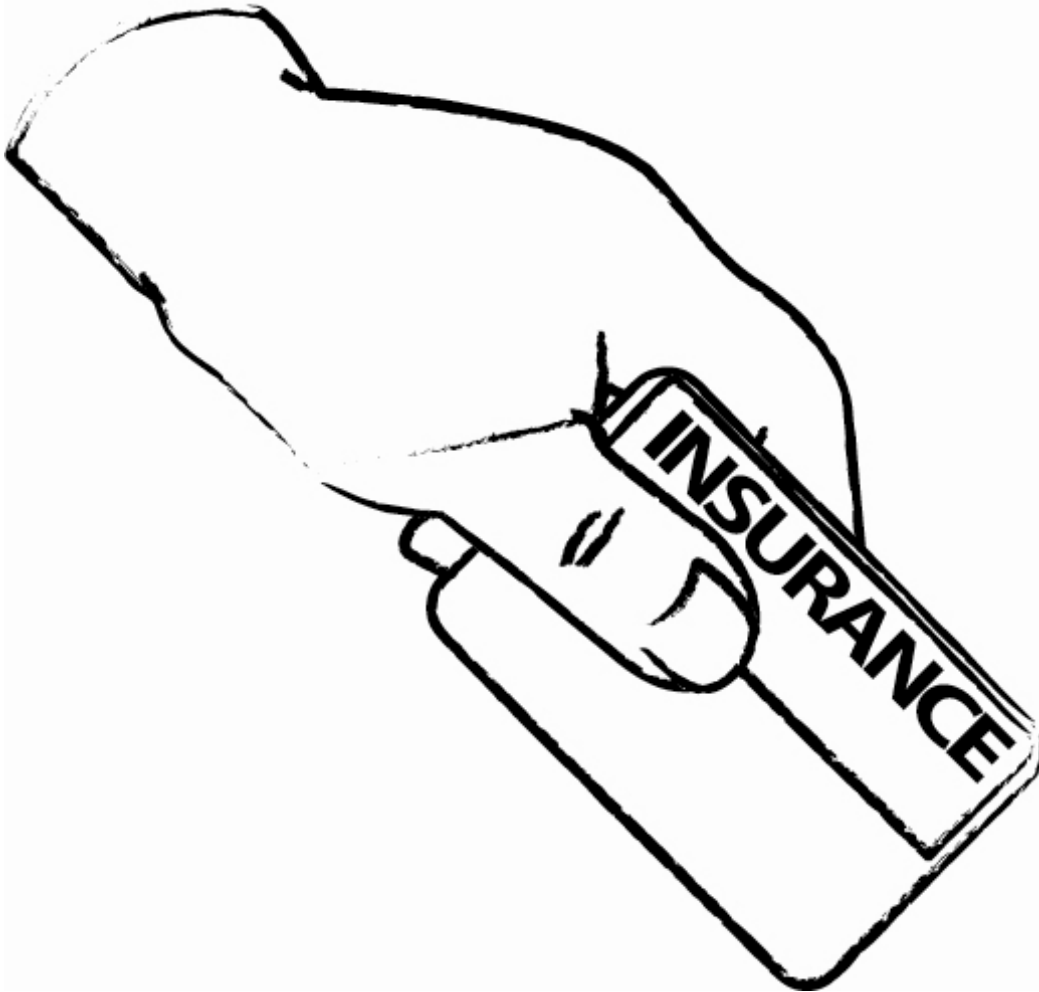


Section III Member Eligibility



Enrollment Process

Keystone Mercy is one of the health plans available to Medical Assistance (MA) recipients in DPW's HealthChoices program.

Once it is determined that an individual is an eligible MA recipient, a HealthChoices Enrollment Specialist assists the recipient with the selection of a Managed Care Organization (MCO) and PCP. Once the recipient has selected an MCO and a PCP, the HealthChoices Enrollment Specialist forwards the information to DPW. Keystone Mercy is informed on a daily basis of eligible recipients who have selected Keystone Mercy as their PH-MCO. The Enrollee is assigned an effective date by the DPW. The above process activates the release of a **Keystone Mercy ID card** and a **Welcome Package** to the Member.

Keystone Mercy Identification Card

The plastic blue and white Keystone Mercy Identification Card lists the following information:

- Member's Name
 - Keystone Mercy Identification Number with a 3 digit alpha prefix (YXM)*
 - Member's Sex and Date of Birth
 - State ID Number
 - PCP's Name and Phone Number
 - Lab Name
 - Co-pays
- * The ID Card includes a three-digit alpha prefix "YXM" to the Member ID number. This 3-digit alpha prefix (YXM) merely indicates that this is a program under Keystone First. Please omit the alpha prefix when submitting all paper and electronic Claims, as well as when inquiring about Member eligibility and/or Claims status telephonically at **1-800-521-6007** and/or electronically in the Provider Center at www.keystonemercy.com.

| | | | |
|---------------------------------------------------|--|-----------------------------------------|--|
| KEYSTONE MERCY | | Coverage by Keystone FIRST | |
| A Program of Keystone First and Mercy Health Plan | | | |
| DOE, JOHN | | PRIMARY DOCTOR | |
| KMHP ID YXM 12345678 | | DR. JOHN SMITH (ABC FAMILY PRACTICE) | |
| SEX M DOB 01/01/01 | | PHONE 215-555-1234 | |
| STATE ID 1234567891 | | LAB XYZ LABS | |
| COPAYS | | | |
| <i>Not Transferable</i> | | ER PCP SPEC | |
| <i>Limits may apply to some services.</i> | | RX(G) RX(B) DENTAL | |
| PLAN CODE 355/855 | | | |

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| 200 Stevens Drive, Philadelphia, PA 19113 | Member Services: 1-800-521-6860 TTY: 1-800-684-5505 |
| <ul style="list-style-type: none"> • How to use this card: Always carry your ID card. You must also carry your ACCESS card. You'll need both to get your benefits. Go to your KMHP Primary Care Physician (PCP) for medical care. • Emergency Room: 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. • Out-of-Area Care: Report out-of-area care to KMHP and your PCP within 48 hours. • Mental Health, Drug & Alcohol Services: Call the toll free number for your county. If you don't know the number, call Member Services at 1-800-521-6860. • Pharmacy: If you have questions about your pharmacy benefits call 1-800-521-6860. | |
| <p>In-area Providers: Call 1-800-521-6007 to verify member eligibility and coverage. Call 1-800-521-6622 for pre-certification.</p> <p>Out-of-area Providers: Call 1-800-676-BLUE to verify member eligibility, coverage and for pre-certification. Please submit all claims to your local Blue Cross®/Blue Shield® Plan.</p> <p>Pharmacies: Argus Health System Carrier Number: 0194000 1-800-522-7487 Pharmacists with questions: Call 1-800-588-6767</p> | |
| <p>All other insurance payors must be billed before Keystone Mercy Health Plan, Payor of last resort. Keystone First is an Independent Licensee of the Blue Cross and Blue Shield Association.</p> | |

Welcome Package

Keystone Mercy's Welcome Package includes:

- New Member Welcome Letter
- New Member Handbook which contains:
 - A description of available services
 - A listing of the Member's Rights and Responsibilities
 - A listing of the Member's Complaint, Grievance and Fair-Hearings Procedures
 - Member Benefit Limit and Co-Pay Schedule
- Pharmacy Benefits Letter
- HIPAA Notice of Privacy Practices and Summary
- A Self Assessment Health Survey

Continuing Care

Members are allowed to continue ongoing treatment with a Health Care Provider who is not in the Keystone Mercy Network when any of the following occur:

- A new Keystone Mercy Member is receiving ongoing treatment from a Health Care Provider who is not in the Keystone Mercy Network
- A current Keystone Mercy Member is receiving ongoing treatment from a Health Care Provider whose contract has ended with Keystone Mercy for reasons that are "not-for-cause"

When this happens Keystone Mercy will allow:

Newly Enrolled Members to receive ongoing treatment from a Health Care Provider who is not in the Keystone Mercy Network for up to 60 days from the date the Member is enrolled in Keystone Mercy.

Newly Enrolled Members who are pregnant on the effective date of Enrollment to receive ongoing treatment from an Obstetrician (OB) or midwife who is not in the Keystone Mercy Network through the completion of postpartum care related to the delivery.

Current Members who are receiving treatment from a Health Care Provider (physician, midwife or CRNP) whose contract with Keystone Mercy has ended, to receive treatment for up to 90 days from the date the Member is notified by Keystone Mercy that the Health Care Provider will no longer be in the Keystone Mercy Network.

Current Members receiving ongoing treatment from a Network Provider other than a physician, midwife or CRNP (such as a facility or agency) to continue treatment for up to 60 days from the date the Member is notified by Keystone Mercy that the Health Care Provider will no longer be in the Keystone Mercy Network because Keystone Mercy is ending its contract with the Health Care Provider.

Current Members receiving ongoing treatment from an OB or midwife whose contract with Keystone Mercy has ended during the second or third trimester to continue treatment from that OB or midwife until the end of her postpartum care related to the delivery.

Ongoing treatment or services are reviewed on a case-by-case basis and include, but are not limited to pre-service or follow-up care related to a procedure or service and/or services that are part of a current course of treatment. If a Member wants to continue treatment or services with a Health Care Provider who is not in the Keystone Mercy Network: (1) the Health Care Provider must contact Keystone Mercy's Utilization Management Department at 215-863-5125; or (2) the Member must contact Member Services.

Once Keystone Mercy receives a request to continue care, the Member's case will be reviewed. Keystone Mercy will inform the Health Care Provider and the Member by telephone whether continued services have been authorized. If for some reason continued care is not approved, the Health Care Provider and the Member will receive a telephone call and a letter that includes Keystone Mercy's decision and information about the Member's right to appeal the decision.

The Health Care Provider must receive approval from Keystone Mercy to continue care.

Keystone Mercy will not cover continuing care with a Health Care Provider whose contract has ended due to quality of care issues or lack of compliance with regulations or other contract requirements.

Verifying Eligibility

Each Network Provider is responsible to ascertain a Member's eligibility with Keystone Mercy before providing services. Keystone Mercy Members can be eligible for benefits as follows*:

- Recipients who are determined eligible for coverage with an MCO between the 1st and 15th of the month will be enrolled with the MCO effective the 1st of the following month
- Recipients who are determined eligible for coverage with an MCO between the 16th and the end of the month will be effective with the MCO the 15th of the following month. Newborns and re-enrolled Members can be effective any day of the month, therefore, verification of eligibility is highly recommended prior to delivery of care
- Network Providers may not deny services to a Medical Assistance consumer during that consumer's Fee-For-Service eligibility window prior to the effective date of that consumer becoming enrolled in a Pennsylvania HealthChoices MCO

* In some instances there may be a four-to-six week waiting period, known as the Fee-for-Service eligibility window, for the recipient to be effective with one of the MCOs, such as Keystone Mercy

Verification of eligibility consists of a few simple steps; they are:

- As a first step, all Providers should ask to see the Member's Keystone Mercy Identification Card and the Pennsylvania ACCESS Card.
- It is important to note that Keystone Mercy ID cards are not dated and do not need to be returned to Keystone Mercy should the Member lose eligibility. Therefore, a card itself does not indicate a person is currently enrolled with Keystone Mercy.

Since a card alone does not verify that a person is currently enrolled in Keystone Mercy, it is critical to verify eligibility through any of the following methods:

1. Internet: www.keystonemercy.com

Provides real-time eligibility status on Keystone Mercy's secure Provider site with the ability to check both current and past eligibility status.

Follow these instructions for one-time enrollment:

- At "Provider ID" - enter plan Provider ID number
- At "Password" - enter federal tax identification number (TIN)
- After entering the secure site, follow the prompts to change password
- Enter password hint and e-mail address
- Log in with "Provider ID" and NEW "Password"

2. Keystone Mercy'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 hours/7 days a week, at **1-800-521-6007**:

- Verify a Member's coverage with Keystone Mercy by their Keystone Mercy identification number, Social Security Number, name, birth date or Medical Assistance Identification Number
- Obtain the name and phone number of the Member's PCP

3. Pennsylvania Eligibility Verification System (EVS):

- **1-800-766-5387**, 24 hours/7 days a week
- The plastic "Pennsylvania ACCESS Card" has a magnetic strip designed for swiping through a point-of-sale (POS) device to access eligibility information through EVS
- If a Member presents to a Provider's office and states he/she is a Medical Assistance recipient, but does not have a PA ACCESS card, eligibility can still be obtained by using the Member's date of birth (DOB) and Social Security number (SS#) when the call is placed to EVS

MEMBER ELIGIBILITY

Monthly Panel List

Below is an example of the monthly panel list sent to PCP's.

Keystone Mercy Health Plan
Panel List for 10/01/2007

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|------------|------------|-----------|------------------|----------------------------------|--------------|-----|--------|-----------|-------------------|----|-----------------------|----|
| Member ID# | Recipient# | DOB | Name | Address | Phone | Age | Gender | Other Ins | Date Eff On Panel | V* | Provider Name/No | N* |
| 11111111 | 1010101010 | 5/2/2002 | Abdul, Abba | 2323 Warren St Phila PA 19100 | 215-999-9999 | 3m | M | | 5/2/2002 | | J Brown 11223344 | Y |
| 53333333 | 4030303030 | 2/1/1975 | Abdul, Geraldine | 414 Narth Ave Phila, PA 19100 | 215-999-9999 | 27 | F | | 2/1/2001 | | R Kelly 1156677 | |
| 37777777 | 6070707070 | 8/31/1986 | Absent, Carol | 8787 Cookie Ln Phila, PA | 215-999-9999 | 15 | F | | 6/1/2001 | | B Hamster 11777577 | |
| 84444444 | 7040404040 | 6/12/1990 | Amber, Diane | 3535 Creig St Phila, PA 19182 | 215-999-9999 | 49 | M | Y | 1/1/2000 | Y | J Brown 1122334 | |
| 95555555 | 5050505050 | 10/5/1949 | Bratt Esther | 30 Wonder Rd Phila, PA 19181 | 215-777-7777 | 61 | F | Y | 7/1/1999 | | B Hamster 1122110 | Y |
| 50000000 | 6060606060 | 3/16/1967 | Download, Darren | 55 Blank St Phila, PA | 215-222-2222 | 58 | M | | 3/1/1997 | Y | M Weinbert 1177558 | |
| 62000000 | 3060606060 | 4/21/1996 | Candy, Frank | 251 Bleak Rd Phila, PA 19179 | 215-444-4444 | 6 | F | | 8/12/02 | | J Brown 11223344 | Y |

Panel Count = 7

1. Keystone Mercy Identification Number
2. Member's Assistance Recipient Number
3. Member's date of Birth
4. Member's Name
5. Member's Address
6. Member's Phone Number
7. Member's Age
8. Member's Gender
9. Member's Other Insurance
10. Member's Effective Date with PCP
11. V* = Was Member Seen Within Last 6 Months
12. Member's Assigned PCP
13. N* = New Member to PCP

Change in Recipient Coverage During an Inpatient Stay/Nursing Facility

The following policy addresses responsibility when there is a change in a recipient's coverage during an inpatient stay.

1. When a Medical Assistance (MA) recipient is admitted to a hospital under the Fee-For-Service (FFS) delivery system and assumes Keystone Mercy coverage while still in the hospital, the FFS delivery system is responsible for the inpatient hospital bill. On the effective date of Keystone Mercy coverage, Keystone Mercy is responsible for physician, Durable Medical Equipment (DME) and all other covered services not included in the inpatient hospital bill. If the MA recipient is transferred to another hospital after the Keystone Mercy begin date, the FFS delivery system is responsible for the initial inpatient hospital bill from admission to discharge, and Keystone Mercy assumes responsibility for the subsequent hospital bill from point of admission to the hospital to which the MA recipient was transferred.
2. If MA recipient is covered by Keystone Mercy when admitted to a hospital and the recipient loses Keystone Mercy coverage and assumes FFS coverage while still in the hospital, Keystone Mercy is responsible for the stay. Starting with the FFS effective date, the FFS delivery system is responsible for physician, DME, and other bills not included in the hospital bill.
3. When a recipient is covered by an MCO (HealthChoices or voluntary MCO) when admitted to a hospital and transfers to another MCO (HealthChoices or voluntary MCO) while still in the hospital, the losing MCO is responsible for that stay. Starting with the gaining MCO's begin date, the gaining MCO is responsible for the physician, DME, and all other covered services not included in the hospital bill.
4. If a Keystone Mercy Member loses MA eligibility while in an inpatient/residential facility, Keystone Mercy is responsible for the stay through the end of the month following the month in which MA eligibility is lost or the discharge date, whichever is earlier, per the rules below: If the Member is never determined retroactively eligible for MA, Keystone Mercy is only responsible to cover the Member through the end of the month in which MA eligibility ended.

Nursing Facilities

MA Provider Type/Specialty Type 03/31 (County Nursing Facility), 03/30 (Nursing Facility), 03/382 (Hospital Based Nursing Facility), and 03/040 (Certified Rehab Facility) or Medicare certified Nursing Facility

- Keystone Mercy is responsible for payment for up to 30 days of nursing home care (including hospital reserve or bed hold days) if a Member is admitted to a Nursing Facility. Members are disenrolled 30 days following the admission date to the Nursing Facility as long

as the Member has not been discharged (from the Nursing Facility) to a community placement.

- Keystone Mercy's responsibility includes any hospitalizations or transfers between nursing facilities during the 30 days.
- When a Keystone Mercy Member admitted to a Nursing Facility transfers to another MCO or to FFS during that stay, the MCO responsible at the time of the admission (here Keystone Mercy) is responsible for 30 days of nursing home care. If a Member is still institutionalized at the end of the 30 days, the new MCO or FFS delivery system is responsible for the Nursing Facility stay.
- If a Member transfers from a Nursing Facility to a DPW waiver program, or from a DPW waiver program to a Nursing Facility, before the 30th consecutive day of MCO responsibility, the thirty (30) day count of MCO responsibility will include the total combined days consecutively enrolled in both the waiver program and in the Nursing Facility, which includes hospital or bed hold days.

Retroactive Eligibility

Occasionally, a MCO such as Keystone Mercy may be responsible for retroactive care. For example, Keystone Mercy, as a Medical Assistance MCO, is responsible for a newborn from his/her date of birth when the mother is an active Member with Keystone Mercy on the newborn's date of birth. A newborn will have the same managed care history as the mother from birth until added to the Medical Assistance (MA) computer database.

Keystone Mercy is not responsible for retroactive coverage for a Member who lost MA eligibility but then regained it within the next six months. Keystone Mercy will commence coverage for the former Member on the MA re-Enrollment date or the date the recipient is updated in the MA computer data base, whichever is later.

Example: A Keystone Mercy Member loses MA eligibility on February 20, 2007. Keystone Mercy is responsible to continue coverage until the last calendar day of the month (February 28th). If the recipient is determined to be MA eligible June 2, 2007, for retroactive coverage back to April 10, 2007, and the MA computer database is updated on June 2, 2007, Keystone Mercy will resume responsibility for the Member June 2, 2007.

Eligibility for Institutionalized Members

Keystone Mercy will cover the full scope of covered medical services to Members residing in the following:

- Private Intermediate Care Facilities for the Mentally Retarded (ICF/MR)
- Residential Treatment Facilities (RTF) within in the South East HealthChoices Zone
- Extended Acute Psychiatric Facilities
- Home and Community Based Waiver Program Eligibles
- Nursing Home Residents with other Related Conditions (OSP/PBRA)
- Home and Community Based Waiver Program Eligibles for Attendant Care Services (OSP/AC)
- Community Based Services Waiver Program (2176 Waiver)

Behavioral Health Services are provided by the appropriate BH-MCO. Please refer to the Referral & Authorization Section of the Manual for additional information on behavioral health services.

Keystone Mercy will provide medical services to Members residing in, or participating in, the following residential facilities or programs for the period of time indicated:

- Nursing Homes - maximum of thirty (30) days
- Juvenile Detention Centers (JDC) - maximum of thirty-five (35) consecutive days
- Pennsylvania Department of Aging (PDA) Waiver Program - maximum thirty (30) consecutive days from the date of enrollment in the program

Incarcerated Member Eligibility

Keystone Mercy is not responsible for any Member who has been incarcerated in a penal facility, correctional institution (including work release), or Youth Development Center. The Member will be disenrolled from Keystone Mercy effective the day before placement in the institution. Providers should contact Keystone Mercy Provider Services upon identification of any incarcerated Member at **1-800-521-6007**.

Pennsylvania ACCESS Card

Individuals eligible for benefits from DPW are issued a Pennsylvania ACCESS Card (“ACCESS Card”). The recipient uses the ACCESS Card to obtain benefits such as food stamps, subsidized housing, medical care, transportation, etc.

Medical Assistance eligible persons in Bucks, Chester, Delaware, Montgomery and Philadelphia counties are enrolled in a HealthChoices MCO to receive health benefits. The MCO issues an identification card so the Member can access medical benefits. The recipient uses the ACCESS Card to "access" all other DPW benefits.

The plastic ACCESS Card has a magnetic strip designed for swiping through a point-of-sale (POS) device to access eligibility information through the Eligibility Verification System (EVS). The Medical Assistance recipient's current eligibility status and verification of which MCO they may be participating with can be obtained by either swiping the ACCESS Card or by calling the EVS phone number **1-800-766-5387**.

If a Member presents to a Provider's office and states he/she is a Medical Assistance recipient, but does not have an ACCESS Card, eligibility can still be obtained by using the Member's date of birth (DOB) and Social Security number (SS#) when the call is placed to EVS.

EVS Phone Number 1-800-766-5387

Treating Fee-for-Service MA Recipients

Although Keystone Mercy operates and serves Members within the Department of Public Welfare's (DPW's) mandatory HealthChoices Southeast Zone (Bucks, Chester, Delaware, Montgomery, and Philadelphia counties), certain Medical Assistance (MA) recipients are eligible to access healthcare services through DPW's Fee-for-Service (FFS) delivery system.

DPW's goal is to ensure access to healthcare services to all eligible MA recipients. In some instances there may be a four-to-six week waiting period, known as the FFS eligibility window, for the recipient to be effective with one of the PH-MCOs, such as Keystone Mercy.

Below are exceptions where eligible MA recipients would access healthcare services under the FFS delivery system, even if they reside in a mandatory HealthChoices zone:

- Newly eligible MA recipients while they are awaiting Enrollment into a MCO
- MA recipients with Medicare "A" & "B" coverage, known as "dual-eligibles", who are 21 years of age or older (Effective January 1, 2006)
- MA recipients placed in a nursing home beyond 30 days
- MA recipients enrolled in the Pennsylvania Department of Aging (PDA) Waiver beyond 30 consecutive days
- MA recipients who have a change in eligibility status to a recipient group that is exempt from participating in HealthChoices, effective the month following the month of the change
- MA recipients who have been admitted to a state-operated facility, i.e. Public Psychiatric Hospital, State Restoration Centers and Long Term Care Units located at State Mental Hospitals
- MA recipients admitted to State-owned and operated Intermediate Care Facilities for the Mentally Retarded (ICF/MR) and privately operated Intermediate Care Facilities for Other Related Conditions (ICF/ORC)
- MA recipients enrolled in the Health Insurance Premium Payment (HIPP) Program
- MA recipients placed in a Juvenile Detention Center (JDC) who are initially determined MA eligible during JDC placement; and those MA eligible recipients who are enrolled in a HealthChoices MCO who remain in a JDC beyond 35 consecutive days
- State-funded General Assistance MA recipients who are eligible for medical employability assessment only. These individuals are in the TD/55 category
- MA recipients who are enrolled in the State Blind Pension (SBP) program
- Women enrolled in the Breast & Cervical Cancer Prevention and Treatment Program

Eligible MA recipients meeting one or more of the above exceptions may access healthcare services from any Health Care Provider participating in the Medical Assistance Program by presenting their DPW-issued ACCESS Card. Simply verify the recipients eligibility via DPW's website, <http://promise.dpw.state.pa.us>, or the Eligibility Verification System (EVS) at 1-800-766-5387.

For additional information on MA Bulletin 99-06-05, which is a reminder from DPW that not all Medical Assistance recipients in Southeastern Pennsylvania are in HealthChoices, please visit: <http://dpw.state.pa.us/General/Bulletins/003673169.aspx?BulletinId=1370>

Loss of Benefits

A Member can be disenrolled from Keystone Mercy if:

- The Member is no longer on Medical Assistance. (The Member should have been notified in writing that his/her case is closed. If the Member's case re-opens in less than six months, the Member will be automatically re-enrolled into Keystone Mercy.)

MEMBER ELIGIBILITY

- The Member moves to another part of the state. The Member should go to the County Assistance Office to see if he/she is still eligible for Medical Assistance
- The Member moves out of Pennsylvania. The Member must find out about Medicaid in the new state of residence

DPW may have to disenroll a Member from Keystone Mercy*. The Member will receive health care coverage through DPW's Fee-for-Service program if:

- The Member is in a skilled Nursing Facility for more than thirty (30) days
- The Member is admitted to a Juvenile Detention Center for more than thirty-five (35) days

Members may be re-enrolled in Keystone Mercy after leaving these facilities.

**Previously, Members who were hospitalized and ventilator dependent for more than 30 days were disenrolled from Keystone Mercy after 30 days and then covered by the Fee for Service program. As of August 2007, Keystone Mercy is responsible for the full coverage of hospitalized, ventilator dependent Members as long as the Member maintains Medical Assistance (MA) eligibility. If the ventilator dependent Member is discharged to a long term care facility, the Nursing Facility rule above will apply.*

Members will lose their health care coverage if:

- They are incarcerated (including work release) or they are placed in a youth development center
- They commit Fraud or intentional misconduct and all appeals to DPW by the Member and Keystone Mercy have been exhausted

Members who do not agree with the above information must follow the Complaint or Grievance Procedures as outlined in the Member Handbook or in the Complaints, Grievance and Fair Hearings Procedures in Section VII of this Manual.

Members may voluntarily disenroll from Keystone Mercy without giving specific reasons. To disenroll from Keystone Mercy, the Member must speak with an Enrollment Specialist by calling **1-800-440-3989** (TTY 1-800-684-5505).

Section IV Provider Services



EDI Technical Support Hotline

Keystone Mercy has an EDI Technical Support Unit within the Information Solutions Department to handle the application, set-up and testing processes for electronic Claim submission. Please call the toll-free EDI Hotline at **1-877-234-4271** with any EDI inquiries, questions, and/or electronic billing concerns. More detailed information is available in the Claims Filing Instructions at www.keystonemercy.com.

Some benefits of electronic billing include:

- Faster transaction time for Claims
- Reduction in data entry errors on Claims processed
- The ability to receive electronic reports showing receipt of Claims by the insurance plan

Provider Claims Service Unit

The Provider Claim Services Unit (PCSU) is a specialized unit of the Claims Department. This unit assists Providers with payment discrepancies and makes on-line adjustments to incorrectly processed Claims.

Some of the Claims-related services include:

- Review of Claim status (Note: Claim status inquiries can also be done online at www.keystonemercy.com)
- Research on authorization, eligibility and coordination of benefits (COB) issues related to Denied Claims
- Clarification of payment discrepancies
- Adjustment(s) to incorrectly processed Claims
- Assistance in reading remark, denial and adjustment codes from the Remittance Advice

Additional administrative services include:

- Explanation of Plan policies in relation to Claim processing procedures
- Explanation of referral and authorization issues related to Claim payment
- Information on billing and Claim coding requirements
- Assistance in obtaining individual Network Provider numbers for Network Providers new to an existing Keystone Mercy group practice

Call the Provider Claim Services Unit at 1-800-521-6007 or look online in the Provider Center on the Keystone Mercy website at www.keystonemercy.com.

Extensive (more than five Claims) or complex Claim issues should be mailed to the Provider Network Management Department for research and review through the contested Claim procedures outlined in Section VI, Claims and Claims Appeals.

**Keystone Mercy Health Plan
Provider Network Management
200 Stevens Drive
Philadelphia, PA 19113**

Provider Network Management

Provider Network Management is responsible for building and maintaining a robust Provider Network for Members. Contracting staff is responsible for negotiating contracts with hospitals, physicians, ancillary, DME and other providers to assure our Network can treat the full range of MA covered benefits in an accessible manner for our Members.

The primary contact for Network Providers with Keystone Mercy is the Provider Account Executive. Provider Account Executives are responsible for orientation, continuing education, and diplomatic problem resolution for all Network Providers. A Provider Account Executive will act as your liaison with Keystone Mercy. Provider Account Executives visit Network Provider locations to conduct in-service/orientation meetings with Network Providers and their staff both pro-actively and in response to Network Provider issues involving policy and procedure, reimbursement, compliance, etc.

Provider Account Executives also perform a practice environment evaluation and review medical record keeping practices of PCPs and OB/GYNs who are being credentialed for participation with Keystone Mercy.

Provider Network Management, in collaboration with the Utilization Management Department, negotiates rates for Non-Participating Providers and facilities when services have been determined to be Medically Necessary and are Prior Authorized by Keystone Mercy.

Call your Provider Account Executive at **1-800-521-6007**:

- To arrange for orientation or in-service meetings for Network Providers or staff
- For service calls
- To respond to any questions or concerns regarding your participation with Keystone Mercy
- To report any changes in your status, e.g.:
 - Phone number
 - Address
 - Tax ID Number
 - Additions/deletions of physicians affiliated with your practice

Network Providers should contact their Provider Account Executive or Provider Services with changes to their demographic information. Network Providers may verify their demographic data at any time using the “real-time” Provider Network directory at www.keystonemercy.com

Requests for changes to address, phone number, tax I.D., or additions and/or deletions to group practices must be made on the Provider Change Form (form located in Appendix IV of the Manual) or behind the secure log-in of the Provider Center on the Keystone Mercy Web site at www.keystonemercy.com or you can mail it to the Provider Network Management Department at:

Keystone Mercy Health Plan
Provider Network Management Department
200 Stevens Drive
Philadelphia, PA 19113
Fax to: 1-215-937-5343

Provider Services Department

Keystone Mercy's Provider Services Department operates in conjunction with the Provider Network Management Department, answering Network Provider concerns and offering assistance. Both departments make every attempt to ensure all Network Providers receive the highest level of service available.

The Provider Services Department can be reached twenty-four (24) hours a day, seven (7) days a week.

Call the Provider Services Department at **1-800-521-6007**

- To verify Member eligibility/benefits
- To request forms or literature
- To ask policy and procedure questions
- To report Member non-compliance
- To obtain the name of your Provider Account Executive
- To request access to centralized services such as:
 - Outpatient laboratory services
 - Behavioral Health Services
 - Dental Services
 - Vision

Member Services

The Member Services Department helps our Members to understand and obtain the benefits available to them. Member Services Representatives are available twenty-four (24) hours a day, seven (7) days a week. Member Services Representatives also provide ongoing support and education to the Keystone Mercy membership, focusing on communicating with our Members concerning their utilization of Keystone Mercy and managed care principles, policies and procedures. Call the Member Services Department at **1-800-521-6860**:

- To access on-call nurses after hours
- To assist Members looking for behavioral health information
- To identify non-compliant Members
- To help educate Members on how to access eligible benefits
- For more information on Special Needs services
- To ask for health education materials in other languages and formats
- To help a Member choose or change a PCP or other Network Provider
- To request a list of Network Providers
- To learn what Members should do if a Health Care Provider sends a bill.