



Date:

July-18

2025

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: Rider 32 Provider Notification

Beginning September 1, 2025, the Texas Health and Human Services Commission (HHSC) will transition Medicaid-only services for dually eligible clients (clients who are eligible for both Medicare and Medicaid) enrolled in Medicaid managed care from a fee-for-service (FFS) to a managed care service delivery system. Driscoll Health Plan will be responsible for the adjudication of these claims.

Provider Responsibilities:

Providers must submit claims for Medicaid-only services for dual eligible clients enrolled in Medicaid managed care directly to the MCO. If a provider submits a claim to TMHP in error:

- TMHP will forward the claim to the appropriate MCO; and
- TMHP's claim response will reflect that the claim was forwarded, but TMHP will not issue an Electronic Remittance and Status (ER&S) Report.

TMHP will forward these claims based on dates of service on or after September 1, 2025. TMHP will no longer adjudicate these claims.

Providers should contact the member's MCO directly for claim status updates and questions related to adjudication.

For questions, please contact Driscoll Health Plan Provider Relations department at (956) 632-8308.

* To access the DHP provider portal , visit <u>driscollhealthplan.com</u>