

Personal Care Services

July 2019



Agenda

- What is Personal Care?
- Prior Authorization Requirements
- Using Identifi
- Person-Centered Service Plans
- Claims Submissions
- Provider Tools and Resources

What Is Personal Care?



Personal Care

Personal care services are primarily based on the assessed physical dependency need for "hands-on" services with the following activities of daily living (ADL):

- Eating
- Bathing
- Dressing
- Personal hygiene
- Toileting
- Ambulating

Hands-on assistance in at least one of these areas is required.

Covered Services

- Bathing
- Bladder and bowel Requirements
- Dressing
- Eating
- Incidental Housekeeping
- Laundry
- Personal Hygiene
- Shopping for Personal Maintenance Items
- Taking Medications
- Mobility and Ambulation

Prior Authorization Requirements



PA's

A prior authorization is required for personal care for all beneficiaries receiving this service.

Authorizations...

- Are given in 6 month increments
- Have to be medically necessary

When Submitting Requests please provide:

- Personal Care Assessment
- The Individualized service plan which should include the amount of personal care services needed, personal care tasks, frequency and duration of the service, etc.

What Information is Needed?

- Is the member homebound?
- Is the member ambulatory? With or without assistance? What type of assistance is needed (walker, wheelchair, assistive device, ambulance, medical contradiction to leaving the home)
- What is the person's impairment? (Blind, Mental Illness, Jeopardizes Safety through Actions, Upper Extremity Impairment)
- Does the member require a considerable effort to leave the home or high energy demand?
- Has the member recently had any medical issues requiring surgery or resulting in illness or injury in the last 30 days?
- Have they been discharged from an inpatient facility? High risk for complications or functional decline?

What Information is Needed?

- Is there continued need for skilled assessments or interventions?
- Does the member have an End-stage disease or palliative care needs?
- What are the why the member/care giver is unable to manage care?
Cognitive deficit? Physical deficit? Knowledge deficit?
- What other services does the member require? Skilled nursing?
OT/PT/Speech? Medical Services? Home Health Aide? Nutrition
Consultation? If so, what is the scope/duration of these services?
- Does the member require minimum assistance or greater with ADL's or
IADL's?
- Are transfers required with assistance from 1-2 persons?

Using Identifi



Authorization Homepage

- Sign –in to Identifi Practice directly via <https://www.myidentifi.com> OR through the provider portal on www.getempowerhealth.com



The screenshot shows the Identifi Sign In page. The page has a dark blue background with the word "Identifi" in large white letters at the top. Below the logo is a white sign-in form. The form contains the following elements:

- A "Sign In" header.
- A "USERNAME *" input field with an orange border and a blue number "2" to its right.
- A "PASSWORD *" input field with an orange border and a blue number "3" to its right.
- A "Forgot username or password?" link with a blue number "4" to its right.
- A blue "SIGN IN" button with an orange border.
- A "New User? Register Here" link.
- A "Need Help? Contact Application Support - (888) 959-4031 or support@evolenthealth.com" footer.

Authorization Homepage

TRAINING Identifi | PRACTICE | POPULATION SUMMARY | AUTHORIZATION REQUESTS | REPORTS

My Draft Requests +

Request Type	Patient Name (DOB, Gender, ID)	Last Updated Date/Time	
Inpatient	BREWER, ALEXIS (12/07/1945, F, 200006846)	09/24/2018 01:50:25 PM	

Authorization Requests

Showing 100 most recent requests (to view more or refine the list, use filter option to the right)

Reference #	Patient Name (DOB, Gender, ID)	Request Type	Requesting Provider	Request Status	Created Date
D7003513	CHIMDI, LYNDA (04/18/1941, F, 200005889)	Outpatient/Home	LAUREN DRAKE	In Progress	11/29/2018
D7003510	TRAIL, ALANIS (01/15/1921, F, 200003527)	Outpatient/Home	PAUL WILSON	In Progress	11/29/2018
D7003499	COLE, MARIE (03/23/1978, F, 220019103)	Outpatient/Home	LAUREN DRAKE	In Progress	11/29/2018
D7003496	HAMILTON, DONALD (02/03/1946, M, 200008860)	Outpatient/Home	LAUREN DRAKE	In Progress	11/29/2018
D7003481	HOFFMAN, GERALD (02/20/1937, M, 200010429)	Outpatient/Home	PAUL WILSON	In Progress	11/28/2018
D7003480	HAMILTON, DONALD (02/03/1946, M, 200008860)	Outpatient/Home	LAUREN DRAKE	In Progress	11/28/2018
D7003479	BACON, ALAN (06/18/1947, M, 200010547)	Outpatient/Home	LAUREN DRAKE	In Progress	11/27/2018
D7003478	BACON, ALAN (06/18/1947, M, 200010547)	Outpatient/Home	LAUREN DRAKE	In Progress	11/27/2018
D7003472	REED, DARA (10/27/1948, F, 200012598)	DME	ABC HOME MEDICAL SUPPLY INC	In Progress	11/27/2018
D7003469	BACON, ALAN (06/18/1947, M, 200010547)	Outpatient/Home	LAUREN DRAKE	In Progress	11/27/2018
D7003467	REINHARDT, DELIA (07/30/1954, F, 200002092)	Inpatient	LAUREN DRAKE	In Progress	11/26/2018
D7003463	HOFFMAN, GERALD (02/20/1937, M, 200010429)	Outpatient/Home	GERALD HOFFMAN	In Progress	11/06/2018

Search for a Member

To add an authorization request for a specific beneficiary, click the check symbol to begin a search.

The screenshot shows the Identifi software interface. The top navigation bar includes 'Identifi TRAINING', 'PRACTICE', 'POPULATION SUMMARY', 'AUTHORIZATION REQUESTS', and 'REPORTS'. The main content area is divided into two sections: 'My Draft Requests' and 'Authorization Requests'. In the 'My Draft Requests' section, there is a table with one row for an inpatient request for Alexis Brewer. A red circle highlights a button labeled 'ADD AUTHORIZATION REQUEST' and a green checkmark icon in the right-hand column of the table. Below this, the 'Authorization Requests' section shows a list of requests, with the first row for Lynda Chimdi.

Request Type	Patient Name (DOB, Gender, ID)	Last Updated Date/Time	
Inpatient	BREWER, ALEXIS (12/07/1945, F, 200006846)	09/24/2018 01:50:25 PM	ADD AUTHORIZATION REQUEST

Reference #	Patient Name (DOB, Gender, ID)	Request Type	Requesting Provider	Request Status	Created Date
D7003513	CHIMDI, LYNDA (04/18/1941, F, 200005889)	Outpatient/Home	LAUREN DRAKE	In Progress	11/29/2018

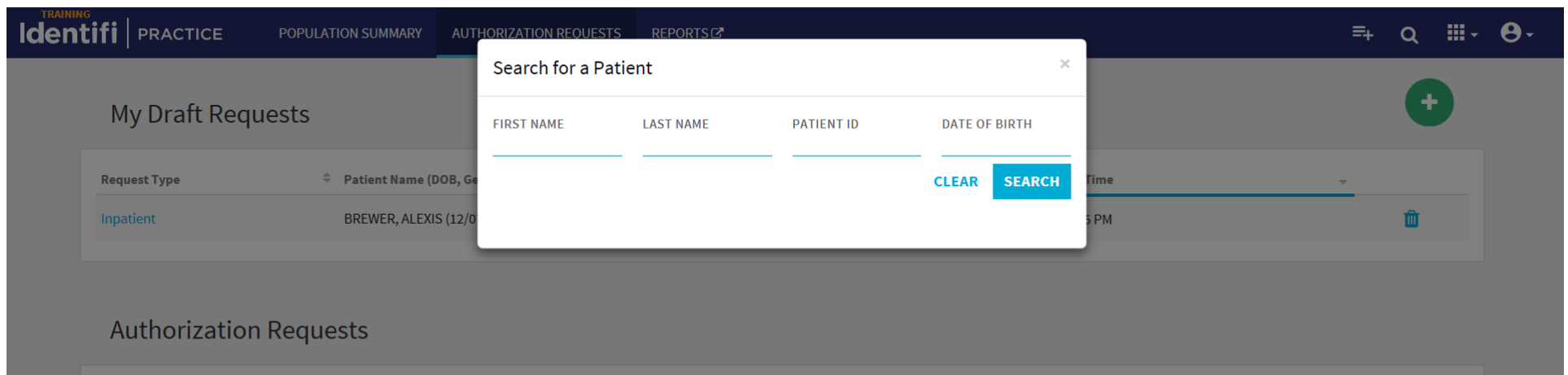
Searching for a Member

Enter the requested information:

- First name
- Last name
- Date of Birth

OR

- Empower Member ID
 - **Note: ID's will end in 001**



The screenshot displays the Identifi software interface. At the top, there is a navigation bar with the following tabs: TRAINING, PRACTICE, POPULATION SUMMARY, AUTHORIZATION REQUESTS, and REPORTS. A search modal titled "Search for a Patient" is open in the center. The modal contains four input fields: FIRST NAME, LAST NAME, PATIENT ID, and DATE OF BIRTH. Below these fields are two buttons: CLEAR and SEARCH. The background interface shows a "My Draft Requests" section with a table containing one entry: "Inpatient" for "BREWER, ALEXIS (12/0...". Below this is an "Authorization Requests" section.

Step 1

Add Outpatient/Home Request

- 1 Step 1 Enter Request Details
- 2 Step 2 Add Outpatient/Home Review(s)
- 3 Step 3 Enter Supporting Documentation

REQUESTOR NAME * Enter Requestor Name	REQUESTOR TYPE * Select Requestor Type	REQUESTOR PHONE * Enter Requestor Phone	REQUESTOR EMAIL Enter Requestor Email
PRIMARY STAFF * Select Primary Staff	PLACE OF SERVICE * Home	SERVICE TYPE * Home and Community Based Services	PREDETERMINATION * Yes
AOR REQUIRED Select AOR Required value	ENCOUNTER ID Enter Encounter Id	EMR ACCOUNT NUMBER Enter EMR Account Number	

Providers

REQUESTING PROVIDER *

Step 1 Continued

Providers

REQUESTING PROVIDER *

+ ADD REQUESTING PROVIDER

FACILITY/VENDOR *

+ ADD FACILITY/VENDOR

RENDERING PROVIDER

+ ADD RENDERING PROVIDER

Third Party Liability

MOTOR VEHICLE ACCIDENT

EMPLOYMENT (WORKER'S COMPENSATION)

ANOTHER PARTY RESPONSIBLE

Diagnoses

Primary	Type	Diagnosis Description
<input checked="" type="radio"/>	ICD-10	Select a Description

+ ADD DIAGNOSIS

CANCEL REQUEST SAVE DRAFT AND CLOSE CONTINUE

A Requesting Provider and Facility/Vendor both have to be added. These are typically the same.

Put in NPI number and start date of the request to search for the correct provider.

Identifi REVIEW REQUEST QUEUE DRAFT REQUESTS REPORTS RESOURCES

PATTERSON, SHARLLA 11/16/1965 (53), F, E073901

AOR REQUIRED Select AOR Required value.

Providers

REQUESTING PROVIDER *

+ ADD REQUESTING PROVIDER

FACILITY/VENDOR *

+ ADD FACILITY/VENDOR

RENDERING PROVIDER

+ ADD RENDERING PROVIDER

Third Party Liability

MOTOR VEHICLE ACCIDENT

Diagnoses

Primary	Type	Diagnosis Description
<input checked="" type="radio"/>	ICD-10	

+ ADD DIAGNOSIS

CANCEL REQUEST SAVE DRAFT AND CLOSE CONTINUE

Add Requesting Provider

Select From Patient's Contacts Search All Providers

SERVICE START DATE * 04/08/2019 PROVIDER NAME Enter 'Last Name, First Name' or Organization

SPECIALTY NPI 1912357948 TIN

CITY STATE ZIP

CLEAR SEARCH

SORT BY Network

KAH DEVELOPMENT 4 LLC DBA KINDRED AT HOME HOME HEALTH In Network - TIER 1
NPI: 1912357948 • TIN: 463902994
1509 E MAIN ST, STE 6, RUSSELLVILLE, AR, 72801 • Phone: (512) 338-7958 • Fax: No Fax Available

TIN 463902994 FAX NUMBER

SELECT & SAVE AS CONTACT

1-1 of 1

Still Step 1...

**The diagnosis can be entered in with the ICD 10 code

RENDERING PROVIDER
[+ ADD RENDERING PROVIDER](#)

Third Party Liability
MOTOR VEHICLE ACCIDENT EMPLOYMENT (WORKER'S COMPENSATION) ANOTHER PARTY RESPONSIBLE

Diagnoses

Primary	Type	Diagnosis Description
<input checked="" type="radio"/>	ICD-10	t44.9
+ ADD DIAGNOSIS		

ADVERS EFF OTH RX PRIM AFF AUTONOMIC NERVOUS SYS (T44.995)
Specificity: N • Effective Date: 01/01/2009

ADVERS EFF OTH RX PRIM AFF AUTONOMIC NS INIT ENC (T44.995A)
Specificity: Y • Effective Date: 01/01/2009

ADVERS EFF OTH RX PRIM AFF AUTONOMIC NS SEQUELA (T44.995S)
Specificity: Y • Effective Date: 01/01/2009

UE

Step 2

Add Outpatient/Home Request

- Step 1 Enter Request Details
- Step 2 Add Outpatient/Home Review(s)**
- Step 3 Enter Supporting Documentation

SOURCE * Select REVIEW TYPE * Initial REVIEW PRIORITY * Select REVIEW RECEIVED DATE/TIME * _____ RECEIPT OF COMPLETE CLINICAL REVIEW _____

Primary - Review 01 Primary Procedure

PROCEDURE DESCRIPTION *

- personal
- PERSONAL CARE ITEM NOS EACH (S5199)**
Effective Date: 01/01/2003
- PERSONAL CARE SERVICES PER 15 MINS (T1019)**
Effective Date: 07/01/2002
- PERSONAL CARE SERVICES PER DIEM (T1020)**
Effective Date: 07/01/2002

MODIFIER 1 Select MODIFIER 2 Select

BILLED AMOUNT _____

FREQUENCY _____ Per Select TO START ON * _____

ENTER DURATION OR END DATE Duration End Date DURATION * Select

DRUG INFORMATION

Remaining Characters: 2000

Step 2 Continued

SOURCE *
Select

REVIEW TYPE *
Initial

REVIEW PRIORITY *
Select

REVIEW RECEIVED DATE/TIME *

RECEIPT OF COMPLETE CLINICAL REVIEW

Primary - Review 01
PERSONAL CARE SERVICES PER 15 MINS (T1019)

Primary Procedure

PROCEDURE DESCRIPTION *
PERSONAL CARE SERVICES PER 15 MINS (T1019)

MODIFIER 1
Select

MODIFIER 2
Select

REVENUE DESCRIPTION	BILLED AMOUNT
REQUESTED AMOUNT * 12	FOR REQUESTED TYPE * Unit(s)
FREQUENCY * 5	Per Week
TO START ON * 04/08/2019	DURATION * 12
ENTER DURATION OR END DATE <input checked="" type="radio"/> Duration <input type="radio"/> End Date	Week(s)

DRUG INFORMATION

Remaining Characters: 2000

Step 3

Add Outpatient/Home Request



Step 1
Enter Request
Details



Step 2
Add Outpatient/Home
Review(s)



Step 3
Enter Supporting
Documentation

Add Care Note (Optional)

Upload Received Document (Required)

RELATED TO
Patient

RECEIVED DATE/TIME *
04/08/2019 01:51 pm

SENDER *
Select a contact

DOCUMENT (UP TO 50 MB. SUPPORTED FILE TYPES - .PDF, .DOC, .DOCX, .XLS, .XLSX, .TIF, .PNG, .WAV, .JPEG) *

No file chosen

DOCUMENT COMMENTS

Remaining Characters: 2000

[BACK](#)

[CANCEL REQUEST](#)

[SAVE DRAFT AND CLOSE](#)

[SAVE REQUEST](#)

How to Submit Requests

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 or www.myidentifi.com

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

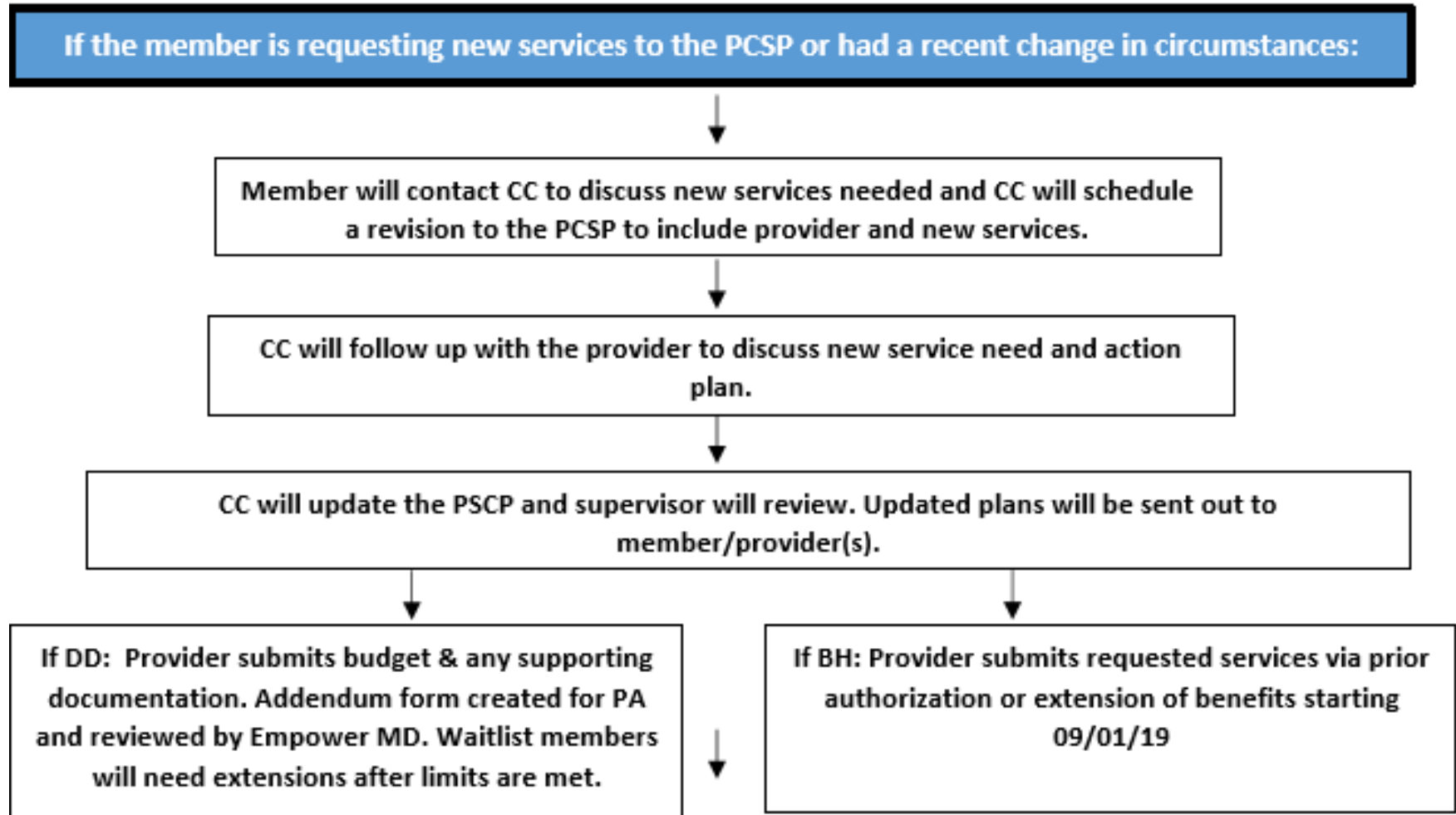
**Needed Fax forms available on above website*

Phone: (855) 429-1028

Person-Centered Service Plans



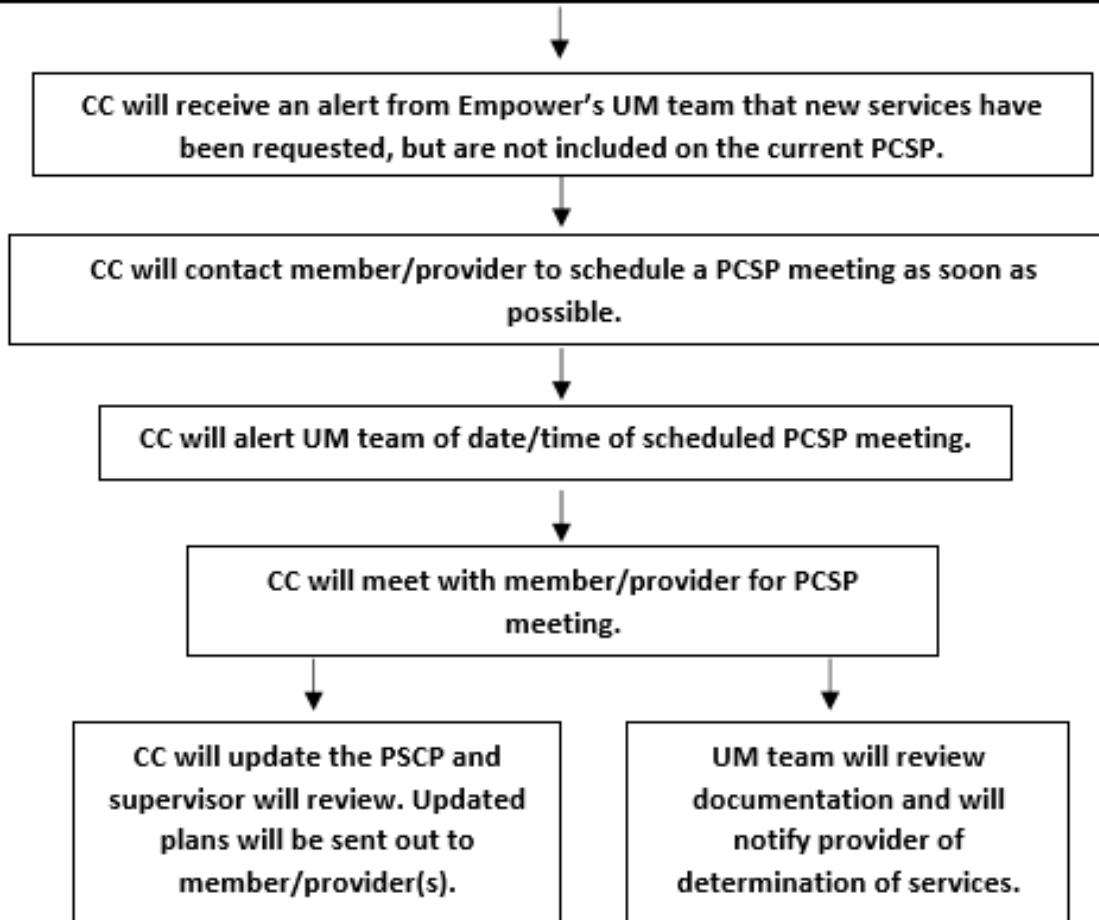
Addition of New Services to a Person Centered Service Plan (PCSP)



*This process flow is subject to change

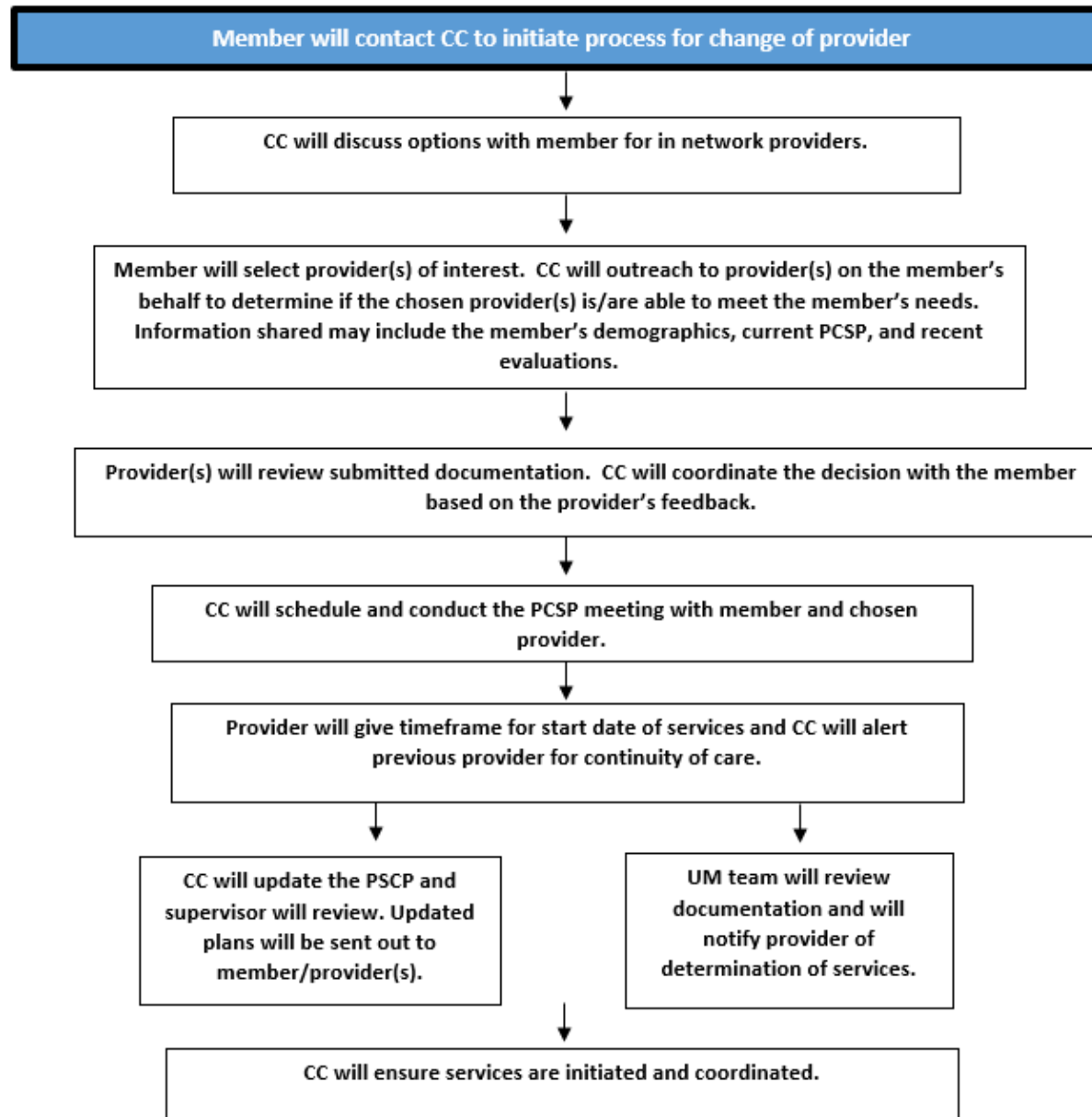
Addition of New Services to a Person Centered Service Plan (PCSP)

If the provider is requesting new services to the PCSP or a member had a recent change in circumstances:



*This process flow is subject to change

Change of Provider for Person Centered Service Plans (PCSPs)



*This process flow is subject to change

Change in Provider Form



CHANGE IN PROVIDER

Member Name (print) _____

Member Medicaid/ID number _____

Member/Guardian name (print) _____

I choose to change my primary provider:

FROM: _____
(Name of current primary provider)

TO: _____
(Name of newly chosen primary provider)

I have received a list of providers who can render necessary services for myself/member in or near my chosen area and have freely made a decision to change providers.

(Member/Guardian Signature) Date: _____

Witness Signature Date: _____

Claims Submission



Claims Submission

Submit all claims with the Member's Empower ID number



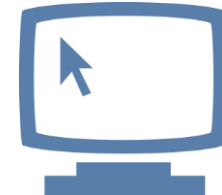
Timely Filing Requirements

- Timely filing: 365 days from date of service
- Corrected claims/adjustment requests submitted within 90 days of Remittance Advice



Accepted Methods

- Electronic (EDI) – Change Healthcare. Payer ID: 12956
- Paper Claim Forms: CMS-1500 or UB04
- Web Portal: Professional Claims Only



EFT/ERA

- InstaMed – Please visit www.instamed.com/eraeft to register
- If you are currently enrolled with InstaMed, you will be able to add Empower to your InstaMed profile

www.getempowerhealth.com

Claim Form Requirements

The following information submitted to Empower must match the state Active Provider Files:

- Provider Name (as noted on current W-9 form)
- National Provider Identifier (NPI) – does not apply to atypical providers
- Medicaid Identification Number – does apply to atypical providers
- Tax Identification Number (TIN)
- Taxonomy Code
- Physical Location Address
- Billing Name and Address (as noted on current W-9 form)

This information also needs to be current with Arkansas Medicaid.

Claims Submission

Paper Claim Submission Process

- 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 on a UB-04 (CMS 1450) form
- All paper claims should be mailed to:
Empower Healthcare Solutions LLC
PO Box 211446
Eagan, MN 55121

Third Party Liability

- Any additional insurance, in addition to Medicaid, the member may have must be reported on the claim
- If this claim is being covered by an Auto-Insurance claim – this must be reported on the claim
- A list of non-covered Medicare codes has been approved by DHS that will bypass having to be submitted to Medicare first
- Medicaid is always payer of last resort with the exception of:
 - Pregnancy related claims
 - EPSDT services to include VFC
 - Services covered by TPL that are derived from an absent parent whose obligation to pay support is being enforced by Child Support Enforcement

Medicare and Commercial insurance

Medicare Crossover

- Empower is working on establishing a data transfer with CMS – Providers will only bill Medicare. CMS will then send Empower a file with claims information to complete the Medicaid billing portion of the claim.
- **Medicare Advantage plans** – will have to be billed first, then submitted to Empower on the paper form with EOPs attached OR submitted through the Provider Portal with the EOP attached.

Commercial Insurance

- Medicaid is the payer of last resort. The Commercial insurance will have to be billed first, then submitted to Empower on the paper form with EOPs attached OR submitted through the Provider Portal with the EOP attached.

Provider Portal Choices

The screenshot shows a navigation bar with the following items: Home, Claims (dropdown), Patient (dropdown), Tools & Resources (dropdown), User Profile, and Submit Authorization. The dropdown menus are open, showing the following options:

- Claims:** Claim Status List, Submit HCFA Claim, Provider Preferences, Remittance Advice Search
- Patient:** Authorization List, Member Eligibility Search
- Tools & Resources:** Provider List, Document List, Procedure List, Diagnosis List, View FAQ

A red arrow points to the 'Submit Authorization' link, with the text 'Link to Identifi' written in red next to it.

Submitting a Claim Functionality

Submit HCFA Claim

Enter required patient information

*Required Fields

Member Information

Patient Id Code*
Patient Last Name*
Patient First Name*
Patient DOB*

Provider Information

Billing Provider Name*
Location*
Other Identifier*
 Treating Same As Billing
Treating Provider Name*
Location*

Select required provider information

Diagnosis Codes - Enter up to 12 from either ICD9 or ICD10 code set

Code Set List
Diagnosis Code 1*
Diagnosis Code 2
Diagnosis Code 3
Diagnosis Code 4

Claim Information

Claim type*

Complete all required claim information

Service Line(s)

From Service Date*	To Service Date*	Facility Type Code*	Procedure*	NDC's	Procedure Modifiers	Diagnosis Pointers*	Quantity*	Charge Amt*
<input type="text"/> <input type="button" value="ICD"/>	<input type="text"/> <input type="button" value="ICD"/>	<input type="text" value="Office"/>	<input type="text"/> <input type="button" value="ICD"/>	<input type="text"/> <input type="button" value="ICD"/>	<input type="text"/>	<input type="text"/> <input type="button" value="ICD"/> <input type="button" value="ICD"/> <input type="button" value="ICD"/> <input type="button" value="ICD"/>	<input type="text" value="1"/>	<input type="text"/>

Other Claim Information - Click on a checkbox to expand a section for entry

- Enter Other Coverage
- Enter Referring Provider
- Enter File Attachments
- Enter Patient Related Causes
- Hospitalization Dates Related to Current Services
- Outside Lab
- Enter Illness/Injury/Pregnancy/Ability to Work
- Enter Unable to Work in Current Occupation Dates
- Enter Medicaid Resubmission

Search Claim Functionality

Claim Status List

This page displays a list of claims submitted for a specific patient/subscriber according to the search criteria. Click on the Claim Number to access claim detail information. If available, click on the View EOB link to view benefit information for a claim. Click on the member name to view member detail information. Click on the provider name to view provider detail information.

Search

Claim Information

Provider Last Name

Claim # Show Related Claims

Claim type

Claim status

Service Date From to

Claim Received Date From to

Claim Adjudication Date From to

Search

Cancel

Results

Claim #	Claim type	Member	PASSE ID#	Medicaid ID#	Service date	Provider	Claim status ?	Charge amt	Patient resp	Payable Amount
View EOB 2018058T1601900	Professional	TEST MEMBER	E1234567891	1234567891	02/20/2018	PROVIDER.TEST	Finalized/Payment ?	\$49.00	\$0.00	\$49.00
View EOB 2018023T1043400	Professional	TEST MEMBER	E1234567891	1234567891	01/18/2018	PROVIDER.TEST	Finalized/Payment ?	\$110.00	\$0.00	\$49.49

Download File

Search claims by:

- **member information**
(name **OR** Member's Empower ID Number)
- or
- **claim information**
(status, type, service date or received date)

Then click "Search"

**Select download file to export search result status to computer

Provider Tools and Resources



Provider Resources

- Providers can access reference materials and tools at the Empower website: www.getempowerhealth.com. Available resources include:
 - Provider Manual
 - Clinical Guidelines
 - Provider Training
 - Provider Alerts
 - 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.

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 (Ethix360)

(844) 478-0329
empower.ethix360.com

Pharmacy Help Desk
(Pharmacies Only)

(800) 364-6331

Key Departments – Email Us

- **Care Coordination**

Carecoordination@empowerhcs.com

- **Complaints and Grievances**

ComplaintsandGrievance@empowerhcs.com

- **Contracting**

Empower.Networking@empowerhcs.com

- **Incident Reporting**

Incident.Reporting@empowerhcs.com

- **Provider Relations**

EmpowerhealthcaresolutionsPR@empowerhcs.com

- **Utilization Management**

UtilizationManagement@empowerhcs.com

Thank you

from



Getempowerhealth.com