



Keystone First

Coverage by Vista Health Plan,
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2022 Keystone First Provider Manual Updates	Page
Important Plan Telephone Numbers: updated phone and fax numbers, as appropriate.	14-15
Definitions: updated definitions, as appropriate.	16-32
Covered Benefits	
Services Not Covered: added associated procedures along with Dental Implants	34
Added 2022 Member Copayment Schedule	36
Referral & Authorization Requirements	
Services Not Requiring a Referral: Added some Dental Services may require Prior Authorization and/or a Benefit Limit Exception	40
Dental Benefits: Added information regarding dental services that are covered for children under the age of 21, and Dental Benefits for Members age 21 and older	53- 54
Medical Supplies: Added some continuous glucose monitor (CGMS) and supplies under diabetic supplies	70
Dental Referrals: added language to refer to the Dental Provider Supplement for complete and detailed Dental procedures and policies.	85
Added in the event of a pharmacy prior authorization denial, the prescriber will be will notified by fax and the PCP and the member by mail.	94
Member Eligibility	
Updated Identification Card information	110
Primary Care Provider (PCP) & Specialist Office Standards & Requirements	
Medical Record Standards: added additional standards for auditing medical record reviews	150
Claims	
The Federal False Claims Act: Updated penalty amounts per false claim	163
Provider Dispute/Appeal Procedures; Member Complaints, Grievances, and Fair Hearings	
Member Complaints, Grievances and Fair Hearings: Per DHS, replaced the Provider manual language with the Member Complaint, Grievance and Fair Hearing language from the Member Handbook	178-197
What is an Appeal?: Removed language regarding Member consent for a Member complaint	174
Relationship of Provider Formal Appeals Process to Provider Initiated Member Grievances: Removed paragraph about Member consent and written Member consent	200
Keystone First Paper Credentialing Application Process: Updated that performance review of complaints, quality of care issues and utilization will be reviewed quarterly by the Quality Management department	210
Physician Reviewer Availability to Discuss Decision: updated within 5 business days of the verbal/faxed denial notification	222
Denial Reasons: Removed denial letters available in six languages and updated to other preferred languages denial letters	223
Special Needs & Care Management	

Removed "Episodic Care Management" from Episodic Care Management/Special Needs Unit section	226
Bright Start Maternity programs: removed postpartum care rewards program	228
Postpartum Home Visit Program: Updated that all Members and newborns are able to receive a home visit upon discharge from the hospital	228
Added Pregnancy, Baby, and Young Child Home Visiting Program section	228-229
Regulatory Provisions	
Changed Cultural Competency to Cultural Responsiveness and added additional information regarding the Affordable Care Act	246-247