

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 or Claim Review

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. Your provider may use the Texas Standard Form, however, the MHHP Prior Authorization Form must also accompany the prior authorization request. If the MHHP Prior Authorization form is not present in your submission, it may will cause delays in processing and decision making. The link to all prior authorization forms 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) and Tax ID number (TIN)
- Information about your medical condition ie. doctor notes, lab results, etc.
- The proposed treatment plan, including any diagnostic and procedure codes (your provider can help you with these)
- The date you'll receive service, how long you will receive services and/or 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 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 Claim Review?

A post-service or claim review may be conducted after you receive a service. While prior authorization is required from some services, we may allow a post-service utilization management review to be conducted if you or your provider does not get the required prior authorization before services were given to you. During this type of review, we review 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.

Contact Utilization Management

Please contact the MHHP Customer Service at (855) 645-8448 and they will put you in contact with a representative from 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 PO Box 19909,
Houston, TX 77224-1909

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 *When a clean claim is filed	Standard SF/H: 3 Business Days** Urgent: 72 Business Hours Post Service: 30 Calendar days ** Up to 15 calendar days	Standard FI: 3 Calendar Days Post Stabilization: 1 Hour Post Service: 30 Calendar days



Memorial Hermann Health Plan, Inc.
Memorial Hermann Health Solutions, Inc.
Memorial Hermann Health Insurance Company
Memorial Hermann Commercial Health Plan, Inc.

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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