The HAP Pledge

HAP continually strives to ensure that its members receive all necessary services at the appropriate time and in the appropriate setting. Utilization management decision-making is based on the appropriateness of care and service and the existence of coverage. HAP does not reward practitioners or other individuals conducting utilization review for issuing denials of coverage or service. HAP decisions are not based on incentives. HAP does not offer financial incentives to encourage inappropriate underutilization of covered services.

To assist in the continual improvement of health care delivery, practitioners and physicians may obtain clinical criteria or discuss utilization management decisions. (Note: certain clinical criteria or guidelines may be applicable only to governmental programs or only to commercial plans). Criteria used in decision-making may include InterQual, HAP criteria, the HAP Benefit Administration Manual, eviCore healthcare criteria, pharmaceutical clinical criteria, national guidelines, landmark trials, peer-reviewed journal publications, Medicare national and local coverage guidelines, Medicare COMPENDIA such as DrugDex and American Hospital Formulary Service, medical resources such as UpToDate® and, at times, guidelines from other local/national health plans.

To discuss a utilization management decision or process with a physician reviewer or health care professional reviewer or to obtain a copy of the criteria used in the decision-making process, practitioners may contact HAP as outlined in the table below. Please have the member's name and HAP ID number available to assist in accessing the case. HAP physician reviewers are board certified and have current Michigan licenses to practice without restriction.

For	Contact Information
• Outpatient Medical Services (Referral Management Team) – Urgent/emergent requests (determination made within 72 hours - applying the standard timeframe 14 (Medicare)/15 days (Commercial) could seriously jeopardize the life or health of the member or the member's ability to regain maximum function)	**(313) 664-8950** or **(800) 926-3436, option 1**
Provider Appeals	**(313) 664-8950** or **(800) 926-3436, option 2**
• Urgent/emergent requests • Decisions within 24 hours • Inpatient Care Management • Admissions and Transfers • Inpatient Rehab • Skilled Nursing	**(313) 664-8833** or **(800) 288-5959**
Pharmacy	**(313) 664-8940 or (888) 383-2535**
Coordinated Behavioral Health Management	**(800) 444-5755** or visit **hap.org**
eviCore healthcare: cardiology and musculoskeletal programs	**(888) 564-5487** or visit **eviCore.com**
eviCore healthcare: Sleep studies program	Phone:**(855) 736-6284** or Fax: **(888) 693-3210**

Note: You can also obtain a copy of criteria when you log in at **hap.org** and refer to the *Benefit Administration Manual* or the *Procedure Reference Lists*.

Utilization Management Hours of Operation

For utilization management inquiries, please refer to the table below.

For	HAP Department	Contact Information
• Admissions • Inpatient review • Rehab • Skilled nursing facility • Transfers	Admissions Team	**(313) 664-8833 option 3** Monday through Friday 8 a.m. to 5 p.m. On-call nurse available for emergent situations (level of care transfers) during non-business hours
• Outpatient authorizations and elective admissions • Select DME • Speech Therapy • Genetic Testing • Botox for migraines/Headaches • Xiaflex	Referral Management Team	**(313) 664-8950 Option 1** Monday through Friday 8 a.m. to 5 p.m.
• Referral Management • Provider Appeals • Skilled Nursing Facility • Elective Admissions • HAP Empowered inquiries	Intake Call Center	**(313) 664-8950** or **(800) 926-3436 option 2** Monday through Friday 8:00 a.m. to 4:30 p.m.
Pharmacy services	Pharmacy	**(313) 664-8940** Monday through Friday 8:00 a.m. to 4:30 p.m.
Behavioral health services Admissions Concurrent reviews Prior authorization for behavioral health specialty services (review Procedure Reference List to see if authorization required)	Coordinated Behavioral Health Management	 HAP contracted providers can log into the HAP provider portal 24 hours, 7 days per week to enter in a request Non-contracted providers can contact **(800) 444-5755** 24 hours, 7 days per week to request an admission **(800) 444-5755** Monday through Friday 8 a.m. to 5 p.m. Log in at **hap.org**; select *Authorizations*