

May 2021

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May is Mental Health Month

Millions of people in the U.S. are affected by mental illness each year. It's important to measure how common mental illness is, so we can understand its physical, social and financial impact — and so we can *show* that no one is alone. These numbers are also powerful tools for raising public awareness, stigma-busting and advocating for better health care.

To Help Our Members Understand They Are Not Alone

Annual prevalence of mental illness among U.S. Adults, by demographic group:

- [20.6%](#) of U.S. adults experienced mental illness in 2019 (51.5 million people). This represents 1 in 5 adults.
- [5.2%](#) of U.S. adults experienced serious mental illness in 2019 (13.1 million people). This represents 1 in 20 adults.
- [16.5%](#) of U.S. youth aged 6-17 experienced a mental health disorder in 2016 (7.7 million people)
- [3.8%](#) of U.S. adults experienced a co-occurring substance use disorder and mental illness in 2019 (9.5 million people)

Annual prevalence among U.S. adults, by condition:

- Major Depressive Episode: [7.8%](#) (19.4 million people)
- Schizophrenia: [<1%](#) (estimated 1.5 million people)
- Bipolar Disorder: [2.8%](#) (estimated 7 million people)
- Anxiety Disorders: [19.1%](#) (estimated 48 million people)
- Posttraumatic Stress Disorder: [3.6%](#) (estimated 9 million people)
- Obsessive Compulsive Disorder: [1.2%](#) (estimated 3 million people)
- Borderline Personality Disorder: [1.4%](#) (estimated 3.5 million people)

Advocate for Change

You have the power to change how decision makers support people with mental health conditions. Find out what NAMI is doing on Capitol Hill and how you can become a mental health advocate by clicking [here](#).

Working Remotely and Mental Health

In response to a growing demand from employers across the country, the Center for Workplace Mental Health has developed a guidance resource, ***Working Remotely During COVID-19: Your Mental Health and Well-being***. This resource outlines tips on maintaining your mental health and well-being while working remotely, what to do if you have a mental health condition, and tips for managers and HR professionals on staying connected and supporting employees during this challenging time. A complete list of these suggestions can be found [here](#).

Links to Additional Helpful and Reliable Resources

- Centers for Disease Control and Prevention's [COVID-19: Managing Stress and Anxiety](#)
- American Psychiatric Association (APA)'s [COVID-19/ Coronavirus Resources and Information Hub](#)





Mental Health Month (continued from Page 2)

- APA's [Coronavirus and Mental Health: Taking Care of Ourselves During Infectious Disease Outbreaks](#)
- World Health Organization (WHO)'s [COVID-19/ Coronavirus: Mental Health Considerations](#)
- Substance Abused and Mental Health Services Administration (SAMHSA)'s [Tips for Social Distancing, Quarantine and Isolation](#)
- National Alliance on Mental Health (NAMI)'s [COVID-19 and Mental Illness Guide](#)
- Call Centers and Hotlines: If you are experiencing high levels of stress, anxiety or depression, reach out to the following for support:
 - ◊ Crisis Text Line: Text 741741
 - ◊ National Suicide Prevention Lifeline: [1-800-273-8255](tel:1-800-273-8255)

Excerpt: <https://www.nami.org/Advocacy/Advocate-for-Change>;
<https://www.workplacementalhealth.org/news-events/news-and-blog/working-remotely-during-covid-19-your-mental-health>

Reminders:

Prior Authorization and Extension of Benefits

The primary function of the Empower's Utilization Management (UM) staff is to facilitate efficient resource utilization, and to review and verify medical necessity for:

- Pre-Certification/Prior Authorization of services
- Out-of-Network services
- Transition of care
- Admission and concurrent review
- Retrospective review
- Discharge planning

Prior Authorizations:

Some services require a prior authorization from Empower for reimbursement to be issued. Please see Empower's [Quick Reference Guide for Key Contact Information and Prior Authorization](#) for a list of services that require a Prior Authorization.

A Prior Authorization is based on Medical Necessity and should be requested before a service is provided. Requests for prior authorization will not be backdated. It is up to the provider to submit documentation to support Medical Necessity.

Extension of Benefits:

Some services have yearly benefit limits available before an Extension of Benefits request is required. Please see Prior Authorization Resources on Empower's [Forms and Resources](#) page for benefit limits. Extension of benefits is based on Medical Necessity and can be requested up to 365 days after the date of service. It is up to the provider to submit documentation to support Medical Necessity.

* **Please Note:** If a service has a weekly/daily maximum and a provider needs to exceed that maximum, a **Prior Authorization** review of Medical Necessity will be required prior to service delivery; even if the service allows an extension of benefits for the annual maximum.

Timely Filing Requirements

Empower follows Arkansas Medicaid Regulations regarding timely filing requirements. As with Arkansas Medicaid, there are no exceptions to the 12-month filing deadline policy.

A clean claim is defined as a claim for reimbursement submitted to Empower by a health care practitioner, pharmacy or pharmacist, hospital or person entitled to reimbursement that contains the required data elements and any attachments requested by Empower. The original clean claim must be submitted within 365 days from the date of service and all medical record documentation to support billed codes must be maintained.

Claims originally rejected for missing or invalid data elements must be corrected and resubmitted within the timeframe identified in the provider agreement. Rejected claims are not registered as received in the claims processing system. Resubmission of previously processed claims with corrections and/or requests for adjustments must be submitted within one hundred eighty (180) days of notification of payment/denial.





Reminders (continued from Page 4)

Balance Billing

Empower strives to pay all clean claims according to the Medicaid fee schedules, but will only reimburse providers for services that are medically necessary and covered by Empower. Payments made to providers by Empower for Medicaid covered services for Empower members are considered payment in full.

Participating providers may not balance bill members for covered services rendered. According to the Arkansas Medicaid Manual, charges that are NOT the responsibility of the member are listed below.

- A claim or portion of a claim denied for lack of medical necessity.
- Charges in excess of the Medicaid maximum allowable rate.
- A claim or portion of a claim denied because of errors made by DMS or the AR Medicaid fiscal agent.
- A claim or portion of a claim denied due to provider error.
- A claim or portion of a claim denied due to changes made in state or federal mandates after services were performed.
- A claim or portion of a claim denied because a provider failed to obtain prior, concurrent, or retroactive authorization for a service.
- The member is not responsible for insurance cost share amounts if the claim is for a Medicaid-covered service by Medicaid-enrolled provider who accepts the member as a Medicaid patient.

Out of Network Providers

Empower strives to meet the needs of all Empower members therefore, Out-of-Network services are not covered unless they are an emergency by a provider enrolled in Arkansas Medicaid or if *prior authorized by Empower.

Use Empower's **Find a Provider** at www.getempowerhealth.com to help locate a participating provider.

* **Note:** During the current state of emergency and for the purpose of prior authorizations, Out of Network providers are being treated as In-Network.

Join Our Network

Empower Healthcare Solutions is partnered with Beacon Health Options, LLC and Access Health Services, LLC, in the AR PASSE (Provider-led Arkansas Shared Savings Entity) model that will provide a higher level of care to all Arkansas Medicaid beneficiaries.

Any Provider of healthcare services who would like to become a participating provider with Empower must be enrolled in the Arkansas Medicaid Program before Empower can pay for services by the provider to the Arkansas Medicaid member. To become an Arkansas Medicaid Provider, please visit AR Medicaid Provider Enrollment by clicking [here](#).

To become a participating provider with Empower, please complete the [Empower Network Application](#) and email to empower.network@empowerhcs.com.

It is important to keep your roster up to date with any new staff; staff that are no longer with your company that needs to be removed; change in location/address; Tax ID # or SS # updates. To update your roster, please complete the [Provider Roster Form](#) and email to empower.network@empowerhcs.com.

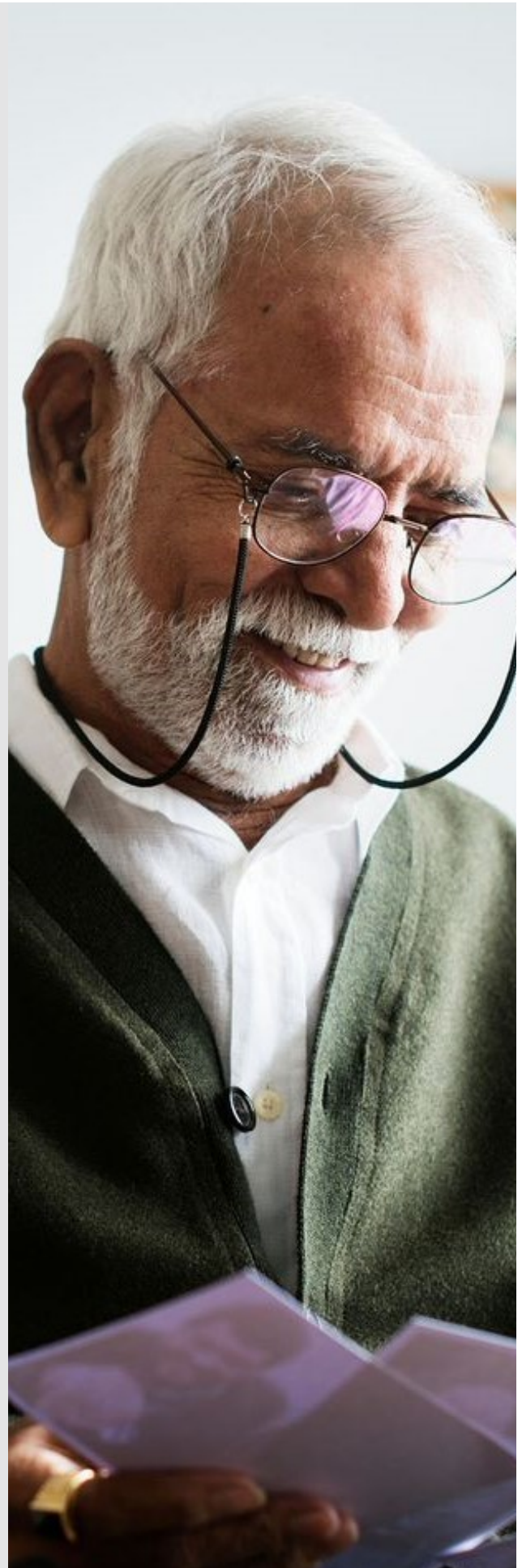
We appreciate your time and consideration in joining our networks and recognize that it is only through exceptional professionals like you that we can make high-quality health care more accessible to a greater number of people.

Please reach out to [Arkansas Medicaid Provider Enrollment](#) to ensure your information is up to date.

Claim Denials vs. Rejections

Empower strives to pay clean claims but sometimes denials or rejections occur. Below details the difference between denials and rejections

- Rejected claims do not enter the adjudication system because they have missing or incorrect information
- If a claim cannot be found on the Provider Portal the claim has likely been rejected





Reminders (continued from Page 6)

- Denied claims go through the adjudication process but are denied for payment
- If your claim is administratively denied, you may file an appeal. As part of the appeal, you must demonstrate that you notified or attempted to notify Empower within the established time frame and that the services are medically necessary

Claim Reconsideration— Providers need to submit the Claims Inquiry Form found [here](#).

Claims Appeal— If a claim has been denied, an appeal can be submitted to AR_Appeals@empowerhcs.com

Claims Overpayment— Providers should submit the Empower Voluntary Self-Disclosure of Provider Overpayment Form found [here](#).

***Note:** All forms are available at www.getempowerhealth.com under Provider—Provider Forms and Resources.

HCPCS and CPT codes

Per The Department of Human Services a review of the Annual 2021 HCPCS (Pain Management) and CPT procedure codes has been completed, and the Arkansas Medicaid Program has begun accepting updated procedure codes on claims with dates of service on and after January 1, 2021. Any claim adjustments needed due to coding changes will be the responsibility of the provider. Requests for PA revisions for Empower members should be submitted by the provider to Empower. All claims submissions and adjustments should be received prior to the 365-day filing deadline.

Drug procedure codes require National Drug Code (NDC) billing protocol. Drug procedure codes that represent radiopharmaceuticals, vaccines and allergen immunotherapy are exempt from the NDC billing protocol.

Procedure codes that are identified as deletions in 2021 Annual HCPCS Level II and CPT have become non-payable for dates of service on and after January 1, 2021.

A complete list of the HCPCS and CPT procedure codes can be found at <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/manuals/all-prov/#official-notices>

Provider Validation Required on Claim Submissions

Empower will be validating provider identifying and demographic data via front-end claims edits. If data on the registry is not current, please reach out to provider enrollment at 800-457-4454.

The following information is needed on claims.

- Providers should include both the billing and the rendering NPI and Taxonomy numbers in the appropriate boxes on all HCFA 1500 (professional) paper claim submissions and/or the 837-p equivalent.
- Providers should include both the billing and the attending NPI and Taxonomy numbers in the appropriate boxes on all UB04 (institutional) paper claim submissions and/or the 837-I equivalent.
- If the billing and rendering provider is the same, only the billing NPI and Taxonomy numbers need to be submitted.
- Atypical Providers should submit their Medicaid ID/ Pin in the appropriate billing and/or rendering fields.
- Group and facility providers should submit the billing NPI and Taxonomy numbers as well as the rendering NPI and Taxonomy numbers of the professional performing the service in the appropriate fields. Please note, for group and facility providers, the billing NPI and Taxonomy numbers are different and distinct from the rendering NPI and Taxonomy numbers.

For more information on how to complete each billing form you can see our Provider Validation Job Aids at our website on the Forms and Resources page under Claims Resources [here](#).



DME Codes Ending in 99

In an effort to have claims pay appropriately and quickly, DME services billed with CPT/HCPs ending in “99” will require a Prior Authorization (PA) regardless of amount of the claim.

To see the Empower Provider Alert, DME Codes Ending in 99 dated 2/7/20, [click here](#).

CPT Code	Mod 1	Mod 2	Mod 3	Description
A9999	HC			Miscellaneous DME Supply or Accessory, Not Otherwise Specified
A9999	HC	EP		Miscellaneous DME Supply or Accessory, Not Otherwise Specified
A9999	HC	NU		Miscellaneous DME Supply or Accessory, Not Otherwise Specified
E1399	HC	EP	U3	Durable Medical Equipment, Miscellaneous
E1399	HC	EP	U1	Durable Medical Equipment, Miscellaneous
E1399	HC	EP	U2	Durable Medical Equipment, Miscellaneous
E1399	HC	NU		Durable Medical Equipment, Miscellaneous
E1399	HC	NU	U2	Durable Medical Equipment, Miscellaneous
E2599	HC	EP		Accessory for Speech Generating Device, Not Otherwise Classified
E2599	HC	NU		Accessory for Speech Generating Device, Not Otherwise Classified
L1499	HC	NU		Spinal Orthosis, Not Otherwise Specified
L1499	HC	EP		Spinal Orthosis, Not Otherwise Specified
L2999	HC	EP		Lower Extremity Orthoses, Not Otherwise Specified
L2999	HC	NU		Lower Extremity Orthoses, Not Otherwise Specified
L3999	HC	EP		Upper Limb Orthosis, Not Otherwise Specified
L3999	HC	NU		Upper Limb Orthosis, Not Otherwise Specified
L5699	HC	EP		All Lower Extremity Prostheses, Shoulder Harness
L5699	HC	NU		All Lower Extremity Prostheses, Shoulder Harness
L5699	HC	NU		Lower Extremity Prosthesis, Not Otherwise Specified
L5699	HC	EP		Lower Extremity Prosthesis, Not Otherwise Specified
L7499	HC	NU		Upper Extremity Prosthesis, Not Otherwise Specified
L7499	HC	EP		Upper Extremity Prosthesis, Not Otherwise Specified
L8499	HC	EP		Unlisted Procedure for Miscellaneous Prosthetic Services
L8499	HC	NU		Unlisted Procedure for Miscellaneous Prosthetic Services



Coronavirus Provider Alerts

Empower is taking steps to prepare for the unique challenges related to the COVID-19 outbreak and resulting declared state of emergency in Arkansas. The uncertainty posed by a public health emergency can cause stress and anxiety among many individuals. Therefore, core to our plan is ensuring that members have access to routine and emergency services.

For a complete summary of Coronavirus Provider Alerts see Empower's website at the following link.: <https://www.getempowerhealth.com/coronavirus/>.

As we execute our plan, we will keep you updated via alerts, our [website](#), and our [Facebook](#) page. Please click [here](#) for the most up to date information regarding COVID-19.

For Up to Date and Additional Key Information regarding COVID-19:

CDC—<https://www.cdc.gov/coronavirus/index.html>

Arkansas Department of Health—<https://www.healthy.arkansas.gov/>

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](#)

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, May 18, 2021	10:00 am—11:30 am	Register Here!
Tuesday, June 15, 2021	10:00 am—11:30 am	Register Here!
Tuesday, July 20, 2021	10:00 am—11:30 am	Register Here!
Tuesday, August 17, 2021	10:00 am—11:30 am	Register Here!

Educational Opportunities

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

- 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

To access a training slide deck click [here](#) and go to Educational Opportunities.

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

Important Contact Information

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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