

Health and Acute Care Program (HAP) Frequently Asked Questions for Providers

Question	Answer
Program Information	
What is the Health and Acute Care Program (HAP)?	<ul style="list-style-type: none"> • HAP is part of the Medallion 3.0 managed care program and provides acute and primary medical services to individuals concurrently enrolled in one of the five home and community-based services (HCBS) waivers and managed care • This includes individuals enrolled in the Elderly or Disabled with Consumer Direction (EDCD), the Intellectual Disability (ID) Waiver, the Individuals and Family Developmental Disabilities Support (IFDDS) Waiver, the Day Support (DS) Waiver, and the Alzheimer’s Assisted Living (AAL) Waiver
What if I have questions about HAP?	<ul style="list-style-type: none"> • Questions about HAP should be sent to HAP@dmas.virginia.gov
Eligibility	
Who is eligible to participate in HAP?	<p>Individuals can participate as a Medallion 3.0 HAP member in one of two ways:</p> <ul style="list-style-type: none"> • If an MCO enrolled Medicaid member later becomes eligible and enrolled into one of the five HCBS waivers, they remain enrolled with the MCO for acute care services • EDCD waiver individuals in the fee-for-service program and who are eligible for managed care, i.e., do not have any managed care exclusions, will be enrolled into managed care
Who is excluded from HAP?	<ul style="list-style-type: none"> • Individuals who are dually eligible for both Medicare and Medicaid or have other comprehensive health insurance • Individuals in the Commonwealth Coordinated Care (CCC) program • Individuals who are in state mental hospitals • Individuals who are in nursing facilities • Individuals enrolled in the Program of All-Inclusive Care for the Elderly (PACE) • Individuals in the Technology Assisted Waiver • Individuals with Medicaid who have been placed out of state

Question	Answer
Can individuals opt-out of the program?	<ul style="list-style-type: none"> • Medallion 3.0 is a mandatory managed care program, therefore, individuals (including HAP participants) cannot opt-out
Managed Care Health Plans	
What is a Managed Care Organization?	<ul style="list-style-type: none"> • It is a health plan in which a group of doctors and other health care providers work together to give individuals health care services • Each person in a MCO has a primary care provider (PCP) • The PCP is a doctor or health provider who will manage your health care and refer (send) you to other health providers when necessary
What Medicaid health plans are available?	<ul style="list-style-type: none"> • Anthem Health Keepers Plus: 1-800-901-0020 • Coventry Cares of Virginia: 1-800-279-1878 • INTotal Health: 1-855-323-5588 • Kaiser Permanente: 1-855-249-5025 • Optima Family Care: 1-800-881-2166 • VA Premier: <ul style="list-style-type: none"> ○ Richmond/Central 1-800-727-7536 ○ Tidewater area 1-800-828-7659 ○ Roanoke 1-888-338-4579 • To see the list of health plans by area, visit the website at http://www.virginiamanagedcare.com
Enrollment	
What if the HAP member wants to change health plans?	<ul style="list-style-type: none"> • Members can change health plans within the first 90 days after enrollment by contacting the managed care helpline at 1-800-643-2273 • Open enrollment occurs yearly and members can change health plans during that time by contacting the managed care helpline

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Managed Care Services	
What services will the MCO provide under HAP?	<ul style="list-style-type: none"> • The MCO will provide the acute and primary medical services such as physician and specialists visits, hospitalizations, etc.
Will the MCOs honor prior service authorizations?	<ul style="list-style-type: none"> • MCOs will work with member to ensure a smooth transition and will allow their new members who are transitioning from Medicaid fee-for-service to receive services from out-of-network providers if the member contacts the health plan in advance of the service date and the member has an appointment(s) within the initial month of enrollment with a specialty physician(s) that was scheduled prior to the effective date of membership • If services have been authorized using a provider who is out of network, the MCO may elect to re-authorize (but not deny) those services using an in-network provider • For on-going services, such as home health, outpatient behavioral health, and outpatient rehabilitation therapies, etc., the health plan shall continue prior authorized services without interruption until the health plan completes its utilization review process to determine medical necessity of continued services or to transition services to a network provider
Do HAP members have co-pays?	<ul style="list-style-type: none"> • No, HAP members are not charged co-pays for Medicaid covered services
Will HAP members receive a new ID card?	<ul style="list-style-type: none"> • The MCO will issue ID cards to enrolled HAP members • Members should use the MCO ID card for all medical appointments • The MCO ID card includes the member name, Medicaid number, name and address of the Contractor, name of members PCP, after hours phone numbers for non-emergency care and emergency instructions • Members should use the Medicaid FFS card (blue and white plastic card) for any waiver related service
What if the HAP member needs transportation to the hospital or medical appointments?	<ul style="list-style-type: none"> • Members should contact their MCO for transportation to acute and primary medical appoints or contact LogistiCare at 1-866-386-8331 for transportation for long-term care waiver services

Question	Answer
Long-Term Care Waiver Services	
Will the long-term care waiver services change with HAP individuals?	<ul style="list-style-type: none">• No. The Long-Term Care waiver services will remain unchanged• All current waiver service authorization requirements and limitations remain in place