

Utilization Management

Utilization management will assure our members receive the highest level of quality care. We use up to date evidence-based clinical standards of care to make sure you get the health care you need. This includes:

- Prior Authorization Reviews
- Post-Service Reviews

What Is Prior Authorization?

You may need to get approval from Memorial Hermann Health Plan before we will cover certain inpatient, outpatient and home health care services and medical pharmacy drugs. This is called prior authorization, preauthorization or prior approval. These terms all refer to the requirements that you may need to meet prior to treatment.

Who Requests Prior Authorization?

Usually, your health care providers will take care of obtaining prior authorization before they perform a service. But, it's always a good idea to check first with your provider to ensure they have acquired the necessary needed approval.

If you have an HMO product and your providers aren't in network, you'll be responsible for getting the prior authorization. If you don't, we may not cover the cost. To make sure your provider is in network, please use the Provider Search feature within the health plan website.

<https://healthplan.memorialhermann.org/find-a-doctor>

You or your provider can request a renewal of a prior authorization up to 60 days before it expires.

How You Can Request Prior Authorization

Check with us to see if your provider has requested prior authorization before you get any services. If your health care provider has not requested prior authorization, you can request it. Call the number on your Memorial Hermann Health Plan member ID card and our Customer Service will help you begin the process.

You may also submit your request via fax by filling out the Prior Authorization fax form found under the Provider Resource page. The link is found below:

<https://healthplan.memorialhermann.org/for-providers/resource-center>

What Happens During the Prior Authorization Process?

Memorial Hermann Health Plan reviews the requested service or drug to see if it's medically necessary and appropriate for your medical needs. This review does not replace the advice of your health care provider.

We need the following information to complete a prior authorization request:

- Your name, subscriber ID number and date of birth
- Your provider's name, address and National Provider Identifier (NPI)
- Information about your medical condition
- The proposed treatment plan, including any diagnostic and procedure codes (your provider can help you with these)
- The date you'll receive service and the estimated length of stay (if you are being admitted)
- The place you're being treated (e.g. Facility, Home Health, DME, Office)

Do You Need Prior Authorization?

Use the searchable 2022 Prior Authorization Code List grid found on the Provider Resource page. Please see link below:

<https://healthplan.memorialhermann.org/for-providers/resource-center>

What Is Post-Service Utilization Management Review?

A post-service utilization management review happens after you receive a service. During this review, we check whether a service or drug was medically necessary and covered under your health plan. At that time, we may ask your provider for more information to support the medical need for the post-service treatment. We may also conduct a post-service utilization management review if you or your provider does not get a required prior authorization before you receive services.

Contact Utilization Management

Please contact the MHHP Customer Service at (855) 645-8448 and they will direct your call to a representative with our team.

(24/7) Fax Lines:

Commercial Plan(s): (713) 338-6494

Medicare Advantage Plan(s): (713) 338-6982

ALL Acute Inpatient ER Admits/Post-Acute Care: (713) 338-6381

Mailing Address

Memorial Hermann Health Plan Attn: Medical Management Department 929 Gessner Road,
Suite 1500 Houston, TX 77024

Utilization Review Turn Around Time Frames:

Plan(s)		
Medicare Advantage	Commercial: Self-Funded/Hybrid	Commercial: Fully Insured
Group Code Identifier		
M- Medicare Advantage	A – Self-Funded H - Hybrid	L - Large Group S – Small Group
Prior Authorization TAT Frames		
Standard MA: 14 Calendar Days Expedited: 72 hours Post Service: 30 Calendar days Part B Drugs: Standard MA: 72 hours Expedited: 24 hours	Standard SF/H: 3 Business Days Expedited: 72 Business Hours Post Service: 30 Calendar days	Standard FI: 3 Calendar Days Expedited: 72 Hours Post Service: 30 Calendar days

All Commercial HMO products are underwritten by Memorial Hermann Commercial Health Plan, Inc.

All Commercial PPO products are underwritten by Memorial Hermann Health Insurance Company.

All Hybrid products are administered by Memorial Hermann Health Solutions, Inc.

Memorial Hermann *Advantage* HMO is provided by Memorial Hermann Health Plan, Inc., a Medicare Advantage organization with a Medicare contract. Enrollment in this plan depends on contract renewal.

Memorial Hermann Health Plan and Memorial Hermann *Advantage* comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855.645.8448 (TTY 711).

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