



Provider Newsletter

December 2019

Table of Contents

| | |
|---|---|
| HAP Empowered rebranding | 3 |
| Trusted HP-Michigan integration with HAP Empowered..... | 3 |
| Healthy Michigan Plan health risk assessment completion instructions..... | 3 |
| Important contacts | 3 |
| Ensure claims for your HAP Empowered patients get paid | 4 |
| Some of your Medicaid patients are at risk of losing coverage | 4 |
| Transportation services..... | 6 |
| Dental care | 6 |
| Quality management program for HAP Empowered | 6 |
| Pharmacy | 7 |

HAP Empowered rebranding

Earlier this year, the plans we offer through HAP Midwest Health Plan, Inc. became HAP Empowered plans—

- HAP Empowered Medicaid
- HAP Empowered Healthy Michigan Plan
- HAP Empowered MI Child Program
- HAP Empowered Children's Special Health Care Services program
- HAP Empowered MI Health Link

At that time, only our plan name changed. Members had the same coverage. However, providers continued to be contracted and paid through HAP Midwest.

Beginning January 1, 2020, the entity name, HAP Midwest Health Plan, Inc. will change to HAP Empowered Health Plan, Inc. Provider contracts, checks and remittance advices will all reflect the HAP Empowered name.

Trusted HP-Michigan integration with HAP Empowered

On September 13, 2019 Health Alliance Plan (HAP) purchased Trusted Health Plan – Michigan (Trusted HP – Michigan).

Beginning January 1, 2020, Trusted HP – Michigan members have access to HAP Empowered Medicaid plans with the same benefits as the Trusted HP – Michigan plan. For detailed information on the integration with HAP Empowered, please visit: hap.org/empoweredproviders; *Newsletters and key information; Trusted HP Michigan Integration with HAP Empowered.*

Healthy Michigan Plan health risk assessment completion instructions

We offer a \$25 incentive for primary care physicians who complete and return the HMP HRA. This incentive payment is part of the Pay for Performance (P4P) bonus program. To be eligible, PCPs must:

- Complete and sign the HRA
- Give the member a copy
- Fax the completed HRA to **(844) 225-4602**
- Bill with CPT code 96160

If you have any questions, please contact **(844) 214-0870**.

Important contacts

| For | Contact |
|--|---|
| Claims questions | (888) 654-2200 |
| <ul style="list-style-type: none">• New provider orientation• Existing provider education/training• Online authorization tool, CareAffiliate, training• Provider portal setup and questions | Email Provider Services at prelweb1@hap.org |
| <ul style="list-style-type: none">• Credentialing information• Newsletters and updates• Practice Guidelines• Provider Manual• HAP Empowered Quality Program | Visit hap.org/empoweredproviders You don't need to log in. |
| • Questions regarding your contract or to add a provider | Email provider_contracting@hap.org |

Ensure claims for your HAP Empowered patients get paid

Effective December 21, 2019, please follow the guidelines below when submitting claims for your HAP Empowered patients.

- Do not use payer ID MHP77
- Do not submit claims via the HAP Empowered website
- Submit claims with **any date of service** to HAP Empowered as follows:
 - For electronic claims submission:
 - Use direct connection with HAP or Change Healthcare clearinghouse
 - Use HAP Payer ID 38224
 - For paper claims submission, send to:

HAP Empowered Claims
P.O. Box 2578
Detroit, MI 48202

Reminder for checking status on claims already submitted

Please follow the guidelines below when checking claims status.

| For | Guidelines |
|---|---|
| Claims with dates of service prior to July 1, 2019 | <p>Log in at hap.org with your vendor login and password and select one of the following:</p> <ul style="list-style-type: none">• Claims, then the link that says <i>Click here to Click here to view HAP Midwest claims with dates of service prior to July 1, 2019.</i>• Remittance Advice, then the link that says <i>Click here to view the Midwest documents for dates of service prior to July 1, 2019. (Remittance Advice, EDI Claims Errors, EDI 835, Pickup EDI 999 Files, Pickup EDI 277CA Files, Vendor Financial Statements).</i> |
| Claims with dates of service July 1, 2019, forward | <p>Log in at hap.org with your vendor login and password and select Claims OR Remittance Advice.</p> |

If you have any questions, please contact **(888) 654-2200** and follow the prompts.

Some of your Medicaid patients are at risk of losing coverage

There are changes coming to the Healthy Michigan Plan work requirements that may lead to loss of coverage for your patients. The Healthy Michigan Plan provides health care coverage to low-income Michigan residents. HMP beneficiaries can access a wide range of health care services which includes, but is not limited to, primary care, emergency services, behavioral health services, and prescription drugs.

Effective January 1, 2020, HMP beneficiaries, between the ages of 19 and 62 who are not otherwise excused, are required to work or complete other activities for at least 80 hours per month. If the requirement is not met and documentation is not submitted for exemption, it may result in loss of coverage for your patients which could mean:

- Interrupted or avoided care
- Increased uncompensated care for your office
- Increased emergency room usage

HAP is Here to help!

We're providing you with a list of your patients that may be subject to loss of coverage. The Michigan Department of Health and Human Services is sending letters to beneficiaries about the upcoming changes. Providers can also encourage their patients to:

- Visit michigan.gov/healthymiplan for information on the new requirements
- Re-apply for coverage, by:
 - Visiting michigan.gov/mibridges
 - Calling **(855) 789-5610**
 - Visiting a local MDHHS office

The new work requirements and reasons members could be excused can be found below.

New work requirements

- Having a job or income
- Being a student
- Looking for a job
- Volunteering (this activity can only be used for three months each calendar year)
- Doing job training
- Participating in a tribal employment program
- Participating in rehab (substance abuse)
- Doing vocational training
- Doing an internship

Reasons members can be excused

Members can be excused from having to tell MDHHS each month about work or activities to keep their HMP healthcare coverage. They can be excused for up to one year and it can be renewed. In some cases, MDHHS will already know someone is excused and will apply the excuse automatically. Here are the reasons a member can be excused.

- Pregnant or were pregnant in the last two months
- Medically frail due to one or more of the following:
 - physical, mental, or emotional condition that limits a daily activity, like bathing
 - physical, intellectual, or developmental disability that makes it hard to do a daily living activity
 - physical, mental, or emotional condition that needs to be checked often
 - disability based on Social Security criteria (SSDI)
 - chronic substance use disorder (SUD)
 - serious and complex medical conditions, or special medical needs
 - in a nursing home, hospice, or get home help services
 - homeless
 - a survivor of domestic violence
- The main caretaker for a family member under six (one parent per household)
- A full-time student
- Under age 21 and were in Michigan foster care
- In prison or jail in the last six months
- Getting State of Michigan unemployment benefits
- Getting temporary or permanent disability payments from a private insurer or the government
- A medical condition that limits work, approved by a doctor
- Caring for a dependent with a disability and has a doctor's order for full-time care (one claim per household)
- Caring for a person who cannot make decisions for themselves
 - Good cause. The beneficiary or a family member has a serious illness; is hospitalized; or has a disability that meets the government definition.

If your patients need a copy of the exception form, you can print it for them. Visit michigan.gov/mdhhs and search for **Exemption Form MSA-1905**. For more information on Healthy Michigan Plan changes, visit michigan.gov/mdhhs and select *Assistance Programs; Health Care Coverage; Healthy Michigan Plan*.

Transportation services

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

Emergency transportation

If members need transportation for a life-threatening emergency, they're instructed to call 911. If they need same-day transportation for urgent, non-life-threatening care, they're instructed to call customer service.

We'll cover emergency transportation and hospital-billed ambulance services to and from a nursing facility or member's home.

Routine (non-emergency) transportation

We'll give members a ride to the doctor or dentist if they don't have a way to get there. Members can call us three business days in advance at **(888) 654-2200 (TTY: 711)**, Monday through Friday from 7:30 a.m. to 5:30 p.m.

We provide rides by bus, car, van or wheelchair van. We can provide a car seat upon request. If members drive themselves, we'll reimburse them for mileage or cab service.

Dental care

Dental care is an important part of your patients overall health. Dental benefits for your HAP Empowered patients are outlined below.

| Dental care for | Benefit details |
|-----------------|---|
| Pregnant women | Dental services are a covered benefit for pregnant women. Pregnant members will receive a Delta Dental benefit card. They can receive dental services during pregnancy through the last day of the third calendar month after pregnancy due date. |
| Children | The state of Michigan's Medicaid program covers dental care for 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. Children are enrolled automatically and get an ID card from the dental plan. |

If your HAP Empowered patients have questions about their dental benefits, they can call HAP Empowered Customer Service at **(888) 654-2200 (TTY: 711)**.

Quality management program for HAP Empowered

We have an ongoing Quality Assessment and Performance Improvement Program for HAP Empowered members. The program is designed to:

- Promote and improve the delivery of member medical and health care services consistent with our mission and goals.
- Objectively and systematically monitor and evaluate the appropriateness of clinical and nonclinical member care and services.

We pursue opportunities to improve care and services and resolve identified problems. We, along with PCPs and specialists, have a role in monitoring, maintaining and improving the quality of care and services.

QAPI effectiveness is evaluated annually. You can find a copy of the QAPI program, including progress on our annual goals and the annual evaluation by:

- Visiting hap.org/protecting-your-health; then HAP's quality program

Pharmacy

Medicaid provider enrollment in CHAMPS requirement for prescribers

Per the Michigan Department of Health and Human Services, all providers serving Medicaid beneficiaries must be enrolled in CHAMPS. This is the state's online Medicaid enrollment and billing system. It ensures all providers who participate in Medicaid comply with federal screening and enrollment requirements.

On October 1, 2019, CHAMPS **prescriber** edits went into effect for all health care providers who can prescribe medications. If you aren't enrolled in CHAMPS, prescriptions that you write or e-prescribe will reject at the pharmacy. The message will read: "Prescriber Not Enrolled in State Medicaid Program." If you have not enrolled in CHAMPS, please visit michigan.gov/MedicaidProviders.

Drug Utilization Review (DUR)

Retrospective DUR-Medicaid

In January 2019, we implemented a new DUR program in conjunction with the pharmacy benefit manager that processes HAP pharmacy claims. This program integrates pharmacy claims, medical claims and lab data at the individual patient level to identify and perform interventions for therapy-related safety and health risks, focusing on:

- Adverse drug risk
- Coordination of care opportunities
- Omission of essential care

This program alerts physicians to potentially life-saving risks as well as opportunities to:

- Improve care
- Increase adherence
- Prevent hospitalizations
- Improve health outcomes

Patient-specific alerts are sent to physicians via EHR, fax or letter. Pharmacist alerts are sent specific to adverse drug-disease.

Since the implementation of this program in early 2019, the volume of interventions is growing. Below is a snapshot of the types of alerts and interventions measured for HAP Empowered Medicaid from January through September 2019.

- | | |
|--------------------------------|--|
| • Physician care alerts: 39.3% | • Omission of essential care: 14.3% |
| • Adverse drug risk: 38.2% | • Coordination of care opportunity: 8.0% |

We appreciate the opportunity to work with physicians and pharmacists to improve patient safety and outcomes of care.

Medicaid opioid prescribing

There are new DUR provisions for the state fee-for-service Medicaid and managed Medicaid health plans. These provisions can be found in section 1004 of the *Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act*. This act, also known as the SUPPORT Act, was effective October 1, 2019. Its purpose is to reduce opioid related fraud, misuse and abuse. The SUPPORT Act includes the following requirements for prescription claims processing review for opioids:

1. Safety edits including early, duplicate, and quantity limits
2. Maximum daily morphine milligram equivalents (MME) safety edits
3. Concurrent utilization alerts for opioids with benzodiazepines or antipsychotics or both

There are also requirements for a process to identify potential fraud or abuse of controlled substances by:

- Medicaid enrollees
- Health care providers prescribing drugs to enrollees
- Pharmacies dispensing drugs to enrollees

HAP Empowered is working with the State to report concurrent utilization and monitor overall opioid MME patterns. Stay tuned for more information and details about these SUPPORT programs for HAP Empowered Medicaid.

HAP Empowered Medicaid drug formulary

HAP administers the Michigan Medicaid Health Plan Common Formulary for Medicaid beneficiaries. General information about the Common Formulary and a list of formulary changes can be found at www.hap.org/emp/hap-empowered/medicaid/prescription.

The 2020 HAP Empowered Medicaid Formulary documents will be posted in December. Annually, we post the drug formulary on the website. Updates are posted throughout the year. If there are formulary changes that result in drug restrictions or replacements, we send a letter to affected members and their prescriber. You can search the formulary to:

- Check the status of a specific drug
- Look at a drug category
- View restrictions and prior authorization criteria

You can view or print the complete formulary document. You can also request a printed copy of the drug formulary and related documents. Please contact Pharmacy Care Management at

(313) 664-8940, option 3. The formulary information on the website includes:

- | | |
|--|---|
| • How to use the formulary | • How to submit an exception request |
| • Formulary restrictions and preferences | • Information about specialty drugs |
| • Explanation of limits | • Pharmacy forms (prior authorization request form, formulary exception request form) |
| • Generic drugs, prior authorization, step therapy | |

Contact information for HAP Empowered Medicaid, HAP Empowered MICHild, HAP Empowered Healthy Michigan Plan, and HAP Empowered Children's Special Health Care Services

| For | Contact |
|--|--|
| Faxed requests for prior authorization or exceptions | Fax: (313) 664-5460 |
| Prior authorization phone line | Phone: (313) 664-8940, option 3 |

Need pharmacy authorization or exception forms? Visit hap.org/Medicaid; Prescription coverage; Formulary and forms.