

# Empower Healthcare Solutions Provider Newsletter



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## October is Breast Cancer Awareness Month

October is Breast Cancer Awareness Month and has always served as a time to celebrate women who have survived breast cancer. Baptist Health Breast Center reports that this month is also a time to increase awareness about the early detection of breast cancer and the importance of having an annual mammogram. About 1 in 8 U.S. women (about 12%) will develop invasive breast cancer over the course of her lifetime. Thankfully, the overall death rate from breast cancer has decreased over the past decades, and this is thought to be the result of treatment advances and earlier detection through annual screening. About 5-10% of breast cancers can be linked to known inherited gene mutations, such as BRCA1 and BRCA2 genes. On average, women with these mutations have a higher risk of developing breast cancer, as well as an increased rate of ovarian cancer. The most important screening tool for the early detection and diagnosis of breast cancer is annual mammography.

The American Cancer Society recommends the following for screenings:

 Women between 40 and 44 have the option to start screening with mammogram every year.

- Women 45 to 54 should get mammograms every year.
- Women 55 and older can switch to a mammogram every other year, or they can choose to continue yearly mammograms. Screening should continue as long as a woman is in good health and is expected to live at least 10 more years.
- All women should understand what to expect when getting a mammogram for breast cancer screening—what the test can and cannot do.

According to the American Cancer Society, several risk assessment tools are available to help health professionals estimate a woman's breast cancer risk. These tools give approximate, rather than precise, estimates of breast cancer risk based on different combinations of risk factors and different data sets.

Because the different tools use different factors to estimate risk, they might give different risk estimates for the same woman. Two models could easily give different estimates for the same person.

Risk assessment tools that include family history in first-degree relatives (parents, siblings, and children) and second-degree relatives (such as aunts and cousins) on both sides of the family should be used with the ACS guidelines to decide if a woman should be MRI screening. The use of any of the risk assessment tools and its results should be discussed by a woman with their health care provider.

# Screening Is as Important as Always

Baptist Health understands that 2020 has been a challenging year for so many. Maybe you had your mammogram scheduled for the spring, but it was canceled due to COVID-19. They want to encourage you to get those rescheduled. While everyone is waiting for COVID-19 to pass, breast cancer is not going to pass. Having your annual mammogram is as important as ever and they encourage you not to put it off.





# **COVID-19 Vaccine Facts for People With Breast Cancer**

On Aug. 23, 2021, the U.S. Food and Drug Administration (FDA) granted full approval to the Pfizer-BioNTech COVID-19 vaccine. The vaccine now will be marketed as Comirnaty to prevent COVID-19 in people age 16 and older. The Pfizer vaccine continues to be available under emergency use authorization:

- For young adults ages 12 to 15
- As a third booster dose for certain immunocompromised people

The FDA also has authorized two other COVID-19 vaccines for emergency use:

- The Moderna COVID-19 vaccine
- The Johnson & Johnson (J&J) COVID-19 vaccine (also called the Janssen vaccine)

The FDA has found that these vaccines are safe and highly effective for preventing COVID-19, especially serious illness and death from the disease. Because these vaccines do not contain live viruses, they can be used in people with weakened immune systems, including people being treated for cancer.

Other COVID-19 vaccines are being used in other countries, and others are being developed and may eventually be approved, as well.

The companies that make the vaccines have released data showing protection against COVID-19 lasts at least 6 months (and perhaps even longer in most people.) But people with weakened immune systems (called immunocompromised) may get less protection from the vaccines compared to other people.

A COVID-19 vaccine booster shot may be recommended for all people at some point. But if you have a weakened immune system from chemotherapy or another breast cancer treatment and you were fully vaccinated with either the Pfizer or the Moderna vaccine, the FDA and Centers for Disease Control & Prevention (CDC) have recommended you talk to your doctor about getting a booster shot. There are no recommendations yet on a booster shot for immunocompromised people who had the J&J vaccine.

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Even though being vaccinated protects you from serious illness, it's still possible to get what's called a breakthrough infection, but these are rare and the symptoms are usually mild. It's also possible to give someone else COVID-19 if you're exposed to the virus after being vaccinated. So it's recommended that mask wearing and physical distancing in public continue for some time.

Experts have recommended that most people with cancer or a history of cancer should get a COVID-19 vaccine. Still, you should talk to your doctor about whether getting vaccinated is the right decision for your individual situation.

Excerpts: Breast Cancer Screening Options: What You Need to Know

Baptist Health (baptist-health.com); https://www.breastcancer.org/tips/covid-19/vaccine-facts; Detecting Breast Cancer Early

## **Update on Organizational Changes**

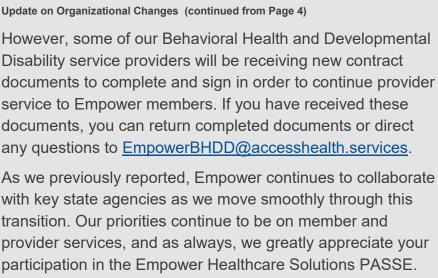
As Empower moves forward with previously announced organization changes, we wanted to make sure that our providers are aware of some of our key organizational partners.

Evolent Health delivers proven clinical and administrative solutions to payers and providers that improve whole-person health while making health care simpler and more affordable. Among other key operational functions, Evolent has been providing data management, claim processing, and provider payment functions since Empower first began operations; and we are happy to report that Evolent will continue to provide these and other services going forward. Because of this, we are confident that our providers will experience no changes regarding claim processing and payments.

Access Health Services is an Arkansas-based company that provides a range of services within the health care industry. They have historically supported Empower in areas such as provider credentialing and contracting and going forward Access Health will continue to be affiliated with Empower. Because of this, many of our participating providers will continue under the same contractual arrangement.







## **Clinical Updates—Authorizations**

Please see the below clinical updates and reminders:

- Authorization requests submitted in the portal must contain specific billable ICD-10 codes on the authorization in order to reconcile claims payments for members.
- Authorization requests that are faxed or emailed MUST contain prior authorization requests forms which can be found on the Empower website under Provider Forms and Resources
- Authorization requests submitted to Empower should contain clinical documentation to be reviewed at the time the request is made in order to ensure providers and members are receiving determination information timely.

## **Empower Provider Incident Reporting**

The newly published updated Empower Provider Manual provides new information regarding required reportable events and clarifies that ALL providers of services to members of the Empower PASSE are required to submit incident reports within required timeframes to Empower Incident Reporting and to the DHS PASSE Quality Assurance Unit.

Reportable events requiring an Incident Report are described in the Provider Manual on pages 82-85. In addition, on pages 49-51, reportable events regarding the utilization of restraints and restrictive interventions by HCBS providers are described. The reporter must provide all information requested on the DHS QA Incident Report Form.



**Empower Incident Reporting (continued from Page 5)** 

If a provider chooses to utilize the provider's own form, the provider's form must clearly document all of the information as required on the DHS Form.

The report should clearly identify the member, the date and time of the incident, and the date and time the reporter was made aware of the incident (this is needed to determine if the report was submitted within required timeframes). In addition, all mandated reporting requirements should be met and documented. If any portion of the required information is not available at the time of the initial report submission, a follow-up report must be submitted.

## **Incident Reporting FAQ's**

What form is to be used to report an Incident?

DHS QA Incident Report Form Revised: 08/29/2019

Where can the Incident Report form be found?

This form can be found on the Empower website:

<u>Getempowerhealth.com</u> under the Provider Forms and Resources.

## Where is the notification made/Incident Report submitted?

Email: Empower Healthcare Solutions <a href="mailto:Incident.Reporting@empowerhcs.com">Incident.Reporting@empowerhcs.com</a>

DDS PASSE Monitoring & Assurance Unit's Email: DHS.DDS.Central@Arkansas.Gov

Fax: DHS PASSE Quality Assurance Unit Fax Line (501) 682-8656

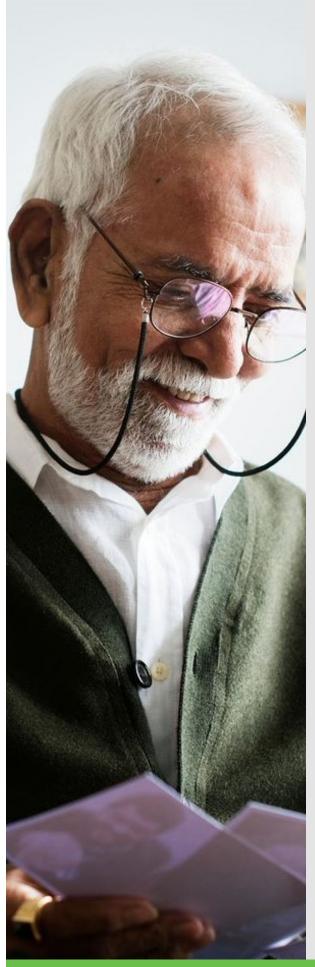
Phone: Empower Healthcare Solutions Emergency Number/Report Line (866) 261-1286

DHS PASSE Quality Assurance Unit Emergency Number/ Report Line: (501) 371-1329

## What are the timeframes for submitting an Incident Report or making a notification of a reportable event?

Providers are not required to both make notification and submit an Incident Report if the Report is submitted **within the required timeframe**, as the Incident Report serves as the notification.





However, if the provider is unable to submit an Incident Report within the required timeframe, a phone call notifying Empower and DHS must be made within the required timeframe and then the Incident Report submitted. If a phone call notification is made, the Incident Report must be submitted as soon as possible.

Providers must submit an Incident Report (or make notification) within **one hour** of becoming aware (regardless of the hour) of the following reportable events:

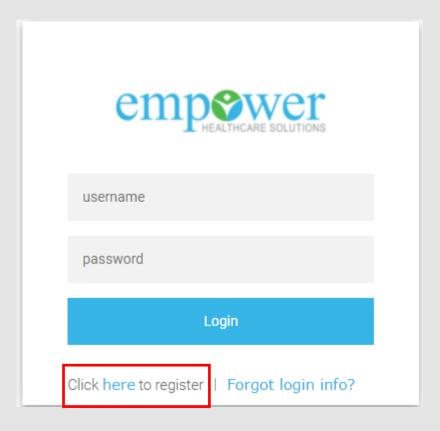
- Death of a member
- Unexpected occurrences involving actual or risk of death or serious physical or psychological injury to a member
- Injury to a member that may result in a substantial permanent impairment
- Incidents, regardless of category, that a service provider should reasonably know might be of interest to the public and/or media (DHS Communications Director must also be informed)

In general, for any other occurrence not requiring immediate notification, providers are expected to submit an Incident Report within 24 hours of (and no later than two days after) becoming aware of the reportable event. [Note: *Timeframes may vary based upon specific reporting guidelines for HCBS providers*.]

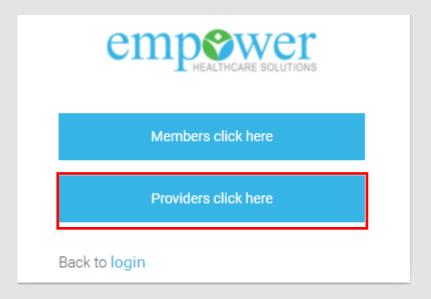
If there are any questions regarding reporting, please contact the following:

## **Updates on Provider Portal Registration**

Providers can self register by clicking "here" to register and completing the registration form located on the website.



Step 1: Click on the Providers click here button.



Step 2: Enter Tax ID Number, click Next.

Provider Information	
Tax ID Number	
Cancel	Next
Step 3: Select the Provider Practice/Clinic/Hospit.	al and Physician associated with your provider, click
Provider Employee Information	

Provider Employee Information					
If you need assistance selecting your Provider No, please contact your contact Provider Services at 1-855-429-1028 or by email at empower@empowerhcs.com.					
Provider No	Other Identifiers	Provider/Organization	Account Type		
			Provider		
			Provider		
			Provider		
Back		Ne	xt		

Updates on Provider Portal Registration (continued from page 12)

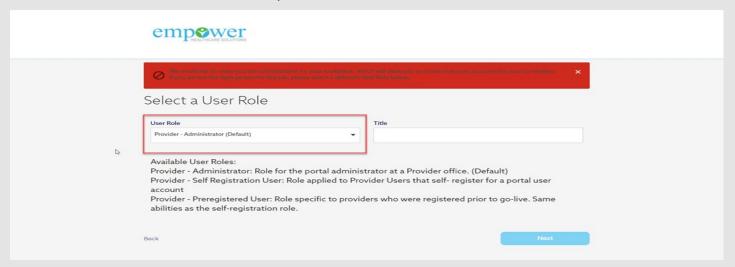
Step 4: Complete the required fields. Enter the provider's DOB. If there is not a valid DOB for the provider, enter 01/01/1000 in the DOB field. Enter your personal information and click Next. (If you did not have a valid Provider DOB, you can click next, and it will Pend your request to be reviewed.)

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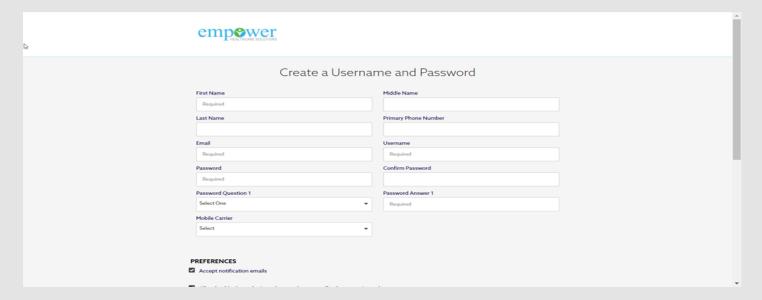
STEP 5: When you have entered the correct information, click Submit for Manual Review to continue the registration process. Click the Back button if corrections are needed. If there is not a valid DOB for provider click "Submit for Manual Review." This requires an approval from Empower and you will not be able to sign in until approval is sent via email.

# Manual Review The data entered does not match our records. You can either: Click the 'Back' button to Re-enter your data and try again OR Click the 'Submit for Manual Approval' button. This will require review by the healthplan prior to approval. You will not be able to login until you've received this approval. Back Submit for Manual Review

STEP 6: If you receive this alert, it means that we do not have a current office administrator for your TIN and the system would like to make you the administrator, so that you can create and manage new user accounts for others associated to your TIN. If you are not the right person for this role, please select the Provider Portal User role instead and press the Next button.

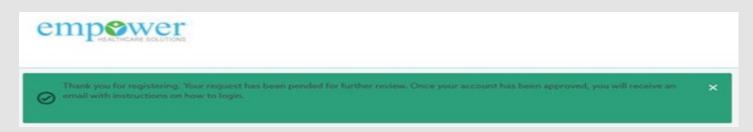


STEP 7: Complete the registration process by entering the required information to create your account. When finished click the Submit button.



This is the message you will receive to know your registration was submitted.

PLEASE NOTE: If you submitted your registration request for manual review, your request will pend and will be reviewed by your Healthplan administrator. Once your registration is approved you will receive an email notification and will then be able to login to the Provider Portal.



## **Upcoming Webinars**

**Provider Orientation**—This webinar will cover Empower related information including provider responsibilities, provider resources, member rights and responsibilities, eligibility, covered services, utilization management, care coordination, claims submission, quality improvement, the Empower portal, and more.

Provider Orientation		
Tuesday, October 19, 2021	10:00 am—11:30 am	Register Here!
Tuesday, November 16, 2021	10:00 am—11:30 am	Register Here!
Tuesday, December 21, 2021	10:00 am—11:30 am	Register Here!

ACES Awareness Presentation—This presentation will provide an overview of the Adverse Childhood Experiences (ACEs) tool and the importance of recognizing how adverse childhood experiences and trauma impact overall health and outcomes for adults.

Invitations will be sent out by AFMC who will be presenting this webinar. Recommended audience is Clinicians, Case Managers, Mental Health Professionals, Clinical Directors and Nurses for Psychiatric Residential Treatment Facilities.

ACES Awareness Presentation				
Thursday, November 18, 2021	11:00 am—12:00 pm	Invitations for this training date will be sent by AFMC		
Thursday, February 24, 2022	11:00 am—12:00 pm	Invitations for this training date will be sent by AFMC		

## **Resources:**

Stay in the know with these useful links!

### **Empower Resource Links:**

**Electronic Visit Verification** 

**Provider Alerts** 

Provider Billing FAQ

Quick Reference Guide

Clinical Practice Guidelines

Provider FAQ

Empower Ethix360

**Provider Handbook** 

Provider Quality Improvement Activities

#### **Arkansas DHS Resource Links:**

**DMS: PASSE** 

Office of PASSE Ombudsman

PASSE Information for Providers

**Provider Enrollment** 

## **Educational Opportunities**

The following is a list of available trainings offered by Empower Healthcare Solutions:

- Cultural Competency
- Community and Employment Supports (CES)
  Waiver: The PCSP, Justification for Services,
  and Things to Know when Submitting for
  Authorization
- Acute and Psychiatric Residential Treatment
- Community and Employment Supports (CES)
   Waiver: An expansive overview of services,
   descriptions, and codes
- Assisting Providers with Independent Assessments at Empower
- Care Coordination Overview
- Person Centered Service Plan
- Incident Reporting for Empower Providers
- Empower Provider Orientation

- InterQual and Medical Necessity Evaluations
- Arkansas InterQual Inpatient Provider Training
- Provider Portal: Prior Authorization and Claims
- Psychiatric Residential Treatment and Intermediate Care Facilities (ICF)
- Inpatient Authorizations: Navigating Identifi and Medical Necessity
- Outpatient Services and Home and Community Based Services
- Personal Care Services
- Overview of Physical Therapy, Occupational Therapy, Speech Therapy, and Day Treatment Services
- Developmental Disabilities Services

For more information or to schedule a training for your organization, please contact empowerhealthcaresolutionsPR@empowerhcs.com



## **Important Contact Information**

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**Clinical Director. UM** 

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Jamila.Phillips@empowerhcs.com

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providercomplaints@empowerhcs.com

Contracting

empower.network@empowerhcs.com

Incident Reporting

incident.reporting@empowerhcs.com

**Provider Relations** 

empowerhealthcaresolutionsPR@empowerhcs.com

**Special Investigations Unit** 

SIU@beaconhealthoptions.com

**Utilization Management** 

utilizationmanagement@empowerhcs.com

**Appeals** 

AR Appeals@empowerhcs.com

**Improvement Program for PCPs** 

EmpowerPIP@empowerhcs.com

**Quality Incentive Program for Medical/Surgical Hospitals** 

EmpowerQIP@empowerhcs.com



To visit our website please go to: www.getempowerhealth.com

On our website you will find:

- Clinical Practice Guidelines
- Contracting with Empower
- **Cultural Competency Plan**
- **EVV**
- Forms and Resources
- **Incident Reporting**
- **Provider Alerts**
- Provider FAQ
- Provider Billing FAQ
- Provider Handbook
- **Provider Portal**
- Pharmacy Provider Guideline
- **Provider Quality** Improvement Activities

Please feel free to share this newsletter.

If you would like to receive the newsletter, provider alerts, or training information please register for the provider distribution list at the following link.

Provider Signup

**Division of Medical Services** (DMS)

toll-free numbers:

**Beneficiary Eligibility** 800-482-8988

**Beneficiary Coverage** 800-482-5431

Office of PASSE Ombudsman 844-843-7351

