

# Keystone First – CHIP Provider Orientation

Kim Beatty, Director Provider Network Management

Debbie Collins, Manager Provider Network Management



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

Delivering the Next  
**Generation**  
of Health Care

# Housekeeping



- We welcome you to join us on video but completely understand if you prefer not to.
- If you are not speaking, you must be on mute.
- We will be monitoring the chat if you have any questions
- If you would like to speak, please use the raise your hand function.

# Introduction to Keystone First - CHIP



- Effective July 1, 2025, Independence Blue Cross (IBX) will transition the Keystone HMO Children's Health Insurance Program (CHIP) product from Keystone Health Plan East, Inc. to its affiliate Vista Health Plan, Inc. (d/b/a Keystone First.)
- Keystone Family Health Plan (KFHP) will administer this product using the name:

## **Keystone First – CHIP**

- Keystone First – CHIP will provide all CHIP covered services currently covered by Keystone HMO CHIP, absent any benefit updates directed by DHS. Provided Enrollees remain eligible for CHIP and have not otherwise disenrolled from Keystone HMO CHIP, they will be transitioned from Keystone HMO CHIP to Keystone First - CHIP plan with no lapse in coverage.

# Who/What is Covered?



- Keystone First – CHIP will provide health insurance to children and teens under the age of 19 in Bucks, Chester, Delaware, Montgomery and Philadelphia counties, who are not eligible for or enrolled in Medical Assistance or covered by private insurance, regardless of family income.
- Most eligible families can receive CHIP coverage for free. Others can get the same benefits at either low-cost or full-cost tiers, depending on household size and income (monthly premiums and co-pays apply). CHIP coverage is for a twelve (12) month enrollment period unless one of the loss of benefits situations occur.
- Covered services include inpatient care, emergency room visits, office visits, preventive care, behavioral health and substance use services, diagnostic services, therapies, home health visits, durable medical equipment, pharmacy, dental (including orthodontia, when medically necessary), and vision services.
- The covered services listed above are subject to the limitations that are outlined in the Enrollee handbook.

# Keystone First – CHIP Enrollee Identification Card



Your Keystone First – CHIP patients will present with this card.

|   |                    |  |
|---|--------------------|--|
|  <b>BlueCross.</b>                 |                    | <b>Keystone First – CHIP</b>   |
| <hr/> Enrollee Name<br><b>Last name, First name</b><br>DOB: <b>MM/DD/YYYY</b><br>KF – CHIP ID#: <b>CDX123456789</b> |                    | <hr/> Primary Care Provider (PCP)<br><b>[Last name, First name]</b><br><b>[Group name]</b><br>PCP Phone #: <b>[X-XXX-XXX-XXXX]</b> |
| Rx(G) <b>\$(X)</b><br>PCP <b>\$(X)</b><br>SPEC <b>\$(X)</b><br>ER <b>\$(X)</b>                                      | Rx(B) <b>\$(X)</b> | <hr/> Rx BIN: <b>[019595]</b><br>Rx PCN: <b>[PRX01818]</b><br>LAB: Any KF – CHIP Lab<br>DENTIST: Any KF – CHIP Dentist             |
| Limits may apply to some services. <i>Not transferable.</i>   |                    | Vision RX  |

|   |  |
|---|--|
|  <b>BlueCross.</b>   | Visit <a href="http://www.keystonefirstchip.com">www.keystonefirstchip.com</a> for benefit information.  |
| <hr/> <b>Enrollee Services: 1-844-472-2447 (TTY 711)</b><br><br>Always carry your Keystone First – CHIP card with you. See your Primary Care Provider (PCP) for care unless it is an emergency. | <hr/> <b>In-area providers:</b><br>For Enrollee eligibility/coverage: <b>1-800-521-6007</b><br>For pre-certification: <b>1-800-521-6622</b>  |
| <b>Emergency Room:</b> Go to an emergency room near you when you believe your medical condition may be an emergency. If you get emergency care, please notify your PCP.                         | <b>Hospitals:</b><br>Call Provider Services at <b>1-800-521-6007</b> within 48 hours or next business day after admission.   |
| <b>Mental Health/Drug and Alcohol Services:</b><br>For Enrollee Services: <b>1-844-524-2447</b>   | <b>Out-of-area providers:</b><br>For Enrollee eligibility/coverage: <b>1-800-676-BLUE</b><br>For pre-certification: <b>1-800-521-6007</b>  |
| <b>Out-of-Area Care:</b> Report out-of-area care to Keystone First – CHIP and your PCP within 48 hours. Please submit any out-of-area claims to your local Blue Cross/Blue Shield plan.         | <b>Mental Health/Drug and Alcohol Services:</b><br>For Provider Services: <b>1-877-244-7124</b>  |
| All other insurance payors must be billed before Keystone First – CHIP, payor of last resort.   | <b>Pharmacy:</b><br>For Provider Services: <b>1-844-779-2447</b>   |
|   | <b>Keystone First – CHIP</b><br>200 Stevens Drive<br>Philadelphia, PA 19113<br><br>Coverage by Vista Health Plan, an independent licensee of the Blue Cross and Blue Shield Association. |

# Contact Information



- Provider Services – 1-800-521-6007
- Visit the provider website at [www.keystonefirstchip.com](http://www.keystonefirstchip.com) for a wealth of information of materials, i.e., the provider manual, claims filing instructions, pharmacy services and much more.
- Enrollee eligibility verification, claims status inquiry, prior authorization submission and claim inquiry capabilities will be accessed through NaviNet.
  - If you do not have access to the NaviNet provider portal, please visit <https://register.navinet.net> to sign up by July 1, 2025.
- All participating providers are assigned a dedicated Provider Account Executive. If you are currently a participating medical provider with Keystone First, your current Provider Account Executive will continue to support your practice for Keystone First - CHIP plan.

# How to Determine an Enrollee's Eligibility/Co-pays



- 1. As a first step, all Providers should ask to see the Keystone First – CHIP Identification Card.** It is important to note that Keystone First – CHIP ID cards are not dated and do not need to be returned should the Enrollee lose eligibility. Therefore, a card itself does not indicate a person is currently enrolled with Keystone First – CHIP.
  - 2. Internet: NaviNet ([www.navinet.net](http://www.navinet.net)).**
    - ✓ This free, easy to use web-based application provides real-time current and past eligibility status and eliminates the need for phone calls to Keystone First – CHIP.
    - ✓ For more information or to sign up for access\* to NaviNet visit the Provider Center at [www.keystonefirstchip.com](http://www.keystonefirstchip.com) or [www.navinet.net](http://www.navinet.net) or call NaviNet Customer Service at 1-888-482-8057
- \* Existing Keystone First plan(s) registered provider offices will have Keystone First - CHIP automatically added to their access/account without having to proactively register.
- 3. Keystone First – CHIP's Automated Eligibility Hotline 1-800-521-6007:**

Provides immediate real-time eligibility status with no holding to speak to a representative.

    - ✓ Call the Automated Eligibility Hotline 24/7 to verify an Enrollee's coverage with Keystone First – CHIP by using their Keystone First – CHIP identification number, Social Security Number, name or birth date
    - ✓ Obtain the name and phone number of the Enrollee's Primary Care Practitioner (PCP)

# Referral Requirements



**An official, plan-issued paper or electronic referral is not required for your Keystone First – CHIP patients to access specialty care practitioners and services.**

- Although specialty services will not require a referral form, Keystone First – CHIP expects that primary care and specialty care physicians will continue to follow and engage in a coordination of care process, in accordance with applicable laws, that includes communication and sharing of information regarding findings and proposed treatments.
- The PCP can write a prescription, call, send a letter or fax a request to a participating specialist. The referral to the specialist must be documented in the Enrollee's medical record. The referring practitioner should communicate all appropriate clinical information directly to the specialist without involving the patient. Provide the following information:
  - ✓ Enrollee name and ID number.
  - ✓ Reason for referral.
  - ✓ Duration of care to be provided.
  - ✓ All relevant medical information.
  - ✓ Referring practitioner's name and plan-issued ID number.

# Referral Process - Role of the Specialist



**Contact the PCP if a Keystone First – CHIP patient presents at the office and there has been no communication or indication of the reason for the visit from the PCP. Please do not turn away the patient!**

- Provide the services indicated by the PCP.
- Communicate, in accordance with applicable laws, findings, test results and treatment plan to the Enrollee's PCP. The PCP and specialist should both determine how care should proceed, including when the Enrollee should return to the PCP's care.
- Contact the PCP if the Enrollee needs to be referred to another specialist for consultation, treatment, etc.
- Claim payment is not tied to the presence of a referral; however, when submitting a claim for payment, the referring practitioner's information must be included in the appropriate boxes of the CMS-1500 form as required by the Centers for Medicare & Medicaid Services (CMS).

# Bright Futures – Pediatric Preventive Care



- Bright Futures periodic screens must be conducted for all eligible Keystone First – CHIP Enrollees to identify health and developmental problems.
- Screens must be in accordance with the most current periodicity schedule and recommended pediatric immunization schedules based on guidelines issued by the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC). The current schedule is posted on the website.
- Vaccines are reimbursed on a contracted buy and bill fee schedule – contact your Provider Account Executive for details.

## **Pediatric preventive care must also include blood lead levels testing of all children as follows:**

- **ALL** eligible children are considered at risk for lead toxicity and **MUST** receive blood lead level screening tests for lead poisoning
- PCPs are **REQUIRED (regardless of responses to the lead screening questions)** to make sure that children be screened for lead toxicity from **nine months to eighteen months and again from two to six years of age**
- Risk questions should be asked at every visit thereafter

# Lead Screening (Continued)



- MEDTOX Laboratories has been contracted to provide PCPs with supplies in order to conduct convenient in-office blood lead level screenings, via finger sticks, as well as the mailing supplies to return the samples back to MEDTOX for testing and processing.
- PCPs using the MEDTOX in-office process for blood lead screening services will be reimbursed by submitting claim(s) as follows:

| <u>Billable Service</u> | <u>CPT Code</u> | <u>Fee</u> |
|-------------------------|-----------------|------------|
| Lead Screening          | 83655           | \$10.00    |

- Contact your Provider Account Executive for information on this process

# Bright Start® Maternity Program



- Keystone First – CHIP offers a perinatal Care Management program, called the Bright Start Maternity Program, to pregnant Enrollees. The goal of the program is to reduce infant morbidity and mortality among Enrollees.
- The Bright Start Maternity Program is comprised of nurses and administrative staff who actively seek to identify pregnant Enrollees as early as possible in their pregnancy and continue to follow them through their post-delivery period.
- Unlike the Bright Start Maternity HealthChoices program, there is no required submission of the Optum Obstetric Nursing Assessment form (ONAF).
- For support, resources, or further information regarding the program, please contact the Bright Start Maternity Department at **1-800-521-6867**.
- Important note:
  - ✓ Newborns remain in CHIP until a new eligibility determination is rendered.
  - ✓ It is the Enrollee's responsibility to call Keystone First – CHIP, the local County Assistance Office (CAO) or CHIP Statewide Change Center at **1-877-395-8930**, to assure newborn coverage, and determine future coverage as soon as the child is born.

# Services Requiring Prior Authorization



- A complete list of services requiring prior authorization can be found in the provider manual, the Prior Authorization page on the website, or by using the prior authorization lookup tool.

## Prior Authorization Lookup Tool

- This user-friendly resource on our Plan website allows users to enter a Current Procedural Terminology (CPT) or a Healthcare Common Procedure Coding System (HCPCS) code to verify authorization requirements in real time before delivery of service.
- To access the Prior Authorization Lookup tool, visit [www.keystonefirstchip.com](http://www.keystonefirstchip.com)

### Note:

Prior authorization is not a guarantee of payment for the service authorized. The Plan reserves the right to adjust any payment made following a review of the medical records or other documentation and/or following a determination of the medical necessity of the services provided. Additionally, payment may also be adjusted if the Enrollee's eligibility changes between the time authorization was issued and the time the service was provided.

# Behavioral Health Services - PerformCare®



PerformCare is providing certain CHIP behavioral health (BH) functions of Keystone First – CHIP, primarily Provider network services and clinical functions.

PerformCare coordinates provides access to diagnostic, assessment, referral and treatment services including but not limited to:

- Inpatient and outpatient psychiatric services
- Inpatient and outpatient drug and alcohol services (detoxification and rehabilitation)
- Enrollees may self-refer for outpatient behavioral health services. However, PCPs and other physical healthcare Providers often need to recommend that an Enrollee access behavioral health services and may call PerformCare's Enrollee Services Department at **1-884-524-2447** whenever they need help referring an Enrollee for behavioral health services.
- Cooperation between physical health Providers and PerformCare is essential to assure Enrollees receive appropriate and effective care.
- BH Providers will use the same claims submission procedures as physical health providers.

# Dental Services



Enrollees do not need a referral from their PCP and can choose to receive dental care from any Provider who is part of the Keystone First - CHIP dental network. Participating dentists can be found in our online Provider directory at [www.keystonefirstchip.com](http://www.keystonefirstchip.com) or by calling Enrollee Services at **1-844-472-2447**.

Dental services that are covered include the following, when medically necessary:

- Oral Evaluations
- Radiographs
- Prophylaxis
- Fluoride Treatments\*\*
- Sealants
- Silver Diamine Fluoride
- Restorative services
- Crowns\*
- Endodontic services\*
- Periodontal services\*
- Extractions
- Dental surgical services\*
- Anesthesia\*
- Prosthodontic services\*
- Orthodontic services\*

\* Prior Authorization is required, and medical necessity must be demonstrated.

\*\* Participating PCPs and CRNPs with appropriate training may administer and bill for topical application of fluoride varnish for children less than five (5) years old two times per year.

# Vision Services



- Keystone First – CHIP’s routine vision benefit is administered through Davis Vision.
- Enrollees may self-refer for two routine eye exam per year. Keystone First – CHIP covers therapeutic optometry services through Davis Vision (unless the optometrist is in an Ophthalmology group that bills through the Keystone First – CHIP claims process).
- Inquiries regarding routine eye care and eyewear, covered services and prior authorization requirements should be directed to the Davis Vision Provider Relations Department at 1-800-773-2847 or you may want to visit the website at [www.davisvision.com](http://www.davisvision.com)

# Outpatient Radiology Services



The following services, when performed as an **outpatient service**, require prior authorization by Keystone First – CHIP's radiology benefits vendor, Evolent:

- Positron Emission Tomography (PET)
- Magnetic Resonance Imaging (MRI)/Magnetic Resonance Angiography (MRA)
- Nuclear Cardiology /Magnetic Particle Imaging (MPI)
- Computed Axial Tomography (CT/CTA/CCTA)

To request prior authorization contact Evolent via their Provider web-portal at [www.radmd.com](http://www.radmd.com) or by calling 1-800-424-1779 Monday through Friday 8 a.m. – 8 p.m. (EST).

**\*Emergency room, Observation Care and inpatient imaging procedures do not require prior authorization.**

# Pharmacy Services



- The Keystone First – CHIP Pharmacy Services Department is responsible for all administrative, operational, and clinical service functions associated with providing Enrollees with a comprehensive pharmacy benefit. In general, Enrollees can receive up to a 34-day supply per prescription order or refill. Many medications are eligible to be filled for a 90-day supply as well.
- Keystone First – CHIP has a proprietary retail pharmacy network to provide Enrollees a means to access their prescription drug benefit. Keystone First – CHIP and our business partners work to credential, communicate with and audit both independent and chain pharmacies providing products and services to our Enrollees.
- The Keystone First – CHIP's drug benefit has been developed with the Pennsylvania Department of Human Services to cover Medically Necessary prescription products. The pharmacy benefit design provides for outpatient prescription services that are appropriate, Medically Necessary, and are not likely to result in adverse medical outcomes.

**Contact the Pharmacy Services Department by:**

**Phone – 1-844-779-2447**

**Fax – 1-833-873-2908**

# Pharmacy Services (Prior Authorization)



## Drugs Requiring Prior Authorization

- All non-formulary medications
- All prescriptions that exceed plan limits
- All brand name medications with an available A-rated generic equivalent (Some exceptions may apply if a brand name formulation has been designated as preferred on the Keystone First – CHIP Formulary)
- Regimens that are outside the parameters of use approved by the FDA or accepted standards of care
- Early refills

Please note: additional drugs in the Formulary require Prior Authorization; consult the online Formulary for up-to-date Prior Authorization requirements.

# Submitting Pharmacy Prior Authorization Requests



To obtain Prior Authorization, contact the Pharmacy Services department:

1. By telephone:

- **1-844-779-2447** between 8:30 a.m. and 6:00 p.m. Monday through Friday
- After business hours, Saturday, Sunday and Holidays, the Enrollee Services Department at **1-844-472-2447**

2. By fax: **1-833-873-2908**

- 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](#)

# Billing Information



- For dates of service up to and including June 30, 2025, follow current (IBX) Keystone HMO CHIP processes and contacts.
- For dates of service July 1, 2025, and after, submit claims to Keystone First – CHIP as follows:
  - Original invoices must be submitted to the Plan within 180 calendar days from the date services were rendered or compensable items were provided.
  - Claims **originally rejected for missing or invalid data elements** must be corrected and re-submitted within 180 calendar days from the date of service. Rejected claims are not registered as received in the claim processing system.
  - Re-submission of previously denied claims with corrections and requests for adjustments must be submitted within 365 calendar days from the date services were rendered or compensable items were provided.

# Claims Submission



## Original Claim

- Original claims must be submitted within 180 calendar days from the date services were rendered or date compensable items were provided.

## Re-submission of Rejected Claims

- Re-submission of **rejected claims must occur within 180 calendar days** from the date of service or date compensable items were provided.

## Re-submission of Denied Claims

- Re-submission of previously denied claims with corrections and requests for adjustments must be submitted within 365 calendar days from the date of service or date compensable items were provided.
- Keystone First – CHIP will not grant exceptions to the claim filing timeframes. Failure to comply with these timeframes will result in the denial of all claims filed after the filing deadline. Late claims paid in error shall not serve as a waiver of Keystone First – CHIP's right to deny any future claims that are filed after the deadlines or as a waiver of Keystone First – CHIP's right to retract payments for any claims paid in error.

For more information on billing requirements, please see the Claims Filing Instructions in the Provider Center at [www.keystonefirstchip.com](http://www.keystonefirstchip.com).

# Resubmitted Claims/Who to Contact



Claims and/or resubmitted/corrected claims for dates of service for June 30, 2025, and prior must continue to be submitted and follow all guidelines and procedures outlined by (IBX) Keystone HMO CHIP.

- For example: only submit your Keystone HMO CHIP provider number and/or the Keystone HMO CHIP member ID number.

Any questions concerning claims for the dates of service prior to July 1, 2025, should be addressed through IBX contacts and not with Keystone First – CHIP contacts.

# Claims (Continued)



## Submit an electronic claim

Submit claims through electronic data interchange (EDI) for faster, more efficient claims processing and payment. **Keystone First – CHIP** EDI payer ID number is **30070**.

## Submit a paper/hard-copy claim

### Send paper claims to:

Keystone First – CHIP  
Claims Processing Department  
P.O. Box 21152  
Eagan, MN 55121

## Check claim status

To inquire about claim status, sign in to [NaviNet](#) and select Claims Status Summary under Administrative Reports. Provider Claim Services can also check the status of up to 5 claims via phone at **1-800-521-6007**.

## Receive electronic remittance advice (ERA)/835 transmissions

- **Keystone First – CHIP** offers ERAs through ECHO Health, Inc. ECHO is a leading provider of electronic solutions for payments to healthcare providers. ECHO consolidates individual provider and vendor payments into a single compliant format, remits electronic payments and provides an explanation of payment (EOP) details to providers.
- To receive ERAs providers will need to include both the Plan payer ID and the ECHO payer ID **58379**.
- Contact your practice management/hospital information system for instructions on how to receive ERAs from **Keystone First – CHIP** under payer ID **30070** and the ECHO payer ID **58379**.

# Third-Party Liability and Coordination of Benefits



- Children enrolled in free and low-cost CHIP will no longer lose CHIP coverage because families obtain private health insurance or fail to pay monthly premiums.
- If there is no private health insurance at the time of application or renewal and the Enrollee meets all eligibility criteria, they will be enrolled after the first premium payment is made.
- Full Cost CHIP coverage will stop if minimum payments are not made during the 12-month eligibility period or if private health insurance is obtained.
- Keystone First – CHIP is always the **payer of last resort**. This means that all other insurance carriers (the “Primary Insurers”) must consider the Health Care Provider’s charges before a claim is submitted to Keystone First – CHIP.
- Bill Keystone First – CHIP may be billed by submitting the claim along with a copy of the Primary Insurer’s EOB.

# Fraud, Waste and Abuse



**Fraud** – Any type of intentional deception or misrepresentation, including any act that constitutes fraud under applicable Federal or State law, made by an entity or person with the knowledge that the deception could result in some unauthorized benefit to the entity or person, or some other person in a managed care setting, committed by any entity, including Keystone First - CHIP, a subcontractor, a Provider, or an Enrollee, among others.

**Waste** – The overutilization of services or other practices that result in unnecessary costs. Waste is generally not considered caused by criminally negligent actions, but rather misuse of resources.

**Abuse** – Any practices that are inconsistent with sound fiscal, business, or medical practices, and result in unnecessary costs to CHIP, or in reimbursement for services that are not Medically Necessary or that fail to meet professionally recognized standards or agreement obligations (including the RFA, Agreement, and the requirements of state law or federal regulations) for health care in a managed care setting. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider or entity has not knowingly or intentionally misrepresented facts to obtain payment. The Abuse can be committed by the CHIP-MCO, Subcontractor, Provider, State employee, or an Enrollee, among others.

Abuse also includes Enrollee practices that result in unnecessary cost to CHIP, Keystone First - CHIP, a Subcontractor, or Provider.

**Note** - The mandatory Fraud, Waste, and Abuse Provider Training presentation can be found on our website at [www.keystonefirstchip.com](http://www.keystonefirstchip.com). After you have completed the training, please complete the attestation using the link on our website.

# Questions and Answers



- If you have any specific contract questions, please reach out to your Provider Account Executive or use the inquiries mailbox at [chipinquiries@keystonefirstpa.com](mailto:chipinquiries@keystonefirstpa.com)



# Keystone First

---

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