

Empower Healthcare Solutions LLC P.O. Box 211446 Eagan, MN 55121 866-261-1286, TTY (711)

<<DATE>>

<<MEMBER>> and/or <<LEGAL REPRESENTATIVE>> <<STREET ADDRESS>> <<CITY. STATE ZIP>>

Dear <<MEMBER / LEGAL REPRESENTATIVE>>:

Welcome to Empower Healthcare Solutions! We are providing healthcare benefits and care coordination to our members on behalf of Arkansas Medicaid. Empower is managing your healthcare benefits including medical, pharmacy, behavioral health, and developmental disability. You can find more information about Empower by visiting our website at www.getempowerhealth.com. You can review the Member Handbook in English or Spanish on the website or you can request that we send you a paper copy or other alternative format by contacting us at the toll free number below.

As a member of Empower Healthcare Solutions, you are in a health plan that has:

- A choice of doctor and hospitals.
- A team to help you be healthy.
- A way for you to share your views on plan benefits and your care.
- A dedicated care coordinator

After reading this welcome letter, please call Member Services with any questions you might have. Member Services can be reached at 866-261-1286 or TTY (711), Monday through Friday from 8:00 am to 5:00 pm, CT. We will answer your questions and ask you about your health history and needs. You can also contact us online at https://www.getempowerhealth.com/. You will also find a copy of the provider directory and your member handbook on our website. To request a print copy of these documents, call Member Services at the number above.

Each Empower Healthcare Solutions member has their own Primary Care Physician or PCP. If you have new PCP, please call them for an appointment. You should have a checkup with your PCP at least once a year. Also, you can change your PCP if you wish. We suggest picking a PCP that makes you feel comfortable. Your PCP will get to know you and your health needs.

By being part of Empower Healthcare Solutions, you will have a dedicated care coordinator. You will hear from them in the next fifteen (15) days. If you need to reach them sooner call Member Services at 866-261-1286.

As Care Coordinators, we care about your health. We are here to help you stay as healthy as you can. We will work with you to develop a Person-Centered Service Plan and ensure all providers are working together for your health care needs. As your Care Coordinator, we will help you get resources and support to access needed services. Best of all, this help is free as part of your Medicaid benefit! If you haven't heard from us yet, please feel free to call right away to introduce yourself, and to set up a time when we can talk about your needs.

Additional Information:

- If your information, such as address or phone number, needs to be updated, please contact Empower Healthcare Solutions Member Services at 866-261-1286 or TTY (711). Your information will also need to be updated with the Arkansas Department of Human Services (DHS) and the Social Security Administration. Their contact information is:
 - Department of Human Services Tel: 1- 501-682-1001 (TTY: 1- 800-285-1131) or online at https://www.humanservices.arkansas.gov/.
 - Social Security Administration Tel: 1-800-772-1213 (TTY: 1-800-325-0778) or online at https://www.ssa.gov.

Thank you again for being an Empower Healthcare Solutions member. We look forward to serving your healthcare needs.

Sincerely,

Empower Healthcare Solutions

This information is available for written translation, oral interpretation and in other formats. Please contact Customer Service at 1-866-261-1286 or TTY/TDD (711). Hours of operation are Monday through Friday from 8:00 am to 5:00 pm, CT.

Esta información está disponible para traducción escrita, interpretación oral y en otros formatos. Por favor comuníquese con Servicio al Cliente al 1-866-261-1286 o TTY/TDD (711). Horas de operación son de lunes a viernes de 8:00 am a 5:00 pm, CT.

Nondiscrimination Notice

Empower Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Empower Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Empower Health:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters; and/or
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters; and/or
- Information written in other languages.

If you need these services, contact Member Services at 866-261-1286, TTY (711).

If you believe that Empower Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Complaints and Grievance Coordinator, P.O. Box 211446, Eagan, MN 55121, by phone at 866-261-1286, TTY (711), fax to 888-614-5168 or by e-mail at grievancesandappeals@empowerarkansas.com. You can file a grievance in person at 1401 W. Capitol St., Suite 330, Little Rock AR 72201 or by mail, fax, email or phone. If you need help filing a grievance, the Complaints and Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–868–1019, 800–537–7697 (TDD).

Complaint forms are available at https://www.hhs.gov/ocr/office/file/index.html.

English Translation: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-261-1286. (TTY: 1-866-261-1286 or 711).

TTY: 711 (رقم هاتف الصم والبكم 1286-261-1). :Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم

Chinese: 注意:如果您使用繁體中文,您可以免費獲得語言協助服務。請致電 1--866-261-1286 (TTY: 711)。

French: ATTENTION: si vous parlez français, des

services d'aide linguistique vous sont proposés gratuitement. Appelez le 1--866-261-1286 (Télétype: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1--866-261-1286 (TTY: 711).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહ્યય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1--866-261-1286 (TTY: 711).

Hindi: ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए भाषा सहाय ता सेवाएँ मुफ़्त में उपलब्ध हैं। 1--866-261-1286 (TTY: या 711) पर कॉल करें।

Hmong: LUS

CEEV: Yog hais tias koj hais lus Hmoob peb muaj cov kev pab cuam hais ua koj hom lus pu b rau koj yam tsis xam tus nqi hlo li. Hu rau 1--866-261-1286 (TTY: 711).

Japanese: 注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1--866-261-1286 (TTY: 711)まで、お電話にてご連絡ください。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1--866-261-1286 (TTY: 711) 번으로 전화해 주십시오.

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານ ພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1--866-261-1286 (TTY: 711).

Marshallese: LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jerbal in jipañ ilo kajin ne am ejjelok wōnāān. Kaalok 1--866-261-1286 (TTY: 711).

Portuguese: ATENÇÃO:

se você fala português, tem à sua disposição serviços linguísticos gratuitos. Ligue para 1--866-261-1286 (TTY: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asisten cia lingüística. Llame al 1--866-261-1286 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng

Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tu mawag sa 1--866-261-1286 (TTY: 711).

Vietnamese: CHÚ

Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1 --866-261-1286 (TTY: 711).