

## Quick Reference Guide



### Verifying member eligibility

You can verify member eligibility by calling member services

- **Phone:** Call **855-645-8448**



### Prior authorization requests

Prior authorization may be required for certain services based on the member's plan. Inpatient and outpatient services generally don't require prior authorization when members are referred to health care professionals who participate with Memorial Hermann Health Plan.

Submit your request at least 14 days before the planned date of service.

- **Phone:** Call **855-645-8448**
- **Fax:**
  - Acute BH Inpatient (281) 823-7355
  - Outpatient BH Service (281) 823-7355



### Hospital admission notifications

Please notify Memorial Hermann of hospital admissions no later than 1 business day after admission by calling **855-645-8448**



### Claims submissions

Please submit claims for Memorial Hermann members to Memorial Hermann using the following mailing address:

- **Mail:** Memorial Hermann Health Plan Claims PO Box 19909, Houston, TX 77224

For claims related questions or to check the status of your **2023** claim submissions, please call Memorial Hermann:

- **Phone:** Call **855-645-8448**

For claims related questions or to check the status of claims with a date of service prior to 1/1/23, please call Optum Behavioral Health Solutions:

- **Optum Medicare Advantage:** Call **888-280-3557**
- **Optum Commercial:** Call **888-383-8145**



### Claim reconsiderations

- You can submit claim disputes by calling **855-645-8448** or by mail
- **Mail:** Memorial Hermann Health Plan Claims PO Box 19909, Houston, TX 77224



### Provider Portal

- Continue to update your demographic profile, submit requests to join the network, and stay up to date on the latest bulletins at [providerexpress.com](https://www.providerexpress.com)



### Commercial Sample ID card

**Subscriber**  
 Subscriber: Test Member298  
 Subscriber ID: MH999000298  
 Group #: MH0002023  
 Effective Date: 01/01/2023  
 Plan Type:  
 Select 2000-80 HMO Plan

**Medical Plan**  
 Deductible: Ind \$2,000, Fam \$4,000  
 OOP: Ind \$5,000, Fam \$10,000  
 Office Visit: \$30 (PCP), \$60 (Spec), \$0 (Well)  
 Urgent Care: \$50  
 ER: \$300 (\$0 with Admit) then 20%

**Pharmacy Plan**  
 Rx Bin: 610602  
 Rx PCN: NVT  
 Rx Group: MHB  
 Rx Customer Service: 866.333.2757  
 www.navitus.com

**Claims Submission**  
**Medical Claims:**  
 P.O. Box 19909  
 Houston, TX 77224  
 EDI Payer ID: MHHP  
**To send claims electronically:**  
**Behavioral Health Claims:**  
 P.O. Box 19909  
 Houston, TX 77224  
 EDI Payer ID: MHHP  
**Network**  
 PHCS  
 In emergency situations the PHCS network applies to subscribers/covered dependents when traveling outside the plan service area.

**Customer Service**  
**Member Customer Service:**  
 Memorial Hermann Commercial Health Plan, Inc.  
 855.645.8448  
**Provider Customer Service:**  
 Memorial Hermann Commercial Health Plan, Inc.  
 855.645.8448  
**Teladoc:**  
 800.835.2362  
**Behavioral Health:**  
 855.645.8448  
**Prior Authorization:**  
 855.645.8448  
 www.healthplan.memorialhermann.org

Underwritten by Memorial Hermann Commercial Health Plan, Inc.-TDI  
 Gen: \$2810, Pref Brand \$40/\$50  
 Non-Pref Brand \$75/\$85  
 25% Specialty Co-ins, Max \$300

20211213100 Sh: 0 Bin 3  
 JZ3F Env [198] CSets 1 of 1

### Medicare Advantage Plus Sample ID card

**Member**  
 Member: Test Member13  
 Member ID: MH110000013  
 Health Plan (80840)  
 Group #: H7115  
 H7115-003  
 MHPLN  
 PCP: Williams3, Joe

**Medical Plan**  
 Memorial Hermann Advantage Plus HMO  
 Deductible: \$0 OOP: \$3,400  
 PCP: \$0 ER: \$125 Urgent Care: \$25  
 Specialist: \$20  
 No referral required

**Pharmacy Plan**  
 Rx Bin: 610602  
 Rx PCN: NVT  
 Rx Group: PARTD

**Claims Submission**  
**Medical Claims:**  
 Memorial Hermann Advantage Claims  
 P.O. Box 19909  
 Houston, TX 77224  
 EDI Payer ID: MHHP  
**Behavioral Health Claims:**  
 P.O. Box 19909  
 Houston, TX 77224  
 EDI Payer ID: MHHP  
**Dental Claims:**  
 P.O. Box 401086  
 Las Vegas, NV 89140  
 EDI Payer ID: CX083

**Customer Service**  
**Member Customer Service:**  
 855.645.8448 (TTY 711)  
**Pharmacy Customer Service:**  
 855.645.8448  
**Medical Management:**  
 855.645.8448  
**Behavioral Health:**  
 855.645.8448  
**Liberty Dental:**  
 866.674.0114 (TTY 711)  
 healthplan.memorialhermann.org/medicare  
 H7115\_MHIDCard\_C\_PlusHMO

20212227110 Sh: 0 Bin 2  
 J086 Env [1] CSets 1 of 1

Sample member ID cards for illustration only; actual information varies depending on payer, plan and other requirements.



**We're here to help**

If you have questions, please call **855-645-8448**. Thank you.