

March 2021

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March is Cerebral Palsy Awareness Month

Cerebral palsy is a group of disorders that affect movement and muscle tone or posture. It's caused by damage that occurs to the immature brain as it develops, most often before birth. Children and adults with cerebral palsy require long-term care with a medical care team. Besides a pediatrician or physiatrist and possibly a pediatric neurologist to oversee their medical care, the team might include a variety of therapists and mental health specialists.

A variety of therapies play an important role in treating cerebral palsy:

- **Physical therapy.** Muscle training and exercises can help with strength, flexibility, balance, motor development and mobility.
- **Occupational therapy.** Occupational therapists work to help the patient gain independence in daily activities and routines in the home, the school and the community.
- **Speech and language therapy.** Speech-language pathologists can help improve the patient's ability to speak clearly or to communicate using sign language. They can also teach the use of communication devices, such as a computer and voice synthesizer, if communication is difficult.

- **Recreational therapy.** Some patients benefit from regular or adaptive recreational or competitive sports activities, such as therapeutic horseback riding or skiing. This type of therapy can help improve the patients motor skills, speech and emotional well-being.

Cerebral Palsy Treatment and Disability Benefits in Arkansas

When a loved one is diagnosed with cerebral palsy, it can be alarming and overwhelming. You may wonder, "How do we treat this?" closely followed by, "How will we pay for this?" This reaction is completely natural. For the answers to these questions and to assist our members see the following page [Financial and Treatment Options in Arkansas](#).

Seeking Treatment for Cerebral Palsy

There are many specialized treatment centers throughout Arkansas that provide comprehensive care for children with cerebral palsy. For a list of these facilities in Arkansas and what they have to offer click [here](#).

Cerebral Palsy is an automatic qualifying diagnosis for CES waiver services and members with an approved waiver slot are able to receive supports in their home and community to increase their greater independence.

Below are links to Empower's Provider Alerts and other information regarding CES waiver services that are needed in order to bill for your Cerebral Palsy members.

- [Provider Alert—Annual Benefit Limits for Waiver Codes](#)
- [Provider Alert—Coronavirus - Development Disability/ CES Waiver](#)
- [Provider Alert—Empower Community and Employment Supports \(CES\) Waiver Transition](#)
- [Provider Training - CES Waiver The PCSP - Justification for Services and Prior Authorization](#)
- [Provider Training - CES Waiver Expansive Overview of Service Descriptions and Codes](#)
- [Prior Authorization Form for Behavioral Health or Developmental Disability Providers](#)

There are more [Waiver Resources](#) on our website at www.getempowerhealth.com

Excerpt: <https://www.mayoclinic.org/diseases-conditions/cerebral-palsy/diagnosis-treatment/drc-20354005>; <https://www.cerebral-palsy-faq.org/arkansas-cp-treatment.html>





Reminders:

Prior Authorizations for Post-Acute Facility Transfers

As a reminder, Prior Authorizations (PA) for post-acute facility transfers to include short term rehabilitation in skilled nursing facilities are not required up to the first 14 days. Additional days will require a PA on or prior to the 14th day. This follows the Arkansas Insurance Department recommendation in an effort to eliminate unnecessary delays for members related to COVID hospitalizations.

Standard Prior Authorizations

Services that require a prior authorization MUST be authorized prior to services being rendered and prior to billing Empower. If there are questions about services that require a prior authorization, please refer to the Empower [Quick Reference Guide for Prior Authorization](#). For additional questions, please email UtilizationManagement@empowerhcs.com.

Requesting Master Treatment Plans

Empower encourages providers to report specific clinical information to the member's Care Coordinator in order to preserve the continuity of the treatment process. Care Coordinators support the current treatment initiated by the provider which means any changes to the treatment need to be provided to the CC resulting in better compliance and outcomes. Updates can be sent directly to the Care Coordinator via phone, email, or fax.

The Care Coordinator will outreach to the provider at least quarterly to verify any changes to the Master Treatment Plan. The following information should be included in the report to the Care Coordinator:

- A copy of the current treatment plan
- Any updates on progress/regression
- Results of functional assessments
- Notification of the member's noncompliance with treatment plan (if applicable)

Providers are required to provide access to or copies of their records to Empower, upon request, without charge.

DME Codes Ending in 99

In an effort to have claims pay appropriately and quickly, effective 04/15/2020 DME services billed with CPT/HCPCs ending in “99” will require a Prior Authorization (PA) regardless of amount of the claim.

To see the Empower Provider Alert, DME Codes Ending in 99 dated 2/7/20, [click here](#).

CPT Code	Mod 1	Mod 2	Mod 3	Description
A9999	HC			Miscellaneous DME Supply or Accessory, Not Otherwise Specified
A9999	HC	EP		Miscellaneous DME Supply or Accessory, Not Otherwise Specified
A9999	HC	NU		Miscellaneous DME Supply or Accessory, Not Otherwise Specified
E1399	HC	EP	U3	Durable Medical Equipment, Miscellaneous
E1399	HC	EP	U1	Durable Medical Equipment, Miscellaneous
E1399	HC	EP	U2	Durable Medical Equipment, Miscellaneous
E1399	HC	NU		Durable Medical Equipment, Miscellaneous
E1399	HC	NU	U2	Durable Medical Equipment, Miscellaneous
E2599	HC	EP		Accessory for Speech Generating Device, Not Otherwise Classified
E2599	HC	NU		Accessory for Speech Generating Device, Not Otherwise Classified
L1499	HC	NU		Spinal Orthosis, Not Otherwise Specified
L1499	HC	EP		Spinal Orthosis, Not Otherwise Specified
L2999	HC	EP		Lower Extremity Orthoses, Not Otherwise Specified
L2999	HC	NU		Lower Extremity Orthoses, Not Otherwise Specified
L3999	HC	EP		Upper Limb Orthosis, Not Otherwise Specified
L3999	HC	NU		Upper Limb Orthosis, Not Otherwise Specified
L5699	HC	EP		All Lower Extremity Prostheses, Shoulder Harness
L5699	HC	NU		All Lower Extremity Prostheses, Shoulder Harness
L5699	HC	NU		Lower Extremity Prosthesis, Not Otherwise Specified
L5699	HC	EP		Lower Extremity Prosthesis, Not Otherwise Specified
L7499	HC	NU		Upper Extremity Prosthesis, Not Otherwise Specified
L7499	HC	EP		Upper Extremity Prosthesis, Not Otherwise Specified
L8499	HC	EP		Unlisted Procedure for Miscellaneous Prosthetic Services
L8499	HC	NU		Unlisted Procedure for Miscellaneous Prosthetic Services

When Empower Requests Member Records

Empower has the right to access the records of our members for the purpose of care coordination, claims payment or audits, grievance resolution, assessing quality of care or other quality reviews, special reviews or audits requested by the State, performing utilization management functions, collection of data, and other reporting. Medical records may also be requested as part of our Quality Improvement Program, such as collection of data for reporting requirements and data collection, the Healthcare Effectiveness Data and Information Set (HEDIS). Providers are contractually required to cooperate with all Empower quality activities. HIPAA privacy regulations allow for sharing of PHI for purposes of making decisions around treatment, payment or health plan operations.

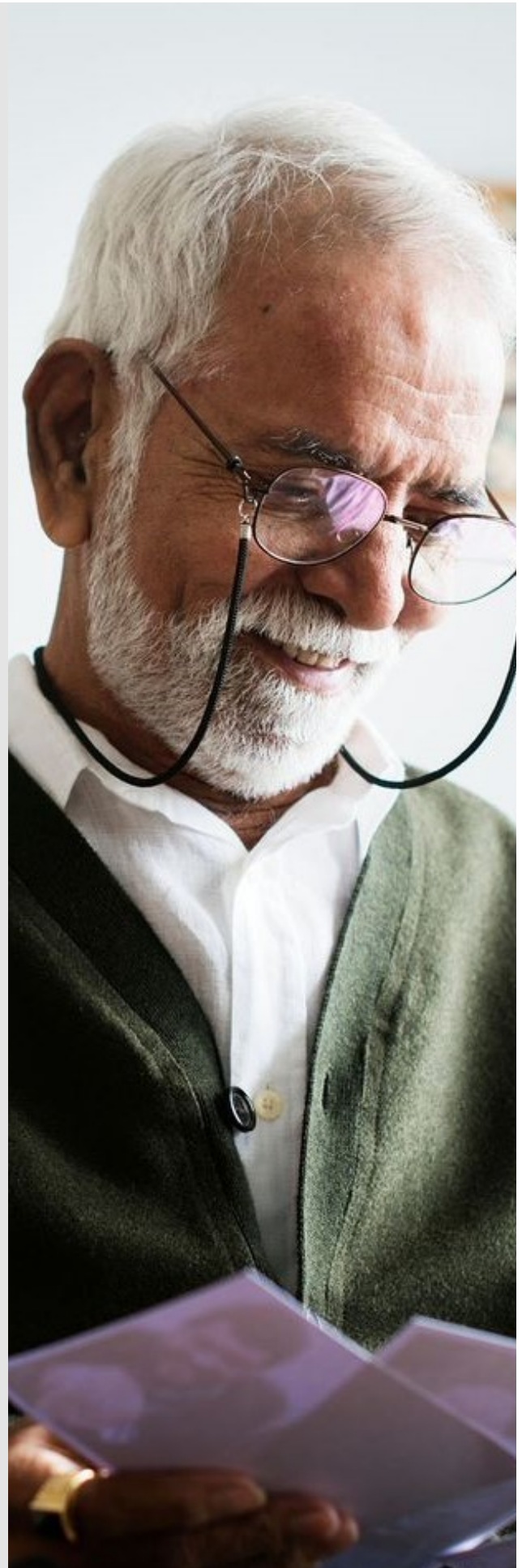
Medical Record Documentation Audits

Empower Healthcare Solutions has begun the next phase of its first Provider Medical Record Documentation (MRD) Audits. These Medical Record Documentation Audits are being conducted with Primary Care Physicians (PCPs) and Behavioral Health Physicians in the Empower network.

Letters requesting members' medical records for the audits were sent, at the end of February, to 20 identified providers, with the expectation that records will be submitted to Empower within 14 calendar days of receipt of the request for records. The aggregated data reflecting the results of the audits will be shared in late spring or early summer.

Empower appreciates our providers who are participating in and have responded in a timely manner to the requests made by the Quality Department in order to conduct these Medical Record Documentation Audits.

Please email any questions to QualityofCare@empowerhcs.com.





Coronavirus Provider Alerts

Empower is taking steps to prepare for the unique challenges related to the COVID-19 outbreak and resulting declared state of emergency in Arkansas. The uncertainty posed by a public health emergency can cause stress and anxiety among many individuals. Therefore, core to our plan is ensuring that members have access to routine and emergency services.

For a complete summary of Coronavirus Provider Alerts see Empower's website at the following link.: <https://www.getempowerhealth.com/coronavirus/>.

As we execute our plan, we will keep you updated via alerts, our [website](#), and our [Facebook](#) page. Please click [here](#) for the most up to date information regarding COVID-19.

For Up to Date and Additional Key Information regarding COVID-19:

CDC—<https://www.cdc.gov/coronavirus/index.html>

Arkansas Department of Health—<https://www.healthy.arkansas.gov/>

Resources:

Stay in the know with these useful links!

Empower Resource Links:

[Electronic Visit Verification](#)

[Provider Alerts](#)

[Provider Billing FAQ](#)

[Quick Reference Guide](#)

[Clinical Practice Guidelines](#)

[Provider FAQ](#)

[Empower Ethix360](#)

[Provider Handbook](#)

[Provider Quality Improvement Activities](#)

Arkansas DHS Resource Links:

[DMS: PASSE](#)

[Office of PASSE Ombudsman](#)

[PASSE Information for Providers](#)

[Provider Enrollment](#)

Provider Alerts

Coverage of Swing Beds in Critical Access Hospitals—2/23/21

Empower will be following DMS Coverage of Swing Beds in Critical Access Hospitals effective for services billed beginning December 22, 2020.

To bill for swing beds, Critical Access Hospital providers (Provider Type 05, specialty CAH) must submit electronic or paper claims with appropriate attachments, including a cover sheet requesting coverage of a swing bed. Please follow these steps:

- Bill revenue code 194 for swing bed days.
- Bill all dates of service for each month on one claim (there will be separate claims filed for dates of service in different months).

The DMS Memorandum regarding Coverage of Swing Beds in Critical Access Hospitals is available here: https://humanservices.arkansas.gov/wp-content/uploads/Memorandum_DMS-49_swing_beds.pdf

Provider Validation Required on Claim Submission —2/22/21

Empower is excited to announce that we are enhancing our claims processing system. In an effort to reduce the need to adjust or correct claims periodically, the following adjustments are being made to our claims documentation requirements to enhance our claims processing accuracy.

Empower will be validating provider identifying and demographic data via front-end claims edits. If the data submitted on the claim does not match the data registered with Arkansas Medicaid, claims will reject and you will need to resubmit with appropriate data based on the state Master Provider File. If data on the registry is not current, please reach out to provider enrollment at 800-457-4454.

Effective April 19, 2021:

- Providers must include both the billing and the rendering NPI and Taxonomy numbers in the appropriate boxes on all HCFA 1500 (professional) paper claim submissions and/or the 837-p equivalent.





- Providers must include both the billing and the attending NPI and Taxonomy numbers in the appropriate boxes on all UB04 (institutional) paper claim submissions and/or the 837-I equivalent.
- If the billing and rendering provider is the same, only the billing NPI and Taxonomy numbers need to be submitted.
- Group and facility providers must submit the billing NPI and Taxonomy numbers as well as the rendering NPI and Taxonomy numbers of the professional performing the service in the appropriate fields. Please note, for group and facility providers, the billing NPI and Taxonomy numbers are different and distinct from the rendering NPI and Taxonomy numbers.
- Atypical Providers will submit their Medicaid ID/Pin in the appropriate billing and/or rendering fields.

Thank you in advance for taking the time to assist in our commitment to enhance the provider claims experience. Please ensure data is current with Arkansas Medicaid prior to April 19, 2021 to avoid disruption of payment and processing.

Personal Care Providers Utilizing AuthentiCare for EVV Services —2/17/21

Per state guidance, The AuthentiCare Electronic Visit Verification (EVV) system is only for Fee for Service membership requiring Personal Care services. For providers who service Empower members, Empower has partnered with HHAeXchange (HHAX) for EVV services. HHAX offers a free provider portal for visit verification and billing to Empower.

If your organization would like to utilize a free provider portal from HHAX, please complete the survey located [here](#).

If you already have a HHAX portal and need assistance logging in or have any questions about the provider portal, please contact Support@hhaexchange.com.

If your organization would like to utilize a third party EVV system, please complete the [HHAeXchange Portal Configuration Questionnaire](#) to create an interface to process your EVV visits and claims.

Upcoming Webinars

Provider Orientation—This webinar will cover Empower related information including provider responsibilities, provider resources, member rights and responsibilities, eligibility, covered services, utilization management, care coordination, claims submission, quality improvement, the Empower portal, and more.

Provider Orientation		
Tuesday, March 16, 2021	10:00 am—11:30 am	Register Here!
Tuesday, April 20, 2021	10:00 am—11:30 am	Register Here!
Tuesday, May 18, 2021	10:00 am—11:30 am	Register Here!
Tuesday, June 15, 2021	10:00 am—11:30 am	Register Here!

Educational Opportunities

The following is a list of available trainings offered by Empower Healthcare Solutions:

- Community and Employment Supports (CES) Waiver: The PCSP, Justification for Services, and Things to Know when Submitting for Authorization
- Acute and Psychiatric Residential Treatment
- Community and Employment Supports (CES) Waiver: An expansive overview of services, descriptions, and codes
- Assisting Providers with Independent Assessments at Empower
- Care Coordination Overview
- Person Centered Service Plan
- Incident Reporting for Empower Providers
- Empower Provider Orientation
- InterQual and Medical Necessity Evaluations
- Arkansas InterQual Inpatient Provider Training
- Provider Portal: Prior Authorization and Claims
- Psychiatric Residential Treatment and Intermediate Care Facilities (ICF)
- Inpatient Authorizations: Navigating Identifi and Medical Necessity
- Outpatient Services and Home and Community Based Services
- Personal Care Services
- Overview of Physical Therapy, Occupational Therapy, Speech Therapy, and Day Treatment Services
- Developmental Disabilities Services

To access a training slide deck click [here](#) and go to Educational Opportunities.

For more information or to schedule a training for your organization, please contact empowerhealthcaresolutionsPR@empowerhcs.com

Important Contact Information

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Improvement Program for PCPs

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Quality Incentive Program for Medical/Surgical Hospitals

EmpowerQIP@Empowerhcs.com



To visit our website please go to:

www.getempowerhealth.com

On our website you will find:

- Clinical Practice Guidelines
- Contracting with Empower
- Cultural Competency Plan
- EVV
- Forms and Resources
- Incident Reporting
- Provider Alerts
- Provider FAQ
- Provider Billing FAQ
- Provider Handbook
- Provider Portal
- Pharmacy Provider Guideline
- Provider Quality Improvement Activities

Please feel free to share this newsletter.

If you would like to receive the newsletter, provider alerts, or training information please register for the provider distribution list at the following link.

[Provider Signup](#)

Division of Medical Services (DMS)

toll-free numbers:

Beneficiary Eligibility
800-482-8988

Beneficiary Coverage
800-482-5431

Office of PASSE Ombudsman
844-843-7351