



## Monthly Reminder – Prior Authorizations

Prior Authorization Information	
<b>Requirements</b>	Log in at <b>hap.org</b> , select Quick Links, <i>Procedure Reference Lists; Services that require Prior Authorization list</i> . Search by code to see if an authorization is required.
<b>Electronic submission requirement</b>	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 <b>hap.org</b> and select <i>Authorizations</i> .
<b>Help/access issues with online application</b>	Email <b>providernetwork@hap.org</b> and put "CareAffiliate help" in the subject line and be sure to include: Provider Name, NPI 1 & NPI 2 (if appropriate) & Tax ID.
<b>Requests to non-par providers</b>	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). You should always refer HAP members to HAP participating providers.
Urgent Prior Authorization Requests	
Per 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. See submission guidelines below.	
<b>Urgent service that meets the CMS urgent definition</b> (Requests determined within 72 hours)	<ul style="list-style-type: none"> <li>Log in at <b>hap.org</b>; select <i>Authorizations</i>. <i>Event classification = pre-service urgent</i></li> <li>Call <b>(313) 664-8950</b> (Monday-Friday from 8 a.m. to 4:30 p.m.)</li> </ul>
<b>Pre-service—a service scheduled in 72 hours that does not meet the CMS urgent definition</b>	Requests determined within 7 days for Medicare members; 15 days for Commercial FEHB and ASO members; 7 days for all other Commercial members <ul style="list-style-type: none"> <li>Log in at <b>hap.org</b>; select <i>Authorizations</i> <i>Event classification = pre-service</i></li> <li>Follow up by calling <b>(313) 664-8950</b> (Monday-Friday, 8 a.m. to 4:30 p.m.) Request the authorization be processed quickly.</li> </ul>
<b>Retro/post-service request—service already occurred prior to authorization submission date</b>	Requests determined within 7 days for Medicare members; 30 days for Commercial FEHB and ASO members; 7 days for all other Commercial members <ul style="list-style-type: none"> <li>Log in at <b>hap.org</b>; select <i>Authorizations</i> <i>Event classification = post-service (Never mark these requests urgent)</i></li> </ul>
Pharmacy Prior Authorization Requests	
<b>Requirements</b>	Log in at <b>hap.org</b> , select Quick Links, <i>Procedure Reference Lists; Services that require Prior Authorization list</i> . Search by generic or chemical drug name.
<b>Submitting online requests</b>	In the online authorization application, be sure to choose the correct <i>Request Type</i> . There are a few choices related to specific drugs. Otherwise, select "DRUG-General Request." Be sure to choose the correct location for administration (home infusion, infusion center, or office).
<b>Part D drugs</b>	Submit electronically through the <b>CoverMyMeds website</b> .