

Date

Subject: Pre-Authorization Requirements

Dear Valued CHRISTUS Health Plan Provider:

CHRISTUS Health Plan is submitting this notice as a reminder that effective **February 12**, **2021**, we removed all in network prior authorization requirements for Inpatient Behavioral health services including substance use.

We have updated our Prior Authorization lists to reflect these changes. Line of business specific lists are available on our website for your convenience, at www.christushealthplan.org/provider-resources/prior-authorization. Please remove any previous versions of the Prior Authorization list from your reference materials.

- Please Note: Provider notification will be required for transplant & hemodialysis. Notification form is available at: https://www.christushealthplan.org/provider-resources/prior-authorization
- Out-of-Network services always require a Prior Authorization. Prior Authorization alone does not guarantee payment of a claim.

If you have any questions about the CHRISTUS Health Plan Prior Authorization list or your participation in our health plan, we are here to help. Contact us 7 days a week, 8 a.m. to 5 p.m., CST.

If you have any questions about the CHRISTUS Health Plan Prior Authorization list(s), please contact Member Services at 1-844-282-3100.

Thank you for being a CHRISTUS Health Plan provider.

CHRISTUS Health Plan





CHRISTUS Health | US Family Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CHRISTUS Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CHRISTUS Health | US Family Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
- o Qualified sign language interpreters
- o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English such as:
- o Qualified interpreters
- o Information written in other languages
- If you need these services, contact a hospital employee. If you believe that CHRISTUS Health | US Family Health Plan has failed to provide these

services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Gabriela Saenz, J.D., CHRISTUS Health, Civil Rights Coordinator, 919 Hidden Ridge, Irving, TX 75038, Telephone: 469.282.1298, Fax: 210.766.9468, CHRISTUS. CivilRights@christushealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Gabriela Saenz, J.D. is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/hoby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1.800.368.1019, 800.537.7697 (TDD) Complaint forms are available at http://www.hhs.gov/

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. 注意:如果您使用繁體中文,

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