

Healthy Families, Safe Communities

Starting the conversation with teens and adolescents about depression and suicide awareness

Depression and suicide — two words that are infiltrating our way of life. They are covered on the news, in our newspapers, and on social media. There is no denying this tragic trend. New findings from the Centers for Disease Control and Prevention (CDC) shed light on U.S. state-level suicide trends. Data from 1999 to 2016 show that suicide rates increased in nearly every state, and went up by more than 30 percent in half of all states.

Keystone First implores you as a provider to start the conversation about depression and suicide awareness and prevention with your teen and adolescent patients. You have the ability to support them not only in their health but in their well-being and safety during their crucial formative years.

As many as one in every five teens experiences depression at some point during adolescence, but they often go undiagnosed and untreated. Sometimes this is caused by a lack of access to mental health specialists or reluctance to start the conversation. Depression in adolescents, just as in adults, affects all demographics: suburban, urban, and rural; those who are college-bound and those who are not; and those of any financial status. Beyond the suffering and impaired functioning that depressed adolescents experience as well as the potential for future negative outcomes, the truth is that some affected adolescents commit suicide.

What can you do?

Talk about depression

You as a physician are in the best position to identify and help struggling teens. Recognizing this fact, the American Academy of Pediatrics (AAP) has issued and published updated medical guidelines* on adolescent depression that call for universal screening. The guidelines, which had not been revised for a decade, are targeted for youth ages 12 and up and distinguish the differences between mild, moderate, and severe forms of major depressive disorder.

The revised guidelines endorse (observing the U.S. Preventive Services Task Force recommendation) that all adolescents, 12 and up, be screened annually for depression with a formal self-report screening tool either on paper or electronically (universal screening).



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Starting the conversation with teens and adolescents about depression and suicide awareness (continued)

Consider screening during a well-visit, a sports physical, or during another office visit. See www.aappublications.org/news/2018/02/26/depression022618.

*The complete guidelines are available at:

<http://pediatrics.aappublications.org/content/early/2018/02/22/peds.2017-4081>

<http://pediatrics.aappublications.org/content/early/2018/02/22/peds.2017-4082>

Some recommendations include:

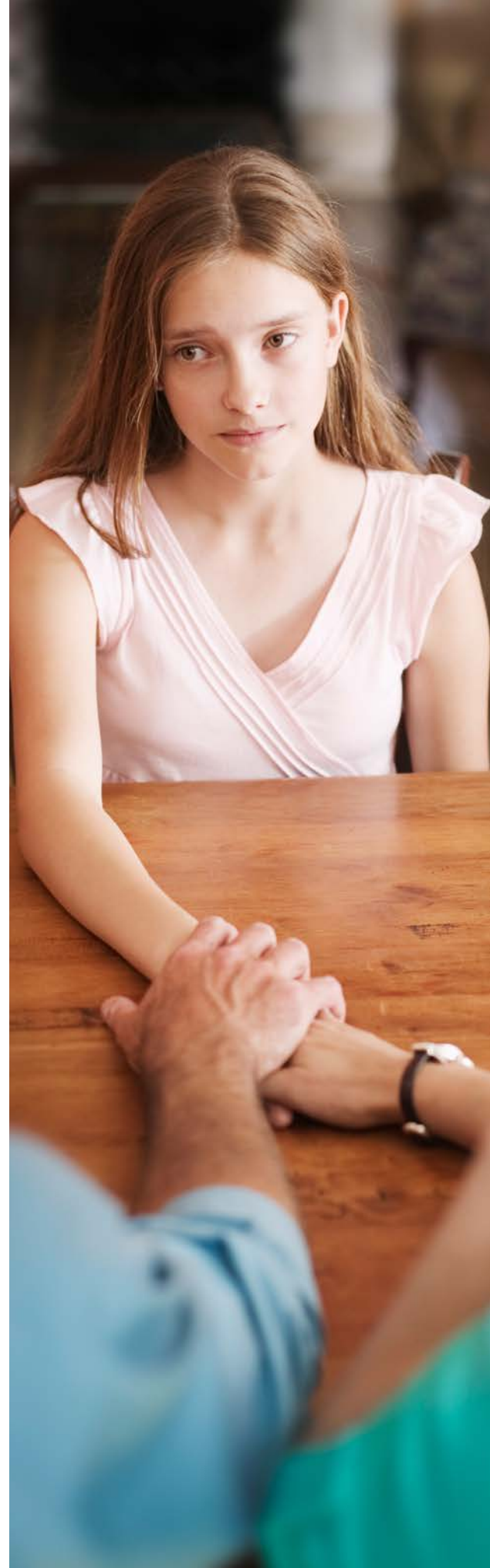
- Providing a treatment team that includes the patient, family, and a mental health expert.
- Offering education and screening tools to identify, assess, and diagnose patients.
- Counseling on depression and options for management of the condition.
- Developing a treatment plan with specific goals for functioning in the home, peer, and school settings.
- Developing a safety plan, as needed, that includes restricting lethal means, such as firearms in the home and providing emergency communication methods.

Talk about suicide

The reality is that some teens commit suicide, further heightening the need for proactive assessment and treatment. According to the CDC, depression can lead to suicide, which is the second-leading cause of death for children ages 10 to 24, behind unintentional injury.

According to the Suicide Prevention Resource Center:

- People who die by suicide are more likely to have seen a primary care practitioner (PCP) in the previous month before their death than any other health care provider.
- For a patient at risk for suicide, a visit with the PCP may be the only chance to access needed care.
- National health care improvement efforts (e.g., patient-centered medical homes) are providing new ways to integrate suicide prevention into primary care.





Resources to assist you

Pennsylvania's Telephonic Psychiatric Consultation Service Program (TiPS)

TiPS is the Pennsylvania HealthChoices program designed to increase the availability of child psychiatry consultation teams regionally and telephonically to PCPs and other prescribers of psychotropic medications, for children insured by Pennsylvania's Medical Assistance (Medicaid) program. The program provides real-time peer-to-peer resources to the PCP who desires immediate consultative advice for children (up to age 21) with behavioral health concerns.

TiPS core services include:

- Telephonic and face-to-face consultation.
- Care coordination.
- Training and education.

To get started, contact the TiPS team by calling **1-267-426-1776**. There is no fee to enroll. Once your practice enrolls in TiPS, your regional team will come to your office or provide education over the phone for you and your staff. They will explain the program, instruct on how to access services, answer your questions, and discuss your expectations.

Keystone First resources (www.keystonefirstpa.com → Providers → Resources → Behavioral health)

- **Depression e-learning.** This online training module gives you an overview of depression and how to incorporate evidence-based screenings and appropriate follow-up treatment into your care for our members.
- **Behavioral Health Provider Toolkit.**
- **In-person, onsite behavioral health training** from a clinical educator. Contact your provider Account Executive if you are interested.

Other resources

Suicide Prevention Resource Center

(www.sprc.org/settings/primary-care)

The nation's only federally supported resource center devoted to providing a comprehensive site with resources, tools, and training for providers.

National Suicide Prevention Lifeline

1-800-273 TALK (8255)

Health care and the non-English speaker

In our last edition of *Connections*, we reminded you about Pennsylvania Department of Human Services (DHS) Medical Assistance Bulletin 99-17-11, which addresses Medical Assistance providers' responsibility to provide language services free of charge to all individuals who have Limited English Proficiency (LEP), vision limitations, and/or auditory limitations.

Note: Providers should not use family members, low-quality video remote interpreting services, or unqualified staff and/or translators when providing language services.

In this edition, we will focus on working effectively with interpreters.

Prepare. Ideally, the interpreter and clinician should have a short meeting before seeing a patient to set the goals of the appointment. Position the interpreter so that you are able to clearly view the patient.

Speak directly to the patient. Ask, "What is your name?" instead of saying, "Please ask him what his name is." Look at the patient. The conversation is between you and the patient.

Speak more slowly rather than more loudly.

Use short, simple sentences. This allows for complete and accurate interpretation.

Avoid jargon and complicated medical terminology. The interpreter may have to paint word pictures of many terms you use.

Ask the patient what he or she believes the problem is, what causes it, and how it would be treated in their country of origin.

Ask the patient to repeat back important information that you want to make sure is understood.

Be patient. Providing care across a language barrier takes time. However, the time spent will be repaid in good rapport and clear communication. This will avoid wasted time and dangerous misunderstandings in the future.

Quick facts

- In Pennsylvania, 11 percent of the population speaks a language other than English at home.*
- During the first quarter of 2018, interpreters helped our members with more than 1,200 medical encounters in 19 different languages. The most frequently interpreted languages were Spanish, Burmese, and Korean.
- According to the Pennsylvania Refugee Resettlement Program, a large number of refugees from Afghanistan, Bhutan, and Ukraine have recently settled in the Keystone First coverage area. Refugees are exempt from the five-year waiting period for Medical Assistance.

* www.census.gov/quickfacts/fact/table/PAPOP815216#viewtop



Language 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. Visit 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 **1-800-305-9673, ext. 55321**.



New dental reimbursement: silver diamine fluoride (SDF)

Keystone First now offers silver diamine fluoride (SDF) as a dental benefit and reimbursement to address the dental needs of our members ages 0 to 16 with evidence of active dental caries.

What is SDF?

SDF is a clear, colorless liquid containing silver and fluoride used to treat active dental caries in primary teeth while preventing further progression of disease.

Why treat with SDF?

Applying SDF to an affected tooth can stop or slow down the process of further decay to the tooth. Active dental caries can be painful and can lead to tooth loss, which affects chewing and eating.¹

How often can SDF be applied?

Members may receive SDF treatments every 180 days or two times per rolling year.

Members identified as high risk via the Caries Risk Assessment may receive SDF treatments every 90 days or four times per rolling year.

Who can apply SDF?

Dentists, dental hygienists, physicians, nurses, and their assistants are permitted to apply SDF.

What are some considerations when applying SDF?

- Decayed dentin will darken (dark brown or black in color) as the carious lesions arrest.
- A saturated solution of potassium iodine can be used after SDF treatment to decrease color changes.
- To eliminate staining of the adjacent teeth, the tooth that needs to be treated should be isolated.
- SDF can stain the skin but will disappear in two to three weeks due to natural skin exfoliation.
- SDF can permanently stain clothing and dry surfaces.

What are the expectations when using SDF?

- SDF will harden the tooth structure.

- There will be less sensitivity to the affected tooth/teeth.
- SDF should lessen the pain in the affected tooth/teeth.
- A healthier mouth fights off any new unhealthy bacteria.

Should SDF be used in place of varnish fluoride?

No. SDF is not to be used in place of topical fluoride varnish.

What are the billing requirements when applying SDF?

- The service is a benefit for members ages 0 to 16.
- The billing code for SDF treatment is **D1354**. This dental code must be billed with any other dental code provided on the same date of service. Indication is needed of the tooth/teeth treated (tooth number or letter).
- SDF treatment benefit will be paid every 180 days (or two times per rolling year), with a maximum of five teeth per arch.
- For members found to be high risk via the Caries Risk Assessment, benefit will be paid every 90 days (four times per rolling year), with a maximum of five teeth per arch.
- \$5 per tooth, with a maximum of \$25 per arch.
- Prior authorization is not required.

For further information concerning the uses, application, and dosages, please refer to www.elevateoralcare.com or contact your dental Account Executive.

Resources

Elevate Oral Care. www.elevateoralcare.com.

American Academy of Pediatric Dentistry.
www.aapd.org.

American Dental Association. www.ada.org.

Kids Care Dental and Orthodontics.
www.kidscaredental.com.

¹ www.ncbi.nlm.nih.gov/pmc/articles/PMC5347149/



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 → **Providers** → **Resources** → **Clinical Resources** → **Clinical practice guidelines**, 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 (DME), 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 appropriate.
- Are efficient.
- 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. Each 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 2018.

Accomplishments in 2017

- Achieved a 4 out of 5 rating for the National Committee for Quality Assurance (NCQA) Medicaid Health Plans ranking.
- Maintained NCQA "Commendable" accreditation status.
- Maintained NCQA Multicultural Health Care Distinction by improving culturally and linguistically appropriate services and reduce health care disparities.



- Performed in the highest percentiles (90th and 95th) among all Medicaid health plans in the nation for the following Healthcare Effectiveness Data and Information Set (HEDIS®) measures:
 - Annual Dental Visit.
 - Comprehensive Diabetes Care – HbA1c <7.
 - Childhood Immunization Status – Influenza.
 - Immunizations for Adolescents.
 - Pharmacotherapy Management of COPD Exacerbation.
 - Statin Therapy for Patients with Diabetes – Adherence 80%.
 - Persistence of Beta-Blocker Treatment after a Heart Attack.
- Developed and enhanced initiatives to better connect with members and improve their access to health care, including:
 - Home screenings for lab work and retinal eye exams for members with diabetes.
 - Community Health Navigator home visits for difficult-to-reach members and members recently discharged from the hospital.
 - Bright Start® program enhancements, such as lactation support and text messaging for pregnant members.

Goals for 2018

- Maintain or exceed NCQA “Commendable” accreditation status.
- Maintain NCQA Multicultural Health Care Distinction.
- Improve national rating as an NCQA Medicaid Health Plan.
- Identify and prioritize opportunities to implement or redesign clinical programs to reduce health care disparities and address social determinants of health.
- Achieve demonstrable improvement in the following HEDIS measures:
 - Well-Child Visits in the First 15 Months.
 - Well-Child Visits in the 3–6 Years of Life.
 - Comprehensive Diabetes Care—HbA1c Testing and Nephropathy Screening.
 - All measures below the 50th percentile.
- Score at or above the 75th percentile for all Consumer Assessment of Healthcare Providers and Systems (CAHPS®) member satisfaction measures.
- Collaborate with behavioral health managed care organizations.

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, please contact your provider Account Executive.

Do you want to save time and shorten your reimbursement cycle?

If you answered “yes,” then electronic funds transfer (EFT) service through Keystone First’s payment vendor, Change Healthcare, is your solution.

Change Healthcare’s EPayment service will simplify the payment process by:

- Providing fast, easy, and secure payments.
- Reducing paper and eliminating checks delayed or lost in the mail.
- Managing provider enrollment and authentication.
- Simplifying your bank connectivity when multiple banks are required.
- Enabling you to view multiple payers in one easy-to-use application.

Change HealthCare Payment Manager

Once you begin receiving your payments electronically, please be aware that your paper remittance advice will be discontinued after 45 days. However, you can always view and print your remittance advice online at Change Healthcare’s Payment Manager Portal.

We are here to help!

If you have any questions or need help enrolling, please contact your provider Account Executive.

Getting started is easy

1. Visit the Change Healthcare enrollment page at:
www.changehealthcare.com/support/customer-resources/enrollment-services/medical-hospital-eft-enrollment-forms and click **EPayment Enrollment Authorization Form**.

***Important:** Be sure to enter your Keystone First provider ID number in the Trading Partner ID column on page 7 of the form.
2. Once you complete the form and submit the required validation paperwork, you will receive an email within approximately 15 business days with instructions on how to complete the process. This email will be sent to the address listed on your enrollment form.
3. Finally, Change Healthcare will make a small test deposit in your designated bank account with the reference note **EFT Enroll**. After this is deposited, please call **1-866-506-2830** or email **EFTEnrollment@changehealthcare.com** to verify.

Environmental lead investigation (ELI) process

All Medicaid members are required to be tested for lead levels starting at 9 months of age, as well as other ages based on history and risk assessment. Keystone First members with a venous lead draw showing an elevated blood level of $\geq 5 \mu\text{L}/\text{dL}$ are eligible for an environmental lead investigation (ELI).

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 environmental lead investigation services to our members.

Please note: LHHP is available only to Philadelphia residents.

For more information, contact:

Accredited Environmental Technologies (AET)

Eric Sutherland
1-800-9696-AET

Lead and Healthy Homes Program (Philadelphia only)

2100 W. Girard Avenue, Building #3
Philadelphia, PA 19130-1400
1-215-685-2788, 1-215-685-2978 (fax)

Referral forms for both are available at www.keystonefirstpa.com → **Providers** → **Resources** → **EPSDT** → **EPSDT forms and administration**.



Formulary updates

Changes	Update
Experienced opioid users (members who have filled an opioid in the past 60 days) will be restricted to 160 morphine milligram equivalents (MME) per day.	May 7, 2018
Additions	Update
Ozempic pen injectors (with step therapy [trial and failure of a metformin product])	June 1, 2018
Steglatro tablets (with step therapy [trial and failure of a metformin product])	June 1, 2018
Segluromet tablets (with step therapy [trial and failure of metformin product])	June 1, 2018
Makena quick shot auto-injector (prior authorization required)	June 1, 2018
Entresto tablets	June 1, 2018
BiDil tablet	June 1, 2018
Symfi tablet	June 1, 2018
Symfi Lo tablet	June 1, 2018
Zenpep capsule DR	June 1, 2018
Eliquis 5 mg, 74 (tablet dose pack)	June 1, 2018

Opioid prescription update

Keystone First continues to carefully review and update our prior authorization requirements for opioid prescriptions. Our collaborative goal with you is to ensure that our members are receiving the correct treatment for their pain and that opioid utilization is managed and monitored appropriately. To accomplish this goal, we are expanding our application

of maximum morphine milligram equivalent (MME) and maximum day supply limits safety edits for opioid medications. You may have received previous communications from us regarding such limits; however, based on valuable feedback from providers, members, and other stakeholders, these limits have thus far only been applied to members who were new to opioid therapy. Going forward, all members who require treatment with opioid regimens that exceed applicable limits will require prior authorization according to the schedule below.

Date	Dosing limit*	Day supply limit	Member type
Currently in effect	>90 MME combined	>5 days	New to therapy
May 7, 2018	>160 MME combined**	>34 days**	All members**
June 2, 2018	>90 MME combined	>34 days**	All members**
September 4, 2018	>90 MME combined	>3 days (children) >5 days (adults)	All members

*The MME calculation will accumulate the daily dose across products if members are receiving more than one opioid concurrently.

**Members who are not previously authorized, are identified as chronic utilizers, or are exceptions (see below) are still subject to current 90 MME/day and five-day supply limits.

Exceptions: Members currently undergoing treatment for cancer or in hospice or palliative care will be exempt from these requirements. Claims for these members that do not auto-approve can receive a one-year approval by calling **1-800-558-1655**.

Prior authorization forms for opioid-containing products, as well as opioid treatment resources, are available on our pharmacy webpage at www.keystonefirstpa.com/pharmacy/index.aspx.

If you have questions regarding this notice, please contact Pharmacy Services at **1-800-558-1655**.



Pharmacy prior authorization: No phoning or faxing — just one click away!

Use our online prior authorization request form that, when completed, submits pharmacy prior authorization requests instantly.

To get started, go to

www.keystonefirstpa.com → Providers → Pharmacy Services → Pharmacy Prior Authorization.

Drug updates

Please visit the Pharmacy section of our website at www.keystonefirstpa.com/pharmacy/index.aspx for up-to-date pharmacy information, including:

- Changes approved by the Pharmacy and Therapeutics (P&T) Committee.
- Drug formulary updates.
- Drug recalls.
- Updated pharmaceutical management procedures.
- Prior authorization criteria and procedures for submitting a prior authorization request.



2018 Recommended Childhood and Adolescent Immunization Schedule now online

On April 27, 2018, DHS issued to providers enrolled in the Medical Assistance program the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention's (CDC's) 2018 Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger.

The complete 2018 Recommended Childhood and Adolescent Immunization Schedule is posted on our website at www.keystonefirstpa.com → **Providers** → **Resources** → **EPSDT** → **EPSDT guidelines**.

School's out for summer, and so are your adolescent patients...screen them!

Summer time is the perfect time to screen your adolescent patients who are missing well checkups and/or immunizations.

Identify your adolescent patients who need these services 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**. Through the Let Us Know program, we can help with reaching out to your Keystone First adolescent patients. If you have questions, please contact your provider Account Executive or Provider Services at **1-800-521-6007**.

Your patients and Lyme disease prevention

Did you know?

Each year, approximately 30,000 cases of Lyme disease are reported to the CDC by state health departments and the District of Columbia. However, this number does not reflect every case of Lyme disease that is diagnosed in the United States every year. A recent CDC study found that cases of Lyme disease increased more than 80 percent between 2004 and 2016 — from 19,804 to 36,429. Those are the reported cases. The CDC estimates there are more than 300,000 cases of Lyme infection in the United States each year — or 10 times as many as what is reported. We encourage you to remind your patients about this potential infection that is most prevalent in the summer.

Emphasize prevention to your patients

Remind patients that ticks cannot fly or jump, but instead live in shrubs and bushes and tend to grab on to someone when they pass by. To avoid getting bitten:

- Wear pants and socks in the woods, in areas with lots of trees, and while handling fallen leaves.

- Wear a tick repellent on your skin and clothing that has DEET, lemon oil, or eucalyptus.
- For even more protection, use the chemical permethrin on clothing and camping gear.
- Shower within 2 hours after coming inside, if possible.
- Look at your skin and wash ticks out of your hair.
- Put your clothing and any exposed gear into a hot dryer to kill whatever pests might remain.

Coach your patients on tick bite awareness

If your patients have been walking in the woods, walking in tall grass, or working in the garden, make sure they know to check their skin afterward. Inform your patients that a tick is the size of a poppy seed. Ideally, patients should check their skin in the shower or bath and check their removed clothes that may carry ticks.

Encourage your patients to come see you

Symptoms including fever, headache, fatigue, and a skin rash should prompt a call to your office. Be sure to stress to patients the importance of coming in for treatment because if left untreated, the infection can spread to joints, the heart, and the nervous system. Fortunately, Lyme disease can be treated successfully with a few weeks of antibiotics.

Reminder: Mandatory fraud, waste, and abuse training is available online

As a reminder, the mandatory training presentation on fraud, waste, and abuse is available on Keystone First's dedicated webpage along with mandatory screening information.

The training can be accessed at www.keystonefirstpa.com → **Providers** → **Resources** → **Manuals, guides and training** → **Fraud, Waste, Abuse and Mandatory Screening Information**. Please note that after you complete the training, you should complete the **attestation** at www.surveymonkey.com/r/9MQ7S8F.

Other topics included on the site are:

- Information on screening employees for federal exclusion.
- How to report fraud to Keystone First.
- How to return improper payments or overpayments to Keystone First.

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 Fraud, Waste, and Abuse hotline at **1-866-833-9718**.
- Emailing 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 DHS website at www.dhs.pa.gov/learnaboutdhs/fraudandabuse/mafraudandabusegeneralinformation.

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Contact us:
provider.communications@keystonefirstpa.com

KF_18264076

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