Keystone First
Family of Health Plans

CONNECTIONS



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www.keystonefirstpa.com
www.keystonefirstchc.com
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New ID cards effective January 1, 2027

Keystone First, Keystone First Community HealthChoices (CHC), and Keystone First – CHIP will send new ID cards to all Members, Participants, and Enrollees in the coming weeks. The cards include updated Rx BIN and Rx PCN numbers for pharmacy claims processing, effective January 1, 2027.

Please remind Members, Participants, and Enrollees to use their current cards through December 31, 2026, and begin using their new cards on January 1, 2027.

Direct Members, Participants, and Enrollees who need a replacement ID card to their plan's app or online portal, or to the appropriate service line below:

- Keystone First: Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.
- Keystone First CHC: Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)**.
- Keystone First – CHIP: Enrollee Services at **1-844-472-2447 (TTY 711)**.

Changes are coming to Medicaid!

Starting January 1, 2027, some Medicaid recipients in Pennsylvania will need to meet work requirements and will need to have their Medicaid eligibility checked every six months instead of every year. Current Medicaid recipients will have to show that they are meeting work requirements or are exempt when they renew their coverage.

These are big changes to Medicaid, and Medicaid recipients will be receiving an **Initial Outreach letter** in the mail from the Pennsylvania Department of Human Services (PA DHS) about these changes soon. The letter will include information about who in their household is affected, what they can do to prepare, when the changes take effect, what the work requirements and exemptions entail, and how they can provide information to PA DHS.

To get ready for these changes, Medicaid recipients should make sure their contact information is up to date so they receive important information from PA DHS. To update their information:

- Log in to COMPASS at **dhs.pa.gov/COMPASS** or the myCOMPASS PA mobile app to check and update their address and other contact information.
- If they updated their address in COMPASS, they also need to report address changes to the U.S. Postal Service to ensure they receive mail from PA DHS. **Visit USPS.com/move** to update an address.
- Sign up for texts and emails from DHS. Visit **dhs.pa.gov/text** for more information on how to sign up for texts and emails to get even faster notifications about their benefits.

For more information on the new Medicaid rules, visit **dhs.pa.gov/MedicaidChanges**.

Use NaviNet to view Medical Assistance eligibility redetermination dates

When your Keystone First and Keystone First CHC patients who are on Medical Assistance (MA), also called Medicaid, receive their renewal paperwork from PA DHS, they must complete and submit their information. If they do not, they will lose their Medicaid coverage.

Once they do complete and submit their renewal paperwork, PA DHS will determine eligibility, which results in one of two scenarios:

1. If they remain eligible, they will continue to receive health care coverage through Keystone First or Keystone First CHC. There is nothing they need to do to continue coverage with us.
2. If they are found to NOT be eligible for Medicaid, they will no longer have coverage through Keystone First or Keystone First CHC. We can help them find other possible options, if needed.

Starting **January 1, 2027**, there are two major changes that will affect some Medicaid recipients:

- **Renewing Medicaid Every Six Months**
  Some adults ages 19-64 will need to have their Medicaid eligibility checked by completing a renewal every six months instead of every year.
- **Meeting Work Requirements**
  Some adults ages 19-64 who do not have a dependent child under 14 years old must show that they are meeting work requirements. This will be reviewed during application or renewal.

How you can help

Start the conversation with your MA patients and stress the urgency of timely submission of their renewal paperwork by using any of the tools listed below. We have two tools in the NaviNet provider portal that allow providers to view upcoming MA eligibility redetermination dates:

- **Member or Participant Annual Eligibility Redetermination Pop-up Alert:** In the Eligibility and Benefits screen under the Patient Alert Details pop-up, there is a “Redetermination Report” link that, when clicked, will display for all Members or Participants where it applies, the upcoming eligibility redetermination date. The pop-up alert is very similar to the Care Gap and PCP History alerts and is available to all provider types.

- **Member or Participant Annual Eligibility Redetermination Report:** In the Administrative Report Inquiry section, a report is available for PCPs under the report list drop-down that provides a full list of all Members or Participants on your roster who have upcoming eligibility redetermination dates (within the next 90 days). The report is available for PCPs to download in both PDF and Excel formats.

It's not too late to vaccinate

Your strong recommendation plays a crucial role in whether your patients choose to get vaccinated this season. Encourage patients to get their flu vaccine for the 2026 – 2027 season and stay up to date with the latest COVID-19 vaccination recommendations.



Respiratory syncytial virus (RSV) in pregnancy

RSV is a common respiratory virus that typically causes mild, cold-like symptoms. While most people recover in a week or two, RSV can become serious, particularly in infants and older adults, potentially requiring hospitalization. Those who are pregnant should receive a single dose of the RSV immunization during weeks 32 – 36 of pregnancy so that their babies are protected against severe RSV disease at birth. The immunization should be administered at least two weeks before delivery.

Measles: Help patients stay up to date on MMR vaccination

Given the ongoing measles outbreak in Pennsylvania, health care providers should advise parents to ensure their children are up to date on the measles, mumps, and rubella (MMR) vaccine. Providers should also encourage adults born after 1957 to confirm their immunity and receive the MMR vaccine if needed.

For current guidance and outbreak information, visit the Pennsylvania Department of Health measles website at **https://www.pa.gov/agencies/health/diseases-conditions/infectious-disease/measles**.

Annual OLTL critical incident reporting training due by December 31

Keystone First CHC providers and service coordination entity staff must be trained annually on preventing abuse and exploitation of Participants, critical incident reporting, and mandatory reporting requirements. The Office of Long-Term Living (OLTL) offers provider and service coordination entity online training to meet this mandatory annual training requirement. After finishing each module, you will be directed to a webpage to register your completion and print your certificate. Note that you will need your provider number/service location or FEIN number to complete the registration page at the end of each module. **This mandatory annual training must be completed by December 31 of each year.**

Training for Incident Management and Protective Services is available on OLTL contractor Dering Consulting's website: **https://deringconsulting.com/OLTL-Provider**.

Notice of privacy practices

Keystone First, Keystone First CHC, and Keystone First – CHIP are committed to protecting the privacy of our Members', Participants', and Enrollees' health information and to complying with applicable federal and state laws that protect the privacy and security of this information. Consistent with this commitment, we have established basic requirements for the use or disclosure of Member, Participant, and Enrollee protected health information (PHI). A complete and detailed description of our routine uses and disclosures of PHI, as well as the organization's internal protection of oral, written, and electronic PHI, may be found on our websites:

- **www.keystonefirstpa.com > Providers > Resources > HIPAA**
- **www.keystonefirstchc.com > For Providers > Resources > HIPAA**
- **www.keystonefirstchip.com > Resources > HIPAA**

Provider security alert

Practical steps to help protect your practice from phishing

Why it matters

Secure communication is essential to protecting your practice, staff, and sensitive information. A single compromised email account can also put connected partners at risk. Use the steps below to help safeguard your email accounts and reduce the risk of phishing.

A potential phishing scenario

Imagine that an employee receives a routine-looking email with a link to a fake login page and unknowingly enters their credentials. If **multifactor authentication (MFA)** is not enabled, an attacker could gain access to the account.

The attacker could then review prior email threads, use AI to imitate the provider's writing style, and send convincing requests for information or documents. This scenario shows how quickly a compromised account could put your practice and trusted partners at risk.

How AI makes phishing harder to spot

AI can help attackers create polished, personalized messages that copy the tone, format, and context of real conversations — making phishing attempts harder to recognize.

Your best defense: MFA

MFA adds a second verification step beyond a password. Even if credentials are stolen, MFA can help block unauthorized access. Although implementation may require staff training or IT support, it is one of the most effective account safeguards.

Simple steps to take

- Confirm sensitive requests through a callback or second verification step.
- Enable MFA for email accounts.
- Use strong, unique passwords.
- Remove inactive accounts.
- Train staff not to approve unexpected login prompts.
- Use an authenticator app when available.

If something feels off

If you suspect an email account has been compromised, act immediately:

1. Reset the password and sign out of all active sessions.
2. Enable MFA if it is not already active.
3. Review your sent emails, forwarding settings, and email rules for unusual activity.
4. Notify your security or IT team and any affected partners.

Key takeaway: Small, practical security steps can make a meaningful difference. Enable MFA, verify unusual requests, and respond quickly to suspicious activity to help protect your organization and trusted partners.

Source: U.S. Department of Health and Human Services. Health Industry Cybersecurity Practices: Managing Threats and Protecting Patients (2023). https://405d.hhs.gov/Documents/HICP-Main-508.pdf

Access to care standards

Keystone First, Keystone First CHC, and Keystone First – CHIP have established standards to promote timely, accessible medical care for our Members, Participants, and Enrollees. These standards apply to PCPs, dentists, and specialists within our network.

All providers are expected to follow these standards for appointment availability and other access-to-care requirements. Please review the standards on our websites, as well as in our provider manuals:

- **www.keystonefirstpa.com > Members > Getting Care > Appointment standards**
- **www.keystonefirstchc.com > For Participants > Getting Care > Appointment standards**
- **www.keystonefirstchip.com > Enrollees > Getting Care > Appointment standards**

Medical record documentation

Complete and consistent documentation in patient medical records is an essential component of quality patient care. Keystone First, Keystone First CHC, and Keystone First – CHIP adhere to medical record requirements that are consistent with national standards on documentation and applicable laws and regulations. We perform an annual medical record review on a random selection of practitioners. The medical records are audited using these standards. A list of our Medical Record Standards may be found on our websites:

- **www.keystonefirstpa.com > Providers > Resources > Medical Record Standards**
- **www.keystonefirstchc.com > For Providers > Resources > Medical record standards**
- **www.keystonefirstchip.com > Providers > Resources > Medical record standards**

Reminder: Pennsylvania Medicaid enrollment required for claims payment

To comply with the Affordable Care Act (ACA) provider enrollment and screening requirements (42 CFR § 455.410), all providers – including non-participating out-of-state providers – must be enrolled in Pennsylvania Medicaid before Medicaid claims can be paid. This requirement took effect on December 31, 2013.

Not enrolled? Visit the Pennsylvania Medicaid provider enrollment portal to **enroll**.

Fraud, waste, and abuse

If you or any entity with which you contract to provide health care services on behalf of Keystone First, Keystone First CHC, or Keystone First – CHIP is concerned about or identifies potential fraud, waste, or abuse, please contact us by:

- Calling the toll-free fraud, waste, and abuse hotline at **1-866-833-9718**
- Emailing **fraudtip@amerihealthcaritas.com**
- Mailing a written statement to:

  Special Investigations Unit
  Keystone First/Keystone First CHC/Keystone First – CHIP
  P.O. Box 7317
  London, KY 40742

For more information about Medical Assistance fraud, waste, and abuse, please visit the PA DHS website at **https://www.pa.gov/agencies/dhs/report-fraud/medicaid-fraud-abuse**

We are committed to detecting and preventing acts of fraud, waste, and abuse and have webpages dedicated to addressing these issues and mandatory screening information. Visit our websites for additional details:

- **www.keystonefirstpa.com > Providers > Resources > Fraud, Waste, Abuse and Mandatory Screening information**
- **www.keystonefirstchc.com > For Providers > Training > Fraud, Waste, Abuse and Mandatory Screening information**
- **www.keystonefirstchip.com > Providers > Resources > Provider training and education > Fraud, waste, and abuse**

Topics include:

- Screening employees for federal exclusion
- Reporting fraud to us
- Returning improper payments or overpayments
- Mandatory provider fraud, waste, and abuse training

Note: After you have completed the training, please complete the attestation:

- Keystone First and Keystone First CHC medical providers, go to **https://www.surveymonkey.com/r/9MQ7S8F**.

- Keystone First CHC long-term services and supports (LTSS) providers, go to **https://www.surveymonkey.com/r/577CX62**.
- Keystone First – CHIP providers, go to **https://www.surveymonkey.com/r/G5GY23M**.

Get involved – join the Keystone First CHC Participant Advisory Committee

Keystone First CHC hosts a quarterly Participant Advisory Committee meeting, and we are asking for your help.

The Participant Advisory Committee is a forum where Participants, providers, caregivers, family members, and direct care workers come together to help us make a difference.

The purpose of the committee is to provide our Participants with an effective way to consult with each other and, when appropriate, coordinate efforts and resources for the benefit of the entire CHC population in the zone, including people with LTSS needs.

The 2027 Participant Advisory Committee meeting schedule is as follows:

Time	Dates	Location
11 a.m. – 1 p.m.	March 23 June 22 September 28 December 17	Keystone First Wellness and Opportunity Center 1929 W. 9th Street, Chester, PA 19013

We are excited to share that we are actively recruiting a diverse group of Participants and providers!

- Do you know a Participant who likes to be involved in community meetings or organizations?
- Do you know a formal or informal caregiver who has expressed interest in advocating for others?

If so, we want to hear from them!

Please reach out to the Community Outreach team at **advisoryacpchc@amerihealthcaritas.com** with the contact information for the potential committee member, and we will do the rest!

Pharmacy benefit management services transition to Optum Rx January 1

Keystone First, Keystone First CHC, and Keystone First – CHIP will conclude pharmacy benefit management operations with PerformRx effective December 31, 2026. Effective January 1, 2027, Keystone First, Keystone First CHC, and Keystone First – CHIP will transition to Optum Rx.

What stays the same

- **Formulary:** The transition will not affect the formulary. Continue checking your plan's formulary regularly to find the most current covered drugs as well as those drugs that require prior authorization.
- **Prior authorizations:** The telephone number and process for requesting prior authorizations will remain the same during the transition.
- **Member, Participant, and Enrollee Services:** Telephone numbers will not change.

Pharmacy network

We are working to ensure all pharmacies available in our current network will remain available after our transition to Optum Rx. The change to Optum Rx may impact some of the contracted pharmacy network available to our Members, Participants, and Enrollees. Impacted Members, Participants, and Enrollees will be made aware if their pharmacy is affected.

Questions?

Providers can call Pharmacy Services for questions about prior authorizations, pharmacy benefits, or services.

Plan	Telephone number
Keystone First	**1-800-588-6767**
Keystone First CHC	**1-866-907-7088**
Keystone First – CHIP	**1-844-779-2447**

Plan resources

Plan	Formulary	Prior authorization process and forms	Pharmacy directory
Keystone First	www.keystonefirstpa.com > Pharmacy > Formulary	www.keystonefirstpa.com > Pharmacy > Prior authorization	www.keystonefirstpa.com > Pharmacy > Pharmacy directory
Keystone First CHC	www.keystonefirstchc.com > For Providers > Pharmacy services	www.keystonefirstchc.com > For Providers > Pharmacy services > Pharmacy prior authorizations	www.keystonefirstchc.com > For Providers > Pharmacy services
Keystone First – CHIP	https://www.keystonefirstchip.com > Pharmacy > Formulary	https://www.keystonefirstchip.com > Pharmacy > Prior authorization	https://www.keystonefirstchip.com > Pharmacy > Pharmacy directory

Upcoming formulary removals: Prescription changes needed before January 4, 2027

The products listed below will be removed from the Keystone First and Keystone First CHC drug formulary. Members and Participants currently receiving these products will require a new prescription for an alternative product before **January 4, 2027**. Members and Participants for whom it is not medically advisable to change therapy will require prior authorization to continue to receive coverage for the formulary changed products.

Formulary Removals	
Product List	**Alternative Product(s)**
Emverm Oral Tablet Chewable 100 mg	Albendazole oral tablet 200 mg, Ivermectin oral tablet 3 mg, Praziquantel oral tablet 600 mg
Multivitamin/Fluoride Oral Suspension 0.25 MG/ML	Multi-Vitamin/Fluoride Oral Suspension 0.25 MG/ML

Additional prior authorization criteria may apply. Please refer to the most recent drug formulary and prior authorization information available online at:

- **www.keystonefirstpa.com > Pharmacy > Pharmacy Homepage**
- **www.keystonefirstchc.com > For Providers > Pharmacy services**



Save time! Submit your pharmacy prior authorization requests online

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**

Visit our websites for additional details:

- **www.keystonefirstpa.com > Pharmacy > Prior authorization**
- **www.keystonefirstchc.com > For Providers > Pharmacy services > Pharmacy prior authorization**
- **www.keystonefirstchip.com > Pharmacy > Prior authorization**

Topics include:

- A list of pharmaceuticals, including restrictions and preferences
- How to use the pharmaceutical management procedures
- An explanation of limits or quotas
- Drug recall information
- Prior authorization criteria and procedures for submitting prior authorization requests
- Changes approved by the Pharmacy and Therapeutics Committee

Dental policy, procedure code, and reimbursement updates

Keystone First and Keystone First CHC administer benefits for dental procedure code D9920 in accordance with the PA DHS guidelines:

- Behavioral management fee: A visit fee for difficult-to-manage individuals with developmental disabilities.
    - For the purposes of this code, a developmental disability is defined as a substantial developmental delay with onset prior to the age of 22 which results in impaired functioning of indefinite duration due to atypical neurological development.
- Age restrictions: There are no age restrictions.
- Frequency limits: Limited to once per Member or Participant per day and four times per Member or Participant per year.

The information above is available in the DHS-approved dental policies posted on our websites at:

- **www.keystonefirstpa.com > Providers > Resources > Dental > Dental Policies**
- **www.keystonefirstchc.com > For Providers > Resources > Dental program > Dental Policies**

Please note that claims submitted with code D9920 performed on ineligible Members and Participants will be denied, and Early and Periodic Screening, Diagnosis and Treatment (EPSDT) consideration does not apply.

Dental procedure code updates

The following procedure codes were added to the existing Keystone First and Keystone First CHC contracts, effective August 1, 2026:

D9224	D9225	D9244
D9245	D9246	D9247

Details are available in the DHS-approved dental policies posted on our websites.

Reimbursement updates

- D9248 is no longer a recognized dental procedure code.
- Reimbursement for D9224 and D9225 will match existing reimbursement for D9222 and D9223.
- Reimbursement for D9244, D9245, and D9246 will match previous reimbursement for D9248.
- Because reimbursement for D9246 includes the entire fee previously reimbursed for D9248, additional reimbursement for D9247 will be $0.

Provider directory reminder

Please remember to keep your provider information current with us to support accurate claims processing. Statewide audits are being conducted to validate health plan provider directories.



Language access: Interpreting and translation

Keystone First, Keystone First CHC, and Keystone First – CHIP serve Members, Participants, and Enrollees with a wide range of language and communication needs. The top languages Keystone First, Keystone First CHC, and Keystone First – CHIP Members, Participants, and Enrollees speak other than English are Spanish, Russian, and Mandarin. The most requested languages for interpretation are Spanish, Russian, Mandarin, Arabic, and Vietnamese. Effective communication is essential in health care, especially for patients with Limited English Proficiency (LEP). Although interpretation and translation are often used interchangeably, they serve different purposes. Translation and interpreting services help Members, Participants, and Enrollees as well as providers communicate clearly across languages and access essential information and services.

Translation involves converting written health care materials from one language to another, such as consent forms, discharge instructions, medication guides, and patient education materials. Translators can research medical terminology and revise their work to help ensure accuracy.

Interpretation involves converting spoken language in real time. Health care interpreters assist during medical appointments, hospital visits, and emergency situations by facilitating communication between patients and health care providers.

The main difference is that translation focuses on **written communication**, while interpretation focuses on **spoken communication**. Both services help improve patient understanding, support informed decision-making, and reduce the risk of medical errors.

Language barriers can contribute to lower-quality care, poorer clinical outcomes, longer hospital stays, and higher readmission rates. Providing language assistance helps ensure patients with LEP receive high-quality care.

Professional interpreters and translators play a critical role in providing equitable, safe, and effective health care for diverse populations.

Keystone First, Keystone First CHC, and Keystone First – CHIP provide interpreting and translation services to support Members', Participants', and Enrollees' language access needs. As of June 2026, 10% of AmeriHealth Caritas Members, Participants, and Enrollees speak a language other than English, serving Members, Participants, and Enrollees in 117 different languages. For more information, or to access these services, refer to the Provider's Guide to Securing Interpretation Services on our websites:

- **www.keystonefirstpa.com > Providers > Resources > Cultural competency**
- **www.keystonefirstchc.com > For Providers > Resources > Culturally competent care**
- **www.keystonefirstchip.com > Providers > Resources > Cultural responsiveness**

References

American Translators Association. *What is the Difference Between Translation and Interpreting?* https://www.atanet.org/client-assistance/what-is-the-difference-between-translation-and-interpreting

National Council on Interpreting in Health Care (NCIHC). *National Standards of Practice for Interpreters in Health Care.* https://www.ncihc.org

The Joint Commission. *Advancing Effective Communication, Cultural Competence, and Patient and Family-Centered Care.* https://www.jointcommission.org

Kent State University. *Translation vs. Interpretation: How Do They Differ?* https://www.kent.edu/mcls/translation-ma/translation-vs-interpretation-how-do-they-differ

Language services

To help make sure our Members, Participants, and Enrollees continue to have access to the best possible health care and services in their preferred language, we are extending to our network providers the opportunity to contract with Language Services Associates (LSA) at our low corporate phone rates.

For complete details and contact information, visit our websites:

- www.keystonefirstpa.com > Providers > Resources > Initiatives > Cultural Competency
- www.keystonefirstchc.com > For Providers > Training
- www.keystonefirstchip.com > Providers > Resources > Initiatives > Cultural responsiveness

You may address any questions you have directly to LSA, since this relationship will be between your office and LSA. Feel free to call them at **1-866-221-1301**.

If a Member, Participant, or Enrollee needs an interpreter, please ask them to call us so we can connect them with an interpreter who meets their language needs:

- Keystone First: **1-800-521-6860 (TTY 1-800-684-5505)**
- Keystone First CHC: **1-855-332-0729 (TTY 1-855-235-4976)**
- Keystone First – CHIP: **1-844-472-2447 (TTY 711)**

Access to care management

A variety of programs and resources are available to support providers caring for our Members, Participants, and Enrollees with special health care needs, behavioral health conditions, or chronic conditions.

These programs can help Members, Participants, and Enrollees better understand and manage their health with the support of a dedicated care manager. Referrals to complex care management services may come through several avenues, including practitioner referrals.

For more information and contact details for these programs, please visit our websites:

- **www.keystonefirstpa.com > Providers > Resources**
- **www.keystonefirstchc.com > For Providers > Resources**
- **www.keystonefirstchip.com > Providers > Resources**

