



**DRISCOLL HEALTH PLAN
Provider PORTAL AGREEMENT**

I, the undersigned, request access to the Driscoll Health Plan (DHP) Provider portal on behalf of the provider office or facility shown below for the purposes of: (1) verifying DHP member eligibility, (2) verifying the status of claims submitted to DHP, and (3) other functionalities that may be provided in the future.

As part of this access, I acknowledge and agree to the following terms and conditions:

- (1) To assign a portal administrator to be responsible for adding, changing, and terminating portal access as staff turn-over occurs for the staff and employees of this organization.
- (2) To ensure that terminated or resigning staff or employees shall have their access to the portal de-activated concurrent with their departure from our organization.
- (3) To ensure with all reasonable and effective efforts that the information contained in the portal will be treated as confidential and used solely for purposes authorized by applicable laws, rules and regulations, including, but not limited, the Health Insurance Portability and Accountability Act with regard to Personal Health Information.
- (4) To notify the Provider Relations Department immediately of a change in this organization’s assigned portal administrator.
- (5) Subsequent to initial set-up and training of applicable staff by DHP, to ensure that new or additional staff or employees given access to the portal by this organization are trained on how to use the portal using training materials provided by DHP.

Signed by: _____ Date: _____

Printed Name of Signer: _____

Practice or Facility Name: _____

Portal Administrator: _____

E-Mail Address of Portal Administrator: _____

Telephone Number of Portal Administrator: _____

TAX ID: _____



Provider Portal Sign up Information Form

The purpose of this form is to provide Driscoll Health Plan with the names and emails of your staff in order to create usernames for access to our Provider Portal (www.driscollhealthplan.com). In addition to accessing the site, your staff will be able to utilize various links based on your determination of need. If you need help with completing this form, contact Provider Relations at: (361) 694-6554 or (956) 632-8308

To assure correct set up and easy access to the Provider Portal, please provide Driscoll Health Plan with the information below and return with your signed Web Access Agreement

Practice name: _____

Address: _____

TAX ID: _____

Phone#: _____

Fax#: _____

Primary Contact Person: _____

Primary Email Address: _____

Determine which access your staff needs:

- Provider** Full access to the DHP provider portal including member eligibility lookup; provider manuals; panel reports; claims search, submission and remittance advice (EOP) review; authorization search, submission and review; access to Vital Data; member service plans, SAI, ISP, and Order Sets; clinical review including flowsheets, allergies, histories, and chart review (as available); complaints and appeals information; access to electronic form submissions, authorization guides and quick reference tools; provider participation and credentialing information; provider and member resources; and provider tools and information
- Back Office** Full access to the DHP provider portal including member eligibility lookup; provider manuals; panel reports; claims search, submission and remittance advice (EOP) review; authorization search, submission and review; access to Vital Data; member service plans, SAI, ISP, and Order Sets; clinical review including flowsheets, allergies, histories, and chart review (as available); complaints and appeals information; access to electronic form submissions, authorization guides and quick reference tools; provider participation and credentialing information; provider and member resources; and provider tools and information
- Front Office** Access to the DHP provider portal including member eligibility lookup; provider manuals; panel reports; claims search, and remittance advice (EOP) review; authorization search and review; complaints and appeals information; access to electronic form submissions, authorization guides and quick reference tools; provider participation and credentialing information; provider and member resources; and provider tools and information



Provide the name and email for each user and identify which links they will need access to:

| | Provider | Back Office | Front Office |
|-------|----------|-------------|--------------|
| NAME | | | |
| EMAIL | | | |

| | Provider | Back Office | Front Office |
|-------|----------|-------------|--------------|
| NAME | | | |
| EMAIL | | | |

| | Provider | Back Office | Front Office |
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| NAME | | | |
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