



2024 Keystone First Community HealthChoices (CHC) Provider Manual Updates	Page
Important Plan Telephone Numbers: updated phone and fax numbers, as appropriate.	15-16, throughout manual
Definitions: Updated definitions as appropriate.	17 – 29
Long-Term Services and Supports	
Personal Assistance Services: Updated circumstances under which a hard copy timesheet may be used and the required fields to be included.	71
Respite: Included information that Providers billing for personal care services (PCS) and respite services must use the Electronic Visit Verification (EVV) system	75-76
Referral & Authorization requirements	
Approval of Additional Procedures: If procedure does require authorization, submit via NaviNet Provider Portal Medical Authorizations.	90-91
Prior Authorization Requirements: Updated information for use of NaviNet for Prior Authorization submission	95-96
Durable Medical Equipment (DME): Clarification for DME purchases and DME/Exceptional DME monthly rental prior authorizations requirements	101
Sterilization and Hysterectomies: Added that Sterilization consent form can be submitted electronically via Change Healthcare attachments (275 transactions) or mailed.	114 and 116
Critical incident reporting: Requirements for death, serious injury, and hospitalization with clarified definitions.	134
Using the Enterprise Incident Management (EIM): Added information for Direct Service Providers on how to obtain EIM user ID	135-136
Radiology services: Updated benefits vendor for Radiology services to Evolent Specialty Services, Inc. (Evolent) from National Imaging Associates (NIA)	138
Provider Services	
NaviNet Supports Back Office Functions: Added Condition Optimization Program information	161
Electronic Data Interchange (EDI) Technical Support: Updated email address for EDI Support: edi.support@amerihealthcaritas.com	161
Provider Network Management: added language clarifying the provider change form must be submitted at least 30 days prior to the effective date of the change. Also added email address option to submit provider change form.	164
Primary Care Practitioner (PCP) & Specialist Office Standards & Requirements	
PCP Role and Requirements: Added Notice of nondiscrimination and taglines must be posted in physical locations where providers interact with the public	169
Payment in Full: Addition of language explaining when Medical Assistance participating providers have been “paid in full.”	184
Claims	
National Provider Identification (NPI) Number: Important note added that LTSS Providers are not required to bill with NPI number, enter your Plan Provider (Legacy) ID instead.	192
Claims Cost containment unit: updated address to PO BOX 7320, London, KY 40742	198



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Community HealthChoices

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The Federal False Claims Act: updated cost of civil penalties	202
Reporting Fraud, Waste, and Abuse: Updated address is PO Box 7317, London, KY 40742	204
Provider Dispute/Appeal Procedures; Participant Complaints, Grievances, and Fair Hearings	
Participant Complaints, Grievances and Fair Hearings: Participant has 15 days to respond to continue current services during this process (previously 10 days).	215-230
Quality Assurance Performance Improvement, Credentialing, and Utilization Management	
Presentation to the Medical Director or Credentialing Committee: Credentialing address updated to 200 Stevens Drive, Philadelphia PA 19113	240
Timeliness of UM Decisions: Home modifications and Pest eradication and assistive technology utilization management decision timelines updated	250