

## Quick Reference Guide

Dear Health Care Professional:

We value our relationship with you as a United Behavioral Health (UBH) participating provider and will be expanding our relationship to include members covered under Memorial Hermann Health Plan.

We are pleased to share with you that Apex Health will begin administering the Behavioral benefits for both Commercial and Medicare Advantage members with Memorial Hermann Health Plan, effective Jan. 1, 2023.

No action is required by you to be able to provide services for these new members. You will be automatically enrolled into the Commercial network for this product, and if you are currently in our Medicare network, the same will apply for those Memorial Hermann Medicare members. The fee schedule supporting both will be the same as your current reimbursement.

Thank you for your continued participation in the UBH provider network(s). Your commitment to this new business is vital to providing quality care and service to our new Memorial Hermann membership. We look forward to our continued collaboration in helping our members to live healthier lives.



### Verifying member eligibility

You can verify member eligibility by calling member services

- **Phone:** Call **855-645-8448**



### Prior authorization requests

Prior authorization may be required for certain services based on the member's plan. Please refer to prior authorization requirements in the Medical Management section of the [Provider Resource](#) page:

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

Submit your request at least 14 days before the planned date of service.

- **Phone:** Call **855-645-8448**
- **Fax:** Elective Request Medicare: (713) 338-6982  
Elective Request Commercial: (713) 338-6494  
Acute Inpatient Admission ALL LOBs: (713) 338-6381



### Hospital admission notifications

Please notify Memorial Hermann Health Plan of hospital admissions no later than 1 business day after admission:

- **Phone:** Call **855-645-8448**
- **Fax:** Acute Inpatient Admission ALL LOBs: (713) 338-6381



## Claims submissions

Please submit claims for Memorial Hermann Health Plan members to Memorial Hermann Health Plan using the following mailing address:

- **Mail:** Memorial Hermann Health Plan Claims PO Box 19909, Houston, TX 77224

- **Electronic submissions:**

Clearinghouse	Payer ID
Availity/THIN	MHHNP
WebMD/Emdeon	TN092

For claims related questions or to check the status of your **2023** claim submissions, please call Memorial Hermann Health Plan:

- **Phone:** Call **855-645-8448**

For claims related questions or to check the status of claims with a date of service prior to 1/1/23, please call Optum Behavioral Health Solutions:

- **Optum Medicare Advantage:** Call **888-280-3557**

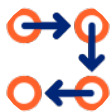
- **Optum Commercial:** Call **888-383-8145**



## Claim reconsiderations

- You can submit claim disputes by calling **855-645-8448** or by mail:

- **Mail:** Memorial Hermann Health Plan Claims PO Box 19909, Houston, TX 77224



## Provider Portal

- Continue to update your demographic profile, submit requests to join the network, and stay up to date on the latest bulletins at [providerexpress.com](https://providerexpress.com)



## Member ID cards

### Commercial Sample ID card

<p><b>Subscriber</b></p> <p>Subscriber: Test Member298 Subscriber ID: MH999000298 Group #: MH0002023 Effective Date: 01/01/2023 Plan Type: Select 2000-80 HMO Plan</p> <p>Underwritten by Memorial Hermann Commercial Health Plan, Inc.-TDI</p>	<p><b>Medical Plan</b></p> <p>Deductible: Ind \$2,000, Fam \$4,000 OOP: Ind \$5,000, Fam \$10,000 Office Visit: \$30 (PCP), \$60 (Spec), \$0 (Well) Urgent Care: \$50 ER: \$300 (\$50 with Admt) then 20%</p> <p><b>Pharmacy Plan</b></p> <p>Rx Bin: 610602 Rx PCN: NVT Rx Group: MHB Rx Customer Service: 866.333.2757 www.navitus.com</p> <p>Gen \$2/\$10, Prol Brand \$40/\$50 Non-Prol Brand \$75/\$85 25% Specialty Co-Ins, Max \$300</p>	<p>MEMORIAL HERMANN Health Plan COMMERCIAL GROUP PLANS</p> <p>20211213100 Sh: 0 Bin 3 JZ3F Env [198] CSets 1 of 1</p>	<p><b>Claims Submission</b></p> <p><b>Medical Claims:</b> P.O. Box 19909 Houston, TX 77224 EDI Payer ID: MHHNP</p> <p><b>To send claims electronically:</b> EDI Payer ID: MHHNP</p> <p><b>Behavioral Health Claims:</b> P.O. Box 19909 Houston, TX 77224 EDI Payer ID: MHHNP</p> <p><b>Network</b> PHCS In emergency situations the PHCS network applies to subscribers/covered dependents when traveling outside the plan service area.</p>	<p><b>Customer Service</b></p> <p><b>Member Customer Service:</b> Memorial Hermann Commercial Health Plan, Inc. 855.645.8448</p> <p><b>Provider Customer Service:</b> Memorial Hermann Commercial Health Plan, Inc. 855.645.8448</p> <p><b>Teladoc:</b> 800.835.2362</p> <p><b>Behavioral Health:</b> 855.645.8448</p> <p><b>Prior Authorization:</b> 855.645.8448 www.healthplan.memorialhermann.org</p> <p>Refer to your evidence of coverage for complete benefits, limitations and exclusions.</p> <p>THIS CARD IS NOT A GUARANTEE OF COVERAGE</p>
<p><b>Subscriber</b></p> <p>Subscriber: Test Member298 Subscriber ID: MH999000298 Group #: MH0002023 Effective Date: 01/01/2023 Plan Type: Select 2000-80 HMO Plan</p> <p>Underwritten by Memorial Hermann Commercial Health Plan, Inc.-TDI</p>	<p><b>Medical Plan</b></p> <p>Deductible: Ind \$2,000, Fam \$4,000 OOP: Ind \$5,000, Fam \$10,000 Office Visit: \$30 (PCP), \$60 (Spec), \$0 (Well) Urgent Care: \$50 ER: \$300 (\$50 with Admt) then 20%</p> <p><b>Pharmacy Plan</b></p> <p>Rx Bin: 610602 Rx PCN: NVT Rx Group: MHB Rx Customer Service: 866.333.2757 www.navitus.com</p> <p>Gen \$2/\$10, Prol Brand \$40/\$50 Non-Prol Brand \$75/\$85 25% Specialty Co-Ins, Max \$300</p>	<p>MEMORIAL HERMANN Health Plan COMMERCIAL GROUP PLANS</p> <p>20211213100 Sh: 0 Bin 3 JZ3F Env [198] CSets 1 of 1</p>	<p><b>Claims Submission</b></p> <p><b>Medical Claims:</b> P.O. Box 19909 Houston, TX 77224 EDI Payer ID: MHHNP</p> <p><b>To send claims electronically:</b> EDI Payer ID: MHHNP</p> <p><b>Behavioral Health Claims:</b> P.O. Box 19909 Houston, TX 77224 EDI Payer ID: MHHNP</p> <p><b>Network</b> PHCS In emergency situations the PHCS network applies to subscribers/covered dependents when traveling outside the plan service area.</p>	<p><b>Customer Service</b></p> <p><b>Member Customer Service:</b> Memorial Hermann Commercial Health Plan, Inc. 855.645.8448</p> <p><b>Provider Customer Service:</b> Memorial Hermann Commercial Health Plan, Inc. 855.645.8448</p> <p><b>Teladoc:</b> 800.835.2362</p> <p><b>Behavioral Health:</b> 855.645.8448</p> <p><b>Prior Authorization:</b> 855.645.8448 www.healthplan.memorialhermann.org</p> <p>Refer to your evidence of coverage for complete benefits, limitations and exclusions.</p> <p>THIS CARD IS NOT A GUARANTEE OF COVERAGE</p>

### Medicare Advantage Plus Sample ID card

<p><b>Member</b></p> <p>Member: Test Member13 Member ID: MH110000013 Health Plan (80840) Group #: H7115 MHPLN PCP: Williams3, Joe</p>	<p><b>Medical Plan</b></p> <p>Memorial Hermann Advantage Plus HMO</p> <p>Deductible: \$0 OOP: \$3,400 PCP: \$0 ER: \$125 Urgent Care: \$25 Specialist: \$20 No referral required</p> <p><b>Pharmacy Plan</b></p> <p>Rx Bin: 610602 Rx PCN: NVTD Rx Group: PARTD</p> <p>MedicareRx</p>	<p>MEMORIAL HERMANN Health Plan MEDICARE ADVANTAGE PLANS</p> <p>20211222110 Sh: 0 Bin 2 J086 Env [1] CSets 1 of 1</p>	<p><b>Claims Submission</b></p> <p><b>Medical Claims:</b> Memorial Hermann Advantage Claims P.O. Box 19909 Houston, TX 77224 EDI Payer ID: MHHNP</p> <p><b>Behavioral Health Claims:</b> P.O. Box 19909 Houston, TX 77224 EDI Payer ID: MHHNP</p> <p><b>Dental Claims:</b> P.O. Box 401086 Las Vegas, NV 89140 EDI Payer ID: CX063</p>	<p><b>Customer Service</b></p> <p><b>Customer Service:</b> 855.645.8448 (TTY 711)</p> <p><b>Pharmacy Customer Service:</b> 855.645.8448</p> <p><b>Medical Management:</b> 855.645.8448</p> <p><b>Behavioral Health:</b> 855.645.8448</p> <p><b>Liberty Dental:</b> 866.674.0114 (TTY 711)</p> <p>healthplan.memorialhermann.org /medicare H7115_MHIDCard_C_PlusHMO</p>
<p><b>Member</b></p> <p>Member: Test Member13 Member ID: MH110000013 Health Plan (80840) Group #: H7115 MHPLN PCP: Williams3, Joe</p>	<p><b>Medical Plan</b></p> <p>Memorial Hermann Advantage Plus HMO</p> <p>Deductible: \$0 OOP: \$3,400 PCP: \$0 ER: \$125 Urgent Care: \$25 Specialist: \$20 No referral required</p> <p><b>Pharmacy Plan</b></p> <p>Rx Bin: 610602 Rx PCN: NVTD Rx Group: PARTD</p> <p>MedicareRx</p>	<p>MEMORIAL HERMANN Health Plan MEDICARE ADVANTAGE PLANS</p> <p>20211222110 Sh: 0 Bin 2 J086 Env [1] CSets 1 of 1</p>	<p><b>Claims Submission</b></p> <p><b>Medical Claims:</b> Memorial Hermann Advantage Claims P.O. Box 19909 Houston, TX 77224 EDI Payer ID: MHHNP</p> <p><b>Behavioral Health Claims:</b> P.O. Box 19909 Houston, TX 77224 EDI Payer ID: MHHNP</p> <p><b>Dental Claims:</b> P.O. Box 401086 Las Vegas, NV 89140 EDI Payer ID: CX063</p>	<p><b>Customer Service</b></p> <p><b>Customer Service:</b> 855.645.8448 (TTY 711)</p> <p><b>Pharmacy Customer Service:</b> 855.645.8448</p> <p><b>Medical Management:</b> 855.645.8448</p> <p><b>Behavioral Health:</b> 855.645.8448</p> <p><b>Liberty Dental:</b> 866.674.0114 (TTY 711)</p> <p>healthplan.memorialhermann.org /medicare H7115_MHIDCard_C_PlusHMO</p>

Sample member ID cards for illustration only; actual information varies depending on payer, plan and other requirements.



## We're here to help

If you have questions, please call **855-645-8448**. Thank you.