



Date:



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

Attention: Authorization Requirement Update Related to Eligibility Issues and Late Notification

Outpatient Services

DHP Member Coverage Unknown	Retro-Enrollment and assignment to DHP
Where prior authorization was required and DHP coverage is identified after services are rendered, authorization is required prior to claims submission. DHP will conduct retrospective review of medical necessity for the services rendered without penalty for late notification if the reason provided is substantiated in the request for authorization.	Where prior authorization was required and retro assignment to DHP is identified after services are rendered, authorization is required within 30 days of the retro assignment date and prior to claims submission. DHP will conduct retrospective review of medical necessity for the services rendered without penalty for late notification if indication of retro-assignment as reason for late notification is provided and substantiated in the request for authorization.

Inpatient Services

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 provided is 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 provided is 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.

The above information can be found in the DHP Provider Manual and on the DHP Authorization Requirement Website.