



## Reminder - Prior Authorization Requests Must Be Submitted Electronically

Per Michigan Senate Bill 247, as of June 1, health care providers are required to submit prior authorization requests electronically. Faxes are not allowed. Below is information to help you with the process.

### Authorization requirements

Save time and check if an authorization is even required. All you have to do is:

1. Log in at **hap.org**.
2. Select *Quick Links; Procedure Reference Lists*.
3. Select the Excel file of the *Services that require Prior Authorization List* (or one of the other authorization lists).
4. Search (ctrl button and F) for the code.
5. Refer to each column:
  - *Prior Auth* to see if an authorization is required
  - *Key* for special directions
  - *Rider requirement* for applicable benefit riders
  - *Product lines* for affected HAP plans

### Submitting authorizations electronically

While the regulation only applies to members in HAP commercial plans, you should submit requests electronically for members in all HAP plans. It's the most efficient process!

Here are high-level steps for submitting requests via our online authorizations application, CareAffiliate. (Note: If you are unable to submit requests due to technological or electrical failures, you will be notified of other submission options).

1. Log in at **hap.org**.
2. Select *Authorizations; Authorizations; New Authorization*.
3. Enter the member ID or member name.
4. Enter the appropriate *Request Type*.
5. Complete the remaining fields.
6. Submit clinical information as appropriate.
7. Submit the request.

You can find detailed help guides with step-by-step instructions and illustrations. The guides below are on the home page of CareAffiliate or under *Quick Links*.

- Quick Reference Guide for Entering Authorizations Online
- Checking Status of Submitted Authorization
- Entering a Discharge Date
- Inpatient Admissions and Observations
- Behavioral Health - Inpatient and Outpatient Services
- Outpatient and Pre-Service Elective Inpatient Services
- Pharmacy/Medication Requests
  - For medical services, provider administered drugs, use CareAffiliate
  - For prescriptions sent to a pharmacy and prior authorization is needed, use **CoverMyMeds.com** or another electronic prior authorization portal to send us a request

If you need further assistance, please email [providernetwork@hap.org](mailto:providernetwork@hap.org). Be sure to put CareAffiliate in the subject line.