



# Memorial Hermann Health Plan (MHHP) | HMO Quick Reference Guide

Major Characteristics	Benefits, Eligibility and Claims	Claim Appeals	Prior Authorization	Laboratory Services	Behavioral Health Services (Mental Health and Chemical Dependency)
<ul style="list-style-type: none"> <li>MHHP HMO members are encouraged to select a MHHP HMO Primary Care Physician (PCP).</li> <li>MHHP providers may only bill for copayments, cost share (coinsurance) and deductibles, where applicable.</li> <li>MHHP HMO members may go to any network provider without a referral from their PCP.</li> <li>Referrals to out-of-network providers which are necessary due to network inadequacy or continuity of care must be authorized by the Medical Management Department <i>prior</i> to the services being rendered.</li> <li>Ask for the member's ID card at the time of a visit. Copy both sides of the member's ID card and keep the copy with the patient's file.</li> <li>MHHP HMO members 19 and younger will receive their eye wear from Vision Source providers.</li> <li>MHHP HMO members under age 20 have a dental benefit. For more information, refer to the member's MHHP HMO ID card or call FCL Dental at 713.338.5630.</li> </ul>	<ul style="list-style-type: none"> <li>Eligibility and benefit information may be obtained through the Provider Portal at <a href="http://providerportal.memorialhermann.org">providerportal.memorialhermann.org</a> or by calling MHHP HMO Customer Service: 713.338.4683</li> <li>Claim Status may be obtained through the Provider Portal at <a href="http://providerportal.memorialhermann.org">providerportal.memorialhermann.org</a> or call MHHP HMO Customer Service: 713.338.4683</li> <li>To request a claim adjustment, call MHHP HMO Customer Service: 713.338.4683</li> <li>Verification does not apply to self-funded plans.</li> <li>Claims should be submitted electronically Availity or THIN Payor ID: MHHNP Emdeon or WebMD Payor ID: TH092</li> <li>Mail paper claims to: MHHP Claims Department P.O. Box 660303 Dallas, TX 75266-0303</li> <li>Paper claims must be submitted on the Standard CMS-1500 (02/12) or UB-04 claim form.</li> <li>Claims must be submitted within 365 days of the date of service. Claims that are not submitted within 365 days from the date of service are not eligible for reimbursement. Providers must submit a complete claim for any services provided to a member, and they may not seek payment from the member for claims submitted after the 365 day filing deadline.</li> <li>Duplicate claims may not be submitted prior to the applicable 30-day (electronic) or 45-day (paper) claims payment period.</li> </ul>	<ul style="list-style-type: none"> <li>Claim Appeals should be sent to: Memorial Hermann Health Plan Attn: Appeals &amp; Grievance Department 929 Gessner, Suite 1500 Houston, TX 77024</li> <li>Expedited Clinical Appeals must be submitted via fax at 713.704.0884</li> <li>The Claim Appeal form with instructions is located on the MHHP website: <a href="http://healthplan.memorialhermann.org/providers/resource-center/">healthplan.memorialhermann.org/providers/resource-center/</a></li> </ul>	<ul style="list-style-type: none"> <li>The Prior Authorization List is located on the MHHP website at <a href="http://healthplan.memorialhermann.org/providers/resource-center/">healthplan.memorialhermann.org/providers/resource-center/</a></li> <li>To request Prior Authorization, please call Medical Management at 713.338.6588 or submit the request via fax at 713.338.6494</li> <li>The Prior Authorization Form is located on the MHHP website: <a href="http://healthplan.memorialhermann.org/providers/resource-center/">healthplan.memorialhermann.org/providers/resource-center/</a></li> </ul>	<ul style="list-style-type: none"> <li>In-network outpatient clinical reference laboratory providers are as follows: <ul style="list-style-type: none"> <li>Memorial Hermann Outpatient Laboratories</li> <li>Quest Diagnostics</li> <li>LabCorp</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Providers are responsible for requesting Prior Authorization. All services must be medically necessary. Prior Authorization is required for all inpatient, partial hospitalization and outpatient behavioral health services. Office visits do not require Prior Authorization.</li> <li>Prior Authorization must be obtained <i>prior</i> to the delivery of behavioral health services.</li> </ul>

This guide is intended to be used for quick reference and may not contain all of the necessary information. For detailed information, refer to the MHHP Provider Manual online at [healthplan.memorialhermann.org/providers/resource-center/](http://healthplan.memorialhermann.org/providers/resource-center/)

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All PPO products are underwritten by Memorial Hermann Health Insurance Company. All HMO products are underwritten by Memorial Hermann Health Plan, Inc.

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