**October 2019**

This newsletter alerts providers to upcoming changes and other information

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- Important Contact Information

Empower Healthcare Solutions
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Eagan, MN 55121

Member Services: 866-261-1286 | TTY 711

Provider Services: 855-429-1028

Fax: 888-614-5168

Website: www.getempowerhealth.com

Open Enrollment

Open enrollment continues through October 31, 2019. Members may switch to another PASSE when members are initially enrolled or during open enrollment. Any changes made during open enrollment take effect December 1, 2019.

How does a member know if their provider is in network with Empower?

Here's how to check. Go to Empower's website www.getempowerhealth.com. Click on "Find a Provider" then "Eligibility".

Is a Member Eligible?

Here's how to check. Go to the Empower website www.getempowerhealth.com. Under the Provider tab click on "Provider Portal". You can search by date of service, plus any one of the following:

- Member first name, last name and date of birth
- OR
- Empower ID number

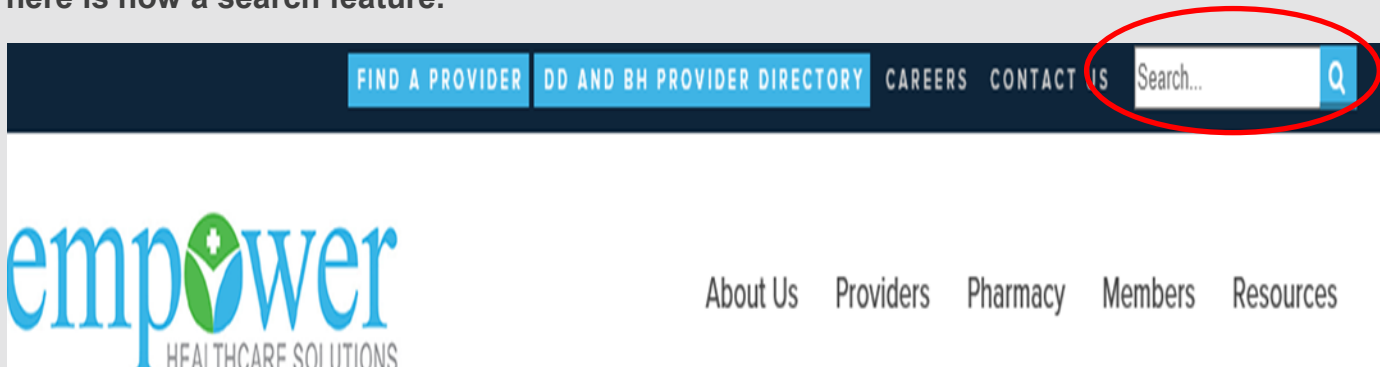
A provider can also check member eligibility on the MMIS site at: <https://portal.mmis.arkansas.gov/armedicaid/provider/Home>

What's New on the Empower Website?

There are many new features that providers and members may find useful.

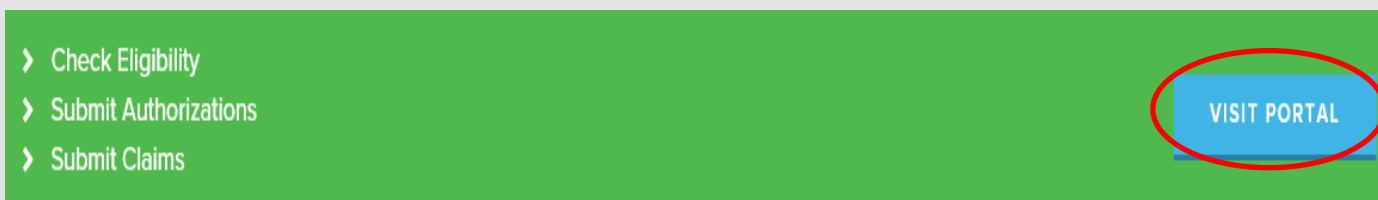
Go to the website: www.getempowerhealth.com

There is now a search feature.

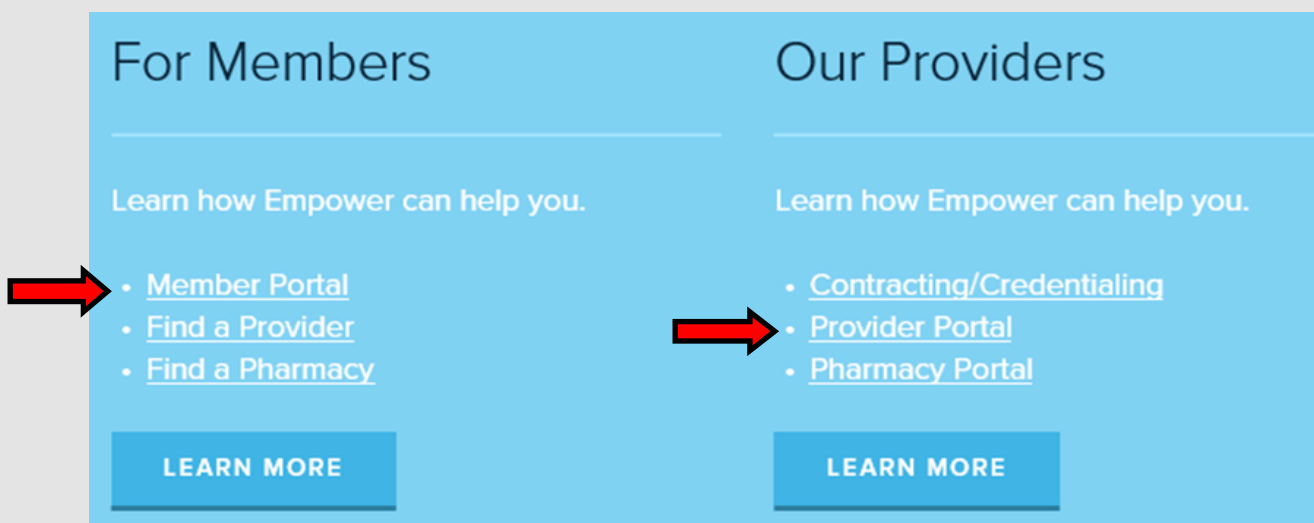


Take advantage of the online services on our Portal:

- Check Eligibility
- Submit Authorizations
- Submit Claims



The Provider and Member Portals can be found from the drop down, the home page, and the Provider and Member page.



What's New on the Empower Website? (continued)

- The Resources page has updated descriptions of all the resources.

empower HEALTHCARE SOLUTIONS
Resources

About Us Providers Pharmacy Members **Resources**

Resource	Website Address	Description
NAMI Arkansas	http://namiarkansas.org/home	A private, non-profit organization whose mission is to help people living with mental illness , their families, and the community.

- Members and Providers can subscribe to the distribution lists.

OTHER RESOURCES

- Arkansas PASSE Information
- Act 775, the Medicaid Provider-led Organized Care Act.
- Arkansas Medicaid PASSE Manual
- Subscribe Now to the Provider or Member Distribution List:
 - Providers
 - Members

- There is also a contract application form on the contracting page.

PROVIDERS

Providers Home
Clinical Practice Guidelines
Contracting/Credentialing With Us

JOIN OUR NETWORK

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

To update your roster, please complete the [Provider Roster Form](#) and email to empower.network@empowerhcs.com.

Provider Alerts:

Behavioral Health Prior Authorization reminder

The following codes do not require a Prior Authorization (PA) or an Extension of Benefits (EOB). Any PA received for these services will be voided. Please check Empower's [Quick Reference Guide for Prior Authorization](#) for a list of services that require a PA.

Code	Mod 1	Mod 2	Mod 3	Service Description
90832	U4			Individual Behavioral Health Counseling -30 minutes
90834	U4			Individual Behavioral Health Counseling – 45 minutes
90837	U4			Individual Behavioral Health Counseling – 60 minutes
90832	U4	U7		Individual Behavioral Health Counseling – 30 minutes (Telemedicine)
90834	U4	U7		Individual Behavioral Health Counseling – 45 minutes (Telemedicine)
90837	U4	U7		Individual Behavioral Health Counseling – 60 minutes (Telemedicine)
90832	U4	U5		Individual Behavioral Health Counseling – 30 minutes (Substance Abuse)
90834	U4	U5		Individual Behavioral Health Counseling – 45 minutes (Substance Abuse)
90837	U4	U5		Individual Behavioral Health Counseling – 60 minutes (Substance Abuse)
90847	U4			Marital/Family Behavioral Health Counseling – with Beneficiary Present
90847	U4	U5		Marital/Family Behavioral Health Counseling – with Beneficiary Present (Substance Abuse)
90846	U4			Marital/Family Behavioral Health Counseling – without Beneficiary Present
90846	U4	U5		Marital/Family Behavioral Health Counseling – without Beneficiary Present (Substance Abuse)
99212	UB	U4		Pharmacologic Management – Physician
99213	UB	U4		Pharmacologic Management – Physician
99214	UB	U4		Pharmacologic Management – Physician
99212	UB	U4	U7	Pharmacologic Management – Physician (Telemedicine)
99213	UB	U4	U7	Pharmacologic Management – Physician (Telemedicine)
99214	UB	U4	U7	Pharmacologic Management – Physician (Telemedicine)
99212	SA	U4		Pharmacologic Management – APN
99213	SA	U4		Pharmacologic Management –APN
99214	SA	U4		Pharmacologic Management – APN
99212	SA	U4	U7	Pharmacologic Management – APN (Telemedicine)
99213	SA	U4	U7	Pharmacologic Management – APN (Telemedicine)
99214	SA	U4	U7	Pharmacologic Management – APN (Telemedicine)

Prior Authorization Approval Letters

Effective October 1, 2019 Empower will only accept prior authorization and extension of benefit requests via the Provider Portal or by phone (855) 429-1028. Providers can submit authorization electronically and access or download authorization letters on the Empower Provider Portal www.getempowerhealth.com. Prior Authorizations denial letters will continue to be mailed to providers.

If you have questions about this information, please contact Provider Services at 855-429-1028 or email EmpowerHealthcarePR@empowerhcs.com.

Physical, Occupational, and Speech Therapy

Physical, Occupational, and Speech Therapy providers should use the following CPT codes to bill Empower for services. Providers will need to request an Extension of Benefits (EOB) for services that have exceeded the benefit maximum listed for each individual CPT code. The benefit limits began accruing on 9/1/19.

Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Description	Units of Service	Daily Max	EOB required if units are exhausted
97165					Evaluation for Occupational Therapy	Unit=30 Minutes	N/A	4 units per year
97166					Evaluation for Occupational Therapy	Unit=30 Minutes	N/A	4 units per year
97167					Evaluation for Occupational Therapy	Unit=30 Minutes	N/A	4 units per year
97168					Evaluation for Occupational Therapy	Unit=30 Minutes	N/A	4 units per year
97530					Individual Occupational Therapy	Unit=15 Minutes	6 units per week	144 units
97150	U2				Group Occupational Therapy	Unit=15 Minutes	6 units per week (max 4 clients per group)	144 units
97530	UB				Individual Occupational Therapy by Occupational Therapy Assistant	Unit=15 Minutes	6 units per week	144 units
97150	UB	U1			Group Occupational Therapy by Occupational Therapy Assistant	Unit=15 Minutes	6 units per week (max 4 clients per group)	144 units
97161					Evaluation for Physical Therapy	Unit=30 Minutes	N/A	4 units per year
97162					Evaluation for Physical Therapy	Unit=30 Minutes	N/A	4 units per year
97163					Evaluation for Physical Therapy	Unit=30 Minutes	N/A	4 units per year
97164					Evaluation for Physical Therapy	Unit=30 Minutes	N/A	4 units per year
97110					Individual Physical Therapy	Unit=15 Minutes	6 units per week	144 units
97150					Group Physical Therapy	Unit=15 Minutes	6 units per week (max 4 clients per group)	144 units
97110	UB				Individual Physical Therapy by Physical Therapy Assistant	Unit=15 Minutes	6 units per week	144 units
97150	UB				Group Physical Therapy by Physical Therapy Assistant	Unit=15 Minutes	6 units per week (max 4 clients per group)	144 units
92507					Individual Speech Session	Unit=15 Minutes	6 units per week	144 units

Occupational, Physical, and Speech Therapy Codes Cont.

92508					Group Speech Session	Unit=15 Minutes	6 units per week (max 4 clients per group)	144 units
92507	UB				Individual Speech Therapy by Speech-Language Pathology Assistant	Unit=15 Minutes	6 units per week	144 units
92508	UB				Group Speech Therapy by Speech-Language Pathology Assistant	Unit=15 Minutes	6 units per week (max 4 clients per group)	144 units
92521	UA				Evaluation of speech fluency (e.g. stuttering, cluttering)	Unit=30 Minutes	N/A	4 units per year
92522	UA				Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)	Unit=30 Minutes	N/A	4 units per year
92523	UA				Evaluation of speech production (e.g., articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (e.g., receptive and expressive language)	Unit=30 Minutes	N/A	4 units per year
92524	UA				Behavioral and qualitative analysis of voice and resonance	Unit=30 Minutes	N/A	4 units per year

Treatment planning code 90885 U4

Outpatient Behavioral Health Providers need to use CPT code **90885 U4** to bill Empower for **Treatment Planning**. 90885 U4 covers psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes. This code pays \$57.60 per unit for Provider Types 01, 19, 26, 58 and 95. The daily maximum allowed is 2 units and the annual benefit is 4 units without an extension of benefits, in a calendar year.

- If providers have submitted claims for treatment planning from 3/1/19 to present, using S0220, and the 1 unit that paid did not cover the service provided they are expected to submit a “Corrected” claim using the updated code – 90885 U4 and appropriate number of units.
- Providers may bill this service from 3/1/19 to present.

Extension for Out of Network Providers

Empower is pleased to announce our network will remain open and Out-of-Network providers will be treated as though they are in Network providers through 12/31/19. This extension will allow providers to continue to familiarize themselves with the Empower Prior Authorization (PA) process and requirements.

Beginning 9/1/19, any service requiring a true Prior Authorization (PA) or Extension of Benefits (EOB) will be required for all providers including In-Network and Out-of-Network. The Empower Quick Reference Guide, listing the services that require a PA from Empower, is available at

<https://s18637.pcdn.co/wp-content/uploads/sites/17/Quick-Reference-Guide-for-Key-Contact-Information-and-Prior-Authorization.pdf>

Autism Program under Early and Periodic Screening, Diagnostic and Treatment services (EPSDT)

Providers with a **Medicaid ID ending in 90** should use the CPT codes below to bill Empower for **Autism services**. Providers may bill this service from **3/1/19** to present. Services rendered beginning 9/1/19 will require a Prior Authorization (PA) from Empower. Documentation will be required for all authorizations including the initial assessment indicating the Autism Diagnosis.

EPSDT Autism Program Provider Type 90-BC

CODE	Modifier	Description	RATE	PA REQ
96136	EP	Psychological testing for the purpose of diagnosing Autism	\$40.75/unit (1 unit = 30 mins)	No PA 1 unit without EOB
96137	EP	Psychological testing for the purpose of diagnosing Autism	\$40.75/unit (1 unit = 30 mins)	No 11 units without EOB
97151	EP	Behavior Identification Assessment	\$20.00/unit (1 unit = 15 mins)	Yes
97152	EP	Behavior Identification-supporting Assessment	\$15.00/unit (1 unit = 15 mins)	Yes
97153	EP	Individual adaptive behavior treatment	\$15.00/unit (1 unit = 15 mins)	Yes
97155	EP	Individual adaptive behavior treatment	\$22.50/unit (1 unit = 15 mins)	Yes
97154	EP	Group adaptive behavior treatment provided by Behavioral Paraprofessional	\$8.00/unit (1 unit = 15 mins)	Yes
97158	EP	Group adaptive behavior treatment provided by a BCBA® or BCBA-D®	\$10.00/unit (1 unit = 15 mins)	Yes
97156	EP	Family adaptive behavior treatment, provided by a BCBA® or BCBA-D®	\$20.00/unit (1 unit = 15 mins)	Yes



Autism Program under Early and Periodic Screening, Diagnostic and Treatment services (EPSDT) cont.

Program Eligibility:

- A medical diagnosis made by a licensed physician;
- Cognitive/developmental testing administered or approved by a licensed psychologist; and
- A speech/language/communication assessment from a licensed speech-language pathologist.

In addition to discipline-specific testing, the multidisciplinary team is required to use an autism specific testing measure (e.g. ADOS-2 or CARS-2) for the diagnosis of autism spectrum disorder (ASD).

It is also recommended that the diagnostic team determine a Severity Level for ASD. Preferred severity levels are those dictated in the DSM-5, i.e. Level 1: Requiring Support, Level 2: Requiring Substantial Support, and Level 3: Requiring Very Substantial Support.

Because ABA therapy is offered under the EPSDT program, the child's primary care provider (PCP) must refer the child for evaluation and services using the DMS-693. Documentation must include the PCP's EPSDT screening.

- Must be receiving AR Medicaid
- Must have had a recent EPSDT visit and received a prescription for ABA services from the PCP (see above)
- Cannot be receiving ABA through EPSDT program and the Autism Waiver (Provider Type 06) at the same time

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

Empower's Special Investigations Unit (SIU)

Documentation Requirements – What is required?

Empower SIU audits provider documentation to ensure compliance with the Empower Provider Handbook, the Arkansas Medicaid Provider Manual, and any other applicable requirements.

Per the Empower Provider Handbook, providers must keep accurate and complete medical records for Empower members. Medical records are defined as “the complete, comprehensive member records including, but not limited to, x-rays, laboratory tests, results, examinations and notes, accessible at the site of the member’s participating primary care physician or other provider, that documents all medical services received by the member, including inpatient, ambulatory, ancillary, and emergency care, prepared in accordance with all applicable state rules and regulations, and signed by the medical professional rendering the services.”

For more information on medical record standards and documentation requirements, please refer to the Empower Provider Handbook and the Arkansas Medicaid Provider Manual.

Please note – failure to adequately document billed services may result in the recoupment of funds or other adverse actions.

Empower Provider Handbook:

<https://www.getempowerhealth.com/>

Arkansas Medicaid Provider Documents:

<https://medicaid.mmis.arkansas.gov/provider/docs/docs.aspx>

Billing with Modifiers

Electronic claims may require modifiers in addition to National Standard Codes. Please refer to the Section II of the Medicaid program’s provider manual to determine the appropriate modifiers. Empower also has a few unique modifiers. These can be found on Empower’s website www.getempowerhealth.com under Provider Alerts.



Incident Reporting FAQ's

What is the form I use to report an Incident?

DHS QA Incident Report Form Revised:
08/29/2019

Where do I find the Incident Report form?

This form can be found by clicking the link below:
[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

Empower Healthcare Solutions

Emergency Number/Report Line: (866) 261-1286

DHS PASSE Quality Assurance Unit

Emergency Number/Report Line: (501) 371-1329

Fax Line: (501) 682-8656



What are the timeframes for submitting an Incident Report or making a notification of an Incident?

Providers are not required to make notification AND submit an Incident Report. However, if the provider is unable to submit an Incident Report within the required timeframe, a phone call notifying Empower and DHS may be made within the required timeframe and before an Incident Report is submitted. If a phone call notification is made, the Incident Report must be made as soon as possible. Providers must submit an Incident Report (or make notification) within **one hour** of becoming aware (regardless of the hour) of the following reportable events:

- Death of a member
- Unexpected occurrences involving actual or risk of death or serious physical or psychological injury to a member
- Injury to a member that may result in a substantial permanent impairment
- Incidents, regardless of category, that a service provider should reasonably know might be of interest to the public and/or media (DHS Communications Director must also be informed)

In general, for any other occurrence not requiring immediate notification, providers are expected to submit an Incident Report **within 24 hours** of (and no later than two days after) becoming aware of the reportable event.

Who do I contact if I have questions about or need assistance with incident reporting?

Email: Incident.Reporting@empowerhcs.com

Call:

Shannon Williams, Grievance Coordinator (501) 757-1968

Stephanie Smith, Grievance Coordinator (501) 414-4432

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

Training on Incident Reporting can be made available to providers by contacting Janice Malone at Janice.Malone@empowerhcs.com.

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, October 15, 2019	10:00 am—11:30 am	Register Here!
Tuesday, November 19, 2019	10:00 am—11:30 am	Register Here!
Tuesday, December 17, 2019	10:00 am—11:30 am	Register Here!

Physical Therapy, Occupational Therapy, Speech Therapy Services —This webinar will cover how to submit authorization requests in the Identifi portal, and how to access InterQual criteria for specific disciplines, and how to submit claims.

Physical Therapy, Occupational Therapy, Speech Therapy Services		
Tuesday, October 22, 2019	11:00 AM—11:30 AM	Register Here!

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, October 24, 2019	1:00 PM—2:00 PM	Register Here!

Educational Opportunities:

- Care Coordination Overview
- Person Centered Service Plan
- Incident Reporting for Empower Providers
- Empower Provider Orientation
- InterQual and Medical Necessity Evaluations
- Personal Care Services
- 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
- Overview of PT, OT, ST and Day Treatment Services
- Developmental Disability Services

Resources:

Stay in the know with these useful links!

Empower Resource Links:

[Provider Alerts](#)

[Provider Billing FAQ](#)

[Quick Reference Guide](#)

[Clinical Practice Guidelines](#)

[Provider FAQ](#)

[Empower Ethix360](#)

[Provider Handbook](#)

Arkansas DHS Resource Links:

[DMS: PASSE](#)

[Office of PASSE Ombudsman](#)

[PASSE Information for Providers](#)

Important Contact Information

Provider Services

855-429-1028

Member Services

866-261-1286

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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