



Legislative Info Request – June 30, 2021

The Senate and House Public Health, Welfare and Labor Committees are requesting a quarterly report from the PASSEs and DHS which contains the following information in an effort to keep informed about the effectiveness and impact of the PASSEs.

1. Description of the client base or profile of the type of clients in each PASSE which would include information like; # of clients in each PASSE, % of Developmental Disabled Clients, % of Behavioral Health Clients, % medically fragile adults and kids clients in each PASSE.

Empower Healthcare Solutions currently serves approximately 19,684 members throughout Arkansas (up from 18,958 in January 2021).

- 65.9% Behavioral Health Children
- 23.8% Behavioral Health Adults
- 6.4% IDD Adults
- 3.2% IDD Children

In addition, nearly 1200 Empower members are identified as medically fragile and receive comprehensive medical case management support.

2. Does your PASSE have a customer satisfaction survey? If so, what are the responses?

Each year Empower conducts the CAHPS* Survey as established by the Agency for Healthcare Research and Quality. The primary purpose of this survey is to increase understanding of the member experience with regard to healthcare access and satisfaction, as well as identify any areas for improvement efforts.

CAHPS results** are placed on a scale of 1 to 5, with 5 representing the highest score.

Highlights from our most recent CAHPS survey include the following:

- Overall Satisfaction: 4.5
- Satisfaction with Getting Needed Care: 5.0
- Satisfaction with Plan Physicians: 3.5
- Rating of Personal Doctor: 4.0
- Satisfaction with Plan Services: 4.0

**Consumer Assessment of Healthcare Providers and Systems*

***Survey results are collected and analyzed independently by SPH Analytics*

In an effort to improve satisfaction with plan services, Empower also launched a new Customer Satisfaction Survey through our phone-based customer-service centers on June 1. This new survey tool will enable more timely feedback from both members and providers to help Empower identify areas of opportunity and direct specific performance improvement activities.

3. How has the change in state minimum wage rates impacted your PASSEs bottom line?

At this point, no direct impact has been experienced by Empower. However, the minimum wage increase is likely impacting service providers across the state. As a result, this issue could potentially motivate providers to engage in contract negotiations requesting higher reimbursement rates to offset increases in staffing cost. This could ultimately lead to increased premium capitation rates paid to the PASSE program. Empower will continue to observe such developments and review for any additional impacts.

4. # of claims submitted by providers, monthly, quarterly, yearly? % of claims paid timely (7 days) by the PASSE? % of claims denied by the PASSE? Monthly, quarterly, yearly Average time to get a claim paid?

Currently Empower receives approximately 130,000 claims/month on average (roughly 1.6M/YR).

Approximately 76% of these claims are processed through auto-adjudication rules to help ensure timeliness.

- 100% processed in 60 days or less
- 99% processed in 30 days or less
- 80% processed in 7 days or less

Once adjudication is completed, payments are loaded for check-run and 3 payment cycles are processed each week.

Approximately 9% of total claims received are denied through first-pass processing.

Most frequent reasons for claim denial:

- Coordination of benefits (member has other insurance coverage)
- Duplicate claim
- Member not eligible on date of service
- Claim not submitted timely
- Prior authorization required
- Claim filing errors (incomplete provider data, code errors, etc.)

5. Is the PASSE getting timely information and questions answered by DHS?

Yes. Empower maintains a very positive working relationship with DHS staff. We expect regular communication and collaboration to continue in support of overall PASSE program success.