Section V
Primary Care Practitioner (PCP) & Specialist Office Standards & Requirements

PRACTITIONER & PROVIDER RESPONSIBILITIES

Responsibilities of All Providers

Providers who participate in Keystone First have responsibilities, including but not limited to:

- Be compliant with all applicable Federal and/or state regulations.
- Treat Keystone First members in the same manner as other patients.
- Communicate with agencies including, but not limited to, local public health agencies for the purpose of participating in immunization registries and programs, e.g., vaccines for children, communications regarding management of infectious or reportable diseases, cases involving children with lead poisoning, special education programs, early intervention programs, etc.
- Comply with all applicable disease notification laws in Pennsylvania.
- Provide information to Keystone First and/or the Department of Human Services (DHS) as required.
- Inform members about all available treatment options, regardless of cost or whether such services are covered by Keystone First.
- As appropriate, work cooperatively with specialists, consultative services and other facilitated care situations for special needs members such as accommodations for the deaf and hearing impaired, experience-sensitive conditions such as HIV/AIDs, self-referrals for women's health services, family planning services, etc.
- Not refuse an assignment or transfer a member or otherwise discriminate against a member solely on the basis of religion, gender, sexual orientation, race, color, age, national origin, creed, ancestry, political affiliation, personal appearance, health status, pre-existing condition, ethnicity, mental or physical disability, participation in any governmental program, source of payment, or marital status or type of illness or condition, except when that illness or condition may be better treated by another provider type.
- Ensure that ADA requirements are met, including use of appropriate technologies in the daily operations of the physician's office, e.g., TTY/TDD and language services, to accommodate the member's special needs.
- Abide by and cooperate with the policies, rules, procedures, programs, activities and guidelines contained in your Provider Agreement (to which this Provider Manual and any revisions or updates are incorporated by reference).
- Accept Keystone First payment or third party resource as payment-in-full for covered services.
- Comply fully with Keystone First 's Quality Improvement, Utilization Management, Integrated Care Management, Credentialing and Audit Programs.
- Comply with all applicable training requirements as required by Keystone First, DHS and/or CMS.
- Promptly notify Keystone First of claims processing payment or encounter data reporting errors.
- Maintain all records required by law regarding services rendered for the applicable period of time, making such records and other information available to Keystone First or any appropriate government entity in accordance with those laws and the Provider Agreement.
- Treat and handle all individually identifiable health information as confidential in accordance with all applicable laws and regulations, including HIPAA Administrative Simplification and HITECH requirements.
- Immediately notify Keystone First of adverse actions against license or accreditation status.
- Maintain liability insurance in the amount required by the terms of the Provider Agreement.
- Notify Keystone First of the intent to terminate the Provider Agreement as a participating provider within the timeframe specified in the Provider Agreement and provide continuity of care in accordance with the terms of the Provider Agreement and DHS requirements.
- Verify member eligibility immediately prior to service.
- Obtain all required signed consents prior to service.

- Obtain prior authorization for applicable services.
- Maintain hospital privileges or a collaborative agreement with a provider with hospital privileges, when hospital privileges are required for the delivery of the covered service.
- Provide prompt access to records for review, survey or study if needed.
- **Report known or suspected child, elder or domestic abuse to local law authorities and have established procedures for these cases.**
- Inform member(s) of the availability of Keystone First's interpretive services and encourage the use of such services, as needed.
- Notify Keystone First, in accordance with the terms of the Provider Agreement, of any changes in business ownership, business location, legal or government action, or any other situation affecting or impairing the ability to carry out duties and obligations under the Provider Agreement.
- Maintain oversight of non-physician practitioners as mandated by State and Federal law.

- Agree that claims data, medical records, practitioner and provider performance data, and other sources of information, may be used by Keystone First to measure and improve the health care delivery services to members.

PCP Role and Requirements

The PCP is the Member's starting point for access to all health care benefits and services available through Keystone First. Although the PCP will certainly treat most of a Member's health care concerns in his or her own practice, Keystone First expects that PCPs will refer appropriately for both outpatient and inpatient services while continuing to manage the care being delivered.

All of the instructional materials provided to our Members stress that they should always seek the advice of their PCP before accessing medical care from any other source. It is imperative that the PCP and his or her staff foster this idea and develop a relationship with the Member, which will be conducive to continuity of care.

PCPs are required to contact:

- New Members who have not had an office visit within the first six (6) months of being on the PCP's panel;
- Members who are not in compliance with EPSDT periodicity and immunization schedules; and
- Members who have not had an office visit during the previous twelve (12) months (See "Access Standards for PCPs" in this section of the Manual)

Additionally, PCPs are required to:

- Document reasons for non-compliance and the PCP's efforts to bring Member's care into compliance; and
- Identify any Members who have not come into compliance with the EPSDT periodicity and immunization schedules within one (1) month of notification by Keystone First.

Keystone First has the Let Us Know Program to assist practices in member outreach and contact. See the program description in the Let Us Know section of the manual and complete program details on the Provider Center at www.keystonefirspa.com

The PCP, or the designated back-up practitioner, should be accessible 24 hours per day, seven days per week, at the office site during all published office hours, and by answering service after hours. When the PCP uses an answering service or answering machine to intake calls after normal hours, the call must be answered within ten (10) rings, and the following information must be included in the message:

- Instructions for reaching the PCP
- Instructions for obtaining emergency care

Appointment scheduling should allow time for the unexpected urgent care visit. (See "Access Standards for PCPs" in this section of the Manual)

PCPs should perform routine health assessments as appropriate to a patient's age and sex, and maintain a complete individual Member medical record of all services provided to the Member by the PCP, as well as any specialty or referral services. PCPs treating Members up to age 18 must participate in the VFC (Vaccine for Children) program.

PCPs who have Members under the age of twenty-one (21) on their panel are responsible for conducting all EPSDT screens for those Members. A PCP who is unable to conduct the necessary EPSDT screens is responsible for arranging to have them conducted by another Keystone First Network Provider and ensure that all relevant medical information, including having the results of the EPSDT screens incorporated into the Member's medical record.

School-based health services sometimes play a pivotal role in ensuring that children receive the health care they need. PCPs are required, with the assistance of Keystone First, to coordinate and/or integrate into the PCP's records any health care services provided by school-based health services. Keystone First's Special Needs managers help by coordinating services between Parent/Guardian, PCP and other practitioners/providers. Call **1-800-521-6007** and ask to be transferred to the EPSDT liaison should you need assistance.

PCPs are required to provide examinations for Keystone First Members who are under investigation by the County Children and Youth System for suspected child abuse or neglect. Services must be performed in a timely manner.

Providers must be alert for the signs of suspected child abuse, and as mandatory reporters under the Child Protective Services law know their legal responsibility to report such suspicions. To make a report call:

- Childline – 1-800-932-0313, a 24-hour toll free telephone reporting system operated by the Pennsylvania Department of Human Services to receive reports of suspected child abuse.

Additional resources addressing mandatory reporter requirements:

- The Juvenile Law Center of Philadelphia, Child Abuse and the Law : http://www.jlc.org/resources/publications/child-abuse-and-law
- The Center for Children's Justice, Child Protection FAQ's: Reporting Child Abuse in Pennsylvania: http://www.c4cj.org/Child_Abuse_in_PA.php

- Keystone First's dedicated web page to child abuse prevention on the Provider center at www.keystonefirstpa.com

PCPs must communicate effectively with Members by using sign language interpreters for those who are deaf or hard of hearing and oral interpreters for those individuals with LEP when needed by the Member. Services must be free of charge to the Member. Refer to the Cultural Competency section of the manual for complete details.

Members have the right to access all information contained in the medical record unless access is restricted for medical reasons.

Completing Medical Forms

In accordance with DHS policy, if a medical examination or office visit is required to complete a form, then you may not charge Keystone First Members a fee for completion of the form. Payment for the medical examination or office visit includes payment for completion of forms.

However, you may charge Keystone First Members a reasonable fee for completion of forms if a medical examination or office visit is not required to complete the forms. Examples include forms for Driver Licenses, Camp and/or School applications, Working Papers, etc. *You must provide Keystone First Members with advance written notice that a reasonable fee will be charged for completing forms in such instances. However, if a Keystone First Member states that it will be a financial hardship to pay the fee, you must waive the fee.*

The following physical examinations and completion of related forms are not covered by Keystone First:

- Federal Aviation Administration (Pilot's License)
- Return to work following work related injury (Worker's Compensation)

Vaccines for Children Program

PCPs treating Members up to age 18 must participate in the Vaccine for Children (VFC) Program. The VFC Program provides publicly purchased vaccines for children birth through 18 years of age who are:

- Medicaid enrolled (including Medicaid managed care plans)
- Uninsured (have no health insurance) or
- American Indian/Alaskan Native

To enroll in the VFC Program, or for other inquiries about the VFC Program such as:

- Program guidelines and requirements
- VFC forms and instructions for their use
- Information related to provider responsibilities
- The latest VFC Program news
- Instructions for enrolling in the VFC Program

Please call **1-888-6-IMMUNIZE** (**1-888-646-6864**) or write to the Department of Health's Division of Immunizations at:

Pennsylvania Department of Health
Division of Immunizations
Room 1026
Health and Welfare Building
7th and Forster Streets
Harrisburg, PA 17120
Toll Free: 1-888-646-6864
Telephone: 717-787-5681
e-mail: paimmunizations@state.pa.us

Philadelphia County Providers – Information about the Philadelphia VFC Program can be found at https://kids.phila.gov/vfc.aspx: or call the Philadelphia Department of Public Health, Division of Disease Control, and Immunization Program at **215-685-6728**.

PCP Reimbursement

PCP Fee-For-Service Reimbursement

Fee-for-service PCP reimbursement is a payment methodology used by Keystone First. If contracted under this methodology, practitioners are required to bill for all services performed in the primary care office. Reimbursement is in accordance with the Fee-for-Service Compensation schedule that is included in the Provider's contract.

Capitation/Above-Capitation Reimbursement

PCPs capitation reimbursement is a monthly payment that is based on the age and gender of the Members assigned to their panels. After monitoring monthly enrollment and disenrollment from each PCP's Member panel, Keystone First issues to the PCP on or about the 15th of each month a Capitation check and report on the amount of payment per Member. Capitated payment is considered reimbursement for services including all examinations, medical procedures and administrative procedures performed in the primary care office. Exceptions to the Capitation payment arrangement and services covered under such exceptions are determined on a case-by-case basis.

From time to time, Keystone First implements pay for performance or other payment programs and will offer such programs to eligible Providers. To see the complete and detailed description of the Keystone First PCP Incentive Program, please go to the Provider Center at www.keystonefirstpa.com

Member eligibility is determined on a daily basis. Capitation payments reflect the Member's effective date:

- For all Members enrolled with a first day of the month effective date, Capitation is paid at 100% of the rate appropriate for age and gender
- For all Members enrolled with an effective date after the first day of the month, Capitation is pro-rated. The pro-rated amount is determined by taking the full Capitation rate appropriate

for age and gender then dividing it by the total number of days in the month. This per day amount is then multiplied by the number of days the Member is on the panel for that month

- Capitation payments are adjusted retroactively during the following month for any additional enrollment, which occurs during the last week of that month

This Capitation payment formula is also in effect for Members making PCP transfers, newborns and Member re-enrollments. The disenrollment policy is unaffected by this process. A three-month limit is applied to all retroactive adjustments made to primary care Capitation payments. This applies to Member enrollments, disenrollments and PCP panel transfers.

Keystone First is responsible for reporting utilization data to DHS, on at least a monthly basis. It is therefore necessary that PCP Encounter information be received by Keystone First on a regular basis. PCPs are required to submit an Encounter for every visit with a Member whether or not the Encounter contains a billable service. Additional information on Encounter reporting requirements can be found in the later part of this section.. PCPs can earn additional compensation when Keystone First is able to identify that they are treating medically complex Members.
To this end, it is important that all Encounters submitted contain all the diagnoses that have been confirmed by the PCP.

Capitation Reimbursement Payment Method

Generally, PCP reimbursement is made using a Capitation method of payment (per Member per month assessment). Keystone First will reimburse the PCP using the following age/sex breakdown.

Age/Sex Breakdown

From Age	To Age	Sex
0 yrs.	< 1 yr.	M/F
1 yr.	< 2 yrs.	M/F
> 2 yrs.	< 4 yrs.	M/F
5 yrs.	14 yrs.	M/F
15 yrs.	18 yrs.	F
15 yrs.	18 yrs.	M
19 yrs.	39 yrs.	F
19 yrs.	39 yrs.	M
40 yrs.	64 yrs.	F
40 yrs.	64 yrs.	M
65 yrs. & older		M/F

Legend:	**< = less than**	**M = male**	**yr(s) = years of age**
	> = greater than	**F = female**	

Procedures Compensated Under Capitation

Capitated services include but are not limited to:

- Evaluation & Management Visits
- American Academy of Pediatrics recommended physical examinations of children and yearly physical examinations for adults
- Preventive Services
- Routine Gynecological Exam with PAP Smear
- EKG with Routine Interpretation
- Control of Nasal Hemorrhage
- Incision & Drainage of Abscesses
- Incision & Removal of Foreign Body, Subcutaneous Tissues
- Incision & Drainage of Hematoma
- Puncture Aspiration of Abscess, Hematoma, Bulla or Cyst
- Incision & Drainage of Complex Postoperative Wound Infection
- Initial Treatment of Burns
- Suture Removal
- Treatment of Sprains/Dislocations
- Routine Venipuncture
- Allergy Injections
- Anoscopy
- Occult Blood - Stool
- Audiometry/Tympanometry
- Urine Dip Stick
- Hemoglobin/Hematocrit
- Tuberculin Tests (Tine/PPD)
- Vision Screening
- Court Ordered Examinations and Tests
- Reasonable requests for the copying of Medical Records (e.g., for Specialists, change of Provider)

Procedures Reimbursed Above Capitation

In addition to Capitation, PCPs are routinely reimbursed on a Fee-for Service basis above Capitation for:

- Inpatient care (up to ten days)
- Attendance at high risk deliveries
- Inpatient newborn care
- Circumcisions of newborns
- Home visits
- Nursing home visits
- Immunizations as indicated on the Keystone First Procedures Reimbursed Above Capitation schedule

Please refer to the Appendix for the list of procedures reimbursed above Capitation, and in the Provider Center at www.keystonefirstpa.com for those services paid in addition to Capitation.

The PCP Office Visit

It is imperative that PCPs verify Member eligibility prior to rendering services to Keystone First Members. For complete instructions on looking up eligibility, please refer to the "**Member Eligibility**" Section of the Manual for additional information on verifying eligibility.

As a PCP, it is also necessary to complete and submit a CMS-1500 Form or an EDI Claim (electronic Claim submission) for each Member Encounter (each time a Member receives services, whether the service is capitated or billable above capitation). See "Encounter Reporting" in this section of the Manual for more information concerning Member Encounters.

Members must obtain a referral from their assigned PCP in order to access any Network Specialist. For further information on authorizations and referrals, see the "Referral Process" section of the Manual.

Forms/Materials Available

Keystone First forms are available on the Provider Center at www.keystonefirstpa.com, including but not limited to:

Online provider directory

Hospital notification of emergency admission

Provider change form

Member Intervention request form

Obstetrical Needs Assessment form (ONAF)

Access Standards for PCPs

Keystone First has established standards to assure accessibility of medical care services. The standards apply to PCPs. PCPs are expected to adhere to the following standards for appointment availability for medical care services, and other additional requirements.

Keystone First PCPs are expected to meet the following standards regarding appointment availability and response to Members:

Appointment Accessibility Standards

Appointment Accessibility Standards	
Medical Care:	**Keystone First Standard:**
Preventive Care must be scheduled (*health assessment/general physical examinations and first examinations)*	**Within 3 weeks of the Member's Enrollment**
Routine Primary Care must be scheduled	**Within 10 business days of the Member's**

	call
Urgent Medical Condition Care must be scheduled	**Within 24 hours of the Member's call**
Emergency Medical Condition Care must be seen	**Immediately upon the Member's call or referred to an emergency facility**

After-Hours Accessibility Standards	
Medical Care:	**Keystone First Standard:**
After-hours Care by a PCP or a covering PCP must be available *	**24 hours/7 days a week**

* When the PCP uses an answering service or answering machine to intake calls after normal business hours, the call must be answered by ten (10) rings, and the following information must be included in the message:
- Instructions for reaching the PCP
- Instructions for obtaining emergency care

The following are requirements for Members who require specific services and/or have Special Needs. Keystone First asks that PCPs contact all new panel Members for an initial appointment. Keystone First has Special Needs and Care Management Programs that also reach out to Members in the following categories. Keystone First expects that PCPs will cooperate in scheduling timely appointments. It is important for the PCP to inform Keystone First if he/she learns that a Member is pregnant to assure appropriate follow up. Please call 1-800-521-6007 to refer a Member to the Keystone First Bright Start Maternity Program and/or for assistance in locating an OB/GYN practitioner. (OB/GYN services do not require a referral.)

Initial Examination for Members …	**Appointment Scheduled with a PCP or Specialist**
with HIV/AIDS	**No later than 7 days of the effective date of Enrollment, unless the Member is already being treated by a PCP or Specialist.**
who receive Supplemental Security Income (SSI)	**No later than 45 days of Enrollment, unless the Member is already being treated by a PCP or a Specialist.**
under age of 21	**For an EPSDT screen no later than 45 days of the effective date of Enrollment, unless the Member is already being treated by a PCP or Specialist and the Member is current with screens and immunizations.**
Members who are pregnant	**Appointment Scheduled with an OB/GYN practitioner**
Pregnant women in their 1st trimester	**Within 10 business days of Keystone First learning the Member is pregnant.**
Pregnant women in their 2nd trimester	**Within 5 business days of Keystone First learning the Member is pregnant.**

Initial Examination for Members …	Appointment Scheduled with a PCP or Specialist
Pregnant women in their 3rd trimester	**Within 4 business days of Keystone First learning the Member is pregnant.**
High-risk Pregnant Women	**Within 24 hours of Keystone First learning the Member is pregnant or immediately if an Emergency Medical Condition exists.**

Additional Requirements of PCPs

1. The average waiting time for scheduled appointments must be no more than 20 minutes unless the PCP encounters an unanticipated urgent visit or is treating a patient with a difficult medical need. In such cases, waiting time should not exceed one (1) hour
2. Patients must be scheduled at the rate of six (6) patients or less per hour
3. The PCP must have a "no show" follow-up policy. Two (2) notices of missed appointments and a follow-up telephone call should be made for any missed appointments* and documented in the medical record
4. Number of regular office hours must be greater than or equal to 20 hours per week
5. Telephonic response time (call back) for non-emergency conditions should be less than two (2) hours
6. Telephonic response time (call back) for emergency conditions must be less than 30 minutes
7. Member medical records must be maintained in an area which is not accessible to those not employed by the practice. Network Providers must comply with all applicable laws and regulations pertaining to the confidentiality of Member medical records, including, obtaining any required written Member consents to disclose confidential medical records.
8. 24 hour/ 7 days per week coverage must be available via the PCP for Urgent and Emergency Medical Condition care. **An answering machine message that does not answer the call by 10 rings or provide instructions on how to reach the PCP does not constitute coverage**. For example, it is not acceptable to have a message on an answering machine that instructs the Member to go to the emergency room for care without providing instructions on how to reach the PCP.
9. PCPs must comply with all Cultural Competency standards. Please refer to "**PCP & Specialist Office Standards**" in this Section of the Manual, as well as the "**Regulatory Provisions**" Section of the Manual for additional information on Cultural Competency

* As a reminder, Medical Assistance providers are prohibited from billing Medical Assistance recipients for missed appointments, also known as "No Show". Please refer to Medical Assistance Bulletin 99-10-14 entitled "Missed Appointments" in the appendix of this manual.

Please refer to "PCP & Specialist Office Standards" in this section of the Manual for further information on the following practitioner standards:

- Medical Record Standards
- Physical Office Layout

PCP Selection

Members are encouraged to select a Pediatrician/PCP for their newborn prior to receiving services. The Member can enroll their newborn with a PCP by calling Member Services at **1-800-521-6860**. It is the PCP's responsibility to contact the Provider Services Department prior to rendering services to a Member who has not yet selected a PCP.

Encounter Reporting

CMS defines an Encounter as "an interaction between an individual and the health care system." Encounters occur whenever a Keystone First Member is seen in a practitioner's office, whether the visit is for preventive health care services or for treatment due to illness or injury. An Encounter is any health care service provided to a Keystone First Member. Encounters, whether reimbursed through capitation, fee-for-service, or another method of compensation, must result in the creation and submission of an Encounter record (CMS-1500 form or electronic submission) to Keystone First. The information provided on these records represents the Encounter data provided by Keystone First to DHS.

Completion of Encounter Data

PCPs must complete and submit a CMS-1500 form or file an electronic Claim every time a Keystone First Member receives services. Completion of the CMS-1500 form or electronic Claim is important for the following reasons:

- It provides a mechanism for reimbursement of medical services covered beyond capitation, including payment of inpatient newborn care and attendance at high risk deliveries
- It allows Keystone First to gather statistical information regarding the medical services provided to Keystone First's Members, which better support our statutory reporting requirements
- It allows Keystone First to identify the severity of illnesses of our Members
- It allows Keystone First to report HEDIS/Quality data to DHS.

Keystone First can accept Encounter Claim submissions via paper or electronically (EDI). For more information on electronic Claim submission and how to become an electronic biller, please refer to the "EDI Technical Support Hotline" topic in Section IV of the Manual or the Claims Filing Instructions in Section VI.

In order to support timely statutory reporting requirements, we encourage Providers to submit Encounter information within 30 days of the Encounter. However, all Encounters (Claims) must be submitted within 180 calendar days after the services were rendered or compensable items were provided.

The following mandatory information is required on the CMS-1500 form for a primary care visit:

- Keystone First Member's ID number
- Member's name
- Member's date of birth
- Other insurance information: company name, address, policy and/or group number, and amounts paid by other insurance, copy of EOBs

- Information advising if patient's condition is related to employment, auto accident, or liability suit
- Name of referring physician, if appropriate
- Dates of service, admission, discharge
- Primary, secondary, tertiary and fourth ICD-10-CM diagnosis codes, coded to the highest level of specificity.
- Authorization or referral number
- CMS place of service code
- HCPCS procedures, service or supplies codes; CPT I and/or CPT II, procedure codes with appropriate modifiers
- Charges
- Days or units/NDC when applicable
- Physician/supplier federal tax identification number or Social Security Number
- National Practitioner ID (NPI) and Taxonomy Code
- Individual Keystone First assigned practitioner number
- Name and address of facility where services were rendered
- Physician/supplier billing name, address, zip code, and telephone number
- Invoice date

Please see "Claims Filing Instructions" in Section VI of the Manual for additional information for the completion of the CMS form.

Keystone First monitors Encounter data submissions for accuracy, timeliness and completeness through Claims processing edits and through Network Provider profiling activities. Encounters can be rejected or denied for inaccurate, untimely and incomplete information. Network Providers will be notified of the rejection via a remittance advice and are expected to resubmit corrected information to Keystone First. Network Providers may be subject to sanctioning by Keystone First for failure to submit 100% of Encounters, including Encounters for capitated services. Network Providers may also be subject to sanctioning by Keystone First for failure to submit accurate Encounter data in a timely manner.

The Provider Services Department can address questions concerning Encounter Reporting by calling **1-800-521-6007**.

Transfer of Non-Compliant Members

By PCP request, any Member whose behavior would preclude delivery of optimum medical care may be transferred from the PCP’s panel. Keystone First’s goal is to accomplish the uninterrupted transfer of care for a Member who cannot maintain an effective relationship with his/her PCP.

A written request on your letterhead asking for the removal of the Member from your panel must be sent to the Provider Services Department that includes the following:

- The Member's full name and Keystone First identification number
- The reason(s) for the requested transfer
- The requesting PCP's signature and Keystone First identification number

Transfers will be accomplished within 30 days of receipt of the written request, during which time the PCP must continue to render any needed emergency care.

The Provider Services Department will assign the Member to a new PCP and will notify both the Member and requesting PCP when the transfer is effective. The Provider Services Department Telephone Number is **1-800-521-6007**.

Requesting a Freeze or Limitation of Your Member Panel

Keystone First recognizes that a PCP will occasionally need to limit the volume of patients in his/her practice in the interest of delivering quality care.
Keystone First must have 90 days advance written notice of any request to change panel status. For example, a panel limitation or freeze request received on May 1 would become effective on August 1. When requesting to have Members added to panels where age restriction or panel limitations exist, Keystone First must be notified in writing on the PCP office's letterhead.

Policy Regarding PCP to Member Ratio

PCP sites may have up to 1,000 MA recipients (cumulative across all HealthChoices plans) per each full-time equivalent PCP at the site. For example, if a primary care site has seven full-time equivalent PCPs, they can have up to 7,000 MA recipients (cumulative across all HealthChoices plans).

Letter of Medical Necessity (LOMN)

In keeping with the philosophy of managed care, PCPs may be requested to supply supporting documentation to substantiate medical necessity when:

- Services require Prior Authorization
- Services include treatment or diagnostic testing procedures that are not available through accepted medical practice
- Services are not provided by a Network Provider or facility
- Initial documentation submitted is insufficient for Keystone First to make a determination

This is not an all-inclusive listing of circumstances for which supporting medical documentation may be requested. Additional supporting documentation may also be requested at the discretion of the Keystone First’s Medical Director or his/her designee.

Supporting medical documentation should be directed to the Utilization Management staff person managing the case of the Member in question, or to the Medical Director or his/her designee, as appropriate. At a minimum, all supporting medical documentation should include:

- The Member's name and Keystone First identification number
- The diagnosis for which the treatment or testing procedure is being sought
- The goals of the treatment or testing for which progress can be measured for the Member
- Other treatment or testing methods, which have been tried but have not been successful along with the duration of the treatment

- Where applicable, what treatment is planned, if any, after the patient has received the therapy or testing procedure that is being requested

PCP Responsibilities Under the Patient Self Determination Act

In 1990, the Congress of the United States enacted the Patient Self-Determination Act. Since 1992, Pennsylvania law has allowed both the "living will" and "durable power of attorney" as methods for patients to relay advance directives regarding decisions about their care and treatment.

PCPs should be aware of, and discuss, the Patient Self-Determination Act with their adult patients. Specific responsibilities of the PCP are:

- Discuss the patient's wishes regarding advance directives on care and treatment during routine and/or episodic office visits when appropriate
- Document the discussion in the patient's medical record and whether or not the patient has executed an advance directive
- Provide the patient with written information concerning advance directives if asked
- Do not discriminate against the individual based on whether or not she/he has executed an advance directive
- Ensure compliance with the requirements of Pennsylvania state law concerning advance directives

Keystone First provides our Members with information about the Patient Self-Determination Act via the Member Handbook. Excerpts from the Member Handbook regarding this topic can be found in Section X of the Manual entitled "Member Rights and Responsibilities."

Preventive Health Guidelines

The Preventive Health Guidelines were adopted from the U.S. Preventive Services Task Force. The contents of these guidelines were carefully reviewed and approved by peer providers at Keystone First's Clinical Quality Improvement Committee. As with all guidelines, the Keystone First Preventive Health Guidelines are based on recommendations from the U.S. Preventive Services Task Force and are not intended to interfere with a Health Care Provider's professional judgment. The Preventive Health Guidelines are now available in the Provider Center at www.keystonefirstpa.com or you can call your Provider Account Executive to request hard copies.

Clinical Practice Guidelines

Keystone First has adopted clinical practice guidelines for use in guiding the treatment of Keystone First Members, with the goal of reducing unnecessary variations in care. The Keystone First clinical practice guidelines represent current professional standards, supported by scientific evidence and research. These guidelines are intended to inform, not replace the physician's clinical judgment. The physician remains responsible for ultimately determining the applicable treatment for each individual.

Keystone First's Clinical Practice Guidelines are available in the Provider Center at, http://www.keystonefirstpa.com/provider/resources/clinical/guidelines.aspxor call your Provider Account Executive to request a copy.

In support of the above guidelines, Keystone First has Disease Management and Case Management programs available to assist you in the education and management of your patient with chronic diseases. For information, a copy of the above clinical guidelines, or to refer a Keystone First Member for Disease or Case Management Services, call Provider Services at **1-800-521-6007** and ask for the Special Needs Department.

Specialty Care Providers

The Specialist Office Visit

Keystone First Members receive Specialist services from Network Providers via a referral from their PCP's office. Specialist services are reimbursed on a fee-for-service basis at the Provider's contracted rate.

Prior to receiving Specialist services, Keystone First Members must obtain a referral from their assigned PCP. . Prior to rendering services, Specialists should always verify Member eligibility, which can be done by checking "Member Eligibility" through NaviNet online at www.navinet.net or by calling Provider Services at **1-800-521-6007**. For more information, please refer to "Referral & Authorization Requirements" in Section II of this Manual. Specialists should provide timely communication back to the member's PCP regarding consultations, diagnostic procedures, test results, treatment plan and required follow up care. It is necessary for all Network Providers to adhere to the applicable office standards as outlined in "PCP & Specialist Office Standards" in this Section.

Reimbursement/Fee-for-Service Payment

Keystone First will reimburse all contracted specialists at fee-for-service rates described in the Network Provider's individual Keystone First Specialty Care Provider Agreement.

Please refer to "Claims Filing Instructions" in Section VI of the Manual for complete billing instructions. Should you determine the need for diagnostic testing or procedures requiring authorization, please contact Keystone First's Utilization Management Department at **1-800-521-6622** to obtain authorization.

Specialist Services

Specialists shall provide Medically Necessary covered services to Keystone First Members referred by the Member's PCP. These services include:

- Ambulatory care visits and office procedures
- Arrange or provide inpatient medical care at a Keystone First participating hospital
- Consultative Specialty Care Services 24 hours a day, 7 days a week

All Providers, particularly emergency, critical care and urgent care Providers, must be alert for the signs of suspected child abuse, and as mandatory reporters under the Child Protective Services law, know their legal responsibility to report such suspicions. To make a report call:

- Childline – 1-800-932-0313, a 24-hour toll free telephone reporting system operated by the Pennsylvania Department of Human Services to receive reports of suspected child abuse.

Additional resources addressing mandatory reporter requirements:

- The Juvenile Law Center of Philadelphia, Child Abuse and the Law : http://www.jlc.org/resources/publications/child-abuse-and-law
- The Center for Children's Justice, Child Protection FAQ's: Reporting Child Abuse in Pennsylvania: http://www.c4cj.org/Child_Abuse_in_PA.php
- Keystone First's dedicated web page to child abuse prevention

Specialist Access & Appointment Standards

The average office waiting time should be no more than 20 minutes, or no more than one (1) hour when the Network Provider encounters an unanticipated urgent visit or is treating a patient with a difficult medical need. Scheduling procedures should ensure:

- Emergency appointments immediately upon referral
- Urgent Care appointments within twenty-four (24) hours of referral
- Routine appointments within ten business days of the referral

Network Providers must have a "no-show" follow-up policy. Two (2) notices of missed appointments and a follow-up telephone call should be made for any missed appointments and documented in the medical record.

Payment in Full

As outlined in the Pennsylvania Department of Human Services' Medical Assistance bulletin 99-99-06 entitled "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 are illegal and contrary to the participation requirements of the Pennsylvania Medical Assistance program.

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 the Department, the recipient or another person for a compensable service or item is required to return the supplementary payment.

To review the complete MA Bulletin 99-99-06, "Payment in Full", visit the Provider Center at www.keystonefirstpa.com→Providers→Communications→MA Bulletins and RA Alerts.

Confidentiality of Medical Records

Patient medical records must be maintained in an area that is not accessible to those not employed by the practice. Network Providers must comply with all applicable laws and regulations pertaining to the confidentiality of Member medical records, including obtaining any required written Member consents to disclose confidential medical records. Please refer to "Medical Record Standards" in this section of the Manual for further information on the maintenance of medical records.

Letters of Medical Necessity (LOMN)

In keeping with the philosophy of managed care, Health Care Providers may be requested to supply supporting documentation to substantiate medical necessity when:

- Services require Prior Authorization
- Services include treatment or diagnostic testing procedures that are not available through accepted medical practice
- Services are not provided by a Network Provider or facility
- Initial documentation submitted is insufficient for Keystone First to make a determination

This is not an all-inclusive listing of circumstances for which supporting medical documentation may be requested. Additional supporting documentation may also be requested at the discretion of the Medical Director or his/her designee.

Supporting medical documentation should be directed to the Utilization Management staff that is managing the case of the patient in question, or to the Medical Director or his/her designee, as appropriate. At a minimum, all supporting medical documentation should include:

- The Member's name and Keystone First ID number
- The diagnosis for which the treatment or testing procedure is being sought
- The goals of the treatment or testing for which progress can be measured for the Member
- Other treatment or testing methods which have been tried but have not been successful, along with the duration of the treatment
- Where applicable, what treatment is planned, if any, after the patient has received the therapy or testing procedure, which is being requested

Specialist Responsibilities Under the Patient Self Determination Act

In 1990, the Congress of the United States enacted the Patient Self-Determination Act. Since 1992, Pennsylvania law has allowed both "living wills" and "durable power of attorney" as methods for patients to relay advance directives regarding decisions about their care and treatment.

Specialists should be aware of and discuss the Patient Self-Determination Act with their adult patients. Specific responsibilities of the specialist are outlined below:

- Discuss the patient's wishes regarding advance directives on care and treatment during routine and/or episodic office visits when appropriate
- Document the discussion in the patient's medical record, and whether or not the patient has executed an advance directive
- Provide the patient with written information concerning advance directives if asked
- Do not discriminate against the individual based on whether or not he/she has executed an advance directive
- Ensure compliance with the requirements of Pennsylvania state law concerning advance directives

Keystone First provides our Members with information about the Patient Self-Determination Act via the Member Handbook. Excerpts from the Member Handbook regarding this topic can be found in "Member Rights and Responsibilities" in Section X of the Manual.

Specialist as a PCP for Special Needs Members

Refer to the Special Needs and Case Management Section for complete details. Providers who are willing to serve/care for Special Needs Members should contact their Provider Account Executive.

PCP & OB/GYN Office Standards

Physical Environment

Keystone First conducts an initial office site visit to all potential PCP and OB/GYN sites during the credentialing process. Each practice/site location of all PCPs and OB/GYNs must receive a site visit re-evaluation every five years. The Credentialing Committee considers the results of the office site visit in making a determination as to whether the Health Care Provider will be approved for participation in Keystone First's Network. The office site visit is intended to collect information about provider performance in the following areas:

- Facility Information
- Safety
- Provider Accessibility
- Emergency Preparedness
- Treatment Areas
- Medication Administration
- Infection Control
- Medical Record Keeping Practices
- General Information

The following are examples of standards that must be met for Keystone First network participation:

1. Office must have visible signage and must be handicapped-accessible*
2. Office hours must be posted
3. Office must be clean and presentable
4. Office must have a waiting room with chairs
5. Office must have an adequate number of staff/personnel to handle patient load, with an assistant available for specialized procedures
6. Office must have at least two examination rooms that allow for patient privacy
7. Office must have the following equipment:
    - Examination table
    - Otoscope
    - Ophthalmoscope
    - Sphygmomanometer
    - Thermometers
    - Needle disposal system
    - Accessible sink/hand washing facilities
    - Bio-hazard disposal system
8. There must be a system in place to properly clean/decontaminate and sterilize reusable equipment. Bio-medical equipment must be part of an annual preventive maintenance program
9. Office must have properly equipped (handicapped-accessible) restroom facilities, readily accessible to patients

10. There are safeguards to maintain confidentiality/security of medical records and patient identifiable information (as they relate to visual and computer access, office conversations, only authorized personnel have access to record).
11. Must have written procedures for medical emergencies and a written evacuation plan. During patient hours, at least one staff person must be CPR-certified
12. The office must be equipped with at least one fire extinguisher that is properly serviced and maintained
13. Must have blood-borne pathogen exposure control plan
14. Medications must be stored in a secure place away from public areas. Refrigerators used for medication storage must have a thermometer. Controlled substances must be locked, and prescription pads must be kept in a secure place

* Title III of the Americans with Disabilities Act (ADA, 42 U.S.C. 1201 et seq.) states that places of public accommodation must comply with basic non-discrimination requirements that prohibit exclusion, segregation, and unequal treatment of any person with a disability. Public accommodations (such as Health Care Providers) must specifically comply with, among other things, requirements related to effective physical accessibility, communication with people with hearing, vision, or speech disabilities, and other access requirements. For more information, you can go to the Department of Justice's ADA Home Page www.usdoj.gov/crt/ada/adahom1.htm.

Medical Record Standards

Complete and consistent documentation in patient medical records is an essential component of quality patient care. Keystone First adheres to medical record requirements that are consistent with national standards on documentation and applicable laws and regulations.

Keystone First performs an annual medical record review on a random selection of practitioners. The medical records are audited using these standards.

The following is a list of our standards (you can also find the standards online in the Provider Center at www.keystonefirstpa.com)

- Elements in the medical record are organized in a consistent manner, and the records are kept secure and confidential
- Patient's name or identification number is included on each page of record
- All entries are legible, initialed or signed and dated by the author
- Personal and biographical data are included in the record
- Current and past medical history and age-appropriate physical exams are documented including 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
- Documentation of discussions of a living will or other advance directive for patients 65 years or 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 Network Provider 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 under 21 years of age) or an appropriate history has been made in the medical record (for adults)
- Requests for consultations are consistent with clinical assessment/physical findings
- Laboratory and other studies are ordered, as appropriate
- Laboratory and diagnostic reports reflect Network Provider review
- Patient notification of laboratory and diagnostic test results and instruction regarding follow-up, when indicated, are documented
- There is evidence of continuity and coordination of care between PCPs and Specialists

Medical Record Retention Responsibilities

Medical records must be preserved and maintained for a minimum of five (5) years from termination of the Health Care Provider's agreement with Keystone First or as otherwise required by law or regulatory requirement. Medical records may be maintained in paper or electronic form; electronic medical records must be made available in paper form upon request.