

HAP Empowered Duals (HMO SNP) and HAP Empowered MI Health Link Medicare-Medicaid Plan (MMP) Comparison Guide and Frequently Asked Questions

The following information is specific to the 2021 HAP Empowered Duals (HMO SNP) and HAP Empowered MI Health Link plans.

Important!

- D-SNP is a Medicare Advantage plan. The PCP is not required to become a Medicaid participating provider. The member can't be held responsible for the remaining balance that Medicaid would cover. Providers contracted with HAP Medicare plans and open to new patients are required to see our D-SNP members.
- All MI Health Link PCP's must participate with both Medicare and Medicaid.

General

1. What are these plans?

HAP Empowered Duals (HMO SNP)	HAP Empowered MI Health Link
<ul style="list-style-type: none"> • A dual special needs plan, or D-SNP, is a special type of Medicare Advantage HMO plan that provides health benefits to members who qualify for Medicare and are eligible for Medicaid services in their state. • These members often have special health care needs such as chronic conditions. Most members have an income below the federal poverty line and receive extra help from the government to help pay for their health care costs, including health insurance premiums and prescription drugs. • These members are often transient, meaning they do not have a permanent residence and may stay with family members who can help care for them. Some may live in an institutionalized care facility. 	<ul style="list-style-type: none"> • MI Health Link is the name of our Medicare-Medicaid Program at HAP and joins Medicare and Medicaid benefits, rules and payments into one coordinated and integrated delivery system. • MI Health Link program is a partnership between 3 entities: <ol style="list-style-type: none"> 1)The Michigan Department of Health and Human Services (MDHHS) 2)The Centers for Medicare & Medicaid Services (CMS) 3)The Integrated Care Organizations (ICOs). Currently, there are 7 ICOs, also known as MI Health Link Plans. They include: HAP Empowered, Aetna, AmeriHealth, Michigan Complete Health, Meridian, Molina, and Upper Peninsula Health Plan • A 3-way contract between CMS, MDHHS and ICO • The goal is to help dual-eligible beneficiaries live in the setting of their choice for as long as possible by coordinating their medical care, coverage and community support services.

Service Area

1. What is the service area?

HAP Empowered Duals (HMO SNP)	HAP Empowered MI Health Link
Members must reside in a county where a D-SNP plan is offered by their health plan to be eligible. We offer a D-SNP plan in Genesee, Macomb, Oakland, and Wayne counties.	Members must reside in a county where an MI Health Link plan is offered by their health plan to be eligible. We offer MI Health Link in Macomb and Wayne counties.

Provider Network

1. What is the provider network?

HAP Empowered Duals (HMO SNP)	HAP Empowered MI Health Link
If a provider is contracted for HAP Medicare HMO products, then the provider is participating in our D-SNP network. Members may only see providers in the HAP Medicare HMO network.	The MI Health Link provider network is comprised of providers who have signed an agreement to participate with the MI Health Link program.

2. Are members required to have a primary care physician?

HAP Empowered Duals (HMO SNP)	HAP Empowered MI Health Link
Members must select a PCP to coordinate their care for Medicare services. HAP Empowered will auto-assign a PCP if one is not selected.	Yes, all MI Health Link members must select a PCP. HAP Empowered will auto-assign a PCP if one is not selected.

3. What if the member's PCP is not a Medicaid participating provider?

HAP Empowered Duals (HMO SNP)	HAP Empowered MI Health Link
D-SNP is a Medicare Advantage plan. The PCP is not required to become a Medicaid participating provider. Note: The member can't be held responsible for the remaining balance that Medicaid would cover.	All MI Health Link PCP's must participate with both Medicare and Medicaid.
<p>Important!</p> <ul style="list-style-type: none"> Providers contracted with HAP Medicare plans and open to new patients are required to see our D-SNP members. MI Health Link providers can see D-SNP members if they participate with the HAP Medicare Advantage D-SNP program. While D-SNP and the MI Health Link program are exclusive of each other, providers can see members within each program if they participate. 	

Member Eligibility

1. What are the eligibility requirements to join the plan?

HAP Empowered Duals (HMO SNP)	HAP Empowered MI Health Link
<ul style="list-style-type: none"> Must be eligible for Medicare; entitled to Part A and enrolled in Part B; 65 and older or under 65 with certain disabilities, or special needs Must be eligible for full Medicaid benefits <ul style="list-style-type: none"> Note: Members can enroll in the HAP Empowered Medicaid plan or enroll in another carrier's Medicaid plan or have a fee-for-service Medicaid plan with the State <p>We accept members with these Dual designations:</p> <ul style="list-style-type: none"> FBDE: Full Benefit Dual Eligibles SLMB Plus: Specified Low-Income Beneficiaries QMB Plus: Qualified Medicare Beneficiary Members must reside in 4 county service area: Genesee, Wayne, Oakland or Macomb 	<ul style="list-style-type: none"> Are enrolled in both Medicare and Medicaid Adults, ages 21 or over Must reside within Michigan Are not residing in a state-operated veteran's home. Are not currently enrolled in hospice. For HAP Empowered, must reside in one of 2 regions: <ul style="list-style-type: none"> Region 7: Macomb County Region 9: Wayne County

2. When can a member enroll?




HAP Empowered Duals (HMO SNP)	HAP Empowered MI Health Link
<p>D-SNP members have Special Enrollment Periods (SEP) which allow them to enroll, disenroll or switch plans once a quarter for the first three quarters of the year.</p> <p>Enrollment changes become effective the first day of the following month.</p>	<ul style="list-style-type: none"> • State can passively enroll eligible members • Beneficiaries may self-select enrollment <p>Note: If eligible for the MI Health Link, the state can disenroll a Medicare, or D-SNP member and enroll them into MI Health Link. This is called passive enrollment. If this occurs, the member would be enrolled into the same health plan if available</p>

3. What if a member loses eligibility?

HAP Empowered Duals (HMO SNP)	HAP Empowered MI Health Link
<p>If a member loses their Medicaid eligibility, our plan will continue to cover Medicare benefits for a grace period of up to 90 days. This grace period begins the first day of the month after we learn of the loss of eligibility. If, at the end of the 90-day grace period, Medicaid eligibility has not been regained and the member has not enrolled in a different plan, we will disenroll the member from our plan. They will be enrolled back in Original Medicare.</p> <p>We may also contact the member to help them enroll in a HAP Medicare Advantage Prescription Drug Plan with affordable cost shares and premiums.</p>	<p>The member will receive notification from MDHHS regarding their eligibility status.</p> <ul style="list-style-type: none"> • If it's under review, all services will continue to be covered (Deeming Status) until a determination has been made. • If the member is no longer eligible, the member will receive a letter from MDHHS and be enrolled back into Medicare.

ID Cards

1. What do ID cards look like?

HAP Empowered Duals (HMO SNP)	HAP Empowered MI Health Link
<p>Members carry the HAP Empowered Duals (HMO SNP) ID card below. They also have a state-issued Medicaid ID card. They should show both cards each time they visit their doctor or facility.</p>  <p>The mihealth card</p> 	<p>Members will have one card for MI Health link that covers both Medicare and Medicaid. This also including long term supports, services, and prescriptions. They must show this card when they get any services or prescriptions.</p> 

Member Benefits

1. What services and benefits are covered?

HAP Empowered Duals (HMO SNP)	HAP Empowered MI Health Link
<ul style="list-style-type: none"> • All benefits covered under Original Medicare. • Supplemental benefits vary by plan and can include: <ul style="list-style-type: none"> – Dental – Non-emergency transportation – Meal programs – Over the counter (OTC) products – Hearing aids – Eyewear – Extra help for diabetics • Members may only see providers in the HAP D-SNP network. No out-of-network benefits exist for this plan except for emergencies, and urgently needed services when the network is not available, and cases in which HAP authorizes use of out-of-network providers. 	<ul style="list-style-type: none"> • \$0 cost share, no deductible or copayment for in-network doctors or pharmacies • All benefits under Medicare • All benefits under Medicaid • Prescriptions • Care coordination: A care coordinator will assist each enrollee to connect with the supports and services they need to be healthy and to meet personal goals. • Behavioral health services <ul style="list-style-type: none"> – Substance use • Dental care • Hearing care • Medicare care • Vision care • Over the counter (OTC) products (per rules) • Home and community-based services • Transportation for covered medical, dental, prescription services • Medical equipment and supplies • Nursing facility care • Additional Benefits for Waiver members: <ul style="list-style-type: none"> – For those members who meet levels of care requirements (e.g., chore services, environmental home modifications, etc.)

Billing and Claims

1. Can a provider balance bill a member?

HAP Empowered Duals (HMO SNP)	HAP Empowered MI Health Link
<p>No. Providers may not balance bill D-SNP members who do not have cost share responsibility (including QMB only members). Members who lost their Medicaid eligibility may have a cost share. To confirm member eligibility, you can:</p> <ul style="list-style-type: none"> • Visit the CHAMPS web portal at milogintp.michigan.gov • Call CHAMPS Provider Support at (800) 292-2550, option 5, then 2 <p>D-SNP is a Medicare Advantage plan. The PCP is not required to become a Medicaid participating provider. The member can't be held responsible for the remaining balance that Medicaid would cover.</p>	<p>No. MI Health Link providers cannot balance bill members for services delivered per CMS guidelines. Providers should bill HAP Empowered. Submit a claim to Medicare first and Medicaid as the last resort.</p>

2. Will members have HAP Empowered as their carrier for both Medicare Advantage and Medicaid?

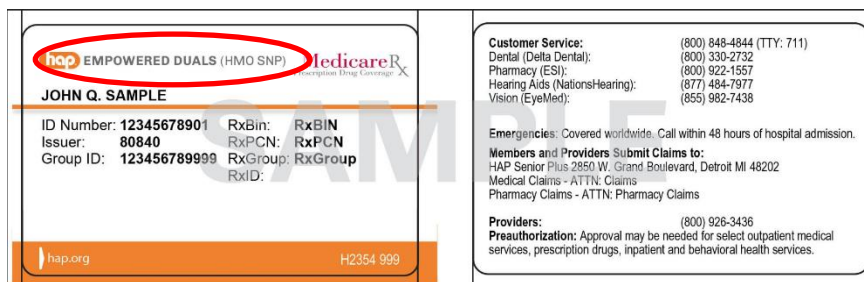
HAP Empowered Duals (HMO SNP)	HAP Empowered MI Health Link
Members are not required to enroll in HAP Empowered Medicaid. If members have HAP Empowered for their Medicaid plan, HAP will coordinate benefits for both plans.	Yes. The program joins Medicare and Medicaid benefits, rules and payments into one coordinated and integrated delivery system .

3. Should a provider bill Medicare or Medicaid first?

HAP Empowered Duals (HMO SNP)	HAP Empowered MI Health Link
Providers should bill Medicare first. Federal rules dictate that Medicaid is the payer of last resort. For both plans, when Providers receive their HAP Empowered remittance advice, they may bill Medicaid for any remaining balance. Actual payment level depends on the state payment policies. Providers may be required to be enrolled in the state Medicaid program to bill the state Medicaid agency for eligible services. HAP does not coordinate the secondary payment. Members should never be balanced billed.	

4. What member ID number should a provider use to submit electronic claims?

Use the *ID Number* on the member's HAP Empowered Duals (HMO SNP) ID card.



Use the *Member ID Number* on the member's HAP Empowered MI Health Link ID card.



Provider Requirements

1. Do providers need additional training to see members?

HAP Empowered Duals (HMO SNP)	HAP Empowered MI Health Link
<p>CMS requires D-SNP plans to:</p> <ul style="list-style-type: none"> • Have an approved Model of Care • Annually, train providers on their Model of Care. All providers and office staff who interact with D-SNP members are required to complete training. <p>Information on our model of care training can be found at: https://www.hap.org/providers/provider-resources/medicare-101</p>	<p>No additional training is needed. All providers have access to the HAP Empowered Provider Manual.</p>

2. What information are providers required to submit?

To support Healthcare Effectiveness Data and Information Set (HEDIS) initiatives, be sure to submit encounter data for the Care for Older Adults (COA) measure. Requirements include:

- Advanced Care Planning (CPTII: 1157F, 1158F)
- Functional Status Assessment (CPTII: 1170F)
- Medication Review (CPTII: 1159F and 1160F must both be submitted on the same claim, same day)
- Pain Screening (CPTII: 1125F, 1126F)

Case Management

1. Do members receive case management services?

HAP Empowered Duals (HMO SNP)	HAP Empowered MI Health Link
<p>Members enrolled in a D-SNP plan have an Interdisciplinary Care Team (ICT), which includes physicians and care coordinators who work together to help each member receive the most appropriate, highest quality care. Each member has an Individualized Care Plan (ICP) based on the results of their comprehensive Health Risk Assessment (HRA). The HRA must be performed by a nurse or care coordinator within 60 days of enrolling in a D-SNP.</p>	<p>The MI Health Link model is based on an Integrated Care Team (ICT) which includes enrollee or their representative, primary care physician, care coordinator, support services coordinator and others. Medicare behavioral health is managed by Pre-paid Inpatient Health Plans (PIHP). Care coordinators work directly with the member to assist with all aspects of care delivery. Each member has an assessment and individual care plan with member driven goals.</p> <p>Level 1 Assessment: This includes initial assessment with the member.</p> <p>Level II Assessments: Performed for assistance with PIHP coordination. During any of these assessments, some members may be eligible for waiver program assistance which provides home modifications, chore services, adult day care, respite, etc. Care Coordinators assistance with scheduling appointments and transportation to get to appointments and coordinating any other support services the member may need.</p>

Contacts and Resources

Contact Information	
Claims and Reimbursement	
<ul style="list-style-type: none"> • Claims status and appeals • EFT form 	<ul style="list-style-type: none"> • For HAP Empowered Medicaid: (888) 654-2200 • For HAP Empowered MI Health Link: (888) 654-0706 • Log in at hap.org and select <i>Claims</i>
Fee schedules	<ul style="list-style-type: none"> • Visit Michigan.gov/mdhhs and search for <i>Provider Specific Information</i> • For HAP Empowered Medicaid: (888) 654-2200 • For HAP Empowered MI Health Link: (888) 654-0706
EDI setup	Payor ID: 38224 Questions: eCommerce@hap.org
Eligibility and Benefits	
Eligibility, benefits copay and deductible information	<ul style="list-style-type: none"> • Log in at hap.org and select <i>Member Eligibility</i> • For HAP Empowered Medicaid: (888) 654-2200 • For HAP Empowered MI HealthLink: (888) 654-0706 • CHAMPS: Visit milogintp.michigan.gov Call (800) 292-2550, option 5, then 2
Prior Authorizations	
Prior authorization requirements	Log in at hap.org ; select <i>Procedure Reference List</i> under <i>Quick Links</i>
Submitting authorization requests and checking status	Log in at hap.org and select <i>Authorizations</i>
Online Applications	
Access online applications	Visit hap.org ; select <i>Log In, Register now, Provider</i>
Portal access issues	Remember: <ul style="list-style-type: none"> • To access remittance advice, log in with your vendor ID and password • To access other applications, log in with your NPI ID and password Still need help? Email providernetwork@hap.org and include all information below. <ul style="list-style-type: none"> • Type 1 and Type 2 NPI • Tax ID • Provider name • Full contact information (address, phone, email)
General	
<ul style="list-style-type: none"> • Contract questions • Credentialing status • Demographic changes • Provider office training • W-9 changes 	Email providernetwork@hap.org and include: <ul style="list-style-type: none"> • Type 1 and Type 2 NPI • Tax ID
Your Network Partners	
For a list of Provider Services Administrators by network: <ul style="list-style-type: none"> • Log in at hap.org; select <i>Quick Links</i>, then <i>Important Contact Information for Providers</i> 	

2021 HAP Empowered Plans Benefit Summaries

	HAP Empowered Duals (HMO SNP) (025)	HAP Empowered MI Health Link
Service Area	Genesee, Macomb, Oakland and Wayne counties	Macomb and Wayne counties
Monthly Premium ¹	\$0	\$0
Annual Medical Deductible ²	\$0	\$0
Maximum out-of-pocket	\$0	\$0
Primary doctor/specialty visit	\$0	\$0
Telehealth	\$0	\$0
Hospital	\$0	\$0
Emergency (ER)/Urgent care (UC)	\$0	\$0
Labs/Outpatient hospital services (referral needed)	\$0	\$0
Physical/occupational/speech therapy visits	\$0	\$0
Over-the-counter (OTC) items	\$75 allowance/Qtr.	\$20/mo thru mail order pharmacy Also see list of covered OTC list
Prescription drug deductible	\$0	\$0
Prescription copays 30-day supply⁴	Preferred/non-preferred pharmacy network	Preferred/non-preferred pharmacy network
Tier 1 – preferred generics	\$0 - \$9.20 ⁵	\$0
Tier 2 – generics	\$0 - \$9.20 ⁵	\$0
Tier 3 – preferred brand	\$0 - \$9.20 ⁵	\$0
Tier 4 – non-preferred brand	\$0 - \$9.20 ⁵	\$0
Tier 5 – specialty tier	\$0 - \$9.20 ⁵	\$0
Tier 6 – Select Care Drugs (most preventive vaccines)	\$0 - \$9.20 ⁵	\$0
Preferred mail order – 90-day supply	N/A	\$0

D-SNP SUPPLEMENTAL BENEFITS

DENTAL

\$0 preventive dental for exams, cleanings, and x-rays.

VISION

\$0 routine eye exam and a \$200 allowance yearly for eyeglasses or contact lenses.

HEARING AID COVERAGE

\$0 routine hearing exam and hearing aid fitting/evaluation and \$1,000 allowance for hearing aids.

MI HEALTH LINK SUPPLEMENTAL BENEFITS

DENTAL

\$0 preventive dental for exams, cleanings, and x-rays, includes fillings, tooth extractions, dentures and partial dentures.

VISION

\$0 routine eye exam and a \$0 for eyeglasses.

HEARING AID COVERAGE

\$0 routine hearing exam and hearing aid fitting/evaluation and \$0 hearing aids.

1915 WAIVER BENEFITS

\$0 Meals delivered to home, home modification, community living support, chore services, preventive nursing services, private duty nursing services, personal care services, Fiscal intermediary, Personal emergency response system, Assistive technology, adult day services, Respite care