

Billing FAQ



- **How can I access information electronically about Empower Members?** The Provider Portal allows providers to verify member eligibility, request and track authorizations (link to Identifi), view claims payment history and status, and view Explanation of Payments (EOP). Empower's Provider Portal can be accessed at www.getempowerhealth.com - under the Provider Tab, select Provider Portal.
- **How can I access the Provider Portal?** Visit <https://bharportal.valence.care/>. Click "[here](#)" to self-register and follow the instructions. If you are not a contracted provider, complete the attestation by clicking "[here](#)" and submit via email to Empower.Network@empowerarkansas.com. Upon approval, you will receive an email from the Network team and will be able to self-register.
- **How can I verify eligibility of a member?** Providers can verify eligibility on Empower's Provider Portal or by calling Provider Services at 855-429-1028. You will need the member's name, date of birth, or Empower Member ID.

*All claims submitted to Empower must have the member's unique Empower Member ID, which can be found on the Provider Portal, on a member's ID card, or by calling Provider Services.

- **Can I submit a claim electronically?** Providers can submit claims electronically through their clearinghouse or Empower's Provider Portal. Providers that bill electronically are responsible for monitoring their error reports and EOPs, to ensure all submitted claims and encounters appear on the reports. Providers are also responsible for correcting any errors and resubmitting the affiliated claims and encounters.
- **Who is Empower's clearinghouse?** Empower's clearinghouse is Availity and the payer ID is 12956.
- **Can I submit a paper claim? What if we do not have a clearinghouse?** Providers without electronic billing capability may submit paper claims using the appropriate National Standard Claim Forms. Claims for professional services and durable medical equipment should be submitted on a CMS-1500 (formerly HCFA 1500) form and claims for hospital based inpatient and outpatient services should be submitted on a UB-04 (CMS 1450) form. All paper claims should be mailed to:

Empower Healthcare Solutions LLC
PO Box 211446
Eagan, MN 55121

Empowering members to live fullier, healthier lives at home in their communities!

- **Can I submit batch claims?**

Yes, batch submission is available through Availity. Please register at www.availity.com or contact Availity Client Services at 800-282-4548.

- **How can I submit UB-04 claims electronically if I do not have a clearinghouse?**

Electronic UB-04 claim submission is available through Availity. Please register at www.availity.com or contact Availity Client Services at 800-282-4548.

- **What are the claims timely filing standards for Empower?**

In accordance with state and federal requirements, providers must file claims within 365 days from the date of service. The original clean claim must be submitted within 365 days from the date of service and must include all necessary claim information. In addition, all codes used in billing must be supported by appropriate medical record documentation. 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.

- **How can I ensure that my electronic claims are accepted?**

1. Verify that all required fields are completed on the CMS-1500 (professional) or UB-04 (institutional) forms.
2. Verify rendering and billing NPI and TIN match the information as provided to Arkansas Medicaid provider enrollment. Atypical providers, as defined by the state of Arkansas, are not required to submit an NPI. These providers should instead provide the Medicaid ID on loop 2010BB-REF02 segment or for a paper claim, on box 33 or G2. All provider data is validated against the Medicaid provider data files for accuracy.
3. Verify all diagnosis, procedure codes, and modifiers are valid and appropriate for the date of service.
4. Remove the referring provider information when submitting claims to Empower in order to avoid front-end rejections. Empower does not require a referring provider to be submitted with claims.
5. Verify Empower member eligibility for dates of service.
6. Verify the services were provided by an in-network provider or that the out- of-network provider has received authorization to provide services to the eligible member.
7. Verify Medicare coverage or other third-party liability and verify that Empower is the “payer of last resort” on all claims submitted to Empower.
8. Verify services have prior authorization or extension of benefits from Empower, if required.

- **What is a rejected claim?**

A rejected claim is defined as a claim with invalid or missing data elements (such as the provider tax identification number) that is returned to a provider or EDI source without registering in the claims processing system. Since rejected claims are not registered in Empower's claims processing system, the provider must re-submit corrected claims within 365 days from the date of service. This requirement applies to claims submitted on paper or electronically.

- **What is a denied claim?**

A denied claim is registered in the Empower claims processing system, but does not meet requirements for payment under Empower guidelines. Denied claims should be corrected and resubmitted.

- **How do I correct a denied claim on paper?**

The claim should be corrected, marked as a corrected or replacement claim, and resubmitted within one hundred eighty (180) days of notification of payment/denial electronically or to the claim address:

**Empower Healthcare Solutions LLC
PO Box 211446
Eagan, MN 55121**

- **How do I correct a denied claim electronically?**

All corrected EDI claims (Availity or clearinghouse), will need to be submitted with the **corrected/replacement claim indicator (7)** and the original claim number that you are correcting.

EDI Batch Claim segment and element details:

CLM05-03 -claim frequency type code 7

REF02- original claim number (REF01 = F8 Qualifier)

- **How do I correct a claim on the Empower Provider Portal?**

Visit <https://getempowerhealth.com/wp-content/uploads/2021/08/Modifying-a-Claim-submitted-on-the-Empower-Portal.pdf>

- **What if there is an error made during claims process or a discrepancy in the payment amount?**

If you believe there was an error made during claims processing or if there is a discrepancy in the payment amount,

1. Call Provider Services at 855-429-1028
2. Please submit Claims Inquiry Forms to EmpowerHealthcareSolutionsPR@empowerarkansas.com
[Providers Page](#) under "Provider Forms and Resources", Claim Inquiry Form

- **Can I appeal the outcome of a claim?**

Based on the wording in the 2023 PASSE Provider Agreement you cannot appeal the outcome of a claim to Empower. A provider can, however, request a reconsideration of an adverse decision/action related to a claim. Please refer to the provider handbook located on the Empower website, www.getempowerhealth.com for additional information.

- **What if my claim rejected for missing NPI or incorrect NPI?**

All providers need to verify information is updated and correct with Arkansas Medicaid Provider Enrollment. The NPI, name and address must be registered with Arkansas Medicaid and must match the W-9 form provided to Empower during contracting.

In order to report an NPI, log on the Arkansas Medicaid HealthCare Provider Portal by entering your user ID and password. Proceed by following the steps to report your NPI. If you have any questions or problems regarding your NPI, contact Arkansas Medicaid Provider Enrollment at (501) 376-2211 or (800) 457-4454.

- **How can I check the status of my claim?**

Providers may check claim status using the following methods:

- Online –log into the Empower Provider Portal at www.getempowerhealth.com
- Call Empower Provider Services at (855) 429-1028.

- **How do I submit claims as an atypical provider?**

Atypical providers can submit claims using their Medicaid ID number. CMS defines atypical providers as providers that do not provide health care. A list of atypical provider types as defined by Arkansas DHS can be found at <https://medicaid.mmis.arkansas.gov/Provider/npi.aspx#atypical>. This is further defined under HIPAA in Federal regulations 45 CFR section 160.103. Atypical providers submit your Arkansas Medicaid ID in loop 2010BB in REF02 on the EDI claim or box 33 or G2 on a paper claim.

- **How do I set up EFT/ERA to be paid electronically with Empower?**

Empower offers electronic payment (EFT) and electronic remittance advice (ERA) to its provider network through InstaMed. ERA/EFT is a convenient, paperless and secure way to receive claim payments. Funds are deposited directly into your designated bank account and include the TRN Association Trace Number, in accordance with CAQH CORE Phase III Operating Rules for HIPAA standard transactions.

To sign up for EFT with InstaMed visit www.instamed.com/eraeft.

- **Can I bill the member for covered services if the usual and customary fees are greater than the allowable on the Medicaid fee schedule?**

Providers are not allowed to balance bill Empower members for any covered services provided, even if the provider's usual and customary charge for the services is greater than what is allocated in the Empower fee schedule. Empower 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. Providers may not make arrangements to provide costlier services or items than those covered by Empower on the condition that the member supplement payments made by Empower.

- **Where can providers locate the Empower fee schedule?**

Empower follows the Arkansas Medicaid fee schedule which are available at <https://medicaid.mmis.arkansas.gov/Provider/Docs/fees.aspx>.

- **How do I update address or changes to provider information?**

To make sure that Empower can process your claims in a timely manner, it is important that providers ensure Empower has accurate billing information on file. To update information please submit the following information to Empower's Network department (Empower.Network@empowerarkansas.com):

- Provider name (as noted on current W-9 form)
- National Provider Identifier (NPI)
- Tax Identification Number (TIN)
- Taxonomy code
- Physical location address
- Billing name and address (as noted on current W-9 form)

Information on file with Empower must match the Arkansas Medicaid Active Provider file to avoid delays in payment.

- **What about Third Party Liability (TPL) claim submission where members have a commercial health insurance as primary insurer and the service rendered is excluded from coverage under the commercial carrier's benefits?**

Empower will accept TPL verification, needed only once annually unless the member's commercial carrier changes requiring second verification, in the following ways:

Providers can provide one of the following via portal or mail:

- EOB denial
- Document outlining the benefit coverage provided by the commercial carrier with the service listed as an excluded benefit
- Letter from the commercial carrier on their letterhead stating codes are not covered under the member's health insurance plan

- **How should I handle members with Medicare and PASSE coverage?**

Empower is considered the payer of last resort. If medical services are provided to a patient who is entitled to, and is enrolled with, Medicare and Medicaid, the claim must be filed with Medicare first and it will crossover to Empower.

- **How can I submit secondary claims to Empower?**

Secondary claims can be submitted electronically via the Empower Provider Portal and EOP attachments can be uploaded. Secondary claims may also be filed via a paper claim with the EOP attached.

- **How do I correctly bill a claim rejected for NDC unit of measure?**

If a claim has a rejection code of XB48: NDC UNIT OF MEASURE DOES NOT CROSSWALK TO NCPDP BILLING UNIT STANDARD. VALID UOM IS REQUIRED FOR NDC PRICING. Use the guidelines found at <https://ndclist.com/search> for correct billing procedures.

- **How do I obtain a Prior Authorization (PA) from Empower?**

You can request a PA on the Empower Provider Portal (link to Identifi) or by calling Provider Services at 855-429-1028.

- **I have additional questions about claims/billing. Who can answer my questions and when can they answer them?**

Empower's Provider Services team will be available to help you via phone at 855-429-1028, Monday through Friday (except holidays), from 8:00 AM to 5:00 PM CT. You may also reach out to Empower Provider Relations Advocates for assistance by emailing EmpowerHealthcareSolutionsPR@Empowerarkansas.com.