

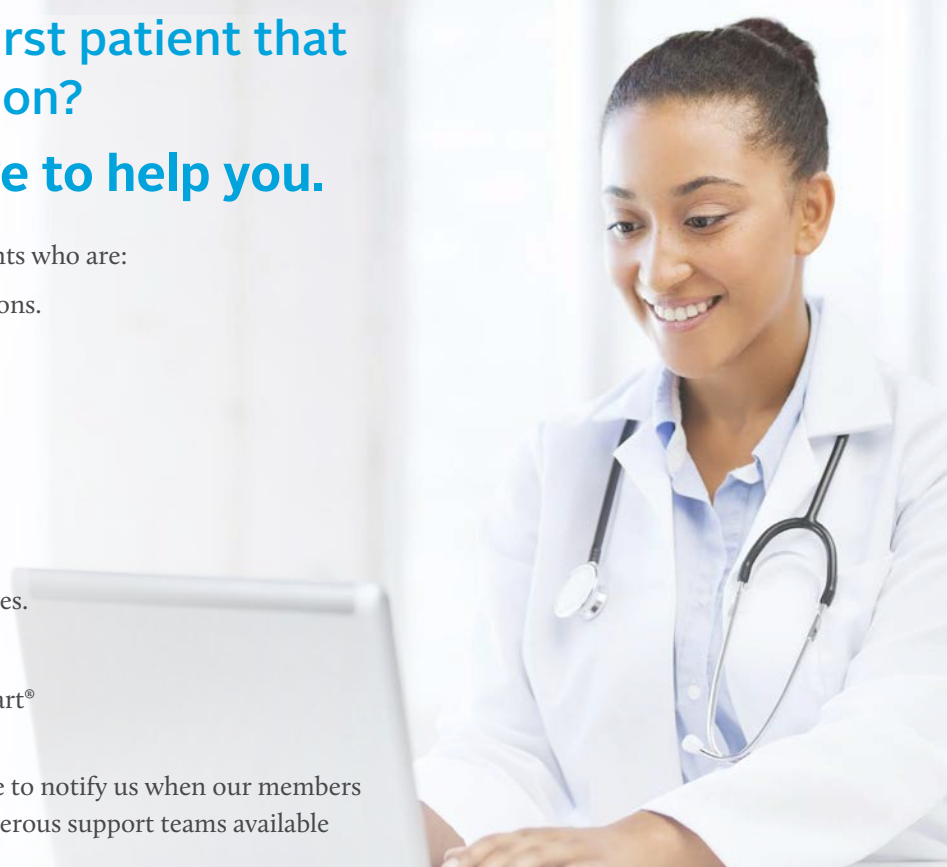
## Do you have a Keystone First patient that might need special attention?

## Let us know! We are here to help you.

Call and let us know about your Keystone First patients who are:

- Not complying with taking prescribed medications.
- Inappropriately using the emergency room.
- Missing scheduled appointments.
- Not complying with your treatment plan.
- In need of dental treatment.
- Displaying drug-seeking behavior.
- In need of behavioral health assistance or services.
- In need of engagement with case management.
- Pregnant and would benefit from our Bright Start® maternity program.

The Let Us Know program allows you and your office to notify us when our members require intervention and/or education. We have numerous support teams available to assist in this effort.



### How the Let Us Know program works:



*(continued on page 2)*

## Let us know! We are here to help you. *(continued from page 1)*

### A success story

Recently, an office called Keystone First to let us know that a member needed outreach and assistance. The member had taken medical supplies that are considered standard supplies in most homes, such as a box of Band-Aids, gauze pads, and triple antibiotic ointment. Rather than the office calling the police, the member was given the option of returning the items. The team was able to contact the member and realized during the conversation that multiple issues were at play, including lack of education on post-surgical instructions, transportation barriers, and housing issues. Ultimately, we were able to assist the member with medications, scheduling transportation for upcoming medical appointments, and a change of housing.

### How can you let us know about a patient who needs assistance?

- Contact the Rapid Response team by:
  - Calling **1-800-573-4100** from 8 a.m. to 6:30 p.m.
  - Faxing the Member Intervention Request form to **1-800-647-5627**. You can find the form online at [www.keystonefirstpa.com](http://www.keystonefirstpa.com) → **Providers** → **Resources** → **Programs** → **Let Us Know**.
  - Sending an email via the secure contact form on [www.keystonefirstpa.com](http://www.keystonefirstpa.com) → **Contact us**.
- Use the NaviNet® Care Gap worksheet to request the Rapid Response team outreach to the member.

Please remember to contact the Rapid Response team so that we can continue to help and engage members you know need that extra attention.

## Take advantage of your adolescent patients' summer office visits ... screen them!

During the summer, you may see children for the odd scrape or bump.

This is the perfect opportunity to get their well visits completed and vaccinations up to date (see the article **Don't Wait, Vaccinate!** on page 4 for more details).

Identify your adolescent patients who need a visit by using NaviNet:

- Go to the **Report Inquiry** in the left-hand menu.
- Choose **Clinical Reports**.
- Select **Single Service Care Gap Query** from the drop-down menu.
- Choose **Provider Group** from the drop-down menu.
- In the Report Criteria section, choose **Adolescent Well Visit** from the drop-down menu.
- Click **Search**.

You can also “let us know” by calling us at **1-800-573-4100**. We can help with reaching out to your Keystone First adolescent patients.

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



# Remind your patients about sun safety this summer

## Did you know?

Between 40 percent and 50 percent of Americans who live to age 65 will have either basal cell carcinoma or squamous cell carcinoma at least once. Basal cell carcinoma (BCC) is the most common form of skin cancer, and more than 4 million cases are diagnosed in the United States each year.<sup>1</sup>

The treatment of childhood melanoma is often delayed due to misdiagnosis of pigmented lesions, which occurs up to 40 percent of the time.<sup>2</sup>

## How you can help your patients prevent skin cancer or childhood melanomas

Encourage your patients to protect their skin when outdoors in the summer months. Emphasize that the most dangerous days are not just when it's sunny outside.

Here are a few helpful tips:

- Use well-visits as an opportunity to educate patients, parents, and children about skin cancer prevention.
- Question patients and parents about their amount of daily sun exposure and reinforce sun-safe behaviors.
- Promote the use of hats, long sleeves, and broad-spectrum (UVA/UVB) sunscreen with a sun protection factor (SPF) of 15 or higher every day. For extended outdoor activity, promote water-resistant, broad-spectrum (UVA/UVB) sunscreen with an SPF of 30 or higher.<sup>3</sup>
- Advocate for sun safety and policies at summer programs and camps.
- Provide educational materials to patients concerning sun exposure and the possibilities of developing skin cancer.

## Public sunscreen dispensers coming to Philadelphia

Let your patients know about a new initiative coming to Philadelphia through a city partnership with the Richard David Kann Melanoma Foundation, Independence Blue Cross, and the Phillies. The SunSmart Initiative will be bringing public sunscreen dispensers to Philadelphia at spots like City Hall, Boathouse Row, and throughout Citizens Bank Park.<sup>4</sup>

Taking a few moments to encourage patients to apply sunscreen and wear sun-protective clothing can help keep them sun-safe, not only this summer but also for a lifetime.

<sup>1</sup> [www.skincancer.org/healthy-lifestyle/outdoor-activities](http://www.skincancer.org/healthy-lifestyle/outdoor-activities)

<sup>2</sup> [www.cdc.gov/cancer/skin/pdf/sunsafety\\_v0908.pdf](http://www.cdc.gov/cancer/skin/pdf/sunsafety_v0908.pdf)

<sup>3</sup> [www.skincancer.org/prevention/graphics/handbook](http://www.skincancer.org/prevention/graphics/handbook)

<sup>4</sup> [www.philly.com/philly/news/pennsylvania/philadelphia/philly-installing-free-sunscreen-dispensers-20170526.html](http://www.philly.com/philly/news/pennsylvania/philadelphia/philly-installing-free-sunscreen-dispensers-20170526.html)





## Don't wait, vaccinate!

All public school students must be vaccinated within five days of school starting.

You are likely aware that the immunization requirements for public school attendance in Pennsylvania have changed. School students will only have **five days** from the first day of school to either:

- Have all the required vaccines, or
- Have completed the first vaccine in a series **and** a written scheduled catch-up plan signed by a health care provider articulating the student's plan, or
- Have documented exemptions.

Students who have not provided this documentation to their school by the fifth school day will not be permitted entrance to their school on the sixth school day.

What is your role as a health care provider?

- Educate your entire practice team about the new requirements.
- Educate your patients and families about the new requirements. Hang posters provided by the Pennsylvania Department of Health found on [www.health.pa.gov](http://www.health.pa.gov) → My Health → Immunizations → 2017 – 2018 School Immunization Requirements and share the “Don't Wait, Vaccinate” message on social media.

- Proactively identify your patients who have not yet received these immunizations through whatever means possible (such as running recalls in your electronic health record [EHR] system or practice management system).
- Reach out to these families and bring patients into your office to receive needed vaccines as soon as possible.
- Use **every** opportunity to immunize (sick visits, signing driver's permits, sibling visits, etc.).

A survey of school nurses has identified the following areas of significant gaps in immunization documentation:

- 16-to-18-year-olds without a second MCV4 (required for 12th grade).
- Patients of all ages who did not have their fourth polio vaccine on or after their fourth birthday.
- New kindergarten students who registered but did not yet have their 5-year-old well visit with vaccines.

Strategies to consider for increased immunization rates prior to the first day of school:

- Give DTaP, IPV, and MMRV at the 4-year-old well visit (remember IPV **must** be on or after the fourth birthday).
- Use every opportunity to immunize older children.
- Write and share vaccine catch-up plans with families. Make all immunization appointments for series completion, not just the next dose.

*(continued on page 5)*



## Don't wait, vaccinate! *(continued from page 4)*

### Pennsylvania state requirements for school attendance:

Children in **all** grades (K-12) need the following immunizations for attendance:

- 4 doses of tetanus, diphtheria, and acellular pertussis (1 dose on or after 4th birthday) (DTaP).
- 4 doses of polio (fourth dose on or after 4th birthday and at least six months after previous dose given) (IPV).
- 2 doses of measles, mumps, and rubella (MMR).
- 3 doses of hepatitis B (Hep B).
- 2 doses of varicella (chickenpox) or evidence of immunity (documented disease or antibody titers).

7th through 12th grade **additional** immunization requirements for attendance:

- 2 doses meningococcal conjugate vaccine (MCV4).
  - First dose prior to **entry into 7th grade**.
  - A second dose is required at age 16 or prior to **entry into 12th grade**.
  - If the student has already received the first dose after age 16, only one dose is required.
- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap).

### For children on a catch-up schedule:

When you are presented with the following form to complete, please document the **scheduled dates** that have been communicated with the student/family during which

you intend to provide the remainder of the vaccine series. Please take into account minimal intervals between vaccines according to the Advisory Committee on Immunization Practices (ACIP) **catch-up schedule**. This form must include a **provider signature** and date.

PENNSYLVANIA DEPARTMENT OF HEALTH – MEDICAL CERTIFICATE																		
Name _____	Birth date _____																	
Address _____	Parent or Guardian _____																	
	Telephone _____																	
Please circle present grade:	K	1	2	3	4	5	6	7	8	9	10	11	12	Other				
VACCINE	Enter month, day and year each immunization <b>will be given</b>																	
Circle appropriate item	DOSES																	
Diphtheria, tetanus and acellular pertussis (DTaP or DT)	1	/	/	/	2	/	/	/	3	/	/	/	4	/	/	5	/	/
Tetanus, diphtheria and acellular pertussis (Tdap)	1	/	/	/	2	/	/	/	3	/	/	/	4	/	/	5	/	/
Polio (OPV or IPV)	1	/	/	/	2	/	/	/	3	/	/	/	4	/	/	5	/	/
Hepatitis B	1	/	/	/	2	/	/	/	3	/	/	/	4	/	/	5	/	/
Measles - mumps - rubella (MMR)	1	/	/	/	2	/	/	/	or measles serology Date _____			Titer _____						
Varicella	1	/	/	/	2	/	/	/	Rubella serology Date _____			Titer _____						
Meningococcal (MCV)	1	/	/	/	2	/	/	/										
Other	1	/	/	/	2	/	/	/	Mumps disease diagnosed by a physician Date _____									
Attach EHR of vaccines already given.																		
Signature (PLEASE CIRCLE - physician, certified registered nurse practitioner, physician assistant, local health department)													H502.320 3/17					

During subsequent visits where additional immunizations are administered, provide the student/family with an updated vaccine record and encourage them to present it to their school nurse in a timely manner.

It is our collective responsibility to make sure our communities and schools are safe from vaccine-preventable illnesses and our children stay in school. Thank you for your assistance in protecting our children!

# Quality Improvement program updates

Clinical practice guidelines for treating members, with the goal of reducing unnecessary variations in care



Keystone First has adopted clinical practice guidelines for treating members, with the goal of reducing unnecessary variations in care. The 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](http://www.keystonefirstpa.com) → **Providers** → **Resources** → **Clinical Resources** → **Practice guidelines and policies** → **Clinical policies**, or upon request by calling the Provider Services department at **1-800-521-6007**.

Keystone First will provide the 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 written copy by mail within five business days of your request.

Please remember that Keystone First has medical directors and physician advisors who are 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, Keystone First would like to remind providers of our affirmation statement regarding incentives:

- UM decision-making is based only on appropriateness of care and the service being provided.
- Keystone First does 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.

The Quality Improvement (QI) program at Keystone First monitors and assesses the health care services used by our members to ensure that these services:

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

The Quality Assessment and Performance Improvement Committee (QAPI) oversees the QI program, and coordinates efforts to measure, manage, and improve the quality of care and services for members. The committee is made up of local health care providers, along with clinical and nonclinical associates. Every year, the QI program sets goals to improve members' health outcomes by using data and conducting activities to meet those goals.

Keystone First evaluates the QI program at the beginning of each year and determines the successes and new activities to focus on. The QI program supports the organization's mission to help people get care, stay well, and build healthy communities. Here are some of our recent successes and our plans for 2017.

*(continued on page 7)*

## Quality Improvement program updates

(continued from page 6)

### Accomplishments in 2016

- Achieved a 4 out of 5 rating for the National Committee for Quality Assurance (NCQA) Medicaid Plans ranking.
- Maintained NCQA “Commendable” accreditation status.
- Maintained NCQA Multicultural Health Care Distinction through efforts to improve culturally and linguistically appropriate services and reduce health care disparities.
- Improved performance in the following measures:
  - Annual dental visits for children.
  - Postpartum care.
  - Chlamydia screening.
- Developed and improved initiatives to improve the care our members receive by:
  - Coordinating transportation to appointments.
  - Sending nurses to where our members live.
  - Making reminder calls to members.
  - Finding new ways to connect with our members by mail, phone, text, and face-to-face in the community.

### Goals for 2017

- Maintain or exceed NCQA “Commendable” accreditation status.
- Identify and prioritize opportunities to implement or redesign clinical programs to reduce health care disparities.
- Achieve demonstrable improvement in the following HEDIS® measures:
  - Adolescent Well-Care Visits.
  - Comprehensive Diabetes Care.
  - All measures below the 50th percentile.
- Improve member satisfaction as measured by overall Consumer Assessment of Healthcare Providers and Systems (CAHPS®) satisfaction scores.
- Enhance the HEDIS medical record review and data collection process.
- Empower members to work more collaboratively with their physicians in implementing their care plans to maintain and/or improve their health and to reduce health disparities.
- Continue to enhance behavioral health collaborations.

Through collaboration with Keystone First network providers, nurses, and health care professionals, we will attain the goal of improving the quality of health of our members. If you would like more information about the QI program, contact your provider Account Executive.





## Formulary updates, May 2017

Removals
Axiron
Brand Androgel
Denavir
Fanapt
Haloperidol decanoate ampul
Methergine tablets (quantity limit of 28 tablets and 7 days)
Methitest
Tekturna
Tekturna HCT
Testred
Toviaz

Additions
Abreva
Accu-Chek Guide meter, test strips and control solution
Generic Androgel 1%, with prior authorization (PA)
Generic Androxy, with PA
Generic Depo-Testosterone, with PA
Generic Fortesta, with PA

For the latest formulary and prior authorization information, please visit our website.

### Pharmacy prior authorization: No phoning or faxing — just one 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) → Providers → Pharmacy Services → Online PA request form.







## Zika virus benefits and policies

Keystone First, in accordance with the Centers for Disease Control and Prevention (CDC) guidelines, has outlined coverage and benefit recommendations for Zika virus.

Keystone First will cover:

- Testing in appropriate cases.
- Over-the-counter (OTC) insect repellent with a prescription, and in accordance with the member's OTC drug benefit.
- Clinically appropriate ultrasounds for pregnant women diagnosed with Zika virus.

For more information on coverage recommendations, view our Zika virus clinical policy at [www.keystonefirstpa.com](http://www.keystonefirstpa.com) → **Providers** → **Resources** → **Clinical resources** → **Practice guidelines and policies** → **Clinical policies**, or contact the Provider Services department at 1-800-521-6007.

## About Zika virus

Zika virus is transmitted to humans primarily from being bitten by a mosquito carrying the virus or from having unprotected sex with someone who carries the virus. According to the CDC, approximately one in five people infected with Zika virus becomes symptomatic. Transmission of Zika from a pregnant woman to the fetus has been documented, but uncertainties remain about Zika virus in pregnancy.

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For more information about Zika virus, visit the CDC website at [www.cdc.gov/zika/index.html](http://www.cdc.gov/zika/index.html) → **Clinicians: Protect your patients!**

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## Over-the-counter benefits

Keystone First will cover (according to the Plan's approved OTC benefit limits) Environmental Protection Agency (EPA)-registered insect repellents with one of the following active ingredients: DEET, picaridin, IR3535 oil of lemon eucalyptus, or para-menthane-diol. An order or prescription from the member's health care provider is required.

Keystone First members may obtain up to a 34-day (or 90-day generic) supply per month in OTC products **with** a prescription. This limit is not being increased.

### Indications

- Members of any age who traveled to or resided in an affected area within the previous two weeks and present with two or more of the following symptoms consistent with Zika virus disease: fever, rash, conjunctivitis, or arthralgia.
- Any pregnant woman with possible Zika virus exposure regardless of the presence of clinical illness.
- Any woman who may become pregnant who has had unprotected sex with someone who carries the virus.
- Any person attempting conception who presents with one or more symptoms consistent with Zika virus disease within two weeks of possible Zika virus exposure.
- An infant that meets any of the following criteria:
  - Born to a mother with a positive or inconclusive test result for Zika virus infection.
  - Presents with symptoms of Zika virus disease in the first two weeks of life and born to a mother who traveled to or resided in an affected area within two weeks of delivery.
  - Presents with evidence of microcephaly or intracranial calcifications and born to a mother who was exposed to Zika virus while she was pregnant.

For more information, view our Zika virus clinical policy at [www.keystonefirstpa.com](http://www.keystonefirstpa.com) → **Providers** → **Resources** → **Clinical Resources** → **Practice guidelines and policies** → **Clinical policies**.



## Oral health tips for patients with allergies and asthma

A change in seasons can have an impact on asthma and allergy sufferers, but one thing that does not change is the impact that asthma and allergies have on oral health. Everything from an increased prevalence to cavities, to oral dryness, halitosis, gingivitis, and even temporomandibular joint (TMJ) disorders can be tied to these conditions.

For many allergy and asthma sufferers, a dry mouth is often the cause of complications that arise. Therefore, as their dentist and oral health provider, remind your patients to be aware of this initial symptom. Because saliva is literally the salve that protects the oral cavity from bacterial warfare, the lack of it predisposes individuals to more cavities, bad breath, and gingivitis. A dry mouth may occur for two reasons: 1) individuals with allergies and other breathing-related concerns are often mouth-breathers, and 2) the oral medications and inhalers used to treat these breathing conditions tend to dry out the oral cavity even more than mouth-breathing alone. What should you advise your patients to do?

It is most important to emphasize hydration to your patients. Water is not only good for overall health, but for the health of the mouth. Also, have patients consider these practices to keep the mouth moist:

- **Always** rinse the mouth with water after using a corticosteroid inhaler, and spit the water out once it has been swished around the teeth.
- Use a spacer when using an inhaler. This allows the medication to enter the lungs more effectively, and prevents the medication from lingering in the mouth.
- Consider chewing gum with Xylitol to help keep the mouth moist between meals. These gums are sugar free and recommended by dentists to aid in the prevention of cavities. Plus, they taste pretty good. Gum-chewing in general helps stimulate saliva flow, which is good for teeth.
- Be extra vigilant with oral care. Due to a higher incidence of dry mouth and its impacts, you should reinforce the need to pay special attention to all of the recommended habits such as brushing twice a day, flossing once a day, and the importance of regular dental checkups.

And there you have it. The key is to remind individuals to be aware of the higher dental risks they face and to incorporate healthy behaviors into their daily lives.

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These tips were adapted from Revenue Well Systems, LLC. All rights reserved. April 21, 2016. [www.patientconnect365.com/DentalHealthTopics/Article/Oral\\_Health\\_Tips\\_For\\_Patients\\_With\\_Allergies\\_And\\_Asthma](http://www.patientconnect365.com/DentalHealthTopics/Article/Oral_Health_Tips_For_Patients_With_Allergies_And_Asthma).

## Have you signed up for our dental e-lets yet?

### Get news at your fingertips!

Sign up for our free, fast, and efficient dental e-lets. These email communications let you receive all of our latest notifications at your fingertips. E-lets will keep you up to date on policy changes, billing information, new programs, and upcoming conferences.

To sign up, go to [www.keystonefirstpa.com](http://www.keystonefirstpa.com) → **Providers** → **Sign up for email alerts.**

## Silver diamine fluoride (SDF)

SDF, as a desensitizing and cariostatic agent, has been approved by the U.S. Food and Drug Administration (FDA) since 2014 and has been commercially available in the United States since 2015. CDT code D1354 (interim caries arresting medicament application) became effective January 1, 2016. SDF offers an easy and low-cost application method, with high efficacy on active carious lesions, providing inexpensive nonsurgical treatment options. Keystone First is currently evaluating future coverage of this CDT code. More to come.

## Provider office manager seminars

A time to learn and share

**Keystone First seminars continue to be an educational opportunity for both our guests and our staff. We share and learn so much from each other at these events.**

One of the goals for this year's seminars is to have experts come and speak on safety topics. For example, we engaged India Azzinaro, Violence Prevention Initiative Fellow and Medical Advocacy Supervisor at Lutheran Settlement House (LSH) and The Children's Hospital of Philadelphia (CHOP), to be our keynote speaker for two seminars. Azzinaro spoke on teen dating violence and prevention at our Federally Qualified Health Center (FQHC) Forum, which highlighted Teen Dating Violence and Prevention Month in February. Her second keynote speech given at the spring OB/GYN seminar focused on intimate partner violence during pregnancy. The powerful information she shared and actionable conversation points to have with patients were appreciated by all.

Another key goal at our seminars is to listen to **you**. We have added substantial time for roundtable discussions focusing on topics such as: enhancing provider support, what to do about ghost members (members who never come to the office for care), improving electronic platforms like NaviNet, and how to increase Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) reporting. Here is some feedback we received from attendees:

- "Hearing the issues and questions from other practices even if there is not an answer usually brings forth useful information."
- "Enjoyed newly added roundtable discussions in the afternoon. Thanks so much."
- "I enjoyed the breakout sessions as well as the information stations."
- "Very helpful in getting information on little known services that are available through Keystone First."
- "It was great. I enjoyed the brief speakers—it allowed for variety."
- "The open forum was great but overall everything was valuable and interesting."

We have seminars scheduled for the fall and invite you to join us. Contact us at [provider.communications@keystonefirstpa.com](mailto:provider.communications@keystonefirstpa.com) if you are interested in our seminar schedule.



## Fraud Tip Hotline

If you or any entity with which you contract to provide health care services on behalf of Keystone First become concerned about or identify potential fraud or abuse, please contact us by:

- Calling the toll-free Keystone First Fraud Tip Hotline at **1-866-833-9718**.
- Emailing [fraudtip@amerihealthcaritas.com](mailto:fraudtip@amerihealthcaritas.com).
- Mailing a written statement to:  
**Special Investigations Unit  
Keystone First  
200 Stevens Drive  
Philadelphia, PA 19113**

For more information about medical fraud and abuse, please visit the Pennsylvania Department of Human Services (DHS) website at [www.dhs.pa.gov/learnaboutdhs/fraudandabuse/mafraudandabusegeneralinformation](http://www.dhs.pa.gov/learnaboutdhs/fraudandabuse/mafraudandabusegeneralinformation).



## Starting the conversation on food insecurity: How many of your patients are hungry right now?

The U.S. Department of Agriculture (USDA) defines food insecurity as a state in which “consistent access to adequate food is limited by a lack of money and other resources at times during the year.” Nationwide, 42.2 million Americans are food insecure, including 13.1 million children and 5.7 million seniors.<sup>1</sup>

Sadly, for many of our members this is a daily reality. It is hard to imagine having to make the impossible choice between paying rent or keeping the electric on or buying food for a family.

According to the Greater Philadelphia Coalition Against Hunger, hungry people are:

- Thirty percent more likely to be hospitalized and require longer inpatient stays.
- Twice as likely to need mental health services.
- At higher risk for obesity because healthy, fresh foods usually cost more than high-calorie options like chips and soda. Low-income neighborhoods often lack supermarkets, so residents rely on limited grocery selections at local convenience or corner stores.

The impact of food insecurity in children affects every aspect of their lives — from their health to their ability to do well in school. In 2015, 18 percent of children under 18 (more than 13 million) in the United States lived in food-insecure households.<sup>2</sup>

- Hungry children are 60 percent more likely to miss school and 50 percent more likely to repeat a grade.
- They are twice as likely to require special education.

### What can you do?

We appreciate that you are on the front line of so many health and safety issues, and we encourage you to follow the American Academy of Pediatrics advice<sup>3</sup> to ask about food resources and to assess food security.

- Never assume a family has adequate food resources.
- Screen all children for food insecurity by adding the following questions to your normal routine safety questions:

*Please let me know if either of these statements is true for your family:*

- *Within the past 12 months, we worried whether our food would run out before we got money to buy more.*
- *Within the past 12 months, the food we bought just did not last and we did not have money to get more.*

### Resources for you and your staff to refer members

Your members can visit [www.feedingpa.org/find-assistance/](http://www.feedingpa.org/find-assistance/) to find information on:

- Food banks in their areas.
- Nutrition assistance programs like the Women, Infants, and Children (WIC) program and the Supplemental Nutrition Assistance Program (SNAP).
- National school breakfast and lunch programs, and much more.

<sup>1</sup> [www.feedingpa.org/about/](http://www.feedingpa.org/about/)

<sup>2</sup> [www.childtrends.org/indicators/food-insecurity/](http://www.childtrends.org/indicators/food-insecurity/)

<sup>3</sup> [www.aappublications.org/content/early/2015/10/23/aapnews.20151023-1](http://www.aappublications.org/content/early/2015/10/23/aapnews.20151023-1)

# Tips for providing culturally and linguistically appropriate services for Arabic and Muslim patients

Keystone First has recently seen an increase in Arabic-speaking members, many of whom come from Arab or Muslim cultures. Due to cultural differences, special consideration may be required from providers when treating these patients. The Middle East Center at the University of Pennsylvania has published guidelines to assist medical professionals who treat Arab and Muslim patients. For more information, please visit the center's website at [www.sas.upenn.edu/mec/outreach/medpamph](http://www.sas.upenn.edu/mec/outreach/medpamph). Here are some highlights.

## Medical procedures and explanations in the office or hospital

- Communication is important, as Arab and/or Muslim patients may be disoriented in an American hospital setting. Use a translator to explain procedures and hospital billing procedures, American health care, insurance, etc. It is best to use a same-sex translator from the hospital, if possible.
- Patients (especially older ones), even if residing in the United States, may speak little English. They also may not understand machines or invasive procedures. Explain images and procedures.
- Explain each medication and separate essential medicines from those for symptoms. Relate daily behavior to the treatment regimen (i.e., “eat one pill with breakfast”) and explain in detail how medications are to be administered.
- Do not be surprised if the patient is accompanied by family, which is extremely important in Middle East culture. Within the bounds of confidentiality, keep family members involved in decision-making, and assume patients will not give you a decision about their care or finances without family consultation.

## Popular practices and religious concerns

- Muslims fast during the holy month of Ramadan. Some Muslims may consider medication as food from which they must abstain during Ramadan. Be sure to ask the patient whether he or she will fast for Ramadan. The Qur'an (Muslim holy book) allows medical exemptions from fasting.
- Ask the patient if they have any reservations about the treatment regimen. Discuss any traditional preconceived medical ideas that might contribute to the patient's compliance or noncompliance. Many families use home/folk remedies that may not be considered to be medication but may be counter-indicated with prescribed medication.

## Patient-physician social interaction

- Always shake hands with male patients or male family members when greeting them or saying goodbye. Shaking hands with females should be left up to the female patient.
- In the Arab world, good posture is considered polite. Putting your feet up or crossing your legs in such a way that the soles of your shoes are exposed is considered offensive.
- Always remember that elders are held in high esteem in Arab culture and are treated with the utmost respect.
- Stereotyping: While these tips attempt to explain some of the broad characteristics of Muslim and Middle Eastern patients, patients should, of course, be treated as individuals.

## Translation services

To help ensure our members 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 Keystone First's low, corporate telephonic rates. Go to [www.keystonefirstpa.com](http://www.keystonefirstpa.com) → **Providers** → **Resources** → **Initiatives** → **Cultural Competency** 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 1-215-259-7000, ext. 55316.



## Appropriate antibiotic utilization

As clinicians, we must ensure the continued effectiveness of the antibiotics that save lives from bacterial infections through appropriate prescribing.

### Pharyngitis in children (ages 3 years to 18 years)

- Vast majority of pharyngitis is viral.
- Clinical signs/symptoms do not always point to viral or bacterial cause.
- Quick strep tests are billable in addition to evaluation and management (E&M) coding.
- Wait to see if strep culture or quick strep test is positive before treating.
- Penicillin is still the drug of choice in group A strep or erythromycin if penicillin-allergic.

### Upper respiratory tract infection (URI) in children (ages 3 months to 18 years)

- Clinicians know URIs are viral, but patients often pressure for a prescription.
- Antibiotics need to be reserved for bacterial infections to reduce emerging bacterial antibiotic resistance.
- Pediatric antibiotic prescribing guidelines from the CDC are available at [www.cdc.gov/getsmart/community/for-hcp/outpatient-hcp/pediatric-treatment-rec.html](http://www.cdc.gov/getsmart/community/for-hcp/outpatient-hcp/pediatric-treatment-rec.html).

### Acute bronchitis in adults (ages 18 to 64 years)

- Just like pharyngitis and URIs, acute bronchitis is mostly caused by viruses.
- Patients can have respiratory symptoms, including cough with or without sputum, usually for three weeks.
- Consider chest X-ray if pulse >100, respiratory rate >24, temperature >100.4 degrees F, or the lung exam is suggestive.
- Antibiotics are not needed if there is evidence of pneumonia.
- Purulent sputum is not always predictive of bacterial infection.
- Avoid antibiotics, but treat symptomatically.
- Adult antibiotic prescribing guidelines from the CDC are available at [www.cdc.gov/getsmart/community/for-hcp/outpatient-hcp/adult-treatment-rec.html](http://www.cdc.gov/getsmart/community/for-hcp/outpatient-hcp/adult-treatment-rec.html).

Access our Clinical Practice Guidelines at [www.keystonefirstpa.com](http://www.keystonefirstpa.com) → Providers → Resources → Clinical resources → Practice guidelines and policies → Clinical practice guidelines.

### Resource

[www.cdc.gov/getsmart/community/materials-references/print-materials/parents-young-children/index.html](http://www.cdc.gov/getsmart/community/materials-references/print-materials/parents-young-children/index.html)

## Get smart about antibiotic use

We have a dedicated site addressing appropriate antibiotic use that has a wealth of physician resources, materials to use with patients, and links to the CDC's **Get Smart: Know When Antibiotics Work** website. To visit the **Appropriate Antibiotic Use** page, go to [www.keystonefirstpa.com](http://www.keystonefirstpa.com) → Providers → Resources → Initiatives → Appropriate antibiotic usage.

## EPSDT billing reminder

We have noticed that electronic data interchange (EDI) billing vendors are occasionally submitting EPSDT referral codes in a format that does not accurately reflect your submission. Please work with your vendor to ensure they are including and submitting all appropriate referral codes that are present on your encounters.

Please ensure that your vendor is reporting EPSDT referral codes in the manner specified in this table:  
[www.keystonefirstpa.com](http://www.keystonefirstpa.com) → **Providers** → **Resources** → **Fast Facts** → **Important electronic billing reminder: EPSDT referral code reporting.**

## Keystone First providers are required to screen employees and contractors for exclusion from participation in federal health care programs

DHS Medical Assistance Bulletin (MAB) 99-11-05 requires all providers who participate in Medicare, Medicaid, or any other federal health care program to screen their employees and contractors, both individuals and entities, before employing or contracting with them. Providers also have to rescreen all employees on an ongoing monthly basis to determine if they have been excluded from participation in any of these programs. Examples of individuals (as outlined in MAB 99-11-05) that should be screened include, but are not limited to, the following:

- An individual or entity that provides a service for which a claim is submitted to Medicaid.
- An individual or entity that causes a claim to be generated to Medicaid.
- An individual or entity whose income derives all or in part, directly or indirectly, from Medicaid funds.
- Independent contractors if they are billing for Medicaid services.
- Referral sources, such as providers who send a Medicaid recipient to another provider for additional services or second opinion related to a medical condition.

All federal health care programs, including Keystone First, are prohibited from paying for any items or services furnished, ordered, directed, or prescribed by excluded individuals or entities.

For complete details, MAB 99-11-05 is posted on our website at [www.keystonefirstpa.com](http://www.keystonefirstpa.com) → **Providers** → **Resources** → **MA bulletins.**

### Resources

**Pennsylvania Medichex List** is a database maintained by DHS that identifies providers, individuals, and other entities that are precluded from participation in Pennsylvania's MA program: [www.dhs.pa.gov/learnaboutdhs/fraudandabuse/medichexlist/](http://www.dhs.pa.gov/learnaboutdhs/fraudandabuse/medichexlist/).

**List of Excluded Individuals/Entities (LEIE)** is a database maintained by the U.S. Department of Health and Human Services' Office of Inspector General (HHS OIG) that identifies individuals or entities that have been excluded nationwide from participation in any federal health care program. An individual or entity included on the LEIE is ineligible to participate, either directly or indirectly, in the MA program. Although DHS makes best efforts to include on the Medichex List all federally excluded individuals/entities that practice in Pennsylvania, providers must also use the LEIE to ensure that the individual/entity is eligible to participate in the MA program: <https://oig.hhs.gov/exclusions/index.asp>.

**System for Award Management (SAM)** is an official website of the U.S. government to search for entity registration and exclusion records: [www.sam.gov/portal](http://www.sam.gov/portal).

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

# Important reminder: Requiring cash payments from Keystone First members is prohibited

As outlined in MAB 99-99-06, titled **Payment in Full**, Keystone First strongly reminds all providers of the following:

**Providers requiring Medicaid recipients to make cash payment for Medicaid covered services\* or refusing to provide medically necessary services to a Medicaid recipient for lack of prepayment for such services is illegal and contrary to the participation requirements of the Pennsylvania Medical Assistance (MA) program.**

Additionally, the 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 bulletin, go to [www.keystonefirstpa.com](http://www.keystonefirstpa.com) → **Providers** → **Resources** → **Communications** → **MA Bulletins**.

\*This regulation includes **all covered services** which also includes products used to treat opioid dependence.

## Help us to process your requests for prior authorization accurately and efficiently while safeguarding our members' protected health information (PHI)

**Write legibly** when you fax your request for prior authorization. We value our members' privacy but risk incorrectly sharing member PHI by responding to the wrong fax number if the request for prior authorization is not written legibly.

**Make sure that your contact information is up to date in our records.** Check your listing in our online provider directory to ensure that we have your most up-to-date contact information. If you are not listed in the provider directory or your contact information is incorrect, please notify your provider Account Executive. Contact information is available at [www.keystonefirstpa.com](http://www.keystonefirstpa.com) → **Providers** → **Contact account executive**.

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Provider Communications

**Contact us:**  
[provider.communications@keystonefirstpa.com](mailto:provider.communications@keystonefirstpa.com)

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