Appeal Procedures for Adverse Benefit Determinations

Memorial Hermann Health Solutions, Inc. has declined to provide benefits, in whole or in part, for your requested treatment or service. This decision is an adverse benefit determination. You or an authorized representative has the right to appeal this decision orally or in writing to Memorial Health Solutions, Inc. in accordance with our appeal procedures. You must submit your appeal within 180 days of receipt of your notice of adverse benefit determination. Memorial Hermann Health Solutions, Inc. will acknowledge your appeal within five (5) working days of receipt in writing.

INTERNAL APPEAL RIGHTS

Initial Level of Appeals for Utilization Review
Initial appeals of adverse benefit determinations are made to Memorial Hermann Health Solutions, Inc.’s Medical Director. You may submit your initial appeal by mailing or faxing the “Grievance & Appeals Form,” which is located at www.mhhealthplan.org, to the following address or fax number:

Memorial Hermann Health Solutions
Attention: Appeals
7737 Southwest Freeway Suite C-97
Houston, Texas 77074
Fax: 713-338-6550

Alternatively, you may appeal by calling: 713-338-6535 or 888-642-5040

If the Medical Director denies your initial appeal, services will not be authorized. The treating physician may then proceed to the second level of appeal.

Second Level Appeals for Utilization Review
Upon request, Memorial Hermann Health Solutions, Inc.’s appeals procedure requires that any initial adverse benefit determination made by the Medical Director proceed to a review by a Physician Advisor of the same or similar specialty, as typically manages the medical condition, procedure/treatment or specialty condition under discussion for review of the adverse benefit determination. If the Physician Advisor upholds the denial, services will not be authorized. You may submit this second-level appeal to the following address or fax number:

Memorial Hermann Health Solutions
Attention: Second Level Appeals
7737 Southwest Freeway Suite C-97
Houston, Texas 77074
Fax: 713-338-6550

Alternatively, you may appeal by calling: 713-338-6535 or 888-642-5040

Third Level of Appeals for Utilization Review
Upon request, if a Physician Advisor upholds the adverse benefit determination, the appealing party may proceed to a formal review by the employer’s Benefit Review Committee. Please address your letter to “The Benefits Committee.” This Committee will make a final internal appeals determination. You may submit this third-level appeal to the following address or fax number:

Memorial Hermann Health Solutions
Attention: Third Level Appeals
7737 Southwest Freeway Suite C-97
Houston, Texas 77074
Fax: 713-338-6550

Alternatively, you may appeal by calling: 713-338-6535 or 888-642-5040
EXTERNAL APPEAL RIGHTS

Right to an external review

-Non-urgent care
For certain types of adverse benefit determinations, you are entitled to request an independent, external review of our decision once you have completed the internal review process. Contact 713-338-6535 or 888-642-5040 with any questions on your rights to external review.

-Urgent care
If your situation meets the definition of “urgent” under the law, the external review of your claim will be conducted within 72 hours. Generally, an urgent situation is one in which your health may be in serious jeopardy or, in the opinion of your physician, you may experience pain that cannot be adequately controlled while you wait for a decision on the external review of your claim. If your situation meets the definition of “urgent,” you may request an expedited external review.

How to request an external review
To request an external review, please submit the “Request/Release of Personal Healthcare Information,” which is located at www.mhhealthplan.org. To authorize a representative, please submit “Request for Personal Representative Form,” which is also available on the www.mhhealthplans.org website. You may submit your request for an external review, along with these documents, to the following address or fax number:

Memorial Hermann Health Solutions
Attention: External Review
7737 Southwest Freeway Suite C-97
Houston, Texas 77074
Fax: 713-338-6550

Alternatively, you may appeal by calling: 713-338-6535 or 888-642-5040

Process of external review
If you are entitled to and request an external review, you will receive instructions on how to supply additional information. An independent review organization (IRO) will review our decision and provide you with a written determination. If this IRO decides to overturn our decision, we will provide coverage or payment for your health care item or service.