

The Memorial Hermann Health Plan Newsletter



Qualified Medicare Beneficiary (QMB) What You Need to Know

Medicare and Medicare Advantage providers may not bill beneficiaries enrolled in the QMB program for Medicare cost-sharing. QMB is a Medicare Savings Program (MSP) that exempts Medicare beneficiaries from Medicare cost-sharing liability. The QMB program is a State Medicaid benefit that covers Medicare premiums and deductibles, coinsurance, and copayments, subject to State payment limits. Medicare providers may not bill QMB individuals for Medicare cost-sharing, regardless of whether the State reimburses providers for the full Medicare cost-sharing amounts.

Further, all original Medicare and MA providers--not only those that accept Medicaid--must refrain from charging QMB individuals for Medicare cost-sharing. Medicare providers must accept the Medicare payment and Medicaid payment (if any) as payment in full for services rendered to a QMB beneficiary. Providers who inappropriately bill QMB individuals are subject to sanctions. To determine if your patient has dual coverage, please contact the Customer Service phone number listed on the back of the member's card.

Please direct any questions or concerns to the MAPD Help Desk at 1.800.927.8069, or e-mail mapdhelp@cms.hhs.gov.

healthplan.memorialhermann.org/providers

Quick Reference Guide

Memorial Hermann Health Plan

healthplan.memorialhermann.org

Provider Services:
713.338.4801

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

HPV Testing



Most Memorial Hermann Health Plan Commercial Self-Funded and Commercial Fully Insured plans have a Human papillomavirus (HPV) DNA testing limit of once every three years for members ages 30 & above. This guideline conforms to ACA guidelines and HRSA recommendations which state that this test be performed on women ages 30 and above no more than once every three years.

Following these recommendations can help women protect their health and their families. Please check benefits by calling the phone number on the member's ID card.

Sources: Affordable Care Act; HRSA.gov/womensguidelines; NCQA.org



Behavioral Health Transition

Effective July 1, 2017, Memorial Hermann Health Plan (MHHP) began transitioning mental health and chemical dependency services to United Behavioral Health, operating under the brand Optum. Optum will be responsible for the professional provider and facility network, utilization management services and claims administration. Employer groups will transition to Optum on their renewal date. MHHP's Medicare Advantage HMO and Medicare Advantage PPO plans will transition to Optum effective January 1, 2018. The behavioral health vendor information will be included on the member's ID card for groups who have transitioned to Optum.

If you are interested in joining the United Behavioral Health network, please contact the United Behavioral Health Network Management Department at txbnsop@optum.com or 877.614.0484.

Health Plan Update



As our team continues to develop as a sustainable partner in the market, Memorial Hermann Health Plan (MHHP) has decided to exit the individual market. While this decision was not taken lightly, it is a course of action we must take to better serve the Houston market and surrounding areas.

If any of your current patients are directly affected by this decision, please send them to [healthcare.gov](https://www.healthcare.gov) to look for new health coverage. They may also call our Memorial Hermann Health Plan team at 1.877.988.1918 for further assistance. The last day of individual coverage is December 31, 2017, so they will need to select a new plan before then. The Annual Open Enrollment period is from November 1, 2017 to December 15, 2017.

Updated Prior Authorization List



When requesting a prior authorization, please make sure to verify the member's eligibility and benefits, and ask if prior authorization is required for an upcoming procedure. An updated Authorization List and a prior authorization form can be found online at healthplan.memorialhermann.org/providers/resource-center.

It is recommended that you submit a request at least seven days before the scheduled procedure. Important things to know: ALL inpatient admissions require a prior authorization. If you have an approved elective inpatient authorization we must be notified of the admission in order for claims to process timely and properly. There is an exception for maternity admission: no authorization is required for the first 48 hours for vaginal delivery and 96 hours for caesarian delivery. Before requesting prior authorization, make sure to have the following:

- Procedure codes (CPT Codes) with units
- Diagnosis Codes (ICD-10 Codes)
- Ordering Provider Information (Name, NPI & Address)
- Servicing Provider Information (Name, NPI & Address)
- Recent clinicals that are legible and pertinent to the member's condition

Do You Know our HMO?

Memorial Hermann Health Plan HMO plans do not require members to designate a Primary Care Physician (PCP). Members are encouraged to utilize a PCP, but members may access in-network providers without a referral from their PCP. Additionally, our commercial HMO plans are uniquely designed to provide safer, smarter and more cost-effective care for members.

- Our HMO plans are open access. This means members are not required to designate a PCP, and no referrals are needed to see specialists
- All Memorial Hermann facilities are in network
- Our HMO plans include Memorial Hermann Convenient Care Centers, RediClinic and Take Care Health clinics
- UT physician groups are in network
- National emergency coverage is included as an in-network benefit



Everyday Well

Memorial Hermann Health System is developing an Everyday Well member app that will revolutionize how members interact with their health care. With convenient physical locations, the latest virtual care innovations, easy-to-use account management tools and more, it's Houston's path to a healthier future.

The Everyday Well patient portal is a member's personal view into the electronic medical record that their hospital and doctors use to manage and document their health care. Everyday Well allows members to schedule an appointment, check lab results, request a refill, send a message to their doctor – all with just a click. Everyday Well can be accessed anytime, anywhere and on any device.

Memorial Hermann Cypress Hospital

The 81-bed Memorial Hermann Cypress Hospital opened on March 31, 2017, making high-quality health care now available in one of the country's fastest-growing communities. Located just east of Grand Parkway on 290 West between Mason and Mueschke, Memorial Hermann Cypress is designed to grow and expand as the community does.

All PPO products are underwritten by Memorial Hermann Health Insurance Company. All HMO products are underwritten by Memorial Hermann Health Plan, Inc.