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

Question	Answer
Program Information	
What is the Health and Acute Care Program (HAP)?	HAP is a managed care program that provides hospital and medical services to eligible waiver individuals
Eligibility	
Who is eligible to participate in HAP?	• Individuals who are enrolled in a health plan and then become enrolled in one of the home and community-based waivers like the Elderly or Disabled with Consumer Direction (EDCD) Waiver, 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 • Individuals in the Elderly or Disabled with Consumer Direction (EDCD) waiver who are also managed care eligible
Who is excluded from HAP?	• Individuals who are dually eligible for Medicare and Medicaid or have other comprehensive health insurance • Individuals in state mental hospital • Individuals in nursing facilities • Individuals enrolled in PACE • Individuals enrolled in the Technology Assisted Waiver • Virginia Medicaid individuals placed out of state
If I am eligible, do I have to participate in the program?	Yes, it is required
What if I have questions about HAP?	If you have questions about HAP, you may call the Managed Care Helpline at 1-800-643-2273 or send an email to HAP@dmas.virginia.gov

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Managed Care Health Plans	
What is a Managed Care Organization (MCO)?	• 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?	• Anthem HealthKeepers 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: ➢ 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
What are the benefits of being in a health plan?	• A 24 hour nurse that can talk to you about medical issues • Special services for those with on-going medical conditions • Services to promote wellness
How do I find out if my primary doctor participates with one of the health plans?	• Ask your doctor what health plans the practice accepts, or • Call the Managed Care Helpline at 1-800-643-2273

Question	Answer
What if my doctor does not participate with one of the health plans?	• Call the Managed Care Helpline at 1-800-643-2273 to change to a health plan where your doctor participates, or • Call the health plan member services to select an in-network provider
Enrollment	
How do I enroll in a health plan?	• You have a choice of health plans, depending on where you live • Ask your doctor what health plan the practice uses • Read about the health plans and compare which one is best for your needs • Contact the Managed Care Helpline at 1-800-643-2273 to tell them your health plan choice
What if I want to change health plans?	• You can change your health plan within the first 90 days after you enroll by contacting the Managed Care Helpline at 1-800-643-2273 • During annual open enrollment you can change health plans for any reason by contacting the Managed Care Helpline
Managed Care Services	
What services does the health plan offer?	• All covered hospital and medical services that are approved and medically necessary
How do I get my services?	HAP individuals receive their • primary health care services (medical and hospital) from their health plan • long-term care waiver services (respite, personal care, etc.) from their Medicaid waiver providers
Do I use my Medicaid fee-for-service card for medical and hospital services?	• No, you use the health plan card for hospital and medical appointments • It is best to always keep both the Medicaid card and health plan card with you

Question	Answer
What happens if I need to go to the hospital for an emergency service?	An emergency is an injury or illness that if it is not taken care of immediately, could cause death or permanent damage to your health. If you are not sure if you need emergency care, • Call your doctor or your health plan's 24 hour Nurse Line, if you have time, or • Call 911, or • Go to the nearest hospital emergency room Remember, do not use the emergency room when there is no emergency
What if I have services that were approved prior to being enrolled in the health plan?	• The health plan will allow you to receive services from an out-of-network doctor within the first month of enrollment but you should contact the health plan before your appointment • If services have been approved for a provider who is out of network, the health plan may re-authorize (but not deny) those services using one of their in-network providers • For on-going services, like home health, physical therapy, etc., the health plan will continue prior authorized services without interruption until they complete a review to determine medical necessity of continued services or to transition you to a network provider
Can I still see my regular provider(s) in the health plans?	• Yes, if the provider is in the health plan provider network
What if I need transportation to the hospital or medical appointments?	• Transportation is provided by the health plan if pre-approved and no other means is available • Contact the health plan's transportation services number on your member ID card
Will I have coverage for my prescription drugs?	• Yes, the health plans will cover prescription drugs

Question	Answer
Do I have to pay for services in a health plan?	• No, you do not have to pay for covered services in a health plan
Long-Term Care Waiver Services	
Will my long-term care waiver services change?	• No, your waiver services will not change
When do I use the fee-for-service Medicaid card?	• Use the fee-for-service Medicaid (blue and white) card for all waiver related services • It is best to always keep both the Medicaid card and health plan card with you
How do I get transportation to a waiver service?	• Contact LogistiCare at 1-866-386-8331