



Change in Submitting Authorizations for HAP Midwest Members

Effective September 13, 2018, you can submit prior authorization requests through HAP’s online authorization application, Care Affiliate. ClearCoverage will no longer be available to enter prior authorization requests. Please see authorization submission guidelines below.

For	Guidelines
Elective inpatient admissions that do not require precertification	Notify HAP within 3 business days of the admission by submitting request through CareAffiliate and including appropriate clinical data.
Emergent inpatient admissions	<ul style="list-style-type: none"> Providers are not required to call HAP prior to – or at the time of – an emergent inpatient admission. Authorization requests should be submitted through CareAffiliate after admission to allow collection of the appropriate clinical data. Requests will not be denied for late notification if they are received within 3 business days of the admission.
Observations	Authorizations are not required for observational stays.
OB deliveries	<ul style="list-style-type: none"> Authorization not required for C-section delivery. Authorization not required for normal vaginal delivery.
Outpatient authorizations	First, verify an authorization is required. If it is, submit through CareAffiliate or as directed.
<ul style="list-style-type: none"> Inpatient rehabilitation at hospitals Long-term care at hospitals Skilled nursing facilities Sub-acute rehabilitation 	Do not use CareAffiliate. Instead, call (313) 664-8800. You can inquire about a request currently being processed for placement or ask questions about the precertification process.
Pharmacy authorizations	Continue to call or fax to Magellan directly. Contact information is on the member’s ID card. Medical drug requests will follow the outpatient authorization process above.
Behavioral health authorizations	There is no change. Follow the process you use today.

Beginning September 13, providers will follow the processes below.

Entering/Creating Authorization Online

- When you are logged in at hap.org:**
 - Select *Authorizations*
- When you are logged in at midwesthealthplan.com:**
 - Click on *Enter Auth/Referrals*.
 - Select the appropriate NPI from the drop-down list.
 - Follow instructions to enter authorization online.

Checking the Status or History of Authorizations for HAP Midwest Members

To check the status or history of submitted authorizations, visit midwesthealthplan.com and select *View Auth/Referrals*.

Verifying Member Eligibility for HAP Midwest Members

Providers must verify eligibility prior to rendering services. Services provided when a member is not enrolled in HAP Midwest will not be covered. Providers can verify eligibility by one of these methods:

HAP Midwest provider portal	PCPs can log in at midwesthealthplan.com and obtain a list of assigned members. The list is updated monthly.
HAP Midwest Customer Service	MI HealthLink: (888) 654-0706 Medicaid: (888) 654-2200
CHAMPS Web Portal	https://milogintp.michigan.gov
CHAMPS Eligibility Inquiry	(800) 292-2550

If you have any questions or need training on CareAffiliate, please contact HAP Provider Services at (866) 766-4708.