

Quick Reference Guide

www.getempowerhealth.com

Key Contact Information

<p>Provider Services (855) 429-1028</p> <p>Eligibility verification, Claims/Billing, Network/Contracting, Utilization Management/Prior Authorizations (Medical, BH/DD, Vision, Pharmacy)</p> <p>TTY/TDD and Language Line 711</p> <p>Utilization Management Fax Numbers: BH/DD/HCBS Services (800) 886-6839 Medical Services (800) 878-8264</p>	<p>Member Services (866) 261-1286</p> <p>Care Coordination, Clinical Appeals, Complaints/Grievances, Member Benefits, Eligibility, and Authorizations</p> <p>TTY/TDD and Language Line 711</p> <p>Fraud, Waste, and Abuse (844) 478-0329 empower.ethix360.com</p>
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Claims

<p>Claims Questions (855) 429-1028 EDI Clearinghouse Change Healthcare Empower Payer ID 12956</p> <p>Mail paper claim submissions to: Empower Healthcare Solutions PO BOX 211446 Eagan, MN 55121</p> <p>Portal Submission (Professional Only) www.getempowerhealth.com</p> <p><i>Note: You may also check claims status, authorizations, and eligibility through the portal</i></p>	<p>Notification of Claim Denial</p> <p>When a claim is denied because of missing or invalid mandatory information, the claim should be corrected, marked as a second submission or a corrected claim, and resubmitted within ninety (90) days of notification of payment/denial either electronically or to the general claim address:</p> <p style="text-align: center;">Empower Healthcare Solutions PO BOX 211446 Eagan, MN 55121</p> <p>Claims Appeals</p> <p>Claim Appeals must be submitted in writing within 60 days of the date of payment or denial. Please submit the written Appeal request by mail with a copy of the Explanation of Payment and other supporting documentation to:</p> <p style="text-align: center;">Empower Healthcare Solutions LLC P.O. Box 211446 Eagan MN 55121</p> <p>Corrected claims must be submitted within 90 days of the date of payment.</p> <p>Providers are not allowed to balance bill Empower members.</p>
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Pharmacy

<p>Pharmacy Benefits Manager (PBM) CVS Caremark</p> <p>Pharmacy Help Desk (800) 364-6331 (Pharmacies Only)</p> <p>Pharmacy BIN/PCN/Group</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th><u>BIN</u></th> <th><u>PCN</u></th> <th><u>RXGroup</u></th> </tr> </thead> <tbody> <tr> <td>Medicaid</td> <td>004336</td> <td>ADV</td> <td>RX2798</td> </tr> </tbody> </table>		<u>BIN</u>	<u>PCN</u>	<u>RXGroup</u>	Medicaid	004336	ADV	RX2798	<p>Pharmacy PA Requirements</p> <p>PA is necessary for some medications to establish medical necessity and to ensure eligibility for coverage per State and/or Federal regulations. This may be due to specific Food and Drug Administration (FDA) indications, the potential for misuse or overuse, safety limitations, or cost- benefit justifications.</p> <p>PA is required for medications that are:</p> <ul style="list-style-type: none"> • Outside the recommended age, dose or gender limits • Certain drugs not listed on the PDL
	<u>BIN</u>	<u>PCN</u>	<u>RXGroup</u>						
Medicaid	004336	ADV	RX2798						

<p>Medicaid Duals 012114 COBADV RX2898</p> <p>PDL Exception Requests</p> <p>Providers may request an exception to Empower’s PDL verbally or in writing. For written requests, providers should complete a Prior Authorization Request Form, supplying pertinent Member medical history and information.</p> <p>A Prior Authorization Request can be located on the Empower website at: www.getempowerhealth.com</p> <p>To submit a request, orally, call (855) 429-1028 to speak with a pharmacy specialist.</p> <p>If Authorization cannot be approved or denied, and the drug is Medically Necessary as defined by DHS, up to a 5 day emergency supply of the non-preferred drug can be supplied to the Member.</p>	<ul style="list-style-type: none"> • Drugs listed on the PDL but still require Prior Authorization (including non-preferred PDL drugs and preferred PDL drugs with criteria) • Brand name drugs when a generic exists (unless otherwise specified) • Duplication in therapy (i.e. another drug currently used within the same class) • New to the market and not yet reviewed by DHS’s P&T Committee • Prescribed for off-label use or outside of certain diseases or specialties; or • Most self-injectable and infusion medications (including chemotherapy)
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Complaints & Grievances

Complaints and Grievances Process

Any member or provider may submit a complaint regarding issues other than those related to the terms of the provider agreement and/or performance under the provider agreement. Assistance with filing grievances and appeals is available. For complaints or grievances contact:

Empower Healthcare Solutions, LLC
 Compliance Officer
 PO BOX 211446
 Eagan, MN 55121
 Phone: (866) 261-1286
 Email:
complaintsandgrievance@empowerarkansas.com

Medical Necessity Appeals

Appeals Process

The following individuals may file an appeal:

- The enrolled member;
- The enrolled member’s parent or legal guardian;
- An attorney authorized to represent the enrolled member;
- Another authorized representative of the enrolled member, including the representative of the enrolled member’s estate if that member is deceased;
- A direct service provider that is the subject of the adverse action/adverse decision, or the direct service provider’s legal representative or attorney.

An appeal must be filed within sixty (60) calendar days from the date on the notice of the adverse action/adverse decision.

Appeals may be submitted to the address or via phone number below:

Empower Healthcare Solutions, LLC
 PO BOX 211446
 Eagan, MN 55121
 Phone (866) 261-1286

Services that Require Prior Authorization

Medical Services	
Advanced Imaging:	<ul style="list-style-type: none"> CT/CTA MRI/MRA PET/SPECT Nuclear Medicine Studies Gastrointestinal Tract Imaging with Endoscopy Capsule <p>Exclusions: Imaging rendered in the following settings DOES NOT require prior authorization:</p> <ul style="list-style-type: none"> Emergency department Inpatient setting Observation unit <p>Imaging by these request types DOES NOT require prior authorization:</p> <ul style="list-style-type: none"> MRI of brain/spine ordered by neurologist/neurosurgeon Maxillofacial CT's ordered by ENT <p>(Contact number provided, CPT code list include - If not carved out)</p>
Admissions:	<ul style="list-style-type: none"> Elective Procedures/Surgery LTAC, Rehabilitation, SNF Observation Stays Extending Beyond 48 hours Radiology Procedures Requiring Inpatient or Observation All Bariatric Procedures Intermediate Care Facility <ul style="list-style-type: none"> All elective admissions require PA Admission to any long-term acute care, rehabilitation or skilled nursing facility, requires PA. Observation Stays Extending Beyond 48 hours
All Cosmetic Procedures	<p>Limited to the following procedures:</p> <ul style="list-style-type: none"> Reduction Mammoplasty Otoplasty and Rhinoplasty
All non-participating providers (All OON services)	<ul style="list-style-type: none"> Inpatient Outpatient All OON services require prior authorization excluding emergency room services
Allergy Testing	<ul style="list-style-type: none"> For Children Under the age of 5
Any Experimental / Investigational	
Chiropractic Services	<ul style="list-style-type: none"> ONLY to correct a subluxation of the spine
Dental	<ul style="list-style-type: none"> Those services that fall under the medical benefit (eg. Orthognathic surgery) Outpatient anesthesia for patients over 6
Drugs & Immunizations	<ul style="list-style-type: none"> Chemotherapy and immunosuppressive drugs, Allergy Injections, other injections that are covered for specific diagnoses and/or conditions >\$1000
Durable Medical Equipment (DME)/External Prosthetic Appliances (EPA) and Supplies	<ul style="list-style-type: none"> DME >\$1000 (see exceptions below) Any DME codes ending in (99) require PA Any Orthotics/Prosthetics codes ending in (99) requires PA (only applies to 21 and over) Orthotics/Prosthetics >\$750 (only applies to 21 and over) Ostomy Supplies – Exceeding quantity limits require PA Enterals for ages 0-4; infusion pumps & supply kits (under 21) Wheelchair repairs over \$3000.00 will require PA
Pharmacy/High Dollar Meds (excluding medications administered in an inpatient setting)	<ul style="list-style-type: none"> Over \$1000 requires PA
Home Infusion / IVT	

Hyperalimentation	
Hysterectomies	
Injections, Radiopharmaceuticals and Therapeutic Agents	<ul style="list-style-type: none"> • IP services only require PA
Inpatient Acute Hospital Admissions: <ul style="list-style-type: none"> • Medical • Surgical 	<ul style="list-style-type: none"> • Notification required within 24 hours of emergency room or direct admission from a clinic or provider office or next business day. • Clinical updates required with continued stay
Intensive Cardiac and Pulmonary Rehabilitation Services	<ul style="list-style-type: none"> • Inpatient • Outpatient
Molecular Diagnostics Testing	
OB Services	<ul style="list-style-type: none"> • Induction of labor- if prior to 39 weeks gestation • OB ultrasound over 2 per pregnancy • Stays over 2 days for Vaginal delivery • Stays over 4 days for Cesarean • Termination of pregnancy • Genetic testing • Certified Nurse-Midwife (for IP services based on MNC)
Outpatient Bariatric Procedures	
All Pain Management Services	<ul style="list-style-type: none"> • See exclusions for injectable services on the outpatient medical benefit limits grid
Private Duty Nursing	<ul style="list-style-type: none"> • Private duty • Personal care services Clinical updates required with continued review, incorporate review requirements during review process
Rehabilitative Hospital	
Retisert Implantation	<ul style="list-style-type: none"> • Fluocinolone Acetonide Intravitreal Implant
Sleep studies	<ul style="list-style-type: none"> • Facility based only
Behavioral Health Services & Development Disability Services	
Autism Treatment under EPDST (ABA)	<ul style="list-style-type: none"> • Under 21
Inpatient Psychiatric Treatment	
Intermediate Care Facility	
Partial Hospitalization	
Planned Respite	<ul style="list-style-type: none"> • Under 21
Psychiatric Residential Treatment	<ul style="list-style-type: none"> • Under 21
Residential Community Reintegration	<ul style="list-style-type: none"> • Under 21
Respite (Human Developmental Center)	
Substance Abuse Detox (IP or OP-Obs only)	<ul style="list-style-type: none"> • Adults Only
Therapeutic Communities	<ul style="list-style-type: none"> • Adults Only (18+)
Therapeutic Host Home	<ul style="list-style-type: none"> • Under 21

*All out-of-network physicians, hospital, and ancillary service requests will require prior authorization.

** Unlisted procedure codes that are manually priced require prior authorization.

***Community and Employment Support Services (1915C & 1915I) under waiver will be prior authorized as a final outcome of the PCSP process after full review of medical necessity.