



Date:



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 <u>driscollhealthplan.com/providers</u>

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

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

Attention: EDI Claims Transactions Now Available through Availity

Driscoll Health Plan (DHP) has partnered with Availity® to receive electronic data interchange (EDI) health information exchange services for submitted claims. We can now receive both 837I and 837P claims submitted electronically.

What does this mean for you?

For providers who DO NOT use Change Healthcare as their clearinghouse:

Providers should continue to generate their 837 claim files through their billing systems using the payer ID 74284. Their clearinghouse will route the claims appropriately to Availity so that we can retrieve them.

For providers who use Change Healthcare as their clearinghouse:

Providers can utilize Availity to submit their electronic claim files (X12 transactions) through a secure FTP (File Transfer Protocol). You will need to set up an FTP account which requires setting up a User ID with Availity. Use this link to create your account: at https://www.availity.com/Essentials-Portal-Registration.

Instructions for how to submit the X12 file can be found here (pages 16 - 17):

https://www.availity.com/documents/edi%20guide/edi_guide.pdf

For assistance creating an account, please click here to send your request to an Availity representative.

Note that DHP will be extending the timely filing deadline to help accommodate for this downtime in systems.

As a reminder, DHP can accept and pay paper claims. Note that forms must be the standard CMS-1500 (professional) and CMS-1450 (UB04 institutional) claim forms that are printed in "red". DHP cannot accept handwritten claims. Mail the paper claim forms to:

Driscoll Health Plan Attention: Claims Department P.O. Box 3668 Corpus Christi, TX 78463-3668

Please call our Provider Line at 877-324-3627 if you have any questions.

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