



Date:



Attention:

Per guidance in the TMPPM 2.2.4.3, a member has the right to choose which provider they receive their services from and the right to change providers.

If the member wishes to change providers for services they are already receiving (mid-authorization), DHP must receive a Change of Provider letter with a new Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form and/or a Texas Standard Prior Authorization Request Form from the provider. The member, or legal authorized representative (LAR), must sign and date the Change of Provider letter and the letter must include the name of the previous provider, the name of the new provider, and the effective date for the change.

An example template for the Change of Provider letter has been included for your reference.

Contact Information

For questions or additional assistance, please contact:

Provider Relations
956-632-8308

To enter authorization requests and upload clinical via the Provider Portal, visit

<https://driscollhealthplan.com/providers>

To verify authorization requirements via the Authorization Requirement Portal, visit

<https://driscollhealthplan.com/priorauthcheck>

To submit authorization requests or clinical to the UM Dept. via fax, send to 1-866-741-5650

Change of Provider Letter

To Whom It May Concern:

Member ID:

Member Name:

Member DOB:

Ph #:

Patient/Guardian Name:

Effective Date of Change:

This letter is to inform you that I am requesting to change the services received for myself/my child named above. I am currently receiving services from _____ for the listed supplies _____.

At this time, I would like to cancel services with them and proceed with the following provider _____.

The reason for wanting to change is _____

_____.

Sincerely,

Signature

Date

3/30/2023