

PROVIDER NEWSLETTER

The Memorial Hermann Health Plan Newsletter

SPRING 2017

Quick Reference Guide

Memorial Hermann Health Plan

healthplan.memorialhermann.org

Provider Services:

713.338.4801

providerservices@memorialhermann.org

Customer Service:

Self Funded Groups: 888.642.5040

Insured Groups: 888.594.0671

Medicare Advantage HMO: 844.550.6886

Medicare Advantage PPO: 844.550.6896

Utilization Review or

Medical Management:

888.252.7680

Prescription Drug Information – OptumRx

optumrx.com/myCatamaranRx Customer
Service: 877.633.4461

Envision RX

customerservice@envisionrx.com
Medicare Advantage HMO: 844.550.6750
Medicare Advantage PPO: 844.782.7672

Nurse Health Line

713.338.4998

Teladoc*

800.835.2362

*HSA - compatible plans require a \$40 service charge

Annual Wellness Visits

Annual Wellness Visits play an important role in connecting members and providers. These visits provide an opportunity for providers to reconnect and educate members on their yearly care plans and programs they may qualify for. Additionally, they allow providers to document a member's current health status and map out an individualized care plan for the rest of the year. Please see the ABC's of an Annual Wellness Visit listed below:

Acquire member information

- Administer/Update the member's Health Risk Assessment
- List current providers and suppliers provisioning medical care
- Collect/Update medical and family history

Begin Assessment

- Assess clinical condition

Counsel the member

- Establish a written care plan that also includes age-appropriate preventive services
- List assessments/clinical conditions and the corresponding care plan
- Provide needed health counseling and offer preventive counseling services or programs (like Tobacco Cessation, Nutrition, Weight Loss, etc.)

healthplan.memorialhermann.org/providers

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Health Plan

Provider Data Update

Help our team stay current

Please remember to notify Memorial Hermann Health Plan of changes to the following demographic information no less than 30 calendar days prior to the effective date of the change:

- TIN changes (include copy of W-9 Form)
- Address additions, changes or deletions
- Phone number or fax number changes
- Additions or departures of healthcare providers from your practice

Your notification must include the effective date of the change and a W-9 Form (if change involves TIN or business entity name). Please submit your request on the Provider Data Update Notification Form – found in the provider resource center of our website – with supporting documents via fax (713.338.4102) or email to providerservices@memorialhermann.org. If requesting termination from a provider network, please contact Provider Relations at the email address above.

Navigating the MA Formulary

The Memorial Hermann Advantage Formulary Drug List is approved by the Center for Medicare and Medicaid Services (CMS). The formulary is the same for both HMO and PPO members.

There are many categories included on the formulary. These medications are placed on a 5 tier system, with Tier 1 being the lowest cost to our members. Tier 4 and Tier 5 Medications will be subject to the \$300 Deductible.

The Online Drug Lookup Tool link can be found online at:
healthplan.memorialhermann.org/medicare/find-a/formulary-search/

To ensure the information is current, it is best to use the online drug lookup tool versus the Comprehensive PDF version since the online drug lookup tool is updated on a monthly basis. If you do not find a medication on the online drug lookup tool, there is an Exception Process available.

There are many ways providers can submit an Exception Request on behalf of the member:

- Online Prior Authorization Portal : envision.promptpa.com
- Mail or Fax: 1.877.503.7231
Request for Coverage Determination can be found online at:
healthplan.memorialhermann.org/medicare/resource-center/ under "Part D Appeals & Grievances"
- Call the Prior Authorization (PA) Department at 1.800.626.0072

Once the paperwork is received you and the member will be notified in writing through a letter.



Memorial Hermann Urgent Care

Providing Care That's Convenient

Memorial Hermann Urgent Care now offers six (6) convenient locations across the Greater Houston area to provide medical care to our members when they need it. Open from 9am to 9pm, 7 days a week, a board certified physician is available to treat an illness or injury that cannot wait for a scheduled appointment with the member's primary care physician. Caring for patients, ages 6 months and older, Memorial Hermann Urgent Care is able to provide prompt treatment of minor medical conditions.

Laboratory and X-ray services are available on-site. Walk-ins are welcome, and Memorial Hermann Urgent Care now also offers online check-in (memorialhermann.org/urgentcare and click on the "Check in" button next to the location) which holds a place in line before arrival. Members will be reminded via text approximately 20 minutes in advance and will receive notification if there has been a delay.

- Clear Lake | 19419 Gulf Freeway, Suite 3, Dept. 100, Webster | 281.316.0885
- Friendswood | 1505 East Winding Way, Suite 112, Friendswood | 281.933.3860
- Fulshear | 5102 FM 1463, Suite 1200, Katy | 281.574.1104
- Spring | 19827 Stuebner Airline Road, Spring | 832.658.6450
- Telfair | 1227 Museum Square Drive, Suite A, Sugar Land | 281.265.8125
- Washington Avenue | 4500 Washington Avenue, Suite 300, Houston | 713.861.6490

memorialhermann.org/urgentcare

Coming Soon

Tanglewood - Greater Heights - Benders Landing

Process Update: Prior Authorization



Our Medical Management Department recently updated the prior authorization requirements in order to increase efficiency in your office.

The majority of office based procedures no longer require prior authorization. Our team is excited about this new process implementation, and we hope this will allow us to better use our resources and improve work flow.

For your reference, below are the code ranges that no longer require prior authorization:

- CPT 11200 - 11901
 - CPT 12001 - 13153
 - CPT 20550 - 20553
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Genetic Testing: On the rise

Although many genetic tests are valuable in diagnosing patients, not all of them are medically necessary and some are even considered experimental. Genetic testing that is deemed experimental or not medically necessary will not be covered by Memorial Hermann Health Plan (MHHP). The doctor-patient relationship is central to the practice of healthcare and is essential for the delivery of high-quality health care in the diagnosis and treatment of disease.

You are in the best position to determine what your patient may need for their healthcare. If a genetic test is the best diagnosis tool then request a prior authorization before ordering genetic testing for your patient. By acting prudently and in the best interest of your patients you will help protect them from receiving a lab bill that may not be a covered service. Genetic testing can be very expensive and may cost upwards of \$8,000 in some instances. If the test is covered by MHHP be sure to send it to an in-network lab. You can check our web site for a list of network labs.

If you have any questions or concerns please reach out to our Medical Management team at 888.252.7680.

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