



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

Major Characteristics	Eligibility, Benefits and Claims	Appeals and Grievances	Prior Authorization	Laboratory Services	Behavioral Health Services (Mental Health and Chemical Dependency)
<ul style="list-style-type: none"> MHHP Medicare Advantage HMO participating physicians, professional providers, facility or ancillary providers may only collect for copayments, cost share (coinsurance) and deductibles, if applicable. To receive in-network benefits, MHHP Medicare Advantage HMO subscribers must receive medical care from Memorial Hermann Medicare Advantage HMO participating physicians, professional providers, facility or ancillary providers. Referrals are not required if MHHP Medicare Advantage HMO member receives medical care from MHHP Medicare Advantage HMO participating providers. For MHHP Medicare Advantage HMO members to receive in-network benefits, 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. 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. 	<ul style="list-style-type: none"> Eligibility and benefit information may be obtained through the Provider Portal at providerportal.memorialhermann.org or by calling Medicare Advantage HMO Customer Service: 855.645.8448 Claim Status may be obtained through the Provider Portal at providerportal.memorialhermann.org or call Medicare Advantage HMO Customer Service: 855.645.8448 To request a claim adjustment, call Medicare Advantage HMO Customer Service: 855.645.8448 Claims should be submitted electronically Availity or THIN Payor ID: MHHNP Emdeon or WebMD Payor ID: TH092 Mail paper claims to: Memorial Hermann Advantage Claims P.O. Box 226526 Dallas, TX 75222-6526 Paper claims must be submitted on the Standard CMS-1500 (02/12) or UB-04 claim form. 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. Duplicate claims may not be submitted prior to the applicable 30-day (electronic) or 45-day (paper) claims payment period. 	<ul style="list-style-type: none"> Appeals and Grievances Fax to: 713.338.5811 Mail to: Memorial Hermann Advantage Attn: Appeals & Grievance Department 929 Gessner, Suite 1500 Houston, TX 77024 Questions regarding Appeals and Grievances should be directed to mhhealthappeals@memorialhermann.org 	<ul style="list-style-type: none"> The Prior Authorization List is located on the MHHP website at healthplan.memorialhermann.org/providers/resource-center/ To request Prior Authorization, please call Medical Management at 844.550.6886 or submit the request via fax at 713.338.6982. The Prior Authorization Form is located on the MHHP website: healthplan.memorialhermann.org/providers/resource-center/ 	<ul style="list-style-type: none"> In-network outpatient clinical reference laboratory providers are as follows: - Memorial Hermann Outpatient Laboratories - Quest Diagnostics 	<ul style="list-style-type: none"> Providers are responsible for requesting Prior Authorization. All services must be medically necessary. Prior Authorization is required for all inpatient, partial hospitalization and certain outpatient behavioral health services. Office visits do not require Prior Authorization. Prior Authorization must be obtained <i>prior</i> to the delivery of behavioral health services.

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/

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