



Date:

May-9

2024

Contact Information

For questions or additional assistance, contact:

Provider Relations
956-632-8308

To enter authorization requests and upload clinical via the Provider Portal, visit driscollhealthplan.com/providers

To verify authorization requirements via the Authorization Requirement Portal, visit driscollhealthplan.com/priorauthcheck

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

Attention: Provider Statement of Need (PSON)

Provider Statement of Need is a contractual requirement for the authorization of Habilitation (HAB) and/or Personal Care Services (PCS).

- These services involve attendant care for eligible members who have a medical condition resulting in functional limitations when performing personal care tasks.
- Prior Authorization requests missing a signed PSON are considered incomplete requests.
- The PSON submitted to your office must be signed and returned to the DHP UM Dept via fax within 3 business days in order for services to be authorized and prevention of service interruptions.

Effective 05/01/2024, prior authorization requests for Personal Care Services (PCS) will require a signed PSON by the PCP to consider PA request as complete. If the prior is missing the PSON, DHP UM department will follow the Lack Of Information process, which is a written request for additional information. If the additional information (PSON) is not received, the request will be denied for lack of information.

* To access the DHP provider portal , visit driscollhealthplan.com