

# Empower Healthcare Solutions Arkansas Waiver Association (AWA) Conference

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July 11, 2018



# Agenda

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- **Empower Healthcare Solutions (Empower)**

- Who We Are
- Our Mission/Values
- Beacon Health Options
- Consumer Advisory Councils

- **Provider-led Arkansas Shared Savings Entity (PASSE)**

- What is a PASSE
- Why a PASSE
- What is happening in Phase 1
- What will happen in Phase 2

- **Care Coordination/Case Management**

- What is Care Coordination
- How Empower will provide

- **Moving to Phase 2**

- Provider/Member Engagement
- Examples of Alternative Payment Arrangements

# Empower Healthcare Solutions (Empower)



# Who is Empower Healthcare Solutions

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- Empower Healthcare Solutions is a Provider-led Arkansas Shared Savings Entity (PASSE)
- Empower has been certified as a Risk-Based Provider Organization by the Arkansas Insurance Department

# Mission/Values

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## 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.

## VALUES:

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|-----------------|----------------|------------|
| + Community     | + Respect      | + Advocacy |
| + Collaboration | + Independence | + Recovery |

# Values

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**Community**-We strive to provide individuals with resources in order to live in their community.

**Respect**-We meet the individuals we serve where they are and treat them with dignity.

**Advocacy**-We will support the individuals we serve and seek out resources and opportunities to make change on their behalf.

**Collaboration**-We will work with the individuals we serve and seek out their input regarding their treatment.

**Independence**-We acknowledge that individuals have a right to live independently and will seek out resources to assist in maintaining this for those we serve.

**Recovery**-Our goal is for individuals to meet their goals in order to recover to their best functioning.

# Beacon Health Options

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- Will provide/oversee all administrative operational functions
  - Utilization Management to include all IDD/DD and Behavioral Health Services authorizations
  - Care Coordination/Case Management
  - Process claims for payment
  - 24 hour call center operations to include Care Coordinators and Nurses
  - Provider Education on utilization of Technology, and Clinical topics
  - Contracting/Credential Network

# Beacon has a 30-year history providing managed specialty health care services

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- Headquartered in Boston; more than 70 US locations
- 4,500+ employees serving 40 million people across the country
- 180 Employer clients; 43 Fortune 500 companies
- Partnerships with 65 health plans
- Programs serving Medicaid recipients in 25 states and the District of Columbia
- Serving 5.4 million military personnel and their families
- Accreditation by both URAC and NCQA





# Consumer Advisory Councils (CAC)

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- Act 775 mandates that each PASSE have a consumer advisory council that meets at least quarterly
- The CAC must include
  - a consumer of intellectual/developmental disabilities services,
  - a consumer of Substance Use Disorder services and,
  - a consumer of behavioral health services
- The CAC reviews member satisfaction surveys, grievances, and member communications
- The CAC makes recommendations to the Medical/Quality Management Committee
- Empower plans to have CAC subcommittees located in the five public health regions reporting up to the CAC

# Provider-led Arkansas Shared Savings Entity (PASSE)



# What is a PASSE?

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- A PASSE is a Provider-led Arkansas Shared Savings Entity
- Created by Act 775
- DHS defines the PASSE as “A new model of Organized Care that will address the needs of certain Medicaid Beneficiaries who have complex behavioral health and intellectual and developmental disabilities service needs.”
- Provider-led in that providers must own at least 51% of the new company
- To learn more about the PASSE program visit Medicaid’s website at:  
[www.medicaid.state.ar.us/general/programs/passe.aspx](http://www.medicaid.state.ar.us/general/programs/passe.aspx)

# Why a PASSE?

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- Act 775 requires that certain providers must have ownership interest in a PASSE:
  - Behavioral Health Service Provider
  - Intellectual/Developmental Disabilities Service Provider
  - Primary Care Practice
  - Pharmacist
  - Hospital
- The Provider-led model supports communication across all service providers to encourage holistic treatment. This will assist in reducing any duplication of services across providers thus creating savings in the system.
- To track/improve individuals outcomes and to ensure members receive high quality care
- To promote treatment in the least restrictive setting

# PASSE Phase 1: February 1, 2018-December 31, 2018

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- Prior to assignment to a PASSE, the member will receive an Independent Assessment (IA). Optum is the vendor responsible for the IA process. Their contact number is 844-809-9538.
- If a member is determined by the IA to be Tier 2 or Tier 3, he/she will be assigned to a PASSE
- Members will be assigned to a particular PASSE based on an algorithm created by DHS
- The member will receive a letter from DHS, and then a welcome letter from his/her PASSE
- The member should expect a call from his/her Care Coordinator to meet face to face to develop a Treatment Plan
- The Care Coordinator will help the member facilitate his/her total care

## Phase 2: January 1, 2019

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- The Department of Human Services (DHS) will make a payment monthly to a PASSE to cover administration and benefits for each member
- PASSEs are and will continue to be certified and regulated by the Arkansas Insurance Department
- PASSEs will be responsible for the total member experience, including Care Coordination/Case Management
- This model will create more flexibility in the array of services offered to members

# Provider/Member Engagement

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- ✓ Ongoing trainings and town halls throughout Arkansas, **we need to hear from you** as we work together to finalize our clinical programs and transition Case Management to the PASSE
- ✓ **Participation in our Regional CAC subcommittee model**, you are experts in serving Empower's members with IDD/DD. All member materials are reviewed by our CAC.
- ✓ Visit our website at [getempowerhealth.com](http://getempowerhealth.com). The website provides **resources for our members** as well as our Referral Network Directory. Also new is a video on our Care Coordination services and Member Handbook.

# Care Coordination/Case Management





# What is Care Coordination

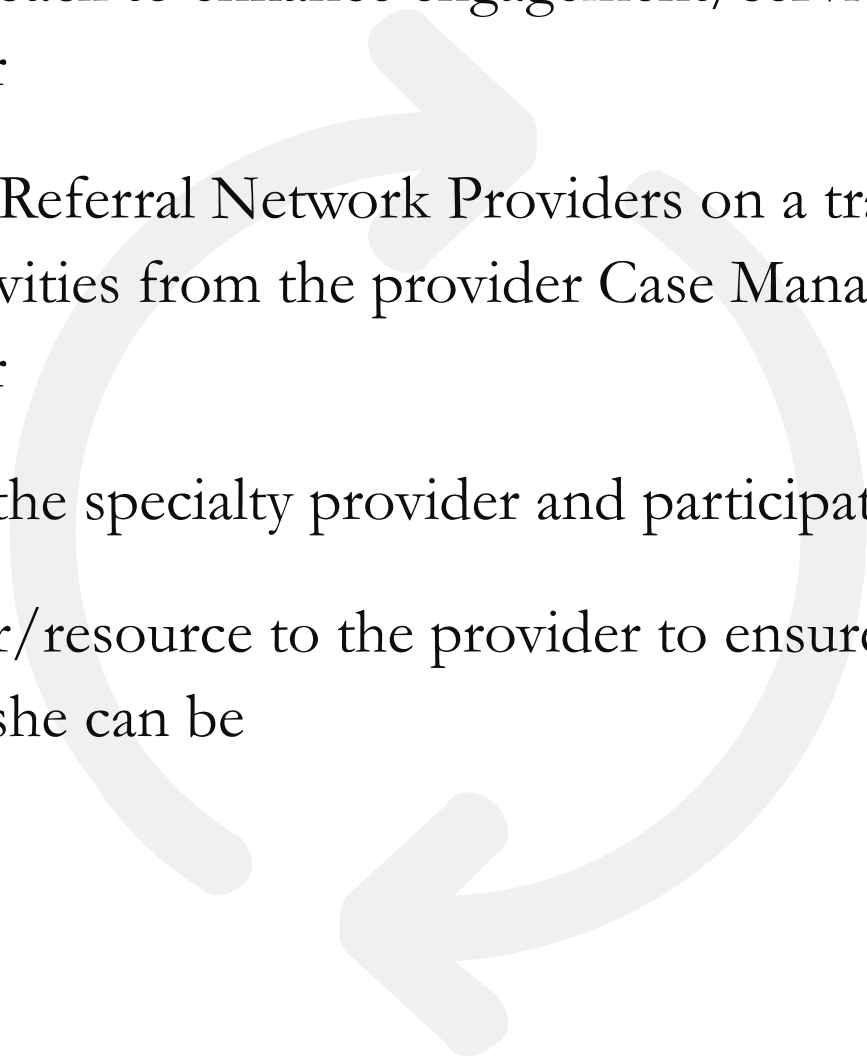
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- The Care Coordinator will ensure that services are coordinated amongst all of an individual's service providers
- The Care Coordinator will obtain Treatment Plans from all of the individual's providers
- A holistic Plan of Care will be developed with each individual addressing his/her needs
- Collaboration/coordination will occur ongoing with the specialty care provider



# How Empower Will Approach Care Coordination

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- Utilize CAC feedback to enhance engagement/services provided by the Care Coordinator
  - Collaborate with Referral Network Providers on a transition of Case Management activities from the provider Case Manager to the Empower Care Coordinator
  - Coordinate with the specialty provider and participate in Team Meetings
  - Serve as a partner/resource to the provider to ensure that an individual is as healthy as he/she can be
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# Thank you

*from*



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