Reminder –Benefit Policies, Prior Authorizations and Pharmacy Information

Please see the table below for helpful reminders and tips!

Benefit Coverage Policies

Log in at **hap.org**, select *More, Benefit Admin Manual.* You can easily search for policies by term, code, or phrase. To see changes from the previous month, select *Recent Changes*.

Prior Authorizations

Requirements

Log in at **hap.org**, select Quick Links, *Procedure Reference Lists.* You can easily search by code to see if an authorization is required. To see changes from the previous month, refer to the *Summary of Changes*.

Electronic Submission Requirement

Per Michigan Senate Bill 247, health care providers are required to submit prior authorization requests electronically. Faxes are not allowed. While this requirement is specific to members in commercial plans, you should submit requests electronically for members in all HAP plans. It's the most efficient process!

You can find our online application, CareAffiliate, when you log in at **hap.org** and select *Authorizations.*

Help or access issues with online authorization application, CareAffiliate

Email **providernetwork@hap.org** and put "CareAffiliate help" in the subject line and be sure to include:

- Provider Name; NPI 1 and NPI 2 (if appropriate) and Tax ID.

Requests to Non-Par Providers

You should always refer HAP members to HAP participating providers. You must obtain prior authorization to refer a HAP member to a non-participating provider. The reason for the referral is also required (e.g., second opinion; service is not available with a HAP par provider).

Urgent Requests

Per the Centers for Medicare & Medicaid Services (CMS), "urgent" should only be used when applying the standard timeframe could seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function. Prior authorization requests marked "urgent" for services that have already started or been rendered will be processed as post-service requests.

- **Urgent service.** Meets the CMS urgent definition. Requests determined within 72 hours.
  - Log in at **hap.org**; select *Authorizations. Event classification* = **pre-service urgent.**
  - Call **(313) 664-8950** (Monday-Friday from 8 a.m. to 4:30 p.m.)
- **Pre-service.** Service scheduled in 72 hours that does **not** meet the CMS urgent definition. Requests determined within 14 days for Medicare members; 15 days for Commercial FEHB and ASO members; 7 days for all other Commercial members.
  - Log in at **hap.org**; select *Authorizations. Event classification*= **pre-service.** Follow up by calling **(313) 664-8950** (Monday-Friday, 8 a.m. to 4:30 p.m.). Request authorization be processed quickly.
- **Retro or post-service.** Service already occurred prior to the authorization submission date. Requests determined within 14 days for Medicare members; 30 days for Commercial FEHB and ASO members; 7 days for all other Commercial members.
  - Log in at **hap.org**; select *Authorizations. Event classification* = **post-service.**
    Note: These requests should never be marked urgent.

Pharmacy Information

Prior authorizations – choose the correct *Request Type* in the online application

There are a few choices related to specific drugs. Otherwise, you need to select one the choices below and ensure you are choosing the correct location for administration (home infusion, infusion center, or office).

- DRUG-General Request-HOME INFUSION admin
- DRUG-General Request-INFUSION CENTER admin
- DRUG-General Request-OFFICE admin

Submitting Prior Authorization Requests for Part D Drugs

Electronically through CoverMyMeds platform Helping People get the Medicine They Need | CoverMyMeds

Formularies: Visit https://www.hap.org/providers/provider-resources, select *Formularies*

Policies: Log in at **hap.org,** select *Resources*, *Working with HAP*, *Policies and Procedures.*