

September 2021

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P.O. Box 211446
Eagan, MN 55121

Member Services: 866-261-1286 | TTY 711

Provider Services: 855-429-1028

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Website: www.getempowerhealth.com

September is Childhood Cancer Awareness Month

Worldwide, about 400,000 children and adolescents are diagnosed with cancer each year.

Pediatric cancer is the leading cause of death for children in the United States. Every three minutes, a family receives the devastating news - their child has cancer.

Arkansas Children's Hospital is the only place in the state where children can receive comprehensive care for cancer. Approximately 100 new cases of pediatric cancer are diagnosed every year by the experts in their Hematology/Oncology Department. And 90% of children with cancer in Arkansas are treated at Arkansas Children's Hospital in Little Rock and Arkansas Children's Northwest in Springdale.

St. Jude global initiative with the World Health Organization aims to cure at least 60% of children with six of the most common cancers by 2030. To further advance cures, St. Jude freely shares their research worldwide through data-sharing and analysis resources. Every child saved at St. Jude means thousands more are saved in your community and around the world.

September is Childhood Cancer Awareness Month (continued from Page 1)

Each year, more than 15,000 kids and young adults are diagnosed with cancer—That is about 43 per day.

Though the 5—year—survival rate for childhood cancers has reached 80 percent, nearly 2,000 kids under age 19 die each year, making cancer the leading killer of children by disease.

St. Jude reports that in the United States, most children with cancer and life-threatening blood disorders now survive their diseases. Through research and treatment, St. Jude Children's Research Hospital has helped make that progress possible.

Nearly 10% of children with cancer develop the disease because they inherited a genetic mutation.

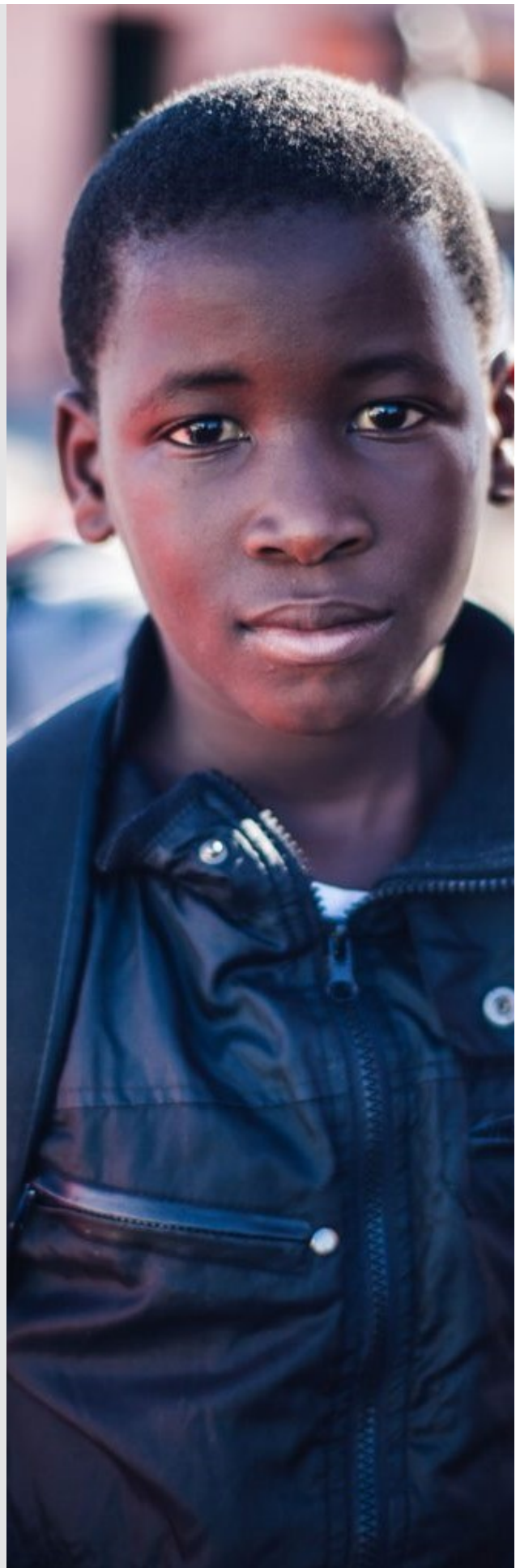
The cancer Predisposition Program at St. Jude Children's Research Hospital helps to evaluate and care for children who are at increased genetic risk for cancer. St. Jude has a team of doctors, nurses and genetic counselors who work together with families to find out if a child's cancer might be inherited (passed down through the generations). They also work closely with doctors and researchers to find new and better ways to help families who have a higher chance than normal to get cancer. For more information on St. Jude Cancer Predisposition Program click [Learn more about St. Jude Cancer Predisposition Program](#)

Should Childhood Cancer Long-Term Survivors Get the COVID-19 Vaccine?

According to St. Jude, as a long-term survivor of childhood cancer, you may ask — should I get the COVID-19 vaccine? You should get the vaccine when it is available to you unless you are allergic to an ingredient in the vaccine or have another health condition that prevents you from being vaccinated.

At Arkansas Children's, they champion teens and their health. Now that the COVID-19 vaccine is available to teens in Arkansas 12 years and older, they know parents and caregivers might have some questions. Dr. Jessica Snowden, chief of pediatric infectious disease at Arkansas Children's has seen firsthand just how horrific COVID-19 can be in kids. She is encouraging all eligible teens in Arkansas to get the vaccine as soon as possible.

Excerpts: <https://www.stjude.org/get-involved/other-ways/childhood-cancer-awareness-month.html>; <https://together.stjude.org/en-us/life-after-cancer/survivors-covid-19-vaccine.html>; <https://www.archildrens.org>





Update on Organizational Changes

Empower continues to work diligently towards a seamless organizational transition at the end of this year. As previously stated, there will be virtually no change to many core activities such as claim adjudication and payment processes. Our primary objective is a smooth changeover with no interruption to member and provider services. As always, we greatly appreciate your continued participation in, and support of, Empower Healthcare Solutions.

Medical Record Documentation Audit

Empower Healthcare Solutions will launch its second Provider Medical Record Documentation Audits in September 2021. These Medical Record Documentation (MRD) Audits will again be conducted with Primary Care Physicians (PCPs) and Behavioral Health Physicians/Psychiatrists in the Empower network, with the documentation of services provided in Quarters 1 and 2 of 2021 as the primary focus of the audit. Audits are an integral part of Empower's Quality Improvement process, which seeks to improve member care and treatment outcomes. The audits are conducted with the intent of improving the quality of providers' medical recordkeeping and assuring that providers comply with state and federal regulations and other established standards, such as those explained in the Empower Provider Manual.

Identified providers will receive a notification letter in September informing them that they have been chosen via random sampling to participate in the MRD Audit. The letter will include a copy of the applicable MRD Audit Checklist (based upon provider type), and explanation of the MRD Audit process, and a list of six (6) members whose records will be audited. Requested records must be submitted to Empower with fourteen (14) calendar days. Records will be reviewed by experienced Quality Management staff.

As with the first MRD Audits, feedback will be given to providers whose records have been reviewed, but results from individual provider audits will not be published. Empower will aggregate the results of all record audits and review the data analysis of aggregate findings in order to identify key processes for quality improvement.

Questions about the Audits may be submitted to QualityofCare@empowerhcs.com

Empower Provider Incident Reporting

The newly published updated Empower Provider Manual provides new information regarding required reportable events and clarifies that ALL providers of services to members of the Empower PASSE are required to submit incident reports within required timeframes to Empower Incident Reporting and to the DHS PASSE Quality Assurance Unit.

Reportable events requiring an Incident Report are described in the Provider Manual on pages 82-85. In addition, on pages 49-51, reportable events regarding the utilization of restraints and restrictive interventions by HCBS providers are described.

The reporter must provide all information requested on the DHS QA Incident Report Form. If a provider chooses to utilize the provider's own form, the provider's form must clearly document all of the information as required on the DHS Form. The report should clearly identify the member, the date and time of the incident, and the date and time the reporter was made aware of the incident (this is needed to determine if the report was submitted within required timeframes). In addition, all mandated reporting requirements should be met and documented. If any portion of the required information is not available at the time of the initial report submission, a follow-up report must be submitted.

Training on Incident Reporting for providers is scheduled for Wednesday, September 22, 2021 at 9:00 am. Registration is required.

The link to register: https://zoom.us/webinar/register/WN_dQFMYc1bSBOOn2RUOubTtUg

Incident Reporting FAQ's

What form is to be used to report an Incident?

DHS QA Incident Report Form Revised: **08/29/2019**

Where can the Incident Report form be found?

This form can be found on the Empower website: Getempowerhealth.com under the Provider Forms and Resources.



Where is the notification made/Incident Report submitted?

Email: Empower Healthcare Solutions
Incident.Reporting@empowerhcs.com

DDS PASSE Monitoring & Assurance Unit's Email:
DHS.DDS.Central@Arkansas.Gov

Fax: DHS PASSE Quality Assurance Unit Fax Line
(501) 682-8656

Phone: Empower Healthcare Solutions Emergency
Number/Report Line (866) 261-1286

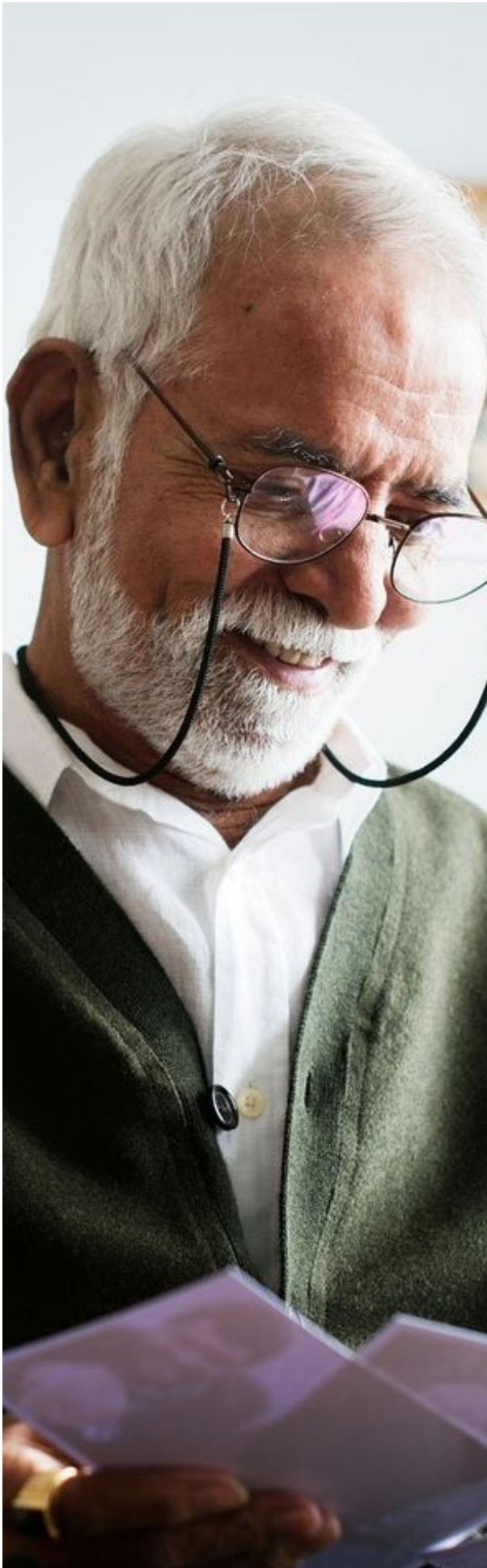
DHS PASSE Quality Assurance Unit Emergency Number/
Report Line: (501) 371-1329

What are the timeframes for submitting an Incident Report or making a notification of a reportable event?

Providers are not required to both make notification and submit an Incident Report if the Report is submitted **within the required timeframe**, as the Incident Report serves as the notification. However, if the provider is unable to submit an Incident Report within the required timeframe, a phone call notifying Empower and DHS must be made with the required timeframe and then the Incident Report submitted. If a phone call notification is made, the Incident Report must be submitted as soon as possible.

Providers must submit an Incident Report (or make notification) within **one hour** of becoming aware (regardless of the hour) of the following reportable events:

- Death of a member
- Unexpected occurrences involving actual or risk of death or serious physical or psychological injury to a member
- Injury to a member that may result in a substantial permanent impairment
- Incidents, regardless of category, that a service provider should reasonably know might be of interest to the public and/or media (DHS Communications Director must also be informed)



In general, for any other occurrence not requiring immediate notification, providers are expected to submit an Incident Report **within 24 hours** of (and no later than two days after) becoming aware of the reportable event. [Note: *Timeframes may vary based upon specific reporting guidelines for HCBS providers.*]

If there are any questions regarding reporting, please contact the following:

Email: Incident.Reporting@empowerhcs.com

Phone: Janice Malone, Quality Management Trainer, (501) 351-4965

Empower Prior Authorization List

Empower is excited to announce that we now have a Searchable Prior Authorization list. This tool can be used to check a CBT code and see if it requires a Prior Authorization.

Key Lookup Information:

- Any services related to any type of inpatient admission require authorization.
- Any services rendered by a non-contracted provider require authorization unless related to emergency services.
- DME codes should follow requirements outlined on the Empower Quick Reference Guide.
- Please follow benefit limit guidelines regarding codes requiring an extension of benefit.

To search for a code: Hit CTRL+F keys on your keyboard then type the code or keyword.

The Empower Prior Authorization List can be found on the “In the Spotlight” section of our Website www.getempowerhealth.com.





Care Coordination Reminders for Independent Assessments (IA's)

Care Coordinators (CC) assist with scheduling member appointments for the Independent Assessment with Optum.

- Contact the CC to assist with scheduling the IA with Optum
- You can reach the CC by calling 866-261-1286 or emailing CareCoordination@empowerhcs.com
- To assist the member with scheduling the IA, contact Optum at 1-844-809-9538

Members must participate and complete the Independent Assessment with Optum to remain PASSE eligible

- Annually for BH Members
- Every 3 years for DD Members

Members with incomplete assessments have an updated expiration date of 12/31/21. This is due to the Federal Public Health Emergency that expires on 12/31/21.

- Members will need to complete the IA prior to 12/31/21, or risk losing PASSE eligibility and their PASSE benefits that includes the member's Tier 2 and Tier 3 services

Provider Alert

8/23/21—Coronavirus: Temporary Increases in Arkansas Medicaid COVID-19 Vaccination Administration Rates

Empower is committed to following Arkansas Medicaid rates and fee schedules and will be following the DMS Temporary Increase in Arkansas Medicaid COVID-19 Vaccination Administration Rate. The increase applies to both the first and the second administration of the vaccine.

Empower will cover COVID-19 vaccination provided by:

- Physicians
- Nurse Practitioners
- Federal Qualified Health Centers
- Hospitals (outpatient)
- Pharmacies who are enrolled to provider vaccines
- Rural Health Clinics
- Arkansas Department of Health

This temporary increase will be effective for sixty (60) days. The following administration codes and rates shown will be for Dates of Services between August 13, 2021 and October 11, 2021.

Procedure Code	Description	Manufacturer	Temporary Administration Rate
0001A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, SPIKE PROTEIN, PRESERVATIVE FREE, 30 MCG/0.3ML DOSAGE, DILUENT RECONSTITUTED; FIRST DOSE	Vaccine Admin (Pfizer)	\$100.00
0002A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, SPIKE PROTEIN, PRESERVATIVE FREE, 30 MCG/0.3ML DOSAGE, DILUENT RECONSTITUTED; SECOND DOSE	Vaccine Admin (Pfizer)	\$100.00
0011A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, SPIKE PROTEIN, PRESERVATIVE FREE, 100 MCG/0.5ML DOSAGE; FIRST DOSE	Vaccine Admin (Moderna)	\$100.00
0012A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, SPIKE PROTEIN, PRESERVATIVE FREE, 100 MCG/0.5ML DOSAGE; SECOND DOSE	Vaccine Admin (Moderna)	\$100.00
0031A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, DNA, SPIKE PROTEIN, ADENOVIRUS TYPE 26 (AD26) VECTOR, PRESERVATIVE FREE, 5X10 ¹⁰ VIRAL PARTICLES/0.5ML DOSAGE, SINGLE DOSE	Vaccine Admin (Johnson & Johnson)	\$100.00

Please see the searchable Empower [Provider-Handbook.pdf](#) to learn how Empower handles Rate Changes (PG 79).

To see a summary of all COVID-19 provider alerts for Empower, including billing information: [Coronavirus - Empower Healthcare Solutions.](#)

Avoid Duplicate Claims

Empower is required by state and federal regulations to capture specific data regarding services rendered to its enrollees. Providers must adhere to all billing requirements to ensure the timely processing of claims. When required data elements are missing or invalid, claim will be rejected or denied by Empower for correction and resubmission. Duplicate procedures are defined as procedures billed more than once on the same date of service.

Claims Questions

Before submitting a duplicate claims, if you have questions regarding a claim you may contact Empower Provider Services at 855-429-1028 between 8:00 am and 5:00 pm CT to address the issue or question. Always record your reference number or ticket numbers and the representative's name. If a resolution cannot be reached, complete the [Claim Inquiry form](#) and reach out to your provider relations manager for assistance at EmpowerHealthcareSolutionsPR@Empowerhcs.com. Include all relevant documentation related to the claim inquiry to ensure expedited response.

Claim Inquiry and Appeals

Providers who believe there was an error made during claims processing or if there is a discrepancy in the payment amount may begin the claim inquiry process.

Provider Claim Inquiry Process

The claim inquiry process consists of two internal steps and a third external step.

Claim Reconsideration

The reconsideration represents your initial request for an investigation into the outcome of the claim. Most issues are resolved at the claim reconsideration step. We accept reconsideration requests in writing or verbally. Reconsiderations filed more than 180 business days from the EOP will be considered untimely and denied unless good cause can be established.

When submitting reconsiderations, please complete the [claim inquiry form](#) and include as much information as possible to help us understand why you think the claim was not paid as expected. If a reconsideration requires clinical expertise, the appropriate clinical professionals will review. If the decision results in a claim adjustment, the payment and EOP will be sent separately.

Claim Payment Appeal

Providers who disagree with the outcome of the reconsideration and/or have received a denial of payment, have the right to appeal. Appeals must be submitted in writing, received within 60 days of the last adjudication date, and include supporting documentation.

The Provider may submit a claim appeal to the following address:

Empower Healthcare Solutions

Attn: Claim Appeals

PO BOX 2114469

Eagan, MN 55121

The provider will receive written notification of the outcome of the appeal whether it is upheld or overturned. All upheld determinations will be sent to the provider in a letter with the reason the plan upheld the appeal. Any appeals overturned or modified by the plan will be reprocessed, and the provider will receive an EOP as a notification and an overturned or modified determination letter.

State fair hearing: Providers have the right to request a Medicaid fair hearing from the state if they have exhausted the internal plan appeal process and still disagree with the outcome. When a Provider asks for a fair hearing, a hearing officer who works for the state reviews the decision made during the plan appeal.

How to Ask for a Fair Hearing

The Provider may ask for a fair hearing any time up to 120 days after they get the plan's decision.

The Provider may ask for a fair hearing by calling or writing to:

ADH Office of Medicaid Provider Appeals

4815 West Markham Street, Slot 31

Little Rock, AR 72205

Phone 501-683-6626 Fax: 501-661-2357

The written request for a Medicaid fair hearing must include the following information:

- Member name
- Member number
- Member Medicaid ID number
- Your information and a phone number where we can reach you

The Provider may also include the following information if the information is known:

- Why you think we should change the decision.
- Any medical information to support the request.
- Who you would like to help with your fair hearing.

After getting your fair hearing request, the Arkansas Department of Human Services (Agency) will notify you in writing that they received your fair hearing request.



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, September 21, 2021	10:00 am—11:30 am	Register Here!
Tuesday, October 19, 2021	10:00 am—11:30 am	Register Here!

Incident Reporting Training—All Empower Providers are required to participate in the Empower Quality Improvement process of Incident Reporting. This webinar will offer providers information regarding reportable events, timeframes for reporting, completing the Incident Reporting Form, and how to submit the reports.

Incident Reporting Training		
Wednesday, September 22, 2021	9:00 am—10:30 am	Register Here!

ACES Awareness Presentation—This presentation will provide an overview of the Adverse Childhood Experiences (ACEs) tool and the importance of recognizing how adverse childhood experiences and trauma impact overall health and outcomes for adults. Invitations will be sent out by AFMC who will be presenting this webinar. Recommended audience is Clinicians, Case Managers, Mental Health Professionals, Clinical Directors and Nurses for Psychiatric Residential Treatment Facilities.

ACES Awareness Presentation		
Thursday, November 18, 2021	11:00 am—12:00 pm	Invitations for this training date will be sent by AFMC
Thursday, February 24, 2022	11:00 am—12:00 pm	Invitations for this training date will be sent by AFMC

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](#)

Educational Opportunities

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

- Cultural Competency
- 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

For more information or to schedule a training for your organization, please contact

empowerhealthcaresolutionsPR@empowerhcs.com

Important Contact Information

Provider Services

855-429-1028

Member Services

866-261-1286

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Empower SVP Health Management Services

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Provider Complaints and Grievances

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Contracting

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Incident Reporting

incident.reporting@empowerhcs.com

Provider Relations

empowerhealthcaresolutionsPR@empowerhcs.com

Special Investigations Unit

SIU@beaconhealthoptions.com

Utilization Management

utilizationmanagement@empowerhcs.com

Appeals

AR_Appeals@empowerhcs.com

Improvement Program for PCPs

EmpowerPIP@Empowerhcs.com

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