Driscoll Health Plan

CREDENTIALING APPLICATION ADDENDUM

Provider NPI: _____

Provider Name: _____

Group NPI: _____

Group Name: _____

Supervising Physician- Required for Nurse Practitioner/Physician Assistant

Physician Name: _____

Physician NPI: _____

Physician Texas License Number: _____

Requesting credentialing as a Primary Care Provider (PCP)? _____ Yes _____ No

- **Yes-** please complete this document; review the attached PCP requirements and, if all requirements are met, complete the additional information on the next page
- **No-** please complete only this page of the document

Services Provided- select all applicable**:**

___ Obstetrical ___ OB Delivery ___ Maternal Mental Health

___ Urgent Care ___ Hospital-Based

Service Delivery- select all applicable**:**

___ In Person and Telehealth/Telemedicine ___ In Person Only ___ Telehealth/Telemedicine Only

Ethnicity/Race:

___ American Indian/Alaska Native ___ Asian, Pacific Islander ___ Black, non-Hispanic

___ Native Hawaiian/Other Pacific Islander ___ Hispanic ___ White, non-Hispanic

___ Decline to provide

***Authorized Signature:** _____ **Date:** _____

Authorized Name: _____

Authorized Title: _____

* If requesting credentialing as a PCP, signature required on this page, in addition to the next page

Driscoll Health Plan

urac ACCREDITED Health Plan Expires: 06/01/2029

urac ACCREDITED Medicaid Health Plan Expires: 06/01/2029

PCP ADDITIONAL INFORMATION

Do you agree to comply with the attached DHP PCP requirements? _____ Yes _____ No

Please provide the age ranges for patients in your practice: _____ Minimum Age _____ Maximum Age

Call Coverage

Must be an actively credentialed provider in the DHP Provider Network

Provider NPI: _____

Provider Name: _____

Hospital Privileges

Must be an actively credentialed hospital in the DHP Provider Network

Primary Hospital: _____

If there are no hospital privileges, please explain admitting arrangements for patients:

I hereby agree to meet all requirements for participation as a Primary Care Physician (PCP), as specified in the DHP PCP Requirements document.

***Authorized Signature:** _____ **Date:** _____

Authorized Name: _____

Authorized Title: _____

* If requesting credentialing as a PCP, signature required on this page, in addition to the next page

DHP PCP REQUIREMENTS

- PCP-eligible Provider Types include:
  - Physician with one of the following specialties:
    - General Practice
    - Family Practice
    - Internal Medicine
    - Pediatrics
    - Obstetrics/Gynecology
  - Advanced Practice Registered Nurse (APRN)/Physician Assistant (PA)
    - Practicing under the supervision of a physician actively credentialed with the DHP network, also as a PCP, with one of the above specialties

- Be accessible to members twenty-four (24) hours a day, seven (7) days a week through call coverage provided by another provider actively credentialed with the DHP network.

- If providing services to children from birth through age 20, must provide preventive services following the THSteps periodicity schedule, as well as following the American Academy of Pediatrics (AAP) recommendations.
  - Requires current THSteps Benefit Certification, as verified by NPI in the Provider Enrollment Management System (PEMS), for the Provider or associated Group at the specific practice location

- If providing services to children from birth through age 18, must be a participant in the Vaccines for Children program.

- Oral Evaluation and Fluoride Varnish (OEFV) is not a required component of a THSteps medical checkup, but PCP providers are encouraged to participate in this preventive intervention.
  - Training for certification for OEFV is available as a free continuing education course on the THSteps website at www.txhealthsteps.com

- If providing services to adults aged 21 and over, must provide preventive services following the US Preventive Services Task Force requirements.

- Must have admitting privileges at a DHP network hospital or have referral arrangements with a DHP network Provider who has admitting privileges at a DHP network hospital.

- Must assess the medical needs of Members for referral to specialty care providers, provide referrals as needed, and coordinate care with specialty care providers after the referral.

- Must have acceptable after-hours availability, including:
  - The office telephone is answered after hours by an answering service that meets the language requirements of the Major Population Groups and that can contact the PCP or another designated medical practitioner. All calls answered by an answering service must be returned within 30 minutes.
  - The office telephone is answered after normal business hours by a recording in the language of each of the Major Population Groups served, directing the Member to call another number to reach the PCP or another provider designated by the PCP. Someone must be available to answer the designated provider's telephone; another recording is not acceptable
  - The office telephone is transferred to another location where someone will answer the telephone and be able to contact the PCP or another designated medical provider, who can return the call within 30 minutes.