HEALTH PLAN POLICY				
Title: Member Education and Self-Referral for Behavioral		Number: OPMS20		
Health Services		Revision: F		
Department: Operations	Sub-Department: Member Services			
Applicable Lines of Business: □ Children's Health Insurance Plan ⊠ Medicare				
	rcial Insured	□ Non-Insured Business		
⊠ Health Insurance Exchange		e ⊠ USFHP		
□ Medicai	d			
Effective Date: 09/28/2017				
Revision Date(s): 04/24/2019, 05/04/2020, 04/27/2021, 03/22/2022, 03/30/2023, 04/12/2024				

PURPOSE:

To describe policies related to member self-referral for any Behavioral Health services from network providers. Also describes health education available for members with Behavioral Health conditions regarding accessible Network Providers with Behavioral Health relevant experience.

DEFINITIONS AND ACRONYMS:

- **Network Provider** All physicians, as well as ancillary provider and facilities, that have contracted with CHRISTUS Health Plan to provide services to USFHP enrollees.
- **Primary Care Provider** (**PCP**) A health care practitioner (a physician assistant, or nurse practitioner) chosen by or assigned to a member that provides primary care and other medical services.
- **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 Primary Care Physician (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

RELATED DOCUMENTS:

• CHRISTUS Health Plan Provider Manual

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- CHRISTUS Health Plan Provider Directory
- CHRISTUS Health Plan Evidence of Coverage

REVISION HISTORY:

Revision	Date	Description of Change	Approval Committee
New	09/28/2017	Initial release.	Board of Directors
А	04/24/2019	Annual review. Removed Medicaid and CHIP and	Executive Leadership
		added Commercial Insured to lines of business.	
В	05/04/2020	Annual review. No change to content.	Executive Leadership
С	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
F	04/12/2024	Annual review. Clairifcation of definitions and minor	Executive Leadership
		formatting changes.	