

2018 Keystone First Provider Manual Updates	Page
Added language that requires all providers, including those who order, refer or prescribe items or services for Keystone First members, must be enrolled in the PA Medical Assistance program. The NPI of the ordering, referring or prescribing provider included on the rendering provider's claim will be used to validate the provider's enrollment in PA MA.	Throughout the manual.
Added dental implants are not a covered service.	20
Updated Chester county MATP telephone number	35
Included information on Centers of Excellence and link to KF dedicated web page for substance abuse resources	37, 57 and 83
Added Interphase Medical as a vendor who does not require prior authorization when ordering incontinence supplies	40
Added a section on Hysterctomies	51
Added information and link on how to submit the ONAF form electronically through Optum OB Care website.	56
EPSDT - deleted section on Obtaining PCP approval for EPSDT expanded services - no longer part of the process	62
EPSDT - added instruction to use diagnosis codes Z00.00 or Z00.01 for members aged 15 to 21 years of age	63 and 65
EPSDT - Vision testing - deleted requirement of screening at 18 years of age.	68
EPSDT - upated hearing screening administration requirements.	69
Pharmacy - clarified that the Pharmacy and Therapeutics Committee includes consumer representatives or those designated to act on behalf of consumers.	75
Temporary medication supplies approvals; Clarifcation - KF will contact the prescribing provider by fax within 24 hours of the request's submission.	76
Pharmacy - drugs requiring prior authorization - compounded prescriptions that exceed \$500 (increased from \$200)	77
Recipient Restriction Program - Members no longer restricted to a specific hospital/facility.	87
School-based health services - changed the contact department to the Rapid Response and Outreach team.	113
The average waiting time for scheduled appointments (PCPs and Specialists) has changed from 20 minutes to 30 minutes.	120, 126
Added specific specialties where the routine appointment must be scheduled within 15 days of the referral (as opposed to 10 days for non-specified specialties).	126
Updated/revised and added information: Program Integrity, Claims CostContainment,Special Investigations Unit (Preventing, Detecting and Investigating FWA)	137-144
Section VII - Member Complaints, Grievances and Fair Hearings. Section updated to reflect the July 1, 2018 revisions to the Member Complaint, Grievance and Fair Hearing process.	155-172

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The term Quality Assurance has been replaced with Quality Assessment	Throughout the manual.
Added Physican Assistants to list of practitioners that require credentialing/recredentialing	180
Clarified credentialing criteria: total professional liability insurance should equal \$1million/\$3million.	181
Added a section describing the process of presentation of credentialing information either to the Medical Director or Credentialing Committee.	183-185
Added a section outlining the requirement for all providers who participate in any federal health care program (including Medicaid) to screen their employees and contractors before employing or contracting with them.	186-187
Quality Care Concerns - deleted description of second warning letter when the Quality Dept. identifies a potential quality concern. Providers are required to respond to the request within the timeframe indicated in the first notification.	188
Cultural Competency - added the requirements as outlined in the PA DHS MA Bulletin 99-17-11 discussing the top 15 non-English languages in PA. (the bulletin is on the website).	219