Provider Portal Quick Start Guide for Creating an Authorization

Driscoll Health Plan

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For Provider assistance or to schedule a training please call:

DHP Provider Relations Representative 956-632-8308

Hours of Operation: M-F 8a-5p (CST)

DHP Portal Authorizations

The DHP Provider Portal makes authorization entries quick and easy. Authorization requests are transmitted electronically to Driscoll Health Plan for review. You are also able to check the status of the authorization.

To create a new authorization request using the Driscoll Health Plan Provider Portal visit our webpage at driscollhealthplan.com and follow the steps below:

Step 1: From the Driscoll Health Plan webpage click on **Provider Portal** located in the menu bar. Log into the Provider Portal homepage. Click on **Create Referral**.

Step 2: Type in the preferred search criteria into the **Name** or **Medical Record Number** field and click **Search**. The search criteria is either the DHP Member ID or DHP Member Name

If you are not the PCP you will need to search for the member by searching "All Patients".

Step 3: Select the radio button beside the DHP Member name you'd like to select. Click the **Select** button to select the highlighted patient to begin the authorization request.

Step 4: Type or search for the referral type being requested then click **Next**.
Ex: Office visit, Outpatient surgery.

Step 5: Enter the General Information for the new authorization request including priority selection, Reason field*, referral by, and referral to fields. Then click **Next** to advance to the diagnosis form.

*OB providers, select appropriate Reason field from drop down

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Step 6: Enter diagnosis information being requested including: diagnosis code (s), procedure code (s), number of visits (or quantity) and notes can also be added to the request. The attachment section allows for supporting clinical documents to be attached to the authorization request.

You will be able to attach clinical however a note must be entered as well. I.e.: clinical attached.

NOTE: Allowed file types: JPEG, WAV, MPG, PDF, DOC, TIFF, TIF, JPG, TXT, CAR, DOCX, XLS, XLSX. 100 MB max per Attachment. ***Please note: In order to attach clinical, you must enter a note type and text in the note field. Then system will allow you to attach clinical***

Step 7: Click **Request Referral** button to submit the authorization request.

Required vs. Recommended Information
• Fields with a red exclamation point are required. Referred By physician or location information is automatically populated based on your secure log-in information. Referred to Provider is required, as well as diagnosis and procedural information on the Diagnosis/Services page. You will not be able to submit the authorization without filling in these fields.

• Fields with a yellow warning sign are recommended. These are suggested fields, but will not prevent you from submitting the authorization if left blank.

All information in the authorization should be completed.