

Social determinants of health

Food insecurity, a daily reality for many

Can you imagine not having “consistent access to adequate food due to lack of money and other resources throughout the year”? That scenario is defined by the U.S. Department of Agriculture as food insecurity. Food insecurity is a daily reality that our members — your patients — may be facing.

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

- 30 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 stores or corner stores.

Children impacted by food insecurity see it in every aspect of their lives — from their health to their ability to do well in school. In 2015, 18 percent of children under age 18 (more than 13 million) in the United States lived in food-insecure households.

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.

Here is a breakdown of food insecurity in counties served by Keystone First, according to www.feedingamerica.org. Every county is affected by food insecurity.

County	Food insecure people
Bucks	55,120
Chester	42,900
Delaware	73,940
Montgomery	78,540
Philadelphia	325,940



What can you do?

Never assume a family has adequate food resources. Screen for food insecurity by adding the following questions to your normal routine safety questions from the American Academy of Pediatrics:

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Food insecurity, a daily reality for many

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

- Within the past 12 months, we worried that 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.

We can help. Let us know! Contact the Let Us Know program by calling our Rapid Response and Outreach Team. They are here to support you with members that need intervention. Call them at **1-800-573-4100** from 8 a.m. to 6:30 p.m.

Resources for you and your staff to refer members

Visit the Feeding Pennsylvania website at www.feedingpa.org → **Find Assistance**.

This site has information on:

- Food banks in the area.
- 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.

Introducing Keystone First's dedicated opioid treatment website

Did you know that 13 Pennsylvanians died each day in 2016 of drug overdoses? According to the Drug Enforcement Agency (DEA) Philadelphia Field Division, prescription or illegal opioids were linked to 85 percent of those drug deaths.¹

That means overdose deaths are nearly four times the number of car accident deaths. Sadly, Keystone First recognizes that this epidemic touches people and families from every walk of life in our state and country.

We now have a dedicated webpage, www.keystonefirstpa.com → **Providers** → **Opioid treatment information**, that is full of valuable information and links to resources, such as:

State resources:

- Prescribing guidelines.
- Pennsylvania Client Placement Criteria (PCPC).
- PA Prescription Drug Monitoring Program (PDMP).
- Continuing medical education (CME).

Plan resources:

- PDMP information.
- Formulary changes and updates.

¹ OverdoseFreePA.org. Analysis of Overdose Deaths in Pennsylvania, 2016. Available at www.overdosefreepa.pitt.edu/2017/07/27/analysis-of-overdose-deaths-in-pennsylvania-2016/.

Medication-assisted treatment providers

Keystone First contracts with medication-assisted treatment providers. The listing is available online at www.keystonefirstpa.com/provider/initiatives/opioid/opioid-providers.aspx, under **Plan resources**. Here is the current listing:

Provider name	Address	Phone
Bucks County		
Lisa M. Ducker, DO	930 Town Center Drive, Suite G-10 Langhorne, PA 19047-3504	1-215-750-8373
Knights Road Medical Associates PC	2846 Knights Road Bensalem, PA 19020-3552	1-215-638-8500
Levittown Family Medicine Center	49 Rolling Lane Levittown, PA 19055-1135	1-215-946-8111
Medical Center of Richboro PC	778 2nd Street Pike Richboro, PA 18954-1003	1-215-942-2850
Stoltz and Hahn Medical Associates	339-343 Street Road Trevose, PA 19053-7711	1-267-574-8100
Torresdale Medical Practice	1336 Bristol Pike, Suite 103 Bensalem, PA 19020-5660	1-215-638-3444
Tri-State Visiting Home Physicians	1200 Veterans Highway, Suite C8 Bristol, PA 19007-2525	1-215-458-7114
Delaware County		
Center for Integrative Medicine	940 Chester Pike Sharon Hill, PA 19079-1411	1-610-715-0127
Bernard S. Zoranski, DO PC	1788 Wilmington West Chester Pike Suite 2400 Glen Mills, PA 19342	1-610-358-9058
Bernard S. Zoranski, DO PC	492 Conchester Highway Aston, PA 19014-3129	1-610-358-9058
Montgomery County		
Family Wellness	31 E. Fornance Street Norristown, PA 19401-3311	1-610-292-9547
Personalized Suboxone Treatment	1 Belmont Avenue, Suite 416 Bala Cynwyd, PA 19004-1607	1-267-600-5339
Philadelphia County		
Accessible Recovery Solutions	1401 Arch Street, Suite 706 Philadelphia, PA 19102-1525	1-724-591-5236
Stanley Boos, DO	2046 Germantown Avenue Philadelphia, PA 19122-1422	1-215-765-6280
Dr. Murray Brand & Associates	7524 Frankford Avenue Philadelphia, PA 19136-3533	1-215-338-5200
Brantz and Liedman Associates PC	841 E. Hunting Park Avenue Philadelphia, PA 19124-4800	1-215-535-4494
Burstein Medical Associates	1718 Welsh Road, Suite A Philadelphia, PA 19115-4213	1-215-673-1700

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Medication-assisted treatment providers *(continued from page 3)*

Provider name	Address	Phone
Philadelphia County (continued)		
CleanSlate Addiction Treatment Center	1500 S. Christopher Columbus Boulevard, 2nd Floor Philadelphia, PA 19147	1-833-505-HOPE
Inessa Elison-Biniaurishvili, MD	Hendrix Center 11685-C Bustleton Avenue Philadelphia, PA 19116-2542	1-215-464-7820
Excel Medical Center LLC	5245 N. 5th Street Philadelphia, PA 19120-3334	1-215-324-1005
Excel Medical Center LLC	703 Cecil B. Moore Avenue Philadelphia, PA 19122-2901	1-215-763-9564
Excel Medical Center LLC	1216 N. Broad Street Philadelphia, PA 19121-5103	1-215-236-7530
Excel Medical Center LLC	208 W. Cheltenham Avenue Philadelphia, PA 19144-3803	1-215-849-3553
Excel Medical Center LLC	4507 N. 5th Street Philadelphia, PA 19140-2309	1-267-437-3248
Excel Medical Center LLC	521 W. Girard Avenue Philadelphia, PA 19123-1428	1-215-440-9547
Excel Medical Center LLC	7515 Stenton Avenue Philadelphia, PA 19150-3709	1-267-335-5264
Excel Medical Center LLC	5604 N. Broad Street Philadelphia, PA 19141-2322	1-215-927-7806
Excel Medical Center LLC	2000 N. Front Street Philadelphia, PA 19122-1703	1-215-426-3447
Greater Northeast Medical Group	10890 Bustleton Avenue, Suite 103 Philadelphia, PA 19116-3365	1-215-464-6104
Oxford Circle Family Medicine	5363 Oxford Avenue Philadelphia, PA 19124-1123	1-215-288-0707
Ramesh Parchuri, MD	161 E. Lehigh Avenue Philadelphia, PA 19125-1011	1-215-423-4010
Partridge Comprehensive Health Services	1717 Meadow Street Philadelphia, PA 19124-3325	1-215-744-3737
Vladimir S. Perelshteyn, MD	10172 Verre Road Philadelphia, PA 19116-3637	1-215-676-6242
Tristate Visiting Home Physicians	2702 N. 5th Street Philadelphia, PA 19133-2701	1-215-608-8937
West Cayuga Medicine PC	257 W. Cayuga Street Philadelphia, PA 19140-2439	1-267-368-6953

Healthy Families, Safe Communities: Visit our dedicated site addressing prescription medicine abuse

www.keystonefirstpa.com → Providers → Healthy Families, Safe Communities → Prescription medicine abuse

It is no secret that prescription drug abuse, and in particular opioid addiction, is reaching a crisis level in the United States. The statistics and numbers are frightening: Drug overdoses, driven largely by the use of prescription opioids and illicit drugs like heroin and illegally made fentanyl, are now the leading cause of injury death in our country, at nearly 44,000 per year. From 1999 to 2014, more than 165,000 people died from overdoses related to prescription opioids, according to *The Facts Hurt: A State-by-State Injury Prevention Policy Report*.

You are in a unique position in this crisis. Not only do you prescribe medications, you can start the conversation to help prevent or identify abuse of prescription drugs and possibly prevent escalation to addiction.

Conversation points to consider having with patients:

- **Discuss alternative pain treatment options.** Talk about the risks and benefits of all treatment options.
- **Advise patients not to leave prescription bottles lying around to tempt children and teens.** Seventy-five percent of young people who have abused prescription pain medicines have gotten them from a family member or friend, according to *Prescription Drug Abuse Up Among Teens: Survey*. Properly store medications and keep them locked.

- **Inform patients that they should not keep unused medications.** Strongly encourage patients to dispose of medications properly. Refer your patients to their local community drop-off locations or have them talk to their pharmacists about how to dispose of unused medications.
- **Advise patients to properly store medications and keep them locked.**

What if pain management is the most appropriate treatment for your patients?

Consider following the Centers for Disease Control and Prevention's (CDC's) recommendations and guidelines for prescribing opioids for chronic pain:

- **Use non-opioid therapies, such as anti-inflammatories.** Opioids are not first-line or routine therapy for chronic pain.
- **Start low and go slow.** When starting opioids, prescribe them at the lowest effective dose.
- **Follow up.** Evaluate benefits and harms with patients within one to four weeks of starting; reduce dose or taper and discontinue.

For the complete guidelines, visit www.cdc.gov/drugoverdose/providers/index.html.

Additional resources

Centers of Excellence

Centers of Excellence (COEs) help ensure that people with opioid-related substance use disorder (SUD) stay in treatment to receive follow-up care and are supported within their communities. The centers coordinate care for people with Medicaid. The treatment is team-based and “whole person” focused, with the explicit goal of integrating behavioral health and primary care.

To see a list of COEs in your area, visit

www.dhs.pa.gov → Citizens → Substance Abuse Services → Centers of Excellence.

Prescription drug take-back boxes

Prescription drug take-back boxes greatly reduce the amount of prescription drugs available for potential misuse and abuse. Find a drop box in your county by going to: www.apps.ddap.pa.gov/gethelpnow → pilldrop.

Teach-back: A simple way to improve patient and physician communication

Health literacy is defined as the ability to communicate with patients in a way that is easy for them to understand and act upon.

Patient understanding is key to better health. Research shows that patients remember and understand less than half of what clinicians explain to them. It is estimated that only 11 percent of the entire population is proficient in health literacy. Patients may try to hide their lack of understanding of health information due to fear of being embarrassed, misunderstood, or disrespected.

The teach-back method is used to ensure patients understand health information, as well as the risk and benefits trade-offs associated with treatments, procedures, and tests.

Here are some tips for using the teach-back method:

- Use a caring tone of voice and attitude.
- Display comfortable body language and make eye contact.
- Use plain language. Avoid using medical jargon and vague directions.
- Ask the patients to use their own words.
- Ask open-ended questions that start with “what” or “how.”
- Avoid questions that result in “yes” or “no” answers.
- Ask your patients to show you how to do something, such as using their inhaler.
- Say, “To make sure I covered everything, can you tell me how you will explain (new medicine, next appointment, lab tests, etc.) to your spouse or care taker?”

The goal is to check how well you explained the health information — not test the patient. At times, teach-back may reveal that patients do not understand what they need to know or need to do. When that happens, say, “I must not have done a good job explaining. Let me try again.”

These methods can help you:

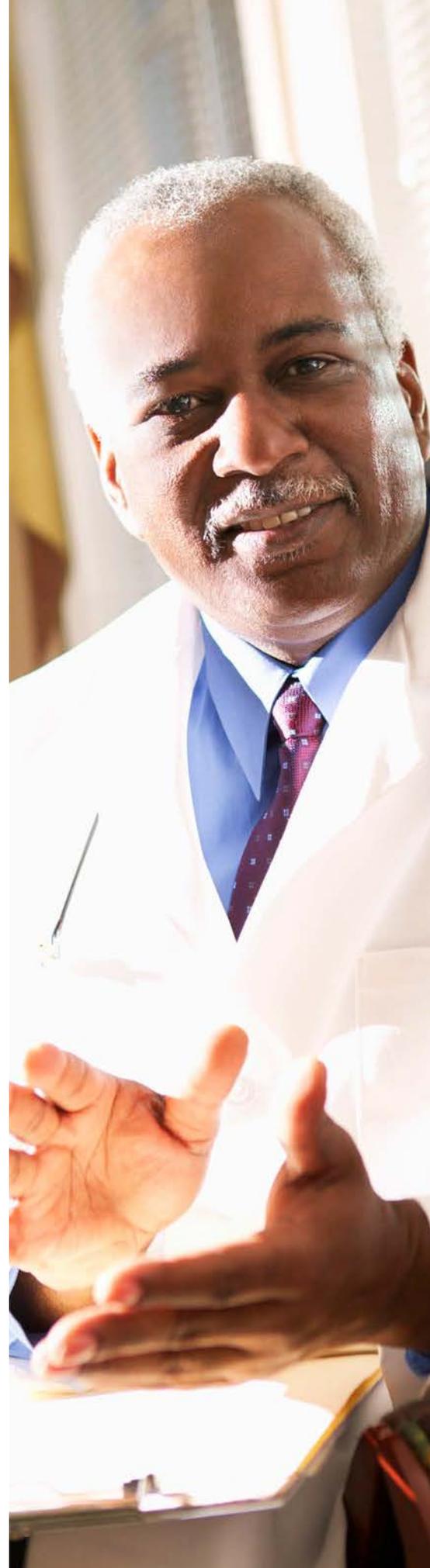
- Improve patient understanding and adherence.
- Decrease callbacks and canceled appointments.
- Improve patient satisfaction and outcomes.

If you need help, go to www.cdc.gov/healthliteracy or www.ahrq.gov for resources.

Translation services

To ensure that 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.

To review a description of services and a letter of commitment for complete details and contact information go to www.keystonefirstpa.com → **Providers** → **Resources** → **Initiatives** → **Cultural competency**.





Updated EPSDT Periodicity Schedule and Coding Matrix

On January 3, 2018, the Department of Human Services (DHS) released an updated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Periodicity Schedule and Coding Matrix. The updated schedule is in effect immediately and is located at www.keystonefirstpa.com → **Providers** → **Resources** → **EPSDT**.

Updates/changes

- The 3–5 day periodicity has been added. Providers should provide the first follow-up visit for the member after discharge from the hospital.
- CPT 96161 has been added. Providers should now use this code when maternal depression screening is performed as part of an EPSDT screen. Providers should use modifier 52 if this service is not completed.
- CPT 99174 and 99177 have been added to reflect the instrument-based vision screening methods.
- Specific procedure codes for hearing screening performed during infancy have been removed. Providers should continue to perform the hearing screen, as indicated on the periodicity schedule.

The MA bulletin outlining the complete details of these updates and changes is available at www.keystonefirstpa.com → **Resources** → **Communications** → **MA bulletins**.

Billing code information

Providers may use the following additional ICD-10 diagnosis codes in conjunction with EPSDT claims:

- Z00.110 (Health examination for newborn under 8 days old).
- Z00.111 (Health examination for newborn 8 to 28 days old).
- Z38.01 (Single live born infant, delivered by cesarean).
- Z38.1 (Single live born infant, born outside hospital).
- Z38.3–Z38.8 (Range of codes for multiple births).

For a complete listing of referral codes, modifiers, and diagnosis codes that apply to the EPSDT program, refer to the claims filing instructions found at www.keystonefirstpa.com → **Providers** → **Claims and billing**.

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

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 ≥ 5 $\mu\text{l/dl}$ are eligible for an ELI.

We are contracted with Accredited Environmental Technologies (AET) to provide ELI services to our members. We are in contract discussions with other lead investigation service providers and will keep you updated when other entities join our network.

How to refer a Keystone First member for an ELI:

1. Complete the AET form.*
2. Fax it to AET at **1-610-891-0559**.
3. AET will complete the ELI.

For any questions about the AET form or their investigation process, please contact Eric Sutherland at AET at **1-800-9696-AET**.

*The AET referral form is available at www.keystonefirstpa.com → **Providers** → **Resources** → **EPSDT** → **EPSDT forms and administration** → **Elevated lead investigation referral form**.



Spring is in the air, and so are your patients' allergies and allergic asthma

Remind your patients during their visits to be aware of their triggers that cause their allergic reactions and asthma attacks.

Here are some simple tips to pass along to your patients to keep their asthma and allergies in check.

- Wash bedding every week in hot water.
- Take care to shower and wash hair before bed.
- Wash rugs to reduce dust and mold.
- Keep windows closed to reduce the amount of pollen entering the house, and change air conditioner filters frequently.
- Don't hang laundry outside — pollen can stick to sheets and towels.

Source

Mayo Clinic. Seasonal allergies: Nip them in the bud. Available at www.mayoclinic.org/diseases-conditions/hay-fever/in-depth/seasonal-allergies/ART-20048343.

Our B.E.S.T.[®] Asthma Program Breathe Easy. Start Today.[®] offers your patients immediate relief

Keystone First is able to offer your practice an in-office way to ensure that your asthmatic patients are breathing easy through our B.E.S.T. Asthma Program. This program targets your asthmatic patients by combining an innovative educational concept with inhalers, spacers, masks, and medications dispensed directly from your office.

Patient therapy starts immediately! There is no need for the patient to take a prescription to a pharmacy. The patient leaves the office with the inhaler, spacer, mask, and medication as provided through the XpeDose[®] unit placed in your office. Stellar Rx, our vendor, tracks the prescription needs. Stellar Rx calls the patient within four to five days before the refill is due. Refills are mailed or delivered to the patient's home.

Upon request, a respiratory educator from Stellar Rx will come to your office to "train the trainer." You or your staff are then prepared to teach the guardian and child the proper usage for the inhaler, spacer, and mask. When it comes to billing, simply fax to **1-610-537-5055** or e-prescribe a prescription to Stellar Rx for the items dispensed from your office supply. Bill Keystone First for the demonstration and/or evaluation of patient use of an aerosol generator, nebulizer, metered dose inhaler, or intermittent positive pressure breathing (IPPB) device. Contact Stellar Rx at **1-800-910-2959** to get your practice started today.

Offer your patients tobacco use prevention and cessation counseling sessions

Keystone First is committed to supporting our members in leading healthy lifestyles. Our tobacco cessation program offers the following benefits:

- Tobacco cessation counseling services. These are covered for all members when provided by a Pennsylvania Department of Health approved facility. Members may access this service without referral or authorization.
- 70 counseling sessions per calendar year. A counseling session is defined as a 15-minute, face-to-face meeting for either group or individual counseling.
- Your patients can find a preapproved tobacco cessation program in their county by visiting www.health.pa.gov → **My Health** → **Healthy Living** → **Smoke-Free/Tobacco** → **Pre-Approved Tobacco Cessation Registry**.

The registry provides them with:

- The type of program (either individual or group).
- Program address.
- Program phone number.

Additionally, your patients are eligible for tobacco cessation drug products such as:

- Bupropion (generic Zyban) and generic nicotine replacement products (gum, lozenges, and patches) for all members.
- Chantix for members age 18 and older.

For smokers who are either unable or unwilling to attend individual or group counseling sessions, the Pennsylvania Free Quitline, **1-800-QUIT NOW (784-8669)**, is an alternative approach. This confidential telephonic counseling system is staffed by clinically trained counselors who assess callers' readiness to quit, as well as provide self-help advice and other resources to attain success.

As a reminder, there are no member copays associated with tobacco cessation products or counseling services. Members under age 18 do not need a parent or guardian's permission to get a prescription for tobacco cessation products. If you have any questions or concerns regarding this program, please contact our Provider Services department at **1-800-521-6007** or your provider Account Executive.

If you provide education on smoking cessation to your patients who smoke, you may use the following codes that are payable for smoking cessation:

99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
G9016	Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service




 PATIENT NAME:
 ADDRESS:

Formulary updates

Additions	Update
QVAR RediHaler 40 mcg and 80 mcg	January 2018
Generic Suboxone tablets will be the preferred agent. Brand Suboxone films will be non-formulary	January 2018
Accu-Chek Guide glucose meter	January 2018
Oxytrol for Women	December 2017
Generic Metadate CD (21 and older requires prior authorization)	December 2017
Humalog Junior KwikPen (Quantity limit of 30 mL per month)	December 2017
Elmiron	December 2017
Sklice	December 2017

Quantity limits	Update
Zoloft (limit of 45 tablets per month)	December 2017
Neurontin 300 mg (9 capsules per day)	December 2017
Cymbalta 60 mg (2 capsules per day)	December 2017

Removals	Update
Accu-Chek Aviva Plus Test Strips 25 count	January 2018
Accu-Chek SmartView Test Strips 25 count	January 2018
Accu-Chek Aviva Plus Meter®	January 2018
Accu-Chek FastClix lancing device kit	January 2018
Accu-Chek Nano SmartView meter	January 2018
Accu-Chek Nano SmartView meter	January 2018
Methyclothiazide 5 mg tablet	December 2017
Natroba	December 2017
Brand Dyrenium 50 mg and 100 mg capsule	December 2017
Brand Aldactazide 50-50 mg tablet	December 2017
Effexor XR tablets 37.5 mg, 75 mg, 150 mg	December 2017

Prescribers and pharmacists: If you have questions, please call 1-800-588-6767.

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**.





Circle of Care

Introducing Circle of Care

Circle of Care is a value-based program for participating OB/GYNs and primary care practitioners (PCPs). The program addresses the implications of oral health care on systemic health by facilitating increased access to, and utilization of, dental care for Keystone First diabetic, asthmatic, and pregnant members.

The goal of the program is to facilitate more dental care for targeted members with an approach that includes the following:

- A broad-based education and awareness outreach effort aimed at physicians to inform them about the importance of dental and oral health care.
- Distribution of focused outreach materials to targeted members.

- An incentive opportunity for physicians to engage in more focused referrals to Keystone First network dentists. For members in these cohorts, an incentive payment will be made to the physicians when a dental claim is noted and paired with a claim within 60 days prior to the date of the initial dental appointment.

Keystone First is committed to the encouragement and promotion of medical and dental integration. The Circle of Care program is another way to accomplish the coordination of professional services for our members. For more program details, visit www.keystonefirstpa.com → **Providers** → **Resources** → **Programs** → **Circle of Care**.



Benefit Limit Exception Request Form has been revised

The updated Dental Benefit Limit Exception Request Form (BLE) is available online at www.keystonefirstpa.com → **Providers** → **Resources** → **Dental**.

The form now includes an additional option under the Benefit Limit Criteria to be reviewed section which can be selected when the member does not meet any criteria warranting an exception:

Patient does not meet any of the benefit exception criteria.

This box also provides an opportunity for the dental professional to more accurately reflect their assessment of the member's condition and serves as documentation if the member decides to proceed with an unauthorized course of treatment.

Reminder: Currently, BLE forms are only acceptable via mail; at this time, electronic submission is not an option. Send the form along with a completed ADA dental claim form to:

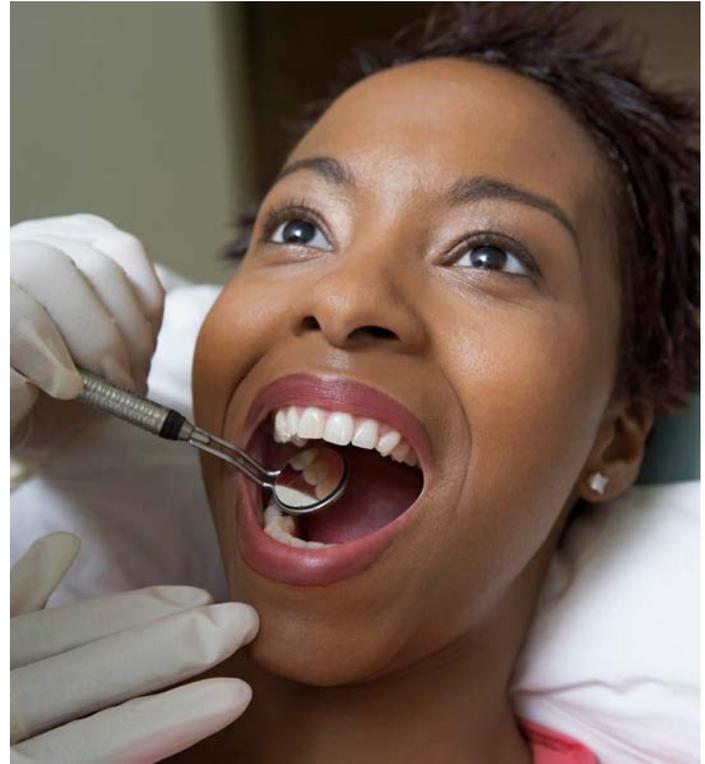
Request for Benefit Limit Exception
Keystone First
P.O. Box 2083
Milwaukee, WI 53201

Reminder: Benefit Limit Exception requests are for periodontal services only

As health professionals, you are well aware of the connection between oral health and systemic health and positive pregnancy outcomes. We as a health plan are very supportive of medical and dental integration and strongly recommend you take this benefit into consideration, especially for your diabetic and pregnant members. Certain periodontal services may be approved upon review of required supporting documentation from your patient's primary care or specialty care physician supporting the need for the service. Documentation can include, but is not limited to, chart documentation, diagnostic study results, radiographs (if applicable), and medical and dental history.

The following codes may be payable (see Provider Supplement for criteria and frequency limitations):

- D4341 Perio scaling and root planing.
- D4355 Full mouth debridement.
- D4910 Periodontal maintenance.



Questions?

If you have questions pertaining to this announcement or any other dental topic, please contact your dental Account Executive:

Sydney Parker-Williams
Dental Account Executive
1-215-937-8786
sparker-williams@amerihealthcaritas.com

Katherine Truesdale
Dental Account Executive
1-215-863-5646
ktruesdale@keystonefirstpa.com

Claude Donaldson
Dental Technician
1-215-863-5767
cdonaldson@amerihealthcaritas.com

For a complete listing, go to www.keystonefirstpa.com → **Providers** → **Resources** → **Programs** → **Dental**.



Important reminder: Requiring cash payment from Keystone First members is prohibited

As outlined in the Pennsylvania Department of Human Services (DHS) Medical Assistance (MA) Bulletin 99-99-06 titled “Payment in Full,” Keystone First strongly reminds all providers of the following point from the bulletin:

Providers requiring Medicaid recipients to make cash payment for Medicaid covered services* or refusal to provide medically necessary services to a Medicaid recipient for lack of pre-payment for such services is illegal and contrary to the participation requirements of the Pennsylvania Medical Assistance program.

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

Additionally, 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 bulletin, visit www.keystonefirstpa.com → **Providers** → **Resources** → **Communications** → **MA Bulletins**.

2017 Provider Satisfaction Survey results

We extend our sincere thanks to all the practices that participated in the 2017 Provider Satisfaction Survey. Your feedback and opinions are highly valued and taken very seriously as we plan and strategize for the upcoming year. The survey results have been analyzed and action plans are being developed to address areas that were identified as needing improvement. We look forward to working with you to address these areas.

Areas that we will strive to improve our performance in are:

- The knowledge, accuracy, and helpfulness of responses to phone inquiries.
- Timeliness in answering questions and/or resolving problems.
- Timeliness of staff in resolving claims payment issues.

We are very pleased that the survey indicated you are comfortable recommending our plan to other practices, providers, and their patients. We truly appreciate the confidence you have in Keystone First and want to reinforce that we are here to support you in the care of our members. We look forward to working with you and welcome your ideas and comments. We encourage you to share them at provider.communications@keystonefirstpa.com or with your Account Executive.

Credentialing reminders

Please remember that Keystone First offers and encourages all practitioners to use the free Universal Provider Datasource through the Council for Affordable Quality Healthcare (CAQH) for simplified and streamlined data collection for credentialing and recredentialing. Through the CAQH, credentialing information is provided to a single repository, via a secure internet site, to fulfill the credentialing requirements of all health plans that participate in the CAQH. The complete list of Keystone First credentialing guidelines and related forms, as well as practitioners' credentialing and recredentialing rights, can be found online at www.keystonefirstpa.com → **Providers** → **Join our network**.

Practitioner credentialing rights

After the submission of the application, health care providers have the following rights:

- To review information submitted to support their credentialing application, with the exception of references, recommendations, and peer-protected information obtained by the plan.
- To correct erroneous information. When information obtained by the Credentialing department varies substantially from information provided by the provider, the Credentialing department will notify the provider to correct the discrepancy.
- To be informed, upon request, of the status of their credentialing or recredentialing applications.
- To be notified within 60 calendar days of the Credentialing Committee/ Medical Director review decision.
- To appeal any credentialing/recredentialing denial within 30 calendar days of receiving written notification of the decision.
- To know that all documentation and other information received for the purpose of credentialing and recredentialing is considered confidential and is stored in a secure location that is only accessed by authorized plan associates.
- To receive notification of these rights.

To request any of the above, the provider should contact the Keystone First Credentialing department at:

Keystone First
Attn: Credentialing Department
200 Stevens Drive
Philadelphia, PA 19113



Member rights and responsibilities

Keystone First is committed to treating our members with dignity and respect. Keystone First, its network providers, and other providers of service may not discriminate against members based on race, sex, religion, national origin, disability, age, sexual orientation, or any other basis prohibited by law. Our members also have specific rights and responsibilities. The complete list is available in both the **Members section** and the **Providers section** of www.keystonefirstpa.com.

Member copayments

The most current member copayment schedule is available at www.keystonefirstpa.com → **Providers** → **Resources** → **Member information**.



Make sure your provider information is accurate

We are asking for your assistance to confirm that our provider data is as accurate as possible so we can report out appropriately to state and federal officials.

Did you know?

- If you do not have a Pennsylvania PROMISE™ Provider Identification Number (PPID) for your service location, we cannot pay you for the services you provide to our members.
- If your provider remittance location is out of date, your check will be returned.

Tip

To avoid issues, be sure to list the provider only at the location where they practice.

Promptly update any changes to the Taxpayer Identification Number (TIN) to avoid complications.

Enrollment

All providers must be enrolled in Medicaid in order to be paid by Medicaid. This means that all providers must enroll and meet applicable Medical Assistance provider requirements of DHS and receive a PPID.

- The enrollment requirements for facilities, physicians, and practitioners include registering every service location with DHS and having a different service location extension for each location.

- As stated above, a provider must be enrolled in Medicaid in order to be paid by Medicaid. Be sure that each provider per location has a valid PPID. PPIDs that are not validated properly with DHS will be terminated and no payments will be issued.
- All contracted Keystone First and nonparticipating providers within Pennsylvania and out of state must be enrolled.

Medicare enrollment

- Keystone First considers the service location(s) you enroll in with DHS to be the only active addresses for Medicare. We will not enroll you in different locations for Medicare without confirmation that it is an active service location that serves Medicare members only.

Data integrity verification

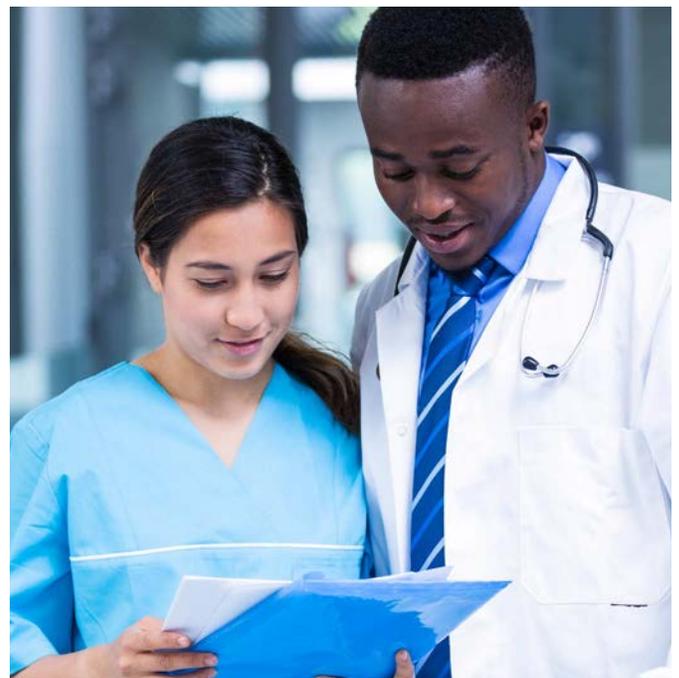
- Additional surveys and data verification initiatives will be coming your way this year.
- Please let us know what will help make it easier for you to keep us up to date with demographic changes. We want to ensure that our directory accurately reflects your information and that payments are sent on time and to the correct address.

Reminder:

Medical record best practices

Complete and consistent documentation in patient medical records is essential to quality patient care. Keystone First adheres to the following medical record requirements, which are consistent with national standards on documentation, and we use these standards when auditing:

- Elements in the medical record are organized in a consistent manner, and the records are kept secure.
- Patient's name or identification number is on each page of record.
- Entries are legible.
- All entries are dated.
- All entries are initialed or signed by the author.
- Personal and biographical data are included in the record.
- Current and past medical history and age-appropriate physical exam are documented and include serious accidents, operations, and illnesses.
- Allergies and adverse reactions are prominently listed or noted as "none" or "NKA."
- Information regarding personal habits such as smoking and history of alcohol use and substance abuse (or lack thereof) is recorded when pertinent to proposed care and/or risk screening.
- An updated problem list is maintained.
- There is documentation of discussions of a living will or advance directives for patients age 65 and older.
- Patient's chief complaint or purpose for visit is clearly documented.
- Clinical assessment and/or physical findings are recorded. Appropriate working diagnoses or medical impressions are recorded.
- Plans of action/treatment are consistent with diagnosis.
- There is no evidence the patient is placed at inappropriate risk by a diagnostic procedure or therapeutic procedure.
- Unresolved problems from previous visits are addressed in subsequent visits.
- Follow-up instructions and time frame for follow-up or the next visit are recorded as appropriate.
- Current medications are documented in the record, and notes reflect that long-term medications are reviewed at least annually by the practitioner and updated as needed.
- Health care education provided to patients, family members, or designated caregivers is noted in the record and periodically updated as appropriate.
- Screening and preventive care practices are in accordance with the Keystone First Preventive Health Guidelines.
- An immunization record is up to date (for members age 21 and under) or an appropriate history has been made in the medical record (for adults).
- Body mass index (BMI) value documentation for members over age 18.
- BMI percentile documentation for members under age 18.
- Requests for consultations are consistent with clinical assessment/physical findings.
- Laboratory and other studies are ordered, as appropriate.
- Laboratory and diagnostic reports reflect practitioner review.
- Patient notification of laboratory and diagnostic test results and instructions regarding follow-up, when indicated, are documented.
- There is evidence of continuity and coordination of care between primary and specialty care practitioners or other providers.



Reminder: Fraud, Waste, and Abuse mandatory provider training now online

The mandatory Fraud, Waste, and Abuse training presentation is now online on our recently launched webpage addressing fraud, waste, abuse and mandatory screening information.

You can access the training at www.keystonefirstpa.com → **Provider** → **Resources** → **Manuals, guides and training** → **Fraud, Waste, Abuse and Mandatory Screening Information**. Note: After you have completed the training, please 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.

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