



Keystone First

Coverage by Vista Health Plan,
an independent licensee of the Blue Cross and Blue Shield Association.

To: Keystone First Providers

Date: June 1, 2018

Subject: Member Complaints, Grievances, and Fair Hearings Process Change

In accordance with changes instituted by the Pennsylvania Department of Human Services (DHS), effective July 1, 2018, *Section 7: Provider Dispute/Appeal Procedures; Member Complaints, Grievances, and Fair Hearings* of the Keystone First provider manual will be updated to reflect the changes in the process. These changes will be outlined in the annual revision of the provider manual, in addition to a break-out document (pdf) posted to our website, www.keystonefirstpa.com for our network providers to access.

Please note that member complaints, grievances and fair hearings related to denial letters filed prior to July 1, 2018 and for all complaints, not related to a denial letter filed prior to July 1, 2018 will follow the process outlined in the provider manual that is dated April 2017 and currently posted on the website. On or after July 1, 2018, the new complaint, grievance and fair hearing process will be in effect and will be outlined as referenced above.

As we approach July 1, 2018, we will inform you when the revised manual and website updates are available.

Questions:

If you have questions about this communication, please contact your Provider Account Executive.