

**June 2019**

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

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Open Enrollment Now Scheduled for October 2019

The Department of Human Services (DHS) is rescheduling open enrollment for the Provider-led Arkansas Shared Savings Entity (PASSE) program from May to October to give PASSEs more time to stabilize and grow their networks of providers. This also will give families more information before they need to decide which entities will best meet their needs. The open enrollment period for November has been canceled.

This change, along with decisions by DHS and the three PASSEs to extend the transition period for client care plans and provider network rates, has been made in response to feedback from providers, families, and legislators.

Open enrollment for the PASSE program will now run from Oct. 1-31, 2019, with an effective date of Dec. 1st. Between now and the open enrollment period, clients can ask to change PASSEs “for cause” by calling the PASSE Beneficiary Support line at 1-833-402-0672. Each for cause request will be reviewed by the office of the PASSE ombudsman. For cause reasons could include a desire to move all siblings or household members into the same PASSE or lack of access

to providers experienced in dealing with clients' care needs.

All three PASSEs will extend the transition period for clients through Sept. 1, 2019. This means PASSEs will continue to pay for clients' current plans of care as they are now, including current authorizations for services, through that date. During the coming months, PASSE care coordinators will meet with clients to create a person-centered service plans (PCSP). PASSEs must meet with clients before any changes can be made to a client's PCSP.

"We want PASSE clients and providers to know that we have heard their concerns, and we think these changes will help as we work through the launch of this new program. Allowing the PASSE networks to expand before open enrollment will help clients make the best choice for themselves and their families," said Paula Stone, DHS Deputy Director of the Division of Medical Services.

On March 1, 2019, the three PASSEs – Arkansas Total Care, Empower Healthcare Solutions, and Summit Community Care – began receiving monthly payments from DHS to manage the complete healthcare of their clients. In this new organized care model, Arkansas Medicaid providers such as primary care physicians, pharmacists, hospitals, and specialty providers can join PASSE networks, and the providers are reimbursed by the PASSEs for services provided to PASSE clients.

The PASSEs also will pay all Arkansas Medicaid providers at an "in-network rate" through September 1, 2019, even if a provider is not in a PASSE's network. With the additional time for this transition period, DHS encourages providers to join PASSE networks to ensure consistent care for clients.

The PASSE is a model of organized care created by Act 775 of 2017 to manage the services of individuals with significant developmental disabilities and behavioral health needs. To form each PASSE, local Arkansas providers entered into partnerships and chose an experienced organization to perform administrative functions, such as claims processing. These three groups function similar to insurance companies to serve nearly 45,000 Medicaid-eligible individuals.

PASSEs are a Medicaid provider type approved by the Centers for Medicare & Medicaid Services (CMS). They are regulated by the Arkansas Insurance Department (AID) and held accountable to the Department of Human Services (DHS) under federal managed care rules.

For more information about the PASSE program, visit passe.arkansas.gov.

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](#)



Person Centered Service Plan

Empower members have a Person Centered Service Plan (PCSP). The Care Coordinator is responsible for obtaining copies of all treatment and service plans related to members and coordinating services between those plans. The goal is to prevent duplication of services, ensure timely access to all needed services, and identify any service gaps for the member, as well as provide any health education and health coaching identified by those plans. The Care Coordinator will ask members what goals they would like to achieve in addition to collecting the member's treatment plans and ensuring follow up on those plans.

It is the members right and responsibility to participate in the development of the PCSP by providing information, to the best of their ability, which Empower, or providers may need to plan treatment.

The PCSP will include the following types of treatment or service plans:

- Behavioral Health Treatment Plan
- Person Centered Service Plan for Waiver Clients
- Primary Care Physician Care Plan
- Individualized Education Program
- Nutrition Plan
- Housing Plan
- Any existing Work Plan
- Justice system-related plan
- Child welfare plan
- Medication Management Plan
- Individual Treatment Plans for members who have an Intellectual/Developmental Disability who participate in a day habilitation program
- Any additional services available to you.

Empower Providers will receive a copy of the entire PCSP for shared members. To reach a Care Coordinator about the PCSP Process or to designate a point of contact for PCSP delivery, please email CareCoordination@empowerhcs.com.

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

Recent Provider Alert: Technical Bulletin

This is a Provider-led Arkansas Shared Savings Entity (PASSE) program Technical Bulletin. The purpose is to provide technical assistance to address subject matters that may be technical in nature or ambiguous within the PASSE program. The information below is specific to Empower Healthcare Solutions and is not reflective of all PASSE programs.

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 further information regarding the transition timeframe as well as authorizations beginning September 1, 2019 when the transition period ends.

Authorizations from March 1, 2019-August 31, 2019 for current AND new members

- Authorizations are NOT required* for Outpatient services during this timeframe. Any program requiring a specialty certification (Therapeutic Communities, Residential Community Reintegration and Partial Hospitalization) DO require a prior authorization during this timeframe.
- All Inpatient hospitalizations require prior authorization.
- Any existing medication (meaning the member is already on the medication at time of attribution) that usually requires prior authorization will not require authorization during the transition. This must be supported by historical claims information. If it is a new medication for the member and the medication typically requires prior authorization, it WILL require prior authorization during the transition timeframe.
- For members on the CES waiver as of 3/1/19, the existing plans and budgets are extended through 12/31/19.
- If revisions are needed to current waiver plans, these should be submitted to LaTosha Brown at LaTosha.Brown@empowerhcs.com. The documentation should include the information regarding increased funds needed as well as documentation of medical necessity.
- For new waiver members post 3/1/19, the proposed budget and documentation of medical necessity should be submitted to LaTosha Brown noted above.

*All services are subject to retrospective review of medical necessity of services.

Authorizations post 9/1/19

- 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.

Reminders:

When Billing as a Federally Qualified Health Center

Federally Qualified Health Centers (FQHC) bill Empower for a core service encounter (which includes all services and supplies incident to the encounter) with procedure code T1015, "FQHC Encounter Service." Use type of service code 9 (paper claims only) with T1015. Empower pays the facility's current established rate for each encounter.

When Billing as a Rural Health Clinic

Rural Health Clinic (RHC) Providers who submit paper claims must use the CMS-1450 claim form, which is also known as the UB-04 claim form.

An Empower claim may contain only one billing provider's charges for services furnished to only one Empower member.

RHC's may use only these revenue codes when billing Empower.

Revenue Code	Revenue Code Description
520	Encounter—Independent Rural Health Clinic
521	Encounter— Provider-based Rural Health Clinic
524	Basic or Periodic Family Planning Visit—Independent Rural Health Clinic
525	Basic or Periodic Family Planning Visit—Provider-based Rural Health Clinic

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](http://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 Sheets for completing the UB04 or CMS-1500 claim forms, click [here](#).

When requesting a claim be researched, please include the claim number or other identifying information such as date of service, member ID, and the problem requiring research.

Enrollment Process for Community and Employment Support (CES) Waiver

To: Arkansas Medicaid Enrolled Prosthetics (DME and Orthotics)

Date: May 22, 2019

Provider Type: 72 Environmental Modifications/Adaptive Equipment

Provider Type: 73 Specialized Medical Supplies

Provider Type: 67 Supplemental supports

General Information:

Current Arkansas Medicaid Enrolled Providers in the Prosthetic (DME and Orthotics) Program are needed to meet needs of members enrolled in the Arkansas Provider-led Arkansas Shared Savings Entity (PASSE) Program. Services that will be rendered under this program may include (but not be limited to) the ordering, and delivery of specialized medical supplies, physical aids or adaptive equipment to a member in accordance with the member's Person Centered Services Plan (PCSP) as authorized through the PASSE program utilization review process.

Process for Enrollment:

To enroll, any willing provider must:

- Obtain certification through the Division of Developmental Disabilities Services as a CES Waiver provider by submitting the CES Provider Certification Application and providing supporting documentation as listed in the application to DHS.DDS.Central@DHS.Arkansas.Gov. The application may be found on the DDS website at the following [URL https://humanservices.arkansas.gov/aboutdhs/ddds/waiver-services](https://humanservices.arkansas.gov/aboutdhs/ddds/waiver-services). Questions regarding completion of the CES Provider Certification Application may be directed to Linda.G.Wilson@dhs.arkansas.gov.
- Currently enrolled DME providers will be able to add a specialty to provider enrollment profile to allow billing for waiver specialized medical supplies only.
- New DME providers can follow instruction for enrollment with Arkansas Medicaid. Instructions and provider enrollment portal may be accessed at the following [URL https://medicaid.mmis.arkansas.gov/Provider/Enroll/Enroll.aspx](https://medicaid.mmis.arkansas.gov/Provider/Enroll/Enroll.aspx). This provider type does require fingerprint background check and site visits in addition to all provider enrollment requirements.
- Make note of and send tracking number issued by portal to Linda.G.Wilson@dhs.arkansas.gov so that it can be recorded on your DD application file.

Questions concerning this process may be directed to

Linda.G.Wilson@dhs.arkansas.gov

For new DME providers to enroll, all provider enrollment rules will be followed including fingerprint background screening process.





Recent Provider Alerts:

Provider Tracking

For any Empower questions 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.

Empower Healthcare Solutions LLC

Empower Healthcare Solutions, LLC, is a Provider-led Arkansas Shared Savings Entity (PASSE) and certified as a Risk Based Provider Organization (RBPO) by the Arkansas Insurance Department. It is owned and governed by six members: Arkansas Community Health Network, Arkansas Healthcare Alliance, Beacon Health Options, Independent Case Management, Statera, and Woodruff Health Group. On June 6, 2019, Anthem Inc. announced it had entered into an agreement to acquire the parent company of Beacon Health Options, Inc. (Beacon), which will operate as a wholly owned subsidiary within Anthem's Diversified Business Group. The acquisition of Beacon, a 1/6th equity owner of Empower, will not have any effect on the Empower legal entity, which will remain under the control and direction of its present board of managers and owners/members. Nor, as a result of Anthem's acquisition of Beacon, will Empower merge or consolidate with any other PASSE entity.

Beacon Health Options' current provider agreements on behalf of Empower and ongoing relationships with care providers are not impacted and will not be altered as a result of Anthem's announcement to acquire Beacon.

InterQual Criteria

Empower Healthcare Solutions is using InterQual as the level of care criteria for all Medical Necessity reviews. InterQual is intended for use as screening guidelines with respect to clinical appropriateness of healthcare services. The Empower Utilization Management (UM) team uses InterQual to assist UM staff in making clinically appropriate medical necessity decisions. InterQual includes specific subsets for behavioral health providers who work with child/adolescents and adults. Criteria for Habilitative and Rehabilitative therapy services is also available.

The InterQual criteria is available, for in-network providers, on the Empower Provider Portal at www.getempowerhealth.com. Look for "InterQual Transparency" on the top navigation bar. The tool itself is navigated by clicking on the clinical subset that you wish to obtain information on and from there, you can review the full criteria set.

The InterQual criteria is available upon request for out of network providers by calling Empower Provider Services at 855-429-1028, option 1 (Authorizations/Utilization Management).

Continued on page 8

InterQual Criteria Continued

The Empower Healthcare Solutions clinical teams will be providing webinars at the end of July in order to walk through navigating the tool with Providers. More details will be coming out related to specific dates, times and webinar information.

Welcome

Home Claims ▾ Patient ▾ Tools & Resources ▾ Administration ▾ Portal User Guide **InterQual Transparency**

Upcoming Webinars

Developmental Disability Services - This webinar will cover utilization management, DDS Services and benefit limits, current workflow for new or revised waiver members, ICF's entering requests in Identifi and how to enter claims.

Developmental Disability Services

Wednesday, June 12, 2019	1:00 p.m.—2:30 p.m.	Register Here!
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Empower 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.

Empower Provider Orientation

Tuesday, July 9, 2019	1:00 p.m.—2:30 p.m.	Register Here!
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!
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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
- » Outpatient Services
- » Personal Care Services
- » An Overview of Physical Therapy, Occupational Therapy, Speech Therapy, and Day Treatment Services
- » Developmental Disability Services

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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VP Medical Director Brad Diner Brad.Diner@empowerhcs.com	Office: 501-707-0936
Clinical Director, Children and Adolescents Jamie Ables Jamie.Ables@empowerhcs.com	Office: 501-707-0961
Clinical Director, Adults Stacie Williams Stacie.Williams@empowerhcs.com	Office: 501-707-0930
Manager Clinical Services UM LaTosha Brown LaTosha.Brown@empowerhcs.com	Office: 501-707-0969
Compliance Director Scott Gartenman Scott.Gartenman@empowerhcs.com	Cell: 501-529-1204
Provider Relations Managers Shelly Rhodes Shelly.Rhodes@empowerhcs.com	Office: 501-707-0920
Janna Vandiver Janna.Vandier@empowerhcs.com	Office: 501-707-0928
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Contracting empower.network@empowerhcs.com	
Incident Reporting Incident.reporting@empowerhcs.com	
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
- 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