



**HAP** CareSource™

Welcome  
to  
HAP CareSource &  
HAP CareSource™ MI Health Link  
(Medicare-Medicaid Plan)

Provider Orientation 2023-2024



# About HAP CareSource & HAP CareSource MI Health Link



# A Partnership with *Heart*

## **Joining Our Strengths**

We are joining the strengths of two non-profit organizations to extend and enhance their mission-based legacies by offering comprehensive health coverage, providing access to the best physicians and delivering compassionate care.

Our goal is to drive value by helping providers deliver positive health outcomes for vulnerable people in Michigan while effectively managing costs.

***Thank you for joining our team!***





Who is  ?

## A Trusted Health Care Partner for More Than 60 Years

Health Alliance Plan (HAP) is a Michigan-based, nonprofit health plan that provides health coverage to individuals, companies and organizations. HAP serves over half a million members across 23 counties in Michigan, currently providing Medicaid coverage to 43,000 members in Michigan, along with its Medicare Advantage and commercial plans. HAP is a system-owned and physician-led entity of Henry Ford Health and has been National Committee for Quality Assurance (NCQA) accredited since 1993.

## What's So Revolutionary?

Since its start back in 1956, HAP has been revolutionizing the health care industry for the people of Michigan. So, what's so revolutionary? A simple philosophy that preventive health care should be affordable and accessible to anyone regardless of their socio-economic status. Guided by a long-standing belief of affordable access to quality health care, HAP offers benefits, programs and services that other Michigan health plans simply don't have.





# Who is *CareSource*® ?

## Health Care With Heart

Ohio-based CareSource is one of the nation’s largest Medicaid managed care organizations serving more than 2.3 million members in seven states including Ohio, Georgia and Indiana. In addition to Medicaid plans, CareSource also offers dual Medicare-Medicaid and Health Insurance Marketplace plans.

## Administrative Support Services

CareSource will provide administrative and operational support and services to HAP CareSource health care providers. When working with HAP CareSource or HAP CareSource MI Health Link, you will interact with CareSource services in many ways including when using our Find-a-Doctor provider directory tool, our Provider Portal or interacting with some of our member services like our CareSource24 Nurse Advice Line. We are here to support you.

### Operations Performance

Key Performance Indicator (KPI)	Claims First Pass Accuracy	Financial Accuracy	Claim Average Days to Pay	Prompt Pay Timeliness	Encounters Submitted in 14 Days	Encounter Completeness and Accuracy
Current Rate	<b>99%</b>	<b>99.96</b>	<b>10 Days</b>	<b>&gt;100%</b>	<b>&gt;99.9%</b>	<b>&gt;99.9%</b>



**Corporate Headquarters:**  
Dayton, Ohio



**Locations:**  
Arkansas, Georgia, Indiana, Kentucky, Michigan, North Carolina, Ohio, and West Virginia



**Year Established:**  
1989



**Employees:**  
4,500 employees located across 47 states



## Our *Mission*

### MISSION

HAP CareSource and HAP CareSource MI Health Link are committed to providing excellence in our managed care product lines for our members through fiscally responsible programs that ensure access to and the delivery of cost-effective and high-quality medical services.

### PLEDGE

- Make it easy for you to work with us
- Partner with providers to help members make healthy choices
- Direct communication
- Timely and low-hassle medical reviews
- Accurate and efficient claims payment

**HAP CareSource and HAP CareSource MI Health Link will change the way health care is delivered in Michigan!**



**HAP CareSource™**



# Our *Plans*

## Healthy Michigan Plan

A low-cost health insurance program for Michigan residents that allows more people to obtain low-cost health care coverage.

- Michigan residents ages 19-64 years
- Income at or below 133% of the federal poverty level
- Do not qualify for or enrolled in Medicare or any other Medicaid program
- Not pregnant at the time of application
- For more information, visit [Healthy Michigan Plan](#)

## Children's Special Health Care Services

A health care program for children and select adults with special health care needs.

- Michigan residents under age 21
- US citizen or documented/legally admitted non-citizen
- Qualifying medical condition
- For additional details please visit [Children's Special Health Care Services](#)

## Collaborative Focus

- Emphasis on quality-based improvements
- Operational excellence
- Creating uniform systems to ease administrative burden
- Addressing all barriers to access
- NCQA accredited
- True commitment to improvement of life for Michigan members



# Our *Plans* (continued)

## HAP CareSource MI Health Link Plan

Complete health care coverage for people in specific Michigan counties currently enrolled in both Medicare and Medicaid

- Michigan residents ages 21 years and over
- Enrolled in both Medicare and Medicaid
- Live in Macomb or Wayne counties
- For more information, visit [www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs)

### Collaborative Focus

- Emphasis on quality-based improvements
- Operational excellence
- Creating uniform systems to ease administrative burden
- Addressing all barriers to access
- NCQA accredited
- True commitment to improvement of life for Michigan members





# Your *Responsibilities*

- Provide services in accordance with the recommended service program including the amount, frequency, duration and scope of each service
- Primary Care Providers (PCPs) must ensure 24-hour availability for your HAP CareSource or HAP CareSource MI Health Link members by telephone
- Notify HAP CareSource or HAP CareSource MI Health Link of any demographic changes prior to the effective date of the change immediate notice required, depending on the type of change (refer to the Provider Manual)
- Attest to provider directory information quarterly
- Provide appropriate notification to terminate, in accordance with your provider agreement
- Do not balance bill HAP CareSource or HAP CareSource MI Health Link members
- Comply with the NCQA and our contract requirements for provider access standards
- Provide medical records upon request
- Submit claims or corrected claims within 365 days from the date of service or discharge
- Observe and protect the rights of HAP CareSource and HAP CareSource MI Health Link members (refer to the Provider Manual)
- Treat HAP CareSource and HAP CareSource MI Health Link members with respect

**Please refer to your contract and the Provider Manual for more information on provider expectations and responsibilities.**



## Our *Responsibilities*

- Ensure an effective member/provider appeal and grievance process
- Provide support for every provider through the Provider Services call center
- Comply with all state and federal regulations
- Pay clean claims within **30 calendar days** of receipt
- Coordinate benefits for members with primary insurance

**Please refer to your contract and the Provider Manual for more information on provider expectations and responsibilities.**



## Communicating with *Us*

	Medicaid	MI Health Link
Provider Services	1-833-230-2102	1-833-230-2159
Hours	Monday – Friday 8:00 a.m. to 6:00 p.m., Eastern Time (ET)	Monday – Friday 8:00 a.m. to 6:00 p.m., ET
Member Services	1-833-230-2053	1-833-230-2057
Hours	Monday – Friday 8 a.m. to 8 p.m. ET	



# Working with HAP CareSource & HAP CareSource MI Health Link



# Member *Enrollment* Medicaid

## How Does Member Enrollment Work?

Encourage your interested patients to visit the [Michigan Department of Health & Human Services](http://www.michigan.gov/mibridges) website, where they can access enrollment information and forms.

### Three easy ways to apply

- Complete an application <http://www.michigan.gov/mibridges>
- Call **1-855-789-5610**
- In-person at a local [Department of Human Services](#) office

### After completing required steps:

- They may join the Managed Care Organization (MCO) of their choice, or they will be assigned to an MCO
- Have 90 days to make a change





# Member *Enrollment* MI Health Link

## How Does Member Enrollment Work?

Michigan ENROLLS is the enrollment broker for the MI Health Link program. Encourage your interested patients to visit the **Michigan Department of Health & Human Services (MDHHS)** website, where they can access enrollment information.

### To apply

- Call **1-800-975-7630**, Monday – Friday, 8 a.m. to 7 p.m. ET (no form/online option)
- Follow the instructions received by mail from MDHHS

### After completing required steps:

- They may join the Integrated Care Organization (ICO) of their choice, or they will be assigned to an ICO
- Have 90 days to make a change

**Enrolling in MI Health Link is an opt-in process**



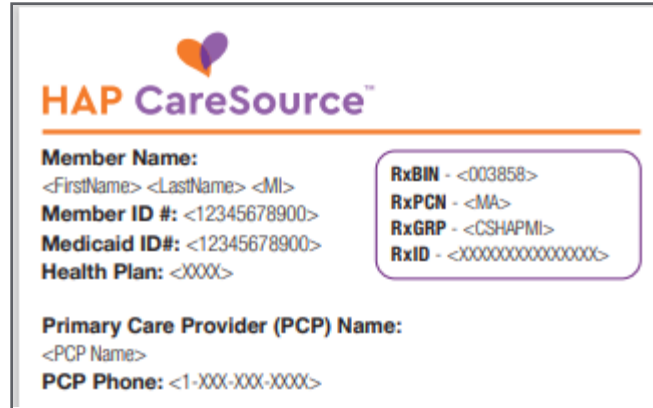


# Identifying a HAP CareSource Member



## Michigan Medicaid ID Card

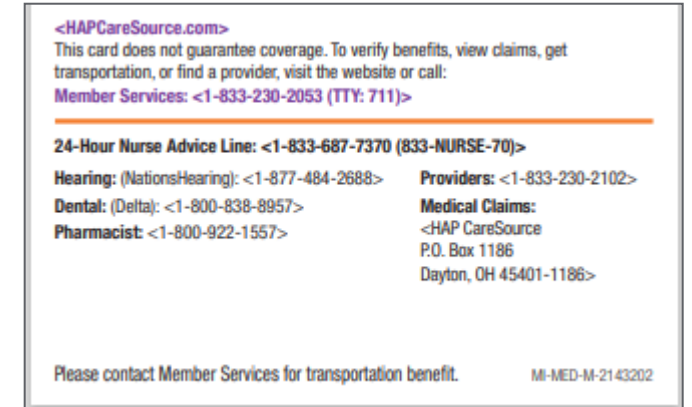
This card indicates the member is enrolled in Michigan Medicaid.



FRONT

## HAP CareSource Member ID Card

This card is used to identify a HAP CareSource member. This card provides important identifying information as well as plan contact information.



BACK

## MEMBER ID CARDS

The member ID card is used to identify a HAP CareSource member. However, having a member ID card does **not** guarantee eligibility or benefits coverage. Please verify member's eligibility prior to each service rendered.

You can use our secure Provider Portal or call Provider Services at **1-833-230-2102** to check member eligibility.



# Identifying a HAP CareSource MI Health Link Member



**Member Name:**

<FirstName> <LastName> <MI>

**Member ID #:** <12345678900>

**Medicaid ID#:** <12345678900>

**Health Plan:** <XXXX>

**Primary Care Provider**

**(PCP) Name:** <PCP Name>

**PCP Phone:** <1-XXX-XXX-XXXX>

**RxBIN** - <610014>

**RxPCN** - <MEDDPRIME>

**RxGRP** - <CSMIMMP>

**RxID** - <XXXXXXXXXXXXXXXX>



**MEMBER CANNOT BE CHARGED Copays: \$0** H9712\_MI-MMP-M-2409950

FRONT

**IN AN EMERGENCY, CALL 9-1-1 OR GO TO THE NEAREST EMERGENCY ROOM (ER) OR OTHER APPROPRIATE SETTING.** If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line.

**24-Hour Nurse Advice:**  
1-866-206-7861

**Member Services:** 1-833-230-2057 (TTY: 1-833-711-4711 or 711)

**<Dental (Delta):** 1-800-838-8957>

**<Hearing & OTC (NationsBenefits):** 1-877-269-9234>

**<Vision (Superior Vision):** 1-888-575-0203>

**Care Management:** <1-833-230-2057>

**Pharmacy Help Desk:** <1-800-922-1557>

**Claims Inquiry:** <1-833-230-2159>

**Provider Questions:** <1-833-230-2159>

**PIHP General Information Line:**

<Macomb: 1-855-996-2264 | Wayne: 1-800-241-4949>

**24/7 Behavioral Health Crisis Line:**

<Macomb: 1-855-927-4747 | Wayne: 1-800-241-4949>

**Send Medical claims to:**

<HAP CareSource

ATTN: Claims

P.O. Box 1186

Dayton, OH 45401-1186>

**Send Pharmacy claims to:**

Express Scripts

ATTN: Medicare Part D

P.O. Box 14718

Lexington, KY 40512-4718

**Website: HAPCareSource.com**

BACK

## MEMBER ID CARDS

The member ID card is used to identify a HAP CareSource MI Health Link member. However, having a member ID card does **not** guarantee eligibility or benefits coverage. Please verify member’s eligibility prior to each service rendered.

Use our secure Provider Portal or call Provider Services at **1-833-230-2159** to check member eligibility.





## Claims *Submission*

In general, HAP CareSource and HAP CareSource MI Health Link follow the claims reimbursement policies and procedures set forth by the relevant regulations and regulating bodies. For more information on our claims process, visit [HAPCareSource.com](https://www.hapcare.com) > Providers > [Claims](#).

For expedited claims processing and payment delivery, please ensure addresses and phone numbers on file are up to date.

See our **Provider Manual** for full details on our claim submission process.

### Information to Include on Claims

- Member name
- Member address
- Member ID number
- Member date of birth
- Place of service – use standard CMS Health Care Finance Administration (HCFA) location codes
- ICD-10 diagnosis code(s)
- HIPAA-compliant CPT or HCFA Common Procedure Coding System (HCPCS) code(s) and modifiers, where modifiers are applicable
- Units, where applicable (anesthesia claims require minutes)
- Date(s) of service
- Prior authorization number, where applicable
- National Provider Identifier (NPI) Federal Tax ID number (TIN) or provider Social Security number
- Use nine-digit zip code



# Claims *Submissions*

## CLEARINGHOUSES

HAP CareSource and HAP CareSource MI Health Link encourages electronic claim submission as the primary submission method. For electronic data interchange (EDI) transactions, HAP CareSource accepts electronic claims through our clearinghouse, **Availity**. Providers can find a list of EDI vendors online at [availity.com/edclearinghouse](https://www.availity.com/edclearinghouse).

**HAP CareSource Payer ID: MIMCDCS1**

**HAP CareSource MI Health Link Payer ID: MIMCRCS1**

## SUBMISSION PROCESS

Providers can submit claims through our secure, online Provider Portal at **HAPCareSource.com** > Provider Login. Here, providers can submit claims along with any documentation, track payments and more.

### **Who Can Submit Claims Via the Provider Portal?**

- Traditional providers
- Community partners and delegates
- Health homes

### **What Types of Claims Can Be Submitted?**

- Professional medical office claims
- Institutional claims
- Behavioral health claims

# Claims *Payments*

HAP CareSource and HAP CareSource MI Health Link have partnered with ECHO® Health, Inc. to deliver provider payments. ECHO® is a leading provider of electronic solutions for payments to health care providers. ECHO consolidates individual provider and vendor payments into a single ERISA- and HIPAA-compliant format, remits electronic payments and provides explanation of provider payment details to providers.

[Enroll](#) with ECHO for payment and choose EFT as your payment preference for HAP CareSource or HAP CareSource MI Health Link.

Enrollment assistance 1-888-834-3511

**Notice: Email notifications are not sent when a deposit/payment is made. Deposits/payments are made twice weekly.**

# Claims *Payments*

## EFT

ECHO offers three payment options:

1. Electronic fund transfer (EFT) – **PREFERRED**
2. Virtual Card Payment (QuicRemit) – Standard bank and card issuer fees apply\*
3. Paper Checks

\*Payment processing fees are what you pay your bank and credit card processor for use of a payment terminal to process payments via credit card.

Visit our Claims webpage at **HAPCareSource.com** > Providers > Provider Portal > [Claims](#), for additional information about getting paid electronically and enrolling in EFT.

Simply complete the enrollment form and fax it back to ECHO Health, HAP CareSource and HAP CareSource MI Health Link's EFT partner, at **440-835-5656** or visit [ECHO](#) to complete enrollment online. ECHO Health will work directly with you to complete your enrollment in EFT.

Providers who elect to receive EFT payment can also choose to receive an EDI 835 (Electronic Remittance Advice) through a designated clearinghouse. Providers can download the PDF version of the Explanation of Provider Payment (EPP) from the [HAP CareSource Provider Portal](#).

***Notice: Email notifications are not sent when a deposit/payment is made.  
Deposits/payments are made twice weekly.***



# Provider Network & *Eligibility*

## IN-NETWORK REFERRALS

HAP CareSource and HAP CareSource MI Health Link members choose or are assigned a primary care provider (PCP) upon enrollment. To ensure coverage of services, confirm that you refer members to other in-network providers. Use our **Find-a-Doc** tool at **HAPCareSource.com** to help you locate a participating HAP CareSource provider by plan.

## OUT OF NETWORK SERVICES

Out-of-network services are NOT covered unless they are emergency services or prior authorized by HAP CareSource or HAP CareSource MI Health Link.

## MEMBER ELIGIBILITY

Be sure to ask to see each member's ID card and **verify their eligibility** prior to each service rendered.



# Provider Referrals



It is important that members use in-network providers and facilities whenever possible. In-network providers are better connected with HAP CareSource and have ready access to member information. Our members do not need a referral to see in-network providers, thus reducing your administrative burden.

**Referring Doctor** – Document the referral in the medical chart. You are not required to use a referral form or send a copy of it to our health plan. However, you must notify the specialist of your referral.

**Specialist** – Document in the medical record that the member was referred to you for services. Referral numbers are not required on claims submitted for referred services. Documentation in the medical record should contain the number of visits or length of time of each referral.

**Standing Referrals** – A PCP may request a standing referral to a specialist for a member with a condition or disease that requires specialized medical care over a prolonged period. The period must be at least one year to be considered a standing referral. Members who meet the definition of Children with Special Health Care Needs (CSHCN) may access specialty care providers directly by a standing referral.

**Referrals to Out-of-Network Providers** – A member may be referred to an out-of-network provider if they need medical care that can only be received from a doctor or other provider who is not participating with our health plan. Treating providers must obtain prior authorization from our health plan before sending a member to an out-of-network provider

**Referrals for Second Opinions** – Providers or members may request a second opinion at no additional cost to the member if the service was obtained in network.

# Appeals, Disputes and Grievances *Overview*

Term and Definition	Who May File	How to Submit	Time Frame/Resolution
<b>Dispute</b> - Disagreement of payment decision made by HAP CareSource	Provider	HAP CareSource Provider Portal or mail	File within 60 days of original denial or claim rejections Decision within 30 calendar days.
<b>Claims Appeal</b> - Provider disagreement with denial	Provider or Member	HAP CareSource Provider Portal or mail	Submit with appeal letter and medical records within 60 days of the original denial date. Decision within 30 calendar days.
<b>Clinical Appeal</b> - <ul style="list-style-type: none"> <li><b>Pre-Service</b>: a request to change the decision on any case or services that must be made in whole or in part in advance of the member obtaining medical care or services.</li> <li><b>Expedited Pre-Service</b>: A request to change an urgent care request where the decision could seriously jeopardize the life or health of the member, jeopardize the member's ability to regain maximum function or subject the member to sever pain, not managed without the requested care.</li> <li><b>Post-Service</b>: a request to change a decision on any review for care or services that have already been received.</li> </ul>	Provider or Member	HAP CareSource Provider Portal, fax or mail	<u>Pre-Service</u> : 60 days to file appeal with member written consent Decision within 30 days. <u>Expedited (Pre-Service)</u> : Member or authorized representative may submit an expedited appeal. Member consent is required. Decision will be made within 72 hours. <u>Post-Service</u> : 60 calendar days to file appeal from date of initial denial letter. 30 calendar days for a decision
<b>Grievance</b> - Expression of dissatisfaction about any matter other than an action subject to Appeal.	Provider or Member	HAP CareSource Provider Portal, call or mail	30 calendar days



# Member Grievances, Appeals and State Fair Hearings

Members have the right to file a grievance or appeal and request a State Fair Hearing or review by an Independent Review Organization, of decisions made by HAP CareSource or HAP CareSource MI Health Link.

Members are encouraged to call or write to HAP CareSource or HAP CareSource MI Health Link to let us know of any complaints regarding HAP CareSource/HAP CareSource MI Health Link or the health care services they receive.

Detailed grievance and appeal procedures are explained in the member handbook and the **Provider Manual**.

## HAP CareSource and HAP CareSource MI Health Link notify members in writing when a decision is made to:

- Deny or limit authorization of a requested service, including the type or level of service.
- Reduce, suspend or terminate services prior to the member receiving the services previously authorized.
- Deny, in whole or in part, payment for a service.
- Fail to provide services in a timely manner.
- Fail to act within the resolution timeframe.

Members have the right to appeal the actions listed in the letter if they contact HAP CareSource or HAP CareSource MI Health Link within 60 calendar days from the date of the denial letter. See the **Provider Manual** for additional deadlines and turnaround times associated with the Grievances and Appeals process.





# Provider Disputes and Appeals

- As a HAP CareSource or HAP CareSource MI Health Link provider, you may submit a dispute or appeal for a member or on your own behalf.
- As a HAP CareSource or HAP CareSource MI Health Link provider, we may contact you to obtain documentation when a member has filed a request for one of these reviews. HAP CareSource and HAP CareSource MI Health Link do not retaliate or discriminate against any member or provider for utilizing the grievance and appeals process.
- Providers must obtain a member's written consent to appeal an Adverse Benefit Determination on their behalf.
- The HAP CareSource Provider Portal is the most efficient method of submission to ensure timely receipt and resolution of the appeal.
- For additional information, contact **Provider Services** at **1-833-230-2102** (HAP CareSource) or **1-833-230-2159** (HAP CareSource MI Health Link).



# Claim *Appeals*

## All appeals must be:

- Submitted within 60 calendar days from the date of claim denial
- Submitted via the HAP CareSource Provider Portal, fax or by paper to:

HAP CareSource  
Attn: Grievances and Appeals  
P.O. Box 1025  
Dayton, OH 45401-1025  
Fax: 937-396-3492

Claim appeals can be submitted in writing via the [HAP CareSource Provider Portal](#) or on paper at:

**HAPCareSource.com** > Providers > Tools & Resources > Forms > Provider Appeal Form.

HAP CareSource and HAP CareSource MI Health Link also offer a claim payment dispute process. Additional information pertaining to claim appeals and claim payment disputes can be found in the Provider Manual or on **HAPCareSource.com**.



## Access to Care

As a primary care provider (PCP), you must ensure your practice complies with the following minimum access standards:

- Provide **24-hour availability** to your HAP CareSource or HAP CareSource MI Health Link members by telephone.
  - Whether through an answering machine or a taped message after hours, patients should have the means to contact their PCP or back-up provider to be triaged for care.
  - It is not acceptable to use a phone message that doesn't provide access to you or your back-up provider and only recommends an emergency room after hours.
- Be available to see members at a minimum of **20 hours** per week **per location**.





# Access Standards *Time Frames*

Providers should see members as expeditiously as their condition and severity of symptoms warrants.

Type of Care	Standard
<b>Primary Care Providers</b>	
Routine Care	Within 30 business days of request
Non-Urgent Symptomatic Care	Within 7 business days of request
Urgent Care	Within 48 hours
After-Hours Care	Physicians or their designee shall be available by telephone 24/7
Emergency Care	Immediately 24/7
In-Office Wait Time	Less than 30 minutes
<b>Non-Primary Care Providers/Specialist</b>	
Acute Specialty Care (including OB/GYN and Oncology)	Within 5 business days of request
Specialty Care	Within 6 weeks of request
Specialty Urgent Care	Within 48 hours
BH: Life-Threatening Emergency	Immediate access to ED services
BH: Non-Life-Threatening Emergency	Immediate access to ED services
BH: Urgent Care	Within 48 hours of request
BH: Initial Routine	Within 10 business days of request
BH: Follow-Up Routine Care	Not to exceed 30 calendar days based on condition
Prenatal Care – Initial Prenatal Appointment	<ul style="list-style-type: none"> <li>• If enrollee is in first or second trimester: within 7 business days of enrolled being identified as pregnant</li> <li>• If enrollee is in third trimester: within 3 business days of enrollee being identified as pregnant</li> <li>• If there is any indication of the pregnancy being high risk (regardless of trimester): within 3 business days</li> </ul>



# Member *Communications*

## Helping Members Understand Their Coverage

Encourage members to visit **HAPCareSource.com**, where they can access:

- MyCareSource.com Member Portal
- Searchable online formulary and prescription cost calculator
- Find-a-Doc tool
- Information on Coverage and Benefits
- Member Handbook
- Total Cost Navigator
- Forms and more

For more information, visit: [HAPCareSource.com/members](https://www.hapcaresource.com/members).





# Provider Portal




# Time-Saving Tools

We make it easier for you to do business with us – 24 hours a day, seven days a week with our free, secure HAP CareSource Provider Portal.

- Member Eligibility & Termination
- Claims Information
- Coordination of Benefits
- Payment History
- Explanation of Payment
- Prior Authorization
- Care Treatment Plans
- Care Management Referrals
- Member Profile
- Clinical Practice Registry
- Resources & Training

Switch state-specific portal Log Out

 MICHIGAN PROVIDER PORTAL

**MEMBER SEARCH** -  
Member Eligibility  
Coordination of Benefits  
Member File Upload

**CLAIMS** +

**MEMBER REPORTS** +

**USERS** +

**PROVIDERS** +

**ASSESSMENTS** +

**QUALITY** +

### Attention Providers: Member Lookup

If you are looking for a Medicaid member prior to Oct. 1, 2023, or a MI Health Link member prior to Jan. 1, 2024, please access the HAP Provider Portal. When looking for Medicaid members after Oct. 1, 2023 and MI Health Link members after Jan. 1, 2024, please refer to the HAP CareSource Provider Portal.

#### Member Alerts:

**Dates:** 8/23/2023 - 9/22/2023 **CareSource ID:**  **Member Name:**  **Alert Type:** All Filter

No alerts found for the given filters.

Attention All Providers:



# Single *Sign-On*

Two Portals, One Simple Sign-On!

CareSource and HAP both offer the benefit of a provider portal. To help streamline your operations, we offer single sign-on from the HAP Portal to the HAP CareSource Provider Portal.

- Visit HAPCareSource.com and click Login > **Provider in MI** at the top right corner.
- Follow the instructions on the screen.

*The first time you access the HAP CareSource Provider Portal, you will need to **set up the Multifactor Authentication** method you would like to use.*

Switch state-specific portal

Log Out



## MEMBER SEARCH

Member Eligibility

Coordination of Benefits

Member File Upload

## CLAIMS

## MEMBER REPORTS

## USERS

## PROVIDERS

## ASSESSMENTS

## QUALITY

### Welcome Michigan HAP Providers!

Click the button below for some highlights and navigation tips for the HAP CareSource Provider Portal.

Read More

### Member Alerts:

Dates:

8/23/2023

-

9/22/2023

CareSource ID:

Member Name:

Alert Type:

All

Filter

No alerts found for the given filters.

Attention All Providers





# Register for the *Provider Portal*

It's easy! You will access the HAP CareSource Provider Portal through the HAP Portal.

- Only one username and password to remember for both portals.
- Current users of the HAP Portal can log in at [hap.org](http://hap.org).
- New users to the HAP Portal will first need to register to use the HAP Portal.
- Once you log in at [hap.org](http://hap.org), select the **HAP CareSource** link and it will take you right to the secure HAP CareSource Provider Portal\*.

\*If you are not registered for the HAP Provider Portal, please [self-register](#) and then follow the instructions.

## Provider Log in

[Need Help?](#)

Username\*

Password\*

[Forgot Username?](#) [Forgot Password?](#)

[Don't have an account?](#)



# Member *Eligibility*

## Member Eligibility

[Edit](#)

Health care providers should always verify member eligibility before rendering services, except in an emergency.

It is important to verify that HAP CareSource members are eligible for care on the date of service; therefore, the date of service is required to conduct a search. This helps prevent unpaid claims. Please select one of the following search methods and enter the requested information. Then select "Search." You can verify eligibility for dates of service up to 24 months ago.

### Medicaid Providers: Upload Consent Forms

Providers can upload abortion, hysterectomy and sterilization (AHS) consent forms after verifying member eligibility. After uploading the forms, verify the upload by accessing the 'provider documents' page from the left navigation.

**NOTE:** If you are submitting documentation for a claim and do not indicate the specific claim number for which the documentation applies, the documentation **will apply only to claims received after the receipt date of the consent form**. For example, a consent form uploaded on 12/5/2023 will systematically apply to claims received by HAP CareSource on or after 12/5/2023. It will not apply to claims received prior to 12/5/2023.

To upload a consent form applicable to a **previously submitted claim**, you must enter the corresponding claim number when submitting the attachment to ensure systematic alignment.

Dental and vision history displays services performed within the last 24 months. We update our information nightly.

Member Eligibility

HAP CareSource Id	Medicaid Id	Member Info	Case Number	Multiple HAP CareSource Ids	Multiple Medicaid Ids
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HAP CareSource ID

Date of Service



# Member *Eligibility*

Language Preference: English

Alternate Communication Format Needed: N/A

Special Communication Needs:

Member Aid Category: LIM - Child

Primary Care Provider (PCP): Smith, John

Phone:

NPI #:

Case Manager:

Case Manager Phone Number:

Contains PCP's Information

Subscriber Information



Primary policy holder's information

+

Member Dental & Vision Services History



Dental and Vision services rendered

+

Clinical Alerts



Clinical event alerts (ex. Pregnancy Alert)

+

Assessments Taken



Member's completed assessments

+

Care Treatment Plan



Care Treatment plan information

+



# Prior Authorizations



# Prior Authorization *Services*

**Some services require prior authorization.**

Visit [procedurelookup.caresource.com](https://procedurelookup.caresource.com) - No login required!

Use dropdown and select **Michigan** and appropriate line of business

For fast authorization processing, HAP CareSource and HAP CareSource MI Health Link offer **Cite AutoAuth**, an automated evidence-based system. It's quicker than phone or fax! Access it from the Provider Portal.





# Prior Authorization *Submissions*

Method	Medicaid	MI Health Link
Provider Portal – Preferred Method	Log in: <a href="#">HAP CareSource Provider Portal</a> From the HAP CareSource Provider Portal, use the Providers > Prior Authorization menu.	Log in: <a href="#">HAP CareSource Provider Portal</a> From the HAP CareSource Provider Portal, use the Providers > Prior Authorization menu.
Fax	Toll Free: 844-432-8931 NICU UM Fax: 833-230-2036	Toll Free: 844-633-0399
Email	<a href="mailto:UMHAPMI@CareSource.com">UMHAPMI@CareSource.com</a>	<a href="mailto:UMHAPMI@CareSource.com">UMHAPMI@CareSource.com</a>
Phone	Toll Free: <b>1-833-230-2102</b>	Toll Free: <b>1-833-230-2159</b>
Mail	HAP CareSource P.O. Box 1307 Dayton, OH 45401-1307	HAP CareSource P.O. Box 1307 Dayton, OH 45401-1307



# Prior Authorization *Information Checklist*

## PRIOR AUTHORIZATION SUBMISSION REQUIREMENTS

- Member name and member ID number
- Provider name and National Provider Identifier (NPI)
- Anticipated date(s) of service
- Diagnosis code and narrative
- Procedure, treatment or service(s) requested
- Number of visits requested, if applicable
- Reason for referring to an out-of-plan provider if applicable
- Clinical information to support the medical necessity of a service
- Inpatient services need to include whether the service is elective, urgent or emergency, admitting diagnosis, symptoms & plan of treatment

**Note:** We do not require in-network providers to obtain a prior authorization for an office visit.

You can find more information on prior authorizations in our Provider Manual, located at [HAPCareSource.com](https://www.hapcaresource.com) > Providers > Tools & Resources > [Provider Manual](#).

[HAP CareSource Prior Authorization Form](#)

[HAP CareSource MI Health Link Prior Authorization Form](#)





# Covered Benefits & Services





# Preventive *Care*

Preventive care is recommended for the whole family. HAP CareSource and HAP CareSource MI Health Link advise members to see their PCP on a routine basis.

## **Preventive care includes but is not limited to:**

- Yearly well-care exams including BMI assessment (also counseling for nutrition and physical activity for children)
- Mammograms and cervical cancer screenings for women
- Prostate cancer screenings for men
- Colorectal cancer screenings for adults
- Routine dental and medical exams
- Recommended immunizations
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for children under the age of 21
- Family planning
- Annual medication review





# Covered *Services*

## **BENEFITS OVERVIEW**

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PCP and Specialist Office Visits

Emergency Services

Preventive Services & Screenings

Inpatient Facility Services

Outpatient Diagnostic Services

Home Health Services

Durable Medical Equipment Services

Rehabilitation Therapy Services

Habilitative Services

Maternity Services

Dental Services

Vision Services

## **ENHANCED BENEFITS**

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CareSource 24 Nurse Advice Line

Disease Management

Health & Wellness Education

Inhalation Therapy

Pain Management

## **MEMBER PROGRAMS**

---

Integrated Care Management

Transportation

MyStrength

Babies First<sup>®</sup> & Kids First *(Medicaid Only)*



# Services *Not Covered*

---

Medically unnecessary services

Services received from a non-network providers, with specific exceptions

Experimental or investigational services

Alternative or complimentary medicine

Cosmetic procedures

Assisted reproductive therapy

Maintenance therapy treatments

Routine dental services not provided by a Delta Dental of MI provider

Routine vision services and eyewear not provided by Versant Superior provider

Routine hearing services not provided by a NationsHearing provider

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For more details on covered services, visit **HAPCareSource.com**



# Transportation *Services*

<b>Provider Scheduling Line</b>	1-866-733-8997 Routine reservations accepted 7:00 a.m. to 8:00 p.m., ET Monday – Friday After hours: Urgent and discharges are accepted 24/7/365*
<b>Standard Scheduling Timeline</b>	Trips must be scheduled 48 hours (two business days) up to 30 days in advance
<b>Same Day/Sick Visit Instructions</b>	Same-day/sick visit trips available by calling scheduling line above; provider may need to confirm urgency
<b>30 One-Way Trips/15 Round Trips, Less than 30 Miles</b>	Available for all members and renews on an annual basis
<b>Trip Limit</b>	For covered benefits, there are no trip limits

\*Calls for urgent and hospital discharges are accepted on national holidays (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas) despite HAP CareSource and HAP CareSource MI Health Link Member Services being closed. The caller must tell the IVR they wish to schedule transportation or contact Medical Transportation Management (MTM) directly.



# Supplemental Benefits *Overview & Information*

## ABOUT OUR BENEFIT MANAGERS

HAP CareSource and HAP CareSource MI Health Link partner with select vendors to provide expanded benefits and services, including expertise in the services and broadened networks.

**These are exclusive relationships for the services considered** – meaning our member must use a provider within the benefit manager’s network for HAP CareSource or HAP CareSource MI Health Link to contribute.

See [HAPCareSource.com](https://www.hapcare.com) for a full listing of benefits in this plan.

## Visit [HAPCareSource.com](https://www.hapcare.com) for more details on:

- Dental
- Hearing
- Pharmacy
- Vision
- And more



## Vendors

Vendor	Service
CSS Health – Clinical Support Services	Pharmacy – Medication Therapy Management
Delta Dental of Michigan	Routine Dental Benefit
NationsHearing	Routine Hearing Benefit
Superior Vision, by Versant	Routine Vision Benefit
MTM – Medical Transportation Management	Transportation
Express Scripts	Pharmacy Benefit Manager



# Providers Caring for Children

# Children's Special Health Care Services (CSHCS)

CSHCS is a program within the Michigan Department of Health and Human Services. It is for children and some adults with special health care needs and their families.

CSHCS helps pay for medical care and treatment for certain eligible medical conditions.

## **CSHCS HELPS PERSONS WITH CHRONIC HEALTH PROBLEMS BY PROVIDING:**

- Coverage and referral for specialty services based on the person's health problems.
- Family centered services to support you in your role as primary caretaker of your child.
- Community-based services to help you care for your child at home and maintain normal routines.
- Culturally competent services which demonstrate awareness of cultural differences.
- Coordinated services to pull together the services of many different providers who work within different agencies.

CSHCS covers more than 2,700 physical conditions when certain criteria are met.

Applications are available to download [online](#) or by calling your local health department CSHCS office.

Call the CSN Fund at 517-241-7420

Call the CSHCS Family phone line at 800-359-3722





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

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit includes a comprehensive array of preventive, diagnostic and treatment services for Medicaid eligible infants, children and adolescents under age 21.

The EPSDT benefit is designed to ensure that children receive early detection and care so that health problems are averted or diagnosed and treated as early as possible. The goal of the EPSDT benefit is to ensure that individual children get the health care they need when they need it. The EPSDT benefit also covers medically necessary diagnostic services.

## Reimbursement

The program provides reimbursement for preventive health services, inter-periodic visits, developmental screenings, brief emotional/behavioral assessments, hearing and vision screenings and immunizations under the EPSDT benefit.

- Use appropriate preventive medicine CPT codes, diagnosis codes and EPSDT referral indicators to ensure proper payment.

## Recommendations

The American Academy of Pediatrics (AAP) Bright Futures “Recommendations for Pediatric Health Care” [Periodicity Schedule](#) is the periodicity schedule used for EPSDT visits and services.



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

## Exam Components

- A comprehensive health, psychosocial and developmental history
- Documentation of vital signs
- An unclothed comprehensive physical examination
- Assessment of growth and nutritional status
- Assessment of social and emotional development
- Assessment of immunization status and provision of appropriate immunizations
- Screening for vision, hearing, lead poisoning and development
- Laboratory testing where appropriate to age and exam findings, and in line with AAP guidance
- Oral health screening, preventive counseling and referral to a dentist for ongoing dental care
- Screening for and, if suspected, reporting of child abuse and neglect
- Anticipatory guidance (health education)

## Exam Frequency

- Birth
- Three to five days
- One and two months
- Four, six and nine months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- After 30 months, one exam per year until age 21



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

## Exam Requirements & Support

- PCPs receive a monthly list of non-adherent members
- Initial exams are to be completed within 90 days of plan enrollment date
- Initial exams are to be completed within 24 hours of birth for all newborns
- PCP are required to follow-up and/or refer to specialists when history and exam findings identify a need.
- Member roster available on HAP CareSource Provider Portal
- PCPs are required to contact members by phone/mail to encourage visits
- If the PCP is unable to provide all components of the preventive health exam, or if screenings indicate a need for evaluation by a specialist, a referral must be made to another participating provider within the provider network in accordance with HAP CareSource and HAP CareSource MI Health Link's referral procedures. The member's medical record must indicate where the member was referred.

### Screening Support:

- [CDC - Child Development](#)
- [SWYC - Age Specific Forms](#)
- [AAP - Tool Finder](#)
- [Health Resources and Administration Services - EPSDT](#)

# Vaccines for Children Program

The Vaccines for Children (VFC) program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of a family's inability to pay. Health care providers must register as a VFC provider to receive and administer VFC vaccines.

## Becoming a VFC provider

- Contact your local health department to request enrollment.
- Complete the State Provider Enrollment forms and return them as soon as possible.
- Once you have completed and returned the enrollment forms, prepare for a site visit to review the program's administrative requirements, and proper handling and storage of vaccines.

For more information, visit the [Michigan VFC Resource Guide](#)

**Thank you for your commitment to a  
healthier Michigan!**

## Benefits of the Program

- Vaccines for VFC-eligible children will be provided to you at no cost.
- You may charge an administrative fee to offset your cost of doing business.
- Your patients benefit because they can get their vaccines from you!
- Increase the childhood vaccination rate.





# Trauma-Informed Care

**Trauma:** An event, series of events, or set of circumstances experienced by an individual that are:

- Physically or emotionally harmful or life-threatening
- Have lasting adverse effects on a person's functioning
- Impact mental, physical, social, emotional or spiritual well-being

## Trauma Informed Care:

- Understands the widespread impact of trauma and the potential paths for recovery
- Recognizes the signs and symptoms of trauma
- Responds by fully integrating knowledge about trauma into policies, procedures and practices
- Seeks to actively resist re-traumatization
- Shifts focus from “what is wrong with you” to **“what happened to you”**

## Focuses on core principles of:

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment Voice and Choice
- Humility and Responsiveness





# Well-Baby/Well-Child Services

HAP CareSource and HAP CareSource MI Health Link offer programs and reward incentives to encourage members to be proactive in their *self-care*.

## Maternal-Child Programs

- Better Understanding My Pregnancy (B.U.M.P.)
- Breast Pumps
- Care4Moms App
- Care Management
- Educational Resources
- Quit for Two
- Text4Baby

## Incentive Programs

- Babies First®
- Kids First

## Wellness and Disease Management

- Asthma Disease Management
- Diabetes Disease Management
- Kids Wellness





# Pharmacy



# Pharmacy Overview

## PHARMACY BENEFIT

HAP CareSource uses a [Preferred Drug List](#) (PDL), or formulary, that is updated at least four times a year. The PDL/formulary is a list of drugs that are covered under the plan. HAP CareSource aligns with the State Preferred Drug List and Common Formulary, which can be found [here](#), along with criteria for review.

## SPECIALTY DRUGS

**Pharmacy Advantage** can provide specialty medications directly to the member or the prescribing physician and coordinate nursing care if required. For more information, visit our Pharmacy webpage at [HAPCareSource.com](#) > Providers > Education > [Pharmacy](#), selecting the appropriate plan from the dropdown menu.

## RESOURCES

- Find authorization requirements for prescriptions at [HAPCareSource.com](#) > Providers > Education > [Pharmacy](#).
- The Formulary search tool and prior authorization lists are available on [HAPCareSource.com](#).
- Medication Therapy Management (MTM) allows pharmacists to work collaboratively with physicians to prevent or address medication-related problems, decrease member costs and improve prescription drug adherence.





# Pharmacy Overview

## Submitting Pharmacy Claims

Claims are submitted to **Express Scripts, Inc.** for processing. The member's ID card will have claims processing information for the pharmacies:

### HAP CareSource

- **RxBIN:** 003858
- **RxPCN:** MA
- **RxGroup:** CSHAPMI

### HAP CareSource MI Health Link

- **RxBIN:** 003858
- **RxPCN:** MA
- **RxGroup:** CSMIMMP

## Pharmacy Prior Authorizations

### HAP CareSource

- Call: **833-230-2102**
- Fax: **866-930-0019**
- Medical Drugs, Fax: 888-399-0271

[Member Exception Request form](#) available online

*Requests will be evaluated within 72 hours of submission*

### HAP CareSource MI Health Link

- Call: **800-935-6103**
- Fax: **877-251-5896**
- Medical Drugs, Fax: 844-633-0399
- Forms: [Link](#)



# Care Management & Quality



# Care and Disease *Management*

## CARE MANAGEMENT (CM)

The HAP CareSource and HAP CareSource MI Health Link CM programs assist members in following the plan of care prescribed by their physician. Our CM team work one-to-one with members to help them regain or maintain optimum health or functional capability in the right setting in a cost-effective manner. Participation in case management is voluntary and members can terminate at any time.

A comprehensive evaluation of the social well-being, mental health and physical health is done to determine the barriers to adhering to the plan of care.

Goals are set in conjunction with all parties involved in the member's care. The program is dependent upon the cooperative participation of HAP CareSource and HAP CareSource MI Health Link, contracted ancillary providers, physicians, hospitals and the member, to ensure timely, effective and medically realistic goals.

To initiate an evaluation for case management services, contact the CM department at **1-844-217-1357** (HAP CareSource) or **1-833-230-2057** (HAP CareSource MI Health Link).

## DISEASE MANAGEMENT (DM)

Members receive help finding the appropriate level of care for their condition and are encouraged to actively participate in the patient-provider relationship. This program supports members in the self management of their chronic conditions. DM also has specialty programs for CSHCS, Hepatitis C, HIV, SCD and lead.

If you have a HAP CareSource or HAP CareSource MI Health Link member whom you believe would benefit from DM and is not currently enrolled, please call **1-844-217-1357** (HAP CareSource) or **1-833-230-2057** (HAP CareSource MI Health Link).

### MEMBER EDUCATION

- Coordination with outreach teams who provide topic-specific information
- One-to-one CM



# Hepatitis C & Chronic Kidney *Disease*

## HEPATITIS C

The Centers for Disease Control and Prevention recommends:

- All adults should be tested for Hepatitis C at least once in their lifetime.
- Persons who are pregnant should be tested for Hepatitis C during each pregnancy.

To learn more about recommended treatment programs and Hepatitis C support, visit the [Michigan government website](#).

## CHRONIC KIDNEY DISEASE (CKD)

It is important to test for CKD, especially those who have diabetes and/or hypertension.

Providers can find recommendations and patient resources [online](#).



# Benefits of *Patient Centered Medical Homes (PCMH)*

As we look to reward value and as patients receive care in an increasing number of settings, it is imperative that healthcare systems coordinate care for the patient to provide safe, quality medical care. The PCMH model of care helps to guide this coordination.

PCMH supports meaningful access to care, patient-centered partnerships, mitigation of health disparities, enhanced member health literacy, and improved member health outcomes.





# Becoming a *PCMH Provider*

## PCMH PROGRAM REQUIREMENTS

There are several nationally recognized organizations that offer PCMH recognition. These recognition programs offer a pathway to effective disease management, increased patient and provider satisfaction, cost savings, improved quality of care, and increased preventive care<sup>1</sup>.

## HIGHER QUALITY & LOWER COSTS

PCMH models guide improvement through:

- Focus on primary care
- Care coordination
- Decreased use of acute care services
- Improved access
- Performance measurement
- Use of evidence-based care and clinical decision-support

## Qualifying PCMH Programs

- **NCQA** – National Committee for Quality Assurance
- **TJC** – The Joint Commission
- **URAC** – Utilization Review Accreditation Commission
- **PGIP** – Physician Group Incentive Program
- **AAHC** – Accreditation Association for Ambulatory Health Care
- **CARF** – Commission on Accreditation of Rehabilitation Facilities

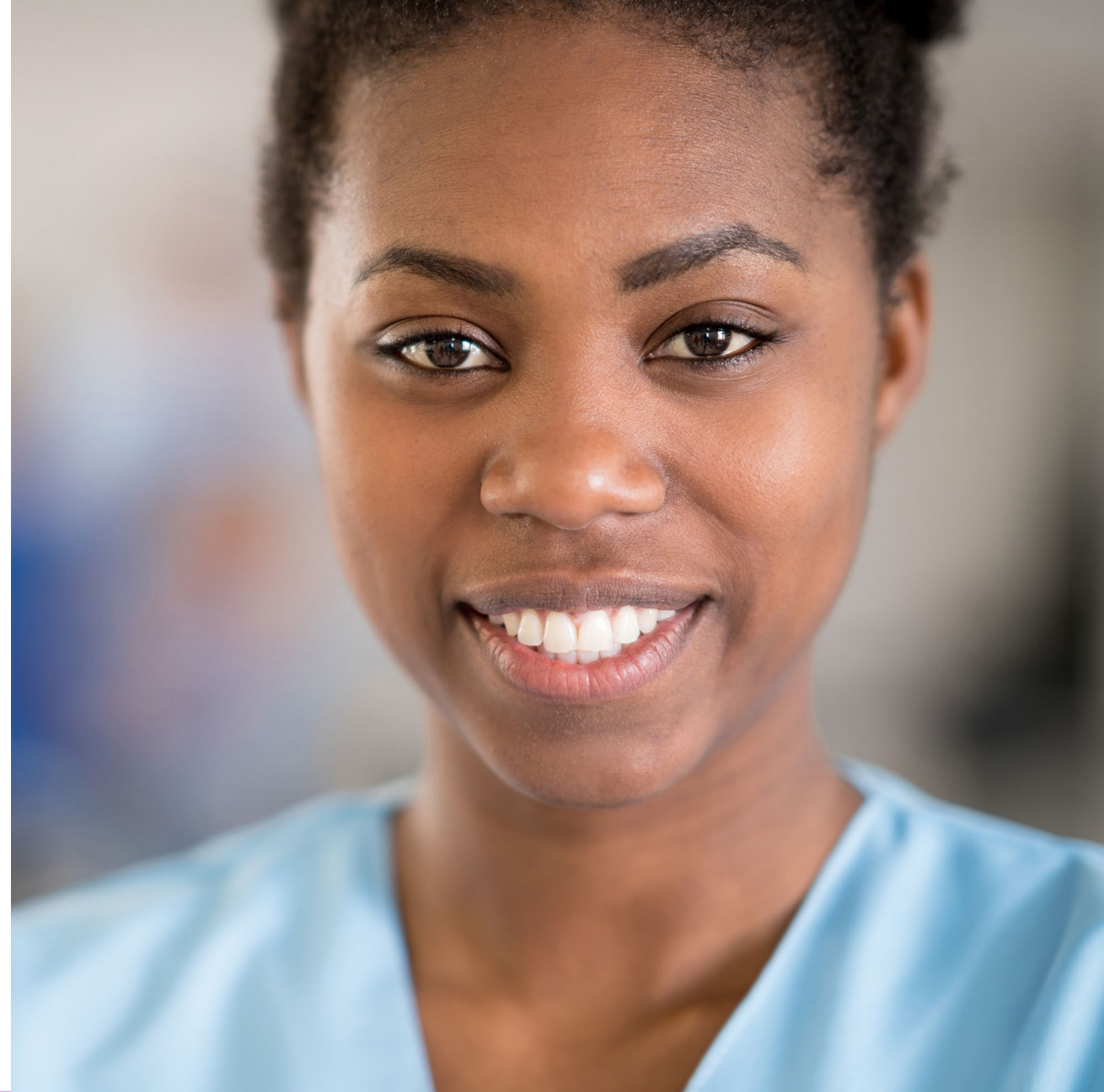
<sup>1</sup>Centers for Disease Control and Prevention. "Policy Resources". *cdc.gov*, [https://www.cdc.gov/dhdsp/policy\\_resources/pcmh.htm#:~:text=The%20PCMH%20model%20has%20been,care%2C%20and%20increased%20preventive%20care](https://www.cdc.gov/dhdsp/policy_resources/pcmh.htm#:~:text=The%20PCMH%20model%20has%20been,care%2C%20and%20increased%20preventive%20care). Accessed September 13, 2023.



# Role of the *Case Manager*

A licensed health care professional:

- Coordinates a member's health care needs
- Coordinates development of a member's care plan
- Ensures care plan incorporates a member's available benefits and resources
- Connects a member with community support services
- Assists a member in completing Health Risk Assessment (HRA)
- Assists in closing gaps-in-care
- Assists with transitions of care
- Removes barriers





# HAP CareSource & HAP CareSource MI Health Link *Health Equity Commitment*

At HAP CareSource and HAP CareSource MI Health Link, we are dedicated to the communities in which we serve and in to making a positive impact in the lives of our members by eliminating health disparities, supporting our organization's health equity initiatives and partnering with community stakeholders to carry out this important work.







# Cultural *Competency*

## Providers are expected to deliver services in a culturally competent manner, including:

- Removing all language barriers to service
- Accommodating unique cultural, ethnic and social needs of members
- Understanding that social determinants of health are recognized as significant contributors to member health outcomes and quality of life
- Addressing implicit bias
- Meeting the requirements of all applicable state and federal laws and contractual requirements
- **Maintaining cultural competence in the delivery of services**

## RESOURCES

We provide cultural competency training resources in the Provider Manual and online at **HAPCareSource.com**. The [National CLAS Standards training](#) provides specific guidelines to assist you in developing a culturally competent practice.



# Quality Measures

## HEDIS® MEASURES

HAP CareSource and HAP CareSource MI Health Link monitor member quality of care, health outcomes, and satisfaction through the collection, analysis and the annual review of the Healthcare Effectiveness Data and Information Set (HEDIS).

HEDIS includes a multitude of measures that look at different domains of care:

- Effectiveness and Experience of Care
- Access and Availability of Care
- Utilization and Risk-Adjusted Utilization
- Relative Resource Use
- Health Plan Descriptive Information
- Measures Collected Using Electronic Data Systems

*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).*

## Wellness & Prevention

- Childhood vaccinations
- Immunizations for adolescents
- Lead screenings for children
- Breast cancer and cervical cancer screenings
- Well-child visits

## Chronic Health Conditions

- Controlling high blood pressure
- Comprehensive diabetes care
- Statin therapy for patients with cardiovascular disease or diabetes

## Behavioral Health

- Follow-up after hospitalization for mental illness
- Follow-up care for children prescribed attention deficit/hyperactivity disorder (ADHD) medications

## Access to Care

- Children and adolescents' access to primary care providers
- Annual dental visit
- Prenatal and postpartum care



# HAP CareSource MI Health Link *Quality Management Program*

HAP CareSource MI Health Link has an ongoing Quality Assessment and Performance Improvement Program for our members.

## **Program Goals:**

- Promote and improve delivery of medical and health care services
- Monitor and evaluate the appropriateness of clinical and nonclinical member care and services

## **Monitoring is performed through review of:**

- Administrative data
- HEDIS measure outcomes
- After hours care surveys
- Appointment wait time surveys
- Complaints and grievances
- Consumer and provider surveys
- Medical records
- On-site facility reviews





# Clinical Practice *Registry*

The Clinical Practice Registry is an online tool available to providers to identify and prioritize health care services, screening, and tests for their HAP CareSource and HAP CareSource MI Health Link members. It is easy to access via the secure HAP CareSource Provider Portal.

The registry includes information on, but is not limited to, the following measures:

- Adult access
- Asthma
- Breast and cervical cancer screening
- Colorectal cancer screening
- Diabetes care
- Emergency department (ED) visits
- Well-care visits

## Identify Gaps in Care

View preventive service history and easily identify HEDIS gaps-in-care to discuss during appointments

## Holistic Care

Receive alerts when HAP CareSource or HAP CareSource MI Health Link members need tests or screenings, review member appointment histories and view their prescriptions

## Improve Clinical Outcomes

Easily sort your HAP CareSource or HAP CareSource MI Health Link members into actionable groups for population management

HAP CareSource and HAP CareSource MI Health Link provide performance reports for these metrics to enhance practice procedures. Reports can be exported to PDF or Excel file for enhanced use.



# Assess, Identify & Report – *Member Abuse or Neglect*

## Incident Reporting

Providers are required to ensure the immediate health and safety of members when becoming aware of abuse, neglect or exploitation. The provider's actions may include calling police or EMS, reporting to county Adult Protective Services (APS), or Public Child Services Agency (PCSA) or regulatory agencies. **Providers are required to report these types of incidents to HAP CareSource or HAP CareSource MI Health Link within 24 hours of becoming aware of the incident.**

## How to Submit an Incident to HAP CareSource or HAP CareSource MI Health Link

Any provider-related concerns should be relayed to the HAP CareSource Member Services at **1-833-230-2053** or HAP CareSource MI Health Link Member Services at **1-833-230-2057**. The call center representative will report the incident per our internal processes.

## How to Submit an Incident to the State

MDHHS Centralized Intake: 855-444-3911

Report child abuse or neglect to [MI Bridges](#)

## Assessment Support:

- [ChildWelfare.gov - Child Abuse & Neglect](#)
- [NIA & NIH – Spotting Signs of Elder Abuse](#)
- [National Center on Substance Abuse and Childs Welfare – Screening & Assessment](#)



# Fraud, Waste & Abuse

**Help HAP CareSource and HAP CareSource MI Health Link stop fraud.**

Contact us to report any suspected fraudulent activities.

If you suspect any provider, member, employee, or contractor of HAP CareSource or HAP CareSource MI Health Link of potential fraud, waste or abuse of Medicare or Medicaid assets, please contact us immediately. We have a 24-hour, toll-free fraud hotline. You can also mail your concern. The report can be filed anonymously so you are not required to leave your name or any contact information.

**CALL:**

Fraud, Waste & Abuse Hotline  
844-415-1272

**MAIL:**

HAP CareSource  
Attn: Program Integrity  
P.O. Box 1940  
Dayton, OH 45401-1940

**EMAIL:** [fraud@caresource.com](mailto:fraud@caresource.com)





# Provider Resources



# Provider *Resources*

## WEBSITE

### [HAPCareSource.com](https://www.hapcare.com)

- Downloadable Provider Manual
- Downloadable Provider Orientation
- Newsletters and Network Notifications
- Formularies
- Covered benefits
- Quick reference guides
- And more!

## PROVIDER SERVICE CENTER

### Medicaid

**1-833-230-2102**

8 a.m. to 6 p.m., ET

### MI Health Link

**1-833-230-2159**

8 a.m. to 6 p.m., ET

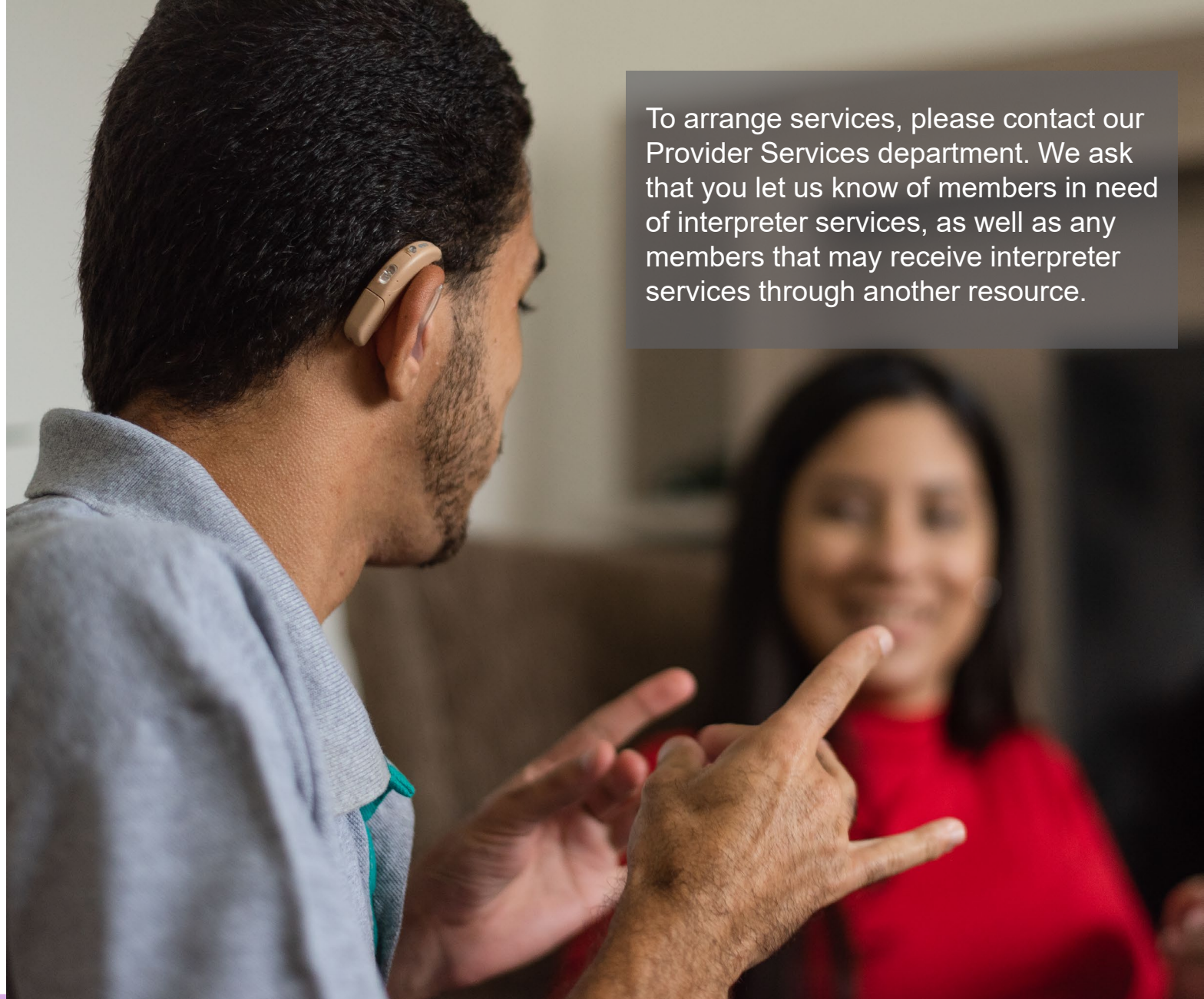
- Check member eligibility
- Check member benefit limits
- Request a prior authorization
- Help find a specialist
- Learn more about our quality program
- Arrange interpretation services for members
- Answer any questions!





## Translation Services *Sign and Language Interpretation*

- HAP CareSource and HAP CareSource MI Health Link offer onsite sign and language interpreters as well as over-the phone (OPI) and video remote interpreting (VRI). Services are available to members who are hearing impaired, do not speak English or have limited English-speaking proficiency.
- Service is available at no cost to the member or provider.
- As a provider, you are required to identify the need for interpreter services for your HAP CareSource or HAP CareSource MI Health Link members and to offer appropriate assistance.



To arrange services, please contact our Provider Services department. We ask that you let us know of members in need of interpreter services, as well as any members that may receive interpreter services through another resource.



# Provider Education Series

The Provider Education Series is available on **HAPCareSource.com** by selecting Providers then Training & Events.

The topics for this series are determined by using feedback from providers like you. This custom training series is available on-demand to you or anyone in your practice.

If there is a topic you would like to see added to our series, let us know!

The screenshot shows the HAP CareSource website navigation menu. The 'Providers' dropdown menu is highlighted with an orange circle and an arrow pointing to it. Below the 'Providers' dropdown, the 'Training & Events' option is also highlighted with an orange circle. An orange box with white text reads: 'Visit HAPCareSource.com > Providers > Training & Events'. The navigation menu includes the following items:

- HAP CareSource™
- Plans ▾
- Members ▾
- Providers ▾
- Producers & Navigators ▾
- About Us ▾

The 'Providers' dropdown menu contains the following sub-items:

- Provider Overview
  - Find A Doctor/Provider
  - COVID-19 Provider Resources
  - Contact Us
- Tools & Resources
  - Drug Formulary
  - Forms
  - Ohio Waiver
  - Procedure Code Lookup Tool
- Provider Resources
  - Check Eligibility
  - Claims
  - Provider Disputes or Appeals
  - Prior Authorization
- Education
  - Behavioral Health
  - Become a Participating Provider
  - Care & Disease Management
  - Dental
  - Vision
  - Laboratory
  - FAQs
  - Fraud, Waste & Abuse
  - Newsletters & Communications
  - Patient Care
  - Pharmacy
  - Quality Improvement
  - Training & Events

# HAP CareSource & HAP CareSource MI Health Link Contacts



	Medicaid	MI Health Link
Provider Services	1-833-230-2102	1-833-230-2159
Utilization Management Fax	Toll Free: 1-844-432-8931 NICU UM Fax: 833-230-2036	Toll Free: 844-633-0399
Provider Portal	<a href="https://HAPCareSource.com/Providers/Provider-Portal">HAPCareSource.com/Providers/Provider-Portal</a>	
Electronic Funds Transfer	ECHO® Health, Inc. Enrollment: 888-834-3511 Customer Service: 833-629-9725 Fax: <b>440-835-5656</b>	
Electronic Claims Submission	Use Availity clearinghouse CS Payer ID: <b>MIMCDCS1</b>	Use Availity clearinghouse CS Payer ID: <b>MIMCRCS1</b>
Claim Address	HAP CareSource Attn: Claims Department P.O. Box 1186 Dayton, OH 45401	



Thank you for helping  
us care for Michigan's  
members!



MI-Multi-P-2561150