



## Frequently Asked Questions from Providers

### About Empower

- **What is Empower Healthcare Solutions (Empower)?**  
Empower is one of three PASSE organizations in the state. We empower individuals to lead fuller, healthier lives at home and in their communities. **PASSE (Provider-Led Arkansas Shared Savings Entity)** is a new Medicaid program to address the needs of individuals who have intensive behavioral health, intellectual disability, or developmental disability service needs.
- **Why is the PASSE program good for my patients?**  
The goal of the PASSE model is to improve the health of Arkansans who need intensive levels of specialized care due to behavioral health issues or developmental/intellectual disabilities. The PASSE model includes Care Coordination, which coordinates care for all community-based services to improve total health outcomes for these members.

### Joining the Empower Network

- **How can I join Empower as a provider?**  
To become a participating provider with Empower, please complete the [Empower Network Application](#) and email to [empower.network@empowerhcs.com](mailto:empower.network@empowerhcs.com). If you have questions please contact Empower Provider Relations at 855-429-1028.
- **How do I update my roster?**  
To update your roster, please complete the [Provider Roster Form](#) and email to [empower.network@empowerhcs.com](mailto:empower.network@empowerhcs.com). If you have questions please contact Empower Provider Relations at 855-429-1028.
- **How do I join the Empower pharmacy network?**  
Empower is participating in the Caremark/CVS national network. If you are an AR pharmacy provider and in the Caremark/CVS national network then no action is needed. You can check the CVS national network here:  
[https://www.caremark.com/wps/myportal/PHARMACY\\_LOCATOR\\_FAST](https://www.caremark.com/wps/myportal/PHARMACY_LOCATOR_FAST)

If you are interested in joining the CVS network, you can start the process here:

[https://www.caremark.com/wps/portal/FOR\\_HEALTH\\_PROS\\_HOME](https://www.caremark.com/wps/portal/FOR_HEALTH_PROS_HOME)

Relevant links here include “Pharmacy Pre-Enrollment Questionnaire” and “Pharmacy Enrollment Self Service”

- **Can I join more than one PASSE network?**  
Yes, a provider may join any or all PASSEs as a network provider. A provider will likely want to be a provider in all PASSEs to ensure there is a continuum of coverage for the members that it serves.
- **What are my rights and responsibilities as an Empower Provider?**  
Provider Rights and Responsibilities are in the Empower Provider Handbook, found on the Empower website [www.getempowerhealth.com](http://www.getempowerhealth.com).
- **How can I get a copy of the Empower Provider Manual?**  
The provider manual is available electronically on the Empower website, [www.getempowerhealth.com](http://www.getempowerhealth.com).
- **Who can answer questions about my contract as an Empower Provider?**  
You can contact the Empower network team at [empower.network@empowerhcs.com](mailto:empower.network@empowerhcs.com) for help with questions about your Provider contract.

## About Empower Benefits and Services

- **What type of services are covered for Empower Members?**  
Empower members will be eligible for all services covered under the Medicaid state plan, as well as Section 1915(i) and CES waiver services, including therapy services and services through the Early Periodic Screening Diagnosis and Treatment (EPSDT) program for children. In short, members will have access to services covered under the Medicaid program today, as long as those services are deemed medically necessary and documented in the member's Person Centered Service Plan (PCSP).
- **How do Empower Members get a Primary Care Provider?**  
Members select their PCP when they sign up for Medicaid. Members who are also eligible for Medicare are able to keep their Medicare PCP. For any members who do not select a PCP, Empower will automatically assign a PCP based on:
  - the member's claims history (who they have seen in the past);
  - a member's geographical location;
  - appropriate distribution by provider (so that members are not overly concentrated with the same PCP).

Members ages 18 and older will be assigned to a general or family practitioner, internal medicine, or other specialty provider approved by the state. Members under 18 years old will

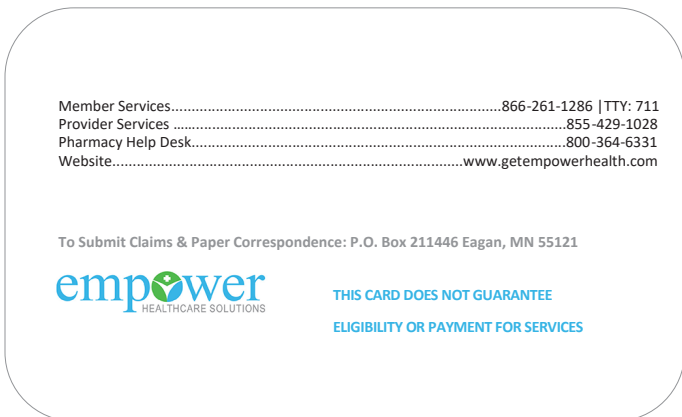
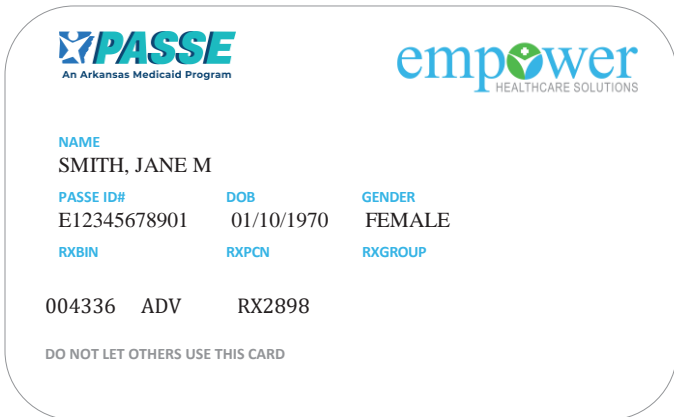


be assigned to a pediatrician or family practitioner. At any time, a member can call Empower Member Services and request that their PCP be changed, and Empower will honor that request if they are an In-Network provider.

**• How do I know if an individual is a member of Empower?**

All Empower members will have a member ID card. Members should always present their ID at the time of service, but an ID card, in and of itself, is not a guarantee of eligibility. Providers must verify a member’s eligibility on every date of service. Providers can also verify which PASSE a member is in by checking MMIS at

<http://portal.mmis.arkansas.gov/armedicaid/provider/Home/tabid/135/Default.aspx>.



The ID card will contain the following information:

- Member’s name, Date of Birth, and Gender
- PASSE ID number

- Pharmacy ID number
- Empower contact information
- Claims filing address
- **How do I verify Member Eligibility?**

Empower member eligibility may change daily. Therefore, each participating provider is responsible for verifying eligibility with Empower before providing services to a member. Providers may verify eligibility using the following methods:

  - **Online** – Visit our Provider Portal on the Empower website at [www.getempowerhealth.com](http://www.getempowerhealth.com)
  - <http://portal.mmis.arkansas.gov/armedicaid/provider/Home/tabid/135/Default.aspx>
  - **Telephone** – Contact Provider Services at 1-855-429-1028.

## **Prior Authorization/Utilization Management**

- **What services require a PA?**

Some services require a prior authorization from Empower for reimbursement to be issued. Please see Empower's [Quick Reference Guide for Key Contact Information and Prior Authorization](#) for a list of services that require Prior Authorization.
- **What services require an Extension of Benefits?**

Some services have yearly benefit limits available before an Extension of Benefits request is required. Please see Prior Authorization Resources on Empower's [Forms and Resources](#) page for benefit limits.
- **How do I submit a Prior Authorization (PA) or an Extension of Benefits?**

Providers may submit Prior Authorizations in the following methods:

  - **Online** – Visit our Provider Portal on the Empower website at [www.getempowerhealth.com](http://www.getempowerhealth.com).
  - **Telephone** – Contact Provider Services at 1-855-429-1028.
- **What is the process for submitting Pharmacy PAs, and what pharmacy services require a PA?**

Empower is committed to providing appropriate, high quality, cost-effective drug therapy to all of our members. Empower works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered. The plan covers prescription drugs and certain over-the-counter (OTC) drugs when ordered by an Empower physician. The pharmacy program does not cover all medications. Some drugs have a generic equivalent or a brand-name drug from a different manufacturer that is covered. Some medications require

prior authorization or have limitations on age, dosage, maximum quantities, or any combination of these.

Prior Authorization is necessary for some medications to establish medical necessity, and to ensure eligibility for coverage per State regulations, Federal regulations, or both. This may be due to specific Food and Drug Administration (FDA) indications, the potential for misuse or overuse, safety limitations, or cost- benefit justifications.

A PA is required for certain medications that are:

- Outside the recommended age, dose, or gender limits;
- Not listed on the Preferred Drug List (PDL);
- Listed on the PDL but still require Prior Authorization;
- Brand name drugs when a generic exists;
- A Duplication in therapy (i.e. another drug currently used within the same class);
- New to the market and not yet reviewed by the P&T Committee;
- Prescribed for off-label use or outside of certain diseases or specialties; or
- Self-injectable and infusion medications (including chemotherapy) with some exceptions.

Providers may request an exception to Empower's PDL either verbally or in writing. For written requests, providers should complete a Prior Authorization Request Form that includes pertinent enrollee medical history and information. Prior Authorization Request Forms may be accessed on Empower's [Pharmacy Forms and Resources](#) page.

If authorization cannot be approved or denied, and the drug is medically necessary, up to a 72-hour emergency supply of the drug can be supplied to the member.

- **How and when can I access information electronically about Empower Members?**

Empower's Provider Portal is available 24/7 and allows providers to instantly access many tools and resources. Providers and their office staff can register for our secure Provider Portal in just a few easy steps.

1. Go to [www.getempowerhealth.com](http://www.getempowerhealth.com)
2. Choose Provider Portal from the Provider Home Page or Provider drop down
3. Click 'here' to register
4. Choose 'Providers Click here'
5. Register for Portal access
  - **Contracted Providers** complete the web registration form. You will need to call Provider Services at 1-855-429-1028 to get your business unit ID.
  - **Out of Network Providers** click 'here' under Provider Information to complete Provider Portal Access Request

Once registered, the secure portal will allow you to:

- Request and track authorizations
- Submit claims and view payment history
- Verify member eligibility
- Review InterQual Criteria

- **How do I submit a claim and when can I submit a claim?**

To make sure that Empower can process your claims in a timely manner, it is important that providers ensure Empower has accurate billing information on file. Providers must have a current, active Arkansas Medicaid Provider ID.

Please confirm with Empower's Network department ([Empower.Network@empowerhcs.com](mailto:Empower.Network@empowerhcs.com)) that the following information is current in our files:

- Provider name (as noted on current W-9 form)
- National Provider Identifier (NPI)
- Tax Identification Number (TIN)
- Taxonomy code
- Physical location address (as noted on current W-9 form)
- Billing name and address

For additional claims and payment information, please see [Empower's Billing FAQ](#).

- **I have additional questions about billing. Who can answer my questions and when can they answer them?**

Empower's Provider Services team will be available to help you via phone at 855-429-1028, Monday through Friday (except holidays), from 8:00 AM to 5:00 PM CT. You may also reach out to Empower's Provider Relations Managers for assistance by emailing [EmpowerHealthcareSolutionsPR@empowerhcs.com](mailto:EmpowerHealthcareSolutionsPR@empowerhcs.com).

## Care Coordination and Quality

- **What is Care Coordination?**

Care Coordination is health care providers and Empower staff working together to organize provider visits and other services to make sure members get the best care. Members, family/support systems, and providers work together to create a Person Centered Service Plan (PCSP) to meet the members care needs.

- **Will all members have a Care Coordinator?**

Yes, every member of Empower has a care coordinator assigned to develop their Person Centered Service Plan and to help coordinate their care.

- **How can providers contact Care Coordinators?**

To reach a Care Coordinator email [CareCoordination@empowerhcs.com](mailto:CareCoordination@empowerhcs.com) or call 866-261-1286.

- **What is a Person Centered Service Plan (PCSP)?**

The PCSP is a care plan developed by the Care Coordinators in collaboration with the member, guardian, or both along with anyone else the member wants to include in the development of the PCSP. The Care Coordinator is responsible for obtaining copies of all treatment and service plans related to members and coordinating services between those plans. The goal is to prevent duplication of services, ensure timely access to all needed services, and identify any service gaps for the member, as well as provide any health education and health coaching identified by those plans. The Care Coordinator will ask members what goals they would like to achieve in addition to collecting the member's treatment plans and ensuring follow up on those plans. The services available to the member based on needs identified will be included in the member's PCSP.

- **Will I be required to report any quality measures for Empower?**

Empower is committed to ensuring that continuous quality/performance improvement occurs. There is consistent and ongoing monitoring for applicability so Empower can achieve efficiency and effectiveness with improved outcomes for our members. HEDIS Measures will be used.

## **Cultural Competency & Member Rights**

- **Will Empower offer Cultural Competency training?**

Yes, Empower will provide Cultural Competency education beginning 2020.

- **What are the rights of Empower Members?**

Member Rights and Responsibilities are listed in the Member Handbook, available on the Empower website [www.getempowerhealth.com](http://www.getempowerhealth.com).

## **Training**

- **What training will be provided to me as a PASSE provider and when?**

Please check Empower's [Training page](#) regularly for upcoming trainings and educational opportunities.