

HEALTH PLAN POLICY	
Policy Title: Coordination between the BH Provider and the PCP	Policy Number: MUM20 Revision: D
Department: Medical Management	Sub-Department: Utilization Management
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 checked="" type="checkbox"/> Non Insured Business <input checked="" type="checkbox"/> Medicare	
Origination/Effective Date: 09/28/2017	
Reviewed Date(s):	Revision Date(s): 09/20/2018, 01/16/2020, 12/21/2020, 12/14/2021

SCOPE:

The purpose of this policy is to define the process for Provider contracting to support the screening and evaluation procedures for the detection and treatment of Behavioral Health problems and disorders.

This policy also includes the coordination of care expectations between a Behavioral Health provider and a Primary Care Provider for members with Serious Mental Illness functions. CHRISTUS Health Plan’s Case Management processes help members to have timely access to quality care and services as well as an integrated health care experience based upon their clinical status and severity of illness.

DEFINITIONS AND ACRONYMS:

- **Provider Network** – The agencies, facilities, professional groups or professionals under contract to CHRISTUS Health Plan to provide covered physical health and behavioral health services to members including primary care and specialty care medical providers, the Crisis Response Network and its subcontractors, and other qualified service providers. The direct service sites are included in the Provider Network.
- **Qualified Health Care Professional** - A PCP, SCP or other licensed health care provider who is acting within his or her scope of practice and who possesses a clinical background, including training and expertise, related to the particular illness, disease or condition associated with the request for a second opinion
- **Qualified Service Provider** – A licensed/certified and credentialed behavioral health facility, professional, or provider that delivers covered behavioral health services as described in the Texas Covered Behavioral Health Services Guide.
- **Referral** - Any oral, written, faxed, or electronic request for physical health or behavioral health services made by any person, or person’s legal guardian, family member, Primary Care Physician/Practitioner, hospital, jail, court, probation and parole officer, tribal government, school, or other State or community agency to CHRISTUS Health Plan, qualified services providers or qualified health care professionals.

POLICY:

1. CHRISTUS Health Plan requires, through Provider contract provisions, that PCPs have screening and evaluation procedures for the detection and treatment of, or referral for, any known or suspected Behavioral Health problems and disorders.

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2. PCPs may provide any clinically appropriate Behavioral Health Services within the scope of their practice.
3. CHRISTUS Health Plan provides training to Network PCPs on how to screen for and identify behavioral health disorders, the health plan's referral process for Behavioral Health Services, and clinical coordination requirements for such services.
4. CHRISTUS Health Plan provides training on coordination and quality of care such as behavioral health screening techniques for PCPs and new models of behavioral health interventions.
5. CHRISTUS Health Plan maintains and disseminate policies regarding clinical coordination between Behavioral Health Service Providers and PCPs.
6. CHRISTUS Health plan requires that its contracted Behavioral Health Service Providers refer Members with known or suspected and untreated physical health problems or disorders to their PCP for examination and treatment, with the Member's or the Member's legal guardian's consent. Behavioral Health Providers may only provide physical Health Care Services if they are licensed to do so. This requirement is specified in the CHRISTUS Provider Manuals.
7. CHRISTUS Health Plan requires that behavioral health Providers send initial and quarterly (or more frequently if clinically indicated) summary reports of a Members' behavioral health status to the PCP, with the Member's or the Member's legal guardian's consent. This requirement is specified in all Provider Manuals.

REFERENCES:

- UMCC 8.1.15.4 Coordination between the BH Provider and the PCP
- National Committee For Quality Assurance (NCQA) Standards 2021 UM Clinical Documentation Element B Relevant Information for Behavioral Healthcare Decisions

RELATED DOCUMENTS:

None

REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	09/28/2017	Initial release.	Board of Directors
A	09/20/2018	Annual review - product lines updated.	Executive Leadership
B	01/16/2020	Annual review. No change to policy. Made minor formatting corrections.	Executive Leadership

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C	12/21/2020	Annual review. No change to policy.	Executive Leadership
D	12/14/2021	Annual review. Updated References.	Executive Leadership