



**HAP  
IS HERE**

*with your*  
**MEDICAID  
MEMBER  
HANDBOOK**

Helping you understand  
your Medicaid plan



**EMPOWERED**

**Questions?** Call HAP Empowered Customer Services at (888) 654-2200 or TTY 711.  
Visit our website at [hap.org/Medicaid](https://hap.org/Medicaid).



**EMPOWERED**

*Empowering your health*

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# Contents

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<b>Welcome to HAP Empowered Health Plan .....</b>	<b>5</b>
<b>Interpreter Services .....</b>	<b>5</b>
<b>Hearing and Vision Impairment.....</b>	<b>5</b>
<b>Important Numbers and Contact Information.....</b>	<b>6</b>
<b>Your State Issued Medicaid ID Card.....</b>	<b>8</b>
<b>Your HAP Empowered Member ID Card .....</b>	<b>8</b>
<b>Important ID Card Notes .....</b>	<b>8</b>
<b>Getting Help from HAP Empowered Customer Service .....</b>	<b>9</b>
Contact Us .....	9
Our Website .....	9
Confidentiality.....	9
<b>Manage Your Digital Health Records/Member Mobile Application.....</b>	<b>10</b>
We make it easy for you to see your plan information with an online HAP account .....	10
You can also download our mobile app to access your member ID Card.....	10
<b>Transition of Care .....</b>	<b>11</b>
<b>Choosing A Primary Care Provider.....</b>	<b>11</b>
<b>Getting Care from Your Doctor.....</b>	<b>12</b>
<b>Getting Care from a Specialist.....</b>	<b>12</b>
<b>Out-of-Network Services .....</b>	<b>12</b>
<b>Physician Incentive Disclosure .....</b>	<b>12</b>
<b>Prior Authorization.....</b>	<b>13</b>
<b>Getting a Second Opinion .....</b>	<b>13</b>
<b>Information About Your Covered Services .....</b>	<b>13</b>
<b>Telehealth/Telemedicine services .....</b>	<b>13</b>
<b>Covered services include .....</b>	<b>14</b>
<b>Dental Services .....</b>	<b>16</b>
<b>Prescription Drugs .....</b>	<b>18</b>
<b>Transportation Services .....</b>	<b>18</b>
<b>Vision Services.....</b>	<b>19</b>
<b>Hearing Services.....</b>	<b>19</b>
<b>Obstetrics and Gynecology Care .....</b>	<b>20</b>
<b>Pregnancy Services .....</b>	<b>20</b>
<b>Postpartum Care.....</b>	<b>21</b>
<b>Change in Family Size.....</b>	<b>21</b>
<b>Maternal Infant Health Program (MIHP).....</b>	<b>21</b>
<b>Children's Health .....</b>	<b>22</b>
<b>Early Periodic Screening, Diagnosis and Treatment (EPSDT) .....</b>	<b>22</b>
<b>Preventive Health Care for Adults.....</b>	<b>24</b>

**Questions?** Call HAP Empowered Customer Services at **(888) 654-2200** or **TTY 711**.  
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<b>Hepatitis C .....</b>	<b>25</b>
<b>Hospital Care .....</b>	<b>25</b>
<b>Emergency Care .....</b>	<b>25</b>
<b>Urgent Care and after-hours care .....</b>	<b>26</b>
<b>Routine Care.....</b>	<b>26</b>
<b>Mental Health and Substance Abuse Services.....</b>	<b>26</b>
<b>Home Health Care, Skilled Nursing Services and Hospice Care .....</b>	<b>27</b>
<b>Care Coordination .....</b>	<b>28</b>
<b>Community Health Workers (CHW).....</b>	<b>28</b>
<b>Durable Medical Equipment.....</b>	<b>29</b>
<b>Benefits Monitoring Program .....</b>	<b>29</b>
<b>Tobacco Cessation.....</b>	<b>29</b>
<b>Cost Sharing and Copayments .....</b>	<b>30</b>
<b>MiChild Members.....</b>	<b>30</b>
<b>Healthy Michigan Plan Members .....</b>	<b>30</b>
<b>Medicaid Members.....</b>	<b>31</b>
<b>Services Covered by Medicaid not HAP Empowered .....</b>	<b>32</b>
Services Covered by State of Michigan Medicaid.....	32
<b>Non-Covered Services .....</b>	<b>32</b>
<b>Additional Information for Healthy Michigan Plan Members .....</b>	<b>32</b>
<b>Rights and Responsibilities .....</b>	<b>33</b>
<b>Grievances and Appeals.....</b>	<b>34</b>
<b>Grievance Process .....</b>	<b>35</b>
Appeal Process.....	35
How Can You Expedite Your Appeal? .....	37
How Can You Withdraw an Appeal? .....	37
What Happens Next?.....	37
State Fair Hearing Process .....	37
External Review of Appeals.....	38
Dental Appeals .....	38
<b>Community-Based Supports and Services .....</b>	<b>39</b>
<b>Care Management .....</b>	<b>39</b>
<b>Make Your Wishes Known: Advance Directives .....</b>	<b>40</b>
<b>Help Identify Health Care Fraud, Waste and Abuse.....</b>	<b>40</b>
Fraud.....	40
Waste .....	41
Abuse .....	41
You can Help .....	41
<b>Helpful Definitions.....</b>	<b>42</b>

**Questions?** Call HAP Empowered Customer Services at **(888) 654-2200** or **TTY 711**.

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# Welcome to HAP Empowered Health Plan

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HAP Empowered Health Plan has a contract with the Michigan Department of Health and Human Services to provide health care services to Medicaid Enrollees. We work with a group of doctors and specialists to help meet your needs.

This handbook is your guide to the services we offer. It will also give you helpful tips about HAP Empowered. Please read this book and keep it in a safe place in case you need it again. If you need another copy, it is available upon request and free of charge by contacting Customer Service at **(888) 654-2200 (TTY: 711)**. You can also access this handbook on our website at **[hap.org/medicaid](http://hap.org/medicaid)**.

## Interpreter Services

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We can get an interpreter to help you speak with us or your doctor in any language. We also offer our materials in other languages. Interpreter services and translated materials are free of charge. Call **(888) 654-2200 (TTY: 711)** for help getting an interpreter or to ask for our materials in another language or format to meet your needs. HAP Empowered complies with all applicable federal and state laws with this matter.

## Hearing and Vision Impairment

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TTY/TDD services are available free of charge if you have hearing problems. **The TTY/TDD line is open 24/7 by calling 711.**

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, transcription services, and assistive listening devices. We offer the Member Handbook and other materials in Braille and large print upon request and free of charge. Call Customer Service at HAP Empowered **(888) 654-2200 (TTY: 711)** to request materials in a different format to meet your needs.

HAP makes sure services are provided in a culturally competent manner to all members:

- With limited English proficiency
- Of diverse cultural and ethnic backgrounds
- With a disability
- Regardless of gender, sexual orientation, or gender identity



# EMPOWERED

Connecting you \_\_\_\_\_

## Important Numbers and Contact Information

Customer Service Toll-Free Help Line	<b>(888) 654-2200</b> 24 hours a day, 7 days a week
Customer Service Help Line TTY/TDD	<b>711</b> 24 hours a day, 7 days a week
Website	<b>hap.org/Medicaid</b>
Address	2850 West Grand Blvd. Detroit, MI 48202
24 Hour Toll-Free Emergency Line	<b>(877) 394-0665</b> 24 hours a day, 7 days a week
24 Hour Toll-Free Nurse Advice Line	<b>(877) 394-0665</b> 24 hours a day, 7 days a week
Pharmacy Services	<b>(888) 654-2200</b> 24 hours a day, 7 days a week
Transportation Services (non-emergency)	<b>(888) 654-2200</b> Monday – Friday, 7:30 a.m. – 8 p.m.
Dental Services	<b>(866) 696-7441</b> Monday – Friday, 8 a.m. – 8 p.m.
Vision Services	<b>(800) 252-2053</b> Monday – Friday, 8 a.m. – 8 p.m.
Mental Health Services	<b>(888) 654-2200</b> 24 hours a day, 7 days a week
To file a complaint about a health care facility	<b>(888) 654-2200</b> 24 hours a day, 7 days a week
To file a complaint about Medicaid services	<b>(888) 654-2200</b> 24 hours a day, 7 days a week
To request a Medicaid Fair Hearing	<b>(800) 648-3397</b> or <b>517-335-7519</b> Fax: <b>517-763-0146</b>
Grievance and Appeals	<b>(888) 654-2200</b> 24 hours a day, 7 days a week

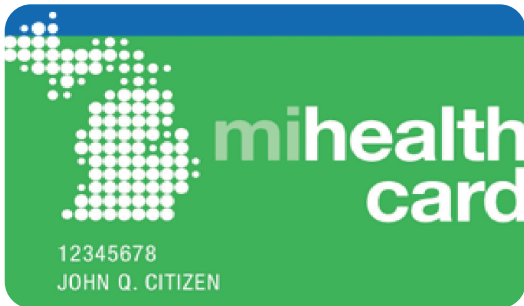
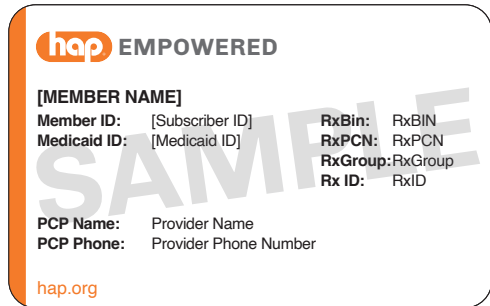
**Questions?** Call HAP Empowered Customer Services at **(888) 654-2200** or **TTY 711**.  
Visit our website at **hap.org/Medicaid**.



## Important Numbers and Contact Information *(continued)*

To report suspected cases of abuse, neglect, abandonment, or exploitation of children or vulnerable adults	<b>(855) 444-3911</b> 24 hours a day, 7 days a week
To report Medicaid fraud and/or abuse	<b>(877) 746-2501</b> 24 hours a day, 7 days a week
To find out information about domestic violence	<b>(800) 799-SAFE (7233)</b> 24 hours a day, 7 days a week
To find information about urgent care	<b>(888) 654-2200</b> 24 hours a day, 7 days a week
Michigan ENROLLS	<b>(888) 367-6557</b>
Michigan Beneficiary Help Line	<b>(800) 642-3195</b> or <b>TTY: (866) 501-5656.</b>
MiChild Program	<b>(888) 988-6300</b>
MDHHS office locations and phone numbers	<b><a href="http://www.michigan.gov/mdhhs/inside-mdhhs/county-offices">www.michigan.gov/mdhhs/inside-mdhhs/county-offices</a></b>
Women, Infants and Children (WIC)	<b>(800) 942-1636</b>
Free service to find local resources	<b>2-1-1</b> Available 24/7
Social Security Administration	<b>(800) 772-1213 TTY/TDD: (800) 325-0778</b>
In an emergency	<b>9-1-1</b>
Suicide and Crisis Lifeline	<b>9-8-8</b>

**Questions?** Call HAP Empowered Customer Services at **(888) 654-2200** or **TTY 711**.  
Visit our website at **[hap.org/Medicaid](http://hap.org/Medicaid)**.

Your State Issued Medicaid ID Card	Your HAP Empowered Member ID Card
 <p>The image shows a green mihealth card with a white pixelated Michigan map logo on the left. The text 'mihealth card' is in white. At the bottom, the number '12345678' and the name 'JOHN Q. CITIZEN' are printed in white.</p>	 <p>The image shows a white HAP Empowered Member ID card with an orange border. It features the 'hap EMPOWERED' logo at the top. Below, it lists fields for Member ID, Medicaid ID, PCP Name, PCP Phone, RxBin, RxPCN, RxGroup, and RxID, each followed by a bracketed placeholder. A large 'SAMPLE' watermark is diagonally across the card. The website 'hap.org' is at the bottom left.</p>
<p>When you have Medicaid, the Michigan Department of Health and Human Services will send you a <b>mihealth card</b> in the mail. The mihealth card does not guarantee you have coverage. Your provider will check that you have coverage at each visit. You may need your mihealth card to get services that HAP Empowered does not cover. Always keep this card even if your Medicaid coverage ends. You will need this card if you get coverage again.</p>	<p>You should have received your <b>HAP Empowered ID card</b> in the mail. Call us if you have not received your card or if the information on your card is wrong. Each member of your family in our plan should have their own Member ID card.</p>
<p>If you have questions about this coverage or need a new <b>mihealth card</b>, you should call the Beneficiary Help Line at <b>(800) 642-3195</b>. This number is located on the back of your mihealth card.</p>	<p>If you have questions about this coverage or need a new <b>HAP Member ID card</b>, you should call Customer Service at <b>(888) 654-2200</b>.</p>
<p><b>It is important to keep your contact information up to date so you don't lose any benefits.</b> Any changes in phone number, email, or address should be reported to MDHHS. You can do this by calling your local MDHHS office or by visiting <a href="http://michigan.gov/mibridges">michigan.gov/mibridges</a>. If you do not have an account, you can create one by selecting "Register". Once in your account, when reporting changes, please make sure you do so in both the profile section and the report changes area.</p>	

Important ID Card Notes				
<p><b>+</b></p> <p>Carry both cards with you at all times and show them each time you go for care.</p>	<p><b>+</b></p> <p>Make sure all of your information is correct on both cards</p>	<p><b>+</b></p> <p>Call your local MDHHS office to change your records if your name, address, phone number or email changes.</p>	<p><b>+</b></p> <p>When getting care you may be asked to show a picture ID. This is to make sure the right person is using the card</p>	<p><b>+</b></p> <p>Do not let anyone else use your cards</p>

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Visit our website at **hap.org/Medicaid**.



# Getting Help from HAP Empowered Customer Service

Our HAP Empowered Customer Service Department can answer all of your questions. We can help you choose or change your doctor, find out if a service is covered, replace a lost ID card, find out how to appeal something we denied, find out how to file a grievance when you are unhappy with your care, help you understand written materials, and more. You can call us anytime.

Materials can be provided in Braille, large print or voice recorded CD formats for sight-impaired individuals, upon request. Customer Service can also read member materials aloud if a member requires it. Call **(888) 654-2200 (TTY: 711)** to request any of these services.

## Contact Us



You may call us at **(888) 654-2200** or **TTY 711**, 24 hours a day, 7 days a week

For **urgent** medical concerns regarding you or your child's health after hours, we can connect you to our medical Emergency Help Line for assistance. Call **(877) 394-0665**.

## Our Website



You can visit our website at **hap.org/Medicaid** to access online services such as:

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

## Confidentiality

Your privacy is important to us. You have rights when it comes to protecting your health information. HAP Empowered recognizes the trust needed between you, your family, and your providers. HAP Empowered staff have been trained in keeping strict member confidentiality.

# Manage Your Digital Health Records/Member Mobile Application

You can view your member information online at **hap.org/Medicaid** your online access to HAP Empowered membership portal.

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.

## The portal also gives you access to your:

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

You can also view your member ID card using our mobile ID card app **myHAP Card**. Download **myHAP Card** from Google Play™ or The Apple App® Store.

## Transition of Care

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If you're new to HAP Empowered, you may be able to keep your doctors and services for at least 90 days from your enrollment date. Examples include medical, behavioral health, and pharmacy services.

If you are pregnant, you can stay with your doctor through the pregnancy and post-partum period.

If you are a HAP Empowered member and your doctor(s) no longer participates with us, you may be able to see your doctor if you are receiving treatment for certain chronic diseases.

We will not approve continued care by a non-participating doctor if:

- You only require monitoring of a chronic condition
- The doctor has a restriction and you might be at risk
- The doctor is not willing to continue your care
- Care with the non-participating doctor was started after you enrolled with HAP Empowered
- The doctor does not meet HAP Empowered policies or criteria

HAP Empowered will help you choose new doctors and help you get services in our network. Your doctor may call Customer Service at **(888) 654-2200 (TTY: 711)** if they want to be in our network.

If you are receiving Children's Special Health Care Services (CSHCS), please contact us for help transitioning your care services.

Please contact Customer Service at **(888) 654-2200 (TTY: 711)** to request transition of care services or if you have any questions about your care.

## Choosing A Primary Care Provider

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When you enroll in our plan, you will need to choose a primary care provider (PCP). Your PCP is the health care provider or doctor who takes care of all your health needs. You can choose a different doctor for each family member, or you can choose one doctor for the whole family.

You can choose one of the following provider types as your primary care provider:

- General practice doctor
- Nurse Practitioner
- Pediatrician doctor
- Family practice doctor
- Internal medicine doctor
- OB/GYN doctor

If you do not choose a doctor within 30 days of enrollment, we will select one for you. You can change your doctor anytime.

You do not need a referral to see an in-network pediatrician or OB/GYN provider for routine and preventive health services.

You can use our Provider Directory to find doctors and specialists that are in our network. The Provider Directory lists addresses, office hours, languages spoken, and information about accessibility. It is located at **[hap.org/find-a-doctor](http://hap.org/find-a-doctor)**. You can view or print the provider directory from the website. You can also request a copy of our provider directory, free of charge by calling Customer Service at **(888) 654-2200 (TTY: 711)**. Remember provider information changes often. Visit our website for the most up-to-date information. Call Customer Service at **(888) 654-2200 (TTY: 711)** if you need help finding a doctor.

You can also get medical care from these types of medical providers: Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHCs), Indian Health Care Providers (IHCPs) (as applicable).

If you have certain health care needs, you may be able to choose a specialist as your primary care provider. Talk to your doctor or call Customer Service at **(888) 654-2200 (TTY: 711)** for more information.

Make sure you ask the provider office if they participate in the HAP Empowered network.

## Getting Care from Your Doctor

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Your doctor’s office should be your main source for medical health. You should see your doctor for preventive checkups. Call your doctor’s office to make an appointment or if you have questions about your medical care. If you need help setting up an appointment, please call us at Customer Service at **(888) 654-2200 (TTY: 711)**.

Your visit is important. Please be on time. Call the office as soon as you can if you cannot make it to your visit. You can set up a new visit when you call to cancel. Some offices will not see you again if you do not call to cancel.

## Getting Care from a Specialist

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If you need care that your doctor cannot give, they will refer you to a specialist who can. Your doctor works with you to choose a specialist and arrange your care. If you have special health care needs or a chronic health problem like diabetes or renal disease, you may be able to have a specialist take care of you as your PCP. Talk to your doctor or call Customer Service at **(888) 654-2200 (TTY: 711)** for more information.

## Out-of-Network Services

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You must get most of your care from providers in our provider network. Customer Service at **(888) 654-2200 (TTY: 711)** can help you find a provider in our network.

If we do not have a doctor or specialist in our provider network in your area who can give you the care you need, or if we do not have a provider that can see you timely, we will get you the care you need from a provider outside our network. This is called an out-of-network referral. We will only cover the services by an out-of-network provider if we are unable to provide a necessary and covered service in our network and if you have approval before your appointment. We will coordinate payment with the out-of-network provider. We also ensure that the cost to you is no greater than it would be if the service was provided in-network.

<b>Out of County Services</b>	Members can see any provider in the HAP Empowered network
<b>Out of State Services</b>	All services out of the state require prior authorization.
<b>Out of Country Services</b>	Health care services provided outside the country are not covered by HAP Empowered.

## Physician Incentive Disclosure

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Your health is our first concern. We do not pay doctors, workers, or other providers to withhold care

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Visit our website at **hap.org/Medicaid**.

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.

## Prior Authorization

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Some services, supplies, and medications will need to be approved before you or your child can get them. This is called Prior Authorization (PA). Your doctor needs to fill out a Prior Authorization Request Form and send it to us if you need care that requires PA. We must approve the PA request before you get the care. If we do not approve the service, we will notify the doctor and send you a written notice of the reason for the decision.

## Getting a Second Opinion

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If you do not agree with your doctor's plan of care for you, you have the right to a second opinion. There is no additional cost to you for a second opinion from a HAP Empowered network provider. Second opinions sometimes require prior authorization from us. Please call Customer Service at **(888) 654-2200 (TTY: 711)** to learn how to get a second opinion. You can get a second medical opinion from an out-of-network provider if someone in-network is not available. HAP Empowered will arrange for an out-of-network provider. HAP Empowered approval is required.

## Information About Your Covered Services

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It is important you understand the benefits covered under your plan. As a HAP Empowered member you do not have to pay co-pays for covered services. NOTE: You may have co-pays for covered services if you are a Healthy Michigan Plan member. You may also have to pay a monthly premium for the MICHild program. See Cost Sharing and Copayments section for more information.

If there are any significant changes to the covered services outlined in this handbook, we will notify you in writing at least 30 days before the date the change takes place.

This list of benefits and exclusions may not be a complete list. More benefits not listed here may be available. Limits and exclusions may apply to each item on this list. Your Certificate of Coverage (COC) has the complete list of covered care. Visit Member Resources section on **hap.org/Medicaid** to find COC. If you want a printed copy of the COC or have questions regarding your benefits, call Customer Service at **(888) 654-2200 (TTY: 711)**.

**Make sure a service is covered before the service is done. You may have to pay for services not covered by HAP Empowered under the Medicaid program.**

HAP Empowered does not deny reimbursement or coverage for services on any moral or religious grounds.

## Telehealth/Telemedicine services

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Telehealth/Telemedicine care is a convenient way to get care for a variety of common illnesses without having to go to the emergency room or urgent care. For non-emergency issues, including the flu, allergies, rash, upset stomach, and much more, you can connect with a doctor through your phone or computer to receive care where you are, when you need it. Doctors can diagnose, treat, and even prescribe medicine, if needed. Call your doctor's office to see if they offer telehealth services or contact Customer Service at **(888) 654-2200 (TTY: 711)** for more information.

**Questions?** Call HAP Empowered Customer Services at **(888) 654-2200** or **TTY 711**.  
Visit our website at **hap.org/Medicaid**.

## Covered services include:

### 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
Dental services, Healthy Michigan Plan ages 19 and above, Medicaid ages 19 and older.
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: <ul style="list-style-type: none"><li>• Inpatient hospital services</li><li>• Outpatient hospital services</li><li>• Diagnostic and therapeutic services: diagnostic lab, X-ray and imaging services</li></ul>
Infusion Therapy
Maternal Infant Health Program (MIHP)
Maternity care: <ul style="list-style-type: none"><li>• Hospital and physician care</li><li>• Certified nurse midwife services</li><li>• Parenting and birthing classes</li><li>• Doula services – 1 labor visit and 6 pre/post partum visits</li><li>• Prenatal care</li><li>• Newborn child care – for the month of birth</li><li>• Home care services</li><li>• Breast pumps, i.e., hospital-grade electric, personal-use double electric and manual</li></ul>
Medically necessary weight reduction services Mental health services – outpatient Psychiatric Collaborative Care in PCP office

**Questions?** Call HAP Empowered Customer Services at **(888) 654-2200** or **TTY 711**.  
Visit our website at **hap.org/Medicaid**.



## The following are covered services without copays: *(continued)*

### 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 certain drugs that you take every day and up to a twelve-month supply for oral contraceptives, patches and the vaginal ring

### 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 drugs 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)

### 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.

## Dental Services

Dental care is important. We offer dental coverage to all beneficiaries ages 19 and above enrolled in Healthy Michigan Plan, as well as all enrollees ages 21 and older, enrolled in Medicaid. We are contracted with Delta Dental to provide your dental benefits. Refer to your Delta Dental Handbook for more information. You will receive a separate Delta Dental ID card. Take this card with you to your dental exam.

If you have any questions about your dental services, please contact Delta Dental Customer Service at **(866) 558-0280**.

### Covered dental services include:

Oral exams (*1 in 6 months*)

Comprehensive Periodontal Evaluation (*1 in 12 months*)

Note: comprehensive periodontal evaluation is not a covered benefit when billed in conjunction with, or within six months of other oral exams

Assessment (*1 in 6 months*)

X-rays

Bitewing X-rays (*1 in 12 months*)

Full mouth or panoramic X-rays (*1 in 5 years*)

Teeth cleaning (prophylaxis) (*1 in 6 months*)

Scaling in the Presence of Inflammation (*1 in 6 months*)

Note: scaling in the presence of inflammation is not covered within 6 months of prophylaxis, scaling and root planing, periodontal maintenance, or debridement procedures

Periodontal Maintenance (*1 in 6 months*)

Note: Any combination of teeth cleanings (prophylaxis, scaling in the presence of inflammation and periodontal maintenance procedures) are covered once per 6 months.

Scaling and Root Planing (*1 in 2 years per quadrant, maximum of 2 quadrants per day*)

Sealants (*1 in 3 years for first and second primary (baby) molars and first and second permanent (adult) premolars and molars*)

Fillings

Sedative filling

Crowns, including porcelain, metal and resin based (*1 in 5 years*)

Crown buildup, including pins

Re-cement crowns and bridges

Root canals

Extractions, simple and surgical

Limited other oral surgery

Emergency treatment of dental pain

**Questions?** Call HAP Empowered Customer Services at **(888) 654-2200** or **TTY 711**.

Visit our website at **[hap.org/Medicaid](http://hap.org/Medicaid)**.

IV sedation ( <i>when medically necessary</i> )
Complete denture ( <i>1 in 5 years</i> )
Partial denture ( <i>1 in 5 years</i> )
Denture adjustments and repairs
Denture rebase and reline ( <i>1 time in 2 years</i> )
In addition, if you are under age 21, the services listed below are also covered for you:
Fluoride Varnish ( <i>1 in 6 months</i> )
Topical application of Fluoride ( <i>1 in 6 months</i> ) Note: Topical application of fluoride cannot be combined with fluoride varnish within the same six months.
Temporary partial denture ( <i>only to replace front teeth</i> )
Stainless steel crown (prefabricated) ( <i>1 in 2 years on same tooth</i> )

<b>Some services are NOT covered. Excluded services are:</b>
Bite guards
Removal of healthy third molars (wisdom teeth)
Bridges and inlays
Implants
Braces
Cosmetic dentistry
Removable space maintainers
Services covered under a hospital, surgical/medical, or prescription drug program
Treatment of TMJ (TMJ is a problem that can cause pain in your jaw joint and can also cause pain in the muscles that control jaw movement.)
Cone Beams CTs
Nitrous Oxide

Be sure to ask your dentist if a service is covered before the service is done. You must pay for services that are not covered.

**Please note:** Children under age 21 and enrolled in Medicaid are automatically enrolled into the **Healthy Kids Dental program**. The two plans available are Blue Cross Blue Shield of Michigan and Delta Dental of Michigan. You will get an identification card and Member Handbook from the dental plan you are enrolled in. If you are enrolled in this program, please refer to your Healthy Kids Dental Member Handbook for information on your dental benefits. You can also call the Michigan Beneficiary Helpline at **(800) 642-3195** for help.

**Blue Cross Blue Shield of Michigan**  
Michigan Health Insurance Plans | BCBSM  
**(800) 936-0935**

**Delta Dental of Michigan**  
Individual Dental Plans | Delta Dental of Michigan  
**deltadentalmi.com | (866) 696-7441**

**Questions?** Call HAP Empowered Customer Services at **(888) 654-2200** or **TTY 711**.  
Visit our website at **hap.org/Medicaid**.

## Prescription Drugs

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You pay zero for covered drugs. For drugs your doctor prescribes, you must use a pharmacy in the network. You can find a list of doctors and pharmacies at [hap.org/find-a-doctor](http://hap.org/find-a-doctor).

Always take your HAP Empowered and mihealth ID cards to the pharmacy. There are some drugs that are covered by the State with your mihealth card. These are called carve-out drugs. Your pharmacy will know which card to use.

We use a drug list called the preferred drug list or common formulary. Drugs on the list are covered. 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 drugs if your doctor gives you a prescription. Some examples are pain medicines such as aspirin, Tylenol, and ibuprofen. We also cover products to help you stop smoking, insulin syringes and test strips, and condoms.

We cover up to a one-month supply for most drugs. We cover a three-month supply of certain drugs you take every day. We cover up to a one-year supply of birth control pills, patches and the vaginal ring. For safety, we limit how soon you can refill your drugs.

Some drugs need approval to be covered. Some drugs have restrictions or a limit on how many you can get. Or you might need to try one drug before another drug is covered. We work with your doctor when approval is required. If you need a drug that isn't on the list or isn't covered, you or your doctor can ask for an exception. The drug list is developed by the State and health plans and is updated at least 4 times a year. If we make a change in the drug list that affects you, we will send a letter to you and your doctor so you can talk to your doctor about the change.

If you are new to HAP Empowered and are already taking a drug that is not covered or has restrictions, we will work with your doctor or pharmacy for a temporary supply.

You can find the drug list and changes to the drug list at [hap.org/medicaidformulary](http://hap.org/medicaidformulary). You can search the drug list by brand or generic name of the drug. You can also ask for a printed copy of the list. Just call Customer Service at **(888) 654-2200 (TTY: 711)**.

## Transportation Services

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### Non-Emergency

Your Medicaid benefit provides options for transportation. We provide transportation free of charge for doctor's visits, lab visits, non-emergency hospital services, prescription pick-up and other covered services. In some cases, we may provide bus tokens or if you have your own vehicle or someone else to drive you, you can request mileage reimbursement.

Please call Customer Service at **(888) 654-2200 (TTY: 711)** for more information and to schedule a ride. Please call 2-3 days before an appointment so we can make sure we have someone available to transport you. You can request same-day transportation for an urgent non-emergency appointment.

**Questions?** Call HAP Empowered Customer Services at **(888) 654-2200** or **TTY 711**.

Visit our website at [hap.org/Medicaid](http://hap.org/Medicaid).

**Have this information ready when you call:**

- Your name, Medicaid ID number and date of birth
- The address and phone number of where you will be picked up
- The address and phone number of where you are going
- Your appointment date and time
- The name of your provider

Members with any special needs (wheelchair accommodations, oxygen resources, etc.) will want to schedule transportation as early as possible in order to meet your needs with the appropriate vendor.

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

**Emergency**

If you need emergency transportation, call **911**

## Vision Services

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Eye care is an important part of your overall health. To make sure your eyes are healthy and help you see the best you can, we cover the following services:

- One eye exam every 24 months
- One pair of glasses every 24 months
- Eye glass frames
- Contact lenses

You do not need a referral to get eye care. If you need glasses or an eye exam, call Heritage Vision at **(800) 252-2053**.

You can also call a provider from our list of vision providers. For medical eye problems, talk to your doctor.

## Hearing Services

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How well you hear affects your quality of life. We cover services and supplies for the diagnosis and treatment of diseases of the ear, including:

- Hearing exams
- Medically necessary hearing aid evaluations and fittings
- Medically necessary hearing aids

If you need a hearing exam or think you need hearing aids, call NationsHearing at **(877) 484-2688**. You can also call a provider from our list of hearing providers.

## Obstetrics and Gynecology Care

You may get routine obstetrics and gynecology (OB/GYN) care and other health services, including routine and preventive services from any provider in our network. You don't need a referral or prior authorization. This includes getting routine care from your OB/GYN even if they aren't your primary care doctor.

### To make sure you get the care you need to be at your best for you and your family, we cover:

Family Planning	Prenatal and postpartum care
Pregnancy testing	Midwife services in a health care setting
Birth control and birth control counseling	Delivery care
HIV/AIDS testing and treatment of sexually transmitted diseases	Parenting and birthing classes
Pregnancy and maternity care, including the Maternal Infant Health Program	Mammograms and breast cancer services, such as treatment and reconstruction
Doula Services	Pap tests
Depression Screening	

Family planning care is covered. Both men and women can get this care. Family planning is an important part of staying healthy. You can get family planning information from your doctor, OB/GYN, or a Family Planning Center. You do not need a referral from your doctor for this care. Please contact Customer Service at **(888) 654-2200 (TTY: 711)** as soon as you discover you are pregnant to help maximize the support and benefits available to you.

#### Family planning services include:

- Counseling to help you decide when to have children
- Help to decide how many children to have
- Birth control services and supplies
- (It is recommended to get a Pap test and chlamydia test before getting birth control)
- Sexually transmitted disease testing and treatment
- Testicular and prostate cancer screening
- Pregnancy testing
- Help in planning a healthy pregnancy when you want a baby
- Help in choosing the birth control method that best fits your life

## Pregnancy Services

If you are pregnant, early and regular checkups can help protect you and your baby's health. Care should start within the first 12 weeks of pregnancy. Oral care is also important for you and your baby while you are pregnant. Routine dental care can be done during pregnancy. Please call Customer Service at **(888) 654-2200 (TTY: 711)** and your local MDHHS office as soon as you find out you are pregnant so we can provide support.

**Questions?** Call HAP Empowered Customer Services at **(888) 654-2200** or **TTY 711**.

Visit our website at **[hap.org/Medicaid](http://hap.org/Medicaid)**.



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**.

## Postpartum Care

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It's important to take care of yourself after you have a baby. You should have a postpartum checkup 7 to 84 days after your pregnancy. We cover this exam.

The doctor may check your blood pressure and your weight. They may talk to you about birth control, feeding options, and provide other postpartum counseling. You can also talk to your doctor about any new feelings you may have.

**When you have your baby, let us know.** Call your local MDHHS office so your records can be updated. Also call Customer Service at **(888) 654-2200 (TTY: 711)** to report the change. This starts the process of signing your baby up for health care services. Your baby is covered by your health plan at the time of birth. Make sure you tell us the day you gave birth, your baby's name, and your baby's Medicaid ID number that you get from your local MDHHS office. We will send a member ID card for your baby within 30 days after we get this information. Call Customer Service at **(888) 654-2200 (TTY: 711)** if you need help.

## Change in Family Size

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When you experience a change in family size, contact Customer Service at **(888) 654-2200 (TTY: 711)** to let us know and we will be able to assist you. A change in family size includes marriage, divorce, childbirth, adoption and/or death. Please reach out to your local MDHHS office if there is a change in family size.

## Maternal Infant Health Program (MIHP)

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The MIHP is a home visiting program for women and infants to promote healthy pregnancies, positive birth outcomes, and healthy infant growth and development. MIHP covered services include:

- Prenatal teaching
- Childbirth education classes
- Nutritional support, education, and counseling
- Breastfeeding or formula feeding support
- Help with personal problems that may complicate your pregnancy
- Newborn baby assessments
- Referrals to community resources and help finding baby cribs, car seats, clothing, etc.
- Support to stop smoking
- Help with substance abuse
- Personal care or home help services

Call Customer Service at **(888) 654-2200 (TTY: 711)** for more information on how you can access these services.

**Questions?** Call HAP Empowered Customer Services at **(888) 654-2200** or **TTY 711**.  
Visit our website at **[hap.org/Medicaid](http://hap.org/Medicaid)**.

## Children's Health

Children change a lot as they grow. They should see their doctor at least once a year to check their growth, even if they are healthy. This is known as a well-child visit. Well-child visits are a good time for you to ask questions about your child's health and how it can be better. Children can see a pediatrician for routine preventive care and well-child visits without a referral. Children up to three years old are recommended to have a developmental screening done with their doctor once a year.

Babies from birth through 15 months need at least six well-child visits. These visits often are at these ages:

<b>3-5 days</b>	<b>2 weeks</b>	<b>1 month</b>	<b>2 months</b>	<b>4 months</b>	<b>6 months</b>	<b>9 months</b>	<b>12 months</b>	<b>15 months</b>
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It is important for your child to get a blood lead test once before age one and again before age two. Children who are at risk or who are high risk should be checked more often. These children should be tested at least one time per year. Children who are high risk are those who have had lead poisoning in the past. This includes children who live in old homes or apartments. Lead poisoning can happen even if you do not live in an older home. Lead can be found in paint, soil, ordinary dust, playgrounds, and toys, as well as other places. Have your child tested for lead poisoning so that it may be treated. If untreated, lead poisoning can lead to disabilities and behavioral problems. This simple test will help keep your little one on track!

Teenagers should also receive annual well-child visits. At these visits, teens will have their height, weight and BMI checked. Providers can talk about health, safety and preventive measures that are useful to teens. Required immunizations can also be given at these visits.

## Early Periodic Screening, Diagnosis and Treatment (EPSDT)

EPSDT is a special healthcare program for children under 21 years of age who are covered by Medicaid. Under EPSDT, children and teens enrolled in Medicaid receive all recommended preventive services and any medical treatment needed to promote healthy growth and development.

<b>EPSDT checkups include:</b>	
Well-care visits	Physical and mental developmental/behavioral assessments
Health history and physical exam, including school and sports physicals	Crucial lab tests, including lead screening
Developmental screening	Nutrition assessment
Health education guidance	Immunizations
Hearing, vision, and dental screening assessment	Follow-up services

**Questions?** Call HAP Empowered Customer Services at **(888) 654-2200** or **TTY 711**.

Visit our website at **[hap.org/Medicaid](http://hap.org/Medicaid)**.

If your child has a serious, chronic medical condition, they may be eligible for Children's Special Health Care Services (CSHCS).

CSHCS provides extra support for children and some adults who have special health care needs. This is in addition to the medical care coordination from HAP Empowered.

There is no cost for this program. It doesn't change your child's HAP Empowered benefits, service, or doctors. CSHCS provides services and resources through the following resources through the following agencies.

### **MDHHS Family Center for Children and Youth with Special Health Care Needs:**

This center provides a parent support network and training programs. It may also provide financial help for conferences about special needs and more. If you have questions about this program, call the CSHCS Family Phone Line at **(800) 359-3722** from 8 a.m. to 5 p.m. Monday through Friday.

#### **Services Include:**

- 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

### **Local County Health Department:**

Your local county health department can help you find local resources. These may include parent support groups, adult transition help, childcare, vaccines and more. For help finding your local county health department, visit your county's website or Michigan.gov. Call Customer Service at **(888) 654-2200 (TTY: 711)** for assistance.

### **Children's Special Needs Fund:**

The Children's Special Needs fund helps families get items not covered by Medicaid or CSHCS. These items promote the health, mobility, and development of your child. They may include wheelchair ramps, van lifts and mobility equipment. To see if you qualify for help from this fund call **(517) 241-7420**.

### **CSHCS member transitioning to adulthood**

We can help members who have special health care needs on how to plan a successful move from pediatric health care to adult health care services.

# Preventive Health Care for Adults

Preventive health care for adults is important to HAP Empowered . You should have a wellness exam each year to prevent and detect health problems. It is important to find and treat health problems early.

**Make sure to schedule an appointment and ask your doctor to check:**

- Blood pressure
- Cholesterol
- Diabetes
- Body Mass Index
- Blood sugar
- Depression Screening
- Prostate and Colorectal Screenings

**You can also ask your doctor about:**

- Immunizations
- HIV/AIDS testing and treatment of sexually transmitted diseases

Preventive health is also about making the right choices for good health habits. Seeing your doctor for routine care is a good preventive health habit that keeps you healthy. We have programs to help you make good preventive health choices for yourself and your family.

You can improve you and your family’s health by taking responsibility and following healthy behaviors. Getting needed yearly preventive care is the first step! Some other things you should and should not do to take control of your health are listed below.

Things you should do:	Things you should not do:
<ul style="list-style-type: none"><li>• Eat healthy</li><li>• Exercise</li><li>• Get enough sleep</li><li>• Manage your stress</li><li>• Don’t smoke or use tobacco</li><li>• Don’t use drugs or drink alcohol</li><li>• Go to the dentist for regular cleanings and preventive services</li><li>• Visit your doctor each year for yearly preventive care</li></ul>	<ul style="list-style-type: none"><li>• Eat foods high in fat, sugar, and salt</li><li>• Live an inactive lifestyle</li><li>• Hold in your feelings or emotions if you’re feeling stressed or depressed</li><li>• Use drugs, alcohol, or tobacco</li><li>• Forget to set up your dentist visits for regular cleanings and preventive services</li><li>• Forget to set up a yearly visit to your doctor</li><li>• Avoid going to the doctor</li></ul>

## Hepatitis C

Treatment is available for Hepatitis C. Hepatitis C is a liver infection caused by the Hepatitis C virus. It's spread through contact with blood from an infected person, even amounts too small to see. People with Hepatitis C often don't feel sick or show symptoms. When symptoms do appear, they're often a sign of advanced liver disease. It's important to get tested (screened) for Hepatitis C before it becomes severe, when it's easier to treat. All adults should be screened for Hepatitis C at least once. Pregnant beneficiaries should be screened during each pregnancy.

For members under age 21, the screening is covered under the Early and Periodic Screening, Diagnosis and Treatment program, or EPSDT. This includes coverage of any medically necessary follow-up services and referrals.

## Hospital Care

Hospital care is for care like delivering a baby or taking care of a bad sickness. It also covers care you would get in the hospital, like lab tests or x-rays. Your doctor sets up your hospital care if you need it. A different doctor at the hospital may fill in for your doctor to make sure you get the care you need if an emergency happens.

You should call your doctor as soon as you are admitted (checked in) to the hospital if it was not arranged by your doctor. Ask a family member or friend to call for you if you cannot. It is important to call your doctor right away and set up a visit within seven days of being sent home. You can talk about and arrange your care after you leave the hospital during this follow-up visit.

## Emergency Care

Emergency care is for a life-threatening medical situation or injury that a reasonable person would seek care right away to avoid severe harm. Here are some examples of emergencies:

Convulsions	Broken bones
Uncontrollable bleeding	Loss of consciousness (fainting or blackout)
Chest pain	Jaw fracture or dislocation
High fever	Tooth abscess with severe swelling
Serious breathing problems	Knife or gunshot wounds

If you believe you have an emergency, call 911 or go to the emergency room. You do not need an approval from HAP Empowered or your doctor before getting emergency care. You can go to any hospital. Be sure to follow up with your doctor to make sure you get the right follow-up care and services.

## Urgent Care and After-Hours Care

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Urgent care centers and after-hours clinics are helpful if you need care quickly but can't see your primary care doctor. You don't need a referral or prior authorization to go to an urgent care center or after hours-clinic in our network.

These places can treat illnesses that should be cared for within 48 hours, such as the flu, high fevers, or a sore throat. They can also treat ear infections, eye irritations and low back pain. If you fell and have a sprain or pain, it can be treated at an urgent care center.

If you aren't sure if you need urgent care, call your doctor. They may be able to treat you in their office.

## Routine Care

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### **Routine care is for things like:**

- Yearly wellness exams
- School physicals
- Health screenings
- Immunizations
- Vision and Hearing Exams
- Lab tests

Your doctor should set up a visit within 30 business days of request.

## Mental Health and Substance Abuse Services

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We want you to feel your best, including your mental and emotional feelings. To help you, we cover short-term treatment for mental or emotional needs. This applies to members with mild to moderate mental health services. These visits may be with a network therapist, such as a counselor, licensed clinical social worker or psychologist. Telehealth may be an option for you. Talk to your mental health provider to learn more. Treatment for long term, severe mental conditions, or severe emotional disturbances for children, as well as inpatient and intensive outpatient treatment must be arranged through the local Community Mental Health Services Program (CMHSP) agency. CMHSP can also help refer you to the right local agency when you or a family member has problems or concerns about drugs or alcohol. If you feel you have a substance abuse problem, we encourage you to seek help. If you need help getting services, call your doctor or Customer Service at **(888) 654-2200 (TTY: 711)**.



### **Signs and symptoms of substance abuse:**

- Failure to finish jobs at work, home, or school
- Being absent often
- Performing poorly at work or school
- Using alcohol or drugs when it is dangerous. This includes while driving or using machines.
- Having legal problems because of drinking or drug use
- Needing more of the substance to feel the same effects
- Failing when trying to cut down
- Failing when trying to control the use of the substance
- Spending a lot of time getting the substance
- Spending a lot of time using the substance
- Spending a lot of time recovering from the substances effects
- Giving up or reducing important social, work, or recreational activities because of substance use
- Continuing to use the substance even though it has negative effects

If you have questions about your mental health or substance abuse benefits call Customer Service at **(888) 654-2200 (TTY: 711)**. You can also call your local CMHSP agency.

If you need emergency care for a life-threatening condition, or if you're having thoughts of suicide or death, go to the nearest emergency room or call 911. You can also call the Suicide and Crisis Lifeline by dialing 988. Help is available for you now.

## **Home Health Care, Skilled Nursing Services and Hospice Care**

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Sometimes, you may need long-term care. To help you get the care you need, we may cover:

- **Skilled Nursing**
  - Short-term nursing home services up to 45 days in a nursing facility (long-term care is provided by the State of Michigan)
- **Home Health Care**
  - Home health care services for members who are homebound
  - Supplies and equipment related to home health care
    - Including medical and surgical supplies
- **Hospice care**
  - Inpatient hospital services
  - Outpatient hospital services
  - Diagnostic and therapeutic services: diagnostic lab, X-ray and imaging services

## Care Coordination

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Do you have a chronic health problem or disability? Do you have barriers that are causing you issues with accessing your care? Do you see multiple providers or need special care? It's easy to feel overwhelmed with being in charge of your care if you have many health issues and see many providers. It can add more stress to your daily life. We are here to help you!

Our goal is to offer personalized care coordination services to help guide you through health care. We have nurses, care coordinators, social workers, and other health experts to help you get the best care possible from your care team.

The care coordination program focuses on you and your needs. We help you reduce the barriers you are having accessing your care by linking you to services and resources near you to help improve your health. We also assist you in reducing your barriers by helping to arrange care with your care team and providers. This ensures you are able to better manage your health and improve your quality of life.

### How Can Care Coordination Help You?

If you are eligible, you will be assigned your own care coordinator. This person helps you address and eliminate barriers that cause you issues with obtaining care by:

- Completing assessments and reviewing medications
- Making a plan of care to help you identify and meet your health goals
- Linking you with services and community resources near you, including the local health departments
- Helping you better control your healthcare needs
- Collaborating with your providers
- Taking a person-centered approach in the management of your care needs by supporting you and your care team with understanding the medical and behavioral health benefits

Call Customer Service at **(888) 654-2200 (TTY: 711)** for more information about the care coordination program.

## Community Health Workers (CHW)

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Community Health Workers are the front-line public health workers within the community, assisting members with navigating health care. CHWs serve as a bridge between health care and social services by building trusting relationships. CHWs full range of services include:

- Meeting face to face to improve your access to health care
- Helping others find providers and set up visits
- Finding local support like food and housing
- Teaching ways to live a healthy life
- Helping with provider follow-up visits after going to the hospital or emergency room
- Helping set up rides for medical or pharmacy visits

Contact Customer Service at **(888) 654-2200 (TTY: 711)** for more information.

## Durable Medical Equipment

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Some medical conditions need special equipment. Durable medical equipment we cover includes:

- Equipment such as nebulizers, crutches, wheelchairs, and other devices
- Disposable medical supplies, such as ostomy supplies, catheters, peak flow meters and alcohol pads
- Diabetes supplies, such as lancets, test strips, insulin needles, blood glucose meters and insulin pumps.
- Prosthetics and orthotics – Special note: Prosthetics replace a missing body part, such as a hand or leg. They may also help the body function. Orthotics correct, align, or support body parts that may be deformed.

To get durable medical equipment, you need a prescription from your doctor. You may also need prior authorization from us. You must get your item from a network provider. To find network durable medical equipment providers, call Customer Service at **(888) 654-2200 (TTY: 711)**.

## Benefits Monitoring Program

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We participate in MDHHS' Benefits Monitoring Program. This program helps ensure you're using the correct benefits and services to manage your care. If the services you use aren't needed for your health condition, we'll enroll you in this program. We'll teach you the proper use of medical services and help you get services from appropriate providers. Examples of things that could get you enrolled in this program include:

- Going to the emergency room when it's not an emergency
- Seeing too many different doctors instead of your primary care doctor
- Getting more medicines than may be safe
- Activity that may indicate fraud

Using the right health services in the right amount helps us make sure you're getting the very best care.

## Tobacco Cessation

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We want to help you quit smoking. If you smoke, talk to your doctor about quitting. If you are pregnant and smoke, quitting now will help you and your baby. Your doctor can help you. HAP Empowered can also help you. To get more information, call Customer Service at **(888) 654-2200 (TTY: 711)**. We cover the following services to help you:

- |  |   |
|--|---|
| • Therapy and counseling services                            | • Over-the-counter items to help you stop smoking |
| • Educational materials                                      | – Patches   |
| • Prescription inhalers or nasal sprays used to stop smoking | – Gums  |
| • Non-nicotine drugs   | – Lozenges  |

The Michigan Tobacco Quitline is a free phone-based program to help you quit smoking. You'll work with a health coach to make a quit plan. To sign up, call (800) QUIT NOW (784-8669). To learn more, call Customer Service.

## Cost Sharing and Copayments

### MiChild Members:

Families with children who are enrolled through MiChild pay \$10 a month for all eligible children in the family. If you have questions about your MiChild premiums, call MiChild at **1-888-988-6300**, **TTY: 1-888-263-5897**.

### Healthy Michigan Plan Members:

You will be required to pay a copayment for some services covered under the Healthy Michigan Plan. You are only responsible for copayments if you are age 21 and older. No copayments are required for family planning products or services, pregnancy related products or services, or for preventive health care services. Copayments will be made directly to MDHHS through a special health care account called the MI Health Account and not paid at the time you receive a service. Copayments will not be collected for the first 6 months after enrollment in our health plan but will be paid to us through your MI Health Account at a later time.

MI Health Account Statement Your MI Health Account statement will show:

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

Healthy Michigan Plan Copays	Copay* Income less than or equal to 100% FPL**	Copay* 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.		

**Questions?** Call HAP Empowered Customer Services at **(888) 654-2200** or **TTY 711**.  
Visit our website at **[hap.org/Medicaid](http://hap.org/Medicaid)**.

**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](https://michigan.gov/healthymiplan).

**Medicaid Members:**

You do not have to pay a co-pay or other costs for covered services under the Medicaid program. You must go to a doctor in HAP Empowered Medicaid network, unless otherwise approved. If you go to a doctor that is not in HAP Empowered Medicaid network and did not get approval to do so, you may have to pay for those services.

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

## Services Covered by Medicaid not HAP Empowered

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HAP Empowered does not cover all services that you may be eligible for as a member of Medicaid.

### Services Covered by State of Michigan Medicaid:

The following services are covered by the State of Michigan Medicaid program. You must use your mihealth card to get this care. If you have questions about these services talk with your doctor or your local Department of Health and Human Services. You can also contact the Michigan Beneficiary Helpline at **(800) 642-3195**.

- Services provided by a school district and billed through the Intermediate School District
- Inpatient hospital psychiatric services
- Outpatient partial hospitalization psychiatric care
- Intermittent or short-term restorative or rehabilitative services (in a nursing facility beyond 45 days)
- Behavioral health services for Enrollees meeting the guidelines under Medicaid Policy for serious mental illness or severe emotional disturbance
- Substance Abuse Care including:
  - Screening and assessment
  - Detox
  - Intensive outpatient counseling
  - Other outpatient care
  - Methadone treatment

Your State of Michigan Medicaid benefit provides options for transportation to and from these visits. If you need transportation to or from an appointment, and live in Wayne, Oakland, and Macomb counties, call ModivCare at **(866) 569-1902** to arrange a ride. If you do not live in Wayne, Oakland, or Macomb counties, contact your local MDHHS office.

MDHHS office locations and phone numbers may be found at:  
**[michigan.gov/mdhhs/inside-mdhhs/county-offices](http://michigan.gov/mdhhs/inside-mdhhs/county-offices)**

## Non-Covered Services

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- Elective abortions and related services
- Experimental/investigational drugs, biological agents, treatments, procedures, devices, or equipment
- Elective cosmetic surgery
- Services for the treatment of infertility

## Additional Information for Healthy Michigan Plan Members

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As a Healthy Michigan Plan member, you are eligible to receive a healthy behavior incentive. You must take part in healthy behavior activities, as well as, filling out a Healthy Michigan Health Risk Assessment form each year with your provider and committing to a healthy behavior. These choices may include quitting smoking, losing weight, lowering your blood pressure or cholesterol, or getting a flu shot. You may qualify for a reduction in your cost-sharing contribution, depending on your income.

**Questions?** Call HAP Empowered Customer Services at **(888) 654-2200** or **TTY 711**.

Visit our website at **[hap.org/Medicaid](http://hap.org/Medicaid)**.



### Take action today:

- Call your primary care doctor for an appointment within 60 days. You should see your doctor within 150 days of joining our plan.
- Fill out sections 1, 2, and 3 of the Health Risk Assessment form. Take your form to your doctor's appointment. Your doctor will complete section 4 and return the form to us. You will need to complete this form every year. Please call us if you need a form.

## Rights and Responsibilities

You have rights and responsibilities as our member. Our staff will respect your rights. We will not discriminate against you for using your rights. This Medicaid Health Plan and any of its affiliated providers will comply with the requirements concerning your rights.

### You have the right to:

- Receive information about your health care services
- Be treated with dignity and respect
- Receive Culturally and Linguistically Appropriate Services (CLAS)
- Have your personal and medical information kept private
- Participate in decisions regarding your health care, including the right to refuse treatment and express preferences about treatment options
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- Request and receive a copy of your medical records, and request those be amended or corrected
- Be furnished with health care services consistent with State and federal regulations
- Be free to exercise your rights without adversely affecting the way the Contractor, providers, or the State treats you
- To file a grievance, to request a State Fair Hearing, or have an external review, under the Patient's Right to Independent Review Act
- Be free from other discrimination prohibited by State and federal regulations
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and your ability to understand
- Receive Federally Qualified Health Center and Rural Health Center services
- To request information regarding provider incentive arrangements including those that cover referral services that place the Provider at significant financial risk (more than 25%), other types of incentive arrangements, and whether stop-loss coverage is provided
- To request information on the structure and operation of the HAP Empowered
- To make suggestions about our services and providers
- To make suggestions about member rights and responsibilities policy
- To request information about our providers, such as: license information, how providers are paid by the plan, qualifications, and what services need prior approval

**Questions?** Call HAP Empowered Customer Services at **(888) 654-2200** or **TTY 711**.  
Visit our website at **[hap.org/Medicaid](http://hap.org/Medicaid)**.

## You have the responsibility to:

- Review this handbook and HAP Empowered Certificate of Coverage
- Make and keep appointments with your HAP Empowered doctor
- Treat doctors and their staff with respect
- Protect your Medicaid ID cards against misuse
- Contact us if you suspect fraud, waste, or abuse
- Give your Health Plan and your doctors as much info about your health as possible
- Learn about your health status
- Work with your doctor to set care plans and goals
- Follow the plans for care that you have agreed upon with your doctor
- Live a healthy lifestyle
- Make responsible care decisions
- Contribute towards your health by taking responsibility, including appropriate and inappropriate behavior.
- Apply for Medicare or other insurance when you are eligible.
- Report changes to your local MDHHS office if your contact info (like your address or phone number) changes
- Report changes that may affect your Medicaid eligibility to your local MDHHS office (like changes in income or changes to your family size). You can call your local MDHHS office or go to [newmibridges.michigan.gov/](http://newmibridges.michigan.gov/).

## Grievances and Appeals

We want you to be happy with the services you get from HAP Empowered and our providers. If you are not satisfied, you can file a grievance or appeal.

Grievances are complaints that you may have if you are unhappy with our plan or if you are unhappy with the way a staff person or provider treated you. Appeals are complaints related to your medical coverage, such as a treatment decision or a service that is not covered or denied. If you have a problem related to your care, talk to your doctor. Your doctor can often handle the problem. If you have questions or need help with the appeal process, call HAP Empowered at **(888) 654-2200 (TTY: 711)**.

## Grievance Process

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We want to know what is wrong so we can make our services better. If you have a grievance about a provider or about the quality of care or services you have received, let us know right away. If you aren't happy with us or your doctor, you can file a grievance at any time. HAP Empowered has special procedures in place to help members who file grievances. We will do our best to answer your questions or help to resolve your concern. Filing a grievance will not affect your health care services or your benefits. These are examples of when you might want to file a grievance.

- Your provider or a(n) HAP Empowered staff member did not respect your rights.
- You had trouble getting an appointment with your provider in an appropriate amount of time.
- You were unhappy with the quality of care or treatment you received.
- Your provider or a(n) HAP Empowered staff member was rude to you.
- Your provider or a(n) HAP Empowered staff member was insensitive to your cultural needs or other special needs you may have.

You can file your grievance on the phone by calling HAP Empowered at **(888) 654-2200 (TTY: 711)**. You can also file your grievance in writing via mail or fax at:

### **Attention: Appeal and Grievance Department**

HAP Empowered PO Box 2578  
Detroit, MI. 48372

In the grievance letter, give us as much information as you can. For example, include the date and place the incident happened, the names of the people involved and details about what happened. Be sure to include your name and your Medicaid member ID number. You can ask us to help you file your grievance by calling **(888) 654-2200 (TTY: 711)**. We will let you know when we have received your grievance. We may contact you for more information.

At any time during the grievance process, you can have someone you know represent you or act on your behalf. This person will be your "representative." If you decide to have someone represent you or act for you, inform HAP Empowered in writing with the name of your representative and their contact information. Your grievance will be resolved within 90 calendar days of submission. We will send you a letter of our decision.

## Appeal Process

An appeal is a way for you to ask for a review of our actions. If we decide that a requested service or item cannot be approved, or if a service is reduced or stopped, you will get an "Adverse Benefit Determination" letter from us. This letter will tell you the following:

- The adverse benefit determination the contractor has made or intends to make
- Your right to be provided upon request and free of charge, copies of all documents, records, and other information used to make our decision.
- What action was taken and the reason for it
- Your right to file an appeal and how to do it
- Your right to ask for a State Fair Hearing and how to do it
- Your right in some circumstances to ask for an expedited appeal and how to do it
- Your right to ask to have benefits continue during your appeal, how to do it, and when you may have to pay for the services

**Questions?** Call HAP Empowered Customer Services at **(888) 654-2200** or **TTY 711**.  
Visit our website at **hap.org/Medicaid**.

You may appeal within 60 calendar days of the date on the Adverse Benefit Determination letter. If you want your services to stay the same while you appeal, you must say so when you appeal, and you must file your appeal no later than 10 calendar days from the date on the Adverse Benefit Determination. The list below includes examples of when you might want to file an appeal.

- Not approving or paying for a service or item your provider asks for
- Stopping a service that was approved before
- Not giving you the service or items in a timely manner
- Not telling you of your right to freedom of choice of providers
- Not approving a service for you because it was not in our network

You can file your appeal on the phone by calling HAP Empowered at **(888) 654-2200 (TTY: 711)**. You can also file your appeal in writing via mail or fax at:

**Attention: Appeal and Grievance Department**

HAP Empowered PO Box 2578  
Detroit, MI. 48372

**You have several options for assistance. You may:**

- Call Customer Service at **(888) 654-2200 (TTY: 771)** and we will assist you in the filing process
- Ask someone you know to assist in representing you. This could be your primary care provider or a family member, for example.
- Choose to be represented by a legal professional.

To appoint someone to represent you, either: 1) send us a letter informing us that you want someone else to represent you and include in the letter their contact information or, 2) fill out the HAP Authorization to Release Personal Health Information form. You may call and request the form or find this form on our website at **[hap.org/hap-empowered/privacy](http://hap.org/hap-empowered/privacy)**.

We will send you a notice saying we received your appeal. We will tell you if we need more information and how to give us such information in person or in writing. A provider with the same or similar specialty as your treating provider will review your appeal. It will not be the same provider who made the original decision to deny, reduce, or stop the medical service.

HAP Empowered will send our decision in writing to you within 30 calendar days of the date we received your appeal request. HAP Empowered may request an extension up to 14 calendar more days in order to get more information before we make a decision. You can also ask us for an extension if you need more time to get additional documents to support your appeal.

We will call you to tell you our decision and send you and your authorized representative the Decision Notice. The Decision Notice will tell you what we will do and why.

If HAP Empowered's decision agrees with the Notice of Adverse Benefit Determination, you may have to pay for the cost of the services you got during the appeal review. If HAP Empowered's decision does not agree with the Notice of Adverse Benefit Determination, we will approve the services to start right away.

**Questions?** Call HAP Empowered Customer Services at **(888) 654-2200** or **TTY 711**.  
Visit our website at **[hap.org/Medicaid](http://hap.org/Medicaid)**.

### Things to keep in mind during the appeal process:

- At any time, you can provide us with more information about your appeal, if needed.
- You have the option to see your appeal file.
- You have the option to be there when HAP Empowered reviews your appeal.

### How Can You Expedite Your Appeal?

If you or your provider believes our standard timeframe of 30 calendar days to make a decision on your appeal will seriously jeopardize your life or health, you can ask for an expedited appeal by writing or calling us. If you write to us, please include your name, member ID number, the date of your Notice of Adverse Benefit Determination letter, information about your case, and why you are asking for the expedited appeal. We will let you know within 24 hours if we need more information. Once all information is provided, we will call you within 72 hours from the time of your request to inform you of our decision and will also send you and your authorized representative the decision notice.

### How Can You Withdraw an Appeal?

You have the right to withdraw your appeal for any reason, at any time, during the appeal process. However, you or your authorized representative must do so in writing, using the same address as used for filing your appeal. Withdrawing your appeal will end the appeal process and no decision will be made by us on your appeal request. HAP Empowered will acknowledge the withdrawal of your appeal by sending a notice to you or your authorized representative. If you need further information about withdrawing your appeal, call HAP Empowered at **(888) 654-2200 (TTY: 711)**.

### What Happens Next?

After you receive the HAP Empowered appeal Decision Notice in writing, you do not have to take any action and your appeal file will be closed. However, if you disagree with the decision made on your appeal, you can take action by asking for a State Fair Hearing from the Michigan Office of Administrative Hearings and Rules (MOAHR) and/or asking for an External Review under the Patient Right to Independent Review Act (PRIRA) from the Michigan Department of Insurance and Financial Services (DIFS). You can choose to ask for both a State Fair Hearing and an External Review or you may choose to ask for only one of them.

### State Fair Hearing Process

You, your representative, or your provider can ask for a State Fair Hearing with MOAHR. You must do this within 120 calendar days from the date of your appeal denial notice. A Request for Hearing form will be included with the notice of appeal decision that you receive from us. It has instructions that you will need to review. If you want to continue your services during the State Fair Hearing process, you must ask for a State Fair Hearing Appeal within 10 calendar days of the date on the decision notice. If you do not win this appeal, you may be responsible for paying for the services provided to you during the appeal process. You can also ask for a State Fair Hearing if you do not receive a decision from us within the required time frame.

Call HAP Empowered at **(888) 654-2200 (TTY: 711)** if you need a hearing request form sent to you. You may also call to ask questions about the hearing process. You will get a written notice of hearing from MOAHR telling you the date and time of your hearing. Most hearings are heard

**Questions?** Call HAP Empowered Customer Services at **(888) 654-2200** or **TTY 711**.

Visit our website at **[hap.org/Medicaid](http://hap.org/Medicaid)**.

by telephone, but you can ask to have a hearing in person. During the hearing, you will be asked to tell an administrative law judge why you disagree with our decision. You will get a written decision within 90 calendar days from the date your request for hearing was received by MOAHR. The written decision will explain if you have additional appeal rights.

If the standard timeframe for review would jeopardize your life or health, you may be able to qualify for an expedited State Fair Hearing. If you qualify for one, MOAHR must give you an answer within 72 hours. However, if MOAHR needs to gather more information that may help you, it can take up to 14 more calendar days.

If you have any questions, you can call MOAHR at **(800) 648-3397**.

## External Review of Appeals

You, your representative, or your provider can ask for an external review with DIFS under the Patient's Right to Independent Review Act – PRIRA. You must do this within 127 calendar days from the date of your appeal denial notice. An External Review form will be included with the notice of appeal decision that you receive from us. It has instructions that you will need to review. DIFS will send your appeal to an Independent Review Organization (IRO) for review. A decision will be mailed to you in 14 calendar days of accepting your appeal. You can also ask for an External Review if you do not receive a decision from us within the required time frame. You, your Authorized Representative, or your doctor can also request a fast appeal decision from DIFS within 10 calendar days after receiving a final determination. DIFS will send your appeal to an IRO for review. You will have a decision about your care within 72 hours. During this time period, your benefits will continue.

## Dental Appeals

If you have questions about a dental claim, file a grievance/complaint call Delta Dental Customer Service at **(866) 558-0280**.

You also have the right to ask Delta Dental to review their denial decision by asking for an internal appeal by calling Delta Dental customer service **(866) 558-0280** or in writing via fax or mail.

### **Delta Dental**

Attn: Medicaid Grievances

PO Box 9230

Farmington Hills, MI 48333-9230

Fax: **(517) 381-5527**

Refer to your Delta Dental Handbook for more information.



## Community-Based Supports and Services

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We want to provide efficient and appropriate care in a timely manner. We also connect our members to community resources.

- Do you and your family struggle with having enough to eat?
- Do you need help finding a place to stay, or do you need heating assistance?
- Do you need a ride to your doctors' appointments?
- Do you need help with employment?

If you answered yes to any of the above questions, we can help. We know it's difficult to get to your doctor for important health screenings or other care when you're facing these challenges. If you're struggling with a similar problem, or need assistance, reach out to your care manager. If you don't have a care manager, and need help please call Customer Service at **(888) 654-2200 (TTY: 711)**.

**You can also access resources at the following:**

- Online through our website: **[hap.org/Medicaid](http://hap.org/Medicaid)**
- Online through the State of Michigan portal: **[newmibridges.michigan.gov](http://newmibridges.michigan.gov)**
- Online through the Michigan 2-1-1 website: **[mi211.org](http://mi211.org)**

Women, Infants, and Children (WIC) is a free program that provides a combination of nutrition education, supplemental foods, breastfeeding promotion and support, and referrals to health care. Call **(800) 262-4784** to find a WIC clinic near you or call Customer Service at **(888) 654-2200 (TTY: 711)** for assistance.

## Care Management

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We offer a care management program for members with chronic and/or complex health conditions. This is a voluntary program that allows you to talk with a care coordinator about your health care. A care coordinator helps you:

- Coordinate care between health care providers
- Set personal goals to manage your medical conditions
- Talk to your doctors or other providers when you need help
- Understand your medical conditions
- Access community-based supports, services, and resources

If you are interested in joining this program, or a provider suggested care management program, please call Care Management at **(800) 288-2902** or email **[caremanagement@hap.org](mailto:caremanagement@hap.org)** to be connected with a care coordinator.

## Make Your Wishes Known: Advance Directives

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HAP Empowered supports your right to file an “Advance Directive” according to Michigan law. This document is a written statement of your wishes for medical care. It explains, in advance, what treatments you want or don’t want if you have a serious medical condition that prevents you from telling your provider how you want to be treated.

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.

This person carries out your wishes and makes decisions for you when you cannot. It is important to pick a person that you know and trust to be your advocate. Make sure you talk with the person to let them know what you want.

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.

Call Customer Service at **(888) 654-2200 (TTY: 711)** for more information and the forms you need to write an advance directive.

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

### **Department of Licensing & Regulatory Affairs**

BPL/Investigations & Inspections Division

P.O. Box 30670 Lansing, MI 48909-8170

Call: **(517) 373-9196**

Or click below:

**[michigan.gov/lara/bureau-list/bpl](https://michigan.gov/lara/bureau-list/bpl)**

Click on *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 **(877) 999-6442** or go to **[michigan.gov/difs](https://michigan.gov/difs)**.

## Help Identify Health Care Fraud, Waste and Abuse

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Medicaid pays doctors, hospitals, pharmacies, clinics, and other health care providers to take care of adults and children who need help getting medical care. Sometimes, providers and patients misuse Medicaid resources. Unfairly taking advantage of Medicaid resources leaves less money to help other people who need care. This is called fraud, waste, and abuse.

### Fraud

Fraud is purposefully misrepresenting facts. Here are some examples of fraud:

- Using someone else’s member ID card
- Changing a prescription written by a doctor
- Billing for services that were not provided
- Billing for the same service more than once

**Questions?** Call HAP Empowered Customer Services at **(888) 654-2200** or **TTY 711**.

Visit our website at **[hap.org/Medicaid](https://hap.org/Medicaid)**.

## Waste

Waste is carelessly or ineffectively using resources. It is not a violation of the law, but it takes money away from health care for people who need it. Here are some examples of waste:

- Using transportation services for non-medical appointments
- Doctors ordering excessive or unnecessary testing
- Mail order pharmacies sending you prescriptions without confirming you still need them

## Abuse

Abuse is excessively or improperly using those resources. Here are some examples of abuse:

- Using the emergency room for non-emergent health care reasons
- Going to more than one doctor to get the same prescription
- Threatening or offensive behavior at a doctor's office, hospital, or pharmacy
- Receiving services that are not medically necessary

## You can Help

We work to find, investigate, and prevent health care fraud. You can help. Know what to look for when you get health care services. If you get a bill or statement from your doctor or an Explanation of Benefit Payments statement from us, make sure:

- The name of the doctor is the same doctor who treated you
- The type and date of service are the same type and date of service you received
- The diagnosis on your paperwork is the same as what your doctor told you

Health care fraud is a felony in Michigan. Being involved in fraud or abuse can put your benefits at risk or make other legal problems. If you suspect fraud, waste, and abuse has taken place, please report it. You do not have to give your name. You can call our Compliance Hotline at **(877) 746-2001** or write a letter to:

### **HAP Empowered Health Plan Compliance Officer**

P.O. Box 2578

Detroit, MI 48202

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 may also report or get more information about health care fraud by writing:

### **Office of the Inspector General**

P.O. Box 30062

Lansing, MI 48909

Or call toll-free: **(855) MI-FRAUD (855) 643-7283**

Or visit: **[michigan.gov/fraud](http://michigan.gov/fraud)**. Information may be left anonymously.

## Helpful Definitions

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These managed care definitions will help you better understand certain actions and services throughout this handbook.

**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 do not agree with a coverage or payment decision made by your Medicaid Health Plan. You can appeal if your plan:

**Denies your request for:**

- A healthcare service
- A supply or item
- A prescription drug that you think you should be able to get

**Reduces, limits, or denies coverage of:**

- A healthcare service
- A supply or item
- A prescription drug you already got

**Your plan stops providing or paying for all or part of:**

- A service
- A supply or item
- A prescription drug you think you still need

**Does not provide timely medical services**

**Authorization:** An approval for a service.

**Contractor:** A health plan (HAP Empowered) that was awarded a Medicaid contract

**Copayment:** An amount you are required to pay as your share of the cost for a medical service or supply. This may include:

- A doctor's visit
- Hospital outpatient visit
- Prescription drug

A copayment is usually a set amount. You might pay \$2 or \$4 for a doctor's 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 healthcare provider for everyday or extended use. This may include:

- Oxygen equipment
- Wheelchairs
- Crutches
- Blood testing strips for diabetics

**Questions?** Call HAP Empowered Customer Services at (888) 654-2200 or TTY 711.

Visit our website at [hap.org/Medicaid](http://hap.org/Medicaid).

**Emergency Medical Condition:** An illness, injury, or condition so serious that you would seek care right away to avoid harm.

**Emergency Medical Transportation:** Ambulance services for an emergency medical condition.

**Emergency Room Care:** Care given for a medical emergency when you think that your health is in danger.

**Emergency Services:** Review of an emergency medical condition and treatment to keep the condition from getting worse.

**Excluded Services:** Medical 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.

**Grievance:** A complaint that you let your plan know about. You may file a grievance if you have a problem calling the plan or if you're unhappy with the way a staff person or provider treated you. A grievance is not the way to deal with a complaint about a treatment decision or a service that is not covered or denied (see Appeal).

**Habilitation Services and Devices:** Health care services that help a person keep, learn, or improve skills and functioning for daily living. These services can be done inpatient or outpatient and may include:

- Physical and occupational therapy
- Speech-language pathology
- Services for people with disabilities

**Health Insurance:** Health insurance is a type of coverage that pays for medical and/or drug costs for people. It can pay the person back for costs from illness or injury. It can also pay the provider directly. Health insurance requires the payment of premiums (see premium) by the person getting the insurance.

**Home Health Care:** Healthcare services that a healthcare provider decides you need in your home for treatment of an illness or injury. Home health care helps you regain independence and become as self-sufficient as you can.

**Hospice Services:** Hospice is a special way of caring for people who are terminally ill and support to the person's family.

**Hospitalization:** Care in a hospital that needs admission as an inpatient and could require an overnight stay. An overnight stay for you to be looked after could be outpatient care.

**Hospital Outpatient Care:** Care in a hospital that usually does not need an overnight stay.

**Medical Health Plan:** A plan that offers healthcare services to members who meet State eligibility rules. The State contracts with certain Health Maintenance Organizations (HMO) to provide health services for those who are eligible. The State pays the premium on behalf of the member.

**Medically Necessary:** Healthcare services or supplies that meet accepted standards of medicine needed to diagnose or treat:

- An illness
- Injury
- Condition
- Disease or
- Symptom

**Network:** Health care providers contracted by your plan to provide health services. This includes:

- Doctors
- Hospitals
- Pharmacies

**Network Provider/Participating Provider:** A healthcare provider that has a contract with the plan as a provider of care.

**Non-Participating Provider/Out-of-Network Provider:** A healthcare provider that does not have a contract with the Medicaid Health Plan as a provider of care.

**Physician Services:** Healthcare services provided by a person licensed under state law to practice medicine.

**Plan:** A plan that offers health care services to members that pay a premium.

**Preauthorization:** Approval from a plan that is required before the plan pays for certain:

- Services
- Medical equipment or
- Prescriptions

This is also called prior authorization, prior approval, or precertification. Your plan may require preauthorization for certain services before you receive them. This excludes an emergency.

**Premium:** The amount paid for health care benefits every month. Medicaid Health Plan premiums are paid by the State 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 plan that helps pay for prescription drugs and medications.

**Prescription Drugs:** Drugs and medications that require a prescription by law by a licensed Provider.

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Visit our website at [hap.org/Medicaid](http://hap.org/Medicaid).



**Primary Care Provider:** A licensed physician, nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides and manages your health care services. This can also be called a Primary Care Physician. Your primary care provider is the person you see first for most health problems. They make sure that you get the care you need to keep you healthy. They also may talk with other doctors and healthcare providers about your care and refer you to them.

**Provider:** A person, place or group that's licensed to provide health care like doctors, nurses, and hospitals.

**Referral:** A request from a PCP for his or her patient to see another provider for care.

**Rehabilitation Services and Devices:** Rehabilitative services and/or equipment ordered by your doctor to help you recover from an illness or injury. These services can be done inpatient or outpatient and may include:

- Physical and occupational therapy
- Speech-language pathology
- Psychiatric rehabilitation services

**Skilled Nursing Care:** Services in your own home or in a nursing home provided by trained:

- Nurses
- Technicians
- Therapists

**Specialist:** A licensed physician specialist that 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 bad enough to seek care right away but not bad enough that it needs emergency room care.



# Notice of Privacy Practices

HAP 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.

## **HAP**

**Alliance Health and Life Insurance Company®**

**HAP Empowered Health Plan, Inc.**

Effective October 1, 2018

## **Your protected health information**

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
- Payment for care

You can ask HAP to give your PHI to people you choose. To do this, fill out our release form. You can find it at [hap.org/privacy](http://hap.org/privacy).

## **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. These include Alliance Health and Life Insurance Company and 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 only use 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 only share your information 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.

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Visit our website at [hap.org/Medicaid](http://hap.org/Medicaid).



# Notice of Privacy Practices

## 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 allowed by law, we may 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.

It 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 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 or find diseases early.
- 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

- With a friend, family member or other person who, by law, may act on your behalf. For example, parents can get information about their children covered by HAP.
- With a friend or family member in an unusual situation, such as 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.

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# Notice of Privacy Practices

## 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 through which you get health benefits. It is only shared 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 only share your PHI with an employer or plan sponsor if they have guaranteed in writing that it will be kept private and won't be used improperly.

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

HAP and HAP affiliates covered by this Notice of Privacy Practices and Henry Ford Health 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 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 organized health care arrangement includes:

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

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# Notice of Privacy Practices

Henry Ford's organized health care arrangement lets these organizations share PHI. This is only done 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](http://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 requests 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 PHI in records we use 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.

You may have to fill out a form to get PHI and pay a fee for copies. We'll tell you if there are fees in advance. You may choose to cancel or change your request.

### Right to ask us to change your PHI

If we deny your request for changes in 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. And we cannot delete any part of a legal record, such as 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. And we do not have to tell you about information we shared with you or based on your authorization. But 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. However, if you ask for another list within 12 months of receiving 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 in cases when we deem it 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 also have the right to ask us to limit PHI shared with family members or others involved in your health care or



# Notice of Privacy Practices

payment for it. We do not have to agree to these limits. But if we do, we'll follow them – unless needed for emergency treatment or the law requires us to share your PHI. In that case, we will tell you that we must end our agreement.

## **Right to request private communications**

If you believe that 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 below.

## **Changes to the 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 Plan 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. We will not take any action against you for filing a complaint.

Original effective date: April 13, 2003

**Revisions:** February 2005, November 2007, September 2013, September 2014, March 2015, October 2015, October 2018

**Reviewed:** November 2008, November 2009, October 2011, January 2019, August 2020, September 2021, October, 2022

**Questions?** Call HAP Empowered Customer Services at **(888) 654-2200** or **TTY 711**.

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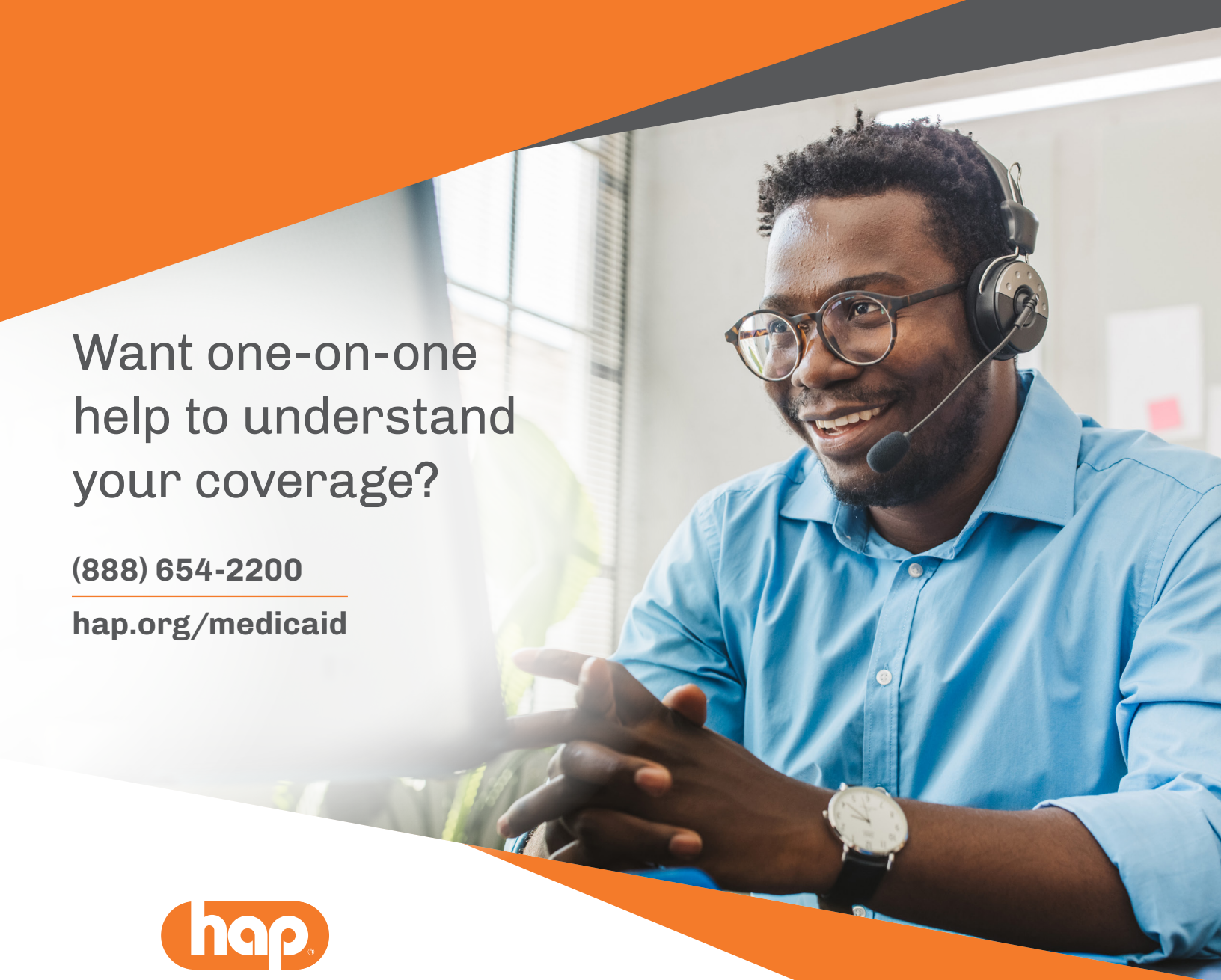




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*Power on.*

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

**(888) 654-2200**

**[hap.org/medicaid](https://hap.org/medicaid)**



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Visit our website at **[hap.org/Medicaid](https://hap.org/Medicaid)**.

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