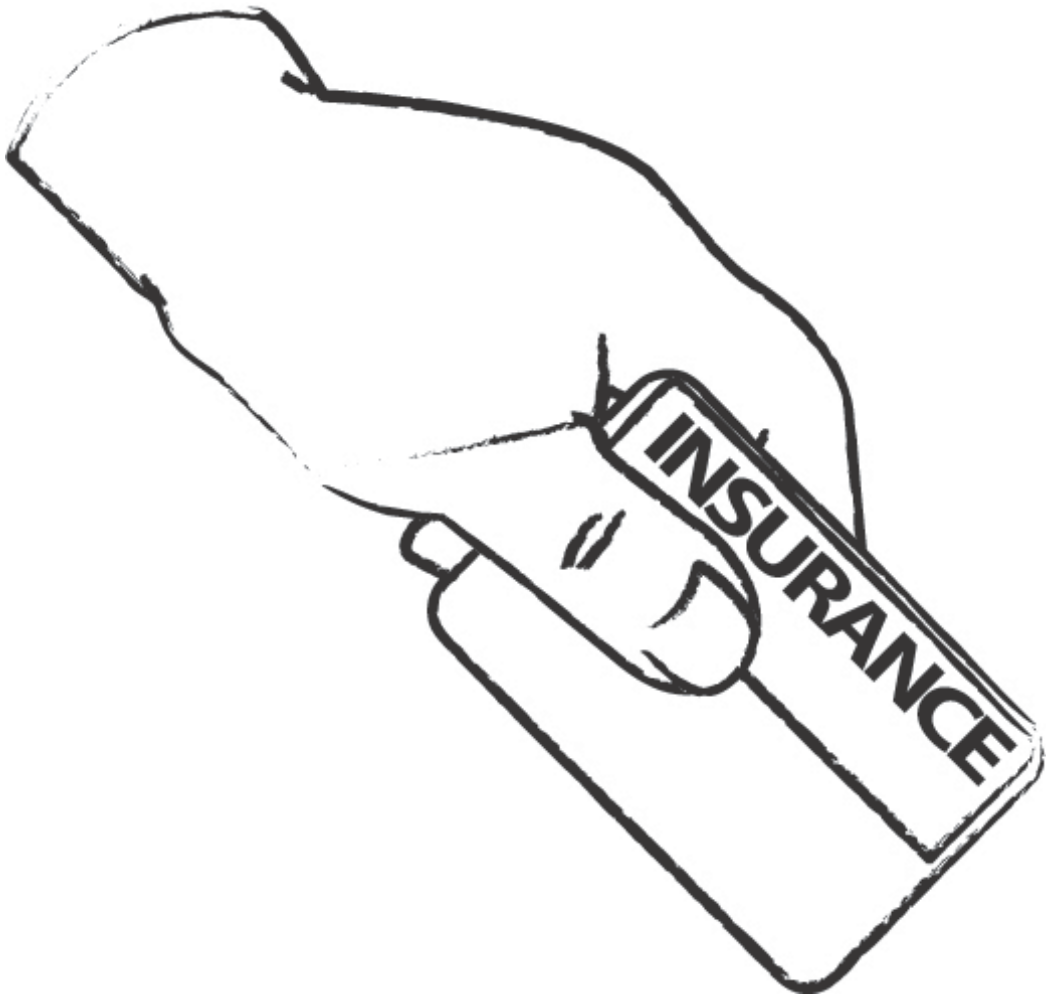
Section III
Member Eligibility



Enrollment Process

Keystone First is one of the health plans available to Medical Assistance (MA) recipients in DHS's HealthChoices program.

Once it is determined that an individual is an eligible MA recipient, a HealthChoices Enrollment Specialist assists the recipient with the selection of a Managed Care Organization (MCO) and PCP. Once the recipient has selected an MCO and a PCP, the HealthChoices Enrollment Specialist forwards the information to DHS. Keystone First is informed on a daily basis of eligible recipients who have selected Keystone First as their PH-MCO. The Enrollee is assigned an effective date by the DHS. The above process activates the release of a **Keystone First ID card** and a **Welcome Package** to the Member.

Keystone First Identification Card

The plastic blue and white Keystone First Identification Card lists the following information:

- Member's Name
- Keystone First Identification Number with a 3 digit alpha prefix (YXM)*
- Member's Sex and Date of Birth
- State ID Number
- PCP's Name and Phone Number
- Lab Name
- Co-pays

* The ID Card includes a three-digit alpha prefix "YXM" to the Member ID number. This 3-digit alpha prefix (YXM) merely indicates that this is a program under Keystone First. Please omit the alpha prefix when submitting all paper and electronic Claims, as well as when inquiring about Member eligibility and/or Claims status telephonically at **1-800-521-6007** and/or electronically in the Provider Center at www.keystonefirstpa.com.

Welcome Packet

Keystone First's Welcome Packet includes:

- New Member Welcome Letter
- Information about the Member Handbook, what it contains and how to access it online or receive a hard copy
- HIPAA Notice of Privacy Practices and Summary
- A Self-Assessment Health Survey
- Benefits Grid
- Member Copayment Schedule
- Important telephone numbers
- Feeling Great check list
- Information about what is available on Keystone First's Web site
- Magnet with important numbers
- Personal Health Record Card and Holder
- How and Where to Get Care
- Information about preventing fraud and abuse
- Tips for Using Your Health Plan

Continuing Care

Members are allowed to continue ongoing treatment with a Health Care Provider who is not in the Keystone First Network when any of the following occur:

- A new Keystone First Member is receiving ongoing treatment from a Health Care Provider who is not in the Keystone First Network
- A current Keystone First Member is receiving ongoing treatment from a Health Care Provider whose contract has ended with Keystone First for reasons that are "not-for-cause"

A Member is considered to be receiving an ongoing course of treatment from a Provider if during the previous twelve months the Member was treated by the Provider for a condition that requires follow-up care or additional treatment or the services have been Prior Authorized.

- Adult Members with a previously scheduled appointment shall be determined to be in receipt of an ongoing course of treatment from the Provider, unless the appointment is for a well adult check-up.
- Any child (under the age of 21) with a previously scheduled appointment, including an appointment for well child care, shall be determined to be in receipt of an ongoing course of treatment from the Provider.

Keystone First allows:

Newly Enrolled Members to receive ongoing treatment from a Health Care Provider who is not in the Keystone First Network for up to 60 days from the date the Member is enrolled in Keystone First.

Newly Enrolled Members who are pregnant on the effective date of Enrollment to receive ongoing treatment from an Obstetrician (OB) or midwife who is not in the Keystone First Network through the completion of postpartum care related to the delivery.

Current Members who are receiving treatment from a Health Care Provider (physician, midwife or CRNP) whose contract with Keystone First has ended, to receive treatment for up to 90 days from the date the Member is notified by Keystone First that the Health Care Provider will no longer be in the Keystone First Network or for up to 60 days from the date the provider's contract with Keystone First ends – whichever is longer.

Current Members receiving ongoing treatment from a Network Provider other than a physician, midwife or CRNP, such as a health care facility or health care agency whose contract has ended with Keystone First, to receive treatment for up to 60 days from the date Keystone First notifies the member that the health care provider will no longer be in the Keystone First network, or for up to 60 days from the date the provider's contract with Keystone First ends – whichever is longer.

Current Members in their second or third trimester receiving ongoing treatment from an OB or midwife whose contract with Keystone First has ended with Keystone First to continue treatment from that OB or midwife until the end of her postpartum care related to the delivery.

Ongoing treatment or services are reviewed on a case-by-case basis and include, but are not limited to: pre-service or follow-up care related to a procedure or service and/or services that are part of a current course of treatment. If a Member wants to continue treatment or services with a Health Care Provider who is not in the Keystone First Network: (1) the Health Care Provider must contact Keystone First's Utilization Management Department at 1-800-521-6622; or (2) the Member must contact Member Services at 1-800-521-6860.

Once Keystone First receives a request to continue care, the Member's case will be reviewed. Keystone First will inform the Health Care Provider and the Member by telephone whether continued services have been authorized. If for some reason continued care is not approved, the Health Care Provider and the Member will receive a telephone call and a letter that includes Keystone First's decision and information about the Member's right to appeal the decision.

The Health Care Provider must receive approval from Keystone First to continue care.

> Keystone First will not cover continuing care with a Health Care Provider whose contract has ended due to quality of care issues or who is not compliant with regulatory requirements or contract requirements, or if the Provider is not enrolled in the Medical Assistance program.

Verifying Eligibility

Each Network Provider is responsible to ascertain a Member's eligibility with Keystone First before providing services. Keystone First Members can be eligible for benefits as follows*:

- Recipients who are determined eligible for coverage with an MCO between the 1st and 15th of the month will be enrolled with the MCO effective the 1st of the following month
- Recipients who are determined eligible for coverage with an MCO between the 16th and the end of the month will be effective with the MCO the 15th of the following month.

Newborns and re-enrolled Members can be effective any day of the month, therefore, verification of eligibility is highly recommended prior to delivery of care
- Network Providers may not deny services to a Medical Assistance consumer during that consumer's Fee-For-Service eligibility window prior to the effective date of that consumer becoming enrolled in a Pennsylvania HealthChoices MCO

* In some instances there may be a four-to-six week waiting period, known as the Fee-for-Service eligibility window, for the recipient to be effective with one of the MCOs, such as Keystone First

Verification of eligibility consists of a few simple steps; they are:
- As a first step, all Providers should ask to see the Member's Keystone First Identification Card and the Pennsylvania ACCESS Card.
- It is important to note that Keystone First ID cards are not dated and do not need to be returned to Keystone First should the Member lose eligibility. Therefore, a card itself does not indicate a person is currently enrolled with Keystone First.

Since a card alone does not verify that a person is currently enrolled in Keystone First, it is critical to verify eligibility through any of the following methods:

1. Internet: NaviNet (www.navinet.net). This free, easy to use web-based application provides real-time current and past eligibility status and eliminates the need for phone calls to Keystone First.
- For more information or to sign up for access to NaviNet visit the Provider Center at www.keystonefirstpa.com or www.navinet.net or call NaviNet Customer Service at 1-888-482-8057

2. Keystone First's Automated Eligibility Hotline 1-800-521-6007:

Provides immediate real-time eligibility status with no holding to speak to a representative.

Call the Automated Eligibility Hotline 24 hours/7 days a week, at **1-800-521-6007**:
- Verify a Member's coverage with Keystone First by their Keystone First identification number, Social Security Number, name, birth date or Medical Assistance Identification Number
- Obtain the name and phone number of the Member's PCP

3. PROMISe

- Visit www.promise.DHS.state.pa.us and click on PROMISe Online
- MA HIPAA compliant PROMISe software (Provider Electronic Solutions Software) is available free-of-charge by downloading from the OMAP PROMISe website at: www.promise.DHS.state.pa.us/ePROM/providersoftware/softwaredownloadform.asp

4. Pennsylvania Eligibility Verification System (EVS):
- **1-800-766-5387**, 24 hours/7 days a week.

- If a Member presents to a Provider's office and states he/she is a Medical Assistance recipient, but does not have a PA ACCESS card, eligibility can still be obtained by using the Member's date of birth (DOB) and Social Security number (SS#) when the call is placed to EVS.
- The plastic "Pennsylvania ACCESS Card" has a magnetic strip designed for swiping through a point-of-sale (POS) device to access eligibility information through EVS

Monthly Panel List

Below is an example of the monthly panel list sent to PCPs. The monthly panel list is also available on NaviNet at https://navinet.navimedix.com/Main.aspx

Keystone First
Panel List for 10/01/2017

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Member ID#	Recipient#	DOB	Name	Address	Phone	Age	Gender	Other Ins	Date Eff On Panel	V*	Provider Name/No	N*	Restriction	Language
11111111	1010101010	5/2/2002	Abdul, Abba	2323 Warren St Phila PA 19100	215-999-9999	3m	M		5/2/2002		J Brown 11223344	Y		English
53333333	4030303030	2/1/1975	Abdul, Geraldine	414 Narth Ave Phila, PA 19100	215-999-9999	27	F		2/1/2001		R Kelly 1156677			
37777777	6070707070	8/31/1986	Absent, Carol	8787 Cookie Ln Phila, PA	215-999-9999	15	F		6/1/2001		B Hamster 11777577			
84444444	7040404040	6/12/1990	Amber, Diane	3535 Creig St Phila, PA 19182	215-999-9999	49	M	Y	1/1/2000	Y	J Brown 1122334			
95555555	5050505050	10/5/1949	Bratt Esther	30 Wonder Rd Phila, PA 19181	215-777-7777	61	F	Y	7/1/1999		B Hamster 1122110	Y		
50000000	6060606060	3/16/1967	Download, Darren	55 Blank St Phila, PA	215-222-2222	58	M		3/1/1997	Y	M Weinbert 1177558			
62000000	3060606060	4/21/1996	Candy, Frank	251 Bleak Rd Phila, PA 19179	215-444-4444	6	F		8/12/02		J Brown 11223344	Y		

Panel Count = 7

1. Keystone First Identification Number
2. Member's Assistance Recipient Number
3. Member's date of Birth
4. Member's Name
5. Member's Address
6. Member's Phone Number
7. Member's Age
8. Member's Gender
9. Member's Other Insurance
10. Member's Effective Date with PCP
11. V* = Was Member Seen Within Last 6 Months
12. Member's Assigned PCP
13. N* = New Member to PCP
14. Indicates a Member restriction
15. Member's spoken language

Change in Recipient Coverage During an Inpatient Stay/Nursing Facility

The following policy addresses responsibility when there is a change in a recipient's coverage during an inpatient stay.

1. When a Medical Assistance (MA) recipient is admitted to a hospital under the Fee-For-Service (FFS) delivery system and assumes Keystone First coverage while still in the hospital, the FFS delivery system is responsible for the inpatient hospital bill. On the effective date of Keystone First coverage, Keystone First is responsible for physician, Durable Medical Equipment (DME) and all other covered services not included in the inpatient hospital bill. If the MA recipient is transferred to another hospital after the Keystone First begin date, the FFS delivery system is responsible for the initial inpatient hospital bill from admission to discharge, and Keystone First assumes responsibility for the subsequent hospital bill from point of admission to the hospital to which the MA recipient was transferred.

2. If MA recipient is covered by Keystone First when admitted to a hospital and the recipient loses Keystone First coverage and assumes FFS coverage while still in the hospital, Keystone First is responsible for the stay with the following exceptions:
   a. If the recipient is still in the hospital on the FFS coverage begin date, and the recipient's FFS coverage begin date is the first day of the month, Keystone Frist is financially responsible for the stay through the last day of that month.
   b. If the recipient is still in the hospital on the FFS coverage begin date, and the recipient's FFS coverage begin date is any day other than the first day of the month, Keystone First is financially responsible for the stay through the last day of the following month.

   Starting with the FFS effective date, the FFS delivery system is responsible for physician, DME, and other bills not included in the hospital bill.
   Exceptions:
   a. The FFS program is financially responsible for the stay beginning on the first day of the next month.
   b. The FFS program is financially responsible for the stay beginning on the first day of the month following the next month.

3. When a recipient is covered by an MCO when admitted to a hospital and transfers to another MCO while still in the hospital, the losing MCO is responsible for that stay with the following exceptions. Starting with the gaining MCO's begin date, the gaining MCO is responsible for the physician, DME, and all other covered services not included in the hospital bill.

a. If the recipient is still in the hospital on the gaining MCO coverage begin date, and the recipient's gaining MCO coverage begin date is the first day of the month, the losing MCO is financially responsible for the stay through the last day of the month. The gaining MCO is financially responsible for the stay beginning on the first day of the next month.
b. If the recipient is still in the hospital on the gaining MCO coverage begin date, and the recipient's gaining MCO coverage begin date is any day other than the first day of the month, the losing MCO is financially responsible for the stay through the last day of the following month.

The gaining MCO is financially responsible for the stay beginning on the first day of the month after the losing MCO's responsibility ends..

4. If a Keystone First Member loses MA eligibility while in an inpatient/residential facility, and is never determined retroactively eligible, Keystone First is only responsible to cover the Member through the end of the month in which MA eligibility ended.

Nursing Facilities

MA Provider Type/Specialty Type 03/31 (County Nursing Facility), 03/30 (Nursing Facility), 03/382 (Hospital Based Nursing Facility), and 03/040 (Certified Rehab Facility) or Medicare certified Nursing Facility

- Keystone First is responsible for payment for up to 30 days of nursing home care (including hospital reserve or bed hold days) if a Member is admitted to a Nursing Facility. Members are disenrolled 30 days following the admission date to the Nursing Facility as long as the Member has not been discharged (from the Nursing Facility) to a community placement.
- Keystone First's responsibility includes any hospitalizations or transfers between nursing facilities during the 30 days.
- When a Keystone First Member admitted to a Nursing Facility transfers to another MCO or to FFS during that stay, the MCO responsible at the time of the admission (here Keystone First) is responsible for 30 days of nursing home care. If a Member is still institutionalized at the end of the 30 days, the new MCO or FFS delivery system is responsible for the Nursing Facility stay.
- If a Member transfers from a Nursing Facility to a DHS waiver program, or from a DHS waiver program to a Nursing Facility, before the 30th consecutive day of MCO responsibility, the thirty (30) day count of MCO responsibility will include the total combined days consecutively enrolled in both the waiver program and in the Nursing Facility, which includes hospital or bed hold days.

Retroactive Eligibility

Occasionally, a MCO such as Keystone First may be responsible for retroactive care. For example, Keystone First, as a Medical Assistance MCO, is responsible for a newborn from his/her date of birth when the mother is an active Member with Keystone First on the newborn's date of birth. A newborn will have the same managed care history as the mother from birth until added to the Medical Assistance (MA) computer database.

Keystone First is not responsible for retroactive coverage for a Member who lost MA eligibility but then regained it within the next six months. Keystone First will commence coverage for the former Member on the MA re-Enrollment date or the date the recipient is updated in the MA computer data base, whichever is later.

> Example: A Keystone First Member loses MA eligibility on February 20, 2015. Keystone First is responsible to continue coverage until the last calendar day of the month (February 28th). If the recipient is determined to be MA eligible June 2, 2015, for

retroactive coverage back to April 10, 2015, and the MA computer database is updated on June 2, 2015, Keystone First will resume responsibility for the Member June 2, 2015.

Eligibility for Institutionalized Members

Keystone First will cover the full scope of covered medical services to Members residing in the following:

- Private Intermediate Care Facilities for the Mentally Retarded (ICF/MR)
- Residential Treatment Facilities (RTF) within in the South East HealthChoices Zone
- Extended Acute Psychiatric Facilities
- Home and Community Based Waiver Program Eligibles
- Nursing Home Residents with other Related Conditions (OSP/PBRA)
- Home and Community Based Waiver Program Eligibles for Attendant Care Services (OSP/AC)
- Community Based Services Waiver Program (2176 Waiver)

Behavioral Health Services are provided by the appropriate BH-MCO. Please refer to the Referral & Authorization Section of the Manual for additional information on behavioral health services.

Keystone First will provide medical services to Members residing in, or participating in, the following residential facilities or programs for the period of time indicated:

- Nursing Homes - maximum of thirty (30) days
- Juvenile Detention Centers (JDC) - maximum of thirty-five (35) consecutive days
- Pennsylvania Department of Aging (PDA) Waiver Program - maximum thirty (30) consecutive days from the date of enrollment in the program

Incarcerated Member Eligibility

Keystone First is not responsible for any Member who has been incarcerated in a penal facility, correctional institution (including work release), or Youth Development Center. The Member will be disenrolled from Keystone First effective the day before placement in the institution. Providers should contact Keystone First Provider Services upon identification of any incarcerated Member at **1-800-521-6007**.

Pennsylvania ACCESS Card

Individuals eligible for benefits from DHS are issued a Pennsylvania ACCESS Card ("ACCESS Card"). The recipient uses the ACCESS Card to obtain benefits such as food stamps, subsidized housing, medical care, transportation, etc.

Medical Assistance eligible persons in Bucks, Chester, Delaware, Montgomery and Philadelphia counties are enrolled in a HealthChoices MCO to receive health benefits. The MCO issues an identification card so the Member can access medical benefits. The recipient uses the ACCESS Card to "access" all other DHS benefits.

The plastic ACCESS Card has a magnetic strip designed for swiping through a point-of-sale (POS) device to access eligibility information through the Eligibility Verification System (EVS).

The Medical Assistance recipient's current eligibility status and verification of which MCO they may be participating with can be obtained by either swiping the ACCESS Card or by calling the EVS phone number **1-800-766-5387**.

If a Member presents to a Provider's office and states he/she is a Medical Assistance recipient, but does not have an ACCESS Card, eligibility can still be obtained by using the Member's date of birth (DOB) and Social Security number (SS#) when the call is placed to EVS.

EVS Phone Number 1-800-766-5387

Treating Fee-for-Service MA Recipients

Although Keystone First operates and serves Members within the Department of Human Services's (DHS's) mandatory HealthChoices Southeast Zone (Bucks, Chester, Delaware, Montgomery, and Philadelphia counties), certain Medical Assistance (MA) recipients are eligible to access healthcare services through DHS's Fee-for-Service (FFS) delivery system.

DHS's goal is to ensure access to healthcare services to all eligible MA recipients. In some instances there may be a four-to-six week waiting period, known as the FFS eligibility window, for the recipient to be effective with one of the PH-MCOs, such as Keystone First.

Below are exceptions where eligible MA recipients would access healthcare services under the FFS delivery system::

- Newly eligible MA recipients while they are awaiting Enrollment into a MCO
- MA recipients with Medicare "A" & "B" coverage, known as "dual-eligibles", who are 21 years of age or older. MA recipients placed in a nursing home beyond 30 days
- MA recipients enrolled in the Pennsylvania Department of Aging (PDA) Waiver beyond 30 consecutive days
- MA recipients who have a change in eligibility status to a recipient group that is exempt from participating in HealthChoices, effective the month following the month of the change
- MA recipients who have been admitted to a state-operated facility, i.e. Public Psychiatric Hospital, State Restoration Centers and Long Term Care Units located at State Mental Hospitals
- MA recipients admitted to State-owned and operated Intermediate Care Facilities for the Mentally Retarded (ICF/MR) and privately operated Intermediate Care Facilities for Other Related Conditions (ICF/ORC)
- MA recipients enrolled in the Health Insurance Premium Payment (HIPP) Program
- MA recipients placed in a Juvenile Detention Center (JDC) who are initially determined MA eligible during JDC placement; and those MA eligible recipients who are enrolled in a HealthChoices MCO who remain in a JDC beyond 35 consecutive days
- MA recipients who are enrolled in the State Blind Pension (SBP) program

Eligible MA recipients meeting one or more of the above exceptions may access healthcare services from any Health Care Provider participating in the Medical Assistance Program by presenting their DHS-issued ACCESS Card. Simply verify the recipient's eligibility via DHS's website,http://promise.DHS.pa.gov, or the Eligibility Verification System (EVS) at **1-800-766-5387.**

For additional information on MA Bulletin99-13-05, which is a reminder from DHS that not all Medical Assistance recipients in Southeastern Pennsylvania are in HealthChoices, please visit: **http://www.dhs.state.pa.us/cs/groups/webcontent/documents/bulletin_admin/p_033866.pdf**

Loss of Benefits

A Member can be disenrolled from Keystone First if:

- The Member is no longer on Medical Assistance. (The Member should have been notified in writing that his/her case is closed. If the Member's case re-opens in less than six months, the Member will be automatically re-enrolled into Keystone First.)
- The Member moves to another part of the state. The Member should go to the County Assistance Office to see if he/she is still eligible for Medical Assistance
- The Member moves out of Pennsylvania. The Member must find out about Medicaid in the new state of residence
- The Member is admitted to a nursing facility outside the state of Pennsylvania
- The Member is convicted of a crime and is in jail or a youth development center
- The Member commits medical fraud or intentional misconduct and all appeals to DHS have been completed

DHS may have to disenroll a Member from Keystone First. The Member will receive health care coverage through DHS's Fee-for-Service program if:

- The Member is in a skilled Nursing Facility for more than thirty (30) days. The Member may re-enroll with Keystone First after discharge.
- The Member is admitted to a Juvenile Detention Center for more than thirty-five (35) days in a row. The Member may re-enroll with Keystone First after leaving the Detention Center.
- The Member is enrolled in the Pennsylvania Department of Aging (PDA) Waiver program for more than 30 days

- The Member becomes eligible for Medicare and is 21 years of age and older

Members who do not agree with the loss of health coverage must follow the Complaint or Grievance Procedures as outlined in the Member Handbook or in the Complaints, Grievance and Fair Hearings Procedures in Section VII of this Manual.

Members may voluntarily disenroll from Keystone First without giving specific reasons. To disenroll from Keystone First, the Member must speak with an Enrollment Specialist by calling **1-800-440-3989** (TTY 1-800-618-4225).