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Michigan Medical Billers Association
September 18, 2025

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Working with HAP

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Who We Are

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- HAP is a Michigan-based nonprofit health plan that provides health coverage to individuals and companies of all sizes.

- For 60 years, HAP has partnered with leading doctors and hospitals, employers, and community organizations to enhance the health and well-being of the lives it touches.

- HAP offers a product portfolio with six distinct product lines:
  - Group Insured Commercial
  - Individual
  - Medicare
  - Self-Funded
  - Network Leasing
  - Medicaid, MI Health Link and Marketplace plans (through HAP CareSource)

- HAP excels in delivering award-winning preventive services, disease management, and wellness programs, as well as providing personalized customer service.

HAP Mission

To enhance the health and well-being of the lives we touch.

Navigating the HAP Provider Portal

Accessing the HAP Provider Portal   (hap.

- All users must log in with their own unique username and password.
- It's important to identify an ID Administrator to create valid usernames for office staff. It is also important to add an additional staff member as an Administrator as a backup. They have slightly different access; each role is defined below.

| ID Administrator	• Creates unique usernames and passwords for office staff who use HAP's online applications. • Update user applications for office staff who use HAP's online applications. • Resets passwords for staff. • Approves or denies additional NPI or Tax ID access.
Administrator	• Update user applications for office staff who use HAP's online applications. • Resets passwords for staff. • Approves or denies additional NPI or Tax ID access.

Accessing the HAP Provider Portal   (hap.

- If you haven't identified an ID Administrator for your office, visit **hap.org** and select:
  - *Login; Register now; Provider*

- After you complete the information, you can set up users in your office.

- For help, please refer to our training guide. Visit **hap.org/providers** and select *Becoming an ID Administrator for your office.*

Navigating the Provider Portal

- Our online secure provider portal has all the tools and resources you need to work efficiently with HAP and help you provide the best possible service to our members.
- Be sure to visit the *Provider Newsroom* for timely updates about policy changes, new initiatives, and more! There are 2 links:
  - **Commercial and Medicare business** for the HAP provider newsroom
  - **Medicaid, MI Health Link and Marketplace business** – takes you to HAP Caresource

Provider Newsroom Updates
- Commercial and Medicare business
- Medicaid, MI Health Link, and Marketplace Plans-Business

Announcements   Show all (0)
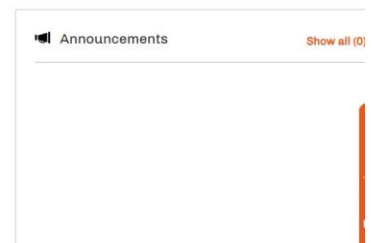
Navigating the Provider Portal

- Here are some of the most frequently used applications.

Member Eligibility	Review eligibility, benefit, coverage and copay and deductible information
Claims	View claims and submit appeals
HCC & HEDIS Program (for PCPs only)	View/close gaps in care for hierarchical condition category (HCC) and HEDIS program
Remittance Advice	Review remittance advice. You can download a PDF or Excel file
Authorizations	Create and manage inpatient, outpatient, and medical drug prior authorization requests

- You can find *Help Guides* with step-by-step instructions under *Related Links* when you are in an application.
  - *Member Eligibility* application example:

Related Links   ×

Contracts, Benefit Guides and Riders   Coordination of Benefits   Medicaid & MI Health Link Member Benefits   Member Eligibility Help Guide

Navigating the Provider Portal

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- You can also find many resources related to:
    - Billing guidelines
    - Policies and procedures
    - Caring for your patients
    - Prescriptions
    - And more!

- For more information, please refer to *Navigating the Provider Portal* under *Quick Links* when you log in at **hap.org**.

Member Eligibility & Benefit Verification - HAP Commercial and Medicare Advantage Lines of Business

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Verifying Member Eligibility and Benefits

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There are two ways to verify member eligibility and benefits:

1. **Online**. Log in **at hap.org** and select *Member Eligibility.*

2. **Phone**. Call HAP Provider Inquiry at **(866) 766-4661.**
   - Self-service options are available 24/7
   - Representatives are available
     Monday through Friday, 8:30 a.m. to noon and 1 to 5 p.m.

TIP! You can find a help guide with step-by-step instructions under *Related Links*.

Prior Authorization Resources

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Prior Authorization Resources

Prior authorization requirements

- Always, check to see if a prior authorization is required for a procedure or service:
    - Log in at **hap.org**; select *Quick Links*, then *Procedure Reference Lists.*

Prior authorization submission

- **Enter prior authorization requests online – it's the most efficient method!**
    - Log in at **hap.org** and select *Authorizations*.

Tip!

There are help guides with step-by-step instructions. You can find them on the home page of the Authorizations application:
    - *Resources for HAP Authorizations; HAP Help*

Billing & Claims Resources

Billing Resources

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- The payer ID for HAP Commercial and HAP Medicare Advantage:

  38224

- You can find the billing resources below when you log in at **hap.org**; select *Resources*; *Working with HAP; Billing Information*:

  - *Provider Manual – Billing & Administrative Guide for Commercial & Medicare Advantage Plans* (formerly Billing Manual)
  - Electronic Funds Transfer enrollment form
  - Fee schedules

Claims Resources

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- You can submit check claims status or submit appeals online.

  - Log in at **hap.org** and select *Claims*.

  TIP!

  For help guides with step-by-step instructions, check *Related Links.*

Working with HAP CareSource

Who is HAP CareSource

- HAP CareSource is a joint venture between CareSource and HAP.

- HAP CareSource provides a comprehensive array of health benefits and services, ensuring members have access to care whenever necessary. Our expansive network features top-tier doctors, specialists, hospitals, and pharmacies. Our focus extends beyond individual health to encompass the health and safety of our communities, with a particular emphasis on addressing social inequities and the social determinants of health.

- HAP CareSource has the following plans:
  - Medicaid
  - MIChild
  - Healthy Michigan Plan
  - Children's Special Healthcare Services
  - MI Health Link (until 12/31/2025); MI Coordinated Health (HIDE SNP) eff 1/1/2026
  - Marketplace **Note: All HAP Commercial HMO providers participate in this product**

Accessing the HAP CareSource Provider Portal

Accessing the HAP CareSource Provider Portal

- We have made it easy - providers will only need to remember one username and password to access the provider portal(s).

- Log in at **hap.org** with your HAP username and password.

- Select the HAP CareSource Link on the home page.

  - 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 when signing in.

  - Locate your verification code and enter the code.

Accessing the HAP CareSource Provider Portal

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- There are also other links throughout the HAP portal that will link you to the HAP CareSource portal.

- The example below is from the HAP *Member Eligibility* application. If you select "HAP CareSource Member Eligibility Search" you will go to the HAP CareSource provider portal.

HAP CareSource Member Eligibility Search
Note: For all other HAP members, enter information above.

Click here to view Member Roster

HAP CareSource –
Verifying Member Eligibility & Benefits

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HAP CareSource – Verifying Eligibility and Benefits

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You can verify eligibility and benefits by one of these methods:

Online
- Log in at **hap.org**. Select *HAP CareSource* to get to the secure portal.
- Select *Member Eligibility* under *Member Search* on the left navigation.

Call HAP CareSource Provider Services
- For Medicaid: (**833) 230-2102**
- For MI Health Link: (**833) 230-2159**
- For Marketplace: **(833) 230-2101**

CHAMPS (for Medicaid and MI Health Link)
- Visit CHAMPS web portal: **milogintp.michigan.gov.**
- Call CHAMPS provider support at **1-800-292-2550**; choose option 5, then 2.

HAP CareSource – PCP Eligibility List

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- Log in at **hap.org**; select *HAP CareSource* to get to the secure portal.

- Select *Provider Membership List* under *Member Reports.*

HAP CareSource-
Prior Authorizations

HAP CareSource – Prior Authorization Requirements

- No login required.

- Visit **procedurelookup.CareSource.com.**

- Use dropdown and select Michigan and appropriate line of business.

HAP CareSource – Prior Authorization Submission

Online – preferred method!
- Log in at **hap.org**; select *HAP CareSource* to get to secure portal.
- Select *Prior Authorizations*

Fax
- For Medicaid: **(844) 432-8931**/local **(937) 396-3539**
- For MI Health Link: **(844) 633-0399**
- For Marketplace: **(844) 676-0372**

Mail

CareSource
P.O. Box 1307
Dayton, OH 45401-1307

Phone – call HAP CareSource Provider Services
- For Medicaid: (**833) 230-2102**
- For MI Health Link: (**833) 230-2159**
- For Marketplace: **(833) 230-2101**

HAP CareSource – Checking Status of Prior Authorization Request

- Log in at **hap.org**; select *HAP CareSource* to get to the secure portal

- Select *Status*

HAP CareSource-
EDI, EFT, & Claims

HAP CareSource – EDI

Availity is the exclusive EDI gateway service for the following
HIPAA transactions:

- 270/271 Eligibility and Benefits
- 837 I, P Claim Submission
- 276/277 Claim Status

For	Payer ID
HAP CareSource Medicaid	MIMCDCS1
HAP CareSource MI Health Link	MIMCRCS1
HAP CareSource Marketplace	MICS1

HAP CareSource – EFT

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If you are **not** set up for EFT with HAP, please review the information below.

- HAP CareSource, HAP CareSource MI Health Link, and HAP CareSource Marketplace partner with ECHO Health, Inc. to deliver provider payments. 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

- Enroll with ECHO for payment and choose EFT as your payment preference for HAP CareSource, HAP CareSource MI Health Link, and HAP CareSource Marketplace.

*Payment processing fees are what you pay your bank and credit card processor for use of payment via credit card.

HAP CareSource – Submitting Claims

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Submit claims by one of the methods below.

- Use Availity clearinghouse

For	Payer ID
HAP CareSource Medicaid	MIMCDCS1
HAP CareSource MI Health Link	MIMCRCS1
HAP CareSource Marketplace	MICS1

- Log in at **hap.org;** select *HAP CareSource* to get to the secure portal; select *Claims*

- Paper - send to:
  HAP CareSource
  P.O. Box 1186
  Dayton, OH 45401

HAP CareSource – Checking Claim Status

For	Online	Call
Medicaid	• Log in at **hap.org**, select *HAP CareSource* to get to secure portal • Select *Claims*, then *Claims information and attachment*	**(833) 230-2102**
MI Health Link		**(833) 230-2159**
Marketplace		**(833) 230-2101**

HAP CareSource - Resources

HAP CareSource Resources

We encourage providers to learn more about HAP CareSource and topics related to your practice.

Training and Events
You can access education and trainings online.
- Visit **HAPCareSource.com**; *Providers*; *Training & Events*.

Provider Orientation
Orientation resources provide more details for completing common processes and have other helpful information.
- Visit **HAPCareSource.com**; *Providers; Education; Become a Participating Provider*.

Important Contacts
HAP & HAP CareSource

Important Contacts

CLAIMS, EDI, REIMBURSEMENT, REMITTANCE ADVICE		
FOR HAP COMMERCIAL & MEDICARE ADVANTAGE		**FOR HAP CARESOURCE MEDICAID, MI HEALTH LINK, & MARKETPLACE**
Claims appeals and claims status	Call: **(866) 766-4661** Log in at **hap.org**; select *Claims*	Call: Medicaid: **(833) 230-2102** MI Health Link: **(833) 230-2159** Marketplace: **(833) 230-2101** Log in at **hap.org**; select *HAP CareSource*
Claims issues related to prior authorization requests		
Fee schedules		
EFT form		
Remittance Advice		
EDI setup	Contact your clearing house; give them HAP's payer ID 38224 **This ID is only for HAP Commercial & Medicare Advantage.**	Contact your clearing house and give them HAP CareSource the payer ID's: **Medicaid Payer ID**: MIMCDCS1 **MI Health Link Payer ID**: MIMCRCS1 **Marketplace Payer ID**: MICS1
ELIGIBILITY, BENEFITS & COST SHARE		
FOR HAP COMMERCIAL & MEDICARE ADVANTAGE		**FOR HAP CARESOURCE MEDICAID, MI HEALTH LINK, & MARKETPLACE**
Eligibility, benefits, copay, deductible information	Call **(866) 766-4661** Log in at **hap.org**; select *Member Eligibility*	Call: Medicaid: **(833) 230-2102** MI Health Link: **(833) 230-2159** Marketplace: **(833) 230-2101** Log in at **hap.org**; select *HAP CareSource*

Important Contacts

PRIOR AUTHORIZATIONS		
FOR HAP COMMERCIAL & MEDICARE ADVANTAGE		**FOR HAP CARESOURCE MEDICAID, MI HEALTH LINK, & MARKETPLACE**
Prior authorization requirements	Log in at **hap.org**; *Quick Links*; *Procedure Reference Lists*	Call: Medicaid: **(833) 230-2102** MI Health Link: **(833) 230-2159** Marketplace: **(833) 230-2101** Log in at **hap.org**; select *HAP CareSource*
Submitting requests & checking status	Log in at **hap.org**; select *Authorizations*	
PRIOR AUTHORIZATIONS ISSUES OR CONCERNS (e.g., wrong number of units approved, extend date of service, need copy of approval or denial letter, facility on request incorrect)		
FOR HAP COMMERCIAL & MEDICARE ADVANTAGE		**FOR HAP CARESOURCE MEDICAID, MI HEALTH LINK, & MARKETPLACE**
Claims issues related to prior authorization requests	Call: **(866) 766-4661**	Call: Medicaid: **(833) 230-2102** MI Health Link: **(833) 230-2159** Marketplace: **(833) 230-2101** Log in at **hap.org**; select *HAP CareSource*
Behavioral Health Inpatient & Outpatient Services	Call: **(800) 444-5755**	
Inpatient Admissions & Observations	Call: **(313) 664-8833, #3**	
Inpatient Rehab at Hospitals	Call: **(313) 664-8800**	
Long-term Care at Hospitals	Call: **(313) 664-8800**	
Outpatient & Preservice Elective Inpatient Services	Call: **(313) 664-8950**	
Pharmacy Requests	Call: **(313) 664-8940**	
Skilled Nursing Facilities	Call: **(313) 664-8800**	
Sub-Acute Rehab	Call: **(313) 664-8800**	
EviCore: Radiology and Sleep Studies Program	Call: **(855) 736-6284** Fax: **(888) 693-3210**	
TurningPoint: Cardiac Management, Musculoskeletal	Visit: **myturningpoint-healthcare.com** Call: **(313) 736-5230** Fax: **(313) 524-2355**	

Important Contacts

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DEMOGRAPHIC CHANGES	
(e.g., office/billing address changes, W-9, ownership change, patient accepting status, leaving HAP or HAP CareSource, transferring networks, etc.)	
FOR HAP COMMERCIAL & MEDICARE ADVANTAGE and HAP CARESOURCE MEDICAID, MI HEALTH LINK, & MARKETPLACE	

There are 2 options:

1. Complete our *Change Form*. Visit **hap.org/providers/contact-info**, then *Demographic changes*. **MOST EFFICIENT METHOD**
2. Email **providernetwork@hap.org** and include:
   - Type 1 NPI, Type 2 NPI, TIN
   - Provider name
   - Full contact information (address, phone and email)

CONTRACTING, CREDENTIALING, ONLINE PROVIDER PORTAL ACCESS, TRAINING & EDUCATION	
FOR HAP COMMERCIAL & MEDICARE ADVANTAGE and HAP CARESOURCE MEDICAID, MI HEALTH LINK, & MARKETPLACE	
Access to Online Applications	Email: **providernetwork@hap.org** and include:
Contracting/Single Case Agreement Questions/Status	- Type 1 NPI, Type 2 NPI, TIN
Credentialing Status	- Provider name
Provider Office Education and Training	- Full contact information (address, phone and email)

Important Contacts

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For contacts (e.g., Provider Contracting or Provider Services representative) by PO/PHO/Ancillary/Physician Group:

- Log in at **hap.org.**

- Select *Quick Links.*

- Select *Important Contact Information for Providers.*

Working with HAP, Alliance, ASR & PCN

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Working with HAP, Alliance, ASR, and PCN

Who We Are

Health Alliance Plan (HAP) – A Michigan-based, non-profit health plan that provides health coverage to individuals and companies of all sizes. Note: In this document, any reference to HAP is related to:

- Commercial HMO members
- HAP Medicare Advantage plan members

Alliance Health and Life Insurance Company® (Alliance) – A subsidiary of HAP and offers fully insured and experience-rated PPO and EPO products, administrative services only (ASO) and self-funded products.

ASR Health Benefits – A subsidiary of HAP and offers a full service, third-party administrator based in Grand Rapids, MI. Offers competitive options for employers seeking to self-fund their health benefit costs and a statewide provider network.

PhysiciansCare (PCN) – Brand name for ASR provider network.

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Working with HAP, Alliance, ASR, and PCN

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Important Contact Information

For	ASR Contact	Alliance & HAP Contact
• Credentialing status (if required) • Contracting status	Email pcontracting@asrhealthbenefits.com	Email **providernetwork@hap.org** and include: • "Credentialing status" or "Contracting status" in the subject line as appropriate • Type 1 NPI, Type 2 NPI, and TIN • Provider name, address, phone and email
Education on ASR & HAP relationship	Email pcontracting@asrhealthbenefits.com	Email **providernetwork@hap.org**
Member eligibility/ benefits verification	• Log in at **asrhealthbenefits.com**; select *Inquiry menu* • Call **(866) 724-3013**	• Log in at **hap.org**, select *Member Eligibility* • Call **(866) 766-4661**
Provider portal training	Email **providerm@asrhealthbenefits.com**	Email **providernetwork@hap.org** and include: • "Portal training" in the subject line • Type 1 NPI, Type 2 NPI, and TIN • Provider name, address, phone and email

Joining Networks

- **ASR:** Visit **www.asrhealthbenefits.com** and select *How to Join the Network*.

- **Alliance and HAP**: Visit **hap.org\providers**; then *Join HAP*.

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Working with HAP, Alliance, ASR, and PCN

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Contracts

Providers are considered in-network for both ASR and Alliance if they have a direct contract with either ASR or Alliance. If you have questions, email **pcontracting@asrhealthbenefits.com**.

For contracting questions related to Alliance and HAP, email **providernetwork@hap.org** and put "Contracting questions" in the subject line.

Reimbursement

Your office will be reimbursed for services to a patient with one of the ID cards shown in this document, based on the terms of your HAP, Alliance or ASR contracts, which are separate agreements. Please refer to the applicable fee schedules below for procedure level detail.

Contract with ASR only	Reimbursed at ASR fee schedule or per the terms of the ASR contract
Contract with Alliance and ASR	Refer to member's network: • Alliance PPO network = HAP Preferred fee schedule • ASR network = ASR fee schedule
Contract with HAP and Alliance	Refer to member's network: • Alliance PPO network = HAP Preferred fee schedule • HAP HMO network = HAP fee schedule
Contract with Alliance only	Reimbursed at HAP Preferred fee schedule

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Working with HAP, Alliance, ASR, and PCN

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Precertification/Prior Authorization Requirements

ASR	Subject to change based on employer group: • Inpatient hospital confinements and observational stays • Home Health Care services • Durable Medical Equipment if purchase price or forecasted total rental cost is $2,500 or more • Custom-made orthotic/prosthetics appliances if the purchase price is $2,500 or more • Oncology treatment • Infusion or injection of select products • Select surgical procedures	Refer to the *Provider Administration Manual* which is accessible online for information you need prior to calling. To access it: Log in at www.asrhealthbenefits.com; select *Resources; Documents; Provider Admin Manual* Call: (616) 464-6619 or (800) 638-0573
Alliance	Log in at **hap.org** and refer to the *Procedure Reference Lists* under *Quick Links*.	
HAP	Log in at **hap.org** and refer to the *Procedure Reference Lists* under *Quick Links*. Note: prior authorization is required: • For services that are out of network • For services that require medical review • When a member wants to see a non-participating provider	

Working with HAP, Alliance, ASR, and PCN

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Submitting Provider Changes

For	ASR Contact	Alliance & HAP Contact
• Address changes including office, remittance advice and 1099 (W-9 required) • Adding and terminating providers • Name changes (with appropriate documentation)	Log in at: **www.asrhealthbenefits.com**; select *Resources*; *Forms*; *General Forms; Provider Information Form*	There are 2 options: 1. If you are part of a physician organization/physician hospital organization, do not send information directly to HAP. Your PO/PHO organization must submit all changes. 2. If you are not part of a PO/PHO, complete the HAP *Provider Change Form*. Visit **hap.org\providers;** select *Provider resources; Forms and other information*.

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Working with HAP, Alliance, ASR, and PCN (hap)

ID Card Samples

ASR - **ASR participating providers are considered in-network for members with the ID card below.**

Alliance- **ASR participating providers are considered in-network for members with the ID card below.**

HAP - **ASR participating providers can provide services to HAP HMO and HAP Medicare Advantage members with an approved authorization only.**

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Slide

Regulatory Standards & Guidelines

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Regulatory Standards & Guidelines

After Hours and Appointment Time Access Standards

Per regulatory guidelines, HAP and HAP CareSource have established standards for after-hours care and appointment availability. HAP and HAP CareSource providers are required to adhere to our standards, per their contract.

Facility Standards for Practitioners and Providers

To ensure the quality, safety and accessibility of office sites where care is delivered, we have office standards for practitioners and providers for accessible equipment, physical accessibility, physical appearance, adequacy of waiting and examining room space, and adequacy of medical record/treatment record keeping.

Medical Record Standards for Practitioners and Providers

HAP and HAP CareSource practitioners and providers are required to maintain member health records (medical records) in a manner that is current, detailed and organized to facilitate communication and coordination of care.

The above standards and guidelines above can be found online:
- Visit **hap.org/providers**; *Provider Resources*; *Forms and other information*

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Thank you

HAP Provider Network Management