Empower Healthcare Solutions Provider Newsletter

August 2019

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

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Provider Services: 855-429-1028
Fax: 888-614-5168
Website: Getempowerhealth.com

Prior Authorizations after September 1, 2019

Upon implementation of Phase II of the PASSE program, each PASSE was asked to designate a transition period in which authorizations would not be disrupted. Existing authorizations that were in effect on March 1, 2019 when Phase II implemented were provided to each PASSE. Empower has honored existing authorizations since this time. The prior authorization requirements for outpatient services has been lifted for the transition timeframe through August 31, 2019. Please note below information regarding the authorizations beginning September 1, 2019 when the transition period ends.

• Outpatient/Home and Community Based Services providers will need to submit an extension of benefits request for services rendered on or after September 1, 2019 if benefits have been exhausted between March 1, 2019 and August 31, 2019.

• Services that will require a prior authorization starting September 1, 2019 will include partial hospitalization, residential community reintegration, therapeutic communities, HCBS options, and personal care services.

• Services requiring prior authorization are posted at www.getempowerhealth.com under the "Quick Reference Guide for Prior Authorization" posting.

• New rates for traditional CES waiver services will be released later in 2019. Empower encourages providers to engage in the discussion surrounding a new model of care to promote member centered planning and efficiencies in existing processes.

Provider Type 95 Claim Instructions:

The following guidance applies to provider type 95, which is considered an atypical provider type by the Arkansas Medicaid program. An atypical provider is an individual or business that is not a health care provider and does not meet the definition of a health care provider according to the *NPI Final Rule*, **Atypical** refers to nontraditional medical services.

Atypical providers must be registered with the Arkansas Medicaid program and have an active Medicaid ID number (PIN). To bill Empower Healthcare Solutions, atypical providers must bill using their Arkansas Medicaid ID.

To avoid claim delays or rejections, atypical providers should submit claims that contain the following information, in alignment with the Arkansas Medicaid program:

- Billing Provider Name, Medicaid ID number, taxonomy code and billing address that matches Medicaid Enrollment records

- Rendering Provider Name, ID number and taxonomy code (if rendering provider differs from billing provider)

Please compare Names, all Medicaid and NPI numbers, taxonomy and addresses submitted on the claim to the information registered with Arkansas Provider Enrollment. Names (spellings), Taxonomies and addresses that do not match the information submitted to Medicaid Provider enrollment could lead to rejected claims.

To enroll with the Arkansas Medicaid program as a new provider, visit:

https://medicaid.mmis.arkansas.gov/Provider/Enroll/Enroll.aspx

Billing Provider Information

An atypical provider should use the Medicaid ID number assigned to them.
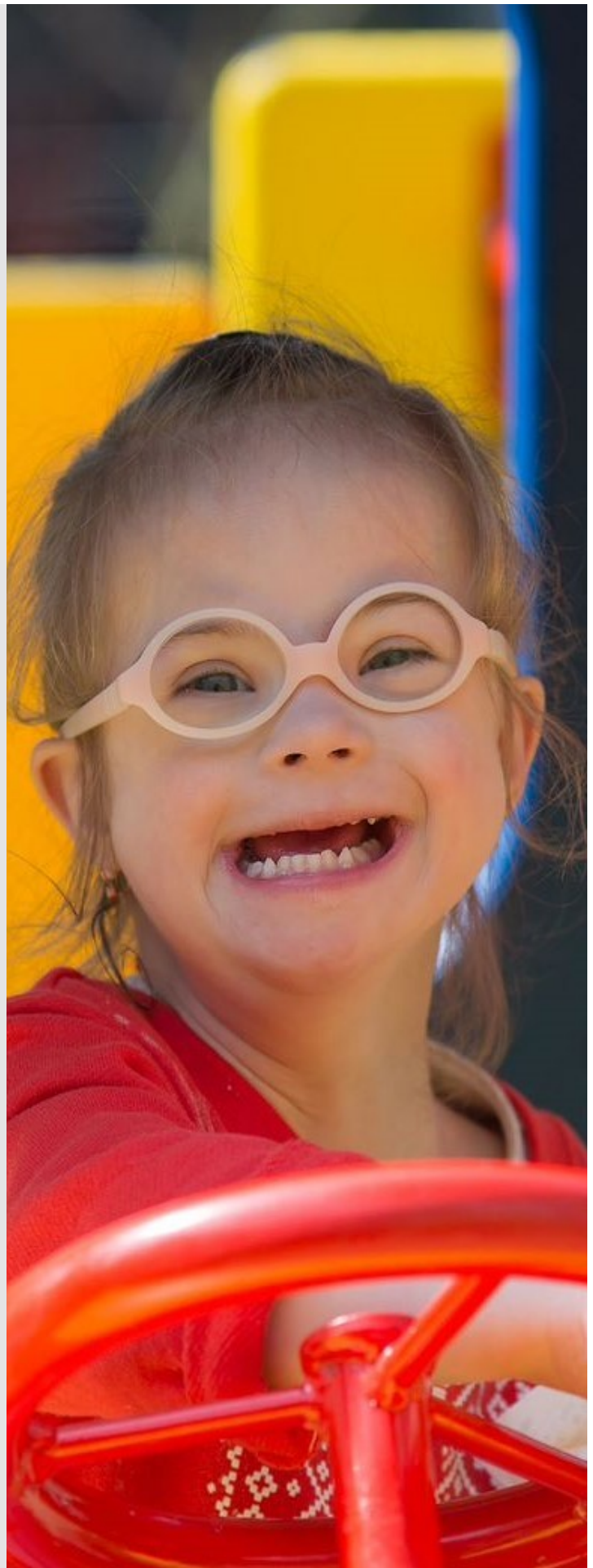
Provider Alert

Anesthesia Billing

For anesthesia claims filed with Empower the following modifiers are required.

If anesthesia codes 0100 - 01999 are billed without one of the following modifiers (AA, QK, AD, QY, QX, QZ) and the provider is an anesthesiology provider, the line will deny. However, if the anesthesia code 01996 is billed without a modifier and a related historical claim contains 062320 - 62327, this edit will not fire.

Documentation modifiers direct, prompt, and correct payment of the anesthesia claims submitted. Documentation modifiers (AA, QK, AD, QY, QX, and QZ) must be billed in the first modifier field. If a QS modifier applies, it must be in the second modifier field. Processing delays and denials may occur for claims submitted without the modifiers in the correct position.

Below are anesthesia documentation modifiers that MUST be billed in the first position:

AA: Anesthesia services personally performed by an anesthesiologist. **AD**: Medical supervision by an anesthesiologist: more than 4 concurrent anesthesia procedures **QK:** Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals **QX:** CRNA service with medical direction by an anesthesiologist **QY:** Anesthesiologist medically directs one CRNA **QZ:** CRNA service without medical direction by an anesthesiologist.

The anesthesia procedure codes will reflect a Medicaid maximum of $0.00 since the reimbursement rate is determined when the claim is processed. The payment for anesthesiology services is calculated using the base rate ($23.96 for an anesthesiologist or $19.17 for a CRNA) times the base units.

If you have a specific question regarding a claim for an Empower member, please contact Provider Services at 855-429-1028.

Incident Reporting FAQ's

What is the form I use to report an Incident?
DHS QA Incident Report Form Revised: 04/05/2019

Where do I find the Incident Report form?
This form can be found on the Empower website:
Getempowerhealth.com
Go to: Providers Home * Provider Forms and Resources *Incident Reporting Forms * Arkansas PASSE Incident Report Form

Where do I send my Incident Report?
Empower Healthcare Solutions Email:
Incident.Reporting@empowerhcs.com
DDS PASSE Monitoring & Assurances Email:
DHS.DDS.Central@Arkansas.Gov

Note: Secure email is required to submit Incident Reports via email. When submitting the report to DHS, please copy Empower on the email in order to reduce duplication of reports sent to DHS, as Empower must submit the report if there is no evidence that it was sent to DHS.

What numbers do I call if I need to make a required notification of an incident within one hour if I cannot submit the Incident Report within one hour?
Empower Healthcare Solutions
Emergency Number/Report Line: (866) 261-1286
DHS PASSE Quality Assurance Unit
Emergency Number/Report Line: (501) 371-1329

Who do I contact if I have questions about or need assistance with incident reporting?
Email: Incident.Reporting@empowerhcs.com

Call:

Amelda Frazier, Grievance Coordinator
(501) 297-4559

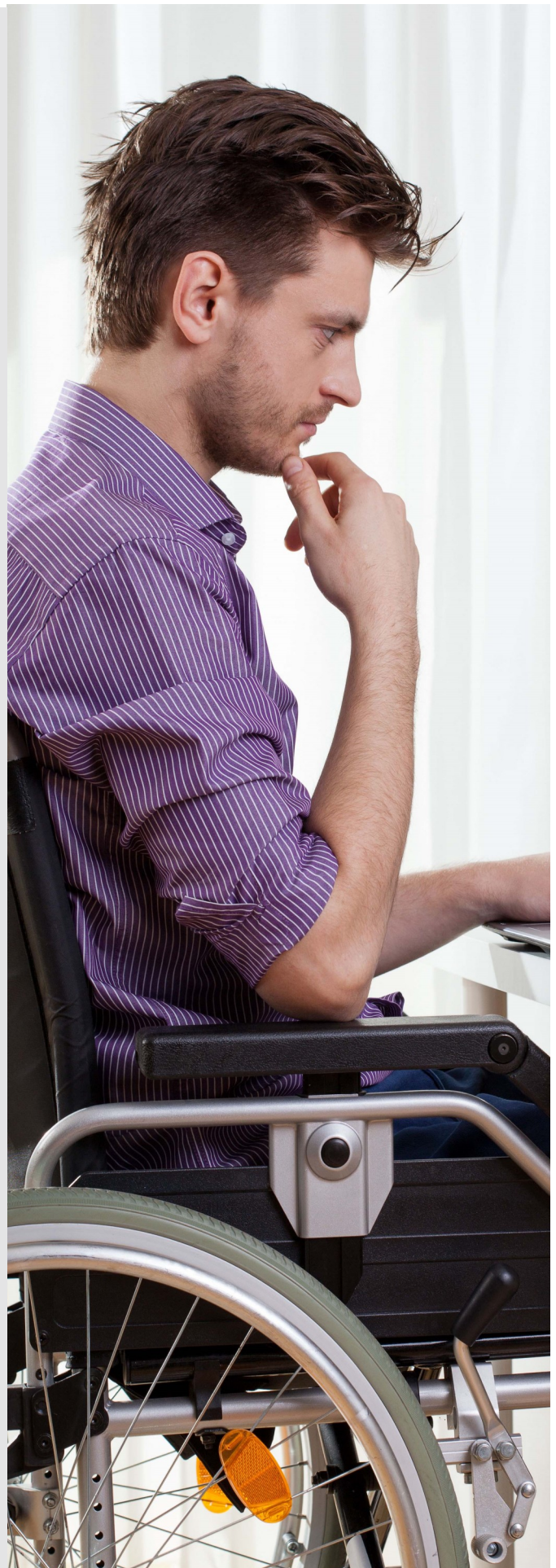Shannon Williams, Grievance Coordinator
(501) 757-1968

Apryll Sorg, Quality Management Specialist
(501) 353-7263

Janice Malone, Quality Management Trainer
(501) 351-4965

Independent Assessments

Optum and Empower are working together to notify members of upcoming Independent Assessment due dates. We are coordinating these efforts with providers. If a provider would like to coordinate with Empower and Optum for the Independent Assessment process, please contact: Joey Gardner at joey.gardner@empowerhcs.com

If a member does not complete their assessment, they will default to tier one (1) services. Members can contact Optum at 844-809-9538 to schedule their assessment.

Scheduling Process

Notification:

- Members will receive a notification letter from Optum that an assessment is required.

Scheduling:

- Appointments are Call Center based
- Targeted appointments based on location
- Call Center number: 844-809-9538

Appointment:

- Once the initial appointment is made, the Optum RN calls the day before to confirm the appointment with the beneficiary and the day of as necessary.

Resources:

Stay in the know with these useful links!

Empower Resource Links:

Provider Alerts   Provider Handbook

Provider Billing FAQ   Provider FAQ

Quick Reference Guide   Empower Ethix360
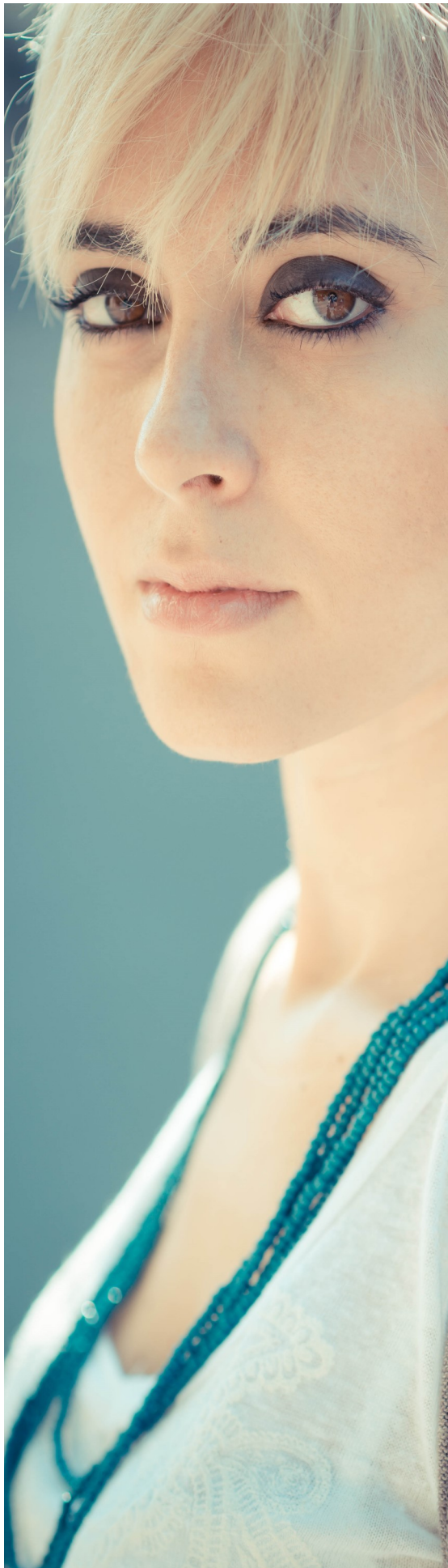
Clinical Practice Guidelines

Arkansas DHS Resource Links:

DMS: PASSE

Office of PASSE Ombudsman

PASSE Information for Providers

Balance Billing

Participating providers may **NOT** balance bill members for covered services rendered. This means that the participating provider may not bill, charge or seek reimbursement or a deposit, from the member for covered services. Participating providers are required to comply with provisions of Empower's code of conduct where applicable, including, without limitation, cooperation with claims and billing procedures and participation in training and education. Balance billing education is provided by Empower as included in quarterly Fraud, Waste, and Abuse provider training.

Contract with Empower

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**

Provider Tracking

For any Empower question, providers are encouraged to contact our Provider Services line at 855-429-1028. Members can contact Member Services at 866-261-1286. All calls are given a reference number which can be requested by the provider or member for future tracking and follow-up.

Educational Opportunities:

The following is a list of trainings offered by Empower:

- 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
- Personal Care Services
- An Overview of Physical Therapy, Occupational Therapy, Speech Therapy, and Day Treatment Services
- Developmental Disability Services

Upcoming Webinars

Incident Reporting for Empower Providers—This webinar will review reportable events, timelines for reporting, completion of the Incident Reporting form, and contacts for report submission.

Incident Reporting for Empower Providers		
Thursday, August 15, 2019	1:00 p.m.—2:00 p.m.	Register Here!
Friday, August 23, 2019	11:00 a.m.—12:00 p.m.	Register Here!

Outpatient and Home and Community Based Services—This webinar will cover prior authorization, documenting medical necessity, reimbursement methods and rules as well as a closer look at outpatient and home and community based services.

Outpatient and Home and Community Based Services		
Wednesday, August 14, 2019	1:00 p.m.—2:30 p.m.	Register Here!

Person Centered Service Plan—This webinar will cover an overview of the PCSP process including revisions, specialty populations, change of providers and addition of new services to the plan.

Person Centered Service Plan		
Tuesday, August 20, 2019	11:00 a.m.—12:00 p.m.	Register Here!

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, August 13, 2019	1:00 p.m.—2:30 p.m.	Register Here!

Open Forum Calls

Empower will be available for Open Forum Calls to discuss claims, utilization management, and care coordination questions.

Open Forum Calls		
Every Monday, June 3 through August 26, 2019	12:00 p.m.—1:00 p.m.	Join Here!

Important Contact Information

Provider Services 855-429-1028
Member Services 866-261-1286

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Contracting
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Incident Reporting
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Provider Relations
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Utilization Management
utilizationmanagement@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
- Forms and Resources
- Incident Reporting
- 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

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