

# SMSO Policy Manual

## ACCESS TO BEHAVIORAL HEALTH CARE SERVICES

Executive Sponsor: Chief Medical Officer

Issuing Department: Clinical Management

Gate Keeper: Director, HSM Clinical Management

### **COMPLIANCE STATEMENT:**

**Enforcement:** All members of the workforce are responsible for compliance with this policy. Failure to abide by the requirements of this policy may result in corrective action, up to and including termination. Workforce members are responsible for reporting any observed violations of this policy.

**Review Schedule:** This policy will be reviewed and updated as necessary and no less than every two years.

**Monitoring and Auditing:** The Issuing/Collaborating Department(s) is responsible for monitoring compliance with this policy.

**Documentation:** Documentation related to this policy must be maintained for a minimum of 10 years.

### **Applies to:**

☒ SummaCare ☒ Apex  
☐ Summa Management Service Organization (SMSO) ☒ Summa Insurance Company

### **Line of Business:**

☒ Commercial Groups ☒ Medicare  
☐ Medicare Supplemental ☒ On-Exchange  
☒ Off-Exchange ☒ Self-Funded

**1.0 Purpose:**

- 1.1 To establish an open access policy for behavioral health services.
- 1.2 To ensure members and providers that the Plan follows and adheres to all federal and state guidelines pertaining utilization and prior authorizations.

**2.0 Policy:**

- 2.1 The Plan will ensure that members have open and unlimited access to behavioral health and substance abuse services provided by contracted providers.

**3.0 Procedure:**

- 3.1 Upon enrollment, members are supplied with the Plan's provider directory. The directory identifies both the in-network practitioners and providers that members may see for Behavioral Health and Substance Abuse Services. The member can use Plan Central to utilize the online provider directory as well.
- 3.2 The Plan allows all members direct access for behavioral health and/or substance abuse treatment. The member is not required to obtain a referral from his or her Primary Care Physician (PCP) and is not required to pre-authorize outpatient services when provided by an in-network provider.
- 3.3 In-Network Practitioners and Providers are informed of the direct access policy for Behavioral Health and Substance Abuse services. Any Behavioral Health Service that would require authorization can be found via the Prior Authorization List or at [www.summacare.com](http://www.summacare.com)
  - 3.3.1 For Medicare Advantage (MA) members, coverage decisions follow Medicare rules and regulations pertaining to MA plans, as well as federal and state regulations, and the member's evidence of coverage (EOC) document. When appropriate, relevant current clinical guidelines, SummaCare's internal policies/procedures and drug formularies may be utilized in the absence of Medicare guidance.
  - 3.3.2 For non-Medicare members, coverage decisions follow appropriate federal and state requirements and the member's evidence of coverage (EOC) document. Additionally, SummaCare's internal policies/procedures, and drug formularies are followed when appropriate
- 3.4 Director, HSM Clinical Management, has the authority and responsibility for the activities in this policy or procedure.
- 3.5 The issuing Dept. is responsible for monitoring/enforcing the compliance with this policy.

**4.0 References:**

- 4.1 Source of the policy (regulatory citation, accreditation standard, internal standard)

4.1.1 NCQA UM 13: 45 C.F.R §156.110

4.2 Are there any references to other documents, regulations, or intranet locations?

4.2.1 [www.cms.gov](http://www.cms.gov)

4.3 Are there other policies that work in conjunction with this policy?

4.3.1 Utilization Management Policy

4.4 Replaces (if applicable):

4.4.1 None

## 5.0 Definitions:

5.1 None

## 6.0 Key Words or Aliases (Optional):

6.1 Behavioral health care services

6.2 Substance abuse services

ORIGINAL *EFFECTIVE DATE*: 12/23/2002

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