

| HEALTH PLAN POLICY | |
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| Policy Title: Member Education and Self-Referral for Behavioral Health Services | Policy Number: OPMS20 Revision: E |
| Department: Operations | Sub-Department: Member Services |
| Applies to Product Lines: | |
| <input type="checkbox"/> Medicaid | <input checked="" type="checkbox"/> USFHP |
| <input type="checkbox"/> Children's Health Insurance Plan | <input checked="" type="checkbox"/> Commercial Insured |
| <input checked="" type="checkbox"/> Health Insurance Exchange | <input type="checkbox"/> Non Insured Business |
| <input checked="" type="checkbox"/> Medicare | |
| Origination/Effective Date: 09/28/2017 | |
| Reviewed Date(s): | Revision Date(s): 04/24/2019, 05/04/2020, 04/27/2021, 03/22/2022, 03/30/2023 |

SCOPE:

This policy applies to all CHRISTUS Health Plan members and describes policies related to member self-referral for any Behavioral Health services from network providers and available Member Health education available for members with Behavioral Health conditions regarding accessible Network Providers with Behavioral Health relevant experience.

DEFINITIONS AND ACRONYMS:

- **Network Provider** – is a health care provider who has completed the credentialing process and has signed a contracted agreement to be part of CHRISTUS Health Plan’s network of providers who participate in the CHRISTUS program. A network provider accepts the negotiated rate as payment in full for services rendered.
- **Self-referral** - any service or specialty appointment which the member can schedule and obtain the service(s) without having to seek a provider’s request for either a direct referral or a prior authorization (e.g., substance abuse counseling and treatment).

POLICY:

CHRISTUS Health Plan permits its members to self-refer to any Network Behavioral Health Services Provider without a referral from the Member’s PCP. The ability of the member to participate in the selection of the appropriate behavioral health provider is communicated on the CHRISTUS member portal, the online provider directory as well as in the Evidence of Coverage document.

The online provider directory contains information about the relevant experience of the Behavioral Healthcare Provider.

Members with Behavioral Health conditions that are also assigned to a case manager will be provided telephonic education regarding their ability to self-refer for covered services within the Provider Network. This education will be documented in the Case Management system.

REFERENCES:

- UMCC 8.1.15.2

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RELATED DOCUMENTS:

- CHRISTUS Provider Manual
- CHRISTUS Provider Directory
- CHRISTUS Evidence of Coverage

REVISION HISTORY:

| Revision | Date | Description of Change | Committee |
|----------|------------|---|----------------------|
| New | 09/28/2017 | Initial release. | Board of Directors |
| A | 04/24/2019 | Annual review. Removed Medicaid and CHIP and added Commercial Insured to lines of business. | Executive Leadership |
| B | 05/04/2020 | Annual review. No change to content. | Executive Leadership |
| C | 04/27/2021 | Annual review. No change to content. | Executive Leadership |
| D | 03/22/2022 | Annual review. No change to content. | Executive Leadership |
| E | 03/30/2023 | Annual review. No change to policy content. | Executive Leadership |