.....	16
Quality and utilization management.....	6	2022 Keystone First CHC Provider Manual.....	18
Quality Improvement updates.....	7	2022 HCBS Provider Claims Filing Instructions.....	19
Keystone First and Keystone First CHC QI updates.....	8	Timely filing reminder.....	19
Prior authorization submission tips.....	9	Be involved — join our Participant Advisory Committee.....	20
Translation services.....	9	Critical incident reporting.....	21



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## Gun safety — making the conversation a normal part of well visits

As our members' trusted physicians, you have the ability to impact members' health, safety, and well-being. Candid discussion with your patients about safety issues will help patients protect themselves and their families.

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**The goal of the gun safety counseling conversation is child safety and injury prevention. Talking about guns can be a simple question added to your current list of safety questions, like questions on car seat usage, locking medications, and wearing bike helmets.**

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**We have a dedicated program and website, “Healthy Families, Safe Communities,” that provide resources for you and your staff, including gun safety conversation starters and local and national websites for reference and information.**

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Please visit our Healthy Families, Safe Communities site for information on gun safety and other critical safety topics: [www.keystonefirstpa.com](http://www.keystonefirstpa.com) > **Providers** > **Resources** > **Initiatives**.

## Provide critical blood lead level screenings in your office today

As a reminder, the Centers for Medicare & Medicaid Services (CMS) and DHS have requirements for lead toxicity screening for all Medicaid-eligible children.

- All Medicaid-eligible children are considered at risk for lead toxicity and must receive blood lead level screening tests for lead poisoning.
- 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.

Refer to Pennsylvania's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program Periodicity Schedule for guidance, or visit [www.keystonefirstpa.com](http://www.keystonefirstpa.com) > **Providers** > **Resources** > **EPSDT**.

## Environmental lead investigation

Keystone First members with a venous lead draw showing an elevated blood level of 3.5 µg/dL are eligible for an environmental lead investigation (ELI).

Note: This service is only covered when the CMS and 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), the Philadelphia Department of Public Health's Lead and Healthy Homes Program (LHHP), and Montgomery County Department of Public Health to provide ELI services to our members.

For more information on AET, contact Eric Sutherland at **1-800-9696-AET**.

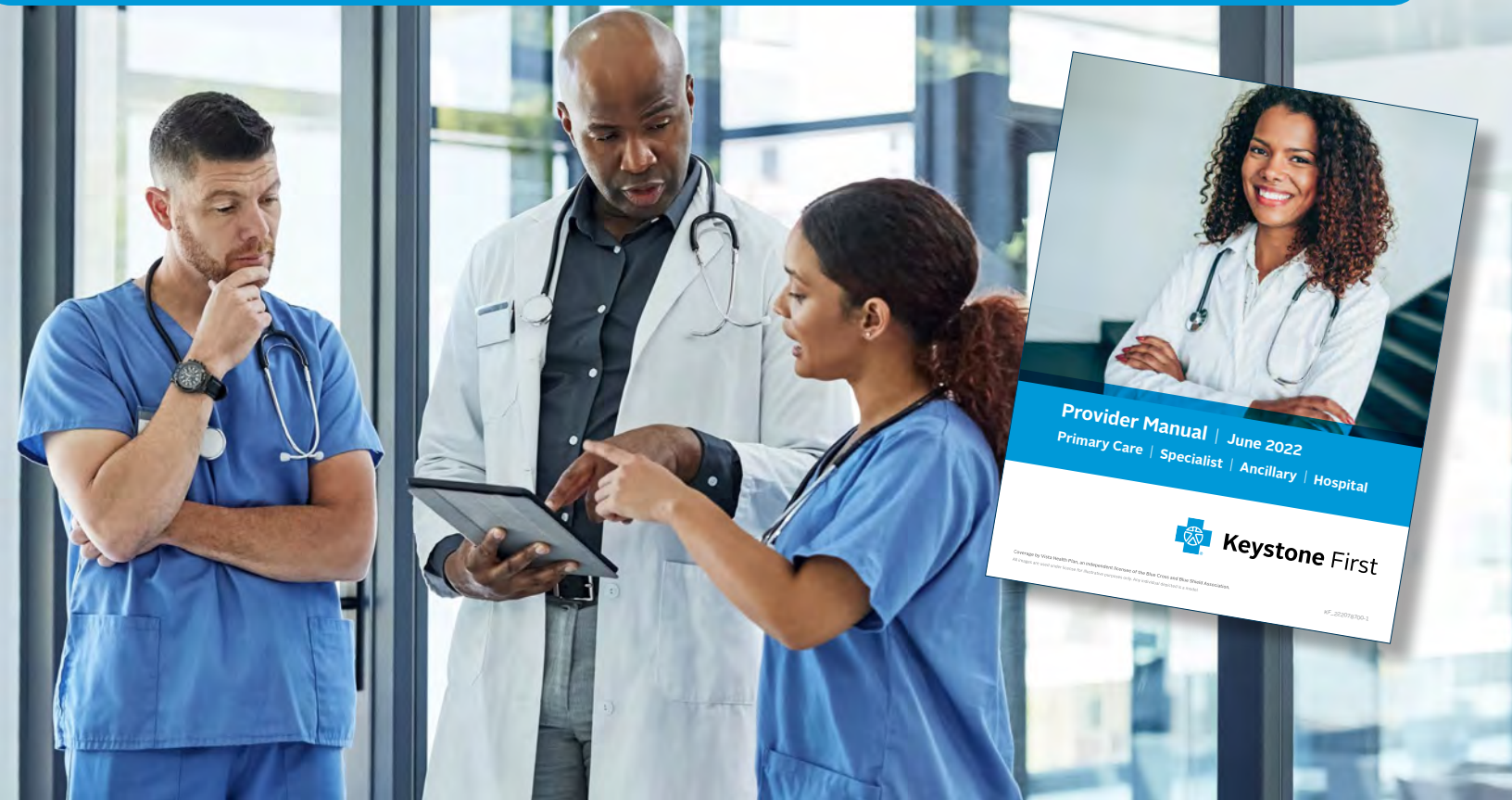
**Note:** LHHP is available only to Philadelphia residents.



Contact information for LHHP is: Lead and Healthy Homes Program (LHHP), 2100 West Girard Avenue, Building #3, Philadelphia, PA 19130-1400. Phone: **1-215-685-2788**; fax: **1-215-685-2978**.

Contact Montgomery County Department of Public Health at **1-610-278-5117**.

More information and referral forms are available at [www.keystonefirstpa.com](http://www.keystonefirstpa.com) > **Providers** > **Resources** > **Clinical resources** > **Lead Screening Resources**.



## The updated 2022 Keystone First Provider manual is now available online

### Examples of updates and changes include:

- Added that in the event of a pharmacy denial, Keystone First will notify the prescriber by fax and the PCP and the member by mail.
- Member Complaints, Grievances and Fair Hearings: DHS requested that the Member Complaint, Grievance, and Fair Hearing language from the Member Handbook be inserted.
- Paper Credentialing Application Process: Performance review of complaints, quality of care issues, and utilization will be reviewed quarterly by the Quality Management department.
- Physician Reviewer Availability to Discuss Decision: Updated to within five business days of the verbal/ faxed denial notification.
- Changed Cultural Competency to Cultural Responsiveness and added information regarding the Affordable Care Act.
- Postpartum Home Visit Program: All members and newborns are able to receive a home visit upon discharge from the hospital and be added to the Pregnancy, Baby, and Young Child Home Visiting Program.

**For the complete list of the 2022 manual updates and changes, and to access the manual in its entirety, visit the provider center at: [www.keystonefirstpa.com](http://www.keystonefirstpa.com) > Providers > Provider manuals and forms.**



## 2022 Medical Provider Claims Filing Instructions

**Keystone First and Keystone First Community HealthChoices are pleased to announce the availability of the 2022 Medical Provider Claims Filing Instructions.**

Some important updates:

- Added language to introduction to indicate that claims that are subject to the ordering/referring/prescribing (ORP) requirement will be denied when billed with a National Provider Identifier (NPI) of a network ORP provider that is not enrolled in Medicaid.
- Added the Keystone First CHC Payer ID, website, and contact information throughout, as appropriate.
- In the UB-04 instructions, moved claim type 32X from inpatient category to outpatient category; removed 33X from outpatient category; added 72X to outpatient category.
- Updated Change Healthcare provider support phone number throughout.
- In the Electronic Claims Submission section, added virtual credit card (VCC) information.
- Added language to the Ambulance Billing section to clarify that only miles exceeding the first 20 loaded miles should be billed.
- Under Chiropractic Care, removed language regarding prior authorization for subsequent visits.

**To access the 2022 Medical Provider Claims Filing Instructions, visit the provider center at <http://www.keystonefirstpa.com> > Providers > Claims and billing or <http://www.keystonefirstchc.com> > For Providers > Claims and billing.**



## Quality and utilization management

Our plans have adopted clinical practice guidelines for treating members and Participants, with the goal of reducing unnecessary variations in care. Clinical practice guidelines represent current professional standards, supported by scientific evidence and research. These guidelines are intended to inform, not replace, the practitioner's clinical judgment. The practitioner remains responsible for ultimately determining the applicable treatment for each patient. All clinical practice guidelines are available at [www.keystonefirstpa.com](http://www.keystonefirstpa.com) > **Providers > Resources > Clinical practice guidelines** and [www.keystonefirstchc.com](http://www.keystonefirstchc.com) > **For 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 (DME), home health care, and concurrent review. Call the Medical Director Hotline at **1-877-693-8480**.

Additionally, we would like to remind you of our affirmation statement regarding incentives:

- UM decision-making is based only on appropriateness of care and the service being provided.
- Our plans do not reward providers or other individuals for issuing denials of coverage or services.
- Financial incentives for UM decision-makers do not encourage decisions that result in underutilization.

## Quality Improvement updates

Our Quality Improvement (QI) programs monitor and assess the health care services used by our members and Participants to ensure that they:

- Meet quality guidelines
- Are appropriate
- Are efficient
- Are effective

The Quality Assessment and Performance Improvement (QAPI) Committee oversees the QI program and coordinates efforts to measure, manage, and improve the quality of care and services for members and Participants. The committee is made up of local health care providers, along with clinical and nonclinical associates. Each year, the QI program sets goals to improve members' and Participants' health outcomes by using data and conducting activities to meet those goals. The QI program is evaluated at the beginning of each year and determines the successes and new activities to focus on. The QI program supports our organization's mission to help people get care, stay well, and build healthy communities.



## Keystone First and Keystone First CHC QI updates

### Keystone First recent successes (2021)

HEDIS® measures:

- Annual Dental Visits (ADV): Exceeded performance goals by performing better than 90% of Medicaid measures.
- Postpartum Care Visits (PPC): Performed better than 75% of Medicaid health plans.

### Keystone First goals for 2022

- Controlling blood pressure for members with hypertension
- Improving comprehensive diabetes care by increasing the percentage of 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 (2021)

- We maintained accreditation from the National Committee for Quality Assurance (NCQA) for Medicaid Plan and Long-Term Services and Supports (LTSS) Distinction.
  - Achieved a 3.5-star Health Plan Rating
- We improved our rates for the following measures for Participants with medical coverage through Keystone First CHC or coverage through both Keystone First CHC and our sister D-SNP Medicare plan:
  - Cervical Cancer Screening (CCS): Improved by 9.5% (from 51.34% in 2020 to 56.2% in 2021).
  - Adult Access to Preventive Ambulatory Health Services (AAP): Improved by 2.8% (from 92.26% in 2020 to 94.86% in 2021).

- Provided ongoing education regarding management of critical incidents to Service Coordinators and personal assistance service providers.
- The Home- and Community-Based Services (HCBS) CAHPS® Survey was conducted in the third quarter of 2021.

### Keystone First CHC goals for 2022

- Maintain accreditation status and LTSS Distinction.
- Achieve NCQA Multicultural Health Care 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
  - Annual Adult Dental Visit
  - Antidepressant Medication Management
- Reduce preventable admissions, emergency room utilization, nursing facility stays, and other high-cost services by increasing the use of health promotion, primary care, and HCBS.
- Improve Participant satisfaction as measured by overall Adult CAHPS and HCBS CAHPS satisfaction scores.



## Prior authorization submission tips

Keystone First and Keystone First CHC are introducing automation in our faxed prior authorization process through optical character recognition (OCR) technology.

We encourage all providers to submit prior authorization requests via Jiva for optimal processing. You can access Jiva through our NaviNet® Plan Central page.

If you need to submit a prior authorization request via fax, please follow the tips below. Adopting these practices will help ensure your requests are processed quickly and accurately.

- **Be sure you are using the most recent version of the Keystone First/Keystone First CHC prior authorization form.** The prior authorization form has been updated for use with the new OCR technology. The updated form can be found at [www.keystonefirstpa.com](http://www.keystonefirstpa.com) > **Providers > Provider Manuals and Forms** and [www.keystonefirstchc.com](http://www.keystonefirstchc.com) > **For Providers > Provider Manuals and Forms**.
- **Please type and do not hand write the information.** Handwritten requests can lead to unnecessary delays in processing.
- If you must fill out the form by hand, please print neatly with adequate spacing between letters. **Do not use cursive.**
- Keep information within the assigned borders of the form. Don't overlap values into multiple fields or extend values beyond the end-border of a field, as this could result in delayed processing.
- **Submit only one member or Participant prior authorization request per fax.** If more than one member or Participant is submitted in a single fax request, the request will be returned unprocessed.



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



## Reminder: Balance billing members and Participants is prohibited

As outlined in your provider agreement with the plan and as outlined in the DHS Medical Assistance Bulletin (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](http://www.keystonefirstpa.com) > **Providers > Resources > MA bulletins** or [www.keystonefirstchc.com](http://www.keystonefirstchc.com) > **For Providers > Resources > Department of Human Services (DHS) bulletins and news**.

Similarly, CMS clearly outlines that Keystone First VIP Choice providers are prohibited from balance billing 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.

## Annual fraud, waste, and abuse training is now available

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](http://www.keystonefirstpa.com) > **Providers > Resources > Manuals, guides and training > Fraud, Waste, Abuse and Mandatory Screening Information** and [www.keystonefirstchc.com](http://www.keystonefirstchc.com) > **For Providers > Training > Fraud, Waste, Abuse and Mandatory Screening Information**.

Topics include:

- Information on screening employees for federal exclusion
- How to report fraud to Keystone First and Keystone First CHC
- How to return improper payments or overpayments to us
- Information on mandatory provider fraud, waste, and abuse training

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

- Keystone First and Keystone First CHC medical providers, go to [www.surveymonkey.com/r/9MQ7S8F](http://www.surveymonkey.com/r/9MQ7S8F).
- Keystone First CHC LTSS providers, go to [www.surveymonkey.com/r/577CX62](http://www.surveymonkey.com/r/577CX62).

### If you suspect it, report it:

#### Help us fight fraud, waste, and abuse

If you or any entity with which you contract to provide health care services on behalf of Keystone First and Keystone First CHC becomes concerned about or identifies 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](mailto: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>.

## Formulary updates

Addition	Effective date
Corlanor	3/1/2022
Removals	Effective date
Abiraterone 500 mg tablet	4/27/2022
Carnitor SF solution 1 gm/10 mL oral	5/16/2022
Cidofovir solution 75 mg/mL intravenous	5/16/2022
Colistimethate sodium (CBA) solution reconstituted 150 mg injection	5/16/2022
Cresemba solution reconstituted 372 mg intravenous	5/16/2022
Cubicin	5/16/2022
Dalvance solution reconstituted 500 mg intravenous	5/16/2022
Daptomycin solution reconstituted	5/16/2022
Floriva Plus	6/15/2022
Fluorouracil intravenous solution	5/16/2022
Galzin capsule 25 mg and 50 mg oral	5/16/2022
Ganciclovir sodium solution reconstituted 500 mg intravenous	5/16/2022
Hydroxyzine 25 mg/mL, 50 mg/mL IM solution	6/15/2022
HyperRAB S/D solution 300 unit/2 mL injection	5/16/2022
Iclusig 30 mg tablet	4/27/2022
Imbruvica 140 mg, 280 mg, 420 mg, and 560 mg tablet	4/27/2022
Invanz solution reconstituted 1 gm injection	5/16/2022
Iron supplements (various; see supplemental formulary for full listing)	6/15/2022
Leucovorin calcium solution reconstituted and tablet	5/16/2022
Levocarnitine solution 1 gm/10 mL oral	5/16/2022
Mesnex tablet 400 mg oral	5/16/2022
Nebupent solution reconstituted 300 mg inhalation	5/16/2022
Prograf solution 5 mg/mL intravenous	5/16/2022
Quflora pediatric drops	6/15/2022
Recarbrio solution reconstituted 1.25 gm intravenous	5/16/2022
Rifampin solution reconstituted 600 mg intravenous	5/16/2022
Tygacil solution reconstituted 50 mg intravenous	5/16/2022
Zemdri solution 500 mg/10 mL intravenous	5/16/2022

Quantity limit updates	Effective date
Aemcolo DR 194 mg tablet	4/4/2022
Apretude ER 600 mg/3 mL vial	5/2/2022
Ayvakit 25 mg and 50 mg tablet	4/4/2022
Azstarys capsule	4/4/2022
Biktarvy 30-120-15 mg tablet	5/2/2022
Brexafemme 150 mg tablet	4/4/2022
Cibinqo tablet	5/2/2022
Cimzia kit	5/2/2022
Citalopram Hbr 30 mg capsule	5/2/2022
Combivent Respimat inhalation spray	5/2/2022
Cosentyx injection	4/4/2022
Dificid 40 mg/mL suspension	4/4/2022
Dupixent 100 mg/0.67 mL syringe	5/2/2022
Elepsia XR	4/4/2022
Empaveli 1080 mg/20 mL vial	5/2/2022
Epclusa pellet packet	4/4/2022
Exkivity 40 mg capsule	4/4/2022
Firmagon kit	4/4/2022
Fleqsuvy 25 mg/5 mL suspension	5/2/2022
Humira (CF) pen pediatric UC 80 mg	5/2/2022
Ingrezza 60 mg capsule	4/4/2022
Invega Hafyera syringe	4/4/2022
Iressa 250 mg tablet	4/4/2022
Ketone urine test strips (various; see plan website links below for detailed quantity limit list)	5/2/2022
Livtencity 200 mg tablet	5/2/2022
Loreev XR 1 mg, 2 mg, and 3 mg capsule	4/4/2022
Lybalvi tablet	4/4/2022
Mavyret 50-20 mg pellet packet	4/4/2022
Monoferric 1,000 mg/10 mL vial	4/4/2022
Myrbetriq ER 8 mg/mL suspension	4/4/2022
Natesto nasal 5.5 mg/0.122 gm	4/4/2022
Nitazoxanide 500 mg tablet	4/4/2022

Quantity limit updates	Effective date
Orkambi tablet	4/4/2022
Oxbryta 300 mg tablet for suspension	5/2/2022
Pneumovax-23	5/2/2022
Qdolo 5 mg/mL solution	4/4/2022
Qulipta tablet	4/4/2022
Rezurock 200 mg tablet	4/4/2022
Rinvoq ER 30 mg and 45 mg tablet	5/2/2022
Scemblix tablet	4/4/2022
Seglentis 56 mg-44 mg tablet	5/2/2022
Sertraline capsule	5/2/2022
Sirturo 20 mg tablet	5/2/2022
Skyrizi 150 mg/mL pen and syringe	4/4/2022
Synjoynt 1% syringe	5/2/2022
Takhzyro 300 mg/2 mL syringe	5/2/2022
Talzenna 0.5 mg and 0.75 mg capsule	5/2/2022
Tarpeyo DR 4 mg capsule	5/2/2022
Testosterone Cypionate intramuscular suspension 100 mg/mL vial	3/14/2022
Transderm-Scop patch	5/2/2022
Trikafta tablet	4/4/2022
Trudhesa nasal spray	4/4/2022
Truseltiq daily dose pack	4/4/2022
Twirla 120-30 mcg/day patch	4/4/2022
Vabysmo 6 mg/0.05 mL vial	5/2/2022
Venclexta starting pack	4/4/2022
Vivelle-Dot 0.075 mg and 0.1 mg patch	4/4/2022
Welireg 40 mg tablet	4/4/2022
Xarelto 1 mg/mL suspension	5/2/2022
Xofluza tablet	4/4/2022

For a complete list of all quantity limits within our searchable formularies, please visit a link below.

<b>Keystone First</b>	<a href="https://www.keystonefirstpa.com/pharmacy/formulary.aspx">https://www.keystonefirstpa.com/pharmacy/formulary.aspx</a>
<b>Keystone First CHC</b>	<a href="https://www.keystonefirstchc.com/providers/pharmacy/index.aspx">https://www.keystonefirstchc.com/providers/pharmacy/index.aspx</a>

## Pharmacy prior authorization — 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](http://www.keystonefirstpa.com) > Pharmacy > Prior authorization > Online prior authorization request form or [www.keystonefirstchc.com](http://www.keystonefirstchc.com) > For Providers > Pharmacy services > Pharmacy prior authorizations > Online prior authorization request form.

Please visit the Pharmacy Services section of our websites at [www.keystonefirstpa.com](http://www.keystonefirstpa.com) > Pharmacy or [www.keystonefirstchc.com](http://www.keystonefirstchc.com) > For Providers > Pharmacy services for up-to-date information, including:

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





## Promoting smoking and tobacco cessation within your dental practice

### Tobacco and oral health

According to the American Dental Association (ADA) website, “during an oral exam, a dental provider can identify intra-oral changes induced by tobacco use, including precancerous or cancerous lesions. Although cigarettes are the most commonly used form of tobacco, other recreational tobacco formulations include conventional smokeless tobacco, compressed dissolvable tobacco, cigars, tobacco pipes and water pipes (i.e., hookahs), and electronic cigarettes (e-cigarettes).”<sup>1</sup> All of these can compromise oral and systemic health.

### The ADA also recommends the following:

#### Ask, Advise, Refer

Use these three steps to identify and advise patients who use tobacco. Some of these steps can be delegated to members of your oral health care team.

#### ► Step 1: Ask

While collecting vital signs, health history, and oral assessments, ask the patient whether they smoke or use other forms of tobacco. Document the patient’s tobacco use status.

#### ► Step 2: Advise

Once a smoker has been identified, advise the patient to quit by saying something like, “I see that you smoke. Quitting smoking is one of the most important things you can do for your health right now. Have you thought about quitting?” This advice works best when delivered in a nonjudgmental tone.

You can make the advice **more compelling** by personalizing it — for example, linking it to any identified oral health tissue changes.

#### ► Step 3: Refer

For patients who are interested in trying to quit, you or other members of your team can refer patients to the PA Free Quitline at **1-800-QUIT-NOW (784-8669)** or offer information about tobacco cessation treatment.

<sup>1</sup> “Tobacco Use and Cessation,” American Dental Association, <https://www.ada.org/resources/research/science-and-research-institute/oral-health-topics/tobacco-use-and-cessation>.





### Become a tobacco cessation counselor

Dental providers, including dental hygienists, who provide face-to-face tobacco cessation counseling must use code **D1320 to be paid \$15 per encounter for up to 70 encounters (inclusive of all provider types) per calendar year.**

Providers must provide more than 10 minutes of face-to-face counseling in order to submit a claim for a tobacco cessation counseling visit. This does not apply to federally qualified health centers (FQHCs) and rural health clinics (RHCs).\*

In order to be eligible for reimbursement, you must participate in the Pennsylvania Medical Assistance program and be approved by the Pennsylvania Department of Health.

### Steps to become a tobacco cessation counselor

- Every Smoker, Every Time Training is free online training that provides entry-level tobacco-use-related education for behavioral and primary health care staff, counselors, social workers, and others. Access the training at <https://www.surveygizmo.com/s3/4303018/Every-Smoker-Every-Time>.
- Submit a Pre-Approved Tobacco Cessation Registry application after successfully passing a post-test of the above training. <https://www.health.pa.gov/topics/programs/tobacco/pages/registry.aspx>
- Pre-Approved Tobacco Cessation Registry application instructions are available at <https://www.health.pa.gov/topics/Documents/Programs/Tobacco/Registry%20Application%20Instructions.pdf>.

\* FQHCs and RHCs are paid an all-inclusive per-encounter payment rate. FQHCs and RHCs should submit claims for tobacco cessation counseling services when provided at the time of a face-to-face visit using procedure code T1015, defined as “clinic visit/encounter, all-inclusive.”

## 2022 Keystone First CHC Provider Manual

The Keystone First CHC 2022 Provider Manual is now available.

Examples of updates and changes include:

- Access to Long-Term Services and Supports (LTSS) Care: Added language requiring providers to attend an annual provider education training session conducted by the plan.
- Added information about provider reporting requirements for missed visits.
- Updated the per month request for diapers/pull-ups in excess of \$300 to 300.
- Medical record standards: updated plan medical review time from annual to every two years. Added the following to the list of standards:
  - Staff receive training in Participant information confidentiality.
  - All services provided by a PCP or allied health professional under the supervision of a PCP.
  - Ancillary and diagnostic tests ordered, and reports from therapeutic services for which a Participant was referred by a practitioner.
- The Federal False Claims Act: Updated civil penalties amount from \$11,665 to \$11,803 and \$23,331 to \$23,607 per false claim.
- Added home accessibility DME to the DME list of covered services.
- Provision of and Payment for Service or Item Following Decision: Added information about when a Participant requests both an external appeal/review and a Fair Hearing.

For the complete list of the 2022 manual updates and changes, and to access the manual in its entirety, visit [www.keystonefirstchc.com](http://www.keystonefirstchc.com) > **For Providers** > **Provider manual and forms**.





## 2022 HCBS Provider Claims Filing Instructions

The Keystone First CHC 2022 HCBS Provider Claims Filing Instructions are now available.

Some important updates:

- Added language to introduction to indicate that claims that are subject to the ORP requirement will be denied when billed with an NPI of a network ORP provider that is not enrolled in Medicaid.
- Updated Change Healthcare provider support phone number throughout.
- In the Electronic Claims Submission section, added virtual credit card (VCC) information.
- Added clarifying language to the Ambulance Billing section that only miles exceeding the first 20 loaded miles should be billed.

To access the 2022 HCBS Provider Claims Filing Instructions, visit [www.keystonefirstchc.com](http://www.keystonefirstchc.com) > **For Providers > Claims and billing > Claims filing guide for HCBS providers.**

## Timely filing reminder

Providers are encouraged to thoroughly check their remittance advice upon receipt to identify claims issues as quickly as possible. When reviewing payment information, check that all services intended to be billed were received and processed by Keystone First CHC. Any unresolved LTSS claim concerns should be brought to the attention of your LTSS Account Executive in a timely manner. For additional information please visit <https://www.keystonefirstchc.com/providers/claims-billing/index.aspx>.

## Be involved — join our Participant Advisory Committee

Keystone First CHC hosts a quarterly Participant Advisory Committee meeting, and we are asking for your help.

The Participant Advisory Committee is a forum where Participants, providers, caregivers, family members, and direct care workers come together to help us make a difference.

The purpose of the committee is to provide our Participants with an effective means to consult with each other and, when appropriate, coordinate efforts and resources for the benefit of the entire Community HealthChoices population in the zone, including people with LTSS needs.

### The 2022 Participant Advisory Committee meeting schedule is as follows:

Date	Time	Location
September 16	10:30 a.m. – noon	Zoom (until further notice)
December 16	10:30 a.m. – noon	Zoom (until further notice)

We are excited to share that we are actively recruiting a diverse group of Participants and providers based on geographic and plan diversity!

- Do you know a Participant who likes to be involved in community meetings or organizations?
- Do you know a formal or informal caregiver who has expressed interest in advocating for others?

If so, we want to hear from them!

Please reach out to Community Relations Representative Nicole Ragab at [nragab@amerihealthcaritas.com](mailto:nragab@amerihealthcaritas.com) with the contact information of the potential committee member, and we will do the rest!



## Critical incident reporting

Network providers and subcontractors must report critical incidents via DHS' Enterprise Incident Management (EIM) system, as well as inform the Participant's Service Coordinator. **The entity that first discovers or learns of the critical incident (even if they are not present when it occurs) is responsible for reporting it.**

- The first section needs to be entered into EIM and submitted within 48 hours from the discovery date.
- The final section needs to be completed and submitted prior to day 30 from the discovery date to allow time to complete the managed care organization (MCO) management review and submit on or before day 30 in accordance with time frames set forth by the Office of Long-Term Living (OLTL).

Network providers and subcontractors working with CHC Participants EIM Access:

- Use the same User ID for all CHC Participants no matter what MCO they are enrolled with.
- Reach out to the Home and Community Services Information System (HCSIS) help desk at **1-866-444-1264** for EIM system access if you don't already have it.
- Need the **Search for CHC Participants** check box in order to search for CHC Participants.
  - Contact the HCSIS help desk for assistance to add this check box if needed.
- Need to use the Participant's Medicaid ID (MCI) or Social Security number (SSN) when entering the identifier type to search for a Participant. This can be obtained from the Participant.
- If you have any questions, contact the CI mailbox at **kfchccriticalincident@keystonefirstchc.com**.

Keystone First CHC must investigate critical events or incidents reported by network providers and subcontractors and report the outcomes of these investigations.

Suspected abuse, neglect, and exploitation should be verbally reported by calling the Protective Services Hotline at **1-800-490-8505**.

The following are critical incidents that must be reported:

- Death (other than by natural causes)
- Serious injury resulting in ER visits, hospitalizations, or death
- Hospitalization (unplanned)
- Provider or staff misconduct, including deliberate, willful, unlawful, or dishonest activities
- Abuse, which includes the infliction of injury, unreasonable confinement, intimidation, punishment, or mental anguish of a Participant, including:
  - Physical abuse
  - Psychological abuse
  - Sexual abuse
  - Verbal abuse
- Neglect, which includes the failure to provide a Participant the reasonable care that they require, including but not limited to food, clothing, shelter, medical care, personal hygiene, and protection from harm.
- Exploitation, which includes the act of depriving, defrauding, or otherwise obtaining the personal property from a Participant in an unjust or cruel manner, against their will, or without their consent or knowledge, for the benefit of self or others.
- Restraint, which includes any physical, chemical, or mechanical intervention that is used to control acute, episodic behavior that restricts the movement or function of the Participant or a portion of the Participant's body.
- Service interruption, which includes any event that results in the Participant's inability to receive services that places their health and or safety at risk. This includes involuntary termination by the provider agency and failure of the Participant's backup plan.
- Medication errors resulting in hospitalization, an ER visit, or other medical intervention.



## Connections Editorial Board

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KF\_222060417-1

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