

# Hospital Notification of Emergent Admissions

Fax to: 1-844-586-3296

Keystone First – CHIP

Patient Care Management Team



Pennsylvania's Children's Health Insurance Program  
**We Cover All Kids.**



**Keystone First**

Coverage by Vista Health Plan,  
an independent licensee of the Blue Cross and Blue Shield Association.

Facility name:
----------------

## Enrollee information

Date of admission (Keystone First – CHIP must be notified on the first business day following the date of service):		
Enrollee ID number:	Date of birth:	Enrollee's name:
Type of admission: <input type="checkbox"/> Inpatient <input type="checkbox"/> Medical observation (less than 23 hours of stay) <input type="checkbox"/> Short procedure <input type="checkbox"/> Obstetric observation (less than 23 hours of stay)		
Diagnosis or reason for admission:		
Attending physician:	Keystone First – CHIP provider ID number:	
Procedures performed (must be completed for SPU admission):		
Is the Enrollee pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Estimated date of confinement:	OB practitioner:	

<b>For Keystone First – CHIP use only</b> Case number:	6087 – UM Disclaimer – Admissions The case reference number is for identification purposes only. Authorization is based on medical necessity and is subject to Enrollee eligibility and applicable plan benefit limitations. This is not a guarantee of payment.	1A01
---	---	------

## Enrollee information

Date of admission (Keystone First – CHIP must be notified on the first business day following the date of service):		
Enrollee ID number:	Date of birth:	Enrollee's name:
Type of admission: <input type="checkbox"/> Inpatient <input type="checkbox"/> Medical observation (less than 23 hours of stay) <input type="checkbox"/> Short procedure <input type="checkbox"/> Obstetric observation (less than 23 hours of stay)		
Diagnosis or reason for admission:		
Attending physician:	Keystone First – CHIP provider ID number:	
Procedures performed (must be completed for SPU admission):		
Is the Enrollee pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Estimated date of confinement:	OB practitioner:	

<b>For Keystone First – CHIP use only</b> Case number:	6087 – UM Disclaimer – Admissions The case reference number is for identification purposes only. Authorization is based on medical necessity and is subject to Enrollee eligibility and applicable plan benefit limitations. This is not a guarantee of payment.	1A01
---	---	------

Return the response by:  Fax: \_\_\_\_\_  Phone: \_\_\_\_\_

(This will be returned by the next business day. If not indicated, the response will be faxed.)

### Important payment notice

Please note that reimbursement for all rendering network providers subject to the ordering/referring/prescribing (ORP) requirement for an approved authorization is determined by satisfying the mandatory requirement to have a valid Pennsylvania Medical Assistance (MA) Provider ID. Any claim submitted by rendering network providers that are subject to the ORP requirement will be denied when billed with the NPI of an ORP provider that is not enrolled in MA.

To check the MA enrollment status of the practitioner ordering, referring, or prescribing the service you are providing, visit the DHS provider look-up portal at: [https://promise.dhs.pa.gov/portal/provider/Home/tabid/135/Default.aspx?mc\\_cid=b5b718e470&mc\\_eid=3de0fb2a18](https://promise.dhs.pa.gov/portal/provider/Home/tabid/135/Default.aspx?mc_cid=b5b718e470&mc_eid=3de0fb2a18).