

Provider Validation Requirements for CMS 1500 Submitted via Empower Provider Portal

Providers treating Empower members must be enrolled with Arkansas Medicaid and must have an active Arkansas Medicaid ID, registered taxonomy, NPI and full physical billing address on file with both Arkansas Medicaid and Empower in order to receive reimbursement.

Empower will be validating data via front-end claim edits. If the data submitted on the claim does not match the data registered with Arkansas Medicaid, claims will reject and providers will need to resubmit with corrected data.

Atypical Validation

Medicaid ID Physical Billing Address (zip 5+4)

Provider types- 06,15,23,27,32 6,39,50,51,52,53,54,55,56,57,67, 70,71,72,73,74,75,82,83,84,85,86 87, 95*

Standard Validation

NPI Taxonomy Physical Billing Address (zip 5+4)

*PT 95 with NW, NT, NU, NV specialties require NPI

Taxonomy Submission CMS- 1500 Empower Provider Portal https://bharportal.valence.care/Logon.jsp

* Treating Provider = Rendering Provider

Submit HCFA Claim

To update your preferences navigate to the Claims drop down and click the menu item Provider Preferences.

Only professional claims can be submitted via portal.

If claim should be submitted with modifiers please make sure to enter the applicable codes in the Procedure Modifiers box in the Service Line(s) section.

FOR MEMBERS WITH ADDITIONAL INSURANCE PLEASE ATTACH THE EOP FROM THE PRIMARY INSURER.

Member Information	Provider Information
Patient Id Code	Billing Provider Name* [BEACON HEALTH OPTIONS CARE SERVICES (1053894790) Provider Specialty - Taxonomy, Psychiatry Location, BEACON HEALTH OPTIONS CARE SERVICES, 1401 W CAPITOL AVE, STE 330, LITTLE ROCK, AR Other Identifier, 541414194
	Treating Same As Billing Treating Provider Name* REACON HEALTH OPTIONS CARE SERVICES (1053894790)

Provider Specialty - Taxonomy Social Worker

LOCATION ... BEACON HEALTH OPTIONS CARE SERVICES, 1401 W CAPITOL AVE, STE 330, LITTLE ROCK, AR 🗸