

EMPOWER HEALTHCARE SOLUTIONS

# Member Handbook



Empower Healthcare Solutions (Empower) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Empower does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Empower provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- 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
- Information written in other languages

If you need these services, contact Customer Service at 1-866-261-1286.

If you believe that Empower 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 our Complaints and Grievance Coordinator at:

Empower, Attention: Complaints and Grievance Coordinator –  
Attention Grievance Department  
P.O. Box 211446  
Eagan, MN 55121

Telephone: 1-866-261-1286; TTY (711)  
Fax: 888-614-5168  
Email: [member.service@empowerarkansas.com](mailto:member.service@empowerarkansas.com)

You can file a grievance by mail, fax or email. If you need help in filing a grievance, our 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, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

## ARABIC / العربية

توفر Empower خدمات مجانية لمساعدتك على تلبية احتياجاتك. هذا يتضمن:

- مترجمي لغة الإشارة
- مواد مكتوبة بتنسيقات أخرى. يتضمن ذلك مواد ذات الطباعة الكبيرة وصوتية وتنسيقات إلكترونية يسهل الوصول إليها.

توفر Empower أيضًا مساعدة ترجمة مجانية. هذا يتضمن:

- المترجمين الفوريين
- معلومات مكتوبة بلغات أخرى

إذا كنت بحاجة إلى هذه الخدمات، فاتصل بخدمات الأعضاء على الرقم 866-261-1286 | الهاتف النصي: 711

## ARMENIAN / հայերեն

Empower-ը տրամադրում է անվճար ծառայություններ՝ օգնելու ձեզ հաղորդել ձեր կարիքների մասին: Սա ներառում է՝

- ժեստերի լեզվի թարգմանիչներ
- գրավոր նյութեր այլ ձևաչափերով: Սա ներառում է մեծ տպագիր, առևիճիկ և մատչելի էլեկտրոնային ձևաչափեր:

Empower-ը նաև տրամադրում է թարգմանության անվճար օգնություն: Սա ներառում է՝

- թարգմանիչներ
- այլ լեզուներով գրված տեղեկատվություն

Եթե ունեք այս ծառայությունների կարիք, ապա զանգահարեք Մասնակիցների սպասարկման բաժին՝ 866-261-1286 | TTY՝ 711

## BENGLALI / বাংলা

Empower (এমপাওয়ার) আপনাকে আপনার চাহিদা জানাতে সাহায্য করার জন্য বিনামূল্যে সেবা প্রদান করে। এর মধ্যে রয়েছে:

- সাংকেতিক ভাষার দোভাষী
- অন্যান্য ফরম্যাটে লিখিত উপাদান। এর মধ্যে রয়েছে বৃহৎ মুদ্রণ, অডিও, এবং এক্সেসযোগ্য ইলেকট্রনিক ফরম্যাট।

Empower বিনামূল্যে অনুবাদ সহায়তাও প্রদান করে। এর মধ্যে রয়েছে:

- দোভাষী
- অন্যান্য ভাষায় লিখিত তথ্য

আপনার যদি এই পরিষেবাগুলির প্রয়োজন হয়, তাহলে মেম্বার সার্ভিসে কল করুন 866-261-1286 নম্বরে | TTY: 711

## CHINESE / 繁體中文

Empower 提供免費服務協助您溝通您的需求。其中包括：

- 手語翻譯
- 其他格式的書面材料。其中包括大字型、音訊和可存取的電子格式。

Empower 亦提供免費翻譯協助。其中包括：

- 口譯員
- 以其他語言編寫的資訊

如果您需要這些服務，請致電會員服務部，電話：866-261-1286 | TTY（電傳打字機）：711

## FARSI / فارسی

Empower خدمات رایگان ارائه می‌دهد تا به شما کمک کند در مورد نیازهایتان اطلاع‌رسانی کنید. این خدمات شامل موارد زیر است:

- مترجمان زبان اشاره
- منابع مکتوب به فرمت‌های دیگر که شامل حروف بزرگ، فرمت صوتی، و فرمت‌های الکترونیکی قابل دسترسی است.

Empower همچنین، خدمات کمکی ترجمه را به صورت رایگان ارائه می‌دهد. این خدمات شامل موارد زیر است:

- مترجمان شفاهی
- اطلاعات مکتوب به زبان‌های دیگر

اگر به این خدمات نیاز داشتید، با مرکز خدمات اعضاء به این شماره تماس بگیرید 866-261-1286 | تله تایپ: 711

## FRENCH / Français

Empower apporte des services gratuits pour vous permet de communiquer vos besoins. Cela comprend :

- Les interprètes en langue des signes
- Les documents écrits d'autres formats. Cela comprend les gros caractères, l'audio et les formats électroniques accessibles.

Empower apporte également une aide gratuite à la traduction. Cela comprend :

- Les interprètes
- Informations rédigées dans des langues étrangères.

Si vous avez besoin de ces services, appelez le Centre des services aux membres au 866-261-1286 | Appareils de Télécommunications pour Sourds (ATS) : 711

## **GERMAN**

Empower bietet kostenlose Dienste um Ihnen zu helfen, Ihre Bedürfnisse zu kommunizieren. Diese beinhalten:

- Gebärdensprachdolmetscher
- Schriftliches Material in anderen Formaten. Dies umfasst Großdruck-, Audio- und zugängliche elektronische Formate.

Empower bietet auch kostenlose Übersetzungshilfen. Diese beinhalten:

- Dolmetscher
- Schriftliche Informationen in anderen Sprachen

Wenn Sie diese Dienste benötigen, rufen Sie den Mitgliederservice unter 866-261-1286 an | Schreibtelefon: 711

## **HAITIAN CREOLE / Kreyòl Ayisyen**

Empower bay sèvis gratis pou ede ou kominike bezwen ou yo. Sa gen ladan:

- Entèprèt pou langaj siy yo
- Materyèl alekri nan lòt fòm yo. Sa gen ladan gwo karaktè, odyo, ak fòm elektwonik ki aksesib yo.

Empower bay tou tradiksyon gratis pou ede. Sa gen ladan:

- Entèprèt yo
- Enfòmasyon alekri nan lòt lang yo

Si ou bezwen sèvis sa yo, rele Manm Sèvis yo nan 866-261-1286 | TTY: 711

## **ITALIAN / Italiano**

Empower fornisce servizi gratuiti per aiutarla a comunicare le sue esigenze. Ciò include quanto segue:

- Interpreti per la lingua dei segni
- Materiale scritto in altri formati. Ciò include stampa a caratteri ingranditi, audio e formati elettronici accessibili.

Empower fornisce inoltre servizi di traduzione gratuiti. Ciò include quanto segue:

- Interpreti
- Informazioni scritte in altre lingue

Qualora Le servissero tali servizi, contatti il Servizio assistiti al numero 866-261-1286 | Numero TTY (utenti audiolesi): 711

## **JAPANESE / 日本語**

Empowerは、ニーズの伝達に役立つ無料サービスを提供しています。サービス内容:

- 手話通訳
- 資料の他の形式での提供。大きな活字、音声、アクセス可能な電子フォーマットなど。

また、Empowerは、無料の翻訳サービスも提供しています。サービス内容:

- 翻訳者
- 他の言語で書かれた情報

本サービスをご利用になりたい場合は、加入者サービス 866-261-1286 | テキスト電話: 711 までご連絡ください。

## **KASHMIRI / काश्मिरी**

Empower छू मुफ्त खिदमात फ़राहम करन ताकि तोहि हैकिऊ पानिन ज़रूरियात पुर करित। अथ मंज़ छू शामिल:

- ईशारन हुंज़ जबाईन मंज़ मुतरजमीन।
- बाकी फॉर्मेटन मंज़ लिखित मवाद। यथ मंज़ छू शामिल विशाल प्रिंट, ऑडियो तः क्राबिल रसाई इलेक्ट्रॉनिक फॉर्मेट्स।

Empower छू मुफ्त अनुवादिच खिदमात तः फ़राहम करन। अथ मंज़ छू शामिल:

- मुतरजमीन।
- बाकी भाषावं मंज़ जानकारी

अगर तोहिय छू यिमन हुंज़ ज़रूरत, कॉल करिऊ सानयं खिदमात मिंबरं 866-261-1286 | TTY: 711

## **KOREAN / 한국어**

Empower는 필요한 사항을 귀하께서 소통하는 데 도움을 드릴 수 있는 무료 서비스를 제공합니다. 포함 사항:

- 수화통역사
- 기타 형식의 서면 자료. 여기엔 큰 활자체, 오디오 및 접속 가능한 전자 형식이 포함됩니다.

Empower는 무료 번역 또한 제공합니다. 포함 사항:

- 통역사
- 기타 언어로 기록된 정보

이러한 서비스가 필요하다면, 가입자 서비스부 전화 866-261-1286 | TTY: 711번으로 전화하십시오.

## **POLISH / Polski**

Empower zapewnia bezpłatne usługi ułatwiające komunikowanie o twoich potrzebach. Obejmuje to:

- Tłumacze języka migowego

Materiały pisemne w innych formatach. Obejmuje to duży druk, dźwięk i dostępne formaty elektroniczne.

Empower zapewnia również bezpłatną pomoc w tłumaczeniu. Obejmuje to:

- Tłumacze
- Informacje napisane w innych językach

Jeśli potrzebujesz tych usług, zadzwoń do działu obsługi klienta pod numer 866-261-1286 | TTY: 711

## **PORTUGUESE / Português**

A Empower oferece serviços gratuitos para o ajudar a comunicar as suas necessidades. Estes incluem:

- Intérpretes de linguagem gestual
- Material escrito em outros formatos. Tal inclui formatos grandes eletrónicos acessíveis, de impressão e de áudio.

A Empower também oferece ajuda de tradução gratuita. Esta inclui:

- Intérpretes
- Informação escrita em outros idiomas

Caso precise destes serviços, entre em contacto com os Serviços para membros ligando para o número 866-261-1286 | Tele-escrita: 711

## **PUNJABI / ਪੰਜਾਬੀ**

Empower ਤੁਹਾਡੀਆਂ ਜ਼ਰੂਰਤਾਂ ਨੂੰ ਸੰਚਾਰ ਕਰਨ ਵਿੱਚ ਸਹਾਇਤਾ ਕਰਨ ਲਈ ਮੁਫਤ ਸੇਵਾਵਾਂ ਪ੍ਰਦਾਨ ਕਰਦਾ ਹੈ। ਇਸ ਵਿੱਚ ਸ਼ਾਮਲ ਹਨ:

- ਸੰਕੇਤਕ ਭਾਸ਼ਾ ਦੇ ਦੁਭਾਸ਼ੀਏ
- ਹੋਰ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਲਿਖਤੀ ਸਮੱਗਰੀ। ਇਸ ਵਿੱਚ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਆਡੀਓ ਅਤੇ ਪਹੁੰਚਯੋਗ ਇਲੈਕਟ੍ਰਾਨਿਕ ਫਾਰਮੈਟ ਸ਼ਾਮਲ ਹਨ।

Empower ਮੁਫਤ ਅਨੁਵਾਦ ਸਹਾਇਤਾ ਵੀ ਪ੍ਰਦਾਨ ਕਰਦਾ ਹੈ। ਇਸ ਵਿੱਚ ਸ਼ਾਮਲ ਹਨ: ਇਸ ਵਿੱਚ ਸ਼ਾਮਲ ਹਨ:

- ਦੁਭਾਸ਼ੀਏ
- ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਲਿਖੀ ਗਈ ਜਾਣਕਾਰੀ

ਜੇ ਤੁਹਾਨੂੰ ਇਹਨਾਂ ਸੇਵਾਵਾਂ ਦੀ ਜ਼ਰੂਰਤ ਹੈ, ਤਾਂ ਮੈਂਬਰ ਸੇਵਾਵਾਂ ਨੂੰ 866-261-1286 | TTY: 711 'ਤੇ ਕਾਲ ਕਰੋ।



## **RUSSIAN / Русский**

Empower предоставляет бесплатные услуги, с помощью которых вы всегда сможете сообщить о своих потребностях, в том числе:

- услуги сурдопереводчиков;
- письменную информацию в альтернативных форматах (в т. ч. напечатанную крупным шрифтом, в аудиоформате и доступных электронных форматах).

Empower также предлагает бесплатные услуги перевода, в том числе:

- услуги устных переводчиков;
- письменную информацию на других языках.

Если вы нуждаетесь в таких услугах, позвоните в отдел обслуживания участников по номеру 866-261-1286 | Телетайп: 711

## **TAGALOG / Tagalog**

Nagbibigay sa iyo ang Empower ng mga libreng serbisyo para tulungan kang ipakipag-usap ang iyong mga pangangailangan. Kabilang sa mga ito ang:

- Mga interpreter sa wikang pasensyas
- Nasusulat na materyal sa ibang mga format. Kabilang dito ang malalaking letra, audio, at naa-access na mga elektronikong format.

Nagbibigay din ang Empower ng libreng tulong sa pagsasalin. Kabilang sa mga ito ang:

- Mga interpreter
- Impormasyong nakasulat sa ibang mga wika

Kung kailangan mo ng mga serbisyonang ito, tawagan ang Mga Serbisyo sa Miyembre sa 866-261-1286 | TTY: 711

## **VIETNAMESE / Tiếng Việt**

Empower cung cấp các dịch vụ miễn phí để giúp quý vị truyền đạt các nhu cầu của mình. Điều này bao gồm:

- Thông dịch viên ngôn ngữ tín hiệu
- Tài liệu bằng văn bản ở các định dạng khác. Điều này bao gồm các định dạng chữ in lớn, âm thanh và điện tử có thể truy cập được.

Empower cũng cung cấp trợ giúp dịch thuật miễn phí. Điều này bao gồm:

- Thông dịch viên
- Thông tin bằng văn bản bằng các ngôn ngữ khác

Nếu quý vị cần các dịch vụ này, gọi cho Ban Dịch vụ Hội viên theo số 866-261-1286 | TTY (Máy điện báo đánh chữ): 711



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## How to Use This Manual

Empower is committed to you. We try to make it as easy as possible to work with us. The Member Handbook is your complete source of information on Empower. This handbook can be used as a guide to our member services. It can be found on our website.

Our website includes resources for you.

- Updates to this handbook
- Member communication
- Events
- Links to the member portal

The Empower website can be accessed at  
You can send questions, comments, and ideas for this handbook to:

**Empower Care Coordination**  
[carecoordination@empowerarkansas.com](mailto:carecoordination@empowerarkansas.com)  
(866) 261-1286 | TTY 711

Empower makes sure you have access to twenty-four (24) hour language services. The language services are free to you. You can ask for translation in any language. This includes TDD/TTY if you are hearing impaired or use American Sign Language (ASL).

Materials are given to you in the languages asked for within twenty-one (21) calendar days. Empower may use a skilled translator to help you understand materials.

Empower contracted providers should provide a translator for you. Empower will arrange for a face-to-face translator if needed.

Call Member Services or your care coordinator to ask for language services.

# Welcome to EMPOWER

Empower is here to help you with your health care needs. We work with you and your doctors. Our goal is to give you the best services and to improve your health. We also want you to be part of your care planning. We believe this will help you reach your life goals.

When you join Empower, you will have a Care Coordinator to help you with your health. Your Care Coordinator will work with you and your doctors. Working together, we can make sure you have the best care. You can meet your Care Coordinator in person.

## About Us

Empower is run by six companies that work together to help you.

1. Arkansas Community Health Network (ACHN)
2. Beacon Health Options (Beacon)
3. Independent Case Management (ICM):
4. Statera
5. The Arkansas Healthcare Alliance, LLC.
6. Woodruff Health Group, LLC (ARcare/Pharmacist)

## Our Mission and Values

### Mission:

We empower individuals to lead fuller, healthier lives at home in their communities.

Keeping members at the center, we partner with providers, advocates, and the community to deliver the right solutions for an improved quality of life.

### Corporate Values:

Community/ We encourage involvement. Respect/ We respect others. Advocacy/ We lead with purpose. Independence/ We boost self-reliance. Collaboration/ We earn trust. Recovery/ We promote advancement. You may learn more about us by emailing your care coordinator or emailing [empower@empowerhcs.com](mailto:empower@empowerhcs.com). We will share information about

- The structure, governance, and operations of Empower
- Our quality, tracked by the Arkansas Department of Human Services (DHS) and the federal Center for Medicare and Medicaid Service (CMS)
- Our non-discrimination policies, responses to complaints related to access of information and discrimination

- How to contact our Compliance Director
- Physician Incentive Plans
- Our Consumer Advisory Council

### Contact information:

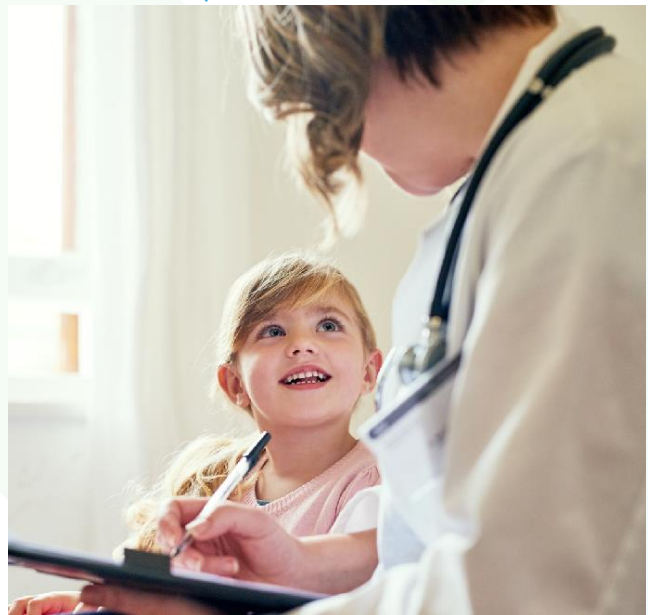
Empower HealthCare Solutions  
PO BOX 211446  
Eagan, MN 55121

24/7 Toll Free: 866-261-1286

TTY: 711

Fax: 888-614-5168

[www.empowerarkansas.com](http://www.empowerarkansas.com)



### CONTACT INFORMATION:

Empower HealthCare Solutions  
PO BOX 211446  
Eagan, MN 55121

**24/7 Toll Free:** 866-261-1286

**TTY:** 711

**Fax:** 888-614-5168

**e-mail:** [empower@empowerarkansas.com](mailto:empower@empowerarkansas.com)

**website:** [www.empowerarkansas.com](http://www.empowerarkansas.com)



Member Services 866-261-1286 | TTY: 711

[empowerarkansas.com](http://empowerarkansas.com) | 2

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### 3. ENROLLMENT IN EMPOWER

Empower is a PASSE, or Provider-led Arkansas Shared Savings Entity. PASSEs plan care for people with special health care needs.

#### PASSE Overview

A Provider-Led Arkansas Shared Savings Entity (PASSE) is a Medicaid program. It was created to improve the health of Arkansans who have Medicaid for behavioral health and developmental disability needs. The PASSE program is designed to help you receive services from your doctors and in the community. The PASSE wants you to be a part of your treatment.

#### Goals of the PASSE Model

1. Improve the health of Arkansans who need specialized care for behavioral health issues or developmental/intellectual disabilities
2. To link providers of physical health care with specialty providers of behavioral health and developmental/intellectual disabilities services
3. To coordinate care for all community-based services for these individuals
4. To allow flexibility in the types of services offered
5. To increase the number of service providers available in the community to serve these members
6. To reduce the cost of care by coordinating and providing appropriate and preventative care

The State of Arkansas enrolled you in Empower based on your responses to the Arkansas Independent Assessment, or ARIA. The ARIA helps DHS understand your health needs. Contact DHS if you want to know why you are now in Empower.

The phone number is 1-888-987-1200.

**Your Empower Member ID will include your start date. The start date will say 'Effective Date' on your Member ID card. You can start using your Empower Services on your start date of coverage.**

#### When You Can Make Changes

You have a right to change your PASSE. You can change your PASSE:

- *Within the first 90 days of enrollment.* You can change your PASSE any time within the first 90 days
- *During the annual open enrollment.* This is a 30-day period when you can switch PASSEs. Open enrollment is in the fall. Any changes made are effective January 1
- *When there is cause.* You may switch your PASSE at any time if there is "cause". This means you can change your PASSE if we do not do our job. For example, you change for cause if Empower:
  - Does not follow certain DHS rules
  - Does not cover a service you need due to moral or religious reasons
  - Provides poor quality of care
  - Does not provide access to needed services

PASSE changes can occur for other reasons as well. If you think there is cause, please call DHS Office of Ombudsman at 1-888-987-1200 and follow the menu prompts.

**To request to move to another PASSE, you should contact the Arkansas Department of Human Services, Beneficiary Support Center, and Phone Number: 1-833-402-0672.**

#### Removal from the PASSE

Only DHS can remove you from Empower. This can happen if:

- You are no longer eligible for Medicaid
- You live some place like a nursing home
- You need services we cannot provide

If you have been removed, you can rejoin if you meet certain rules.

## Reinstatement

- If you lose Medicaid, you may not lose coverage if you are reinstated within the month. To do so you must:
  - Show DHS you are eligible.
  - Be entered into the DHS system by the last day of the month.
- If you re-enroll within 180 days, you will rejoin Empower. If you re-enroll after 180 days, you must complete a new Arkansas Independent Assessment (ARIA). DHS may then again enroll you in a PASSE. This may be Empower or another PASSE depending on DHS rules.

## 4. LANGUAGE AND COMMUNICATION HELP

Talking about your needs is important. Empower provides free services to help you. This includes

- Sign language.
- Written material in other forms.

Empower also provides free language help. This includes:

- Translator
- Items in other languages

## Getting What You Need

- If you need these services, call Member Services at 866-261-1286 | TTY: 711

## 5. MEMBER RIGHTS

### Company and Provider Information

You have the right to:

- Receive information about Empower, including services, benefits, providers, member rights and responsibilities and clinical guidelines

### Respect

You have the right to:

- Be part of decisions about your care plans, including your right to refuse treatment
- Fulfill your advance directives without fear of being treated unfairly
- Receive a copy of your rights and responsibilities

- Tell us what you think your rights and responsibilities as a member should be
- Be treated with respect, dignity, and privacy no matter what
- Have anyone you choose to speak on your behalf
- Decide who will make medical decisions for you if you cannot make them
- Understand your Person Centered Service Plan (PCSP) and receive a copy
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- Be safe and feel safe where you receive services and with the people who provide your services
- Live in a supported setting in the community and have control over your life
- Be protected in the community
- Be protected from discrimination based on your health
- Exercise your rights without having the quality of your care affected

### Communication

You have the right to:

- Get information about services, benefits, providers, care guidelines, and member rights and responsibilities
- Receive written notice of changes about your care coordinator within seven days
- Receive a member handbook soon after enrollment
- Receive directions for how to access the provider directory at [www.getempowerhealth.com](http://www.getempowerhealth.com) or how to receive help from Care Coordination soon after enrollment
- Talk with your provider about your treatment options without cost or coverage being factors
- Know about covered services, benefits, and decisions about health care payment, and how to find these services
- Obtain information about your own health records with signed consent in a timely manner
- Provide input to Empower
- Request and receive a copy of your health records

- Request that your records corrected by the provider if you believe there is an error in your record (or you may write a statement and ask the provider to add it to your record)
- Receive information on available treatment options, and have this information given in a reasonable way
- Free oral translation services for any Empower materials in any language

### Grievances

You have the right to:

- File grievances (verbally or in writing) about staff, services, or the care given by providers
- Appeal if you do not agree with a decision about your care. Empower processes your appeal rights as required under your benefit plan

### Confidentiality

You have the right to:

- Keep your health information private

### Access to Care, Services, & Benefits

You have the right to

- Receive timely care consistent with your need for care
- Choose a participating provider for any service for which you are eligible to receive under your PCSP, including your primary care provider
- Obtain needed, available health care services covered under your plan
- Obtain a second opinion by qualified clinicians at no expense to the member

### Claims and Billing

You have the right to

- know the facts about any charge or bill you receive

## 6. MEMBER RESPONSIBILITIES

- Give information, as best as you can, to Empower and your doctors to help plan your care.
- Learn about your health and work with your doctors to plan for your care.
- Follow the plans for care you have agreed to.
- Understand your benefits. This includes knowing what is covered and what is not covered. Know that you may need to pay for services that are not in the Covered Services List.
- Notify Empower and your doctor of changes like address, phone number, or change in insurance.
- Choose a primary care provider
- Contact your Behavioral Health Provider, if you have one, if you are facing a mental health or substance use emergency.
- Talk with your Care Coordinator at least monthly to discuss your health needs. Make sure the services listed in your Person Centered Service Plan (PCSP) are being provided.
- If you need additional services, contact your Care Coordinator to update the PCSP.
- Meet with your Care Coordinator at least once every 3 months to discuss your health needs in person.
- Meet with your Care Coordinator and providers at least once per year to plan for your health needs to create the PCSP.



## 7. COVERED SERVICES

Empower covers all Medicaid services that are necessary for you. We cover the services at no cost to you. Some services must be approved by Empower before you can receive them. Your doctor will contact Empower for any needed approvals. You do not need to contact us for an approval.

Empower will not deny services because of a moral or religious issue. Empower will not give money or rewards to our doctors for denials. All decisions are based on the care you need. Decisions are also based on your benefit coverage.

### Covered services include:

- Advanced nursing & RN provider services
- Pacemakers and internal surgical prostheses
- Augmentative communication devices
- Extended rehabilitative hospital services
- Psychiatric Residential Treatment Services for members under 21 years old
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for members under 21 years old
- Outpatient behavioral health services
- Chiropractic services
- Durable Medical Equipment
- Factor VIII injections
- Hospice care
- Occupational therapy
- Orthotic and Prosthetic appliances
- Personal care
- Prescription drugs
- Respiratory care services
- Speech therapy
- Physical Therapy
- Pediatric or family nurse providers' services
- Home and Community-Based Services
- Developmental day treatment services (Adult Developmental Day Treatment and Early Intervention Day Treatment)
- Federally qualified health center services
- Medical equipment, supplies, and appliances for home use
- Ambulatory surgical center services
- Intellectual disability services in an intermediate care facility (other than an institution for mental diseases)
- Nurse midwife services
- Nurse anesthetist services
- Private duty nursing
- Critical access hospital
- Emergency services
- Family planning services
- Inpatient hospital services
- Optical lab services
- Outpatient hospital services
- Physician services
- Psychologist Services
- Rural health clinic services
- Tobacco cessation counseling
- OBGYN and gynecological nurse provider services
- Maternity care and clinical services before and after birth
- End-stage renal disease facility services
- Hearing aids, accessories, and repairs for individuals under age 21
- Psychiatric Inpatient Services
- Chemotherapy
- Vision Care
- X-ray services
- Burn therapy
- Physical therapy services provided by a home health agency
- Dialysis
- Eye prostheses
- Home Health services
- Laboratory services
- Optometrist services
- Outpatient surgical procedures
- Podiatrist services
- Radiation therapy
- Specialized wheelchairs



## Early and Periodic Screening, Diagnosis and Treatment

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a Medicaid program. This program is for Medicaid members under age 21. These services are to make sure that members are checked for illnesses that can be avoided or treated. Empower will track the progress of all members younger than age 21. We will also reach out to urge you to get EPSDT health screens. Empower uses the American Academy of Pediatrics Guidelines. If an illness is found but not covered under Medicaid, treatment may be allowed under EPSDT Special / Expanded Services. Treatment must be necessary. EPSDT health screens may have care suggestions. Empower will make sure that those suggestions are followed.

## Family Planning Services

We have a network of Family Planning doctors where you can get family planning services. We cover the cost of contraceptives. This includes birth control devices and the fitting or insertion of the device (such as IUDs and implants). You can get services from any qualified family planning provider. S/he does not have to be in our network. You do not need a referral from your PCP. You do not have to get permission from Empower to get these services.

## Care Coordination

Every Empower member is part of our Care Coordination program. Care Coordination is when health care teams and our staff work together to schedule doctor's visits and other services for you. You, your family / supports, and your providers all help to make a PCSP. Your PCSP is made for you. It makes sure you have a team that knows your language, your background, and your point of view. Empower's Care Coordination Program works with you, your primary care provider and others to make sure that you receive health benefits and community services in a unified and person-centered manner.

This includes:

- Assessing and planning of services
- Linking you to services and the team identified in the PCSP

- Helping you locate, develop, or obtain needed services and resources
- Planning services with other agencies, providers and family members or supports
- Making regular contacts to promote the use of the PCSP and community resources
- Checking on progress and ensuring services are received
- Providing training, education, and counseling that guides you
- Developing a support system that promotes the PCSP

## Your Care Coordinator

Your Care Coordinator is the one person that all your doctors can talk to. They can share information about your care needs.

Your Care Coordinator will also:

- Teach you more about your health needs
- Help with any needs in your day to day life. Examples are helping you eat healthy food and exercise
- Work with providers that give medicine
- Make a plan of care with all your service needs
- Help find the services you need
- Help you find supports in your family and community
- Help if you are in trouble or in crisis
- Provide guidance and support
- Help with paperwork

## Home and Community Based Services

Home and Community Based Services (HCBS) help with daily activities in the home. They allow members to live at home or in a community setting. These services can help you stay in your home instead of going to a hospital or nursing home. The services that can be used will be found in the member's PCSP.

## Additional Services Found on PCSPs

It is your right and responsibility to help make your PCSP. You can help by providing information, to the best of your ability, that is needed to plan your care. Your PCSP will list the services that you can use. This may include:

- Adult rehabilitative day service
- Behavioral assistance
- Child and youth support services
- Family support partners
- Medication counseling by registered nurse
- Mobile crisis intervention
- Partial hospitalization
- Peer support
- Recovery support partners (for substance abuse)
- Residential community reintegration program
- Respite, emergency and planned
- Substance abuse detox (observational)
- Supportive employment
- Supportive housing
- Supportive life skills development
- Therapeutic communities
- Therapeutic host homes

## Community and Employment Supports

Services for those with Community and Employment Supports (CES) waivers:

- **Adaptive Equipment** - Equipment and other tools that are used to increase, maintain, or improve members' ability to perform tasks and have jobs
- **Caregiver Respite** - Services that give caregivers a short break from the stresses of caregiving
- **CES Supported Employment** - Services that offer ongoing support to members with significant disabilities that help them find and keep paying jobs
- **Community Transition Services** - Support for members who are moving from a facility to a private home
- **Consultation** - Services, such as talking to a psychologist or dietitian, that help members, parents, legally responsible persons, responsible individuals and service providers in carrying out the member's PCSP

- **Crisis Intervention** - Services delivered in the member's home or other local community site
- **Environmental Modifications** - Changes made to member's home to ensure safety and well-being
- **Specialized Medical Supplies** - Items needed for life support or to address physical conditions
- **Supportive Living** - Services and activities that help members to live successfully in their own home

## 8. SERVICES NOT COVERED

Below is a list of some of the services that Empower does not cover.

- Nonemergency medical transportation (NET)
- Dental benefits within the capitated Medicaid program
- School-based services provided by school employees
- Skilled nursing facility services (Limited Rehabilitation Stay is not considered an excluded skilled nursing facility service)
- Assisted living facility services
- Full admissions to Human Development Center (HDC) services; Respite stays and conditional admission at HDCs are not excluded services
- Transplants
- **Any services** that are received from a provider who does not have an active license with the Arkansas Division of Medical Services at the time that services are given

If you are unsure if a service is covered, call Member Services at 866-261-1286 | TTY: 711

**\*If a service or regulation is not listed in this handbook, you must reference the appropriate Arkansas Medicaid Provider Manual,**  
<https://medicaid.mmis.arkansas.gov/Provider/Docs/Docs.aspx>.

## APPEALS OF ADVERSE DECISIONS

You have the right to ask for an appeal if you do not agree with an Adverse Decision. The United States and the State of Arkansas have laws that give you this right. When you ask for an appeal, you are asking Empower to look at your care again and make a different decision. If you still do not agree with Empower's decision after your appeal, you or your provider may ask for a State Fair Hearing.

### Who Can Appeal

- You
- Your parent or legal guardian
- Your lawyer
- Your "authorized representative." This means a person who is allowed to speak for you. It can be someone you choose to help you. It can also be someone who takes care of a person's money after the person has died.

### How to Appeal

You may ask for an appeal within 60 days after the decision you want us to change. The time begins on the date of the letter we sent to you. If we do not get your request within 60 days, we may not be able to look at your appeal.

### You may ask for an appeal by phone, mail, or email.

- Phone: (866) 261-1286 TTY 711

### Please ask to speak to the Clinical Appeals Department.

Mail:  
Empower Healthcare Solutions  
Attn: Utilization Management Appeals  
P.O. Box 211446  
Eagan, MN 55121

Email:  
Complaintsandgrievances@empowerarkansas.com

If you need help asking for an appeal, please call or write to the Appeals Department. You can use the phone number and addresses

above.

### What Happens Next

Within 5 working days, Empower will let you know that we received your appeal.

You and your provider can tell us why you think we should approve your care. You can also send in health records and other information. Empower will have a different doctor look over all of your information. It will not be the person who made the decision you want us to change. The new doctor will decide if Empower should change our decision about your care.

Empower will mail a letter to you within 30 days. The letter will tell you our decision about your appeal. The letter will also say what to do if you do not agree with our decision. The date on our letter is important. Your time to ask for a State Fair Hearing starts on that day.

Empower can give you an "Expedited Appeal" (fast appeal) if you need a faster decision. You should ask for an Expedited Appeal if you think that waiting 30 days could result in serious harm to your life or your health. If your request for an Expedited Appeal is accepted, we will make a decision within seventy-two (72) hours of receipt. If your request does not meet the requirements for an Expedited Appeal, it will be handled as a standard appeal.

Empower may extend the timeframe for an appeal by up to fourteen (14) calendar days if you request it or if Empower shows that there is need for additional information and that the delay is in your best interest.

## Continuation of Benefits

You have a right to keep getting care while we look over an appeal. This is called “continuation of benefits.” Only you, or your parent or legal guardian, can ask for you to get continuation of benefits. Empower can approve care during your appeal, but only if all of these things are true:

- You asked for the appeal on time.
- The appeal is about care that you are already getting.
- Empower approved the care before, and the time we approved did not run out yet.
- You appealed because Empower said you should stop getting the care, or get less of the care.
- The right kind of doctor ordered the care.
- You or your parent or legal guardian asked for continuation of benefits on time.
- You may have to pay for the care if Empower does not approve it.

If you have questions about your rights or how to ask for an appeal, please call or write to the Appeals Department. You can use the phone number and addresses above.

## STATE FAIR HEARING

You have the right to ask for a State Fair Hearing if you do not agree with our decision on your appeal. A State Fair Hearing is a chance for you to speak to a Hearing Officer who works for the State of Arkansas. You can tell the Hearing Officer why you think our appeal decision is wrong and why your care should be approved. The Hearing Officer will look over all of the information and make a

decision. If the Hearing Officer decides that the care should be approved, Empower will approve the care.

You may ask for a State Fair Hearing from the Office of Appeals and Hearings. Your provider may ask for a State Fair Hearing from the Arkansas Department of Health. If you and your provider both ask for a State Fair Hearing, the hearing will be from the Department of Health.

You may ask for a State Fair Hearing from the

Office of Appeals and Hearings within 60 days after Empower made a decision on your appeal. The time begins on the date of our letter. If the Office of Appeals and Hearings does not get your request within sixty (60) days from that date, you may not be able to get a State Fair Hearing.

### You can mail your request to this address.

Department of Human Services  
Office of Appeals and Hearings  
PO Box 1437, Slot N401  
Little Rock, AR 72203-1437

Your provider may ask for a State Fair Hearing from the Arkansas Department of Health within thirty (30) days after Empower makes a decision on your appeal. The time begins on the date of our letter. If the Department of Health does not get your provider’s request within 30 days, you may not be able to get a State Fair Hearing from the Department of Health.

### Your provider can send the request to this address.

Arkansas Department of Health  
Attn: Medicaid Provider Appeals Office  
4815 West Markham Street, Slot 31  
Little Rock, AR 72205

## 9. SELECTING OR CHANGING YOUR PRIMARY CARE PHYSICIAN

It is important to have a doctor you see for basic care needs. This is called your Primary Care Physician (PCP). Empower can help you pick or change your PCP. Empower will provide you with a women’s health specialist if needed. You can call Customer Service at 866-261-1286 | TTY: 711. You can also call their Care Coordinator for help. Members with Medicare can also keep their Medicare PCP.

## What happens if you lose PASSE eligibility?

If you still have active Medicaid, but have been removed from the PASSE, you will return to Fee-for-Service Medicaid.

- If you return to Fee-for-Service Medicaid (sometimes referred to as "Regular Medicaid"), you will need to use and give providers your Medicaid card for services going forward.
- You will need to contact ConnectCare at 1-800-275-1131 to assign a PCP.

## 10. ACCESS TO CARE

Call your Care Coordinator first when you need care. You can reach them at any time. They will help you manage your care.

Do you need a specialist? Your Care Coordinator or PCP can help you find the right provider. You do not need a referral from your PCP to access services.

Do you need help making an appointment? You can always get help from your Care Coordinator. Customer Service can also help. Reach Empower Customer Service at 866-261-1286 | TTY: 711

It is important that you keep your care appointments. Please call your provider right away if you have to cancel. We ask that you give at least 24 hours notice.

## Reaching Your PCP After Hours, Weekends, and Holidays

All Empower PCP offices are available by phone after hours. Call your PCP's office and ask to speak to the provider on call. You may reach the provider's answering service. The service will help put you in touch with a provider. Both will instruct you on how to get care after regular office hours. Your PCP can tell you to what to do next.

## Urgent Care

Sometimes you need care quickly, but the issue is not life threatening. Urgent care is not emergency care. Some examples are:

- Minor cuts and scrapes
- Colds
- Fever

- Ear ache
- Nausea and Vomiting

Need urgent care? Call your PCP or Care Coordinator.

## Emergency Care

A medical emergency is very serious. It could even be life threatening. An emergency puts you at risk for serious harm. In an emergency, it does not matter if the provider you use is in network or out of network. You do not need an approval to visit the Emergency Room. A referral is not needed. Empower can only pay providers who are contracted with Arkansas Medicaid. Provider must hold an active license at the time of the service.

## Examples of an Emergency Condition

- Chest pains
- Severe bleeding
- Poisoning
- Breathing troubles
- Broken bones
- Suicidal Ideation

## What You Can Do in Case of Emergency

- Call 9-1-1
- Go to the nearest hospital
- Call your Care Coordinator as soon as possible afterwards

## Out-of-Network Care

Empower has built a large network of providers to take care of your needs. Please try to see a provider within our network. You must have prior approval to visit out-of-network providers. You do not have to have prior approval for emergencies. You do not have to have prior approval for family planning services. Empower can only pay providers who are contracted with Arkansas Medicaid. Provider must hold an active license at the time of the service.

For help finding a provider call 866-261-1286 | TTY: 711. You can also look for providers on the website:

- Find a Provider search feature
- printable Provider Directories



## Clinical Practice Guidelines

Clinical Practice Guidelines (CPGs) define standards of care for treatment of a condition. Professional groups, such as the American Medical Association (AMA), American Academy of Pediatrics (AAP), Centers for Disease Control and Prevention (CDC), United States Preventative Services Task Force (USPSTF) American Psychiatric Association (APA) and the American Academy of Child and Adolescent Psychiatry (AACAP), develop the guidelines. The CPGs can help you make good choices about your healthcare. They can also help your providers make good decisions about your treatment. Examples of these decisions might be about what lab work or tests you need or how long you should stay in the hospital. You can find these CPGs on our website at [www.getempowerhealth.com](http://www.getempowerhealth.com). You can request a written copy of the guidelines from your care coordinator.

## Filling Prescriptions and Pharmacy Services

We cover a full range of prescription medications. We have a list of drugs that we cover. This list is called our **Preferred Drug List (PDL)**. It is on our website, [www.empowerarkansas.com](http://www.empowerarkansas.com). Then click on the the Pharmacy Tab. There will be a drop down list. Click on **Preferred Drug List**. You can also find this list by calling Member Services 866-261-1286 | TTY 711.

We cover **brand name** and **generic** drugs. Generic drugs have the same ingredients as brand name drugs. They work the same. We ask you to use generic drugs whenever possible. Generic drugs are cheaper than brand name drugs. Prior approval may be needed for a brand name drug when a generic drug is available. It is the provider's responsibility to make medication request to Empower.

Sometimes, your doctor will prescribe a drug that is not covered on the PDL. In this case, your pharmacist will call your doctor to get approval to give you a different drug. Your pharmacist will tell you if this has been done.

## Below are some words that can help you learn how to get your medicine:

- **Prior authorization (PA)** – this is a special request made by your doctor to see if a drug can be approved
- **Quantity Limit (QL)** – this is a limit on how much of a drug you get for a specific number of days for the treatment of your condition
- **Step Therapy (ST)** – this is using less expensive drugs that should treat you before “stepping up” to more expensive drugs
- **PDL Exception** – this is when you may need a drug that is not listed on the PDL

## A Prior Authorization (PA) is needed when:

- Drugs are over the Quantity Limit
- Step-therapy drugs are prescribed
- A brand name drug is prescribed when you can get a generic drug on the PDL
- A prescribed drug is not listed on the formulary
- High cost drugs over \$1,000.00
- Chemotherapy and immunosuppressive drugs
- Other specialty drugs

Your doctor can make requests for Prior Authorizations requests or PDL Exceptions. Your doctor will provide us with needed information to get your drug covered.

You do not have a co-payment for drugs under this program.

We have pharmacies in our provider network. You can fill your prescription at any pharmacy that is in our provider network. Make sure to bring your Member ID card with you to the pharmacy.

The list of covered drugs may change from time to time. You can find any changes and a complete drug list by visiting Empower's Preferred Drug List. You can also call member services 866-261-1286 | TTY 711 to ask about a particular drug. At times, we may notify you about changes to drugs that you may be taking.

## 11. CONSUMER ADVISORY COUNCIL

You can be part of our Consumer Advisory Council. The Council meets regularly. Council members give us feedback on the plan. This helps us learn about member needs.

If you want to be a part of our Consumer Advisory Council, please call us at 866-261-1286 | TTY: 711 or email us at [consumer.advisory@empowerarkansas.com](mailto:consumer.advisory@empowerarkansas.com)

## 12. FRAUD, WASTE, ABUSE, AND OVERPAYMENT

Empower complies with all laws on fraud, waste and abuse.

### Definitions

**Fraud:** Lying or false action by someone receiving benefits or payments they are not entitled to.

**Waste:** Spending on health care that is not needed. This includes treatments that won't work.

**Abuse:** Poor fiscal, business or medical practices that result in needless cost to Medicaid / Medicare or other programs.

### To report fraud, waste, or abuse, contact:

Empower Healthcare Solutions, LLC  
Attn: SIU  
P.O. BOX 211446  
Eagan, MN 55121  
Web: [empower.ethix360.com](http://empower.ethix360.com)  
Phone: 844-478-0329 | TTY 711

**Or**

Arkansas Department of Human Services  
Donaghey Plaza, P.O. Box 1437  
Little Rock, AR 72203  
Phone: 1-888-987-1200 option 2

**Or**

Arkansas Office of the Medicaid Inspector  
General  
323 Center Street, Suite 1200  
Little Rock, AR 72201  
Phone: 501-682-8349

## 13. HEALTH CARE DECLARATIONS IN ARKANSAS/ADVANCE DIRECTIVES

### Overview

Arkansas law\* offers you the right to make formal decisions about your medical care. You must be an able adult age 18 or older. You can write a statement about your future care. This includes the right to accept or refuse some forms of care. You might use this statement if you became terminally ill. You can also use this statement if you are no longer conscious.

You can change or end these formal decisions in any way, and at any time. You can do this as often as you wish. The law does not require you to make any formal decisions or statements. Providers understand your write to make formal decisions. This will not change the quality of your care.

You should be given information when you get care. This will explain your rights to make formal decisions. Care may be from a hospital, nursing facility, or hospice. It may also be when you start home health services. Under federal law\*\* Medicaid providers must talk about your formal decisions. A provider must follow your statement. If they cannot, they must try to refer you to another doctor.

### Suggested Forms of Documentation (Advanced Directive)

Arkansas law has two types of written documents. One is related to terminal illness. The other is related when you are no longer conscious to make decisions. You can use only one of the two documents. You can use both documents if you want. You can use your own words in the documents. You or your proxy must sign these documents. Two people must watch you sign your written document. They also need to sign the document.



- **Durable power of attorney for healthcare:**  
This document lists a person. This person can make decisions for you. You need to share this document with the doctor responsible for your care.
- **Living will:**  
This document describes your instructions when you are not able to do so. You may be too sick or no longer conscious. You may not be able to make decisions for your own care. Two doctors must agree that you are no longer able to make your own decisions. This document is often about the use of life-sustaining treatment.

You can get help with these documents. Your doctor or lawyer can help you. Standard forms might not include all the choices you can make. You may wish to add more instructions. For example, you may want to have water and food given to you through a feeding tube.

### Changing or Ending Your Written Decisions

You can change or end your written decision at any time, no matter your condition. A formal decision is ended when you or your proxy share your desire with your doctor or a witness. You can end a written decision in any way. Examples include a written or oral statement, or by destroying the original and copies of the declaration.

### Steps for Completing a Declaration (Advanced Directive) for Another Person

Minors can get help from another person. Adults who are not able to make health care decision can get help from another person. This person will write the document on their behalf. Arkansas law states who can sign the declaration. It may be signed by the first of the following people available:

1. A legal guardian of the patient.
2. The parents. The patient is unmarried under age 18.
3. The patient's spouse.
4. The patient's adult child or children.
5. The parents of a patient over the age of 18.
6. The patient's adult sibling or siblings.

7. Persons in place of the parents. This is called "in loco parentis" (in place of the parents).
8. The patient's adult heirs.

It is suggested to seek help when writing a document for another person.

### Safeguards

Arkansas law offers the following protections.

1. A patient may continue to make decisions about life-sustaining treatment. The patient must be able to make decisions.
2. If the patient is pregnant, the life of the fetus is important. The care for the fetus will be a priority. A declaration will not be followed if it will hurt the viable life of the fetus.
3. Any doctor who will not follow your directions for care must help you find another doctor.
4. It is improper to require a declaration to receive care. You have the right to have or not have a declaration.
5. A declaration may be signed and compliant in another state. This declaration is also valid for the purposes of Arkansas law.

It is suggested to seek help to better understand these protections.

\* A.C.A. 20-17-201, et seq. Other rights of minors are covered in A.C.A. 20-17-214.

\*\* Patient Self Determination Act of 1990, Sections 4206 and 4751 of the Omnibus Budget Reconciliation Act of 1990, P.L.101-508

## 14. MEMBER GRIEVANCES, APPEALS AND STATE FAIR HEARINGS

### Grievances

Empower wants you to be happy with the care you receive. You have the right to file a grievance if you are not satisfied with your care.

A grievance is a complaint when you share your unhappiness about the services you receive. You may also say you are unhappy with your provider or with Empower. Here are some examples of grievances:

- Your provider does not return your phone calls
- You receive bills for services you received that you believe Empower is supposed to pay
- You believe there is a mistake in your medical record
- Your provider will not let you see your record or give you a copy of it
- You are not receiving services that are on your treatment plan
- Your child's provider did not tell you about something that happened and your child was injured while in their care

When you have a concern, you may explain it to your Care Coordinator. He or she will ask you for information to help you file a grievance. Or you may contact our Grievance Department. A Grievance Coordinator will ask you about your concerns. We will review what happened to you and why it happened. We want to know so that it does not happen again. We will listen to what you have told us. We will ask for help from people who can assist us. We may also ask for your records from your providers.

There may be a time when you feel that you did not get the care you needed to be safe and well. We will decide if your concern needs additional review as an "issue". We want you to know we take your concern seriously. We may review your treatment records. We may review your provider's records and policies. We may interview staff. We may also ask a provider to take certain steps to correct a problem, but we do not share these steps with members. Our goal is for you to get the care you need for your well-being.

After you file a grievance, Empower will mail a letter to you within 30 days. The letter will explain our response to your concern. The letter will also explain that you have the right to appeal, or to ask us to reconsider our decision, if you do not agree with it.

## GRIEVANCE APPEALS

You have the right to ask for an Appeal if you do not agree with the way we resolve your grievance.

You must ask for the appeal within sixty (60) days after you receive our letter that explains how we resolved your grievance.

When you ask for an appeal, you are asking us to reconsider our resolution. A different person will review the appeal. We will send you a letter that explains our decision. We will send it within thirty (30) days from the date we receive your request.

You may also ask for an "Expedited Grievance Appeal". You can ask for an Expedited Grievance Appeal if waiting 30 days could result in serious harm to your life or your health. We will make a decision for an Expedited Grievance Appeal within 48 hours and tell you our decision within 72 hours.

## STATE FAIR HEARING

You have the right to ask for a State Fair Hearing if you are not satisfied with our response to your appeal. A State Fair Hearing is a chance for you to speak to a Hearing Officer who works for the State of Arkansas. You can explain why you think our decision should be changed. The Hearing Officer will make a decision about our response to your grievance and appeal.

You must ask for the State Fair Hearing within sixty (60) calendar days after you receive our letter that explains our response to your appeal.

**Your request must be made in writing and it must be signed. Mail your request for a State Fair Hearing to:**

Department of Human Services  
Office of Appeals and Hearings  
PO Box 1437, Slot N401  
Little Rock, AR 72203-1437

## Contact the Grievance Department

Our goal is to help you with any concerns you may have. A Grievance Coordinator can help you file a grievance or an appeal and can help you ask for a State Fair Hearing. If you need help or have any questions about your rights, please contact our Grievance Department by phone, email, or postal mail:

- Phone: (866) 261-1286 | TTY: 711  
*Please ask to speak to someone in the Grievance Department*
- Email:  
[Complaintsandgrievance@empowerarkansas.com](mailto:Complaintsandgrievance@empowerarkansas.com)
- Mail:  
Empower Healthcare Solutions  
Attention Grievance Department  
P.O. Box 211446  
Eagan, MN 55121

If you believe that Empower has discriminated against you because of your race, color, national origin, age, disability, or sex, you can file a grievance with Empower.

You can also file a civil rights grievance 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/smartscreen/main.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  
(800) 868-1019  
(800) 537-7697 (TDD)

**Complaint forms are available at**  
<http://www.hhs.gov/ocr/complaints/index.html>

## 15. REPORTING ABUSE, NEGLECT, AND EXPLOITATION

Abuse can happen in many ways. Physical abuse, emotional or mental abuse, and sexual

abuse are some ways. Neglect and exploitation are also ways abuse can happen.

**Physical abuse** is when someone means to hurt you or someone else with his or her hands, their feet, or an object. Some examples of physical abuse are:

- punching and kicking
- pinching, scratching, and biting
- shaking or suffocating
- scalding or burning
- hair pulling
- spitting or throwing things at you

**Emotional abuse** includes when someone:

- keeps shouting at you, even if you have not done anything wrong
- says or does things that make you feel bad about yourself
- tries to control you
- puts you in dangerous situations
- threatens or is aggressive and violent to other people in your family
- stops you from having friends

**Sexual abuse** is when someone is forced, pressured, or tricked into taking part in any kind of sexual activity with another person. Examples of sexual abuse include:

- being touched in a way you do not like and or do not want
- being forced to do something sexual or watch someone do something sexual
- being forced to watch or make sexual pictures or videos
- being pressured into having sex with someone in return for getting something like money or drugs

**Neglect** is when someone who is taking care of you withholds your basic needs. Every person has the right to have their needs met. Basic needs include:

- having enough to eat and drink
- having somewhere warm, dry, and comfortable for you to live and sleep
- having clothes and shoes that are clean and keep you comfortable
- having help when you are ill or you have been hurt
- having help with medical care and medication
- having protection from unsafe situations

**Exploitation** is when someone takes what belongs to you. This may also be called financial abuse. You may not know they are doing it. They may have tricked you into giving them permission to do it. Someone may “con” you out of your money or your belongings or property.

If you or someone you know is being abused, neglected, or exploited, please call:

- Child Abuse Hotline: 1-800-482-5964
- Adult Protective Services:  
1-800-482-8049

In addition, if you believe that you are being abused, neglected, or exploited by your provider or by someone who works for Empower, please call Empower Member Services at 866-261-1286 | TTY 711.

Empower staff are “Mandated Reporters” and must report all suspected abuse to the Child Abuse Hotline or to Adult Protective Services.

## 16. PRIVACY NOTICE

The Empower privacy notice tells you how your health information may be used and shared by your health plan. It also describes how you can access your own health information. Please review it carefully.

- **What Is a Notice of Privacy Practices?**  
A Notice of Privacy Practices, tells you how Empower may use and share your health information. We must keep your health information private and secure. We will let you know if a breach occurs that affects the privacy or security of

your information. The notice also explains how you can get access to your own health information.

- **What Is Health Information?**  
The words “health information” mean any information that identifies you. Examples include your name, date of birth, details about health care you received, or amounts paid for your care.
- **Why Are You Giving This to Me?**  
We are required by law to give you this notice. We must follow the practices in this notice. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can share your information, you may change your mind at any time. Let us know in writing if you change your mind.
- **Who Follows This Notice?**  
All employees, contractors, consultants, vendors, volunteers, and other health care professionals and organizations who work with Empower follow this notice.
- **How We Can Use and Share Your Health Information?**  
To Manage Your Health Care Treatment. We will use and share your health information to help with your health care.

**For Example:** A doctor sends us information about your diagnosis and treatment plan, so we can arrange for additional services.

**For Example:** We may share your health information with a service agency that arranges health care supportive housing services. For Health Care Operations.

## To Help Us Do our Job.

We may contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.

**For Example:** We use your health information to develop better services for you or to make sure you are receiving good services.

**For Example:** We submit data related to your health information to the state to show we are following our contract.

## To Pay for your Health Services.

We will use and share your health information as we pay for your health services.

**For Example:** We share information about you with your prescription plan to coordinate payment for your prescriptions. To Administer Your Plan. We may share your health information with other businesses for plan administration.

**For Example:** We share your information with a transportation company to make sure you get to your important appointment. With Business Associates. We may share your health information with another company, called a business associate, which we hire to provide a service to us or on our behalf. We will only share your information if the business associate has agreed in writing to keep health information private and secure.

## Ways We Can Use or Share Your Health Information with Your Permission

You can choose how we share your information in the situations described below. Tell us what you want us to do and we will follow your instructions. If you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest.

## Individuals Involved in Payment for Your Care.

We may share your health information with your family members, friends or other people who are involved in your health care or who help pay for it. You have the right to ask that we not share your information with certain people, but you must let us know.

## Information About Health-Related Benefits, Services and Treatment Alternatives.

We may tell you about health services, products, possible treatments or alternatives available to you.

## Sensitive Information.

Some types of medical information are very sensitive. The law may require that we obtain your written permission to share this information. Sensitive medical information may include genetic testing, HIV/AIDS testing, diagnosis or treatment, mental health, alcohol and substance abuse, sexual assault or in-vitro fertilization. Your permission is also required for the use and sharing of psychotherapy notes.

## Use of Your Information for Our Marketing.

We may not use or disclose your health information for marketing purposes unless we have your written permission.

## Sale of Your Information.

We will not sell your health information unless we have your written permission.

- How We Must Share Your Health Information

We also have to share your information in situations that help contribute to the public good or safety. We have to meet many conditions in the law before we can share your information for these purposes.

## Research.

We can use or share your information for health research.



### **Public Health and Safety.**

We may share your health information for public health and safety reasons. For example:

- To prevent or control disease
- To help report information about bad products
- To report adverse reactions to medications
- To let you know that you may have been exposed to a disease or may be at risk for getting or spreading a disease or condition
- To your employer in certain limited instances

### **Abuse and Neglect.**

We may have to share your information to report suspected abuse, neglect or domestic violence to state and federal agencies. You will likely be told that we are sharing this information with these agencies.

### **For Disaster Relief.**

We may share your health information in a disaster relief situation.

### **Prevent a Serious Threat to Safety.**

We may use and share your medical information to prevent or reduce a serious threat to your health and safety or the health and safety of others.

### **Comply with the Law.**

We must share health information about you when we are required to do so by federal or state laws.

### **As a Part of Legal Proceedings.**

We can share health information about you in response to a court order or a subpoena. We will only share the information stated in the order. If we receive any other legal requests, we may share your health information if we are told that you know about it and do not object to the release.

### **With Law Enforcement.**

We must share health information about you when we are required to do so by law or by the court process, including for the following:

- To identify or locate a suspect, fugitive, material witness or missing person

- To obtain information about an actual or suspected victim of a crime

We may also share information with law enforcement if we believe a death was the result of a crime or to report crimes on our property or in an emergency.

### **During an Investigation.**

We will share your information with the Secretary of the Department of Health and Human Services if they ask for it as part of an investigation of a privacy violation.

### **Special Governmental Functions.**

We may share your health information with:

- Authorized federal officials
- Military
- For intelligence, counter-intelligence and other national security activities
- To protect the president

### **Coroners, Medical Examiners and Funeral Directors.**

We may share health information with a coroner or medical examiner to identify a dead person or find the cause of death. We also may share health information with funeral directors if they need it to do their job.

### **Health Oversight Activities.**

Certain health agencies are in charge of overseeing health care systems and government programs or to make sure that civil rights laws are being followed. We may share your information with these agencies for these purposes.

### **Organ and Tissue Donation.**

If you are an organ donor, we may release health information to the organizations in charge of getting, transporting or transplanting an organ, eye or tissue.

### **Workers Compensation.**

We may share your health information with agencies or individuals to follow workers compensation laws or other similar programs.

- Your Rights Regarding Your Health Information

### **You Have a Right to Request Restrictions.**

You have the right to ask us to limit the ways we use and share your health information for treatment, payment, and health care operations. We do not have to agree if it would affect your care. You must submit your request in writing, and it must be signed and dated. You should describe the information you want limited and tell us who should not receive this information. You must submit your written request to [carecoordination@empowerarkansas.com](mailto:carecoordination@empowerarkansas.com).

We will tell you if we agree with your request or not. If we do agree, we will follow your request unless the information is needed to treat you in an emergency. If we do not agree we will discuss our concerns with you in order to better understand how we can help you.

### **You Have a Right to Get a Copy of Health and Claims Records.**

You have the right to read or get a copy of your health and claims records and other health information we have about you. To see and obtain copies of your information you must complete your request in writing. We will give you a copy or a summary of your health and claims record within 30 days of your request. If you request a copy of your health and claims record, we may charge a reasonable, cost-based fee for the costs of copying, mailing or other expenses associated with your request.

### **You Have a Right to Request Changes.**

You may ask us to change your health information or payment record if you think it is incorrect or incomplete. You must send us a written request and you must provide the reason why you want the change. We are not required to agree to make the change. If we do not agree to the requested change, we will tell you why in writing within 60 days. You may then send another request disagreeing with us. It will be attached to the information you wanted changed or corrected.

### **You Have a Right to Request Confidential Communication.**

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests.

We must agree if you tell us you would be in danger if we do not follow your request.

### **You have the right to make a written request for a list of the times we have shared your health information in the past six years.**

The list will have who we shared it with, the date it was shared and why. We will include all the disclosures except for those about treatment, payment, and health care operations and any disclosure you asked us to make. We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. Your written request must designate a time period. You have the right to ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly.

- You Have a Right to Choose Someone to Act For You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- Changes to This Notice We may change our privacy policies, procedures, and this Notice at any time, and the changes will apply to all information we have about you. If we change this Notice, the new Notice will be posted on our web site [www.empowerarkansas.com](http://www.empowerarkansas.com).

## **17. AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL INFORMATION**

Getting the best health care is important. Sharing your health information helps you get the best health care. Empower needs your health information. Your providers need your health information. Providers need your permission to talk to each other. Your Care Coordinator can help you review and fill out the form to share this information. He or she will help you understand what is and is not being shared about you. [Authorization for Disclosure of Confidential Information.](#)



## 18. Helpful Contacts

Key Empower Contacts	
<b>Website:</b>	<a href="http://www.empowerarkansas.com">www.empowerarkansas.com</a>
<b>Mailing Address:</b>	Empower Healthcare Solutions P.O. Box 211446 Eagan, MN 55121
<b>Physical Address:</b>	17500 Chenal Pkwy. Suite 300 Little Rock, AR 72223
<b>Member Services:</b> Benefits, Eligibility, Authorizations, Provider Services, Credentialing, Contracting, Care Coordination, Claims, Clinical Appeals	(866) 261-1286   TTY 711
<b>Member Grievances</b>	<a href="mailto:complaintsandgrievance@empowerarkansas.com">complaintsandgrievance@empowerarkansas.com</a>
<b>Pharmacy Help Desk</b> (pharmacies only)	(800) 364-6331
<b>Fraud, Waste &amp; Abuse:</b> Billing for services not rendered, up-coding, bundling or unbundling of services, medically unnecessary care, double-billing, using false credentials, or inappropriate documentation	<b>Phone:</b> (844) 478-0329 <b>Email:</b> <a href="mailto:siu@empowerarkansas.com">siu@empowerarkansas.com</a> <b>Website:</b> <a href="https://empower.ethix360.com">https://empower.ethix360.com</a>
<b>Care Coordination</b>	<a href="mailto:carecoordination@empowerarkansas.com">carecoordination@empowerarkansas.com</a>
<b>Consumer Advisory Council:</b>	<a href="mailto:consumer.advisory@empowerarkansas.com">consumer.advisory@empowerarkansas.com</a>

## Regulatory Contacts

<b>Arkansas Department of Human Services</b>	(501) 682-1001
<b>U.S. Department of Human Services</b>	Toll Free: 800-868-1019   800-537-7697 (TDD)
<b>Suicide Hotline</b>	Toll Free: 888-274-7472
<b>AFMC PASSE Member Line</b>	(833) 402-0672
<b>Arkansas Office of the Medicaid Inspector General</b>	(501) 682-8349 or (855) 527-6644
<b>Division of Medical Services</b> <b>Office of the PASSE Ombudsman:</b> Individuals with a hearing or speech impairment may contact the Ombudsman office by dialing: (888) 987-1200, option 2.	<b>Phone:</b> (844) 843-7351 <b>Fax:</b> (501) 404-4625 PASSEOmbudsmanOffice@dhs.arkansas.gov P.O. Box 1437 Slot S-418 Little Rock, AR 72203-1437
<b>Arkansas Child Abuse Hotline</b>	1-800-482-5964
<b>Arkansas Adult Protective Services</b>	1-800-482-8049