

Quick Reference Guide
www.getempowerhealth.com

Key Contact Information

<p>Provider Services (855) 429-1028</p> <p>Eligibility verification, Claims/Billing, Network/Contracting, Utilization Management/Prior Authorizations (Medical, BH/DD, Vision, Pharmacy)</p> <p>TTY/TDD and Language Line 711</p> <p>Utilization Management Fax Numbers: BH/DD/HCBS Services (800) 886-6839 Medical Services (800) 878-8264</p>	<p>Member Services (866) 261-1286</p> <p>Care Coordination, Clinical Appeals, Complaints/Grievances, Member Benefits, Eligibility, and Authorizations</p> <p>TTY/TDD and Language Line 711</p> <p>Fraud, Waste, and Abuse (844) 478-0329 empower.ethix360.com</p>
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Claims

<p>Claims Questions (855) 429-1028 EDI Clearinghouse Availity Empower Payer ID 12956</p> <p>Mail paper claim submissions to: Empower Healthcare Solutions PO BOX 211446 Eagan, MN 55121</p> <p>Portal Submission (Professional Only) www.getempowerhealth.com</p> <p><i>Note: You may also check claims status, authorizations, and eligibility through the portal</i></p>	<p>Notification of Claim Denial</p> <p>When a claim is denied because of missing or invalid mandatory information, the claim should be corrected, marked as a second submission or a corrected claim, and resubmitted within ninety (90) days of notification of payment/denial either electronically or to the general claim address:</p> <p align="center">Empower Healthcare Solutions PO BOX 211446 Eagan, MN 55121</p> <p>Claim Appeals</p> <p>Based on the wording in the 2023 PASSE Provider Agreement, you cannot appeal the outcome of a claim to Empower. A provider can, however, request an administrative reconsideration of an adverse decision/action related to a claim. Please refer to the Provider Handbook located on the Empower website, getempowerhealth.com for additional information.</p> <p>Notes:</p> <p>Corrected claims must be submitted within 90 days of the date of payment.</p> <p>Providers are not allowed to balance bill Empower members.</p>
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Pharmacy

<p>Pharmacy Benefits Manager (PBM) CVS Caremark</p> <p>Pharmacy Help Desk (800) 364-6331 (Pharmacies Only)</p> <p>Pharmacy BIN/PCN/Group</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>BIN</th> <th>PCN</th> <th>RXGroup</th> </tr> </thead> <tbody> <tr> <td>Medicaid</td> <td align="center">004336</td> <td align="center">ADV</td> <td align="center">RX2798</td> </tr> <tr> <td>Medicaid Duals</td> <td align="center">012114</td> <td align="center">COBADV</td> <td align="center">RX2898</td> </tr> </tbody> </table>		BIN	PCN	RXGroup	Medicaid	004336	ADV	RX2798	Medicaid Duals	012114	COBADV	RX2898	<p>Pharmacy PA Requirements</p> <p>PA is necessary for some medications to establish medical necessity and to ensure eligibility for coverage per State and/or Federal regulations. This may be due to specific Food and Drug Administration (FDA) indications, the potential for misuse or overuse, safety limitations, or cost- benefit justifications.</p> <p>PA is required for medications that are:</p> <ul style="list-style-type: none"> • Outside the recommended age, dose, or gender limits • Please refer to PA list
	BIN	PCN	RXGroup										
Medicaid	004336	ADV	RX2798										
Medicaid Duals	012114	COBADV	RX2898										

<p>PDL Exception Requests</p> <p>Providers may request an exception to Empower’s PDL verbally or in writing. For written requests, providers should complete a Prior Authorization Request Form, supplying pertinent Member medical history and information.</p> <p>A Prior Authorization Request can be located on the Empower website at: www.getempowerhealth.com</p> <p>To submit a request, orally, call (855) 429-1028 to speak with a pharmacy specialist.</p> <p>If Authorization cannot be approved or denied, and the drug is Medically Necessary as defined by DHS, up to a 5-day emergency supply of the non-preferred drug can be supplied to the Member.</p>	<ul style="list-style-type: none"> • Certain drugs not listed on the PDL. • Drugs listed on the PDL but still require Prior Authorization (including non-preferred PDL drugs and preferred PDL drugs with criteria) • Brand name drugs when a generic exists (unless otherwise specified) • Duplication in therapy (i.e., another drug currently used within the same class) • New to the market and not yet reviewed by DHS’s P&T Committee • Prescribed for off-label use or outside of certain diseases or specialties; or • Most self-injectable and infusion medications (including chemotherapy)
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Complaints & Grievances

Complaints and Grievances Process

Any provider may submit a complaint and any member may submit a grievance regarding issues other than those related to the terms of the provider agreement and/or performance under the provider agreement. Assistance with filing grievances and appeals is available. For complaints or grievances contact:

Empower Healthcare Solutions, LLC
 Compliance Officer
 PO BOX 211446
 Eagan, MN 55121
 Phone: (866) 261-1286
 Email:
complaintsandgrievances@empowerarkansas.com

Medical Necessity Appeals

Appeals Process

The following individuals may file an appeal:

- The enrolled member;
- The enrolled member’s parent or legal guardian;
- An attorney authorized to represent the enrolled member;
- Another authorized representative of the enrolled member, including the representative of the enrolled member’s estate if that member is deceased;

An appeal must be filed within sixty (60) calendar days from the date on the notice of adverse action/adverse decision.

Appeals may be submitted to the address or phone number below or via email at ar_appeals@empowerarkansas.com

Empower Healthcare Solutions, LLC
 PO BOX 211446
 Eagan, MN 55121
 Phone (866) 261-1286

Services that Require Prior Authorization	
Medical Services	
Abortion (elective)	<ul style="list-style-type: none"> Please refer to PA list
Advanced Imaging:	<ul style="list-style-type: none"> CT/CTA MRI/MRA PET/SPECT Nuclear Medicine Studies Gastrointestinal Tract Imaging with Endoscopy Capsule <p>Exclusions: Imaging rendered in the following settings DOES NOT require prior authorization:</p> <ul style="list-style-type: none"> Emergency department Inpatient setting Observation unit <p>Imaging by these request types DOES NOT require prior authorization:</p> <ul style="list-style-type: none"> MRI of brain/spine ordered by neurologist/neurosurgeon. Maxillofacial CTs ordered by ENT.
Inpatient Admissions	<ul style="list-style-type: none"> Notification required within 24 hours of emergency room or direct admission from a clinic or provider office or next business day. Clinical updates required with continued stay. <ul style="list-style-type: none"> Elective Procedures Rehabilitation, SNF Observation Stays (Extending Beyond 48 hours) Radiology procedures requiring Observ or Inpt stay Intermediate Care Facility
Cardiac or Pulmonary Rehab	<ul style="list-style-type: none"> Inpatient and Outpatient require PA. Please refer to PA list
CAR-T Therapy	<ul style="list-style-type: none"> Please refer to PA list
Cochlear Implants	<ul style="list-style-type: none"> Please refer to PA list
Cosmetic or Reconstructive Procedures	<ul style="list-style-type: none"> Please refer to PA list
CPAP and BIPAP	<ul style="list-style-type: none"> Please refer to PA list
Non-participating providers (All OON services)	<ul style="list-style-type: none"> Inpatient Outpatient All OON services require prior authorization excluding emergency room services
Experimental / Investigational	<ul style="list-style-type: none"> Please refer to PA list
Dental/Orthognathic Procedures	<ul style="list-style-type: none"> Services that fall under the medical benefit (e.g., Orthognathic surgery) Outpatient anesthesia Please refer to PA list
Durable Medical Equipment: (DME)/External Prosthetic Appliances (EPA) Medical and Surgical Supplies	<ul style="list-style-type: none"> DME >\$1000 (see exceptions below) DME codes ending in (99) require PA. Orthotics/Prosthetics codes ending in (99) require PA (only applies to age 21 and over) Orthotics/Prosthetics >\$750 (only applies to 21 and over) Continuous Glucose Monitor Supplies Ostomy Supplies – Exceeding quantity limits require PA. Wheelchair repairs over \$3000.00 will require PA. Please refer to PA list for complete listing

ENT	<ul style="list-style-type: none"> Laryngeal Function Studies
Experimental & Investigational	<ul style="list-style-type: none"> Please refer to PA list
Genetic or Molecular Testing (including PLA codes)	<ul style="list-style-type: none"> Please refer to PA list
Pharmacy/High Dollar Meds (excluding medications administered in an inpatient setting)	<ul style="list-style-type: none"> Please refer to PA list Synagis requires PA (CPT 90378)
Home Health & Home Modification	<ul style="list-style-type: none"> Please refer to PA list Home Infusion/IVT
Hospice	<ul style="list-style-type: none"> Please refer to PA list
Hyperbaric Oxygen Therapy	<ul style="list-style-type: none"> Please refer to PA list
Hyperalimentation (Enteral and Parenteral Nutrition)	<ul style="list-style-type: none"> Please refer to PA list Note: there is no Prior Authorization required for nutritional formulas for EPSDT beneficiaries from age 5 years through 20 years (There is a reimbursable maximum of 30 units per day)
Hysterectomies	<ul style="list-style-type: none"> Please refer to PA list
Implants	<ul style="list-style-type: none"> Fluocinolone Acetonide Intravitreal Implant Neurostimulators (please refer to PA list) Please refer to PA list
Infertility Treatment	<ul style="list-style-type: none"> Please refer to PA list
Nerve Blocks & Pain Management Procedures	<ul style="list-style-type: none"> Please refer to PA list
Nutrition Counseling	<ul style="list-style-type: none"> Please refer to PA list
OB Services	<ul style="list-style-type: none"> Induction of labor- if prior to 39 weeks gestation OB ultrasound over 2 per pregnancy Stays over 2 days for Vaginal delivery. Stays over 4 days for Cesarean delivery. Termination of pregnancy (elective) Genetic testing Certified Nurse-Midwife (for IP services based on MNC)
Private Duty Nursing	<ul style="list-style-type: none"> Private duty Personal care services: clinical updates are required. Please refer to PA list
Radiopharmaceuticals	<ul style="list-style-type: none"> Please refer to PA list
Respite Care	<ul style="list-style-type: none"> Please refer to PA list
Surgical Procedures (Please refer to PA list for guidance on specific codes)	<ul style="list-style-type: none"> Arthrodesis Bariatric Surgeries Spine Surgeries Please refer to PA list
Sleep studies	<ul style="list-style-type: none"> Facility based only
Transplants (All)	<ul style="list-style-type: none"> Please contact the State of Arkansas; PA is required
Transportation	<ul style="list-style-type: none"> Non-emergent requires PA. Please refer to PA list
Unlisted Procedures	<ul style="list-style-type: none"> Please refer to PA list
Waiver Services	<ul style="list-style-type: none"> Please refer to PA list

Behavioral Health Services & Development Disability Services	
Autism Treatment under EPDST (ABA)	<ul style="list-style-type: none"> Under 21
ECT	<ul style="list-style-type: none"> Please refer to PA list
Inpatient Psychiatric Treatment	
Intermediate Care Facility	
Neurobehavioral Status Examination	<ul style="list-style-type: none"> Please refer to PA list
Partial Hospitalization	
Planned Respite	<ul style="list-style-type: none"> Under 21
Psychiatric Residential Treatment	<ul style="list-style-type: none"> Under 21
Psychological, Neuropsychological and Cognitive Testing	<ul style="list-style-type: none"> Please refer to PA list
Residential Community Reintegration	<ul style="list-style-type: none"> Under 21
Substance Abuse Detox (IP or OP-Obs only)	<ul style="list-style-type: none"> Adults Only
Therapeutic Communities	<ul style="list-style-type: none"> Adults Only (18+)
Therapeutic Host Home	<ul style="list-style-type: none"> Under 21

***All out-of-network physicians and hospital and ancillary service requests will require prior authorization.**

**** Unlisted procedure codes that are manually priced require prior authorization.**

***** DDS & OBHS Community and Employment Support Services (1915C & 1915I) will be prior authorized as a final outcome of the PCSP process after full review of medical necessity.**