

Driscoll Health Plan Inpatient and Observation Admission Authorization Requirements

The following criteria apply for all lines of business: CHIP, CHIP Perinate, STAR Medicaid, and STAR Kids Medicaid:

Type of Admission	All Facilities		
	Prior Auth Required	Admit Notification Required within One Business Day	NO Prior Auth Required
Urgent or Emergent Acute Medical or Behavioral Health Conditions		X	
Elective Admission (non-maternity or delivery-related) – Acute or Behavioral Health	X		
Admissions for Delivery – up to 4 days for vaginal or 6 days for C-section			X
Admissions for Delivery extending beyond 4 days for vaginal and 6 days for C-section	X		
Admissions for Delivery-related Circumstances where Delivery is not Anticipated (e.g. pre-term labor)		X	
Newborn Nursery and NICU Level II admissions with length of stay 5 days or less			X
Newborn Nursery and NICU Level II admissions exceeding 5 day lengths of stay	X		
All NICU Level III and Level IV admissions regardless of length of stay	X		
Court-ordered Admissions		X	
OBSERVATION for non-OB Circumstances	X		
OBSERVATION for Diagnoses Related to Pregnancy			X
OBSERVATION for Diagnoses Unrelated to Pregnancy	X		

Driscoll Health Plan Inpatient and Observation Admission Authorization Requirements

CRITERIA: Driscoll Health Plan uses InterQual criteria to determine Medical Necessity. All admissions subject to prior authorization or admissions where admission notification is required are subject to review for Medical Necessity.

MEDICAL DOCUMENTATION REQUIRED: When submitting admission notifications and prior authorization requests, the hospital or requesting physician should provide current progress notes, history and physical, radiology or laboratory results, consult notes/reports, or similar medical record documentation to illustrate medical necessity.

NON-PAR FACILITIES: Providers must be enrolled as a State of Texas Medicaid provider in order to receive payment for services. Please refer to www.tmhp.com for instructions and application to become a Texas Medicaid provider.

Eligibility Issues and Late Notification

DHP Member Coverage Unknown	Retro-Enrollment and assignment to DHP
If DHP coverage was unknown upon admission, and identified during the stay, authorization is required. DHP will process the authorization request without penalty for late notification if the reason for late notification is provided and substantiated in the request for authorization.	If retro-assignment to DHP is identified during the stay, authorization is required within 30 days of the retro-assignment date. DHP will process the authorization request without penalty for late notification during this timeframe. Indication of retro-assignment as reason for late notification must be provided with the authorization request.
If DHP coverage identified post discharge but prior to claim submission, authorization is required prior to claims submission. DHP will conduct retrospective review of the stay without penalty for late notification if the reason for late notification is provided and substantiated in the request for authorization.	If retro assignment to DHP is identified after discharge and prior to claim submission, authorization is required within 30 days of the retro-assignment date and prior to claims submission. DHP will conduct retrospective review of the stay without penalty for late notification. Indication of retro-assignment as reason for late notification must be provided with the authorization request.

Providers may notify DHP of either above scenario in one of the following manners:

- Via the DHP Provider Portal on the internet through the Driscoll Health Plan (DHP) website: www.driscollhealthplan.com, by entering a note on the referral;
- Via facsimile, by entering a comment on the cover sheet or authorization request form, toll free 1-866-741-5650; or
- Via telephone call to the DHP UM department, toll free 1-877-455-1053.

Driscoll Health Plan Inpatient and Observation Admission Authorization Requirements

Providers are responsible for verifying member's eligibility. Eligibility can be verified via:

- DHP Provider Portal on the internet through the Driscoll Health Plan (DHP) website: www.driscollhealthplan.com;
- DHP's automated IVR system (1-877-324-3627); or
- Calling Customer service and speaking with a Customer Service Representative (1-877-324-3627)