Provider Reference Guide

Keystone First
VIP Choice

Your Provider Network Management Account Executive: _____

Phone number: _____ Fax number: _____

Email address: _____

Keystone First VIP Choice website: www.keystonefirstvipchoice.com
Visit us online for the most detailed, up-to-date information regarding member identification and eligibility, model of care, prior authorizations, notifications, benefits, Culturally and Linguistically Appropriate Services (CLAS) standards, claims submission and appeals, ongoing training, and plan updates and changes.

Provider information

Provider Services: 8 a.m. – 8 p.m. **1-800-521-6007**

When dialing Provider Services, it is critical that you get to the correct main menu. When you dial the Provider Services number you will hear:

Thank you for calling Provider Services. For Keystone First, **PRESS 1**.
For the Medicare Keystone First VIP Choice plan, **PRESS 2**.

- For general questions regarding member eligibility, benefits, or claim status, **PRESS 1.**
- For detailed questions regarding finalized claims, payment, redetermination, or adjustment, **PRESS 2.**
- For prior authorizations for medical services, **PRESS 3.**
- For questions about Part D drugs, formulary, prior authorizations, and exceptions, **PRESS 4.**
- For care coordination, **PRESS 5.**

Fraud and Abuse Hotline **1-866-833-9718**

Prior authorizations **1-855-294-7046**
(fax) **1-855-809-9202**

Laboratory services **LabCorp**
(and contracted hospitals)

Pharmacy services **1-866-828-0023**

Transportation services
Reservation **1-877-917-4146**
Ride assistance **1-877-917-4147**

- 24 one-way trips per year to plan-approved locations.
- Non-emergent transportation to doctor visits and pharmacies.

NaviNet (provider portal) **connect.navinet.net**

NaviNet Customer Care **1-888-482-8057**

The free NaviNet provider portal is for key systems and patient information such as member eligibility, member primary care provider (PCP) rosters, claim status and updates, online prior authorization, electronic copies of remittances, care gaps, and more.

Additional government resources

Centers for Medicare & Medicaid Services (CMS) **1-800-MEDICARE (1-800-633-4227)**
TTY/TDD **1-877-486-2048**
Website **www.cms.gov**

Pennsylvania Department of Human Services **www.dhs.pa.gov**

Member information

Member Services **1-800-450-1166**
TTY/TDD 24 hours, seven days a week **1-866-428-7583**

Member enrollment **1-855-241-3648**

Member pharmacy **1-866-828-0021**

Nurse Call Line 24 hours, seven days a week **1-888-765-6375**
A confidential line for members to ask health-related questions.

Care Management **1-855-809-9203**
The Care Management team has registered nurses, social workers, and Care Connectors ready to assist members with their most urgent needs. Staff can assist members with a wide array of clinical and nonclinical services; answer questions regarding health conditions and medications; help schedule provider appointments and arrange transportation; and help members locate community resources for housing, food, and clothing.

Claims submission, remittance advice, and electronic funds transfer

Keystone First VIP Choice payer ID: **77741**

Contact your practice management system vendor or clearinghouse to initiate electronic claims submission through Change Healthcare (formerly Emdeon).

To submit claims directly to Change Healthcare:

Electronic billing **www.emdeon.com**
1-877-363-3666

To arrange electronic funds transfer (EFT) through Change Healthcare:

EFT enrollment **1-866-506-2830**

Electronic remittance advice (ERA) through Change Healthcare **1-877-363-3666**

Paper claim submission:

Please indicate “Resubmitted” or “Corrected Claim” on the claim form (if applicable).

Keystone First VIP Choice
Claims Processing Department
P.O. Box 7143
London, KY 40742-7143

Filing information:

- Claims must be filed within 365 days from the date of service (or the date of discharge for inpatient admissions).
- When submitting an explanation of benefits with a claim, the dates and dollars must all match to avoid a rejection of the claim.

Provider complaints

You may call Provider Services at **1-800-521-6007** to notify Keystone First VIP Choice of a complaint, or contact your Provider Network Management Account Executive.

Model of Care annual training requirement

Keystone First VIP Choice's Model of Care (MOC) is an integrated care management approach to health care delivery and coordination for dual-eligible (Medicare and Medicaid) individuals. The MOC is a program that involves multiple disciplines coming together to provide input and expertise for a member's individualized plan of care. This plan is designed to maintain the member's health and encourage the member's involvement in their health care.

CMS requires providers who care for our beneficiaries to annually participate in and attest to completing our MOC training. Providers may receive training in the following ways:

- Via an online interactive MOC training module on our website at **www.keystonefirstvipchoice.com**.
- In person from a Provider Network Management Account Executive or training seminar.
- By requesting printed MOC training materials from Provider Services at **1-800-521-6007** or calling your Provider Network Management Account Executive.

Providers may find information on the MOC and the annual training requirement in the provider manual.

Balance billing

Under the requirements of the Social Security Act, all payments from Keystone First VIP Choice to participating plan providers must be accepted as payment in full for services rendered. In the event of a balance from deductible, copayment, or coinsurance, providers should submit appropriate claims to Pennsylvania Medical Assistance. Members may **not** be balance billed for medically necessary covered services under any circumstances.

Prior authorization

Prior authorization is required for all referrals to nonparticipating providers with the exception of emergency services.

Emergency room (ER) policy: Prior authorization is not required for ER visits. Participating providers are not required to obtain prior authorization for an emergent short procedure unit (SPU) or emergent 23-hour observation stays.

The most up-to-date listing of services requiring prior authorization will be maintained in the Provider section at **www.keystonefirstvipchoice.com**.

Services requiring prior authorization* include, but are not limited to, the list below:

- Elective or non-emergent air ambulance transportation.
- All out-of-network services (excluding emergency services).
- Inpatient services:
  - All inpatient hospital admissions, including medical, surgical, skilled nursing and rehabilitation.
  - Obstetrical admissions and newborn deliveries exceeding 48 hours after vaginal delivery and 96 hours after cesarean section.
  - Inpatient diabetes programs and supplies.
  - Inpatient medical detoxification.
  - Elective transfers for inpatient and/or outpatient services between acute care facilities.
- Certain outpatient diagnostic tests.
- Home health services.
- Therapy and related services:
  - Speech, occupational, and physical therapy provided in the home or in an outpatient setting, after the first visit per therapy discipline or type.

(continued in next column)

Services requiring prior authorization* include, but are not limited to, the list below (continued):

  - Chiropractic services.
  - Cardiac and pulmonary rehabilitation.
- Transplants, including transplant evaluations.
- All durable medical equipment (DME) rentals and rent-to-purchase items.
- DME, medical supply, and prosthetic device purchases:
  - Purchase of all items in excess of $500 in allowable charges.
  - Prosthetics and orthotics in excess of $500 in allowable charges.
  - The purchase of **all** wheelchairs (motorized and manual) and all wheelchair accessories (components) regardless of cost per item.
  - Nutritional supplements.
- Hyperbaric oxygen.
- Surgery for sleep apnea (uvulopalatopharyngoplasty [UPPP]).
- Religious nonmedical health care institutions (RNHCIs).
- Medications: 17-P and all infusion or injectable medications listed on the Medicare Professional Fee Schedule. Infusion or injectable medications not listed on the Medicare Professional Fee Schedule are not covered by Keystone First VIP Choice.
- Surgical services that may be considered cosmetic, including, but not limited to:
  - Blepharoplasty.
  - Mastectomy for gynecomastia.
  - Mastopexy.
  - Maxillofacial surgery.
  - Panniculectomy.
  - Penile prosthesis.
  - Plastic surgery and cosmetic dermatology.
  - Reduction mammoplasty.
  - Septoplasty.
- Cochlear implantation.
- Gastric bypass and vertical band gastroplasty.
- Hysterectomy.
- Pain management — external infusion pumps, spinal cord neurostimulators, implantable infusion pumps, radiofrequency ablation, and injections and nerve blocks.
- Radiology outpatient services:
  - Computed tomography (CT) scan.
  - Positron emission tomography (PET) scan.
  - Magnetic resonance imaging (MRI).
  - Magnetic resonance angiography (MRA).
  - Magnetic resonance spectroscopy (MRS).
  - Single-photon emission computed tomography (SPECT) scan.
  - Nuclear cardiac imaging.
- All miscellaneous, unlisted, or not otherwise specified codes.
- All services that may be considered experimental and/or investigational.

For inquiries **1-800-521-6007**

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*All requests for services are subject to Medicare coverage guidelines and limitations.

Emergency room, observation care and inpatient imaging procedures do not require prior authorization.

Providers must meet state requirements and documentation for reimbursement. Please see requirements and documentation necessary in the Keystone First VIP Choice Provider Manual.

Prior authorization for CT scans, MRI or MRA scans, and nuclear cardiology services are required for outpatient services only. The ordering physician is responsible for obtaining a prior authorization number for the study requested. Patient symptoms, past clinical history and prior treatment information will be requested and should be available at the time of the call. (Outpatient studies ordered after normal business hours or on weekends should be conducted by the ordering facility as requested by the ordering physician. However, the ordering physician must contact prior authorization within 48 hours or the next business day to obtain proper authorization for the studies, which will be subject to medical necessity review.)

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Keystone First VIP Choice