

Your provider account executive: _____
Phone number: _____

Keystone First – CHIP
Payer ID: 30070

Provider Services | 1-800-521-6007

Enrollee Services | 1-844-472-2447

24 hours a day, 7 days a week.

NaviNet | www.navinet.net | 1-888-482-8057

Provides access to Enrollee eligibility, claims status inquiry, submission of prior authorization requests, Care Gap and Enrollee Clinical Summary reports, and electronic copies of remittance advices and panel rosters.

Behavioral Health Services — PerformCare® | 1-877-244-7124

Dental services | 1-855-343-7401

Access detailed information at
<https://www.dentaquest.com/en/providers/pennsylvania>

Vision services | 1-800-773-2847

Administered by Davis Vision.

Laboratory services

Except for STAT services, lab services should be directed to the lab found on the Enrollee's ID card.

Family planning services

Enrollees self-refer for routine family planning services and may go to any physician or clinic.

CONNECT Helpline | 1-800-692-7288

For family inquiries on Pennsylvania's Early Intervention System.

PA tobacco cessation information | 1-800-QUIT-NOW

Pharmacy services | 1-844-779-2447 | Fax: 1-833-873-2908

Prior authorization is required for many multisource branded injectable products, as well as for non-preferred and non-formulary medications. Please visit www.keystonefirstchip.com > Pharmacy > Formulary for up-to-date information.

Fraud, waste, and abuse reporting | 1-866-833-9718

- Email: fraudtip@amerihealthcaritas.com
- U.S. mail: Special Investigations Unit
Keystone First – CHIP
3875 West Chester Pike
Newtown Square, PA 19073

Emergency room (ER) policy

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

Referrals

An official, plan-issued paper or electronic referral is not required. Primary care practitioners (PCPs) should:

- “Refer” Enrollees to specialists; this may be in the form of a prescription, a phone call, sending a letter, or faxing a request to the specialist.

Specialists should:

- Not turn Enrollees away if there has been no communication or indication of reason for the visit from the PCP. Contact the PCP office.
- Contact the PCP if the Enrollee needs to be referred to another specialist for consultation, treatment, etc.

Self-referral services include, but are not limited to, the list below:

- | | |
|---------------------------|--|
| • Emergency services | • OB visits |
| • Routine dental services | • GYN visits |
| • Routine eye exams | • Chiropractic initial visits
(by an in-network provider) |
| • Family planning | |

Prior authorization | 1-877-486-2447 | Fax: 1-844-586-3296

The most up-to-date and detailed listing of services that require authorization can be found by using the prior authorization lookup tool on the Provider Center at www.keystonefirstchip.com.

Outpatient radiology services

The following require prior authorization by Evolent Specialty Services, Inc. (Evolent) at www.1radmd.com or 1-800-429-1779:

- | | |
|-----------|----------------------|
| • CT | • PET scan |
| • MRI/MRA | • Nuclear cardiology |

Contact information



Keystone First

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

Electronic billing questions | 1-877-234-4271

Peer-to-Peer Hotline | 1-833-762-4727

Bright Start® | 1-800-521-6867 | Fax: 1-866-405-7946

Case management and care coordination | 1-800-573-4100

Credentialing | 1-833-806-2733

Contracting | 1-866-546-7972

Websites and email addresses

PA Department of Human Services
<https://www.pa.gov/agencies/dhs.html>

Keystone First – CHIP website
www.keystonefirstchip.com

For questions or suggestions, email
provider.communications@keystonefirstpa.com

All claims

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

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

Timely filing limits

When submitting an explanation of benefits (EOB) with a claim, the dates and dollars must all match to avoid a rejection of the claim.

Initial claims..... 180 days
Resubmissions and corrections..... 365 days
COB submissions after primary payment..... 60 days

Provider disputes (informal)

Dissatisfaction not concerning medical necessity:

Keystone First – CHIP
Informal Provider Dispute
P.O. Box 21152
Eagan, MN 55121

Provider appeals

Written request for the reversal of a medical denial. Please indicate “Provider Appeals” on the envelope.

Inpatient and Outpatient Clinical Appeals

Clinical Provider Appeals Department
Keystone First – CHIP
P.O. Box 211352
Eagan, MN 55121