

April 2019

This newsletter alerts providers to upcoming changes and other information or procedural updates from Empower.

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Empower Healthcare Solutions
Po Box 211446
Eagan, MN 55121

Member Services: [866-261-1286](tel:866-261-1286) | TTY 711

Provider Services: [855-429-1028](tel:855-429-1028)

Fax: [888-614-5168](tel:888-614-5168)

Website: www.getmpowerhealth.com

Empower: An Arkansas PASSE

Empower Healthcare Solutions, LLC (Empower) is a Provider-led Arkansas Shared Savings Entity (PASSE). This new model of care was developed to address the overall health care needs of Medicaid beneficiaries who have complex behavioral health or intellectual and developmental disability (IDD) service needs. Goals of the PASSE program are to:

- » Coordinate and integrate treatment delivery across all of the individual's providers
- » Improve total health outcomes for the target population
- » Increase local services capacity to help individuals with IDD access quality care and support services within their own communities
- » Ensure flexibility in the individuals' service array to address all of their health care needs
- » Slow or decrease spending growth and costly acute care stays by promoting efficient and effective services

Empower is composed of the following six (6) partner organizations:

Arkansas Community Health Network

Statera

Beacon Health Options

The Arkansas Healthcare Alliance

Independent Case Management

Woodruff Health Group, LLC (ARcare/pharmacist)

For more information about Empower, please visit the *About Us* page on our website www.getempowerhealth.com.

AT A GLANCE

Contract with Em-



Covered Lives

Approximately 18,000 Medicaid Individuals with a qualified behavioral health and/or intellectual and developmental disabilities service need based on the Arkansas Independent Assessment.



Covered Services

Beacon currently provides care coordination to all individuals assigned to Empower. Empower is responsible for administration of the total health needs of our membership.



Geography

Statewide



Year Started

2018 for Care Coordination;
March 2019 full health plan services

power

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

To become a participating provider with Empower, please email:

Empower.Network@empowerhcs.com



Care Coordination:

Care coordination will assist members with their healthcare needs by ensuring providers and services are working together so that the member's health is improved. Care Coordinators will include members in development of the Person Centered Service Plan (PSCP) and provide choices for members in this process. Care Coordinators will also ensure compliance with the PCSP and will assist with any resources needed or barriers to accessing treatment.

Your Care Coordinator will also:

- » Teach you more about your health needs
- » Help with any needs in your day to day life, such as helping you eat healthy food and exercise
- » Work with providers that give medicine
- » Work with providers to coordinator care
- » Make a plan of care that has all your services listed
- » Help find you services
- » Help you find supports in your family and community
- » Help if you are in trouble or in crisis
- » Provide guidance and support
- » Help with paperwork
- » Monitor providers to ensure that services are provided in a safe and helpful manner
- » Ensure you have an assigned PCP in the state's Care Connect System
- » Ensure you regularly follow up for prevention, wellness, and sick visits
- » Ensure all members have active coverage
- » Will follow up with you within 7 days of an ER, Urgent Care, or Hospital Admission
- » Will contact the member to assist with discharge planning, prescription assistance, follow up appointment with PCP and Specialty Providers

To reach a Care Coordinator:

CareCoordination@empowerhcs.com

Phone: 866-261-1286

Recent Provider Alerts:

For claims to be processed timely and with no errors, please use, the attached codes when billing Empower.

Developmental Disability—Waiver Providers

Code	Modifier	POS	Description	Unit Def
H2016		12,99,14	Supportive Living - Tier 3	Per Day
H2016	TF	12,99,14	Supportive Living - Tier 2	Per Day
H2023		99	Supported Employment	15 mins
S5151		12,99,14,54	Respite Services - Tier 3	Per Day
S5151	TF	12,99,14,54	Respite Services - Tier 2	Per Day
T2020	UA	12,99,14	Supplemental Support Svcs	Per Unit
T2025		12,99,14	Consultation Services	Per Hour
T2028		12,99,14	Specialized Medical Equipment	Per Unit
T2020	UA, U1	99,14,54	Community Transition Services	Per Month
T2034	U1, UA	99,12	Crisis Intervention Services	Per Hour
K0108	HK	12	Environmental Modifications	Per Unit
S5160		12,14	Adaptive equipment, personal emergency response system (PERS), installation and testing,	Per Unit
S5161		12,14	Adaptive equipment, personal emergency response system (PERS), service fee, per month, excludes installation and testing	Per Unit
S5162		12,14	Adaptive equipment, personal emergency response system (PERS), purchase only	Per Unit
S5165		12,14	CES adaptive equipment, per service	Per Unit

Intermediate Care Facilities (ICF) Billing

ICFs	Revenue Code	Unit
LOA Hospital less than 85% occupancy – Traditional Style Bed or ICF/IID	0180	1 day
LOA – Home – Traditional Style Bed or ICF/IID	0183	1 day
LOA Hospital 85% or greater occupancy – Traditional Style Bed or ICF/IID	0185	1 day
LOA No Pay – Traditional Style Bed or ICF/IID	0189	1 day
ICF/IID	0194	1 day
Hospice Room and Board – Traditional Style Bed or ICF/IID	0658	1 day

Empower will authorize 0194-ICF/IID. It is the responsibility of the provider to bill accurately for days in which the member is on a Leave of Absence (LOA).

Physical and Occupational Therapy CPT codes

Current AR Medicaid Procedure Codes	Description	Current Fee Per Unit	Use these codes to Bill Empower	Description
97001	Evaluation for Physical Therapy (30-minute unit) Medicaid maximum of 4 units per SFY	\$49.44	97162	Physical Therapy Evaluation, moderate complexity (1 unit =30 minutes face to face)
97003	Evaluation for Occupational Therapy (30-minute unit) Medicaid maximum of 4 units per SFY	\$49.44	97165	Occupational Therapy Evaluation, low complexity (1 unit = 30 Minutes face to face)

Psychiatric Inpatient Providers and Hospitals

Inpatient Service	Revenue Code	Age Limit
Acute Inpatient Psychiatric	0114	under 21
Acute Inpatient Psychiatric	0154	over 21
PRTF (free Standing residential)	1001	under 21
RTC attached to acute hospital	0124	under 21

EIDT Providers,

Effective February 28, 2019, DHS has temporarily lifted the edit that requires you to first bill private insurance before Medicaid/PASSE. The lift will be effective for any dates of service from August 1, 2018 to July 31, 2019; which dates back to the start of the EIDT program for the following codes:

For code T1023, U6, UC, please use the crosswalk code 96111 to bill private insurance companies. Please note this is a temporary solution. DHS is working on getting the new codes in the EIDT Manual.

Code	Modifier	Modifier
T1015	U6	UB
T1015	U6	UC
T1002	U6	
99367	UA	

EPSDT ABA Codes:

EPSDT ABA BILLING CODES CROSSWALK

	OLD - HCPCS CODE/Modifier	NEW- 2019 CPT CODE/Modifier
Assessment and Treatment Plan Development by BCBA and/or BCBA-D	T2024/U1 DESCRIPTION: Assessment to determine a comprehensive clinical profile, documenting skills deficits across multiple domains including language/communication, cognition, socialization, self-care and behavior. This detailed clinical profile will provide the basis for the development of an individualized treatment plan that will guide the day-to-day deliver of evidence-based interventions and the daily data collection. The Individual Treatment Plan will be based on the assessment utilizing exclusively evidence-based practices (as outlined in the provider manual) and will train key personnel to implement the intervention(s) and collect detailed data regarding the child's progress. Current Payment: 15-minute unit; \$26.10 per unit.	97151/EP DESCRIPTION: Behavior Identification Assessment and treatment plan development, administered by physician or other Qualified Health Care Professional (QHP*). Face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan.
	T2024/U2 DESCRIPTION: Oversight of implementation of evidence-based intervention strategies by the Lead therapist, the Line therapist and the family; ongoing education of family members and key staff regarding treatment; monthly on-site (in-home and community settings) monitoring of treatment effectiveness and implementation fidelity; modification of treatment plan as necessary; and modification of assessment information as necessary. The monitoring under this service will be for the purpose of modifying the design of the Treatment Plan and is conducted monthly by the Consultant. Current Payment: 15-minute unit; \$26.10 per unit.	97151/EP DESCRIPTION: Behavior Identification Assessment and treatment plan development, administered by physician or other Qualified Health Care Professional (QHP*). Face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan.
TREATMENT BY RBT/BCaBA	H2019/U2 DESCRIPTION: Line Therapist is responsible for on-site implementation of the interventions as set forth in the treatment plan: recording of data as set forth in the treatment plan and reporting progress/concerns to the Lead Therapist/Consultant as needed. Current Payment: 15-minute unit; \$4.50 per unit.	97153/EP DESCRIPTION: Adaptive behavior treatment by protocol, administered by RBT or BCaBA, under the direction of physician or QHP, face-to-face with one patient.

*QHP: Qualified Health Care Professional: Board Certified Behavior Analyst-Doctoral, Board Certified Behavior Analyst, Psychologist, or other credential professional whose scope of practice, training, and competence includes applied behavior analysis

Claims:



Timely Filing

Requirements:

- 365 Days from date of service
- Corrected claims/ adjustment requests submitted within 90 days of Remittance Advice.



Accepted Methods

- Electronic (EDI) - Change Healthcare. Payor ID: 12956
- Paper Claim Forms: CMS-1500 or UB04
- Web Portal: Professional Claims Only



EFT/ERA

- InstaMed - Please visit: www.instamed.com/eraeft to register
- If you are currently enrolled with InstaMed, you will be able to add Empower to your InstaMed profile.

For Additional Claims Resources including our Companion Guides and our Tip Sheet for completing the UB04 claim form, click [here](#).

Outpatient Behavioral Health Billing - Please note unique modifiers.

Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Description
99212	UB	U4	Z1		Pharmacologic Management – Physician
99213	UB	U4	Z1		Pharmacologic Management – Physician
99214	UB	U4	Z1		Pharmacologic Management – Physician
99212	UB	U4	U7	Z1	Pharmacologic Management – Physician (Telemedicine)
99213	UB	U4	U7	Z1	Pharmacologic Management – Physician (Telemedicine)
99214	UB	U4	U7	Z1	Pharmacologic Management – Physician (Telemedicine)
99212	SA	U4	Z1		Pharmacologic Management – APN
99213	SA	U4	Z1		Pharmacologic Management – APN
99214	SA	U4	Z1		Pharmacologic Management – APN
99212	SA	U4	U7	Z1	Pharmacologic Management – APN (Telemedicine)
99213	SA	U4	U7	Z1	Pharmacologic Management – APN (Telemedicine)
99214	SA	U4	U7	Z1	Pharmacologic Management – APN (Telemedicine)
H2011	U4	U6	Z2		Crisis Stabilization Intervention – MHP
H2011	U4	U5	Z2		Crisis Stabilization Intervention – QBHP
H2011	HA	U4	Z3		Crisis Intervention
H2017	UC	U4	Z4		Individual Life Skills Development QBHP BA or RN (age 16 - 20 only)
H2017	U4	U6	Z4		Individual Life Skills Development QBHP Non-degreed (age 16 - 20 only)
H2017	HQ	UC	U4	Z5	Group Life Skills Development QBHP BA or RN (age 16 - 20 only)
H2017	HQ	U4	U6	Z5	Group Life Skills Development QBHP Non-degreed (age 16 - 20 only)

Resources:

Stay in the know with these useful links.

Empower Resource Links:

- » [Clinical Practice Guidelines](#)
- » [Provider Handbook](#)
- » [Provider Billing FAQ](#)
- » [Provider FAQ](#)
- » [Quick Reference Guide](#)
- » [Empower Ethix360](#)

Arkansas DHS Resource Links:

- » [DMS: PASSE](#)
- » [Office of PASSE Ombudsman](#)
- » [PASSE Information for Providers](#)

Recent Provider Alert: Billing Tips

Please see the tips below to help avoid front-end rejections and claim denials when billing Empower Healthcare Solutions.

Atypical Providers - All atypical providers will need to bill their Medicaid ID number in lieu of NPI in the rendering provider field in order to get the claims to process appropriately.

Avoid EDI Rejections – Empower does not require a referring provider to be submitted with your claim. Please remove the referring provider information when submitting claims to Empower in order to avoid front-end rejections. If you choose to add the referring provider information, please add the information at the claim level and service level when submitting claims electronically.

Empower Portal Claim Submission – Providers can only submit professional claims via the Empower web portal. If you are a provider that typically submits facility claims on a UB-04 claim form, please submit claims via a clearinghouse or via paper claim submission to avoid unnecessary claim denials.

Avoid Claim Denials and Rejections – In order to avoid claim rejections or claim denials, please make sure that rendering and billing NPI and TIN match the information as provided and listed by the state for the services rendered. All provider data is validated against the state's provider data files for accuracy.

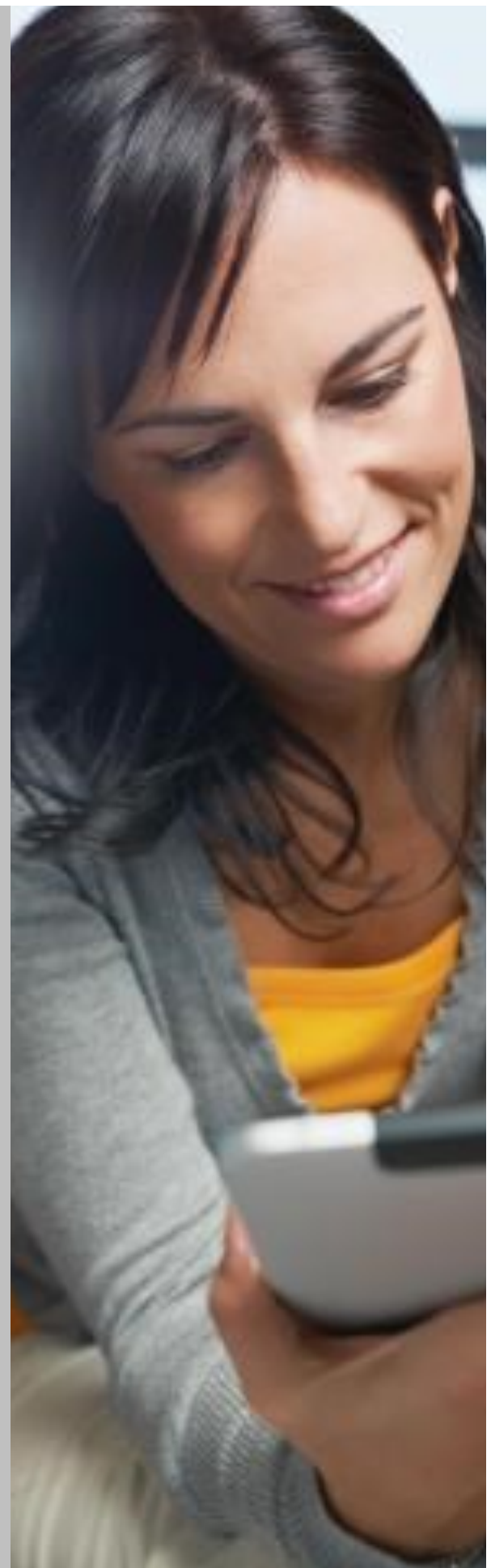
Medicare Crossover Claims - While Empower continues to finalize the Medicare crossover process, please submit claims for dually eligible members to Medicare first and then file to Empower through paper submission process by attaching the Medicare EOP to the Medicaid claim and mail to:

Empower Healthcare Solutions
PO BOX 211446
Eagan, MN 55121

We anticipate having the automated crossover process completed in the near future.

Member Empower ID – As a reminder, please ensure that you are billing the member's Empower Medicaid ID number when filing claims for Empower members.

Correcting claims submitted incorrectly via the PORTAL only -There is no way to 'correct' a claim in the portal. Please call Provider Services; give them the claim number and a brief description of what is wrong. Request Provider Services 'void' that claim . Then resubmit the claim with the correct information.





Recent Provider Alerts:

Medicare Crossover Process

Providers,

While Empower continues to finalize the Medicare crossover process, please submit claims for dually eligible members to Medicare first and then file to Empower through the paper submission process by attaching the Medicare EOP to the Medicaid claim and mail to:

Empower Healthcare Solutions
PO BOX 211446
Eagan, MN 55121.

We anticipate having the automated crossover process completed in the near future.

For a list of codes approved by DHS as not needing to go to Medicare first click [here](#). These services can be billed directly to Empower without submitting to Medicare first.

Intermediate Care Facilities (ICF) Billing

Empower Healthcare Solutions will require a Prior Authorization for any new ICF Admission effective 3/1/19. All Empower members will be given a transition authorization until 5/31/19 while the Person Centered Service Plan is updated. It is the expectation that all ICF Providers will submit a Continuing Stay Request (CSR) for Empower members by 6/1/19. You will not need a Prior Authorization number on your claim until 6/1/19.

Educational Opportunities:

The following is a list of trainings offered by Empower:

- » Empower Provider Orientation
- » Provider Portal: Prior Authorization and Claims
- » Psychiatric Residential Treatment and Intermediate Care Facilities (ICF)
- » Inpatient Authorizations: Navigating Identifi and Medical Necessity

Upcoming Webinars

Personal Care - This webinar will cover criteria for Personal Care services, the prior authorization process, and benefit limits.

Personal Care		
Wednesday, April 10, 2019	11:00 a.m.—12:00 a.m.	Register Here!

Outpatient Behavioral Health and Substance Abuse Services - This webinar will cover submitting Prior Authorization and becoming familiar with InterQual.

Outpatient Behavioral Health and Substance Abuse Services		
Friday, April 12, 2019	11:00 a.m.—12:00 p.m.	Register Here!

ST, OT, PT and ADDT/EIDT Services - This webinar will cover the Prior Authorization process, benefit limits, and getting familiar with InterQual.

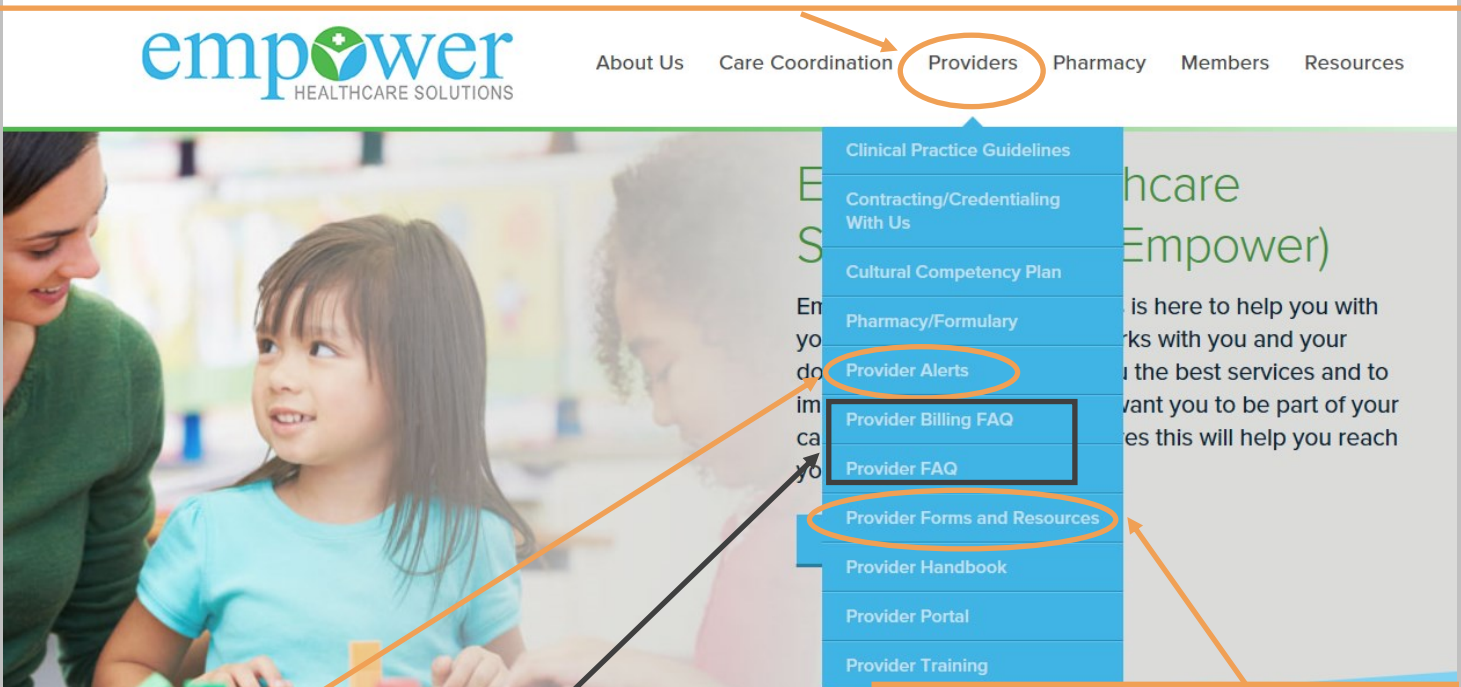
ST, OT, PT and ADDT/EIDT Services		
Wednesday, April 17, 2019	11:00 a.m.—12:00 p.m.	Register Here!

DD Waiver and ICF Services - This webinar will cover the Prior Authorization process for ICF and waiver services using Identifi and InterQual for DME authorizations.

DD Waiver and ICF Services		
Wednesday, April 24, 2019	11:00 a.m.—12:00 p.m.	Register Here!

Check Out Empower's Website at: www.getempowerhealth.com

Hovering over Providers on the Empower Homepage will open the drop down list where the provider portal, provider handbook, and other resources can be found.



To find important provider notifications chose Provider Alerts.

For Provider FAQ's chose Provider Billing FAQ or Provider FAQ.

To find forms and resources including quick reference guides, job aides, and authorization forms chose Provider Forms and Resources.

Important Contact Information

Provider Services	855-429-1028
Member Services	866-261-1286
Interim Executive Director Nicole May Nicole.May@empowerhcs.com	Office: 501-707-0951
Vice President of Clinical Services Melissa Ortega Melissa.Ortega@empowerhcs.com	Office: 501-707-0919
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Clinical Director, Adults Stacie Williams Stacie.Williams@empowerhcs.com	Office: 501-707-0930
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Provider Relations Managers Shelly Rhodes Shelly.Rhodes@empowerhcs.com	Office: 501-707-0920
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Provider Relations empowerhealthcaresolutionsPR@empowerhcs.com	
<u>Division of Medical Services (DMS)</u>	
<u>toll-free numbers:</u>	
Beneficiary Eligibility	800-482-8988
Beneficiary Coverage	800-482-5431
Office of PASSE Ombudsman	844-843-7351



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
- Forms and Resources
- Provider Alerts
- Provider FAQ
- Provider Billing FAQ
- Provider Handbook
- Provider Portal
- Pharmacy Provider Guideline

Please feel free to share this newsletter.

If you would like to receive the newsletter, provider alerts, or member information please email:

EmpowerHealthcareSolutionsPR@empowerhcs.com