

Section IV Provider Services



NaviNet – www.navinet.net

Using NaviNet reduces the time spent on paperwork and allows you to focus on more important tasks – patient care. NaviNet is a “one-stop” service that supports your office’s clinical, financial and administrative needs. If you are not already a NaviNet user, it is simple to start the process. Log on to www.navinet.net to register, or call 1-888-482-8057 to speak to NaviNet Customer Service.

NaviNet Supports Pre-Visit Functions

- **Eligibility and Benefits Inquiry**
 - ✓ Real-time access to member eligibility and benefits
- **Care Gaps**
 - ✓ A summary of the age/sex/condition appropriate health screens that a member should have
- **Care Gap Alerts***
 - Care Gap notification that appears when checking member eligibility
 - View and print for members coming in to your office. Place them with the patient’s medical chart so they can be addressed during the visit.
- **Care Gap Reports***
 - Customizable reports that can be used to target at risk members
 - Can be downloaded and faxed back to Keystone First with updated information

**Utilizing these tools to close gaps in care improves your opportunity for incentive dollars through Keystone First’s Pay for Performance Program.*

- **Member Clinical Summary***
 - ✓ A virtual snapshot of a patient’s relevant clinical facts and demographic information in a user-friendly format. Member clinical summaries enable your practice to secure a more complete view of established patients and provide valuable information on new patients.
 - ✓ The summary can be exported into EMR systems (CCD format). Member Clinical Summaries include the following information:
 - Demographic information
 - Chronic conditions
 - ER Visits (within the past 6 months)
 - Inpatient Admissions (within the past 12 months)
 - Medications (within the past 6 months)
 - Office Visits (within the past 12 months)

**Note: Your NaviNet Security Administrator will need to turn on access to this information for designated users in their NaviNet security profile, as this summary contains extensive personal health information.*

NaviNet Supports Patient/Provider Visits

- **Care Gaps (see Pre-Visit section above)**
 - ✓ Use the care gap reports to provide your patients with appropriate and needed health screenings
 - ✓ Maximize your opportunity for incentive dollars
- **Member Clinical Summary (see Pre-Visit section above)**

- **Prior Authorization Submission through JIVA (for detailed information, Frequently Asked Questions and training materials on JIVA, visit Keystone First Plan Central on NaviNet.**

Access JIVA, a web-based functionality that enables you to:

- ✓ Request inpatient, outpatient, home care and DME services
- ✓ Submit extension of service requests
- ✓ Request prior authorization
- ✓ Verify elective admission authorization status
- ✓ Receive admission notifications and view authorization history
- ✓ Submit clinical review for auto approval of requests to service electronic referrals

NaviNet Supports Claims Management Functions

- NaviNet functionality allows your practice to:
 - ✓ Check the status of submitted claims
 - ✓ View claim EOBs
 - ✓ Perform claim adjustments

NaviNet Supports Back Office Functions

- **Panel Roster**
 - ✓ Mirrors the report primary care providers receive in the mail
 - ✓ Provides easy and immediate access
 - ✓ Contains panel report plus historical reports for the past six months
 - ✓ Reports can be imported into Excel for sorting and/or mailing to targeted patients
 - ✓ Reports can be integrated with your practice management system
- **Intensive Case Management Reimbursement Program**
 - ✓ Identify members with chronic and/or complex medical needs
 - ✓ Assure chronically ill members are routinely accessing Primary Care services
 - ✓ Report complete and accurate diagnosis and disease acuity information
 - ✓ Update Keystone First on chronically ill patients and submit claims for reimbursement

EDI Technical Support Hotline

Keystone First has an EDI Technical Support Unit within the Information Solutions Department to handle the application, set-up and testing processes for electronic Claim submission. Please call the toll-free EDI Hotline at **1-877-234-4271** with any EDI inquiries, questions, and/or electronic billing concerns. More detailed information is available in the Claims Filing Instructions at www.keystonefirstpa.com.

Some benefits of electronic billing include:

- Faster transaction time for Claims
- Reduction in data entry errors on Claims processed
- The ability to receive electronic reports showing receipt of Claims by the insurance plan

Keystone First's Payor ID is 23284

ELECTRONIC FUNDS TRANSFER (EFT) AND ELECTRONIC REMITTANCE ADVICE (ERA)

EFT simplifies the payment process by:

- Providing fast, easy and secure payments
- Reducing paper
- Eliminating checks lost in the mail
- Not requiring you to change your preferred banking partner

Enroll through our EFT partner, Change Healthcare. For detailed information and instructions log on to <http://emdeon.com/epayment/> and click on the EFT link or call 1-866-506-2830.

ERA – Call Change Healthcare’s customer service to sign up for electronic remittance advice: 1-877-363-3666

Provider Claims Service Unit

The Provider Claim Services Unit (PCSU) is a specialized unit of the Claims Department. This unit assists Providers with payment discrepancies and makes on-line adjustments to incorrectly processed Claims.

Some of the Claims-related services include:

- Review of Claim status (Note: Claim status inquiries can also be done online at www.navinet.net).
- Research on authorization, eligibility and coordination of benefits (COB) issues related to Denied Claims
- Clarification of payment discrepancies
- Adjustment(s) to incorrectly processed Claims
- Assistance in reading remark, denial and adjustment codes from the Remittance Advice

Additional administrative services include:

- Explanation of Plan policies in relation to Claim processing procedures
- Explanation of referral and authorization issues related to Claim payment
- Information on billing and Claim requirements
- Assistance in obtaining individual Network Provider numbers for Network Providers new to an existing Keystone First group practice

Call the Provider Claim Services Unit at 1-800-521-6007 as the first point of contact to resolve claims issues. For claims issues that can’t be resolved through Provider Claims Services, contact your Provider Account Executive.

Provider Network Management

Provider Network Management is responsible for building and maintaining a robust Provider Network for Members. Contracting staff is responsible for negotiating contracts with hospitals, physicians, ancillary, DME and other providers to assure our Network can treat the full range of MA covered benefits in an accessible manner for our Members.

PROVIDER SERVICES

The primary contact for Network Providers with Keystone First is the Provider Account Executive. Provider Account Executives are responsible for orientation, continuing education, and diplomatic problem resolution for all Network Providers. A Provider Account Executive will act as your liaison with Keystone First. Provider Account Executives visit Network Provider locations to conduct in-service/orientation meetings with Network Providers and their staff both pro-actively and in response to Network Provider issues involving policy and procedure, reimbursement, compliance, etc. A complete list of Account Executive territory assignments and contact numbers is available on the Provider Center under Contact Us at www.keystonefirstpa.com.

Provider Account Executives also perform a practice environment evaluation and review medical record keeping practices of PCPs and OB/GYNs who are being credentialed for participation with Keystone First.

Provider Network Management, in collaboration with the Utilization Management Department, negotiates rates for Non-Participating Providers and facilities when services have been determined to be Medically Necessary and are Prior Authorized by Keystone First.

Call your Provider Account Executive:

- To arrange for orientation or in-service meetings for Network Providers or staff
- For service calls
- To respond to any questions or concerns regarding your participation with Keystone First
- To report any changes in your status, e.g.:
 - Phone number
 - Address
 - Tax ID Number
 - Additions/deletions of physicians affiliated with your practice

Network Providers should contact their Provider Account Executive or Provider Services with changes to their demographic information. Network Providers may verify their demographic data at any time using the “real-time” Provider Network directory at www.keystonefirstpa.com

Requests for changes to address, phone number, tax I.D., or additions and/or deletions to group practices must be made on the Provider Change Form. A sample form is located in the Appendix of the Manual, or it is available in the forms section of the Provider Center on the Keystone First Web site at www.keystonefirstpa.com Change forms can be mailed to:

Keystone First
Provider Network Management Department
200 Stevens Drive
Philadelphia, PA 19113 **OR**

Faxed to: 1-215-937-5343

Provider Services Department

Keystone First’s Provider Services Department operates in conjunction with the Provider Network Management Department, answering Network Provider concerns and offering

assistance. Both departments make every attempt to ensure all Network Providers receive the highest level of service available.

The Provider Services Department can be reached twenty-four (24) hours a day, seven (7) days a week.

Call the Provider Services Department at **1-800-521-6007**

- To verify Member eligibility/benefits
- To request forms or literature
- To ask policy and procedure questions
- To report Member non-compliance
- To obtain the name of your Provider Account Executive
- To request access to centralized services such as:
 - Outpatient laboratory services
 - Behavioral Health Services
 - Dental Services
 - Vision

Member Services

The Member Services Department helps our Members to understand and obtain the benefits available to them. Member Services Representatives are available twenty-four (24) hours a day, seven (7) days a week. Member Services Representatives also provide ongoing support and education to the Keystone First membership, focusing on communicating with our Members concerning their utilization of Keystone First and managed care principles, policies and procedures. Call the Member Services Department at **1-800-521-6860** to:

- Access on-call nurses after hours
- Assist Members looking for behavioral health information
- Assist with accessing transportation
- Help educate Members on how to access eligible benefits
- Get more information on Special Needs, Disease Management or EPSDT services
- Ask for health education materials in other languages and formats or request assistance with arranging interpretation services
- Help a Member choose or change a PCP or other Network Provider
- Request a list of Network Providers
- Learn what Members should do if a Health Care Provider sends a bill.