



EMPOWERED

2022 MEMBER HANDBOOK

**HAP
IS HERE**

Helping you
understand your
Medicaid plan



Visit us online at hap.org/Medicaid

Download our mobile app

- HAP OnTheGo app from Google™ Play or The Apple App® Store

HAP Empowered Numbers:

- Customer Service (888) 654-2200 (TTY: 711)
- Pharmacy (888) 654-2200 (TTY: 711)
- Transportation (888) 654-2200 (TTY: 711)
- Dental (Healthy Michigan Plan & Pregnant Women) (800) 838-8957
- Hearing (877) 484-2688
- Vision (800) 252-2053
- 24-hour Nurse Advice Line (877) 394-0665
- Care Management (800) 288-2902
- Wellness Program (800) 288-2902
- Smoking Cessation Program (800) QUIT-NOW (784-8669)
- Fraud/Waste/Abuse (877) 746-2501
- Maternal Infant Health Program (855) 231-4730
- Maternity Case Management (855) 231-4730
- Grievance/Appeal (888) 654-2200 (TTY: 711)

Michigan Department of Health and Human Services (MDHHS) Numbers and Resources:

- Food Assistance Benefits newmibridges.michigan.gov
- Michigan ENROLLS – Medicaid (888) 367-6557
- MICHild (888) 988-6300
- WIC – Women, Infants and Children (800) 225-5942
- mihealth card (800) 642-3195

My Doctors:

My Dentist:

My Pharmacy:

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Welcome to HAP Empowered

Here, with resources to help you live a healthier life

Thank you for choosing HAP Empowered for your health care. HAP Empowered is a Medicaid health plan offered by HAP Empowered Health Plan, Inc. We're here to guide your health journey and answer your questions. It's what makes us different.

You'll soon get a doctor who will take care of your health needs. We have doctors in Genesee, Huron, Lapeer, Macomb, Oakland, Sanilac, Shiawassee, St. Clair, Tuscola and Wayne counties.

In this handbook, you'll find plan information and see what is covered. You can view your member information online at hap.org/Medicaid. A printed copy is also available upon request. This is an important document; please keep it available and in a safe location.

Getting Started

Your journey to better health with HAP Empowered starts today.

- 1. Register online at hap.org/Medicaid.**
- 2. Choose your primary care provider (PCP).**
 - Log in to select your PCP. Or we can also choose a physician for you.
 - If your current doctor is in our network, tell us his or her name.
 - If you would like to change doctors, call Customer Service at **(888) 654-2200 (TTY: 711)**.
- 3. Make an appointment with your doctor** for a well visit.
- 4. Choose your dentist** (Healthy Michigan Plan and pregnant women).
- 5. Explore this handbook** to learn how your plan works.
- 6. Contact us** with questions.

Interested in joining the Consumer Advisory Council?

The HAP Empowered Consumer Advisory Council provides a place for members to give input on HAP Empowered programs and policies. HAP Empowered Consumer Advisory Council is always looking for new members. If you're interested in joining or want more information, please visit hap.org/Medicaid.

Customer Service

Our Customer Service team is here to help you with your health care. You can reach us 24 hours a day, 7 days a week. Call us toll-free at **(888) 654-2200 (TTY: 711)**. Customer Service, Care Management and our Grievance and Appeals departments can answer questions or help you understand your benefits.

Have your HAP Empowered ID card handy for faster service. Remember, all member information is on our website and is also available in hard copy. Electronic communication is available and accessible upon request.

Our team can help if you need to:

- Ask about your benefits or prescriptions
- Ask about your doctor or specialty doctor
- Choose or change your doctor
- Ask for transportation services or mileage reimbursement
- Tell us changes to your address, phone number, family size or health insurance
- Tell us about emergency care you received
- Ask questions about a bill

Interpreter Services/Special Needs

If English is not your first language, we have interpreters who can help you understand your benefits and authorizations. These communication and language services are available upon request and are free of charge. Member materials are available in other languages and other formats if you have special needs. Call Customer Service at **(888) 654-2200 (TTY: 711)**. HAP Empowered complies with all applicable federal and state laws with this matter.



Member ID Cards

Members have two ID cards: a mihealth card and a HAP Empowered ID card. Have these with you every time you call HAP Empowered. You should also have them when you go to the doctor, get medical care or pick up prescriptions.

Your mihealth card

When you are enrolled in Medicaid, the State of Michigan will mail you a mihealth card. This card has your name and Medicaid ID number. Always keep it with you, even if your Medicaid coverage ends. You will need it if you qualify for other health care programs offered by the state.

Call the MDHHS Beneficiary Help Line at **(800) 642-3195** with questions or to get a new mihealth card.



Your HAP Empowered Card

We'll mail you a member ID card called the HAP Empowered card. Your HAP Empowered card tells you if you are on our Medicaid Plan, Healthy Michigan Plan (HMP) or in the MICHild program. Always take your HAP Empowered ID card when you visit a doctor, hospital, pharmacy or dentist.

The front of the card has your:

- Member ID
- Member name
- Medicaid ID
- Health plan
- PCP name and phone number
- RxBin, PCN, group and ID (your pharmacy uses this information to send us claims)

The back of the card has:

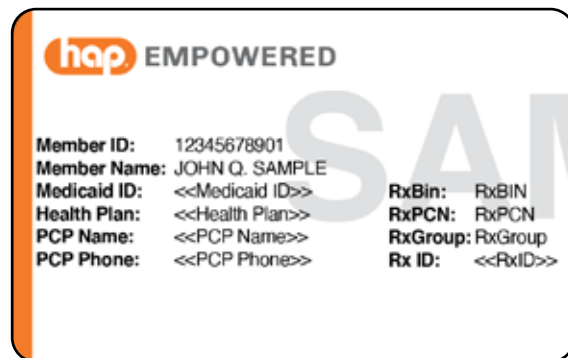
- 24-hour Customer Service phone number
- Dental, hearing and vision phone numbers
- Where to send the bill for covered services

Card Notes

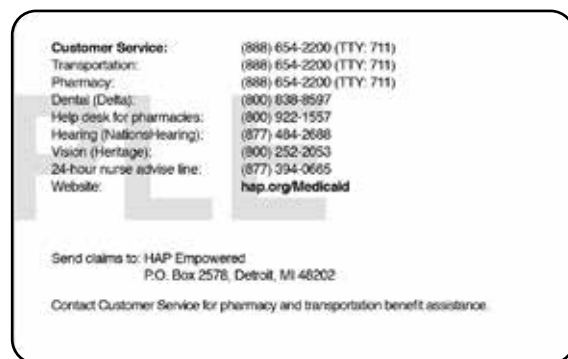
- Make sure your personal information is correct on both cards.
- If your name changes, report a change using MI Bridges. If you're unable to report a change using MI Bridges, please contact your MDHHS case worker. You can find the local office in the upper right corner of any letter you have received from MDHHS.
- Do not let anyone else use your card.
- You may be asked to show a picture ID when getting care. This is to make sure the right person is using your card.

Call us at **(888) 654-2200 (TTY: 711)** with questions or to get a new card.

SAMPLE



SAMPLE



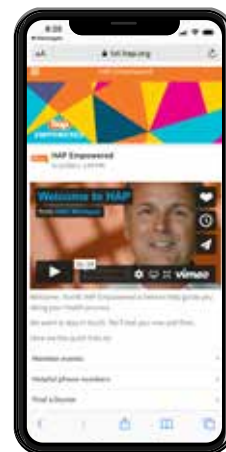
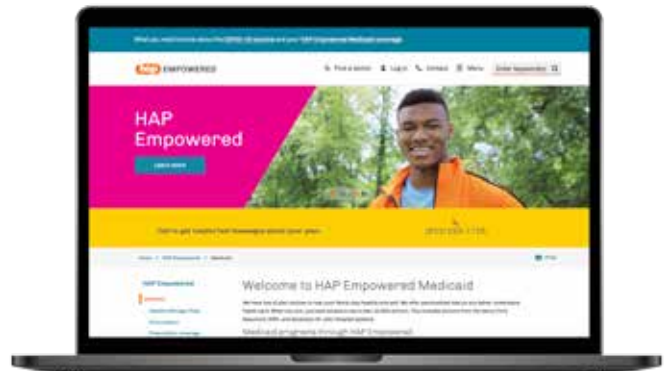
HAP Empowered Digital Resources

Health care shouldn't be confusing. Find tools, resources and more on our website and member portal.

Our Website

Visit hap.org/Medicaid to find:

- Member newsletters
- Member Handbook and Certificate of Coverage
- Prior authorization information
- A doctor, dentist or pharmacy directory
- Rights and responsibilities
- Prescription coverage and the covered drug list
- How to file a grievance or appeal
- Notice of privacy practices
- Health and wellness information
- Quality improvement programs
- Fraud and abuse
- Member resources
- Nondiscrimination notice
- Your online HAP Empowered account (programs that help you take care of your health)
- Clinical practice guidelines



Text Messaging

When you become a HAP Empowered member, you will be enrolled in our text messaging program. You can opt out anytime.

- Get helpful text messages about your plan.
- Call (833) 593-1755 to make sure you are signed up to get texts. It only takes a few minutes.

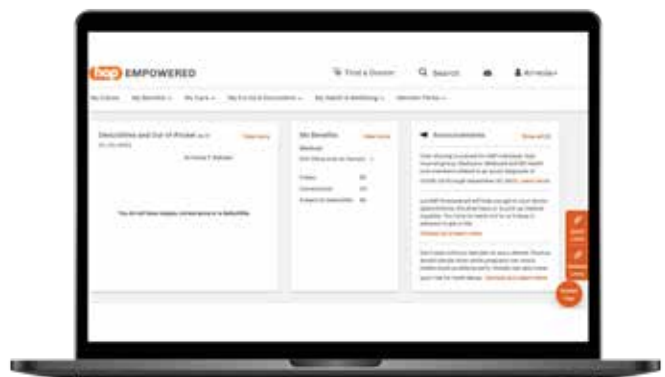
Online Access to Your HAP Empowered Membership

We make it easy for you to see your plan information with an online HAP account.

Once you register, log in to:

- Print your ID card or download it to your phone
- Send the customer service team a secure message
- Search for a doctor or hospital in your area
- Choose or change your doctors
- Check your authorizations and claims
- Enroll in a wellness program

Members can use our interactive Health and Wellness Portal. It's our digital wellness tool powered by WebMD health services. Here you can manage your health with iStrive™ for Better Health.



Visit hap.org/Medicaid to enroll in the member portal. Click on Member Resources and then select Health and Wellness and iStrive to log in.

The portal also gives you access to your:

- Online health risk assessment
- Personal health record
- Health library
- Health trackers
 - Exercise and nutrition
 - Blood pressure
 - Cholesterol, hemoglobin, A1c
 - Stress
 - Tobacco use
- Self-management programs
 - Asthma
 - Chronic fatigue
 - Depression
 - Diabetes
 - Hypertension
 - More

SafeLink Wireless®

SafeLink Wireless is a free wireless service for smartphones.

Using your current cell phone or purchasing a new one, you can receive a discount on:

- Text messages
- Voicemail/caller ID/3-way calling
- 911 access
- 411 directory assistance

How Do I Qualify for SafeLink Wireless?

Medicaid members who have an income at or below 135% of the federal poverty guidelines may qualify.

How Do I Apply for a SafeLink Wireless Smartphone?

- Go to safelinkwireless.com.
- Follow the instructions online.

How Do I Qualify for Food Assistance Benefits in Michigan?

You will need to fill out a form to get Food Assistance Program (FAP) benefits.

To get started:

- Fill out the form online, 24 hours a day, seven days a week at [mibridges, newmibridges.michigan.gov](http://mibridges.newmibridges.michigan.gov). If you fill out the form after business hours (weekends, holidays or after 5 p.m.), your application date will be the next business day.
- Get the form online at michigan.gov/dhs-forms. You can also find the form at a Michigan Department of Health and Human Services (MDHHS) office in your area.

Take, mail or fax your form to a local MDHHS office. Look up the address and phone number in a phone book under the state government section. You can also find it online at michigan.gov/dhs-countyoffices.

MDHHS will set up a phone call with you when they get your form. The form will be reviewed within seven days if you meet faster service rules, or 30 days from the date the local MDHHS gets your signed form.

You may be asked to give proof of:

- Identity
- Income
- Housing and utility expenses

Your Rights and Responsibilities

HAP Empowered members have many rights and responsibilities. These are important to ensure you get quality care. Our staff and providers follow these rights.

You have a right to information:

- Get information about HAP Empowered services and providers
- Get information about practitioners' rights and responsibilities
- Ask for advice from another doctor when you are unsure of the care your doctor suggests
- Ask for a copy of your medical records, including changes or corrections
- Get information about HAP Empowered operations
- Get a second medical opinion from an in-network provider
- Get a second medical opinion from an out-of-network provider if someone in-network is not available. The plan will arrange for an out-of-network provider. Plan approval is required.
- Request information regarding doctor incentive arrangements, including financial and other types of incentives and whether stop-loss coverage is provided
- Request information on the structure and operation of the HAP Empowered Medicaid Health Plan

You have a right to fair treatment:

- Privacy and confidentiality
- Be treated with respect and dignity
- Get care that meets your health needs
- Work with doctors to make decisions about your health care
- Choose or change your PCP
- Talk about proper or medically necessary treatment for your conditions, regardless of cost or benefit coverage
- Decide what type of care you would like, if critically ill Get medical care through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)
- Help make decisions about your health care, like asking about treatment options or refusing care

You have a right to customer service:

- Get timely Customer Service
- Voice complaints or appeals about HAP Empowered or our care
- Contact Customer Service to file a grievance or appeal

- Ask for an administrative fair hearing with the Michigan Department of Health and Human Services (MDHHS)
- Make suggestions about our services and providers
- Make suggestions about member rights and responsibilities policy
- Be free of restraint or seclusion used to pressure, punish, convenience or retaliate

You have a responsibility to care for yourself:

- Take good care of your health
- Talk to your doctors about regular checkups and screenings
- Understand your health problems
- Understand your medications and why you are taking them
- Participate in your care and ask questions

You have a responsibility to help your doctors:

- Give your medical information to your doctors
- Work with your doctor to develop a care plan you both agree on
- Follow health plans and advice you and your doctor agreed to
- Go to appointments and arrive on time. If you cannot keep your appointment, call your doctor to reschedule.
- Know what to do when your PCP's office is closed

You have a responsibility to follow HAP Empowered guidelines:

- Notify us of life changes. If you have a baby or your family size changes, call your DHS caseworker and let them know. Call HAP Empowered and let us know, too.
- Read your handbook and learn how HAP Empowered works
- Follow HAP Empowered policies for getting health care services
- Choose a PCP
- Show your HAP Empowered and mihealth cards when you need care
- Treat other members, staff and providers with respect
- Make sure no one else uses your HAP Empowered and mihealth cards
- Report suspected fraud and abuse
- Notify us of address or phone number changes. If you move or change your phone number, call us at **(888) 654-2200 (TTY: 711)**. You must also call your caseworker at MDHHS or MI Bridges office.



Your Doctor

We want you to get the highest quality care. We partner with doctors, hospitals and other providers who meet certain standards. They also share our pledge to safe, quality care.

There are two types of providers:

- Network: They have a contract with us to provide health care to our members.
- Out-of-network: They don't have a contract with us to provide health care to our members.

Choosing Your Primary Care Physician (PCP)

When you joined HAP Empowered, you chose a primary care physician. If you did not choose a doctor, we chose a trusted PCP for you.

Your PCP plays an important role in your health care. He or she will get to know you, your medical history and your health needs. Your doctor is available 24 hours a day, seven days a week. Call your doctor's office as soon as you can to make an appointment. You should see your doctor within the first 60 days of joining HAP Empowered.

Your PCP will decide if you need care from a specialist. Your doctor will also refer you to see a specialist, if needed.

You can search our find a doctor tool for doctor information, such as:

- Name
- Location
- Telephone number
- Languages spoken
- Whether they are accepting new members

Choosing a Specialist as Your Doctor

People with chronic health conditions may need to see a specialist. In some cases, it could be better for the specialist to act as your doctor. HAP Empowered lets members with special health care needs to have direct access to specialists. This means you do not need a referral or prior authorization to see a specialist in our network if it is appropriate for your special health care needs. Call us at **(888) 654-2200 (TTY: 711)** and we will help you get the care you need.

Open Access for Women's Health and Pediatricians

You may want to see a women's health specialist for the routine and preventive care services below. You don't need to get a referral from your doctor for these services:

- Prenatal care
- Breast exams
- Mammograms
- Pap tests
- Centering Pregnancy

Members 18 years and younger can see any pediatrician in-network for well-child visits. You don't need to get a referral. We can help you find a pediatrician. Call us at **(888) 654-2200 (TTY: 711)**.

Talking to Your Doctor

To get the best care, remember to be open and honest with your doctor. You should also:

- Bring a list of questions you have to your office visit
- Ask if you don't understand what your doctor says
- Follow the doctor's advice
- Keep a record of all your tests and screenings
- Bring your HAP Empowered ID card, your mihealth card and valid photo ID with you

Before taking your medication, ask your doctor or pharmacist:

- What the medication is
- What it is for
- If it could make you tired or cause other problems
- When it should be taken
- How much should be taken and for how long

Changing Your Doctor

There are various reasons you may want to change your doctor:

- You have moved and now your doctor is too far away
- You are not happy with your doctor
- Your doctor is not part of HAP Empowered
- You are changing from a pediatrician to an adult provider

We can help if you want to change your doctor. Call Customer Service at **(888) 654-2200 (TTY: 711)**.

If Your Doctor Leaves Our Network

Sometimes, our doctors leave our network. If that happens, we will let you know. We'll also help you choose a new HAP Empowered doctor.

If you are pregnant or have a terminal illness, you may be able to continue treatment with your doctor for a short time. This is called continuity of care.

Call Customer Service to talk about continuity of care. We'll review your request and make a decision based on your condition. Call us at **(888) 654-2200 (TTY: 711)**.

Making or Canceling Appointments

Call your doctor when you need a checkup or exam. If you are sick or hurt, you may need to see your doctor the same day. Call your doctor in the morning, if you can. This gives you a better chance of getting in early. It is important to be on time. Please call your doctor if you will be late or cannot keep an appointment.

Type of Care and Appointment Guidelines

Your doctor's office should make appointments in the time frames below.

Medical Care	
Type of Care/Appointment	Length of Time
Emergency Services	Immediately – 24 hours/day, seven days a week
Urgent Care	Within 48 hours
Routine or Non-Urgent Care	Within 30 business days of the request
Non-Urgent Symptomatic Care	Within seven business days of the request
Behavioral Health	Routine care within 10 business days of the request Non-life-threatening emergency within six hours of request Urgent care within 48 hours of request Behavioral health is limited to covered services (per the contract)
Specialist	Within six weeks of request
Acute Specialty Care	Within five business days of request

Dental Appointment and Timely Access to Care Standards for Healthy Michigan Plan & Pregnant Women Members		HEALTHY MICHIGAN PLAN
Type of Care/Appointment	Length of Time	
Emergency Dental Services	Immediately – 24 hours/day, seven days per week	
Urgent Care	Within 48 hours	
Routine Care	Within 21 business days of request	
Preventive Services	Within six weeks of request	
Initial Appointment	Within eight weeks of request	

Please call Customer Service if you have trouble making an appointment. If you can't get one in the time frame above, call **(888) 654-2200 (TTY: 711)**.

Out-of-Network Services

Members can see any doctor in our network without a referral.

HAP Empowered has a contract with the Michigan Department of Health and Human Services to meet your health care needs. In turn, we choose a group of health care providers to help us meet your needs. These doctors and specialists, hospitals, labs and other health care facilities make up our provider network. You will find a list of providers in our provider directory on our website. You must get your care from providers in our provider network. Our Customer Services can help you find providers in our network. If we do not have a doctor in our provider network, we will get you the care you need from a provider outside of our plan. This is called an out-of-network referral. Your doctor must ask for and receive HAP Empowered approval also called prior authorization before you can get an out-of-network service. Prior authorization is required for all out-of-network services except for emergency medical services.

Medicaid members should not be asked to pay for any authorized covered services as described in this handbook.

If you get a bill for an authorized covered service, call Customer Service at **(888) 654-2200 (TTY: 711)**.

If you get care from out of network provider and you did not get prior authorization from us before getting the service you may be charged by the provider.

HAP Empowered will not be responsible for charges obtained for out of network services that were not authorized by us.

You may be reimbursed for this charge if you demonstrate that the covered service is not available within our provider network. Reimbursement will be at the rates approved by the MDHHS.

If you are traveling, we may cover medical emergencies without prior authorization. Medical services outside the U.S. are not covered.

Physician Incentive Disclosure

Your health is our first concern. We do not pay doctors, workers, or other providers to withhold care or services. We do not reward anyone for denying services. We do not have incentives for decision makers. Decisions about your health care are based on quality medical care and benefit coverage. If you have any questions, call us at **(888) 654-2200 (TTY: 711)**.



Benefits

It's important to get the care you need, when you need it. There are no counseling or referrals that we would not provide because of moral or religious grounds. We provide all covered services that MDHHS provides. Your Certificate of Coverage (COC) has a complete list of covered care. If you want a printed copy of the COC or have questions regarding your benefits, call Customer Service at **(888) 654-2200 (TTY: 711)**. Learn what services are covered by HAP Empowered and the State of Michigan and how to use them.

Services Covered by HAP Empowered

The following are covered services without copays

Ambulance and emergency medical transportation

Bilateral cochlear implantation, mapping and calibration (ages 1-20)

Blood lead screening and follow-up services (ages 21 and under)

Care management services

Certified nurse midwife care

Certified pediatric and family nurse practitioner care

Chiropractic care, up to 18 visits per calendar year, limited to specific diagnoses and procedures

Contraceptive medications and devices

Durable medical equipment and supplies

Early and periodic screening, diagnosis and treatment services (EPSDT) (ages 21 and under)

Emergency care

End-stage renal disease (ESRD) services

Family planning services

Health education and outreach

Hearing care – hearing exams, supplies, hearing aids and batteries are covered.

Hearing aids are covered for all ages.

Hearing and speech services (ages 21 and under)

Home health care services and wound care, including medical and surgical supplies

Hospice services

- Inpatient hospital services

- Outpatient hospital services

- Diagnostic and therapeutic services: diagnostic lab, X-ray and imaging services

Infusion therapy

Maternal Infant Health Program (MIHP)

Maternity care

- Hospital and physician care

- Certified nurse midwife services

- Parenting and birthing classes

- Prenatal care

- Newborn child care – for the month of birth

- Home care services

- Breast pumps, i.e., hospital-grade electric, personal-use double electric and manual

Medically necessary weight reduction services

Mental health services – outpatient

Psychiatric Collaborative Care in PCP office

Services continued...

The following are covered services without copays

Podiatry services

Preventive services required by the Patient Protection and Affordable Care Act

Prescription drugs

- Up to a month supply for most drugs on the formulary list, with a three month supply for oral contraceptives and certain maintenance medications (drugs you take every day)

Professional care services by physicians or other health care professionals

- Certified pediatrics and family nurse practitioner care
- Preventive care and screenings
- Routine pediatric and adult immunizations
- Health education
- Second opinion from a provider
- Services of other doctors when referred by your PCP
- Services provided by local health departments

Prosthetic devices and orthotics

Radiology examinations and laboratory procedures

Prevention, diagnosis and treatment of health impairments

Rehabilitative nursing care – intermittent or short-term restorative or rehabilitative services up to 45 days in a nursing facility

Restorative or rehabilitative services in a place of service other than a nursing facility

Services to achieve age-appropriate growth and development

Screening mammography and breast cancer services

Skilled nursing facility

Therapy

- Physical therapy
- Occupational therapy
- Speech therapy

Tobacco cessation treatment, including prescription and over-the-counter drug and support programs

Treatment for sexually transmitted diseases (STDs)

Transportation for medically necessary covered services

Vaccines

Vision services

Well-child services (ages 21 and under)

Services Covered by mihealth

Some Medicaid services are covered by the state. These include:

- Dental services offered by a school district
- Inpatient hospital psychiatric care
- Intermittent or short-term restorative or rehabilitative services (after 45 days in a nursing facility)
- Outpatient partial hospitalization psychiatric care

Services Not Covered by Medicaid

- Elective abortions and related services
- Experimental or investigational drugs, procedures or equipment
- Elective cosmetic surgery
- Services for treatment of infertility

If you need a service that is not offered by HAP Empowered, call Customer Service at **(888) 654-2200 (TTY: 711)**.

Behavioral Health Services

Do you need mental health services? Ask your doctor for a referral to a contracted psychiatrist or behavioral health provider. You may self-refer to a provider. For emergencies, go to the closest hospital with psychiatric services.

Referrals

Your doctor will manage your health care. They will also decide if you need care from a specialist.

Your doctor will give you a referral to see a specialist, if needed. You must have the referral before being seen by a specialist, unless otherwise stated in this handbook.

Some preventive services are offered without a referral from your local health department, such as Child and Adolescent Health Centers, Planned Parenthood offices, School-Based/Linked Health Centers (SBLHC), Federally Qualified Health Centers (FQHC) or Rural Health Clinics (RHC).

For more information, talk to your doctor or call us at **(888) 654-2200 (TTY: 711)**.

Dental Care

Dental Care for Pregnant Women

Dental services are a covered benefit for pregnant women. Report the pregnancy to a DHS caseworker.

Pregnant members will receive a Delta Dental benefit card. They can receive dental services during pregnancy through the last day of the **twelfth** calendar month after the pregnancy due date.

You may find a dentist by visiting **hap.org/Medicaid** and click on "Find a Doctor." Scroll down and click on "Find a Dentist." You can also call Customer Service at **(888) 654-2200 (TTY: 711)**.

Dental Care for Children

The State of Michigan's Medicaid program covers dental care for your children. The state contracts with Delta Dental and Blue Cross Blue Shield of Michigan. Together, they provide a network of dentists for children ages 0-20. You will be enrolled automatically and will receive an ID card from the dental plan. The card will have the phone number for your plan. Call your dental plan for help finding a dentist.

BCBSM Healthy Kids Dental
bcbsm.com/healthy-kids-dental
(800) 936-0935

Delta Dental
deltadentalmi.com/healthy-kids-dental
(866) 696-7441

Dental care is an important part of your overall health. That's why we encourage you to schedule regular dental visits. If you are a parent, take your child to their first dental visit when they turn two.

Vision Services

HAP Empowered covers routine eye exams, eyeglasses, contact lenses and other vision supplies and services. We also cover services relating to eye trauma and eye disease. We cover routine eye exams, Medicaid-authorized frames and eyeglasses every other year. You do not need to get a referral from your doctor.

You must go to a HAP Empowered vision provider in-network.

Hearing Services

HAP Empowered cares about your hearing. Not hearing correctly could affect you and the people you care about. The following is covered:

- Hearing exams and hearing aid evaluations within our provider network
- One single hearing aid per ear
- Fitting of the hearing aid, including one follow-up visit to evaluate the performance of the hearing aid and determine if the hearing aid matches the prescription
- Replacement batteries

To find a hearing provider in our network, call Customer Service at **(888) 654-2200 (TTY: 711)** or visit hap.org/medicaidhearing.

Durable Medical Equipment and Supplies

HAP Empowered covers durable medical equipment or customized durable medical equipment and medical supplies when authorized by your doctor. This includes equipment and supplies ordered by your doctor for everyday or extended use.

- Equipment, such as wheelchairs, crutches and nebulizers
- Disposable medical supplies, ostomy supplies, peak flow meters, alcohol pads
- Diabetes supplies, such as lancets, test strips, insulin needles, blood glucose meters and insulin pumps
- Replacement batteries

Care for Children and Teens

The health of a child or teen can shape their future. We help kids under age 21 stay healthy by offering:

- Early and periodic screening diagnosis and treatment services
- Eye exams and eyeglasses
- Childhood vaccines
- Hearing exams and hearing aids
- Lead-poisoning testing
- Oral health screening and fluoride treatment
- Physical exams and developmental screening
- Services from Child and Adolescent Health Centers
- Well-child visits and follow-up care

Sexually Transmitted Disease (STD) Services

There are many diseases related to sexual activity. If you think you have one, see your doctor. Your doctor can offer testing, treatment and counseling. Information about your care will be private.

If you think you have HIV, do not wait. HIV can lead to AIDS, but early testing can help you stay healthier. Your doctor offers testing and counseling.

HAP Empowered wants to make sure you get the care you need. You can get care from your doctor or local health department without a referral.

Hospice Services

If you become terminally ill, you may get hospice services. Your doctor will help you get these services. HAP Empowered will help you and your family meet your needs. You can also call Customer Service at **(888) 654-2200 (TTY: 711)**.

Prescription Drugs

Your pharmacy benefit covers drugs that your doctors prescribe. You pay nothing for covered drugs. You must use a pharmacy in the network to fill your prescriptions. Find a list of pharmacies on our website at **hap.org/Medicaid**. Click on Find a Doctor at the top of the page to search for a provider, including a pharmacy.

We cover up to a one-month supply for most drugs, or less, if your doctor prescribes less. We cover a three-month supply of oral contraceptives and certain maintenance medications (drugs that you take every day). For most drugs, you must use three-quarters of your medication before your pharmacy can fill it again. This is more restricted for controlled substances. These restrictions are for your safety and are based on how your doctor told you to use the drug. We also have other safety programs.

Covered Drug List

We use a drug list called the preferred drug list or common formulary. The state develops the list of drugs. HAP Empowered works with the state and other health plans to get the list of drugs. We update it at least four times each year. We also add new drugs and change the status of others. If we make a change in the drug list that affects you, we will send a letter to you and your doctor. This will give you time to talk with your doctor about the change. The drug list at **hap.org/Medicaid** is up to date with changes or new drugs. Go to "Prescription coverage," then click on "You can search the list." You can look at the full list, or search for your drug by brand name or generic name.

Transitioning Your Care

Are you new to Medicaid or HAP Empowered? We want to make sure you get the drugs you need.

Are you taking a drug that's not on the drug list, that has restrictions or requires approval? We'll cover a temporary supply to make sure you get the care you need. This temporary supply is for drugs that you've already been taking.

- For most drugs, this will happen automatically at the pharmacy the first time you fill your drug with your new HAP Empowered card.
- For some drugs, we'll contact your doctor the first time the pharmacy sends us a claim for your drug. This is for safety reasons. This includes drugs for pain and drugs that need special monitoring.

You can also ask for a temporary supply. The following people can ask for a temporary supply:

- You
- Your doctor
- Someone who has your permission to care for you

You can request the supply by:

- Calling Customer Service, your Care Manager or the HAP Empowered Pharmacy team.
- Asking in writing.
- You can get this temporary supply for the first 90 days when you are new to HAP Empowered. This is for drugs that you've already been taking. We'll cover up to a 30-day supply in the first 90 days with us. We call this a "transition" fill. After the drug is filled at the pharmacy, we'll send a letter to you and your doctor. The letter has instructions about the temporary fill and what to do next.
- We'll work with your doctor to use a drug on the list or to approve your drug if there's not a drug on the list that's right for you.

Medication Covered by HAP Empowered

Drugs on the list are covered. If a drug is not on the list, it is not covered. We cover generic and brand-name drugs. Sometimes the brand-name drug is covered instead of the generic drug. Your pharmacy will give you the drug that is covered.

We also cover some over-the-counter (OTC) medications if your doctor gives you a prescription or sends it to the pharmacy electronically. Some examples are insulin syringes, test strips, pain medicines such as aspirin, Tylenol and ibuprofen, allergy medicines, products to help you stop smoking and condoms. These OTC items are on the drug list. You pay nothing for all covered drugs.

Some drugs on the list require approval before we will cover them. Some drugs have restrictions or quantity limits, or you might need to be treated with one drug before another drug is covered. We work with your doctor when approval is required. Your doctor will tell us why the drug is necessary.

If you need a drug that's not on the list, or there isn't another drug on the list that you can take, you or your doctor can ask for an exception to the formulary.

You will find the list of drugs and coverage information at hap.org/Medicaid. Go to "Prescription Coverage," then click on "You can search the list." You can look at the full list, or search for your drug by brand name or generic name. You can also ask for a printed copy of the list. Just call Customer Service at **(888) 654-2200 (TTY: 711)**.

If you have questions about your drugs, call us or visit our website. Some questions might include:

- Your cost for a drug (you pay \$0 for drugs covered by HAP Empowered)
- How to ask for a drug that is not on the list
- How to find a pharmacy nearby (search by distance or zip code)
- If your drug interacts with other drugs
- Drug side effects or warnings
- If there is a generic version of the drug and if it is on the drug list

Medication Covered by the State of Michigan

Some drugs are covered by the state of Michigan, not HAP Empowered. You should always bring your HAP Empowered and mihealth Medicaid cards to the pharmacy. Your pharmacy knows about these drugs and will use your mihealth card to bill the state. For these drugs, there may be a \$1 to \$3 copay for Medicaid members ages 21 and older. These are called State Carve-Out drugs. You can search for them by brand or generic name in the search tool on the website.

There are some drugs that are **NOT** covered by HAP Empowered or your mihealth card, including:

- Drugs for weight loss
- Cosmetic drugs
- Drugs for the symptoms of cough/cold
- Experimental or investigational drugs
- Drugs for fertility
- Lifestyle drugs
- Sexual/erectile dysfunction drugs

Vaccines

Some vaccines are available at local pharmacies, including:

- Annual flu shot
- COVID-19 vaccine
- Hepatitis A (two-shot series)
- Shingles vaccine

Talk to your pharmacist or doctor about the age and dosage for vaccines.

Inpatient Services

If you need hospital care, your doctor will make the arrangements. He or she will admit you to their hospital or refer you to a specialist who will do so. For non-emergency problems that require hospitalization, talk to your doctor. If you have a life-threatening emergency, you can go to any hospital.

Services for the Developmentally Disabled

HAP Empowered works with community mental health programs to help members with developmental disabilities get quality care. If you need help getting services for a developmentally disabled person, call your doctor or Customer Service at **(888) 654-2200 (TTY: 711)**.

Substance Abuse

Alcohol and drug abuse affect people from all walks of life. When you realize that you or someone you love has a problem, it's important to get help right away. There is no shame in admitting you need treatment for alcohol or drug abuse. Doing so can be lifesaving. You or someone you know may have an alcohol or drug problem if certain symptoms are noticed:

- Changes to the body:
 - Bloodshot or glazed eyes
 - Dilated or constricted pupils
 - Weight change
 - Problems sleeping or sleeping too much
- Changes to behavior:
 - Increased aggression or irritability
 - Changes in attitude/personality
 - Tiredness
 - Depression
 - Change of friends

Drinking too much alcohol or taking drugs can become a habit. You or someone you know may have an alcohol or drug problem if:

- You feel like you need alcohol or drugs to make you feel good
- Alcohol or drugs cause problems in your daily life
- You can't remember what happened while you were drinking or on drugs
- People you live with or work with complain about your drinking or taking drugs
- You feel sick when you stop drinking or stop taking drugs
- You feel guilt, anxiety, depression, fear or violent because of drinking or taking drugs

Medicaid covers substance abuse care through accredited providers, including:

- Assessment
- Detoxification
- Intensive outpatient counseling and other outpatient services
- Methadone treatment and other substance use disorder treatments. If you or a family member have a problem with alcohol or drugs, call the number below or HAP Empowered Customer Service at **(888) 654-2200 (TTY: 711)**.

– Access Center:

Serving persons living in the following counties:

Genesee:	(877) 346-3648
Huron:	(844) 405-3095
Lapeer:	(888) 225-4447
Macomb:	(586) 948-0222
Oakland:	(800) 231-1127
Sanilac:	(888) 225-4447
Shiawassee:	(989) 723-6791
St. Clair:	(888) 225-4447
Tuscola:	(800) 448-5498 or (989) 673-6191
Wayne:	(800) 241-4949

Emotional Help

There may be times when you feel upset, worried, helpless or alone. As a HAP Empowered member, you can get help. Call your doctor or Customer Service at **(888) 654-2200 (TTY: 711)**. They can refer you to a doctor or counselor, if needed.

Sometimes, children can have these same feelings of depression, worry or fear. There is help for them, too. Please call your child's doctor or Customer Service at **(888) 654-2200 (TTY: 711)**. We can help you get care for your child.

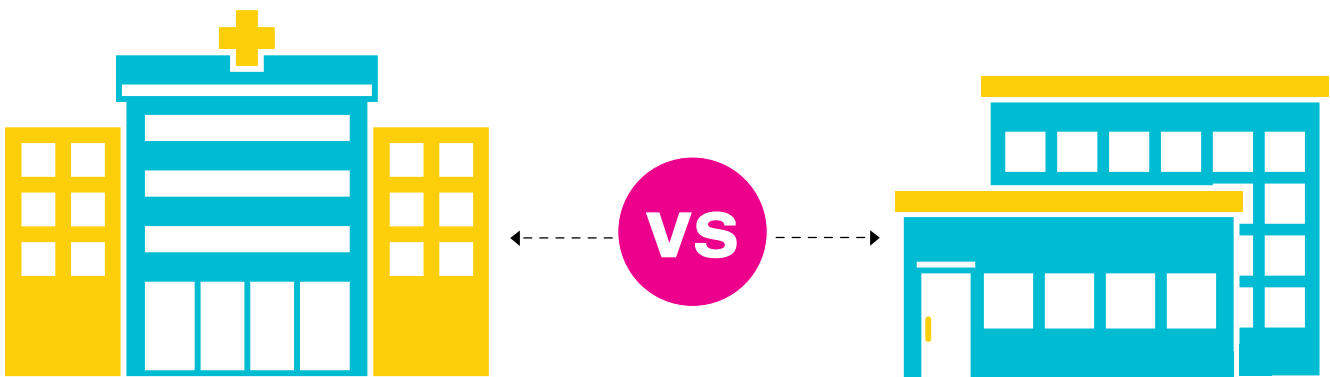
If you or someone in your family has been a victim of physical, sexual or emotional abuse, we want to help. There is no cost for these services.

Meals and Lodging

HAP Empowered will review requests to pay for meals, lodging or mileage for approved medical care. Call us at **(888) 654-2200 (TTY: 711)**.

Emergency and Urgent Care

Where to Seek Care



Emergency – Call 911 or go to the hospital emergency room:

- Chest pains or breathing problems
- Poisoning or overdose
- Fever over 103°F
- Choking, coughing or vomiting blood
- Severe and uncontrollable bleeding
- Broken bones
- Dizzy spells that cause you to faint
- Severe burns
- Numbness in face, arms or legs
- Seizures
- Sudden blurred vision or severe or unusual headache
- Danger of losing your life or a limb

Urgent care – Call your doctor or go to urgent care:

- Sore throat
- Back pain
- Tension headache
- Frequent urination
- Earache
- Cold or flu
- Fever under 103°F
- Sprains and strains

If you have a life-threatening emergency, go to the nearest hospital or call 911. Don't delay. You can go to any hospital. You are covered for emergency services in Michigan. You do not need a referral or prior authorization to get emergency care.

What to Do After an Emergency Room Visit

After receiving emergency care, call your doctor. Set up an appointment as soon as you can. Your doctor will make sure you get the proper follow-up care.

Out-of-Area Emergency Care

If you are away from home or are out of state and have an emergency, go to the closest hospital. HAP Empowered will cover emergency care. All other out-of-area care needs an authorization from HAP Empowered and your doctor.

HAP Empowered does not cover any medical services outside of the United States.

Out-of-Area Urgent Care

If you get sick away from home or out of state, but it is not severe enough to go to the hospital, call your doctor. You will need a referral for non-emergency services when you are away from home or out of state. If you do not get a referral, you may have to pay for those services.

HAP Empowered does not cover any medical services outside of the United States.

Care Management

This program coordinates your care and services. Care management is for members with a critical event or diagnosis who need:

- Extensive resources
- Care coordination and resources

To learn more, call (800) 288-2902 or email caremanagement@hap.org.

Transitioning Your Care

If you're a new HAP Empowered Medicaid member, you can keep your out-of-network doctors and services for at least 90 business days.

You can keep seeing your doctor if you're getting care for certain chronic conditions.

Some examples of approved on-going care:

- Chemotherapy and radiation therapy
- Hemodialysis
- Second and third trimester pregnancy
- Home infusion
- Acute care hospitalization
- Skilled nursing care
- Inpatient rehab
- Long-term and post-acute care
- Surgeries scheduled within 30 days
- Post-surgical follow-up

HAP Empowered is here to help you find new in-network doctors. Use our [Find a Doctor](#) search tool.

Transportation Services

We offer transportation to help you go to medical and dental appointments, the pharmacy or to pick up supplies. We also offer emergency transportation.

Emergency Transportation

- If you need transportation for a life-threatening emergency, call **911** for an ambulance
- If you need same-day transportation for urgent care or care that is not life-threatening, call Customer Service at **(888) 654-2200 (TTY: 711)**
- HAP Empowered will cover emergency transportation and hospital-billed ambulance services to and from a nursing facility or member's home

Routine (Non-Emergency) Transportation

We will give you a ride to the doctor, dentist or pharmacy if you do not have a way to get there. To get a ride, please call us two business days before the appointment at **(888) 654-2200 (TTY: 711)**. Call us Monday through Friday from 7:30 a.m. to 8 p.m.

We provide rides by bus, car, van or wheelchair van. If you drive yourself, we will reimburse you for mileage or cab service.

Before your ride, make sure to:

- Let us know if you need a wheelchair van
- Let us know if anyone, such as a caregiver or child, will be going with you
- Have a picture ID or your child's HAP Empowered ID card on hand to show the driver
- Be ready one hour before your appointment time

If you need to cancel your appointment, call Customer Service 24 hours in advance at **(888) 654-2200 (TTY: 711)**.

The 24-Hour Nurse Advice Line

Members have access to a Nurse Advice Line 24 hours a day, seven days a week. Nurses are ready to answer your medical questions any time, day or night. To use the toll-free Nurse Advice Line, call **(877) 394-0665**.

When you call, a registered nurse can help you:

- Choose medical care
- Understand treatment options
- Achieve a healthy lifestyle
- Learn how to take medication safely
- Find a doctor or hospital

Call us any time for health information and support at no cost to you.

Telehealth/Telemedicine

Please talk to your doctor to learn more about this option. It is available in a(n):

- County mental health clinic or publicly funded mental health clinic
- Federally Qualified Health Center (FQHC)
- Hospital (inpatient, outpatient or critical access hospital [CAH])
- Office of a physician or other practitioner (including medical clinics)
- Hospital-based or CAH-based renal dialysis center (including satellites)
- Rural Health Clinic (RHC)
- Skilled nursing facility

Visit hap.org/Medicaid to learn more.

Community-Based Services

For information on how to access community-based support and services in your area, call Care Management at **(800) 288-2902 (TTY: 711)**.

Empower Your Health Rewards Program

Your health is important to us. To help you stay healthy, the HAP Empower Your Health Rewards Program will give you a reward for your healthy habits. You can earn up to \$375 in gift cards. We'll look at the claims your HAP doctor sends us from the services you received and track your rewards.

Then we'll mail you a voucher for the rewards you earned. You can redeem them for your choice of gift card from national retailers.

To find out more about the gift cards, visit hap.org/empoweryourhealth.

Free Wellness Programs

Wellness programs work with members and doctors to improve health and self-management skills. These programs are free and give doctors and providers guidelines for better care.

Help to Stop Smoking

The Michigan Tobacco Quitline is a free program to help you quit smoking. Members work one-on-one with a health coach to develop a quit plan. Your health coach will call you to make sure you're staying on track. HAP Empowered has levels of medication to help you quit smoking. We cover prescription and over-the-counter products. Please ask your doctor what is covered. You can also see what is covered on the website at hap.org/Medicaid. Click on "Member Resources" and then "Health and Wellness" to see the list of drugs to help stop smoking. To enroll in this program, call **(800) QUIT-NOW (784-8669)**.

Preventive Health Reminders

We can send you reminders for services throughout the year. These services include:

- Child vaccines
- Adolescent vaccines
- Blood lead screening
- Well-child visits/well-adolescent visits
- Diabetes care
- Mammograms
- Cervical cancer screening
- Colorectal cancer screening
- Physicals

Well-Child Care

Your children and their health are important to us. Remember, kids need six doctor visits by age two. Well-child checkups can identify health and learning problems early and can even stop problems from happening. At every well-child checkup, the doctor should ask about your child's growth and development.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

EPSDT is a program covered by Medicaid for children under age 21. It covers regular health checkups for your child. These well-child checkups are important. Talk to your doctor if you think your child has a medical problem.

Immunizations

We make sure your child gets the vaccines they need for free. Vaccines protect children from diseases. Call your child's doctor to make an appointment for these vaccines as soon as you can.

Blood Lead Testing

A lead screening should be included with well visits for all children. It should occur at 12 months and at 24 months of age. Your child is at risk for lead poisoning for many reasons. Children who put their fingers, toys or anything else in their mouths can get poisoned. Lead in your child's blood can cause health and behavioral problems. Growing bodies also absorb lead more easily.

All children should be screened by age two. But it is never too late to check for lead poisoning.

Women, Infants and Children (WIC)

WIC is a government nutrition program. It will teach you how to eat healthy and give your family nutritional food. The WIC program is for pregnant women and women with children up to five years old. Learn more about WIC by calling **(800) 225-5942**.

Pregnancy Services

Whether you're just starting to think about expanding your family, are pregnant or have delivered a baby, HAP Empowered is here to help. HAP's Maternity Services Program, delivered by ProgenyHealth, can help you through each step of your journey. You will have access to education and support, certified nurse case managers, social workers, breastfeeding consultants, dietitians, birth planning, parenting, community resources and many more services you can receive by phone and/or through an interactive app. Questions? Contact ProgenyHealth at **(855) 231-4730**.

If you are pregnant, you can see any OB/GYN without a referral. Please see your doctor right away. If you need to see an OB/GYN for preventive or regular well-woman visits, you can see one in the network without a referral.

It is very important to see your OB/GYN doctor on a regular basis during your pregnancy. This will help you and your baby stay healthy. Maintain well checkups per the doctor's recommendation. Please call Care Management at **(800) 288-2902** or email caremanagement@hap.org for more information. We're available Monday through Friday from 8 a.m. to 5 p.m.

Maternal Infant Health Program (MIHP)

The MIHP can help you get services from providers during your pregnancy. These providers include social workers, nurses, nutritionists and more. The program also helps you to learn the importance of getting prenatal care, well-child care and immunizations when they are scheduled.

Visit michigan.gov/mihp for a list of providers or call Care Management at (800) 288-2902 (TTY: 711) for a referral to the program.

Services include:

- Prenatal teaching
- Childbirth education classes
- Nutritional support, education and counseling
- Breastfeeding support
- Help with personal problems that may complicate your pregnancy
- Newborn baby assessments
- Referrals to community resources and help in finding baby cribs, car seats, clothing, etc.
- Help with transportation to pregnancy-related appointments
- Support to stop smoking
- Help with substance abuse (services available at the Community Mental Health Association in your county)
- Personal care or home help services

Family Planning Services

Family planning is a service for individuals and families. It can help plan your desired family size and prevent an undesired pregnancy. Your doctor or local health department can help find the best birth control for you without a referral or prior authorization. Long-Acting Reversible Contraception (LARC) is now a covered benefit.

Your doctor can help you stay healthy by giving yearly exams.

Available services:

- Information on birth control and sexual health
- Help in choosing the birth control method that best fits your life
- Help in planning a healthy pregnancy when you want a baby
- Pregnancy testing and counseling
- Testing and treatment for sexually transmitted infections (STIs)
- Preventive health exams to screen for cancer or other health issues

We'll make sure your records remain private.

Your doctor or local health department can help you find the best birth control for you. With HAP Empowered, you are allowed to get family planning services and supplies out-of-network and you are not required to obtain a referral or a prior authorization before choosing a family planning provider.

Call our Customer Service if you have any questions about family planning benefits.

Children's Special Health Care Services Program (CSHCS)

If your child has a serious chronic medical condition, he or she could be eligible for CSHCS. CSHCS is a State of Michigan program that serves children (and some adults) at no cost.

CSHCS works with many agencies to provide resources and services.

Family Center for Children and Youth with Special Health Care Needs (Family Center)

This center provides support networks and training programs. It also offers:

- CSHCS Family Phone Line – a toll-free phone number **(800) 359-3722** available Monday through Friday from 8 a.m. to 5 p.m.
- Parent-to-parent support network
- Parent/professional training programs
- Financial help to attend a conference about CSHCS medical conditions
- Financial help for siblings of children with special needs to attend conferences and camps

The Children with Special Needs Fund (CSN)

The CSN Fund helps families get items that are not covered by Medicaid or CSHCS.

Examples of items include:

- Wheelchair ramps
- Van lifts and tie-downs
- Therapeutic tricycles
- Air conditioners
- Adaptive recreational equipment
- Electrical service upgrades for eligible equipment

To see if you qualify for help, call **(517) 241-7420**.

County Health Departments

Your county health department can help you find local resources, such as:

- Schools
- Community mental health care
- Respite care
- Financial support
- Child care
- Early On program
- WIC program



What You Pay

As a member of HAP Empowered Medicaid, you cannot be charged copayments or deductibles. You will not be billed for unpaid balances for covered services. If you owe money for services you had before joining HAP Empowered, you may be billed for those services.

Doctors cannot ask members to pay for referred and authorized services. However, if you sign a statement and agree to pay for services not authorized by HAP Empowered, you may have to pay for those services.

Other Insurance

Tell us if you have other health insurance like Blue Cross Blue Shield, Medicare or workers' compensation. Please call Customer Service at **(888) 654-2200 (TTY: 711)**.

New Technology

We look at new technology on a regular basis. We may cover new medical treatments and medicine after reviewing their safety and effectiveness. The State of Michigan also looks at new procedures and technology. It then decides what should be on the list of benefits. We pay for services and technology that the state has approved for Medicaid.

Grievances and Appeals

HAP Empowered wants you to be happy with our service. We comply with applicable federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability or sex.

What Is a Grievance?

A grievance may be any complaint or dispute expressing your dissatisfaction with the quality, access or delivery of services you received. If you have multiple issues, each instance will be treated separately. We will keep your grievance private.

Grievance examples include:

- Quality of health care services, including safety issues
- Access and availability of care
- Attitude and service of providers, office staff or HAP Empowered staff

What Are the Types of Grievances?

Standard grievance – You can file a grievance under the standard process for the examples listed above. We'll investigate your concerns and mail a final decision as quickly as your health requires but not later than 90 calendar days from the day we receive your grievance.

Expedited grievance – If you're upset that we're taking more time to review your case, you can let us know and we'll respond to you in 72 hours.

We may extend the time frames for standard grievances up to 14 days if (1) you request an extension, or (2) we need more information and determine the delay is in your best interest.

If we extend the time frame, we'll:

- Call and let you know, and
- Mail you a letter reminding you that we're extending our time to investigate your case. If you're not happy that we need to take more time, you can call or write to us and let us know.

How to File a Grievance

You can file a grievance at any time. You can call us, send us a letter or come to our office.

With your permission, someone else may file a grievance on your behalf. This person can be a friend, relative, doctor, attorney or the representative of a deceased enrollee's estate.

If you decide to file a grievance with us, we have someone here to help you. If you need help in a different language, we can help you in the language of your choice.

To file in person, we are located at the following addresses:

2850 West Grand Blvd.
Detroit, MI 48202

2050 South Linden Rd.
Flint, MI 48532

Or mail or fax us at:

Attn: Appeal and Grievance
Department
HAP Empowered
P.O. Box 2578
Detroit, MI 48202
Fax (313) 664-5866

Or by phone:

(888) 654-2200 (TTY: 711)

Adverse Benefit Determination

An adverse benefit determination is a:

- denial
- reduction
- failure to provide or make payment, in whole or in part, for a benefit

It includes those based on a determination of:

- eligibility
- application of utilization review
- a failure to provide or make payment, in whole or in part, for a benefit

What's an Appeal?

An appeal is your right to ask us to change our mind about a decision we made to provide a service or medication to you or if you don't agree with how we will pay for something. You have 60 days from the date of our denial to file an appeal.

Examples of appeals include:

- Not approving or paying for a service or item your doctor asks for
- Stopping a service that was approved before

If we decide to reduce or stop a service, you can keep getting the service until we make a final decision on your appeal. You can also keep getting the service while you are waiting for the decision from the State Fair Hearing.

What Are the Types of Appeals?

Standard appeal – You must file an appeal within 60 days from the date on the denial letter. We'll mail our decision within 30 calendar days from the time that we receive your request.

Expedited appeal – If you believe that you cannot wait 30 days for a decision, because waiting could cause you harm, you can ask us for an expedited (fast) appeal. If you ask us for an expedited appeal, but your doctor does not send us information about that request, we will decide if it is an emergency. If our doctors decide that you need the service quickly, we will let you know our decision within 72 hours. If our doctors don't think your appeal is urgent, we will process it like a standard appeal. If your doctor asks for an expedited appeal or tells us that your request is urgent, we will let you know our decision within 72 hours.

You may ask us to take an additional 14 calendar days to resolve your case. If we ever need more time to review your appeal, we may take an additional 14 calendar days to make a decision. If we extend the time frame, we will:

- Call and let you know; and
- Send you a letter in the mail reminding you that we are extending our time to investigate your case

Once a decision has been made, we will mail you a letter with our decision. If your appeal was an emergency, we will call and let you know our decision and also send a letter. If we do not completely approve your request during the internal appeal review, the appeal decision letter will explain your further rights for an external review.

If you do not agree with our final appeal decision, you can ask for an external (outside) review from the State of Michigan.

External Appeal

Choose one or both of the following options:

- The State of Michigan Department of Insurance and Financial Services (DIFS). DIFS must receive your appeal within 120 calendar days from the date on our appeal denial letter to you. (Public Act 251, known as the Patient's Right to Independent Review Act (PRIRA) describes this process). You can also appeal to DIFS if we don't make an appeal decision on time. Mail your request, including a copy of the final adverse determination from HAP Empowered the reason(s) why you're appealing the decision and any documentation to support your position to:

Department of Insurance and Financial Services
Office of General Counsel/PRIRA – Appeals Section
P.O. Box 30220
Lansing, MI 48909-7720
Phone: **(517) 284-8800** or **(877) 999-6442**
Fax: (517) 284-8838
Or submit online at: difs.state.mi.us/Complaints/ExternalReview.aspx

State Fair Hearing

The Michigan Department of Health and Human Services (MDHHS) must receive your appeal within 120 calendar days from the date on our appeal denial letter to you. This process is known as a State Fair Hearing. You will need to call the State of Michigan to have a hearing request form (MDHHS-5617) sent to you.

Michigan Department of Health and Human Services
Michigan Administrative Hearing System
P.O. Box 30763
Lansing, MI 48909
Phone: **(517) 335-7519** or **(800) 648-3397**
Fax: (517) 763-0146

If you asked for your benefit(s) to continue during the internal appeal process and you want them to continue during the State Fair Hearing process, you must ask for the State Fair Hearing. However, you may be required to pay the cost of services provided while the appeal or the State Fair Hearing is pending. The Michigan Administrative Hearing System (MAHS) must also receive your request within 10 calendar days of the date on the Notice of Appeal Decision. If you go to a State Fair Hearing, HAP Empowered can attend the meeting. If someone is deceased, the representative of his/her estate can attend. You may be responsible for the continued coverage cost if the appeal ruling doesn't go in your favor.

How to File an Appeal

Internal Appeals

We have an appeals coordinator to help you. You can call us, send us a letter or come to our office. If you need help in a different language, we can help you in the language of your choice.

With your permission, someone else may ask for an appeal on your behalf. This person can be a friend, relative, doctor, attorney or the representative of a deceased enrollee's estate.

You have the right to submit written comments, documents or other information relevant to the appeal with your request. You or your authorized representative has the right to speak or present information to those reviewing your appeal. This can be done in person or by telephone.

To file in person, visit:

2850 West Grand Blvd.
Detroit, MI 48202

2050 South Linden Rd.
Flint, MI 48532

Or mail or fax us at:

Attn: Appeal and Grievance Department
HAP Empowered
P.O. Box 2578
Detroit, MI 48202
Fax: (313) 664-5866
Or by phone **(888) 654-2200 (TTY: 711)**

Expedited External Appeals

After you have filed an expedited appeal with HAP Empowered, you have the right to request an expedited external review. To do so, you must meet the following:

With your permission, someone else may ask for an appeal on your behalf. This person can be a friend, relative, doctor, attorney or the representative of a deceased enrollee's estate.

- Your doctor must tell the Department of Insurance and Financial Services (DIFS), in writing or by phone, that the standard time frame for review of the grievance/appeal would cause serious harm to your health
- You must have already filed a request for an expedited internal appeal with HAP Empowered

The request for external review should be submitted to the DIFS director at:

Department of Insurance and Financial Services, Office of General Counsel – Appeals Section
P.O. Box 30220
Lansing, MI 48909-7720
Phone: **(517) 284-8800** or **(877) 999-6442**
Fax: (517) 284-8838

Michigan Notice to Patients (Required by the Patient Self-Determination Act)

The State of Michigan has authorized the use of Power of Attorney for Health Care. This lets you choose someone to decide about your custody and medical care if you cannot decide for yourself. It makes sure your wish to accept or refuse medical treatment is honored when you can't decide for yourself.

Advance Directive

An advance directive is a written statement of your wishes for medical care. It explains what treatments you want, or don't want, when you can't speak for yourself. There may come a time when you can't decide about your own healthcare. By planning in advance, you can arrange now for your wishes to be carried out.

Durable power of attorney for health care: The state of Michigan only recognizes an advance directive called a durable power of attorney for health care. To create one, you will need to choose a patient advocate. Your patient advocate you name should be another adult that you trust (usually a friend or family member) that carries out your wishes and makes medical decisions for you when you cannot. If you do this, you should talk with the person so they know what you want. More information and the forms you need to write an advance directive are available by calling us at **(888) 654-2200 (TTY: 711)**.

Talk to your family and primary care physician about your choices. File a copy of your advance directive with your other important papers. Give a copy to the person you designate as your patient advocate. Ask to have a copy placed in your medical record. If your primary care doctor cannot agree to your choices in your advance directive, you may want to change your primary care doctor. Call us for more information and the forms you need to write an advance directive. Or visit **michigan.gov** and search for "advance directives."

If your wishes aren't followed or if you have a complaint about how your provider follows your advance directive, you may write:

Department of Licensing & Regulatory Affairs BHCS/Enforcement Division
P.O. Box 30670
Lansing, MI 48909-8170
Call: 800-882-6006

The Bureau of Health Care Services website is michigan.gov/healthlicense. Click on Complaints, then How to File a Complaint.

If you have complaints about how HAP Empowered follows your wishes, you may call the state of Michigan's Department of Insurance and Financial Services. Call toll-free at 1-877-999-6442 or go to michigan.gov/difs.

Fraud, Waste and Abuse

Fraud is the intentional deception or misrepresentation that an individual knows, or should know, to be false, or does not believe to be true, and makes, knowing the deception could result in some unauthorized benefit to himself or some other person(s).

The acts may be committed for the person's own benefit. Or they may be made for the benefit of another party. In order to be considered fraud, the act must be performed knowingly, willfully, and intentionally.

Examples:

- A. To purposely bill for services that were never given or to bill for a service that has a higher reimbursement than the service produced.
- B. Misrepresenting who provided the services, altering claim forms, electronic claim records or medical documentation.

Waste refers to the over-use of services, or practices that result in unneeded costs. Waste also refers to useless consumption or expenditure without adequate return, or an act or instance of wasting. Waste goes beyond fraud and abuse and most waste does not involve a violation of law. Waste relates largely to mismanagement, inappropriate actions, and inadequate oversight.

Examples:

- A. Giving services that are not medically necessary (i.e., unnecessary diagnostic testing).
- B. A provider prescribing meds without validating if the member still needs them.

Abuse involves provider practices that are inconsistent with sound fiscal, business, or medical practices. These result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary. Or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unneeded cost to the Medicaid program. Abuse is similar to fraud. Except that there is no burden to prove or demonstrate that abusive acts were committed knowingly, willfully, and intentionally.

Examples:

- A. Using the Emergency Room for non-emergency health care.
- B. Going to more than one doctor to get the same prescription.
- C. Threatening or offensive behavior at a provider's office, hospital, or pharmacy.

Help us stop fraud, waste and abuse. If you suspect any of these by other Medicaid members, HAP Empowered staff or doctors, call us at **(877) 746-2501**.

All reported cases of suspected fraud, waste and abuse are monitored and handled by the HAP Office of Compliance and Special Investigations Unit (SIU).

You can also write a letter to:

HAP Empowered Health Plan Compliance Officer
P.O. Box 2578
Detroit, MI 48202

Call the Medicaid program directly about fraud, waste and abuse toll-free at **(855) 643-7283**.

You can write a letter to:

Michigan Department of Health and Human Services, Office of Inspector General
P.O. Box 30062
Lansing, MI 48909
(855) MI-FRAUD (643-7283)
michigan.gov/fraud

You can report fraud, waste and abuse anonymously. You do not have to give us your name.

Benefits Monitoring Program

We have a program that helps us track your medical and pharmacy services. We review the services you use to make sure you're using the correct benefits and services for your needs. If you use services that are not needed based on your health condition, or if you overuse or abuse services, this program can help you. We'll enroll you and then teach you how to use your medical and pharmacy services. We'll also make sure you use the right providers.

We might enroll you in this program if you:

- Use the emergency room when it's not an emergency
- Go to many different doctors for your care, but not your primary care doctor
- Go to many pharmacies for your drugs instead of one pharmacy
- Get more medicine than is safe or right for your condition

If we enroll you, we may restrict you to certain providers and pharmacies. We'll share information with you and your doctor to help. We want to make sure you get the care that you need in the right amount.

How HAP Empowered Keeps Your Information Private

Your doctor keeps your medical record private. He or she cannot give out information unless you sign a form. If you want to see your record, call your doctor. We look at your medical record to be sure your doctor is giving you the care you need. We also make sure everyone we contract with follows our privacy policy.

We do not give out information about you unless we are required by law. When you signed up for a Medicaid health plan, you agreed to let us use information about you. We use this information to pay claims for your health care services, administer benefits and to ensure you get proper care. We follow our Notice of Privacy Practices about your information and changes to it.

HAP Empowered Healthy Michigan Plan

The Healthy Michigan Plan is a health care program from MDHHS.

You may be eligible for the HMP program if you are:

- Between the ages of 19 and 64
- Not currently eligible for Medicaid
- Not enrolled in or qualified for Medicare
- Not pregnant when applying for the Healthy Michigan Plan
- Earning up to 133% of the federal poverty level
- A resident of the state of Michigan



What's Covered

The HMP covers all benefits listed in the Benefits section of this guide. It also covers additional benefits like the ones listed below.

Dental Services

The HMP covers dental care. This includes dental exams, cleanings and extractions (tooth removal). These services are also covered for pregnant women who are members of HAP Empowered:

- Routine exams and cleanings every six months
- Four bitewing X-rays every year
- Full-mouth X-rays once every five years
- One filling per tooth every two years
- Emergency exams, no more than twice a month

Questions? Contact Delta Dental at **(866) 696-7441 (TTY: 711)**.

If you need a ride to your dentist's office, call Customer Service at **(888) 654-2200 (TTY: 711)**.

Habilitative Services

The HMP covers habilitative services ordered by your doctor. Habilitative services help a person keep, learn or improve skills and functions.

These may include speech, physical or occupational therapy. They could also include equipment to help a person walk or move.

Preventive Care

HAP Empowered covers many preventive services. The HMP covers additional preventive care. These services are recommended by organizations like the United States Preventive Services Task Force.

Completing the Health Risk Assessment (HRA)

The goal of the Healthy Michigan Plan is to help you get healthy and stay healthy. We'll start by asking you questions about your current health on our HRA. Then, we urge you to see your doctor for a checkup within 60 days of enrollment. You should see him or her at least once a year after that.

An annual checkup is a covered benefit. We can even help you get to your appointment. Please call Customer Service at **(888) 654-2200 (TTY: 711)** to schedule your transportation.

Take the HRA form in your member packet with you the next time you go to the doctor.

Complete your HRA:

- The HRA will take only a few minutes.
- Please answer sections 1, 2 and 3 as best you can. Don't worry if you get stuck. You're not required to answer all questions.
- Take the form to your doctor's appointment.

Your doctor will:

- Fill out section 4 of the HRA at your appointment. We use this information to better meet your health needs. Remember, this information is confidential. It is protected by federal and state law. It cannot be used to deny health care coverage.

After you and your doctor complete the HRA and send it to HAP Empowered Healthy Michigan Plan, you could earn a reduction in copays or monthly contributions.

Your doctor will talk to you about how to earn this reduction. It could include maintaining healthy behaviors and improving others, such as:

- Keeping a healthy weight
- Exercising and eating healthier
- Stopping tobacco use
- Reducing alcohol or tobacco use
- Scheduling a dental appointment
- Scheduling a preventive care visit

Once the HRA is complete and your doctor has signed it, please ask the doctor to provide you a copy. Ask the doctor's office staff to fax it to us at **(844) 225-4602**.

If you have questions about HRA, please call **(844) 214-0870**.

Other Responsibilities

You also have the responsibility to:

- Report other insurance benefits (e.g, employer health insurance) when you're eligible to:
 - Your MDHHS office specialist
 - The Beneficiary Helpline at **(800) 642-3195**
 - HAP Empowered Customer Service at **(888) 654-2200 (TTY: 711)**
- Choose a doctor and schedule an appointment within 60 days of enrollment
- Build a relationship with the doctor you have chosen
- Make prompt payment upon receipt of statement from the mihealth account for cost sharing responsibilities

- Report changes that may affect your coverage to your MDHHS specialist:
 - Address change
 - Birth of a child
 - Death
 - Marriage or divorce
 - Change in income
- Apply for Medicare or other insurance when you are eligible

Healthy Michigan Plan Copays

A copay is a fixed amount you must pay for a health care service. For services covered by your health plan, you will pay these amounts over time through the MI Health Account. For example, if you had \$12 in copays for services on the statement, you will pay \$4/month for copays.

The amounts might be as high as shown below. There are ways to reduce what you owe. Also, some services have no copays.

Healthy Michigan Plan Copays	Copay*	Copay*
	Income less than or equal to 100% FPL**	Income more than 100% FPL**
Physician Office Visits (including freestanding Urgent Care Centers)	\$2	\$4
Pharmacy	\$1 preferred \$3 non-preferred	\$4 preferred \$8 non-preferred
Dental Visits	\$3	\$4
Vision Visits	\$2	\$2
Hearing Visits	\$3 per aid	\$3 per aid
Podiatry Visits (foot doctor)	\$2	\$4
Chiropractic Visits	\$1	\$3
Outpatient Hospital Clinic Visits	\$2	\$4
Emergency Room Visits for Non-Emergencies (no copay for emergency services)	\$3	\$8
Inpatient Hospital Visits (does not apply to emergency admissions)	\$50	\$100

* Copay amounts subject to change.

** Federal poverty level.

These people do not pay copayments:

- Beneficiaries under age 21
- People who live in nursing facilities
- People getting hospice care
- Native American Indians and Alaskan Natives consistent with federal regulations at 42 CFR 447.56(a)(1)(x)
- Beneficiaries dually eligible for Healthy Michigan Plan and Children’s Special Health Care Services

There are no copays for:

- Emergency services
- Family planning products or services
- Pregnancy-related products or services for pregnant women
- Services related to preventive care
- Services related to chronic conditions, such as heart disease and diabetes
- Services received at a Federally Qualified Health Center, Rural Health Clinic or Tribal Health Center
- Mental health specialty services and support provided or paid through the Prepaid Inpatient Health Plan or Community Mental Health Services Program
- Mental health services provided through state psychiatric hospitals, the state Developmental Disabilities Center and the Center for Forensic Psychiatry
- Services related to program-specific chronic conditions. A list of these conditions is online at michigan.gov/healthymiplan.

MI Health Account

The MI Health Account is a special health care account for Healthy Michigan Plan members who join a health plan. The MI Health Account will help you keep track of your costs and payments.

MI Health Account Statement

Your MI Health Account statement will show:

- The services you received
- What your health plan paid
- What you owe



Notice of Privacy Practices

HAP Empowered is committed to protecting your privacy. Safeguarding information about you and your health is very important to us. This notice tells you how your health information may be used and shared and who can see it.

Your Protected Health Information (PHI)

PHI stands for protected health information. PHI can be used to identify you. It includes information such as your name, age, sex, address and member ID number, as well as your:

- Physical or mental health
- Health care services you receive
- Payment for care

Your Privacy

Keeping your PHI safe is important to HAP. We're required by law to keep your PHI private. We must also tell you about our legal duties and privacy practices. This notice explains:

- How we use information about you
- When we can share it with others
- Your rights related to your PHI
- How you can use your rights

When we use the term "HAP," "we" or "us" in this notice, we're referring to HAP and its subsidiaries. This includes HAP Empowered Health Plan, Inc.

How We Protect Your PHI

We protect your PHI in written, spoken and electronic form. Our employees and others who handle your information must follow our policies on privacy and technology use. Anyone who starts working for HAP must state that they have read these policies. And they must state that they will protect your PHI even after they leave HAP. Our employees and contractors can use only the PHI necessary to do their jobs. And they may not use or share your information except in the ways outlined in this notice.

How We Use or Share Your PHI

We share your information only with those who must know for:

- Treatment
- Payments
- Business tasks

Treatment

We may share your PHI with your doctors, hospitals or other providers to help them:

- Provide treatment. For example, if you're in the hospital, we may let them see records from your doctor.
- Manage your health care. For example, we might talk to your doctor to suggest a HAP program that could help improve your health.

Payment

We may use or share your PHI to help us figure out who must pay for your medical bills. We may also use or share your PHI to:

- Collect premiums
- Determine which benefits you can get
- Figure out who pays when you have other insurance

Business Tasks

As permitted by law, we share your PHI with:

- Companies affiliated with HAP
- Other companies that help with HAP's everyday work
- Others who help provide or pay for your health care

We may share your information with others who help us do business. If we do, they must keep your information private and secure. And they must return or destroy it when they no longer need it for our business.

Your information may be used to:

- Evaluate how good care is and how much it improves. This may include provider peer review.
- Make sure health care providers are qualified and have the right credentials.
- Review medical outcomes.
- Review health claims.
- Prevent, find and investigate fraud, waste and abuse.
- Decide what is covered by your policy and how much it will cost. But we are not allowed to use or share genetic information to do that.
- Do pricing and insurance tasks.
- Help members manage their health care and get help managing their care.
- Communicate with you about treatment options or other health-related benefits and services.
- Do general business tasks, such as quality reviews and Customer Service.

Other Permitted Uses

We may also be permitted or required to share your PHI ...

With you:

- To tell you about medical treatments and programs or health-related products and services that may interest you. For example, we might send you information on how to stop smoking or lose weight.
- For health reminders, such as refilling a prescription or scheduling tests to keep you healthy.
- To contact you, by phone or mail, for surveys. For example, each year we ask our members about their experience with HAP.

With a friend or family member:

- Who may act on your behalf. For example, parents can get information about their children covered by HAP.
- In an unusual situation like a medical emergency if we think it's in your best interests. For example, if you have an emergency in a foreign country and can't contact us directly. In that case, we may speak with a friend or family member who is acting on your behalf.
- With someone who helps pay for your care. For example, if your spouse contacts us about a claim, we may tell him or her whether the claim has been paid.

With the Government

- For public health needs in the case of a health or safety threat such as disease or a disaster.
- For U.S. Food and Drug Administration investigations. These might include probes into harmful events, product defects or product recalls.
- For health oversight activities authorized by law.
- For court proceedings and law enforcement uses.
- With the police or other authority in case of abuse, neglect or domestic violence.
- With a coroner or medical examiner to identify a body, find out a cause of death or as authorized by law. We may also share member information with funeral directors.
- To comply with workers' compensation laws.

- To report to state and federal agencies that regulate HAP and its subsidiaries. These may include the:
 - U.S. Department of Health and Human Services
 - Michigan Department of Insurance and Financial Services
 - Michigan Department of Health and Human Services
 - Federal Centers for Medicare and Medicaid Services
- To protect the U.S. president.

For Research or Transplants

- For research purposes that meet privacy standards. For example, researchers want to compare outcomes for patients who took a certain drug and must review a series of medical records.
- To receive, bank or transplant organs, eyes or tissue.

With Your Employer or Plan Sponsor

- We may use or share your PHI with an employee benefit plan who you get health benefits from. It's shared only when the employer or plan sponsor needs it to manage your health plan.
- Except for enrollment information or summary health information and as otherwise required by law, we share your PHI with an employer or plan sponsor only if they have guaranteed in writing it will be kept private and used properly.

To use or share your PHI for any other reason, we must get your written permission. If you give us permission, you may change your mind and cancel it. But it will not apply to information we've already shared.

Organized Health Care Arrangement (OHCA)

HAP and its affiliates covered by this Notice of Privacy Practices and Henry Ford Health System and its affiliates are part of an organized health care arrangement. Its goal is to deliver higher quality health care more efficiently and to take part in quality measure programs, such as the Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS is a set of standards used to measure the performance of a health plan. In other words, HEDIS is a report card for managed care plans.

The Henry Ford Health System organized health care arrangement includes:

- HAP
- Alliance Health and Life Insurance Company
- HAP Empowered Health Plan, Inc.
- HAP Preferred, Inc.
- Henry Ford Health System

Henry Ford's organized health care arrangement lets these organizations share PHI. This is done only if allowed by law and when needed for treatment, payment or business tasks relating to the organized health care arrangement.

This list of organizations may be updated. You can access the current list at hap.org/privacy or call us at **(800) 422-4641 (TTY: 711)**. When required, we will tell you about any changes in a revised Notice of Privacy Practices.

Your Rights

These are your rights with respect to your information. If you would like to exercise any of these rights, please contact us. The contact information is in the "Who to contact" section at the end of this document. You may have to make your request in writing.

You have the following rights:

Right to see your PHI and get a copy

With some exceptions, you have the right to see or get a copy of your PHI in records used to make decisions about your health coverage. This includes our enrollment, payment, claims resolutions and case or medical management notes. If we deny your request, we'll tell you why and whether you have a right to further review.

Right to ask us to change your PHI

If we deny your request for changes in your PHI, we'll explain why in writing. If you disagree, you may have your disagreement noted in our records. If we accept your request to change the information, we'll make reasonable efforts to tell others of the change, including people you name. In this case, the information you give us must be correct. We cannot delete any part of a legal record like a claim submitted by your doctor.

Right to know about disclosures

You have the right to know about certain disclosures of your PHI. HAP does not have to inform you of all PHI we release. We are not required to tell you about PHI shared or used for treatment, payment and business tasks. We do not have to tell you about information we shared with you or based on your authorization. You may request a list of other disclosures made during the six years prior to your request.

Your first list in any 12-month period is free. If you ask for another list within 12 months of your free list, we may charge you a fee. We'll tell you if there are fees in advance. You may choose to cancel or change your request.

Right to know about data breaches that compromise your PHI

If there is a breach of your unsecured PHI, we'll tell you about it as required by law or when it's appropriate.

Right to ask us to limit how we use or share your PHI

You may ask us to limit how we use or share your PHI for treatment, payment or business tasks. You have the right to ask us to limit PHI shared with family members or others involved in your health care or payment. We do not have to agree to these limits. If we do, we'll follow them – unless needed for emergency treatment or as required by law. In that case, we will tell you we must end our agreement.

Right to request private communications

If you believe you would be harmed if we send your PHI to your current mailing address (for example, in a case of domestic dispute or violence), you can ask us to send it another way. We can send it by fax or to another address. We will try to meet any fair requests.

You have a right to get a paper copy of this notice.

See our contact information on page 44.

Changes to This Privacy Statement

We have the right to make changes to this notice. If we make changes, the new notice will be effective for all the PHI we have. Once we make changes, we'll send you the new notice by U.S. mail and post it on our website.

Who to Contact

If you have any questions about this notice or about how we use or share member information, mail a written request to:

HAP and HAP Empowered Health Plan, Inc.
Information Privacy & Security Office
One Ford Place, 2A
Detroit, MI 48202

You may also call us at **(800) 422-4641 (TTY: 711)**.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us. Contact the Information Privacy & Security Office above or HAP's Compliance Hotline at **(877) 746-2501 (TTY: 711)**. You can stay anonymous. You may also notify the secretary of the U.S. Department of Health and Human Services of your complaint. You may contact your MDHHS caseworker or find your county phone number at michigan.gov/dhs-countyoffices.

We will not take any action against you for filing a complaint.

Handbook Definitions

Pursuant to 42 CFR 438.10(c)(4)(i), the Michigan Department of Health and Human Services (MDHHS) has developed the following glossary of terms. These defined terms must be used by all Medicaid health plans when providing information to enrollees. These definitions do not replace defined legal terms in the Medicaid Comprehensive Health Care Program contract and all other applicable laws, regulations and rulings.

Abuse

Provider practices that are inconsistent with sound fiscal, business or medical practices, and result in unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes enrollee practices that result in unnecessary cost to the Medicaid program.

Advance Directive

A written legal instruction, such as a living will, personal directive, advance decision, durable power of attorney or health care proxy, where a person specifies what actions should be taken relating to the provision of health care when the individual is incapacitated.

Appeal

An appeal is the action you can take if you disagree with a coverage or payment decision made by your Medicaid Health Plan. You can appeal if your plan:

- Denies your request for a health care service, supply item or prescription drug that you think you should be able to get
- Reduces, limits or denies coverage of a health care service, supply item or prescription drug you already have
- Stops providing, or paying for all or part of a service, supply item or prescription drug you think you still need

Authorization

An approval for a service.

Contractor

A health plan (HAP Empowered) that was awarded a Medicaid contract.

Copayment

An amount you must pay as your share of the cost for a medical service or supply. This includes things like a doctor visit, hospital outpatient visit or prescription drug. A copayment is usually a set amount. For example, you might pay \$2 or \$4 for a doctor visit or prescription drug.

Covered Services

All services provided under Medicaid, as defined in the contract that the plan has agreed to provide or arrange to be provided to enrollees.

Durable Medical Equipment

Equipment and supplies ordered by a health care provider for everyday or extended use which may require preauthorization. For example: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency Medical Condition

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation

Ambulance services for an emergency medical condition.

Emergency Room Care

Care given for a medical emergency when you believe that your health is in serious danger.

Emergency Services

Inpatient or outpatient evaluation and treatment of an emergency medical condition and treatment to keep the condition from getting worse.

Excluded Services

Health care or dental services that your plan doesn't pay for or cover.

Expedited Appeal

An appeal conducted when the contractor determines (based on the enrollee request) or the provider indicates (in making the request on the enrollee's behalf or supporting the enrollee's request) that taking the time for a standard resolution could seriously jeopardize the enrollee's life, health, or ability to attain, maintain, or regain maximum function. The contractor's decision must be made within 72 hours of receipt of an expedited appeal.

Experimental/Investigational

Drugs, biological agents, procedures, devices or equipment determined by the Medical Services Administration Division of MDHHS, that have not been generally accepted by the professional medical community as effective and proven treatments for the conditions for which they are being used or are to be used.

Fraud

An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself/herself or some other person.

Grievance

An expression of dissatisfaction about any matter other than an action subject to appeal. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationship such as rudeness of a provider or employee, or failure to respect your rights regardless of whether remedial action is requested. Grievance includes an enrollee's right to dispute an extension of time proposed by the Medicaid Health Plan to make an authorization decision.

Habilitation Services and Devices

Health care services that help a person learn skills and functioning for daily living not yet learned. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance

Health insurance is a type of insurance coverage that pays for medical and/or drug expenses for people. Health insurance can pay the person back for expenses from illness or injury, or pay the provider directly. Health insurance requires the payment of premiums (see Premium) by the person receiving the insurance.

Home Health Care

A wide range of health care services a health care provider decides you need in your home for treatment of an illness or injury. Home health care helps you get better, regain independence and become as self-sufficient as possible.

Hospice Services

Hospice is a special way of caring for people who are terminally ill. It provides support to the person and their family.

Hospitalization

Care in a hospital that requires admission as an inpatient, and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

Medicaid Health Plan

A plan that offers health care services to members who are verified as eligible by the state. The state contracts with certain Health Maintenance Organizations (HMOs) to provide health care services for those who are eligible. The government pays the premium on behalf of the member.

Medically Necessary

Health care, dental services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms that meet accepted standards of medicine or dental practices needed to diagnose or treat oral health.

Network

A group of doctors, hospitals, pharmacies and other health care experts contracted by your plan to provide health care services.

Network Provider/Participating Provider

A health care provider that has a contract with the plan as a provider of care.

Non-Participating Provider/Out-of-Network Provider

A health care provider that *doesn't* have a contract with a Medicaid Health Plan as a provider of care.

Physician Services

Health care services provided by a person licensed under state law to practice medicine.

Plan

A plan that offers health care services to members who pay a premium.

Preauthorization

Approval from a plan required *before* you get a service, medical equipment, or fill a prescription in order for the service, medical equipment or prescription to be paid for by your plan. It is sometimes called prior authorization, prior approval or precertification. Your plan may require preauthorization for certain services before you receive them, except in an emergency.

Premium

The amount paid for health care benefits every month. Medicaid Health Plan premiums are paid by the government on behalf of eligible members.

Prepaid Inpatient Health Plan (PIHP)

Provides behavioral health services to enrollees. The PIHP is responsible for treating the individual until the individual is stabilized and no longer meets the criteria for serious mental illness treatment as outlined in Medicaid policy.

Prescription Drug Coverage

Health insurance or a plan that helps pay for prescription drugs and medications.

Prescription Drugs

Drugs and medications that, by law, require a prescription by a licensed provider.

Primary Care Physician or Doctor

A licensed physician or doctor who provides and coordinates your health care services. Your primary care physician is the person you see first for most health problems. He or she makes sure you get the care you need to stay healthy. He or she may also talk with other doctors and health care providers about your care and refer you to them.

Primary Care Provider

A licensed physician, nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides and coordinates your health care services. Your primary care provider is the person you see first for most health problems. He or she makes sure you get the care you need to stay healthy. He or she may also talk with other doctors and health care providers about your care and refer you to them.

Provider

A person, facility or organization that is licensed to provide health care services. Doctors, nurses and hospitals are examples of health care providers.

Rehabilitation Services and Devices

Rehabilitation services and/or equipment ordered by your doctor to help you recover from an illness or injury. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care

Services from licensed nurses, technicians, and/or therapists in your own home or in a nursing home.

Specialist

A licensed physician who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

Urgent Care

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe that it requires emergency room care.

Waste

The overutilization of services or practices that result in unnecessary costs. Waste also refers to useless consumption or expenditure without adequate return.

Get Help in Your Language

ATTENTION: If English is not your primary language, free language assistance services are available to you. Call (888) 654-2200 or TTY: 711.

VINI RE: Nëse gjuaj juaj e parë nuk është anglishtja, ju ofrohen shërbime ndihme gjuhësore pa pagesë. Telefononi numrin (888) 654-2200 ose TTY: 711.

تنبيه: إذا كانت اللغة الإنجليزية ليست لغتك الأولى، فإن خدمات المساعدة اللغوية متاحة لك مجانًا. اتصل على الرقم (888) 654-2200 أو الهاتف النصي: 711.

দৃষ্টি আকর্ষণ: যদি আপনার প্রাথমিক ভাষা ইংরেজি না হয় তাহলে বিনামূল্যের ভাষা সহায়তা পরিষেবা আপনার জন্য উপলব্ধ রয়েছে। ফোন করুন: (888) 654-2200 বা TTY: 711।

請注意：如果英文不是您的主要語言，我們可提供免費的語言協助服務。請致電 (888) 654-2200 或 TTY: 711。

HINWEIS: Wenn Englisch nicht Ihre Muttersprache ist, stehen für Sie kostenlos Sprachassistentendienste zur Verfügung. Wählen Sie die Rufnummer (888) 654-2200 oder TTY: 711.

ATTENZIONE: Se la lingua che lei parla non è l'inglese, ha a disposizione servizi di assistenza linguistica gratuiti. Chiami il numero (888) 654-2200 (il numero TTY è 711).

注記：英語が主要な言語でない場合、無料の言語支援サービスをご利用いただけます。(888) 654-2200 または TTY:711 までお電話ください。

주의: 영어가 주로 사용하는 언어가 아닌 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (888) 654-2200 번 또는 TTY: 711 번으로 전화해 주십시오.

UWAGA! Jeśli język angielski nie jest Twoim głównym językiem, udostępniamy bezpłatne usługi tłumaczeniowe. Zadzwoń pod nr (888) 654-2200 lub TTY: 711.

ВНИМАНИЕ! Если английский не является вашим родным языком, вы можете бесплатно воспользоваться услугами переводчика. Звоните по телефону (888) 654-2200 (телетайп: 711).

NAPOMENA: Ako engleski nije Vaš prvi jezik, dostupna Vam je besplatna jezična podrška. Nazovite (888) 654-2200 ili tekstualni telefon za osobe oštećenog sluha: 711.

ATENCIÓN: Si el inglés no es su idioma natal, los servicios de asistencia de idioma gratuitos están disponibles para usted. Llame al (888) 654-2200 o TTY: 711.

تنبیه: اگر انگلیسی زبان شما کی مادری زبان نہیں ہے، تو آپ کو مفت زبان کی مدد کی خدمات دستیاب ہیں۔ (888) 654-2200 یا TTY: 711 پر رابطہ کریں۔

PAUNAWA: Kung hindi Ingles ang iyong pangunahing wika, may magagamit kang mga libreng serbisyo ng tulong sa wika. Tumawag sa (888) 654-2200 o TTY: 711.

CHÚ Ý: Nếu tiếng Anh không phải là ngôn ngữ chính của quý vị, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi (888) 654-2200 hoặc TTY: 711.

Notes



EMPOWERED

Want one-on-one help to understand your coverage?

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hap.org/Medicaid
(888) 654-2200



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