In This Issue:

Coming Soon—Combined Online Admissions and Referral Systems
Physical Therapy Services
ICD-10 Webinars Coming!
Admissions and Observation Stay Process Change
Member Hold Harmless Policy
HEDIS® Data Abstraction
 Expedite Your Authorizations from CareCore National
HAP Midwest Health Plan
Reminder: Change in Process for Claims Adjustments
Genesys Choice and Henry Ford Choice
HAP Health Engagement
Benefit Administration Manual Updates

Coming Soon—Combined Online Admissions and Referral Systems

We are updating and combining our online admissions and referral systems into one platform in July 2015. Some of the benefits include:

- Quicker approvals for prior authorization requests that meet evidenced based criteria
- Pre-populated authorization requests resulting in less data entry
- Ability to attach clinical documentation when submitting an authorization leading to decreased phone calls
- Expanded character limitations within each text box to capture more information needed to submit an authorization

Watch for updates in the coming months when you log in at hap.org and look for CareAffiliate in Quick Links.

Physical Therapy Services

Recently, Michigan passed a law that says a prescription is not required for physical therapy services. However, health plans may still require one.

HAP’s policy has not changed. A prescription is required for physical therapy services.
ICD-10 Webinars Coming!

A Payers Collaboration consisting of HAP, Blue Cross Blue Shield, Humana, Priority Health and UnitedHealthcare are working together to provide valuable information to the provider community about transitioning to ICD-10.

The Payers Collaboration will host a series of hour-long webinars by specialty on Thursdays at noon (Eastern Standard Time). Some of the benefits of these webinars include:

- Drill down into diagnosis codes common to specialties and see how they are affected by ICD-10
- Suggested transition checklists help minimize disruption in the move to ICD-10
- Free ICD-10 testing options offered to help assess coding proficiency
- Confidence that the payers will be prepared to handle ICD-10 coded claims and encounters on Oct. 1, 2015

CME credits are not offered for these webinars.

Webinar Schedule

Information on future webinars can be found when you log in at hap.org and select ICD-10 Compliance under Quick Links.

Admissions and Observation Stay Process Change

Effective June 1, 2015, HAP nurses will no longer be using standard InterQual criteria as a screening tool for certain diagnoses. Instead, a modified version of the criteria will be used. This will assist in determining whether observation stays and inpatient admission requests are needed. Diagnoses include:

- Acute kidney injury
- Abdominal pain
- Anemia
- Atrial Fibrillation
- Cellulitis
- COPD
- Deep vein thrombosis
- DKA
- Hyperglycemia
- Hypertension
- Infection
- Nephrolithiasis
- Osteomyelitis
- Sepsis and SIRS
- Syncope
- Vaginal bleeding

The changes to the criteria have been made to improve the initial screening process by HAP’s nursing staff. Details of any changes, including reference to the specific InterQual sections affected, can be found when you log in at hap.org. When necessary, HAP also reviews and modifies certain criteria, including InterQual. Look for announcements regarding changes in the Provider Newsroom.

Please remember, observation or admission requests that do not meet criteria will be forwarded to a HAP medical director for determination.

If you have any questions, please contact our Admissions and Transfers team at (313) 664-8833, option 3.
Member Hold Harmless Policy

Please be reminded that HAP’s policy on balance billing members—Member Hold Harmless—along with our approved Waiver-Patient Financial Responsibility form can be found when you log in at hap.org and select Working with HAP; Policies and Procedures.

If you choose not to use HAP’s waiver form, you can use your form but it must include the following:

- Patient Name
- Date of service
- Specific service requested
- Patient signature and date

The form must also identify (select all that apply) whether the:

- Patient requested services that are not covered by his/her health plan Subscriber contract
- Patient has been advised that he/she needs an authorized referral for services to be rendered today but this office has yet to obtain the authorized referral; yet the member is requesting service without obtaining prior authorization.
- Patient has been advised that he/she is not assigned to the physician rendering service yet the member is requesting to be seen by provider

HEDIS® Data Abstraction

The 2015 Healthcare Effectiveness Data and Information Set (HEDIS) medical record data abstraction process is currently underway and we need your help.

HAP has contracted Public Health Sciences (PHS) to perform HEDIS medical record data abstraction on its behalf in the physician offices. PHS’s role is covered by HIPAA, which ensures that your patients’ protected health information (PHI) will remain confidential and safe.

The abstraction process began in February and ends in May. Prior to the onsite review, PHS will contact your office to schedule a visit and explain the data collection process. We may also ask your office to send copies of chart components via mail or fax for HAP review.

Your cooperation in extending your courtesy to PHS is very much appreciated.

Expedite Your Authorizations from CareCore National

Cardiac imaging, musculoskeletal procedures, radiation therapy and high-tech radiology services require clinical review and prior authorization from CareCore National (CareCore). Prior authorization is not required for:

- Echocardiography, echo stress tests, radiation oncology and radiation therapy for HAP members who are under 18 years of age. Please see the Referral Requirement List when you log in at hap.org. A signifier of “AGE” will be next to the code.
- Certain add-on codes found in the cardiology, musculoskeletal management and radiation therapy programs. Please see the Referral Requirement List for updates when you log in at hap.org.
Requesting Prior Authorization

The most efficient way to obtain authorization from CareCore is via its website at www.carecorenational.com. It’s important to have the patient’s chart available so that you can easily provide the following:

- Insurance information
- Member information (name, ID number, DOB)
- Ordering physician information (name, address, TIN/NPI)
- Servicing provider information (name, address where test is to be performed)
- CPT and ICD-9 codes
- Symptoms
- Results of previous studies
- Complete clinical information. This will minimize the need for further review by a CareCore clinical nurse or medical director.

You can also obtain prior authorization by phone at (800) 420-3471, option 2. Initial requests for authorization are no longer accepted by fax.

Following this process will help ensure efficient and timely processing of your prior authorization requests.

HAP Midwest Health Plan

HAP Midwest Health Plan is a for-profit, licensed HMO based in southeast Michigan and a wholly owned subsidiary of HAP that serves more than 90,000 members. HAP Midwest Health Plan contracts with the Michigan Department of Community Health to provide services to Medicaid members including:

- Children’s Special Health Care Services enrollees
- Dual Eligible enrollees
- Healthy Michigan Plan members
- MIChild beneficiaries

Participating Network

The HAP and HAP Midwest Health Plan provider networks are separate networks. HAP Midwest Health Plan has its own network of the leading PCPs, specialists, hospitals, federally qualified health centers, local health departments, children’s multispecialty clinics and nonemergent transportation vendors.

If you have a contract with HAP Midwest Health Plan then you are considered a participating provider with HAP Midwest Health Plan.

Contacting HAP Midwest

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<tr>
<th>For</th>
<th>Contact</th>
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<tbody>
<tr>
<td>Questions about HAP Midwest</td>
<td>(888) 654-2200, press 2 after the prompt, then 3 for Provider Relations</td>
</tr>
<tr>
<td>Access to the HAP Midwest provider portal</td>
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<tr>
<td>Password changes</td>
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Reminder: Change in Process for Claims Adjustments

Use HAP’s online claims application for claims adjustments. Simply:

1. Log in at hap.org
2. Select Claims
3. Search for the claim(s) that you wish to appeal
4. Select from one of three options

<table>
<thead>
<tr>
<th>Option</th>
<th>Use when</th>
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<tbody>
<tr>
<td>Appeal-referral appeal</td>
<td>Claims and authorizations do not match</td>
</tr>
<tr>
<td>Payment Amount-Underpayment</td>
<td>You think HAP did not pay the appropriate amount for a claim based on your contracted rates</td>
</tr>
<tr>
<td>Payment Amount-Overpayment</td>
<td>You think HAP paid you too much for a claim per your contracted rates</td>
</tr>
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**Note:**
- For any appeals that do not fall into one of the options above, please select option 2—Payment Amount-Underpayment
- If “Ineligible” displays in the column “Request Appeal,” contact Provider Inquiry at (866) 766-4661

5. Include the required information in the notes section:
   - Reason for submitting appeal/adjustment request
   - Contact name
   - Phone number
   - Email address (add this in the notes field)

Step-by-step instructions can be found in the Billing Manual and on the Claims application under Need Help.

We appreciate your cooperation in adhering to this new process. We are confident this will eliminate duplication and ensure a more efficient, timely means of resolution.
Genesys Choice and Henry Ford Choice

HAP has a variety of cost-sharing and coverage options available for individuals and small groups, offered both on and off the Marketplace, through an agent/broker or directly through HAP. In addition to the HMO and PPO networks, HAP has two High Performing HMO Network options—Genesys Choice and Henry Ford Choice. Details of both are outlined below.

Genesys Choice Network

- Available to residents and businesses in Genesee County
- Members select a PCP in the Genesys Choice network
- Receive specialty care and other services from providers in the Genesys Choice Network

The following facilities are associated with this network:
- Genesys Regional Medical Center
- Affiliated urgent care centers
- Select HAP HMO contracted ancillary providers who participate in the Genesys Choice Network. Be sure to visit hap.org/gcdocs to confirm participation of a specific ancillary provider before referring or arranging for patient care.

In special cases, patients may be referred to a specialist at one of the following:
- Hurley Medical Center
- Henry Ford Hospital (main campus only)
- C.S. Mott Children’s Hospital
- University of Michigan Hospital

Henry Ford Choice Network

- Available to businesses and residents in Macomb, Oakland* and Wayne counties
- Members select a PCP in the Henry Ford Choice network
- Receive specialty care and other services from providers in the Henry Ford Choice network

* Excludes the following zip codes in Oakland County: 48356, 48357, 48346, 48348, 48359, 48360, 48362, 48442, 48370, 48371, 48462, 48367, 48350

The following facilities are associated with this network:
- Henry Ford Hospital
- Henry Ford Kingswood Hospital
- Henry Ford Macomb Hospital – Clinton Township
- Henry Ford Macomb Hospital – Mount Clemens
- Henry Ford Macomb Physical Rehabilitation Center
- Henry Ford West Bloomfield Hospital
- Henry Ford Wyandotte Hospital
- Select HAP HMO contracted ancillary providers who participate in the Henry Ford Choice Network. Be sure to visit hap.org/hfcdocs to confirm participation of a specific ancillary provider before referring or arranging for patient care.
- Affiliated urgent care centers

In special cases, patients can be referred to a specialist at one of the following:
- C.S. Mott Children’s Hospital
- University of Michigan Hospital
ID Cards for Choice Products

Genesys Choice ID Cards

If you are part of the Genesys network you can see patients with these ID cards. Note Genesys Choice in the right corner.

Henry Ford Choice ID Cards

If you are part of Henry Ford Medical Group or Henry Ford Physician Network you can see patients with these ID cards (note Henry Ford Choice in the right corner).
HAP Health Engagement

HAP’s Health Engagement Program rewards members for making healthy choices by saving them on their out-of-pocket costs. There are two separate programs under Health Engagement:

- **Aspire**: participation-based and rewards employees who make attempts to improve their health
- **Achieve**: outcomes-based and rewards employees who achieve specific health goals

Members in either option must see a HAP-affiliated primary care physician or approved specialist (Cardiologist, Endocrinologist, OB/GYN, and Geriatric Specialist only) to complete and submit their Member Qualification Form (MQF) that attests to their healthy lifestyle or efforts to achieve this status.

Health Engagement Reminders

Last year, the features below were added to the Health Engagement Achieve program due to HIPAA wellness program rules.

- We cannot fail participants for not meeting a wellness target identified on their MQF. For example:
  - If a member’s blood pressure was above the lifestyle target and they are taking medicine to help control it, they should receive points.
- We must offer reasonable alternatives to participants if they are unable to meet a wellness target identified on their MQF which includes:
  - Allowing the participants to work with their physicians to develop their own alternatives
  - Contacting HAP’s Customer Service to discuss all programs that are available
- There are no time restrictions for completing the treatment plan

Member Qualification Form

- Information about reasonable alternatives is on the form
- Instructions for completing the form are on the back
- Online form submissions will receive $30 reimbursement
- Faxes are still acceptable but will not receive reimbursement
- Use code 99080 when billing
Benefit Administration Manual Updates

For a brief description of each policy update or change, log in at hap.org and select Benefit Administration Manual (BAM), Recent Changes.

Effective April 1, 2015

- Ablation for Hepatic Lesion
- Adoptive Immunotherapy
- Airway Clearance Device
- Anesthesia for Gastrointestinal Endoscopic Procedures
- Artificial Heart
- Blepharoplasty/Blepharoptosis repair/brow Ptosis repair for Senior Plus and Alliance Medicare PPO Members
- Bone-Anchored Hearing Aid (BAHA)
- Cervical Cancer Screening Visualization Technologies
- Coma Stimulation
- Corneal remodeling
- Electrical Bone Growth Stimulator
- Endoscopic Anti-reflux procedures
- Extracorporeal Immunoadsorption
- Genetic Expression Assays for Breast Cancer Prognosis
- Genetic testing for Retinoblastoma
- High intensity focused ultrasound (HIFU)
- HIV drug susceptibility and resistance tests
- Home health Aide (HHA) services
- Home Traction Devices
- Hyperhidrosis treatment
- Indocyanine Green Angiography
- Injectable bulking agents for urinary conditions and fecal incontinence
- Intraocular lens implant
- Low Level Laser treatment
- Magnetoencephalography
- Neuropsychology testing
- Oral Cancer Screening Systems
- Photodynamic therapy
- Photopheresis (Extracorporeal Photochemotherapy)
- Plantar Fasciitis treatments
- Sacroiliac (SI) joint fusion
- Surgical treatment of Obstructive Sleep Apnea (OSA)
- Stem-Cell Transplant for Chronic Myelogenous Leukemia (CML) & Chronic Lymphocytic Leukemia (CLL)
- Stem-Cell Transplant for Non-Hodgkin Lymphoma
- Tissue-Engineered Skin Substitutes
- Transcranial Magnetic Stimulation
- Tumor In Vitro Chemo-sensitivity and Chemo-resistance assay
- Tumor Markers for Cancer
- Umbilical cord blood/Stem cell banking
- Vagus Nerve Stimulation
- Varicose vein treatments
- Ventricular Assist Device