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The Keystone First Family of Health Plans

There are three distinct plans within the Keystone First Family of Health Plans that may fit into the complex puzzle of meeting your patients' unique needs.

Keystone First is Pennsylvania's largest Medical Assistance (Medicaid) managed care health plan, serving Medical Assistance recipients in southeastern Pennsylvania including Bucks, Chester, Delaware, Montgomery, and Philadelphia counties.

Did you know that there are two other pieces to the Keystone First puzzle?

The second piece is Keystone First VIP Choice, our Medicare Advantage dual-eligible special needs plan (D-SNP) that serves Medicare- and Medicaid-eligible beneficiaries.

The third piece of our puzzle is Keystone First Community HealthChoices (CHC). Our CHC plan coordinates physical health care and long-term services and supports (LTSS) for older Pennsylvanians, people with physical disabilities, and individuals who are dually eligible for Medicare and Medicaid (Community Well Duals).

Like Keystone First, both Keystone First VIP Choice and Keystone First CHC serve Bucks, Chester, Delaware, Montgomery, and Philadelphia counties.

What does each population look like?



Keystone First

Keystone First Members are:

- Eligible to receive services as determined by the guidelines outlined in the Pennsylvania Department of Human Services (DHS) Medical Assistance program

www.keystonefirstpa.com

Email: provider.communications@keystonefirstpa.com

Provider Services: **1-800-521-6007**

Member Services: **1-800-521-6860**



Keystone First VIP Choice

Keystone First VIP Choice Members are:

- Entitled to Medicare Part A and enrolled in Medicare Part B
- Enrolled in the Pennsylvania Medical Assistance program

www.keystonefirstvipchoice.com

Provider Services: **1-800-521-6007**

Member Services: **1-800-450-1166**



Keystone First Community HealthChoices

Keystone First CHC Participants are:

- Age 21 or older with physical disabilities and receiving Medical Assistance physical health managed care services and LTSS
- Age 21 or older and dually eligible for Medicare and Medicaid, whether or not they need LTSS

www.keystonefirstchc.com

LTSS provider email:

chcproviders@keystonefirstchc.com

Medical provider email:

provider.communications@keystonefirstchc.com

Provider Services: **1-800-521-6007**

Participant Services: **1-855-332-0729**

Billing updates

275 claim attachment transactions

Keystone First, Keystone First CHC, and Keystone First VIP Choice are now accepting ANSI 5010 ASC X12 275 unsolicited claim attachment transactions via Optum/Change Healthcare and Availity. Providers may submit the electronic 275 claim attachment transaction using the following plan specific payer IDs:

- Keystone First payer ID: 23284
- Keystone First CHC payer ID: 42344
- Keystone First VIP Choice payer ID: 77741

Availity: There are two ways 275 claim attachments can be submitted:

- **Batch** — You may either connect to Availity directly or submit via your EDI clearinghouse.
- **Portal** — Individual providers may also register at www.availity.com/documents/learning/LP_AP_GetStarted_Atypical/index.html#/.

Optum/Change Healthcare: There are two ways 275 claim attachments can be submitted:

- **Batch** — You may either connect to Optum/Change Healthcare directly or submit via your EDI clearinghouse.
- **API (via JSON)** — You may submit an attachment for a single claim.

Attachment type	Claim assignment attachment report code
Itemized Bill	03
Medical Records for HAC review	M1
Single Case Agreement (SCA)/LOA	04
Advanced Beneficiary Notice (ABN)	05
Consent Form	CK
Manufacturer Suggested Retail Price/Invoice	06

General guidelines:

- A maximum of 10 claim attachments are allowed per submission. Each attachment cannot exceed 10 megabytes (MB), and total file size cannot exceed 100 MB.
- The acceptable supported formats are pdf, tif, tiff, jpeg, jpg, png, docx, rtf, doc, and txt.
- The 275 claim attachments must be submitted prior to the 837. After successfully submitting a 275 claim attachment, an Attachment Control Number will generate. The Attachment Control Number must be submitted in the 837 transactions as follows:
 - **CMS 1500**
 - Field Number 19
 - Loop 2300
 - PWK segment
 - **UB-04**
 - Field Number 80
 - Loop 2300
 - PWK01 segment

In addition to the Attachment Control Number, the following 275 claim attachment report codes must be reported in field 19 of the CMS 1500 or field number 80 of the UB-04:

Attachment type	Claim assignment attachment report code
Electric Breast Pump Request Form	07
CME Checklist consent forms (Child Medical Eval)	08
EOBs — for 275 attachments should only be used for non-covered or exhausted benefit letter	EB
Certification of the Decision to Terminate Pregnancy	CT
Ambulance Trip Notes/Run Sheet	AM



Inpatient billing reminder

Inpatient admission notifications are not required for Medicaid enrollees with Medicare Part A as primary insurance. Utilization Management's medical necessity review is necessary when Medicaid becomes the primary payer: Medicare denial of services, Medicare exhausted benefits, or Medicare A non-benefit. Please submit the admission clinical documentation to the UM department when one of these situations occurs, including the Medicare EOB, as appropriate.

Healthcare Effectiveness Data and Information Set (HEDIS®) reporting period is around the corner

As we look forward to our next cycle of HEDIS data collection and reporting, we want to thank you for your continued participation in this important quality initiative.

We have contracted with PalmQuest and Reveleer to assist with the annual medical record review process. PalmQuest and Reveleer are required to comply with HIPAA privacy requirements throughout the retrieval process and are trained in medical record retrieval for HEDIS, Centers for Medicare & Medicaid Services (CMS), and state quality reporting programs. Disclosure and use of the medical records, and the collection of medical records for this purpose, are considered to be treatment, payment, or health care operations under HIPAA regulations (45 C.F.R. 164.502(a)(1)(ii)).

We appreciate your cooperation in working with PalmQuest or Reveleer to schedule the retrieval of any requested Member/Participant records. We remind you that records requested should be provided at no charge to the health plan.

Members' and Participants' rights and responsibilities

We are committed to treating our Members and Participants with dignity and respect. Our plans, network providers, and other providers of service may not discriminate against Members or Participants based on race, sex, religion, national origin, disability, age, sexual orientation, or any other basis prohibited by law. Our Members and Participants also have specific rights and responsibilities.

The complete list is available at www.keystonefirstpa.com > **Providers > Resources > Member information** and www.keystonefirstchc.com > **For Providers > Resources > Participant information**.

Member and Participant copayment schedule

The most current copayment schedule is available at www.keystonefirstpa.com > **Providers > Resources > Member information** and www.keystonefirstchc.com > **For Providers > Resources > Participant information**.



Credentialing reminders

Please remember that Keystone First and Keystone First CHC offer and encourage all practitioners to use the free Universal Provider DataSource through the Council for Affordable Quality Healthcare (CAQH)* for simplified and streamlined data collection for credentialing and recredentialing. Through the CAQH, credentialing information is provided to a single repository, via a secure internet site, to fulfill the credentialing requirements of all health plans that participate in the CAQH. The complete list of credentialing guidelines and related forms, as well as practitioners' credentialing and recredentialing rights, can be found online at www.keystonefirstpa.com > **Providers > Join our network** and www.keystonefirstchc.com > **For Providers > Join our network**.

*CAQH credentialing does not apply to home- and community-based services (HCBS) and LTSS providers. HCBS and LTSS providers should complete our paper application process.

Provider credentialing rights

After submitting an application, health care providers have the following rights:

- To review information submitted to support their credentialing application, with the exception of references, recommendations, and peer-protected information obtained by the plan.
- To correct erroneous information. When information obtained by the Credentialing department varies substantially from information provided by the provider, the Credentialing department will notify the provider to correct the discrepancy.
- To be informed, upon request, of the status of their credentialing or recredentialing applications.
- To be notified within 60 calendar days of the Credentialing Committee/Medical Director review decision.
- To appeal any credentialing/recredentialing denial within 30 calendar days of receiving written notification of the decision.
- To know that all documentation and other information received for the purpose of credentialing and recredentialing is considered confidential and is stored in a secure location that is only accessed by authorized plan associates.
- To receive notification of these rights.

To request any of the above, the provider should contact our Credentialing department at:

Keystone First/Keystone First CHC

Attn: Credentialing Department
200 Stevens Drive
Philadelphia, PA 19113

Fraud, waste, and abuse

If you or any entity with which you contract to provide health care services on behalf of Keystone First or Keystone First CHC becomes concerned about or identifies potential fraud or abuse, please contact us by:

- Calling the toll-free fraud, waste, and abuse hotline at **1-866-833-9718**
- Emailing **fraudtip@amerihealthcaritas.com**
- Mailing a written statement to:
Special Investigations Unit
Keystone First/Keystone First Community HealthChoices
P.O. Box 7317
London, KY 40742

For more information about Medical Assistance fraud and abuse, please visit the DHS website at <https://www.pa.gov/agencies/dhs/report-fraud/medicaid-fraud-abuse.html>.

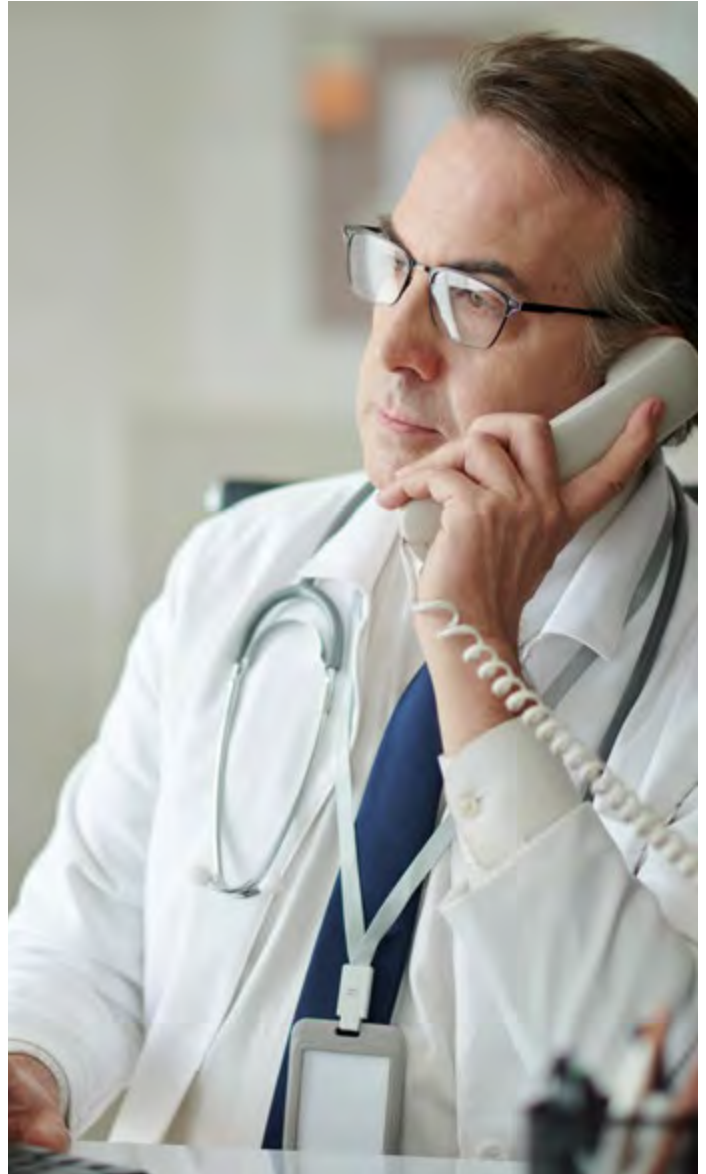
We are committed to detecting and preventing acts of fraud, waste, and abuse and have webpages dedicated to addressing these issues and mandatory screening information. Visit www.keystonefirstpa.com > **Providers > Resources > Fraud, Waste, Abuse and Mandatory Screening Information** and www.keystonefirstchc.com > **For Providers > Resources > Fraud, Waste, Abuse and Mandatory Screening Information**.

Topics include:

- Information on screening employees for federal exclusion
- How to report fraud to Keystone First and Keystone First CHC
- How to return improper payments or overpayments to us
- Information on provider mandatory fraud, waste, and abuse training

Note: After you have completed the training, please complete the attestation.

- Keystone First and Keystone First CHC medical providers, go to <https://www.surveymonkey.com/r/9MQ7S8F>.
- Keystone First CHC LTSS providers, go to <https://www.surveymonkey.com/r/577CX62>.



Behavioral health services

Keystone First CHC recognizes that a Participant's optimal health and well-being are better achieved through a whole-person approach. We strive to address our Participants' behavioral health (BH) needs through care coordination and collaboration with the behavioral health managed care organizations.

Keystone First CHC conducts a comprehensive needs assessment of every Participant who is eligible for LTSS, or who requests an assessment. If you are working with a Keystone First CHC LTSS Participant residing in the community or a nursing facility who has an identified unmet BH need, please contact a Keystone First CHC Service Coordinator by calling **1-855-349-6280**. The Service Coordinator will make a referral to our BH Coordinator, who can assist the Participant with connecting to BH services.

Be involved — join our Participant Advisory Committee

Keystone First CHC hosts a quarterly Participant Advisory Committee meeting, and we are asking for your help.

The Participant Advisory Committee is a forum where Participants, providers, caregivers, family members, and direct care workers come together to help us make a difference.

The purpose of the committee is to provide our Participants with an effective means to consult with each other and, when appropriate, coordinate efforts and resources for the benefit of the entire CHC population in the zone, including people with LTSS needs.

The 2025 Participant Advisory Committee meeting schedule is as follows:

Date	Time
March 25	11 a.m. – 1 p.m.
June 24	11 a.m. – 1 p.m.
September 23	11 a.m. – 1 p.m.
December 18	11 a.m. – 1 p.m.

We are excited to share that we are actively recruiting a diverse group of Participants and providers!

- Do you know a Participant who likes to be involved in community meetings or organizations?
- Do you know a formal or informal caregiver who has expressed interest in advocating for others?

If so, we want to hear from them!

Please reach out to the Community Outreach team at advisoryacpchc@amerihealthcaritas.com with the contact information of the potential committee member, and we will do the rest!

Annual Office of Long-Term Living (OLTL) critical incident reporting training due by December 31

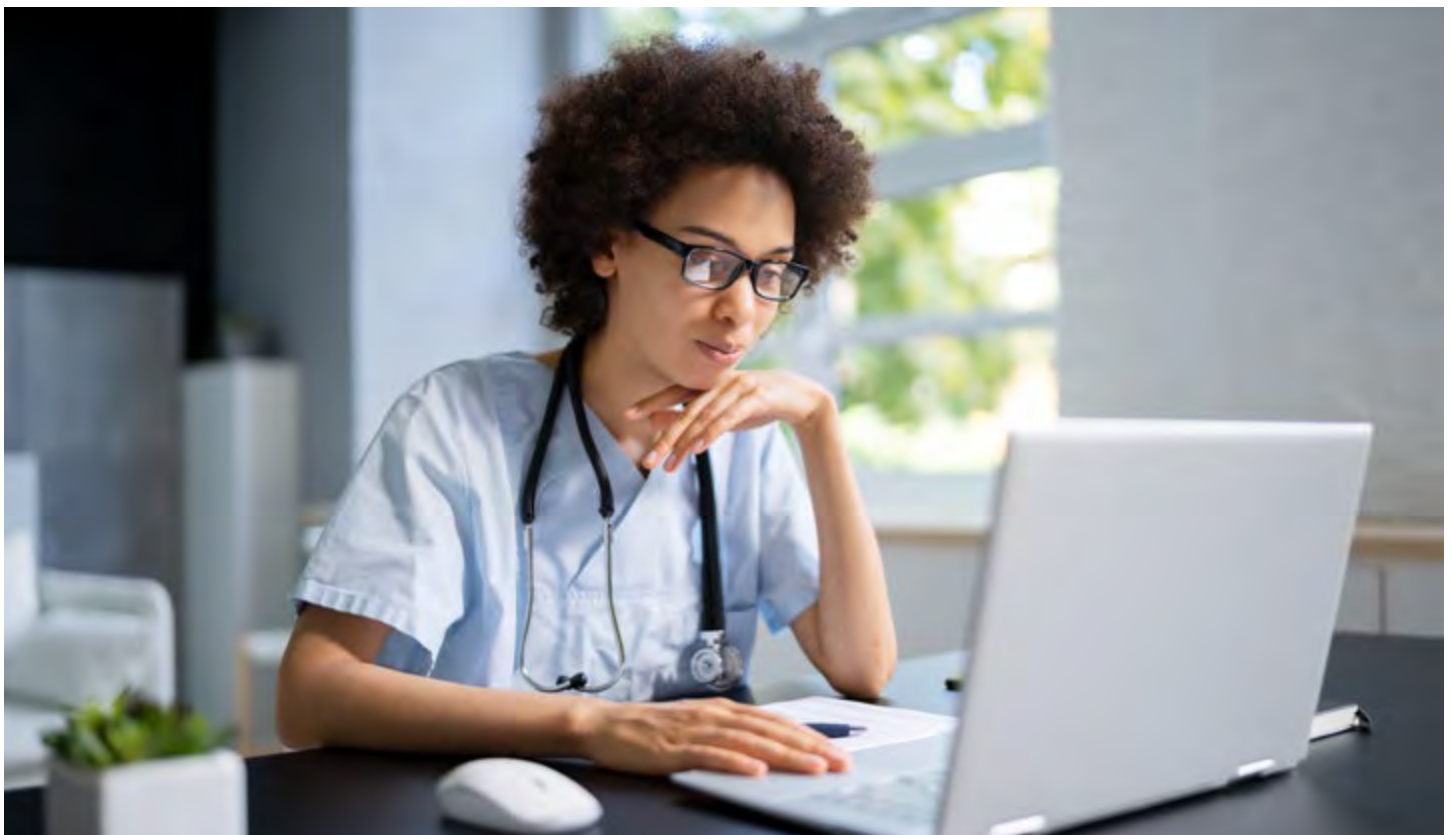
Provider and service coordination entity staff must be trained annually on preventing abuse and exploitation of Participants; critical incident reporting; and mandatory reporting requirements. OLTL offers provider and service coordination entity online training to meet this mandatory annual training requirement. After finishing each module, you will be linked to a webpage to register your completion and print your certificate. Note that you will need your provider number/service location or FEIN number to complete the registration page at the end of each module. **This mandatory annual training must be completed by December 31 of each year.**

Training for Incident Management and Protective Services is available on OLTL contractor Dering Consulting's website: <https://deringconsulting.com/OLTL-Provider>.

Covered benefits and services

All Participants are entitled to the medical benefits provided under the Pennsylvania Community HealthChoices program. Additionally, Participants who qualify through DHS are eligible to receive LTSS benefits under the same program.

For more information about benefits and services, go to Section 1 of the Provider Manual, which can be found at www.keystonefirstchc.com > **For Providers > Provider manual and forms.**



New Maternity Preventive Dental Pay-for Performance (P4P) Program

To support our ongoing goal and efforts to increase the number of Keystone First Members who receive preventive dental health services during pregnancy, we are pleased to announce the implementation of a Maternity Preventive Dental P4P Program.

- The membership population targeted for the program consists of eligible pregnant Members 21 years of age and older.
- Incentive payments will be reimbursed to dental providers performing episodes of care for eligible members.
- For the purposes of this program, an episode of care consists of a prophylaxis (D1110) and an oral evaluation (D0150 or D0120).
- Services making up an episode of care must be provided to an eligible Member within 30 days of each other by the same provider.

Complete details, including reimbursement and payment schedules can be found in the program flyer posted on our website at www.keystonefirstpa.com > **Providers > Resources > Dental Program > Our Programs.**

Important Dental Program reminders

Please note the following important updates to the Dental Program:

- Fee increases for 31 select codes became effective January 1, 2025. Existing fee schedules were increased for services provided to HealthChoices plan Members. Network notification was provided on December 20, 2024.
- The frequency limitation for D0120 has been changed from one per Member per 180 days, to one per provider per 180 days. This policy change is being implemented to allow a benefit when it is necessary for a Member to see more than one dental provider during a 180-day time period. Claims previously denied prior to the change will be reprocessed.
- The following items are required for all Orthodontic Continuation of Care (COC) (even if they were previously submitted to and/or approved by SkyGen):
 - Completed COC form, which can be found at www.keystonefirstpa.com > **Providers > Resources > Dental program** or www.keystonefirstchc.com > **Providers > Resources > Dental program**
 - Completed ADA form (2019 or more recent version) marked “Continuation of Care Request” noted in section 35 of the form
 - Copy of the original D8080 approval (if available)
 - Current orthodontic photographs containing the date and name of the patient
- For offices submitting claims via paper, please try and maintain legibility and contain entries within the field boxes to avoid unnecessary denials.

Preferred drug list updates for 2025

The Pennsylvania Department of Human Services (DHS) implemented changes to the statewide preferred drug list (PDL) that went into effect on January 6, 2025*

As a reminder, DHS requires all Medical Assistance managed care organizations (MCOs) in the physical health HealthChoices and Community HealthChoices plans to move to the mandated statewide PDL in 2025 and adhere to any subsequent statewide PDL updates. As such:

- Keystone First and Keystone First CHC continue to adhere to the preferred and non-preferred status and list of drugs included in the statewide PDL.
 - **Please see Appendix A on page 13 for a list of drugs that changed from preferred to non-preferred for Keystone First and Keystone First CHC on January 6, 2025.**

Reminder:

- Keystone First and Keystone First CHC will maintain a list of preferred and non-preferred drugs in classes that are not included in the statewide PDL. This is called the Supplemental Formulary.
- Medication classes that are not included in the statewide PDL are reviewed and approved by the health plans' Pharmacy and Therapeutics Committee.
- The process for obtaining prior authorization remains the same. For more information about prior authorization go to:

Prior authorization request by:	Keystone First	Keystone First CHC
Phone	1-800-588-6767	1-866-907-7088
Fax	1-866-497-1387	1-855-851-4058
Online	www.keystonefirstpa.com	www.keystonefirstchc.com

Where can I see the changes?

The 2025 PDL is available on DHS' Pharmacy website and at <https://www.papdl.com/>. Additional resources, including our Supplemental Formulary, are available on the Formulary page at www.keystonefirstpa.com > Pharmacy or www.keystonefirstchc.com > For Providers > Pharmacy Services.

(continued on page 13)

Preferred drug list (PDL) updates for 2025 (continued from page 12)

Appendix A: Statewide PDL drugs changing from preferred to non-preferred effective January 6, 2025*

Statewide PDL drug class Drug	Preferred alternative options
Antipsychotics	
Zyprexa Relprevv (olanzapine)	Abilify Maintena Aristada Fluphenazine Decanoate Haloperidol Decanoate Invega Sustenna
Colony stimulating factors	
Nyvepria (pegfilgrastim-apgf) syringe	Fulphila syringe Granix syringe Relueko syringe
Cytokine and CAM antagonists	
Actemra (tocilizumab)	Tyenne (tocilizumab-aazg)
Amjevita(CF) (adalimumab-atto) 50 mg/ml autoinjector and syringe	Adalimumab-aacf 50 mg/ml pen or syringe Adalimumab-fkjp(CF) 50 mg/ml pen or syringe Hadlima (adalimumab-bwwd) 50 mg/ml Pushtouch or syringe
Histamine 2 receptor blockers	
Cimetidine solution	Cimetidine tablet Famotidine suspension Famotidine tablet

***Not an all-inclusive list, and some drugs may be subject to additional limits.**

For a complete list of preferred and non-preferred drugs included in the 2025 Statewide PDL, as well as any limits associated with these drugs, please visit <https://www.papdl.com>.

Save time! Submit your pharmacy prior authorization requests online

Providers can submit electronic prior authorization (ePA) requests either through their electronic health record (EHR) tool software or via the following online portals:

- **CoverMyMeds**
- **Surescripts**

Please visit our websites for:

- A list of pharmaceuticals, including restrictions and preferences
- How to use the pharmaceutical management procedures
- An explanation of limits or quotas
- Drug recalls
- Prior authorization criteria and procedures for submitting prior authorization requests
- Changes approved by the Pharmacy and Therapeutics Committee

Asthma controller medications are now eligible for a 90-day supply

Asthma controller medications, as outlined in the PA Medicaid statewide PDL, have been added to our 90-day supply list, without prior fill history. This is not a 90-day supply fill requirement for these medications, but an option for your patients to obtain up to a 90-day supply per fill.

Please note that this change applies to both preferred and non-preferred medications on the PA PDL; however, some medications may require prior authorization.

For a complete list of asthma controller medications, refer to the statewide PDL at <https://www.papdl.com/> and the 90-day supply medication list found on our websites: www.keystonefirstpa.com > Pharmacy > 90-Day Supply Medication List and www.keystonefirstchc.com > For Providers > Pharmacy services > Find a medicine.



Humira and its biosimilars

As a reminder, the Pennsylvania Medicaid statewide PDL lists Humira and the following preferred **biosimilar adalimumab products** (with prior authorization):

Generic name	Proprietary name	Interchangeable
Adalimumab-aacf	Idacio	
Adalimumab-adaz	Hyrimoz	✓
Adalimumab-adbm	Cyltezo (labeler 00597 only)	✓
Adalimumab-aqvh	Yusimry	
Adalimumab-atto	Amjevita 100 mg/mL	✓
Adalimumab-bwwd	Hadlima	✓
Adalimumab-fkjp	N/A (unbranded Hulio)	
Adalimumab-ryvk	Simlandi	✓

Encouraging patients to use biosimilar products can save thousands of dollars per claim in the health care system while still providing high-quality, safe, effective medication to patients.

The remaining FDA-approved biosimilar products are listed as non-preferred on the statewide PDL. The most current statewide PDL can be found at <https://www.papdl.com/>.

Encouraging patients to use biosimilar products can save thousands of dollars per claim in the health care system while still providing high-quality, safe, effective medication to patients. Please consider how you can educate patients on the value that statewide PDL-preferred biosimilar products provide. If you need a refresher on how biosimilar products compare to their reference counterparts, we've included some helpful links.

FDA fact sheets on biosimilars:

Overview of Biosimilar Products



Biosimilar Regulatory Review and Approval



Interchangeable Biological Products





Language and translation services

To help make sure our Members and Participants continue to have access to the best possible health care and services in their preferred language, we are extending to our network providers the opportunity to contract with Language Services Associates (LSA) at our low corporate telephonic rates.

Visit www.keystonefirstpa.com > **Providers > Resources > Initiatives > Cultural Competency** and www.keystonefirstchc.com > **For Providers > Training** to review a description of services, a letter of commitment, and complete details and contact

information. You may address any questions you have directly to LSA, since this relationship will be between your office and LSA. Feel free to call them at **1-215-259-7000, ext. 55321**.

If a Keystone First CHC Participant needs an interpreter, please ask the Participant to call us at **1-855-332-0729** to be connected with an interpreter that meets their needs. For TTY services, please call **1-855-235-4976**.

Limited English proficiency and provider obligations

As outlined in DHS MA bulletin 99-25-01, “Limited English Proficiency Requirements,” we remind all providers that they are required to do the following to comply with federal law:

- Post taglines in the top 15 non-English languages used by individuals in the Commonwealth. The taglines must be posted in physical and online locations where they can be easily seen by members of the public to alert individuals with LEP to the availability of language assistance services.
- Include taglines in at least the top 15 non-English languages used in the Commonwealth, in large-sized significant communications such as outreach publications or written notices.
- Include taglines in at least the top two non-English languages in the Commonwealth, Spanish and Chinese-Mandarin, in small sized significant communications such as postcards.
- Provide appropriate auxiliary aids and services, such as alternative formats and sign language interpreters, free of charge where necessary for effective communication.
- Provide language assistance services, which may include translation services. Providers are not to use low-quality video remote interpreting services or rely on unqualified staff and/or translators when providing language assistance services.
- Post a notice of individuals’ rights that includes information about communication assistance that is available for individuals with LEP.
- Make all programs and activities provided through electronic information technology accessible to individuals with disabilities, unless doing so would impose undue financial or administrative burdens or would result in a fundamental alteration in the nature of the covered entity’s program or activity.

The complete MAB 99-25-01 is posted at www.keystonefirstpa.com > **Providers > Resources > MA Bulletins** and www.keystonefirstchc.com > **For Providers > Resources > Department of Human Services (DHS) bulletins and news.**





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