Section IX

Special Needs & Case Management

Integrated Care Management/Complex Case Management

The Case Management/Care Coordination (CM/CC) program is a population-based health management program that utilizes a blended model that provides comprehensive case management and disease management services to the highest risk health plan Members. The primary focus is on coordination of resources for those Members expected to experience adverse events in the future. The CM/CC Program provides specialized services, which support and assist Members with medical, behavioral and/or social issues that impact their quality of life and health outcomes. Identified issues/diagnoses that would result in a referral to the CM/CC Program include, but are not limited to:

- Multiple diagnoses (3 or more major diagnoses)
- Pregnancy
- Pediatric Members requiring assistance with EPSDT services
- Pediatric Members requiring in-home nursing services
- Members with dual medical and behavioral health needs
- Members with behavioral health diagnoses needing assistance with referral to a Behavioral Health Managed Care Organization (BH-MCO) or special help with access to medical care
- Members with Mental Retardation
- Members with a Special Need
- Members with Chronic Diseases including:
  -Heart Failure
  -Diabetes
  -Asthma
  -COPD
  -Coronary Artery Disease
  -Sickle Cell
  -HIV
  -Hemophilia

The primary method of service for the CM/CC Program is telephonic outreach, assessment, and intervention. The CM/CC staff makes outreach calls to the Member, and/or Member representative, as indicated, and collaborates with the PCP and Specialist to develop a treatment plan.

For more information requests and/ or to refer Members to the CM/CC Program call 1-800-573-4100.

Disease State Management (DSM)

Members identified as high-risk receive targeted education and fact sheets on their disease as well as engagement into our Complex Case Management program. Care managers address goals, and develop a plan of care with input from the member and the physician(s). Members assessed to be low-risk receive information via mailings with access to a case manager as necessary.

Episodic Case Management/Special Needs Unit

The Episodic Case Management/Special Needs Unit provides coordination of services to new adult and pediatric Members to the plan and existing Members with short-term and/or

intermittent needs who have single problem issues and/or multiple co-morbidities. The case managers in this unit support Members in resolution of pharmacy, DME and/or dental access issues, assistance with transportation, identification of and access to Specialists, or referral and coordination with behavioral health providers or other community resources. There is also a dedicated case manager who acts as the point person/liaison to coordinate and collaborate with Behavioral Health MCOs for members with both physical and behavioral/mental health issues, as well as various government offices, Health Care Providers, and public entities to deal with issues relating to members with Special Needs.
For more information requests and/ or to refer Members to the Special Needs Unit call: 1-800-573-4100.

Urgent Response Team
The Urgent Response Care Management team provides coordination of services to Pediatric and Adult members who have an "urgent" need. The members may have a single issue or a variety of issues that need to be addressed **urgently/immediately**. The care managers in this unit support Members in resolution of pharmacy, DME, dental access issues, and coordination of behavioral health and community resources that need to be addressed urgently/immediately.

For more information, requests and/or refer Members to the Urgent Response Team call: 1-800-573-4100

The Bright Start Maternity Program® for Pregnant members

The Bright Start Maternity Program is a focused collaboration designed to improve prenatal care for pregnant Members. The Bright Start Maternity Program assesses, plans, implements, teaches, coordinates, monitors and evaluates options and services required to meet the individual's health needs using communication and available resources to promote quality and cost effective outcomes. The design of the Bright Start Maternity Program allows for collaboration between the Care Manager, the Member, the Obstetrician, and the BHMCO for assessment and interventions to support management of behavioral/social health issues.

The Bright Start Maternity Program is designed to improve birth outcomes and reduce the incidence of pregnancy-related complications through early prenatal education and intervention. The program provides focused, collaborative services designed to improve prenatal care for pregnant members. Keystone First developed this comprehensive prenatal risk reduction program in an effort to decrease the poor obstetrical outcomes of our pregnant population.

Program Goals:
- Early identification of pregnant Members (utilizing laboratory and pharmacy data) and accurate contact information
- Improve health outcomes for neonates
- Facilitate access to needed services and resources
  - Dental Screenings
  - Behavioral Health Screenings

- Build collaborative relationships with community-based agencies that specialize in services for maternal-child health
- Encourage early prenatal care and continuum of care through post-partum period by increasing awareness through member newsletters, media engagements, provider education and community alliances
- Assess and address healthcare disparities in pregnant women

Members enrolled in the Bright Start Maternity Program receive a variety of interventions depending upon the assessed risk of their pregnancy. Case Managers play a hands-on role, as necessary, in coordinating and facilitating care with the members' physicians and home health care agencies. They also outreach to ensure member follow-up with medical appointments, identify potential barriers to getting care, and encourage appropriate prenatal behavior. Members are triaged using informatics reports and assessment information provided by the obstetrics practitioner into low-risk and high-risk populations.

- Low risk Members receive educational material about pregnancy, preparing for delivery, and how to access a Plan Case Manager for any questions/issues.
- Low risk Members also receive an outreach call after delivery to complete a post-partum survey.
- Members that are triaged as high-risk receive "high touch" case management interventions by a case manager.

Bright Start Maternity programs designed to positively impact birth outcomes:

- Moms 2B program
- Text4 Baby program
- Breast Pump program
- Postpartum visit coordination
- Postpartum care rewards program

For more information and program details visit the dedicated Bright Start Maternity page on the Provider Center at www.keystonefirstpa.com To refer Members to the Bright Start Maternity Program call 1-800-521-6867.

Postpartum Home Visit Program

Purpose

The Postpartum Home Visit is offered to all Members who deliver a baby. The purpose of the program is to ensure the Member receives the appropriate clinical assessment, education and support for a healthy transition from the hospital to home.

All Members and newborns are eligible to receive a clinical nursing visit within one (1) week of discharge from the hospital.

- All deliveries (vaginal or caesarian) are eligible for up to two (2) home visits.
- If complications are identified during the home visit, it is the responsibility of the Home Visit Provider to request the authorization of additional home visits or other services

- When a detained baby is discharged more than one (1) week from birth, an authorization is required to receive a home visit.

Home Nursing Visit

The Postpartum Home Visit includes a physical, psychosocial and environmental assessment with individualized education, counseling and support.

Requesting a Postpartum Home Visit

Network Providers should contact their facility's Discharge Planner to request a Postpartum Home Visit for their patient.

Pediatric Preventive Health Care Program – Known as Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

The goal of the Pediatric Preventive Health Care (PPHC) Program is to improve the health of Members under age 21 by increasing adherence to the Pennsylvania Children's Checkup Program and National Immunization Program guidelines. The PPHC program focuses on identification and coordination of preventive services for Members under age 21.

The program is structured to provide assessment of the Member's condition and monitoring of adherence to pediatric preventive guidelines, along with consideration of the Member's other health conditions and lifestyle issues. The PPHC Program provides a mechanism to ensure that Members under age 21 receive screening, preventive care and related medical services required by the EPSDT program. By state and federal mandate, EPSDT requirements include: well child visits, immunizations, lead screening, dental services, vision screening, hearing screening, anemia screening, urinalysis, Sickle Cell Disease screening and screening for Sexually Transmitted Diseases (STDs). Members are considered enrolled upon identification, unless the Member or parent/guardian notifies Keystone First to remove the Member from the program. Upon enrollment, eligible Members receive program materials explaining how to use the program, available services, how Members are selected to participate and how to opt-out of the program.

Detailed information about Keystone First’s EPSDT requirements for physicians can be found in Section II Referral and Authorization Requirements and Policies.

Outreach & Health Education Programs

Keystone First develops innovative programming in an effort to increase member health screening compliance in the community setting while also providing disease management/prevention education. The goal of Keystone First’s Community Health Education Programs is to increase members' knowledge of self-management skills for selected disease conditions. The health education programs focus on prevention in order to help members improve their quality of life. The Public Affairs and Marketing team targets Keystone First members who are non-compliant for HEDIS measures, in an effort to facilitate health screenings, provide education, close care gaps, and re-connect them with their PCP's. The Keystone First

Public Affairs & Marketing team works in collaboration with the Rapid Response Outreach Team and Case Management units to achieve these desired outcomes.

Rapid Response and Outreach Team (RROT)

The Rapid Response Team was created to address the urgent non-clinical needs of our Members.

The RROT is trained to assist in the rapid triage of the Member's needs. Their goal is to reduce both unnecessary emergency room visits and in-patient stays as well as assist in removing barriers to needed health care services.

The team consists of registered nurses, social workers and care connectors (non-clinical) who are trained to triage and assist members in overcoming barriers in achieving their health care goals. The RROT can assist members:

- Schedule doctor appointments.
- Help with transportation concerns.
- Help members understand health conditions.
- Help remove barriers to health care services.
- Answer questions about how to get medicine, supplies and medical equipment.
- Find resources in the community (dental, vision, behavioral health, housing, food and clothing).
- Call members after a stay in the hospital to make sure the services they need (such as therapy and home health care) have been set up.

There are four key service functions performed:

1. **Inbound Call Service.** Members and Keystone First providers may request RROT support via a direct, toll-free Care Coordination line. Referrals to RROT are also received through many sources, such as the Special Needs Call Line, Member Services, Pharmacy, Utilization Review, Retention Unit and Provider Relations. The RROT toll-free number is provided as a contact point for all member mailings and automated messaging – encouraging members who need additional support or information to call.

2. **Outreach Service.** Outreach activities include telephonic survey or assessment completion and support of special projects or Quality initiatives. RROT associates also place outreach follow-up calls to those members who have called the 24 hour Nurse Line and require further assistance from Care Management staff.

3. **Clinical and Non-Clinical Case Management Support.** Care Coordinators support Care Managers in Care Coordination by providing administrative support to members. These include appointment scheduling and reminders, transportation support, member educational mailings, and other administrative tasks assigned by Care Managers.

4. **Support EPSDT (Early Periodic Screening Diagnostic and Treatment) services.** EPSDT services are mandated by Federal and State contracts to ensure that children who are enrolled in Medicaid, receive preventive health services before a condition becomes serious to impair their growth and development. Care Connectors are trained to assist parents/guardians in getting access

to routine check-ups, mandatory periodic examinations and evaluations which are helpful to assess, control, correct or reduce health problems identified.

Let Us Know Program

The Let Us Know program is administered through RROT and is a partnership between Keystone First and the provider community. This program was designed to assist providers in the engagement and management of chronically ill members. The program supports providers in the identification, outreach and education of members for such issues as inappropriate use of emergency room, not showing up for appointments, non-compliance with prescribed medications, and much more.

There are three ways to alert the Let Us Know Program:

1. Contact the Rapid Response and Outreach Team: Call 1-800-573-4100 from 8:00 a.m. until 6:30 p.m. or fax a member intervention request form to 1-800-647-5627. The form can be found on the Let Us Know section of the Provider Center at www.keystonefirstpa.com
2. Use the NaviNet Care Gap Worksheet found on Navinet.
3. Refer a patient to Complex Care Management at 1-800-573-4100.

Tobacco Cessation

The tobacco cessation program offers Members a series of educational classes easily accessible within their communities. The program offers targeted outreach to Members who are pregnant or who have chronic conditions such as asthma, diabetes, cardiovascular disease or other serious medical conditions, encouraging these Members to enroll in tobacco cessation classes. For more information go to the Department of Health website:
http://www.portal.state.pa.us/portal/server.pt/community/smoke_free/14315/pre-approved_tobacco_cessation_registry/557673

Breast Cancer Screening and Outreach Program (BCSOP)

BCSOP is an outreach program developed to increase Members' awareness of the importance of a mammography screening and to encourage female Members age 50 and older to have regularly scheduled mammograms. Keystone First establishes partnerships with community organizations. Designated outreach staff contacts Members by phone or mail, to schedule mammography screenings, remind Keystone First Members of appointments, and reschedule appointments if necessary. At the time of the screening, Members are educated about breast self-exam and instructed to contact their doctor for the results of the screening. All results are sent to the PCP for follow-up.

Domestic Violence Intervention

Keystone First is participating in a collaborative domestic violence education program with the Department of Human Services (DHS) and other HealthChoices Managed Care Organizations. There has been a growing recognition among health care professionals that domestic violence is a highly prevalent public health problem with devastating effects on individuals and families. Health Care Providers can play an important role in identifying domestic violence. Routine screening for domestic violence increases the opportunity for effective intervention and enables Health Care Providers to assist their patients, and family members who are victims.

The clinical model known as RADAR was developed by the Massachusetts Medical Society to assist clinicians in addressing domestic violence and is an excellent tool for assisting Health Care Providers in the identification of and intervention with possible domestic violence victims.

The acronym "RADAR" summarizes action steps physicians should take in recognizing and treating victims of partner violence.

Routinely screen about partner violence.

Ask directly about violence with such questions as "At any time, has a partner hit, kicked, or otherwise hurt or frightened you?" Interview the patient in private at all times.

Document information about "suspected domestic violence" or "partner violence" in the patient's chart.

Assess the patient's safety. Is it safe for her to return home? Find out if any weapons are kept in the house, if the children are in danger, and if the violence is escalating.

Review options with the patient. Know about the types of referral options (e.g., shelters, support groups, legal advocates).

You can help your patients by referring them to www.ndvh.org or have them contact the National Domestic Violence Hotline, where all calls are free and confidential.

National Domestic Violence Hotline
1-800-799-7233 (SAFE)
1-800-787-3224 (TTY for the Deaf)
Help is available in English, Spanish and many other languages.

For a list of where to get help for a patient, please see the Appendix.

The Provider's Role

Network Providers can help to identify and refer Members who are at high risk for particular diseases and disorders to the appropriate program.

Call the Outreach & Health Education Program Staff at 1-800-521-6007:

- With questions about any of the health education programs
- With requests for outreach services

Pennsylvania's Early Intervention System

Early Intervention Services*

While all children grow and develop in unique ways, some children experience delays in their development. Children in Pennsylvania with developmental delays benefit from a state supported collaboration among parents, service practitioners and others who work with young children needing special services. The Pennsylvania Early Intervention program provides support and services to families with children birth to age 5 with developmental delays. Early Intervention builds upon the natural learning opportunities that occur within the daily routines of a child and their family.

Early Intervention promotes a philosophy that supports:
• Services and resources for children that enhance daily opportunities for learning provided in settings where a child would be if he/she did not have a disability.
• Families' independence and competencies.
• Respect of families' strengths, values and diversity.

Early Intervention supports and services are designed to meet the developmental needs of children with a disability as well as the needs of the family related to enhancing the child's development in one or more of the following areas:

• Physical development, including vision and hearing
• Cognitive development
• Communication development
• Social or emotional development
• Adaptive development

*Source – http://www.dhs.pa.gov/citizens/earlyinterventionservices/

What Children Are Eligible?
Children from birth to age 5 who have special needs due to developmental delays or disabilities are eligible to receive Early Intervention services.

What Services are Provided to Meet the Developmental Needs of a Child?
The services provided to children and their families differ based upon the individual needs and strengths of each child and the child's family. Services such as parent education, support services, developmental therapies and other family-centered services that assist in child development and may be included in a family's Early Intervention program.

Early Intervention promotes collaboration among parents, service providers and other important people in the child's life to enhance the child's development and support the needs of the family.

Where do Children and Their Families Receive Services?
Services may be provided in the child's home, child care center, nursery school, play group, Head Start program, early childhood special education classroom or other settings familiar to the family. Early Intervention provides supports and services in a variety of settings at no cost to the family. Early Intervention supports and services are embedded in typical routines and activities, within the family, community and/or early care and education settings. This approach provides frequent, meaningful practice and skill building opportunities.

Parents who have questions about their child's development may contact the **CONNECT Helpline at 1-800-692-7288**. The CONNECT Helpline assists families in locating resources and providing information regarding child development for children ages birth to age 5. In addition, CONNECT can assist parents by making a direct link to their local Early Intervention program or local preschool Early Intervention program.

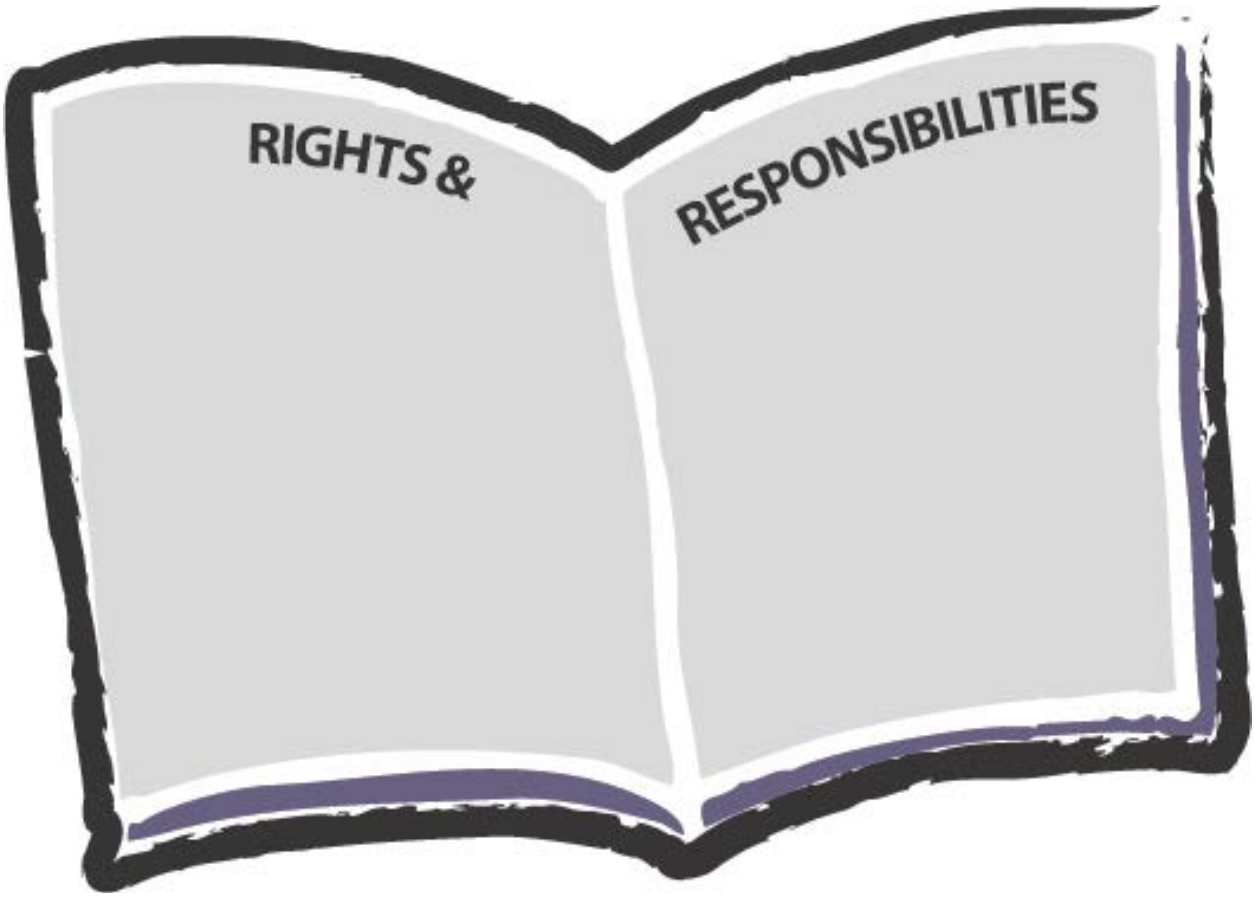
Referrals to Early Intervention are directed to the local Early Intervention service coordination unit. Initial contact with the referred family occurs locally and at a time and place convenient to the family.

Specialists as PCPs for Special Needs Members

Specialists may be able to serve as PCPs for Special Needs Members, including Members that have a disease or condition that is life threatening, degenerative, or disabling. Keystone First Members may contact the Special Needs Unit to request designation as a "Special Needs Member" and request approval to utilize a specialist as PCP. Case Managers will work with the Member and Keystone First staff to identify an appropriate Specialist. The Specialist must have expertise in the treatment of the medical condition of the Member.

To accommodate these Members, Keystone First's Special Needs Unit will contact the requested Specialist and obtain their verbal agreement to provide specialty care services, as well as, primary care services. The Specialist will be informed that the final approval is subject to meeting credentialing requirements and office accessibility standards (including EPSDT). Upon approval, this information will be forwarded to the Provider Network Management and Member Services Departments. Keystone First's Provider Network Management Department will negotiate a contract with specialists who meet Keystone First's Credentialing criteria, and who wish to function as a PCP for a Member(s) with Special Needs. The specialist will be set-up in our Provider Network database as a "Specialist as PCP". The Member will then be assigned to the "Specialist as PCP" panel.

Section X
Member Rights and Responsibilities



Member Rights & Responsibilities

Keystone First is committed to treating our Members with 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.

Member Rights

Members have the right to:

- **Know and get information about:**
  - ✓ **Keystone First and its health care providers.**
  - ✓ **Their member rights and responsibilities**
  - ✓ **Their benefits and services**
  - ✓ **The cost of health care.**
- **Be treated with dignity and respect by health care providers and Keystone First.**
- **Get materials and/or help in languages and formats other than written English, such as Braille, Audio or Sign language, if necessary.**
- **Have their personal and health information and medical records kept private and confidential.**
- **Expect that Keystone First will give them our Notice of Privacy Practices without requesting it. They have the right to:**
  - ✓ **Approve or deny the release of identifiable medical or personal information, except when the release is required by law.**
  - ✓ **Ask for a list of disclosures of protected health information.**
  - ✓ **Ask for and receive a copy of their medical records as allowed by applicable federal and state laws.**
  - ✓ **Ask that Keystone First change certain protected health information.**
  - ✓ **Ask that any message with protected health information from Keystone First be sent to them by alternate means or to an alternate address or phone number.**
- **Talk with their health care provider about:**
  - ✓ **Their treatment plans.**
  - ✓ **The kinds of care they can choose to meet their medical needs in a way they understand.**
  - ✓ **Their treatment plans regardless of cost or benefit coverage.**
- **Take an active part in the decisions about their health care, including the right to refuse treatment. Their decision to do so will not negatively affect the way they are treated by Keystone First, its health care providers or the Department of Human Services.**
- **Voice complaints about and/or appeal decisions made by Keystone First and its health care providers.**
- **File for a Fair Hearing with the Department of Human Services.**
- **Make an advance directive.**
- **Be given an opportunity to make suggestions for changes in Keystone First policies and procedures.**
- **Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.**

Member Responsibilities

Members have the responsibility to inform Keystone First and its Network Providers of any changes in eligibility, or any other information that may affect their membership, health care needs or access to benefits. Some examples include, but are not limited to the following:

- Pregnancy
- Birth of a baby
- Change in address or phone number
- A Member or a Member's child is covered by another health plan
- Change in PCP
- Special medical concerns
- Change in family size, or
- Move out of the county or state.

Members have the responsibility to cooperate with Keystone First and its Network Providers. This includes:

- Following Network Provider instructions regarding care
- Making appointments with their PCP
- Canceling appointments when they cannot attend
- Calling Keystone First when they have questions
- Keeping their benefits up to date with the County Assistance Office case worker. Finding out when their benefits will end and making sure that all demographic information is up to date to keep their benefits.
- Understanding their health problems and working with their provider to set goals for their treatment, to the degree they are able to do so

Members have the responsibility to treat their Network Provider and the Network Provider's staff with respect and dignity.

Patient Self-Determination Act

The Patient Self-Determination Act is a Federal law recognized in the Commonwealth of Pennsylvania. It states that competent adults have the right to choose medical care and treatment. A Member has the right to make these wishes known to his/her PCP and other Providers as to whether he/she would accept, reject or discontinue care under certain circumstances.

A Member should prepare an advance directive to maintain his/her rights in a situation where he/she may not be able to tell his/her Health Care Provider what is/is not wanted. Once the Member has prepared an advance directive, a copy should be given to his/her PCP. The Health Care Provider should be aware of and maintain in the Member's medical record a copy of the Member's completed advance directive. Members are not required to initiate an advance directive or proxy and cannot be denied care if they do not have an advance directive.

An **Advance Directive** is only used when the Member is not able to make decisions about his/her treatment, such as if the Member is in a coma.

There are two kinds of documents that can act as an advance directive in the Commonwealth of Pennsylvania:

Living Will

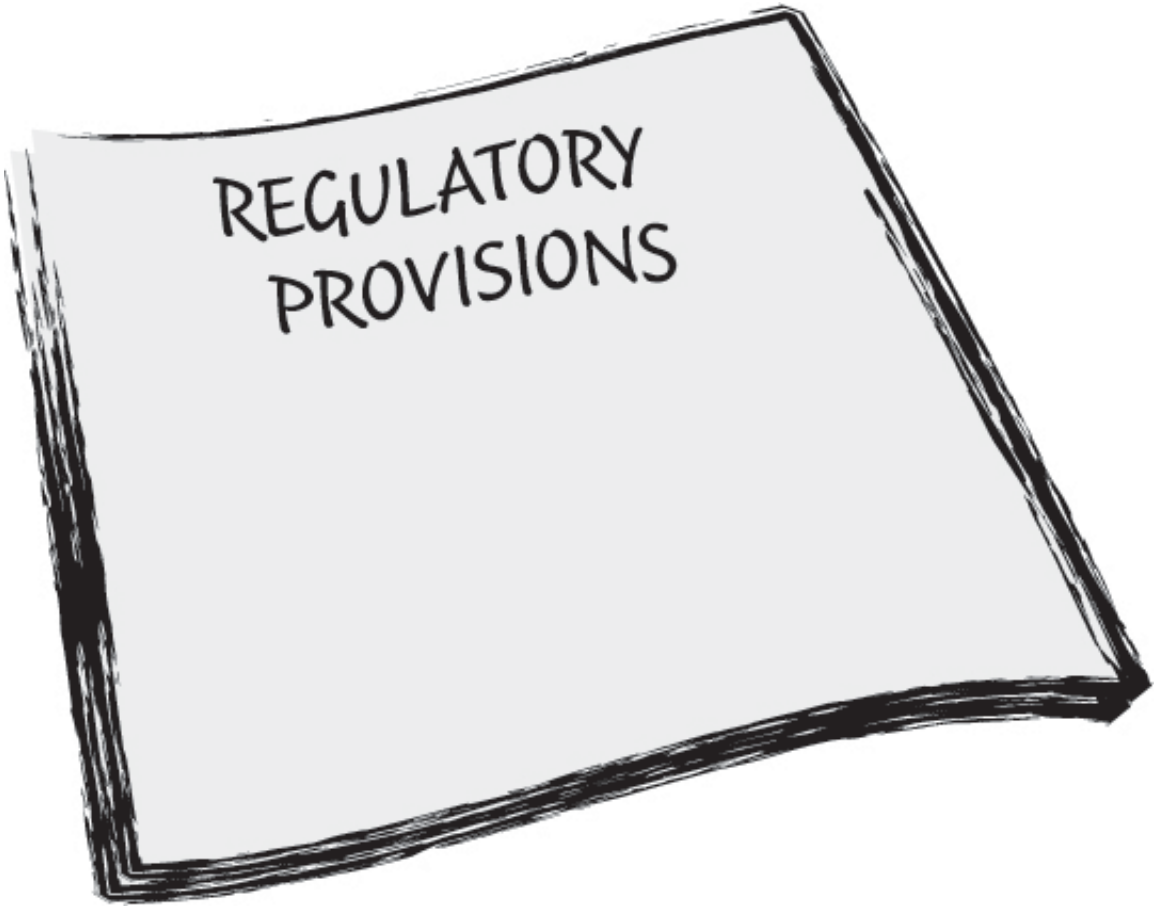
A living will is a written record of how the Member wishes his/her life to be sustained in the event he/she is unable to communicate with a Health Care Provider. This document should outline the type of treatments the Member would or would not want to receive.

Durable Health Care Power of Attorney

This legal document names the person the Member assigns to make medical treatment decisions for him/her in case he/she cannot make them for himself/herself. This person does not have to be an attorney.

If Members have questions about the Patient Self-Determination Act and Advance Directives, They should go to http://tinyurl.com/patient-self-determinationor call 717-558-7750.

Section XI
REGULATORY PROVISIONS



Access to & Financial Responsibility for Services

Member's Financial Responsibilities

If Keystone First notifies the Health Care Provider and/or the Member that a service will not be covered, and the Member chooses to receive that service or treatment, the Member can be billed for such services. Keystone First Members may be directly billed for non-covered services provided they have been informed of their financial responsibility prior to the time services are rendered. The Member's informed consent to be billed for services must be documented. It is suggested that the Health Care Provider obtain a signed statement of understanding of financial responsibility from the Member **prior to rendering services**.

As outlined in the Pennsylvania Department of Public Welfare's 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.

Services Provided by a Non-Participating Provider

Keystone First's Provider Services Department will make every effort to arrange for the Member to receive all necessary medical services within Keystone First's Network of Providers in collaboration with the recommendations of the PCP. Occasionally, a Member's health care needs cannot be met through the Keystone First Network of Providers. All services by Non-Participating Providers (except Emergency Services, Family Planning Services through Keystone First, and Medicare covered services by a Medicare Health Care Provider) require Prior Authorization from the Keystone First Utilization Management Department. Unauthorized services rendered by Non-Participating Providers are not compensable and may become the

financial responsibility of the Keystone First Member if the Member chooses to receive services or treatment by the Non-Participating Provider.

Services Provided Without Required Referral/Authorization

Except for certain services, and Network Providers for which specific prepayment arrangements have been made, e.g., lab services and certain PCP services, Keystone First requires Prior Authorization of certain health care treatment and services rendered to its Members. Health Care Providers should refer to Section II of the Manual titled "Referral and Authorization Requirements" for this information. Members should also be referred to the Member Handbook for a complete listing of those services that require a referral or Prior Authorization. Keystone First is not obligated to provide reimbursement for services that have not been appropriately authorized.

Services Not Covered by Keystone First

Keystone First is a Pennsylvania Medical Assistance Managed Care Organization, and as such, has a benefit structure that closely resembles the Pennsylvania Medical Assistance fee-for-service program. Keystone First is not responsible for reimbursing for services, treatments, or other items that are outside of the covered benefit structure of the Plan. If Keystone First notifies the Health Care Provider and/or the Member that a service will not be covered, and the Member chooses to receive that service or treatment, the Member can be billed by the Health Care Provider for such services provided that the Member has been informed of his/her financial responsibility prior to the time services are rendered. Health Care Providers should refer to Section I of the Manual titled "Benefit Limit and Co-Payment Schedule" or call the Keystone First Provider Services Department at **1-800-521-6007** with questions about covered/non-covered services. Members should also be referred to the Keystone First Member Handbook or speak with a Keystone First Member Services Representative by calling **1-800-521-6860** when questions arise about services that are or are not covered by Keystone First.

Important Note: Keystone First is prohibited from making payment for items or services to any financial institution or entity located outside of the United States or its territories

Member Accessibility to Providers for Emergency Care

No Prior Authorization for Emergency Services

Keystone First does not require Prior Authorization or pre-approval of any Emergency Services.

Keystone First PCP and Specialist Office Standards (see Section VI of this Manual) require Network Providers to provide Medically Necessary covered services to Keystone First Members, including emergency and/or consultative specialty care services, 24 hours a day, 7 days a week. Members may contact their PCP for initial assessment of medical emergencies.

In cases where Emergency Services are needed, Members are advised to go to the nearest Hospital Emergency Room (ER), where ER staff should immediately screen all Keystone First Members and provide appropriate stabilization and/or treatment services.

Care Out of Service Area
Keystone First Members have access to Emergency Services when traveling anywhere in the United States. Although not required, Members are encouraged to contact their PCP to report any out-of-area Emergency Services received.

Important Note: Keystone First is prohibited from making payment for items or services to any financial institution or entity located outside of the United States or its territories

Compliance with the HIPAA Privacy Regulations

In addition to maintaining the Corporate Confidentiality Policy, Keystone First is required to comply with the Privacy Regulations as specified under the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

April 14, 2003 was the date of required compliance with the provisions stipulated in the HIPAA Privacy Regulations. In order to ensure compliance with these regulations, Keystone First took several measures to ensure such compliance, including, but not limited to, the following:

- Designated a Privacy Officer who is responsible for the directing of on-going activities related to the Keystone First's programs and practices addressing the privacy of Member's protected health information (PHI)
- Developed a centralized Privacy Office, which is responsible for the day-to-day oversight and support of Privacy-related initiatives conducted at Keystone First
- Issued copies of Keystone First's Notice of Privacy Practices to the recently enrolled and existing membership of the health plan, which describes how medical information is used and disclosed, as well as how it can be accessed
- Established and/or enhanced processes for our Members to exercise their rights under these regulations, such as requesting access to their PHI, or complaining about Keystone First's privacy practices

Allowed Activities Under the HIPAA Privacy Regulations

The HIPAA Privacy Regulations allow covered entities, including Health Care Providers and health plans (such as Keystone First), the ability to use or disclose PHI about its Members for the purposes of Treatment, Payment and/or Health plan Operations (TPO) without a Member's consent or authorization. This includes access to a Member's medical records when necessary and appropriate.

"TPO" allows a Health Care Provider and/or Keystone First to share Members' PHI without consent or authorization by establishing these purposes as follows:

"Treatment" includes the provision, coordination, management, consultation, and referral of a Member between and among Health Care Providers.

Activities that fall within the "**Payment**" category include, but are not limited to:

- Determination of Member eligibility
- Reviewing health care services for medical necessity and utilization review

- Review of various activities of Health Care Providers for payment or reimbursement to fulfill Keystone First's coverage responsibilities and provide appropriate benefits
- To obtain or provide reimbursement for health care services delivered to Members

"Operations" includes:

- Certain quality improvement activities such as Case Management and care coordination
- Quality of care reviews in response to Member or state/federal queries
- Response to Member Complaints/Grievances
- Site visits as part of credentialing and recredentialing
- Administrative and financial operations such as conducting Health Plan Employer Data And Information Set (HEDIS) reviews
- Member services activities
- Legal activities such as audit programs, including Fraud and abuse detection to assess conformance with compliance programs

While there are other purposes under the Privacy Regulations for which Keystone First and/or a Health Care Provider might need to use or disclose a Member's PHI, TPO covers a broad range of information sharing.

For more information on HIPAA and/or the Privacy Regulation, please visit the Provider Center at www.keystonefirstpa.com and click on the HIPAA Page or contact the Provider Services Department at **1-800-521-6007**.

Contact Information

Listed below are general contact addresses for accessing Keystone First, DHS, and other related organizations. For information about additional organizations, contact Provider Services at **1-800-521-6007** or Member Services at **1-800-521-6860**.

Keystone First
200 Stevens Drive
Philadelphia, PA 19113

Department of Human Services
Bureau of Managed Care Operations
Commonwealth Tower, 6th Floor
P.O. Box 2675
Harrisburg, PA 17105

Pennsylvania Health Law Project
Lafayette Building, Suite 900
437 Chestnut St.
Philadelphia, PA 19106
Phone: (215) 625-3663
Fax: (215) 625-3879
Toll free line 1-800-274-3258
TTY line, 1-866-236-6310
Email at staff@phlp.org.

Disabilities Law Project
The Philadelphia Building
1315 Walnut St., Suite 400
Philadelphia, PA 19107-4798
(215) 238-8070 (Voice)
(215) 789-2498 (TDD)
(215) 772-3126 (Fax)

Office of Maternal & Child Health
1101 Market Street
9th Floor
Philadelphia, PA 19107
215.685.5225
215.685.5257 (fax)

Cultural Competency

Cultural Competency, as defined by the Pennsylvania Department of Human Services (DHS), is the ability of individuals, as reflected in personal and organizational responsiveness, to understand the social, linguistic, moral, intellectual, and behavioral characteristics of a

community or population, and translate this understanding systematically to enhance the effectiveness of healthcare delivery to diverse populations.

Further, Section 601 of Title VI of the Civil Rights Act of 1964 states that:

> ***No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied of, or be subjected to discrimination under any program or activity receiving federal financial assistance.***

Discriminatory actions against those of Limited English Proficiency (LEP), Low Literacy Proficiency (LLP) or sensory impairment can be seen as discrimination on the basis of national origin. Therefore, these Medical Assistance recipients must be allotted equal access to all services and benefits of Keystone First.

Recipients of federal financial assistance would include the Pennsylvania Medical Assistance Program, and by extension, Medical Assistance Managed Care Organizations, i.e., Keystone First and its Network Providers.

As a participant in the Pennsylvania Medical Assistance program, all practitioners and other health care providers are mandated to provide language service assistance as defined by this section of the Civil Rights Act of 1964. Language services include verbal interpreter services and written translation services in other languages or formats.

In order to be in compliance with federal law and state contractual requirements, Keystone First and its Network Providers have an obligation to provide language services to LEP and LLP Members and to make reasonable efforts to accommodate Members with other sensory impairments.

If a Keystone First Member requires or requests translation services because he/she is either non-English speaking, or of limited or low English proficiency, or if the Member has some other sensory impairment, the Health Care Provider has a responsibility to make arrangements to procure translation services for those Members, and to facilitate the provision of health care services to such Members.

Title III of the Americans with Disabilities Act (ADA) states that public accommodations 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 communication with people with hearing, vision, or speech disabilities, and other physical access requirements.

Communication, whether in written, verbal, or "other sensory" modalities is the first step in the establishment of the patient/ Health Care Provider relationship

Providers are required to:

- Provide written and oral language assistance at no cost to Plan members with limited-English proficiency or other special communication needs, at all points of contact and during all hours of operation. Language access includes the provision of competent language interpreters, upon request.
- Provide members verbal or written notice (in their preferred language or format) about their right to receive free language assistance services.
- Post and offer easy-to-read member signage and materials in the languages of the common cultural groups in the Provider's service area. Vital documents, such as patient information forms and treatment consent forms, must be made available in other languages and formats.
- Discourage Members from using family or friends as oral translators.
- Advise Members that translation services are available through Keystone First if the Provider is not able to procure necessary translations services for a Member.

Note: The assistance of friends, family, and bilingual staff is **not** considered competent, quality interpretation. These persons should not be used for interpretation services except where a member has been made aware of his/her right to receive free interpretation and continues to insist on using a friend, family member, or bilingual staff for assistance in his/her preferred language.

Therefore if a Keystone First member requires interpretation or translation services, the Health Care Provider has a responsibility to provide these services for such members.

Keystone First contracts with a competent telephonic interpreter service provider. We have an arrangement to make our corporate rate available to participating Network Providers. For information on using the telephonic interpreter service, contact Provider Services at 1-800-521-6007.

Additionally under the Culturally Linguistically Appropriate Standards (CLAS) of the Office of Minority Health, Plan providers are strongly encouraged to:

- Provide effective, understandable, and respectful care to all members in a manner compatible with the member's cultural health beliefs and practices of preferred language/format.
- Implement strategies to recruit, retain, and promote a diverse office staff and organizational leadership representative of the demographics in your service area.
- Educate and train staff at all levels, across all disciplines, in the delivery of culturally and linguistically appropriate services.
- Establish written policies to provide interpretive services for Plan members upon request.
- Routinely document preferred language or format, such as Braille, audio, or large type, in all member medical records.

Keystone First has a Cultural Competency Plan. Providers may request a copy by contacting Provider Services at 1-800-521-6007.

Keystone First's Corporate Confidentiality Policy

The policy states that during the course of business operations, Confidential Information and/or Proprietary Information, including Member Protected Health Information (PHI), may become available to Keystone First Associates, Consultants and Contractors. Keystone First's use and disclosure of Member PHI is regulated pursuant to the Health Insurance Portability and Accountability Act ("HIPAA") and its implementing regulations. Keystone First's use and disclosure of PHI is also impacted by applicable state laws and regulations governing the confidentiality and disclosure of health information.

Keystone First is committed to safeguarding Confidential Information and Proprietary Information, including ensuring the privacy and security of Member PHI, in compliance with all applicable laws and regulations. It is the obligation of all Keystone First Associates, Consultants and Contractors to safeguard and maintain the confidentiality of Confidential and Proprietary Information, including PHI, in accordance with the requirements of all applicable federal and state statutes and regulations as well as the provisions of Keystone First's Confidentiality Policy and other Keystone First policies and procedures addressing Confidential and Proprietary Information, including PHI.

All Confidential Information and Proprietary Information, including PHI, will be handled on a need-to-know basis. The Keystone First Confidentiality Policy and other Keystone First policies and procedures are adopted to protect the confidentiality of such information consistent with the need to effectively conduct business operations without using or disclosing more information than is necessary, for example, conducting research or measuring quality through the use of aggregated data wherever possible. No Associate, Consultant or Contractor is permitted to disclose Confidential Information or Proprietary Information pertaining to Keystone First or a Member to any other Associate, Consultant or Contractor unless such a disclosure is consistent with the Keystone First Confidentiality Policy.

Both during and after an Associate's association with the Keystone First, it shall be a violation of the Keystone First Confidentiality Policy to discuss, release, or otherwise disclose any Confidential Information or Proprietary Information, except as required by the Associate's employment relationship with Keystone First or as otherwise required by law. It is also a violation of Keystone First's Confidentiality Policy for any Associate to use Confidential Information or Proprietary Information for his/her own personal benefit or in any way inconsistent with applicable law or the interests of Keystone First. To the extent that a violation of the Keystone First Confidentiality Policy occurs, Keystone First reserves the right to pursue any recourse or remedy to which it is entitled under law. Furthermore, any violation of the Keystone First Confidentiality Policy will subject the Associate(s) in question to disciplinary action, up to and including termination of employment.

The following information is provided to outline the rules regarding the handling of confidential information and proprietary information within Keystone First.

Confidential information and proprietary information includes, but is not limited to the following:

- Protected Health Information
- Medical or personal information pertaining to Associates of Keystone First ("the Company") and/or its Customers
- Accounting, billing or payroll information, and data reports and statistics regarding the Company, its Associates, Members, and/or Customers
- Information that Keystone First is required by law, regulation, agreement or policy to maintain as confidential
- Financial information regarding the Company, its Members, Network Providers and Customers, including but not limited to contract rates and fees
- Associate personnel and payroll records
- Information, ideas, or data developed or obtained by Keystone First, such as marketing and sales information, marketplace assessments, data on customers or prospects, proposed rates, rating formulas, reimbursement formulas, Health Care Provider payment rates, business of Keystone First and/or its Customers
- Information not generally known to the public upon which the goodwill, welfare and competitive ability of Keystone First and/or its Customers depend, information regarding product plans and design, marketing sales and plans, computer hardware, software, computer systems and programs, processing techniques, and general outputs
- Information concerning Keystone First 's business plans
- Information that could help others commit Fraud or sabotage or misuse Keystone First 's products or services

Procedure

1. Associates, Consultants and Contractors may use Confidential or Proprietary Information and may disclose Confidential or Proprietary Information internally within Keystone First only as necessary to fulfill the responsibilities of their respective position.
2. Confidential Information which is specific to an Associate or Health Care Provider may not be released by Keystone First to another party, except as permitted or required by law or regulation, without first obtaining the written consent of that individual. PHI may not be disclosed, other than as permitted or required by law or regulation, or for purposes of treatment, payment or health care operations, without first obtaining a written Authorization as required by HIPAA, or other form of consent as may be required by state law. If an individual is unable to make his/her own decision regarding consent, a legal guardian or other legally authorized representative must provide written consent or an Authorization on the individual's behalf.
3. Associates, Consultants or Contractors, may not disclose Confidential or Proprietary Information to persons or organizations outside Keystone First, unless otherwise required by law or regulation or approved by the Legal Affairs Department. Associates, Consultants or Contractors may not make any direct or indirect communication of any kind with the press or any other media about the business of Keystone First without express written approval from the Communications Department.
4. Information that pertains to Keystone First 's operations may be disclosed to Keystone First's general partners, Independence Blue Cross and Blue Cross Blue Shield of Michigan, d/b/a Keystone First, on a need to know basis; provided, however, that Confidential Information

and Proprietary Information belonging or pertaining to a Customer may be disclosed ONLY to representatives of that Customer.

5. Any Associate, Consultant or Contractor who is approached with an offer of Confidential Information including PHI or Proprietary Information to which he/she should not have access and/or which was improperly obtained must immediately discuss the matter with his/her supervisor, an attorney in the Legal Affairs Department, the Chief Compliance Officer or the Internal Auditor.
6. All Associates, Consultants and Contractors must review and familiarize themselves with all departmental or any other Keystone First policies and procedures applicable to confidentiality issues arising within the course of performing their job duties.
7. Each Associate's, Consultant's, and Contractor's level of access to the information maintained in Keystone First 's computer system is determined by the Information Services Department, based upon the individual's department and job duties. Associates are to access and distribute data electronically only in accordance with instructions given by the Information Services or the Corporate Compliance departments. All Associates, Consultants and Contractors are required to comply with the Information Services policies and procedures regarding security and access to data, electronic mail and other information systems.
8. Associates, Consultants and Contractors must also follow reasonable confidentiality restrictions imposed by previous employers and not use or share that employer's confidential information with Keystone First.
9. All Consultants/Contractors, including those who are members of Keystone First committees, will sign a confidentiality and non-disclosure agreement for the protection of Confidential Information and Proprietary Information.
10. All agreements with Network Providers, Consultants and Contractors will include confidentiality provisions that are consistent with this Policy and Procedure and that require, at a minimum, that the Provider/Subcontractor comply with all federal and state statutes and regulations regarding the disclosure of Confidential Information and otherwise maintain Keystone First’s Confidential Information and Proprietary Information as confidential. The material elements of this policy and procedure will be communicated to participating Network Providers via Keystone First’s Network Provider agreements and Network Provider manuals. To the extent that a Health Care Provider, Consultant or Contractor is a Business Associate pursuant to HIPAA, such Health Care Provider, Consultant or Contractor must execute a Business Associate agreement governing the Business Associate's use and disclosure of Protected Health Information as required by HIPAA.
11. The Legal Affairs and/or Corporate Compliance Department should be contacted whenever issues of confidentiality and/or disclosure of Confidential Information or Proprietary Information arise which are not clearly addressed in the Keystone First Confidentiality Policy or other Keystone First policies and procedures.
12. The Chief Compliance Officer will report to the Compliance and Privacy Committee, all Member, Health Care Provider and Associate complaints regarding confidentiality as well as the resolution of such complaints. The Compliance and Privacy Committee will determine if operational practices should be altered to prevent or reduce the risk of future concerns.

Provider Protections

Keystone First shall not exclude, discriminate against or penalize any Health Care Provider for its refusal to allow, perform, participate in or refer for health care services, when the refusal of

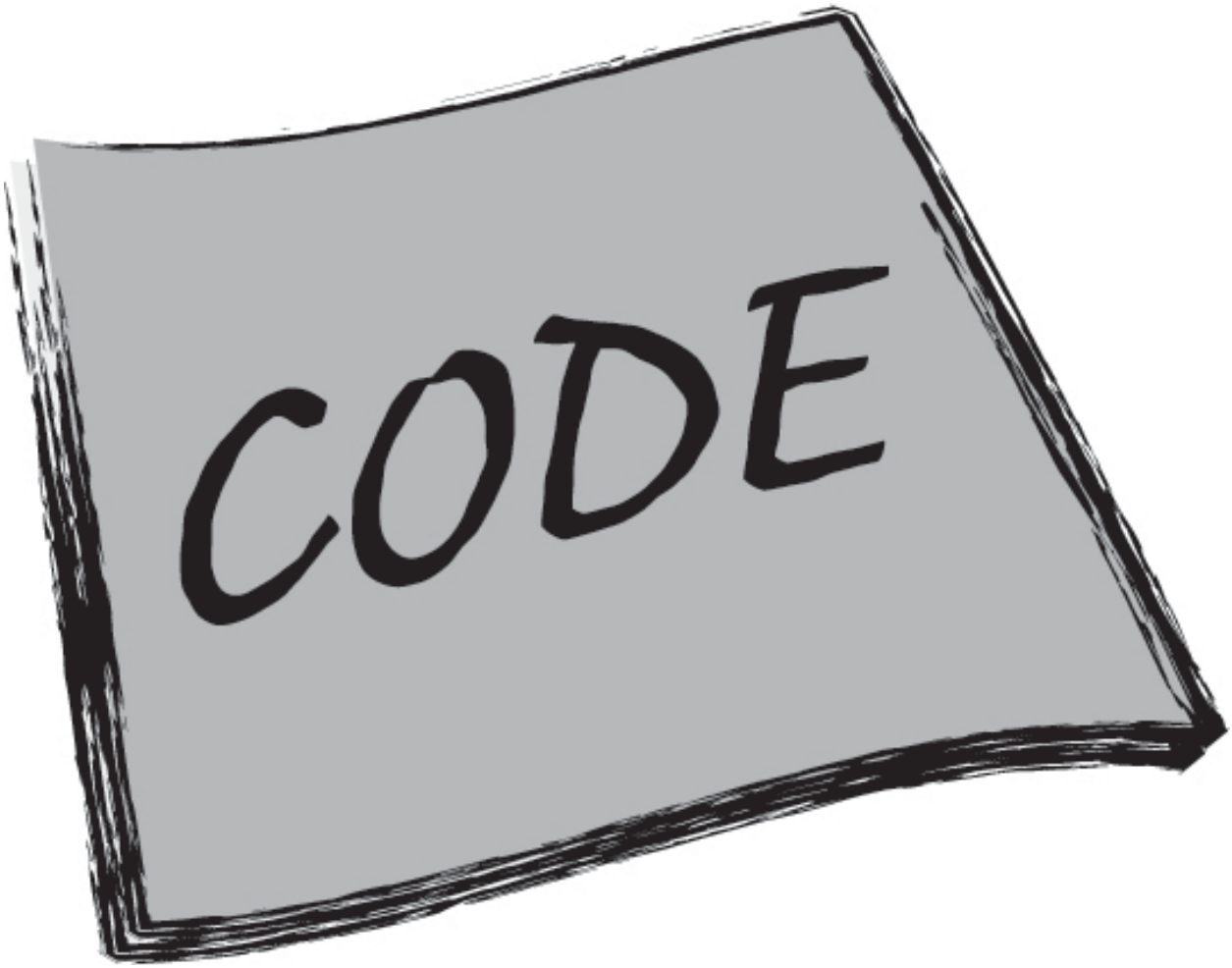
the Health Care Provider is based on moral or religious grounds. The Health Care Provider must make information available to Members, prospective Members and Keystone First about any such restrictions or limitations to the types of services they will/will not make referrals for or directly provide to Keystone First Members, due to religious or moral grounds.

Health Care Providers are further protected in that no public institution, public official or public agency may take disciplinary action against, deny licensure or certification or penalize any person, association or corporation attempting to establish a plan, or operating, expanding or improving an existing plan, because the person, association or corporation refuses to provide any particular form of health care services or other services or supplies covered by other health plans, when the refusal is based on moral or religious grounds. Keystone First will not engage in or condone any such discriminatory practices.

Keystone First shall not discriminate against or exclude from Keystone First's Provider Network any Health Care Provider because the Health Care Provider advocated on behalf of a Member in a Utilization Management appeal or another dispute with Keystone First over appropriate medical care, or because the Health Care Provider filed an appeal on behalf of a Keystone First Member.

Keystone First does not have policies that restrict or prohibit open discussion between Health Care Providers and Keystone First Members regarding treatment options and alternatives. Keystone First encourages open communication between Health Care Providers and our Members with regard to all treatment options available to them, including alternative medications, regardless of benefit coverage limitations.

Section XII
Medical Assistance Manual & Regulatory Provisions



Keystone First is providing links to the Medical Assistance Manual regulatory provisions so that Network Providers always have the most current regulatory requirements. If you prefer a paper copy of the regulations, please call **1-800-521-6007** or call your Provider Account Executive. Below are links to each section of Chapter 1101 (General Provisions) of the Medical Assistance Manual. You should consult an official publication or reporting service if you want to be assured you have the most up-to-date version of these regulations.

MEDICAL ASSISTANCE MANUAL
CHAPTER 1101. GENERAL PROVISIONS

PRELIMINARY PROVISIONS

Sec.
1101.11. General provisions.

DEFINITIONS

1101.21. Definitions.

BENEFITS

1101.31. Scope.
1101.31a. [Reserved].
1101.32. Coverage variations.
1101.33. Recipient eligibility.

PARTICIPATION

1101.41. Provider participation and registration of shared health facilities.
1101.42. Prerequisites for participation.
1101.42a. Policy clarification regarding physician licensure—statement of policy.
1101.42b. Certificate of Need requirement for participation—statement of policy.
1101.43. Enrollment and ownership reporting requirements.

RESPONSIBILITIES

1101.51. Ongoing responsibilities of Providers.

FEES AND PAYMENTS

1101.61. Reimbursement policies.
1101.62. Maximum fees.
1101.63. Payment in full.
1101.63a. Full reimbursement for covered services rendered—statement of policy.
1101.64. Third-party medical resources (TPR).
1101.65. Method of payment.
1101.66. Payment for rendered, prescribed or ordered services.
1101.67. Prior authorization.
1101.68. Invoicing for services.
1101.69. Overpayment—underpayment.
1101.69a. Establishment of a uniform period for the recoupment of overpayments from

Providers (COBRA).
1101.70. [Reserved].
1101.71. Utilization control.
1101.72. Invoice adjustment.
1101.73. Provider misutilization and abuse.
1101.74. Provider fraud.
1101.75. Provider prohibited acts.
1101.75a. Business arrangements between nursing facilities and pharmacy Providers—statement of policy.
1101.76. Criminal penalties.
1101.77. Enforcement actions by the Department.
1101.77a. Termination for convenience and best interests of the Department—statement of policy.

ADMINISTRATIVE PROCEDURES

1101.81. [Reserved].
1101.82. Reenrollment.
1101.83. Restitution and repayment.
1101.84. Provider right of appeal.

VIOLATIONS

1101.91. Recipient misutilization and abuse.
1101.92. Recipient prohibited acts, criminal penalties and civil penalties.
1101.93. Restitution by recipient.
1101.94. Recipient right of appeal.
1101.95. Conflicts between general and specific provisions.

Medical Assistance Regulations

Below are links to the remainder of the Department of Human Services's Medical Assistance Regulations including the regulations pertaining to specific Provider types.
http://www.pacode.com/secure/data/055/partIIItoc.html

Links are to:
Reporting Communicable and Incommunicable Diseases (Chapter 27)
MA Program Payment Policies (Chapter 1150)
Ambulance Transportation (Chapter 1245)
Ambulatory Surgical Center Services and Hospital Short Procedure Unit Services (Chapter 1126)
Birth Center Services (Chapter 1127)
Certified Registered Nurse Practitioner Services (Chapter 1144)
Chiropractors' Services (Chapter 1145)
Clinic and Emergency Room Services (Chapter 1221)
Dentists' Services (Chapter 1149)
Early and Periodic Screening, Diagnosis and Treatment Program (Chapter 1241)

Family Planning Clinic Services (Chapter 1225)
Funeral Directors' Services (Chapter 1251)
General Provisions (Chapter 1101)
Health Maintenance Organization Services (Chapter 1229)
Healthy Beginnings Plus Program (Chapter 1140)
Home Health Agency Services (Chapter 1249)
Hospice Services (Chapter 1130)
Inpatient Hospital Services (Chapter 1163)

Inpatient Psychiatric Services(Chapter 1151)
Medical Supplies (Chapter 1123)
Midwives' Services (Chapter 1142)
Nursing Facility Care (Chapter 1181)
Nursing Facility Services (Chapter 1187)
Optometrists' Services (Chapter 1147)
Outpatient Drug and Alcohol Clinic Services (Chapter 1223)
Outpatient Laboratory Services (Chapter 1243)
Outpatient Psychiatric Services (Chapter 1153)
Pharmaceutical Services (Chapter 1121)
Physicians' Services (Chapter 1141)
Podiatrists' Services (Chapter 1143)
Portable X-ray Services (Chapter 1230)
Renal Dialysis Services (Chapter 1128)
Rural Health Clinic Services (Chapter 1129)
Shared Health Facilities (Chapter 1102)
Targeted Case Management Services (Chapter 1247)

Section XIII
Appendix

Keystone First

Forms and Information:

1. Supply Request Fax form
2. Hospital Notification of Emergency Admission form
3. Obstetrical Needs Assessment Form (ONAF)
4. DHS MA-112 Newborn form
5. J&B Medical Supply Incontinence Supply Prescription form
6. Listing of Reference and Outpatient Laboratories
7. Mobile Phlebotomy Providers and Stat Lab Exception Codes
8. EPSDT Physician's Desk Guide
9. EPSDT Dental Referral Notification form
10. PA EPSDT Periodicity Schedule and Coding Matrix
11. CDC Recommended Childhood Immunization and Catch-up Schedule
12. Requirements and Resources for Structured Screening and Developmental Delays and Autism Spectrum Disorder
13. Pharmacy Prior Authorization Form (for a complete listing of Drug-Specific Order forms, please visit www.keystonefirstpa.com)
14. Observation Billing Guidelines
15. CMS Hospital Acquired Conditions
16. MA Bulletin 99-10-14 Missed Appointments
17. Provider Reference Guide
18. Non-Participating Provider Emergency Services Payment Guidelines
19. Provider Change form
20. Procedures reimbursed above capitation
21. Claims Appeals spreadsheets
22. Enrollee Consent Form for Physicians Filing a Grievance on behalf of a Member.
23. Domestic Violence –Resources for Patients
24. Claims Filing Instructions
25. Sterilization Consent form (MA31)
26. Physician Certification for Abortion (MA3)
27. Recipient Statement form (MA368 and MA369)
28. Provider Claim Refund form