



Working with HAP, Alliance, ASR, and PCN

Who We Are

<p>Health Alliance Plan (HAP) A Michigan-based, non-profit health plan that provides health coverage to individuals and companies of all sizes. Note: In this document, any reference to HAP is related to:</p> <ul style="list-style-type: none"> • Commercial HMO members • HAP Medicare Advantage plan members
<p>Alliance Health and Life Insurance Company® (Alliance) – a subsidiary of HAP and offers fully insured and experience-rated PPO and EPO products, administrative services only (ASO) and self-funded products.</p>
<p>ASR Health Benefits – a subsidiary of HAP and offers a full service, third-party administrator based in Grand Rapids, MI. Offers competitive options for employers seeking to self-fund their health benefit costs and a statewide provider network.</p>
<p>PhysiciansCare (PCN) Brand name for ASR provider network.</p>

Important Contact Information

For	ASR Contact	Alliance and HAP Contact
<ul style="list-style-type: none"> • Credentialing status (if required) • Contracting status 	Email pcontracting@asrhealthbenefits.com	Email providernetwork@hap.org and include: <ul style="list-style-type: none"> • “Credentialing status” or “Contracting status” in the subject line as appropriate • Type 1 NPI, Type 2 NPI, and TIN • Provider name, address, phone and email
Education on ASR and HAP relationship	Email pcontracting@asrhealthbenefits.com	Email providernetwork@hap.org
Member eligibility and benefits verification	<ul style="list-style-type: none"> • Log in at asrhealthbenefits.com; select <i>Inquiry menu</i> • Call (866) 724-3013 	<ul style="list-style-type: none"> • Log in at hap.org, select <i>Member Eligibility</i> • Call (866) 766-4661
Provider portal training	Email providerm@asrhealthbenefits.com	Email providernetwork@hap.org and include: <ul style="list-style-type: none"> • “Portal training” in the subject line • Type 1 NPI, Type 2 NPI, and TIN • Provider name, address, phone and email

See the next page for information on:

- Contracts
- Reimbursement
- Joining networks
- Pre-certification/prior authorization requirements
- Submitting provider changes
- ID card samples

Contracts

Providers are considered in-network for both ASR and Alliance if they have a direct contract with either ASR or Alliance. If you have questions, email pcontracting@asrhealthbenefits.com.

For contracting questions related to Alliance and HAP, email providernetwork@hap.org and put "Contracting questions" in the subject line.

Reimbursement

Your office will be reimbursed for services to a patient with one of the ID cards shown in this document, **based on the terms of your HAP, Alliance or ASR contracts**, which are separate agreements. Please refer to the applicable fee schedules below for procedure level detail.

Contract with ASR only	Reimbursed at ASR fee schedule or per the terms of the ASR contract
Contract with Alliance and ASR	Refer to member's network: <ul style="list-style-type: none"> • Alliance PPO network = HAP Preferred fee schedule • ASR network = ASR fee schedule
Contract with HAP and Alliance	Refer to member's network: <ul style="list-style-type: none"> • Alliance PPO network = HAP Preferred fee schedule • HAP HMO network = HAP fee schedule
Contract with Alliance only	Reimbursed at HAP Preferred fee schedule

Joining Networks

ASR	Visit www.asrhealthbenefits.com and select <i>How to Join the Network</i> .
Alliance	Visit hap.org/providers ; then Join HAP.
HAP	

Pre-Certification/Prior Authorization Requirements

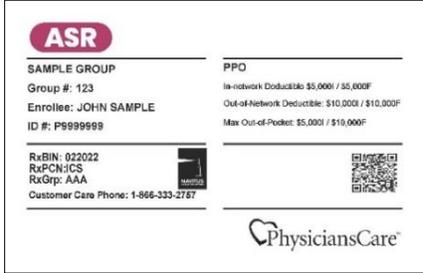
ASR	<p>Subject to change based on employer group:</p> <ul style="list-style-type: none"> • Inpatient hospital confinements and observational stays • Home Health Care services • Durable Medical Equipment if purchase price or forecasted total rental cost is \$2,500 or more • Custom-made orthotic/prosthetics appliances if the purchase price is \$2,500 or more • Oncology treatment • Infusion or injection of select products • Select surgical procedures 	<p>Refer to the <i>Provider Administration Manual</i> which is accessible online for information you need prior to calling. To access it: Log in at www.asrhealthbenefits.com; select <i>Resources; Documents; Provider Admin Manual</i></p> <p>Call: (616) 464-6619 or (800) 638-0573</p>
Alliance	<ul style="list-style-type: none"> • Log in at hap.org and refer to the <i>Procedure Reference Lists</i> under <i>Quick Links</i> 	
HAP	<ul style="list-style-type: none"> • Log in at hap.org and refer to the <i>Procedure Reference Lists</i> under <i>Quick Links</i>. Note: Prior authorization is required: <ul style="list-style-type: none"> - For services that are out of network - For services that require medical review - When a member wants to see a non-participating provider 	

Submitting Provider Changes

For	ASR Contact	Alliance and HAP Contact
<ul style="list-style-type: none"> • Address changes including office, remittance advice and 1099 (W-9 required) • Adding and terminating providers • Name changes (with appropriate documentation) 	<p>Log in at: www.asrhealthbenefits.com; select <i>Resources; Forms; General Forms; Provider Information Form</i></p>	<p>There are 2 options:</p> <ol style="list-style-type: none"> 1. If you are part of a physician organization/physician hospital organization, do not send information directly to HAP. Your PO/PHO organization must submit all changes. 2. If you are not part of a PO/PHO, complete the HAP <i>Provider Change Form</i>. Visit hap.org/providers; select <i>Provider resources; Forms and other information</i>.

ID Card Samples

ASR participating providers are considered in-network for members with the ID card below.



ASR
SAMPLE GROUP
Group #: 123
Enrollee: JOHN SAMPLE
ID #: P9999999

RxBIN: 022022
RxPCN: JCS
RxGrp: AAA
Customer Care Phone: 1-866-333-2767

PPO
In-network Deductible: \$5,000 / \$5,000F
Out-of-Network Deductible: \$10,000 / \$10,000F
Max Out-of-Pocket: \$5,000 / \$10,000F

PhysiciansCare



ASR

SEND CLAIMS TO:
ASR Health Benefits
PO Box 6392
Grand Rapids, MI 49516-6392
Enrollee Payer ID: 39265

CERTIFICATION: (800) 938-0973
PROVIDER INQUIRIES:
Provider Services: (866) 724-3013
Interactive Voice Response: (616) 942-3211 (866) 724-3014
MEMBER INQUIRIES: (616) 957-1751 (800) 968-3023

To identify a PPO provider, please visit www.asrhealthbenefits.com.

This plan is administered by ASR Health Benefits. Use of the card is subject to the terms of the associated trust plan and does not guarantee coverage. ASR does not assume financial risk or claims.

Aetna Alliance Health and Life 1922 HealthSCOPE HAP CuraNet MultiPlan

ASR participating providers are considered in-network for members with the ID card below.



hap Alliance Health and Life Insurance Company PPO hap.org

JOE SAMPLE

ID Number: 10000000000
Group ID: 100000001000
RxBIN: 003858
RxPCN: A4
RxGroup: HAPCOM

INDIVIDUAL/FAMILY
In-Network Deductible: \$500 / \$5,000
Out-of-Network Deductible: \$5,000 / \$5,000
Max Out-of-Pocket: \$5,000 / \$5,000

Aetna Signature Administrators PPO



Customer Service: (888) 969-4347
Mental health/chemical dependency services: (800) 444-5755
TTY: 711
Pharmacies: (800) 922-1557
Vision (EyeMed): (877) 287-5288
Providers: (866) 766-4661
Aetna Providers Outside of Michigan: (888) 427-6464
Aetna Providers Outside of Michigan (for pre-certifications): (800) 641-5566

Send claims to:
Alliance Health and Life Insurance Company, P.O. Box 02459, Detroit, MI 48202-2459
Payer: 38224

Emergencies: Covered worldwide. Call within 48 hours of hospital admission.
Preauthorization: Approval may be needed for select outpatient medical services, prescription drugs, inpatient and behavioral health services.
Failure to comply with the above may result in reduced benefits. Members may be assessed a financial penalty for failure to obtain prior authorization services.
Alliance Health and Life Insurance Company is a wholly owned subsidiary of Health Alliance Plan of Michigan.



hap Alliance Health and Life Insurance Company EPO hap.org

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ID Number: 10000000000
Group ID: 100000001000
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ASR participating providers can provide services to HAP HMO and HAP Medicare Advantage members with an approved authorization only.



hap HMO hap.org

JOE SAMPLE

ID Number: 10000000000
Group ID: 100000000000
RxBIN: 003858
RxPCN: A4
RxGroup: HAPCOM

INDIVIDUAL/FAMILY
In-Network Deductible: \$5k / \$5k
Max Out-of-Pocket: \$5,000 / \$50,000

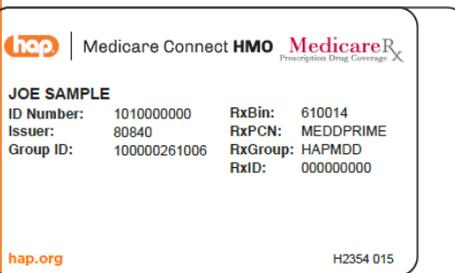
Aetna Signature Administrators PPO



Customer Service: (800) 422-4641
Mental health/chemical dependency services: (800) 444-5755
TTY: 711
Pharmacies: (800) 922-1557
Vision (EyeMed): (877) 287-5288
Providers: (866) 766-4661
Aetna Providers Outside of Michigan: (888) 427-6464

Send claims to:
Health Alliance Plan, 1414 E. Maple Rd. Troy, MI 48063
Payer: 38224

Emergencies: Covered worldwide. Call within 48 hours of hospital admission.
Preauthorization: Approval may be needed for select outpatient medical services, prescription drugs, inpatient and behavioral health services.
Acceptance of this card acknowledges receipt of the contract and rules issued by HAP. You are entitled to medical benefits and agree to the terms and conditions specified in your contract. Health care services should be obtained by our affiliated providers.

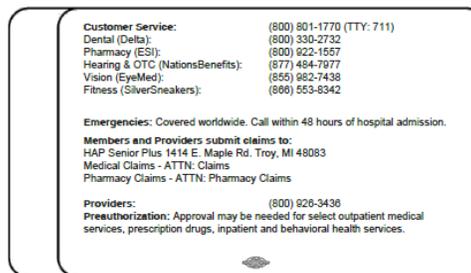


hap Medicare Connect HMO Medicare Rx Prescription Drug Coverage hap.org

JOE SAMPLE

ID Number: 1010000000 RxBIN: 610014
Issuer: 80840 RxPCN: MEDDPRIME
Group ID: 100000261006 RxGroup: HAPMDD
RxID: 000000000

H2354 015



Customer Service: (800) 801-1770 (TTY: 711)
Dental (Delta): (800) 330-2732
Pharmacy (ESI): (800) 922-1557
Hearing & OTC (NationsBenefits): (877) 484-7977
Vision (EyeMed): (855) 952-7438
Fitness (SilverSneakers): (866) 553-6342

Emergencies: Covered worldwide. Call within 48 hours of hospital admission.
Members and Providers submit claims to:
HAP Senior Plus 1414 E. Maple Rd. Troy, MI 48063
Medical Claims - ATTN: Claims
Pharmacy Claims - ATTN: Pharmacy Claims

Providers: (800) 928-3438
Preauthorization: Approval may be needed for select outpatient medical services, prescription drugs, inpatient and behavioral health services.