



The 2021 Texas Legislature addressed Provider concerns related to Health Plan’s pre-authorization requirements.

House Bill 3459 was passed, resulting in changes to CHRISTUS Health Plan’s pre-authorization process beginning **January 1, 2022**:

- CHRISTUS Health Plan (CHP) will not require a participating provider to obtain pre-authorization if in the last 6 months evaluation period, CHP has approved 90% or more of the pre-authorization requests made by the provider for health care services.
- CHP will administer the exemption process and will evaluate whether a participating provider qualifies for exemption once every 6 months (January and June).
- CHP may continue an exemption without performing an evaluation.
- Providers do not have to request the exemption to qualify.
- The pre-authorization exemption process is applicable to Texas Health Care Exchange (HIX) line of business only.
- **Please Note: Provider notification will be required for transplant & hemodialysis starting 03/01/2022. Notification form is available at: <https://www.christushealthplan.org/provider-resources/prior-authorization>**

PRIOR AUTHORIZATIONS DELAY PATIENT CARE

81%
of Texas physicians say
prior authorization interfered with the continuity of ongoing care.

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