Empower Healthcare Solutions DDPA Conference

May 2019

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About Empower

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HEALTHCARE SOLUTIONS

About Empower

Our goal is to empower individuals to lead fuller, healthier lives at home and in their communities.

Empower is a newly formed partnership between **Beacon Health Options** and five provider organizations:

- **Arkansas Community Health Network (ACHN)**
- **Woodruff Health Group**
- **The Arkansas Healthcare Alliance**
- **Statera**
- **Independent Case Management (ICM)**

Empower holds a management services agreement with Beacon Health Options to conduct administrative services and help the organization adopt and implement managed care strategies to operate as a PASSE.

Empower integrates physical health, behavioral health, developmental and intellectual disability care, and social support services in order to increase access to care while improving the quality of life for our members.

PASSE Overview

To improve the health of Arkansans who have need of intensive levels of specialized care due to mental health, intellectual or developmental disabilities

To link providers of physical health care with providers of behavioral health care and services for individuals with developmental disabilities

To coordinate care for all community-based services for individuals with intensive levels of specialized care needs

To reduce excess cost of care due to under-utilization and over-utilization of services

To allow flexibility in the array of services offered to the population served

To reduce costs by organizing care, not just by managing finances

To increase the number of service providers available in the community to the population covered

Provider Responsibilities

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Provider Responsibilities

- Empower members choose, or are assigned, a Primary Care Provider (PCP) upon enrollment
- When referring patients, please verify other providers are in-network to ensure coverage
- Out-of-Network services are **NOT** covered unless they are an emergency or if prior authorized by Empower
- Use our Provider Search tool at **www.getempowerhealth.com** to help you locate a participating Empower provider

"Do you participate with Empower?"

Be sure to ask to see each patient's member ID card to ensure you are in network for the PASSE
!

Provider Responsibilities

- **Enroll** as a qualified Arkansas Medicaid provider
- Complying with **credentialing and re-credentialing** requirements
- Accommodate **physical access and scheduling flexibility** to meet the needs of members
- Work with the members **Care Coordinator** to facilitate care
- Meet **prior authorization** guidelines
- Provide **culturally competent care** and covered services to members to meet or exceed professionally recognized standards
- **Participate** in Empower's provider education and training efforts
- **Submitting clean claims** in a timely manner
- **Informing members** of their rights and responsibilities

Provider Resources

- Providers can access reference materials and tools at the Empower website: www.getempowerhealth.com. Available resources include:
  - Provider Manual
  - Clinical Guidelines
  - Prior Authorization Look Up
  - Provider Training
  - Resource guides for claims, authorizations, EFT, and how to contact us
- Providers who register for the web portal will have access to eligibility, requesting authorizations, filing claims, and checking claim status.
- Provider Relations Managers are also available to provide additional assistance or training.

Covered Services

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Covered Services

Empower members are eligible for all of the PASSE covered services under the Arkansas Division of Medical Services. All services must be medically necessary.

Covered services currently provided to Empower members include; but are not limited to:

- Behavioral Health Services
- DD Services
- Home and Community Based Services (HCBS)
- Early and Periodic Screening Diagnosis & Treatment (EPSDT)
- Family Planning
- Inpatient Services
- Outpatient Services
- Pharmacy Services

Providers are responsible for verifying patient eligibility prior to service delivery. Empower is not responsible for non-covered benefits or for services rendered to ineligible beneficiaries.

Covered Services

In addition to covering traditional Arkansas Medicaid State Plan services, Empower includes an array of home and community-based (HCBS) waiver services for members with developmental disabilities and/or behavioral health needs.
All CES wavier services must be delivered in accordance with the waiver requirements and consistent with the Division of Disability Services CES Wavier Provider Manual.

1915(c) CES Waiver Services Include:

- Supportive Living
- Respite
- Supported Employment
- Adaptive Equipment
- Environmental Modification
- Specialized Medical Supplies
- Supplemental Support Device
- Consultation Services
- Crisis Intervention Services
- Community Transition Services

1915(i) HCBS Services Include:

- Adult Rehabilitation Day Services
- Behavior Assistance
- Peer Supports
- Family Support Partners
- Supportive Life Skills Development
- Child and Youth Support Services
- Supportive Employment
- Partial Hospitalization
- Mobile Crisis Intervention
- Therapeutic Communities
- Therapeutic Host Homes
- Residential Community Reintegration
- Planned and Emergency

Covered Services

Empower's pharmaceutical management procedures are a vital part of the pharmacy program. Together they ensure and promote the utilization of clinically appropriate drug(s), which leads to the improvement of the health and well-being of our Members. The most commonly utilized management tools in the pharmacy program include:

- Preferred Drug List (PDL)
- Mandatory Generic
- Step Therapy (ST)
- Quantity Limit (QL)
- Age Limit (AL)
- Over-The-Counter (OTC) Medications
- Coverage Determination or Prior Authorization (PA) Process
- Pharmacy Lock-In Program
- Specialty Drug Program

Pharmacy Benefit Manager:
CVS/Caremark

Offers nearly 900 locations across the state of Arkansas

RXBIN: 04336
RXPCN: ADV
RXGOUP: RX2798

More detail about procedures are available in the Provider Manual.

Excluded Services

***The following services are excluded from the PASSE*:**

- Nonemergency medical transportation and transportation to and from EIDT and ADDT.
- Dental benefits in a capitated program
- School-based services provided by school employees
- Skilled nursing facility services (*Limited Rehabilitation Stay is not considered an excluded skilled nursing facility service)*
- Assisted living facility services;
- Human Development Center (HDC) services (including full admission to a HDC);
- Waiver services provided to the elderly and adults with physical disabilities through the ARChoices in Homecare program or the Arkansas Independent Choices program, or a successor waiver for the elderly and adults with physical disabilities
- Abortions, unless the pregnancy is the result of incest or rape; or the woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition that manifests during pregnancy, which would, as certified by a physician, place the woman in danger of death unless an abortion is performed

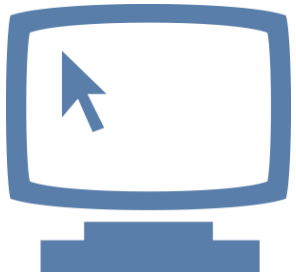
Utilization Management

Utilization Management

Empower's Utilization Management (UM) encompasses the following program components: after hours service, prior authorization, concurrent review, ambulatory review, retrospective review, and discharge planning.

The primary function of the UM staff is to facilitate efficient resource utilization, and review and verify medical appropriateness and necessity for members whose needs are represented in the following categories:

- **pre-certification/prior authorization** of services
- **out-of-network** services
- **transition of care**
- **admission** and **concurrent** review
- **retrospective** review
- **discharge planning**



Please refer to the Provider Manual for a complete listing of services requiring prior authorization or use the prior authorization look up tool at www.getempowerhealth.com

Transition Period

March 1, 2019-August 31, 2019	Beginning 9/1/19
Prior authorization requirements for outpatient services are waived. *ICF admissions and CSRs will require review by the UM department. Initial approval is 90 days and then will be reviewed every 6 months.	Services requiring prior authorization noted in the provider manual will be implemented. *Note services requiring PA on slide 16.
All existing budget plans for waiver members will be extended through 8/31/19.	All waiver members will have new PCSPs in order to reflect change in payment methodology.
New waiver members or addendums to existing budgets can be submitted to the UM department.	Speech/PT/OT services and day habilitation will require EOB after benefit limit is reached.
All Inpatient services require prior authorization.	Inpatient services will continue to require prior authorization.

Utilization Management

Prior Authorization Requirements

- Inpatient Admissions
- (Emergency notification must be received 24 hours or next business day)
- Allergy Testing (for age under 5)
- Home Health Services (after initial visit)
- Private Duty Nursing
- Cardiac or Pulmonary Rehab
- Home Infusion
- Chiropractic Services
- Advanced Imaging
- DME & Prosthetics (exceeding $750)
- Cosmetic Procedures
- Experimental/Investigational Services
- Pain Management
- Sleep Studies (facility based only)
- High Dollar Medications (exceeding $1000)
- All Out-of-Network Services
- Inpatient Psychiatric Treatment
- Psychiatric Residential Treatment
- Residential Community Reintegration
- Substance Abuse Detox
- Partial Hospitalization
- Therapeutic Host Home
- Intensive Outpatient Substance Abuse
- Planned Respite
- Therapeutic Communities
- Intermediate Care Facilities (ICF)
- Developmental Disabilities/ACS Waiver Services
- All Out-of-Network Services

Note: This list may not represent all services requiring an authorization. Please review Provider Manual for further information

Documentation

- Providers will be expected to keep clinical documentation relevant to the provision of services.
- Documentation should include clinical information substantiating the medical necessity of services provided.
- When requesting authorization of services providers should submit plan of care and/or progress notes documenting the members current status and recent progress/regression.
- PCP referrals are not needed for purposes of the PASSE. However providers should follow all rules of their accrediting agencies.
- Providers should continue to document towards the federal requirements of any specialty program they are certified to provide.

Utilization Management

The UM department is committed to assuring prompt, efficient delivery of healthcare services and to monitor quality of care provided to Empower members. Prior Authorizations may be requested:

Online: www.getempowerhealth.com

Fax: (800) 886-6839 Behavioral Health/DD/HCBS Services
(800) 878-8264 Medical Services

Phone: (855) 429-1028

Provider Credentialing

Provider Credentialing

- All PASSEs are working together to create a common process for HCBS credentialing.
- This process is subject to approval by DHS and must include:
  - Audit requirements
  - Inspection requirements
  - Complaint resolution process
  - Performing provider requirements
- Providers will be certified on an annual basis.
- Trainings will be provided on this process prior to implementation.

Additional Resources

Contact Us

Empower Key Contact Information

Care Coordination Claims Clinical Appeals Complaints/Grievances Credentialing & Contracting Member Customer Service Member Benefits, Eligibility, and Authorizations	(866) 261-1286 | TTY 711 getempowerhealth.com
Provider Services	(855) 429-1028
Fraud, Waste, Abuse	(866) 261-1286 | TTY 711 complaintsandgrievance@empowerhcs.com
Pharmacy Help Desk *(Pharmacies Only)*	(800) 364-6331

Additional Resources

Review the **Provider Manual** for more detailed information about provider requirements and partnering with Empower

Claims	Credentialing	Provider & Member Administrative Guidelines
Quality Improvement	Pharmacy Services	Utilization Management
Compliance	Appeals & Grievances	Care Coordination

Refer to the **Quick Reference Guide** for authorization requirements, addresses, phone numbers, and other important information

Refer to the **Clinical Practice Guidelines** to assist with determining medical necessity, criteria for coverage of services, and other relevant criteria related to services.

Contact your **Provider Relations Manager** to schedule an in-service meeting or to obtain additional information

Contact Us

Key Departments – Email Us

- **Care Coordination**
  Carecoordination@empowerhcs.com

- **Complaints and Grievances**
  ComplaintsandGrievance@empowerhcs.com

- **Contracting**
  Empower.Networking@empowerhcs.com

- **Provider Relations**
  EmpowerhealthcaresolutionsPR@empowerhcs.com

Thank you

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