



Memorial Hermann Health Plan (MHHP) | Medicare Advantage PPO 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 PPO participating physicians, professional providers, facility or ancillary providers may only collect for copayments, cost share (coinsurance) and deductibles, if applicable. Members can choose to receive care from out-of-network providers. The plan will cover services from either network or out-of-network providers, as long as the services are covered benefits and are medically necessary. However, if members use an out-of-network provider, their share of the costs for covered services may be higher. 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 MHHP Medicare Advantage PPO Customer Service: 855.645.8448 Claim Status may be obtained through the Provider Portal at providerportal.memorialhermann.org or call MHHP Medicare Advantage PPO Customer Service: 844.550.6896 To request a claim adjustment, call MHHP Medicare Advantage PPO 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: 713.338.5812 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: healthplan.memorialhermann.org/providers/resource-center/ To request Prior Authorization, please call Medical Management at 844.550.6896 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: <ul style="list-style-type: none"> 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/

Updated June 2017

Y0110_PR_QRG_PPO_MA IA 06/14/2017