

PROVISIONAL STATUS ADDENDUM

Expedited Credentialing Status

Provider NPI: _____

Provider Name: _____

Contracted Group NPI: _____

Contracted Tax ID: _____

Contracted Group Name: _____

In support of my request to be granted Expedited Credentialing and Provisional Status with Driscoll Health Plan (DHP), I agree:

- I meet the requirements specified in the attached DHP Expedited Credentialing Criteria document.
 - The Group/FQHC I am joining endorses my request and agrees to the terms provided below.
 - If I qualify for Expedited credentialing, DHP will treat me as a Network Provider, including reimbursement at the Group/FQHC contract rate, for claims with a date of service on or after the submission of an application verified as complete.
 - If Provisional Status is granted, I will comply with the terms and conditions of the Group/FQHC Contract Agreement as if I were a fully credentialed Provider, including
 - Compliance with the reimbursement and billing procedures required by DHP
 - Prohibition from billing or collecting any amount from a DHP STAR plan Member for health care services provided, or other than specified copayment amounts from a DHP CHIP Member
 - If DHP determines that I fail to meet its credentialing standards, Provisional Status will be revoked, and impacted claims will be adjusted as non-participating.
 - The granting of Provisional Status does not qualify me as a participating provider in the DHP network until I successfully meet all credentialing requirements and am approved by the DHP Credentialing and Peer Review committee.
 - I understand that DHP will notify me once Provisional Status is granted, as well as the final Credentialing determination.
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Provider Agreement:

Provider Signature: _____ Date: _____

Contracted Group/FQHC Agreement:

Authorized Signature: _____ Date: _____

Authorized Name: _____

Authorized Title: _____

DHP Expedited Credentialing Criteria

- The DHP contracted Provider Group/FQHC must have an existing and active contract agreement
- The provider requesting Expedited Credentialing must:
 - Be a member of the provider Group/FQHC
 - Be actively enrolled in Texas Medicaid, as verified in the Provider Enrollment Management System (PEMS)
 - Associated with the Group/FQHC NPI
 - At the requested physical location(s)
 - Be licensed in the State of Texas as one of the following provider types/specialties:
 - Physician (MD/DO)
 - Podiatrist
 - Therapeutic Optometrist
 - Dentist/Dental Specialist
 - Licensed Clinical Social Worker (LCSW)
 - Licensed Professional Counselor (LPC)
 - Licensed Marriage and Family Therapist (LMFT)
 - Psychologist
 - Agree to comply with the terms of the Group contract between DHP and the provider Group/FQHC
 - Ensure timely submission of all documentation and information required by DHP to complete the credentialing process