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Welcome To Empower

Empower Healthcare Solutions is here to help you with your health care. Empower works 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. Empower believes 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.

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

- Arkansas Community Health Network (ACHN)
- Beacon Health Options (Beacon)
- Independent Case Management (ICM)
- Statera
- The Arkansas Healthcare Alliance
- Woodruff Health Group (ARcare/pharmacist)

As part of Empower, you may learn more about us by emailing 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)
- Responses to complaints related to access of information and discrimination
- 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
e-mail: empower@empowerhcs.com
website: www.getempowerhealth.com
1. Enrollment in Empower
Empower is a PASSE, or Provider-led Arkansas Shared Savings Entity. PASSEs plan care for people with special health care needs. You can start using Empower’s services 7 days after you become a member.

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 option 2.

When You Can Make Changes
You can change your PASSE if you wish. 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 special open enrollment in spring 2019.** In 2019, DHS will hold a special open enrollment periods in May.
- **During the annual open enrollment.** This is a 30-day period during which you can switch PASSEs. Typically, 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 1-844-843-7351 option 2.

Disenrollment
Only DHS can disenroll 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.
- You have been disenrolled, 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:

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 ARIA. DHS may then again enroll you in a PASSE. This may be Empower or another PASSE depending on DHS rules.

2. Language and Communication Help
Empower provides free services to help you communicate your needs. This includes:

- Sign language interpreters
- Written material in other formats. This includes large print, audio, and accessible electronic formats.

Empower also provides free translation help. This includes:

- Interpreters
- Information written in other languages

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

3. 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
  - Execute 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 the services listed in it
• Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
• Live in an integrated and supported setting in the community and have control over aspects of 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

Complaints
You have the right to:
• Make complaints (verbally or in writing) about staff, services, or the care given by providers
• Appeal if you don’t agree with a decision about your care. Empower processes your appeal rights as required under your benefit plan

Confidentiality
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 and authorized to receive under your PCSP, including your primary care provider
• Obtain needed, available, and accessible health care services covered under your plan

Claims and Billing
You have the right to
• Know the facts about any charge or bill you receive

4. Member Responsibilities

Company and Provider Information
You have the responsibility to:
• Provide 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 and site, if required by your plan
• Contact your Behavioral Health Provider, if you have one, if you are facing a mental health or substance use emergency.

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 and provider directory 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 with your plan, 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 and request that they be amended or corrected
• Receive information on available treatment options and alternatives, and have this information given in a reasonable way
• Free oral interpretation services for any Empower materials in any language
5. Covered Services

Empower covers all medically necessary Medicaid services. We cover the services at no cost to you. Some services require prior approval from Empower. Your doctor will contact Empower for any needed approvals. You do not need to contact us for approvals. Empower will not deny services due to moral or religious issues.

Covered services include:

- Adult developmental day treatment services
- Advanced nurse practitioners and registered nurse practitioner services
- Ambulatory surgical center services
- Audiologist services
- Burn therapy
- Chemotherapy
- Chiropractor services
- Critical access hospital
- Dialysis
- Early and periodic screening and diagnosis of individuals under 21 years of age and treatment of conditions found
- End-stage renal disease facility services
- Emergency services
- Eye prostheses
- Factor 8 injections
- Family Planning Services
- Federally qualified health center services
- Hearing aid dealer services
- Hearing aids, accessories, and repairs
- Home Health services
- Medical supplies, equipment, and appliances suitable for use in the home
- Durable medical equipment (DME)
- Augmentative communication devices
- Specialized wheelchairs
- Diapers/under pads
- Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency
- Hospice care
- Inpatient hospital services
- Intellectual disability services in an intermediate care facility (other than in an Institution for Mental Diseases)
- Laboratory services
- Maternity clinic services (limited to services before and after childbirth)
- Nurse anesthetist services
- Nurse-midwife services
- Obstetric-gynecologic and gerontological nurse practitioner services
- Occupational therapy
- Optical lab services
- Optometrist services
- Orthotic appliances
- Outpatient hospital services
- Outpatient surgical procedures
- Pacemakers and internal surgical prostheses
- Pediatric or family nurse practitioners’ services
- Personal care
- Pregnancy care, extended services
- Prescription drugs
- Private duty nursing
- Psychiatric inpatient services for individuals under age 21
- Psychologist services
- Podiatrist services
- Physical therapy and related services
- Physician services
- Radiation therapy
- Rehabilitative Services – Outpatient behavioral health services; Tier 1 services
- Rehabilitative hospital services - Extended
- Respiratory care services
- Rural health clinic services
- Speech therapy
- Tobacco cessation counseling
- X-ray services
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a Medicaid program that ensures that Medicaid members under age 21 are checked for preventable and treatable conditions. These conditions, if not found, could result in health problems and / or costly care. Empower will track the progress of all members younger than age 21. We will also do outreach to urge members to get EPSDT health screens using the American Academy of Pediatrics Guidelines. Once a condition is found but not covered under Medicaid, treatment may be allowed under EPSDT Special / Expanded Services if medical necessity is proven. EPSDT health screens that result in any care suggestions must be monitored to ensure follow up has occurred.

Family Planning Services

We have a network of Family Planning doctors where you can get family planning services. We cover the cost of contraceptives, including 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.

Your Care Coordinator

Every Empower member is part of our Care Coordination program. Care coordination is when health care teams and Empower 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 Person Centered Service Plan (PCSP). Your PCSP is made for you. It makes sure you have a team that know 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 the member to services and the team identified in the PCSP
- Helping the member 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
- Assessing 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, 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

6. Selecting or Changing Your Primary Care Physician

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

7. 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 right away if you have to cancel. We ask that you give at least 24 hours’ notice.

Urgent Care

Sometimes you need care quickly, but the issue is not life threatening. This is called urgent care.

Urgent care is not emergency care.

Some examples are:
• Minor cuts and scrapes
• Colds
• Fever
• Ear ache

Need urgent care? Call your PCP or Care Coordinator.

Reaching Your PCP After Hours

All Empower PCPs 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 receive care after regular office hours.

Emergency Care

A medical emergency is very serious. It could even be life threatening. An emergency puts you at risk for serious harm.

Examples of Emergencies
• Chest pains
• Severe bleeding
• Poisoning
• Breathing troubles
• Broken bones
What You Can Do in Case of Emergency
- Go to the nearest hospital
- Call 9-1-1
You do not need approval to visit the Emergency Room. No referral is needed either. 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 our members’ needs. You are encouraged to receive care in the Empower network. You must have prior approval to visit out-of-network providers. The only exceptions are for emergencies and for family planning services. For help finding an in-network provider call 866-261-1286 |TTY: 711. You can also look for providers on our website www.getempowerhealth.com.

8. Services Not Covered
Below is a list of services that Empower does not cover.
- Services that are experimental or investigational in nature
- Services that are provided by a provider that is not in the Empower network, unless Empower has given prior authorization
- Services that are provided without a required prior authorization
- Elective cosmetic surgery
- Infertility care
- Any service that is not medically necessary
- Services provided through local education agencies
- Extended stays in special needs facilities or nursing homes
- Other services excluded from the PASSE:
  - Nonemergency medical transportation
  - Dental benefits in a capitated program
  - School-based services provided by school employees
  - Skilled nursing facility services
  - Assisted living facility services
  - Human Development Centers (HDCs)
  - Waiver services provided to the elderly and adults with physical disabilities through the ARChoices in Homecare program or the Arkansas Independent Choices program
If you are unsure if a service is covered, call Member Services at 866-261-1286 |TTY: 711

9. Consumer Advisory Council
Empower members 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

10. 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
Compliance Officer
P.O. BOX 211446
Eagan, MN 55121
Phone: 844-478-0329
or
Office of the Medicaid Inspector General
Phone: 1-855-527-6644
https://omig.arkansas.gov/
11. Health Care Declarations in Arkansas/Advance Directives

Overview
Under Arkansas Law*, if you are a competent adult age 18 or older, you have the right to make decisions about your medical care. A declaration (advance directive) is a written decision you make about your future care in case you become unable to make the decision later. This includes the right to accept or refuse some forms of care. You might use a declaration if you became terminally ill or permanently unconscious. These declarations serve much the same purpose as "living wills".

Under federal law**, Medicaid certified providers must tell you about declarations. The law does not require you to make declarations. You should receive information about your rights, including the right to refuse treatment, when you are admitted to a hospital, nursing facility, hospice, or when you start home health services.

Service providers cannot discriminate against you based on whether you have a declaration. If a provider cannot meet your needs by following your instructions, they must try to refer you to another doctor. You have the right to make any declaration multiple times, make changes or end your declaration any time and in any way.

Suggested Forms of Declaration (Advanced Directive)
Arkansas law has two standard forms of declaration. One is related to terminal illness; the other is related to permanent unconsciousness. If you want to make a declaration, you can use either or both suggested forms. You can also use different wording. You can get forms or information on the forms from your doctor or a lawyer.

You should be aware that the standard forms might not include all the choices you can make. For example, you may wish to add more instructions. This might include whether you want to have water and food given to you through a feeding tube. If you have questions that your doctor can't answer, you may want to talk with a lawyer.

Choices in the Standard Forms of Declaration (Advanced Directive)
Each of the standard forms of declaration allow you to choose one of the following:

You can instruct your doctor to withhold or withdraw life-sustaining treatments that are no longer needed for your comfort, care, or to reduce pain; or

You can appoint someone else to act as your health care proxy (representative) in making health decisions. This includes the decision to withhold or withdraw life-sustaining treatment if you can't decide.

Steps for Completing a Declaration (Advanced Directive)
To be effective, your declaration(s) must be signed by you or your proxy. That signature must be witnessed by two people. Your declaration becomes effective when:

- The declaration is shared with the doctor responsible for your care
and
- Your doctor and another doctor agree that you cannot make decisions about the use of life-sustaining treatment

Revoking Your Declaration(s)
You can revoke a declaration at any time, no matter your condition. A declaration is revoked when you or your proxy share your desire with your doctor or a witness. You can revoke a declaration in any way. Examples include a written or oral statement, or by destroying the original and copies of the declaration.

Completing A Health Care Declaration for Another Person
If minors or adults are no longer able to make health care decisions, a declaration may be done by a person acting on their behalf. The law states that a declaration may be executed by the first of the following people available.

1. A legal guardian of the patient, if one has been appointed
2. The parents of the patient, in the case of an unmarried patient under age 18
3. The patient's spouse
4. The patient's adult child (or, if there is more than one, the majority of the patient's adult children participating in the decision)
5. The parents of a patient over the age of 18
6. The patient's adult sibling (or, if there is more than one, the majority of siblings participating in the decision)
7. Persons standing “in loco parentis” (in place of the parents) to the patient
8. The majority of the patient's adult heirs at law who participate in the decision
Safeguards
In addition, Arkansas law affords the following protections:
1. A patient may continue to make decisions about life-sustaining treatment so long as he or she is able to do so
2. The declaration of a terminally ill patient will not be followed for a pregnant woman if the fetus could develop to the point of live birth with life-sustaining treatment
3. Any doctor who is unwilling to carry out the instructions of a patient or proxy must take reasonable steps to transfer the care of such patient to another doctor who will do so
4. In Arkansas, it is improper for a doctor or insurer to either prohibit or require a declaration as a condition of receiving health insurance coverage or health care services
5. A declaration executed in another state in compliance with the law of that state is also valid for the purposes of Arkansas law
* A.C.A. 20-17-201, et seq. Other rights of minors are covered in A.C.A. 20-17-214.

12. Complaints, Grievances, and Appeals

Complaints/Grievances
Empower wants you to be happy with the care we provide. If you are not satisfied with your care, you can file a complaint or grievance. You can file by calling us at 866-261-1286 | TTY: 711. Our goal is to help you with any problem.
If you want to file a complaint or grievance in person, you can come to:
Empower Healthcare Solutions
1401 West Capitol Avenue, Suite 330
Little Rock, AR 72201
If you need help filing a complaint or grievance, let us know. Please call 866-261-1286 | TTY: 711.
You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You can call 800–868–1019, 800–537–7697 (TDD), or file online at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.

You can also mail your civil rights complaint to:
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F
HHH Building, Washington, DC 20201
Copies of Complaint forms are at www.hhs.gov/ocr/office/file/index.html.

Appeals
An appeal is how you ask us to review our actions. You might receive a letter of denial saying that a service is ending. If you do not agree with a denial, you can ask for an appeal. You have 60 days from the date on the letter of denial to file an appeal. To ask for an appeal, please call 866-261-1286 | TTY: 711. After you call, you must also mail a signed appeal within ten calendar days. You should send your letter to:
Empower Healthcare Solutions
P.O. Box 211446
Eagan, MN 55121
You may also ask for an appeal in person at:
Empower Healthcare Solutions
1401 West Capitol Avenue, Suite 330
Little Rock, AR 72201
After we receive your appeal, we will do a review within 30 days. We will send you a letter to inform you of our decision.
If waiting 30 days could be a risk to your health, you can ask for a faster decision. This is called an expedited appeal. We review these within 72 hours.
You may request a fair hearing and continuing benefits if you are not satisfied with the outcome of your appeal. This request must be made within ten days after the appeal decision is sent to you.
If you need help with an appeal, please call 866-261-1286 | TTY: 711.
You have the right to submit to the Department of Human Service Office of Appeals and Hearings within 30 days of the denial of services. If you would like to request a fair hearing you can submit the request to:
DHS-Office of Appeals and Hearings
PO Box 1437, Slot N401
Little Rock, AR 72203-1437

* A.C.A. 20-17-201, et seq. Other rights of minors are covered in A.C.A. 20-17-214.
Empower must continue to provide you benefits during the appeal process if you ask. The following must happen:

1. Your request for appeal is timely. This means the request is sent within ten days of receiving the denial or before the date the services would end, in accordance with 42 CFR Part 438.420.
2. The PASSE appeal involves the ending, stopping or reduction of something that was approved before;
3. The services were ordered by an approved provider;
4. The period covered by the original authorization has not expired; and

You can receive benefits until one of these happen:
• You withdraw the appeal
• You withdraw the request for benefits
• You do not ask for a fair hearing or to extend benefits within ten days of receiving the notice that the appeal was not decided in your favor.

Please note that if you do not win the appeal, you may have to pay for services received during the appeal process.

13. Reporting Abuse, Neglect, and Exploitation

Abuse can happen in many ways. For example:
• Physical abuse is when you are slapped or punched.
• Mental abuse is when you are threatened with words. It can also be when someone tries to control your social life or isolates you.
• Financial abuse is when someone uses your money without consent. That can include checks and credit cards.
• Sexual abuse is when someone touches you without your consent.

Neglect is when someone withholds basic needs from you. This could be food, clothing, shelter or medical care.

Exploitation is when someone takes or misuses your things. This can include your money.

To report any issues, you can call Member Services at 866-261-1286 | TTY: 711. All reports are kept private. You may also call:
• Child Abuse Hotline: 1-800-482-5964
• Adult Protective Services: 1-800-482-8049

14. Privacy Notice

This 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 This Document?

This document, called 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 empower@empowerhcs.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.
15. Authorization for Disclosure of Confidential Information

It is important that your health information is shared with Empower and all your providers, so you get the best care. Providers need your permission to talk to each other. Your Care Coordinator can help you review and fill out the form on the next page. He or she will help you understand what is and is not being shared about you.

SECTION 1: Whose Health Care Information is to be Released?

I, ____________________________ (Member Name) authorize Empower (or any Empower subsidiary holding my information) to disclose my health care information as described below.

Additional Member Identifying Information: Member ID#: ____________________________ DOB: ___ / ___ / ___

Name of Health Plan: ________________________________________________________________

SECTION 2: Identify the Person, Provider, or Entity to Disclose the Information

Arkansas Empower PASSE
Name - Arkansas Empower PASSE
Address – 1401 W. Capitol Ave, Ste 330;
Little Rock, AR 72201
Phone – Toll Free - (866) 261-1286
Fax – (888) 614-5168

Physical Health Plan/Medical Provider

Name
Address
Phone
Fax

Substance Use Disorder Provider

Name
Address
Phone
Fax

Mental Health Provider

Name
Address
Phone
Fax

Other (please specify)

Name
Address
Phone
Fax

Is it ok to include information from past, present, and/or future treating provider(s)?: ☐ Yes  ☐ No
SECTION 3:
Why Should This Health Care Information Be Released?
Reason ("At my request" is an acceptable response):

Specify, if possible:
- Care Coordination/Management
- Claim Assistance Quality of Care Review
- Other (Please explain reason):

(Initials: ______) Date: ____________________________

SECTION 4:
What Health Care Information May Be Released?
Information to Which This Authorization Applies:
42 CFR regarding substance abuse confidentiality requires as limited information be disclosed as possible. BY INITIALING the following items, you are authorizing all those involved in my treatment to disclose the following specific types of information to the person(s) identified in Section 2 above:

Physical and Mental Health
(Initials: ______) All health information pertaining to any medical history, mental or physical condition, and treatment received (including services provided at a Community Mental Health Center and/or information related to HIV/AIDS status) in the possession, custody or control of the parties identified in this document, regardless of when such information was generated. This authorization does not include substance abuse records.

Substance Abuse
(Initials: ______) I specifically authorize the release of personal health information from my drug and alcohol assessment. The recipient of drug and/or alcohol abuse information disclosed as a result of this Authorization will need my further written authorization to re-disclose this information. 42 CFR §2.32 restricts any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

Optional:
- Claims info
- Authorizations
- Explanation of benefit letters
- Denials/Appeals info
- Clinical notes

Specific Information
(Initials: ______)
Other health information, please specify

SECTION 5:
How Long Should This Authorization Last?
This authorization shall be in force and effect for up to one year or until I revoke it, in the manner described below or until (insert expiration date or event)
(whichever is shorter).
SECTION 6: What Are My Rights?
Understand and Agree to the following:
I have the right to review the information that is being disclosed;
The recipient of this disclosed information does not have my permission to re-disclose it; however, I understand that this information may be at risk for re-disclosure by the recipient, and no longer protected by federal privacy laws;
A provider cannot condition my treatment on whether I sign this authorization.
You have a right to revoke this authorization at any time. But if you revoke this authorization, the revocation will not affect the disclosure of any information that Empower has already sent to the recipient.
This Release pertains only to information obtained by the coordinating agency, and does NOT include the member’s chart, housed at the provider’s office.
If you authorized release of alcohol or substance use information to a healthcare organization that is not your treating provider, for the next two years, you have the right to find out who within that organization actually saw your information. You should contact the organization directly for that information.
The coordinating agency will not receive compensation from a third-party for using or disclosing this information, and
I have the right to a copy of this form after I sign it.
I would like a copy of this form: ☐ Yes ☐ No

(Initials: _____) Date: ________________________________

Signature of the Member or the Member’s Legally Authorized Representative

Date

Print Name

Signature of the Individual and/or the Individual’s Legally Authorized Representative**

Date

Relationship to the Individual/Member:
☐ Self
☐ Parent of Minor Child
☐ Legally Authorized Representative (Legal Guardian)**

Nature of relationship

Witness Name

Date

Witness Agency:

** Anyone over 14 years of age must sign this release for themselves, if substance abuse information is to be released. If mental health information is to be released and the individual is under 18 years of age, then the Legally Authorized Representative must also sign. If the Individual has been adjudicated and found to be incompetent in a court of law, the Legally Authorized Representative may sign this consent form on behalf of the Individual. Examples would be a health care power of attorney, a court order, guardianship papers, etc. A financial or business power of attorney is NOT sufficient. If you are signing as a Legally Authorized Representative attach a copy of the appropriate legal document(s) granting you the authority to do so. You do not have to attach copies of documents if you already have those documents on file with Arkansas Empower PASSE. My legal documents granting authority to act on the individual’s behalf are already on file with Arkansas Empower PASSE:

☐ YES (Initials: _____) Date: __________________________