

2017 Keystone First Provider Manual Updates	Page
Added language to clarify that all providers must be enrolled in the Pennsylvania State Medicaid program before a payment of a claims can be made. This language applies to non-participating providers as well.	Throughout the manual.
Prior authorization of purchased DME items has been changed from \$500 to \$750	28, 36
Prior authorization of enterals has been changed from a request in excess of \$200/month to in excess of \$350/month	29, 30
The HealthChoices Clinical Sentinel Hotline name has been changed to the DHS Medical Assistance Program Services.	31
Added language to indicate that hospitals are required to notify Keystone First of an admission from the ER and Observation stays within 24 hours and provide clinical information to establish medical necessity within 48 hours.	39, 40, 41, 42, 43
Notify Keystone First of a detained newborn admission with 24 hours.	50
Changed Mental Retardation to Intellectual Disability	Throughout the manual.
Added EPST billing reminder that when a screening provider suspects developmental delay and the child is not receiving services at the time of the screening, he/she is required to refer the child (birth to age 5) to the Connect Helpline	60, 65, 193
Vitamin coverage - added that Keystone First covers store brand vitamins for eligible Members.	77
Added coverage clarification that Vitamin D, Vitamin K and folic acid is for Members 21 years of age and older.	77
Submitting claims involving a PPC - updated diagnosis codes to appropriate ICD 10 codes	80, 81
Recipient Restriction Program- changed criteria from Member filling prescriptions for >3 controlled substances/month to filling prescription for > 2 controlled substances/month	82
Monthly Panel List - added two new columns; an indication if an assigned Member is in the Recipient Restriction Program and an indication of the Member's spoken language.	93
Updated and clarified exception language in Change in Recipient Coverage during an Inpatient Stay/Nursing Facility	95
Added Keystone First's payor ID (23284)	103

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Changed Emdeon name to Change Healthcare	Throughout the manual.
Added that a complete list of assigned Account Executives and contact numbers are available the Provider website	105
Added language in PCP Roles and Responsibilities regarding the Let Us Know program (assistance to providers in member outreach)	109
Added a Prospective Claims Policy section	131
Added and enhanced language in the False Claims Act section	
First Level Appeal Review - added that an appeal must not be related to a claims issue	145
Added language to clarify the Appeals Panel	147
Credentialing - added language establishing the minimum three year recredentialing/recertification requirement.	169
Credentialing - revised the language regarding the current, active and unrestricted MA number requirements	169, 171
Credentialing - updated the criteria section to reflect current requirements	170
CLIA certificate is required for all addressed where the practitioner has a lab in the office where services are being rendered	170
Added supporting document language under Facility Application	173
Update department name to Integrated Health Care Management (IHCM)	185
Add a Complex Care Management (CCM) section	185
Add a Pediatric Shift Care Section	186