KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS POLICY AND PROCEDURES					
SUBJECT: Family Planning Services				POLICY #: 3.21-P	
DEPARTMENT: Utilization Management					
Effective Date: 08-1997	Review/Revised Date: 08/31/2023	DMHC	X	PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____ Date _____
Emily Duran
Chief Executive Officer

_____ Date _____
Chief Medical Officer

_____ Date _____
Chief Compliance and Fraud Prevention Officer

_____ Date _____
Director of Member Services

_____ Date _____
Director of Claims

_____ Date _____
Director of Utilization Management

POLICY[1]:

Kern Health Systems (KHS) will provide enrollees full access to Family Planning Services. Enrollees have the right to choose and access a qualified family planning practitioner/provider without prior authorization. In addition, Medi-Cal members may choose either a contracted or non-contracted practitioner/provider for family planning services. KHS will encourage Medi-Cal members to access contracted practitioners/providers for Family Planning Services but will facilitate the use of non-contracted practitioners/providers as well.

Under federal law, Title 42 of the United States Code (U.S.C.), Section 1396a (a)(23)(B) KHS shall not restrict the choice of the qualified person from whom the individual may receive family planning services under Section 1396d (a)(4)(C). Therefore, Members must be allowed freedom of choice of family planning Providers and may receive such services from any qualified family planning Provider, including out-of-network Providers, without the need to obtain prior authorization. All members must be provided with informed consent when receiving contraceptive services, including sterilization.

KHS ensures its members to have the freedom to choose their preferred method of family planning and does not restrict a member's provider choice for family planning services. The KHS policy on member rights and access to Family Planning Services is in accordance with regulatory requirements and defines the process for Medi-Cal members who wish to use non-contract practitioners/providers for these services. KHS shall monitor the compliance of delegated entities as applicable to these services.

DEFINITIONS:

Family Planning Services	Services provided to individuals of childbearing age for the purpose of temporarily or permanently preventing or delaying pregnancy.
Qualified Family Planner Practitioner/Provider	Any clinic or private practice physician licensed to furnish family planning services within their scope of practice and is an enrolled Medi-Cal provider willing to furnish family planning services to a member.

PROCEDURES:

1.0 FAMILY PLANNING PROGRAM DESCRIPTION AND ACCESS

Members are informed in writing of their right to access Family Planning Services in the Member Handbook. Members are also reminded of their rights to Family Planning Services through periodic newsletters. Primary Care Practitioners (PCPs) are encouraged to discuss Family Planning Services with their patients.

Enrollees may access Family Planning Services either by self-referral to an appropriate qualified practitioner/provider or by calling Member Services without prior authorization.

Members may self-refer to a contracted or non-contracted practitioner/provider. KHS Member Services and/or Utilization Management (UM) staff shall assist inquiring members with locating a practitioner/provider. Members are advised of their options for all contraceptive methods to allow them to provide informed consent for their choice of contraceptive method, including sterilization.

Under Title 42, Section 1396d (a)(4)(C), family planning services and supplies are furnished (directly or under arrangements with others) to individuals of child-bearing age (including minors who can be considered to be sexually active) who are eligible under KHS and who desire such services and supplies.

2.0 DESCRIPTION OF FAMILY PLANNING SERVICES

2.1. Members of childbearing age can access services from an out of network planning provider to temporarily or permanently prevent or delay pregnancy.

Covered Family Planning Services include the following:

A. Health education and counseling necessary to make informed choices and understand contraceptive methods
B. Limited history and physical examination
C. Laboratory tests if medically indicated as part of decision-making process for choice of contraceptive methods.
D. Diagnosis and treatment of STDs if medically indicated[2]. (See *KHS Policy and Procedure #3.17- STD Treatment* for details.)
E. Screening, testing, and counseling of at-risk individuals for human immunodeficiency virus (HIV) and referral for treatment.[3] (See *KHS Policy and Procedure#3.18 - Confidential HIV Testing* for details.)
F. Follow-up care for complications associated with contraceptive methods issued by the family planning provider
G. Provision of contraceptive pills/devices/supplies
H. Tubal ligation
I. Vasectomies
J. Pregnancy testing and counseling. (See *KHS Policy and Procedure #3.24 - Antepartum and Postpartum Care* for details).
K. Pap smear if performed according to the United States Preventive Services Task Force Guidelines which specifies cervical cancer screening every 1-3 years based on the presence of risk factors (early onset of sexual intercourse, multiple sexual partners); however, Pap smear annual frequency may be reduced if 3 or more annual smears are normal.

Additionally, the program focuses on the following categories of family planning services:

A. Long-acting contraceptives
B. Other contraceptives (other than oral contraceptives) when provided as a medical benefit
C. Emergency contraceptives when provided as a medical benefit
D. Pregnancy testing
E. Sterilization procedures (for females and males)

The following services are NOT reimbursable as family planning services:

A. Routine infertility studies or procedures
B. Reversal of voluntary sterilization
C. Hysterectomy for sterilization purposes only
D. All abortions, including but not limited to therapeutic abortions; spontaneous, missed, or septic abortions; and related services[4]. Abortions may be a covered service but are not considered Family Planning Services).
E. Parking and childcare.

3.0 PCP EDUCATION AND TRAINING

PCPs receive instruction concerning Family Planning Services at practitioner/provider orientations and periodically through Provider Bulletins. The Provider Resources link on the

KHS Website also contains a description of these services and how to assist the member in accessing the services and the PCP's responsibilities.

4.0 TRACKING

Any clinical records from non-contract practitioners/providers are reviewed to be certain that the service provided was one of the covered Family Planning Services. Using billing and encounter records, Quality Improvement audits annually the provision of Family Planning Services by either contract practitioner/providers or non-contract practitioners/providers. The results are used to analyze the degree of access being provided and used by enrollees. This access information is reported to the Quality Improvement/Utilization Management Committee.

5.0 REIMBURSEMENT

Member's eligibility with KHS is determined on a month-to-month basis. KHS will pay for up to eighteen (18) cycles of FDA approved oral contraceptives, a 12 month supply of patches (52 patches), and a 12 month supply of vaginal rings (13 rings) if such quantity is dispensed in an onsite clinic and billed by a qualified family planning provider, including out-of-network providers, or dispensed by a pharmacist in accordance with a protocol approved by the California State Board of Pharmacy and the Medical Board of California. The maximum quantity is intended for clients on continuous cycle. A 12-month supply of the same product may be dispensed twice in one year. A Treatment Authorization Request (TAR) is required for the third supply of up to 12 months of the same product requested within a year.

A qualified provider is a provider who is licensed to furnish family planning services within their scope of practice, is an enrolled Medi-Cal provider, and is willing to furnish family planning services to an enrollee, as specified in Title 22, California Code of Regulations, and Section 51200. A physician, physician assistant (under the supervision of a physician), certified nurse midwife, and nurse practitioner, and pharmacist are authorized to dispense medications. Pursuant to the California Business and Professions Code (B&P Code), Section 2725.2, if these contraceptives are dispensed by a registered nurse (RN), the RN must have completed required training pursuant to B&P Code Section 2725.2(b), and the contraceptives must be billed with Evaluation and Management (E&M) procedure codes 99201, 99211, or 99212 with modifier 'TD' (TD modifier used for RN for behavioral health) as found in the Provider Manual.

Absent clinical contraindications, utilization controls limiting the supply to an amount that is less than a 12-month supply cannot be imposed that is more restrictive than those described in the Medi-Cal Provider Manual.

Non-contract practitioners/providers are paid for services provided to Medi-Cal members based on the appropriate Medi-Cal fee-for-service rates. Contracted practitioners/providers are reimbursed according to the contract agreement.

For additional guidance on reimbursement for family planning services see *KHS Policy and Procedure #6.36-P – Supplemental Payment Policy for details.*

6.0 DOCUMENTATION AND INFORMED CONSENT

All family planning practitioners/providers must give enrollees informed consent whenever contraceptive services are provided. This consent must be documented in the clinical record.

Clinical records (or patient refusal to release records) must be submitted with the claim. Claims received after 180 days from the date of service will be denied.

7.0 REFERRALS

Upon identification of a need for a referral to a specialist or for further testing, contract practitioners/providers should submit a *Referral/Prior Authorization Form* in accordance with *KHS Policy and Procedure #3.22 - Referral Process*.

8.0 COORDINATION OF CARE

Member Services and UM coordinate Family Planning Services to be certain that enrollees have maximum access.

When a non-contracted practitioner/provider sees a patient, it is crucial for continuity of care that the patient's PCP be notified of the service. Non-contract practitioners/providers must, as per customary practice, inform the patient's PCP of the clinical interaction after obtaining a signed release from the member. Exchange of patient information may also be necessary to the non-contract practitioner/provider. The KHS UM Department assists with the coordination of the exchange of this medical information when necessary. The PCP must obtain patient consent to release information to the non-contract practitioner/provider.

KHS, through UM and Member Services, works closely with the Kern County Public Health Department as outlined in the Memorandum of Understanding with the purpose of coordinating efforts to provide the fullest access and most efficient provision of Family Planning Services.

9.0 CONFIDENTIALITY

Information must be handled in accordance with KHS confidentiality policy 14.03, Protected Health Information. In the case of a minor, age 12 to 18, KHS ensures that communication regarding sensitive services is protected. For example, no letters and phone calls are sent/made to the minor's home unless authorization was obtained.

10.0 ABORTION

Prior authorization for abortion services is not required unless inpatient hospitalization for the performance of the abortion has been requested. KHS members are educated regarding abortion policies and procedures through new member entry, the member handbook, and member newsletters. Abortion services include access to Mifepristone (RU486) in accordance with the FDA approved treatment regimen.[5]

KHS members are advised that they may go to the provider of their choice for abortion services; however, some hospitals and other providers may refuse to provide abortion services.

A physician or other health care provider is not mandated to preform abortion services. KHS shall not tolerate retaliation in any form to a physician or other provider of health care services for objecting to perform abortion services[6]. KHS will assist with the redirection of members who are refused abortion services by a provider.

11.0 SENSITIVE SERVICES:

Kern Health Systems acknowledges that abortion and family planning are recognized as sensitive services as defined by the Department of Managed Care All Plan Letter 22-010.

Utilization Management maintains a separate policy 3.20 Sensitive Services to address these specific enrollees and subscribers within our Plan and services unique to them.

REFERENCE:

Revision: 2023-01: Updated per 2024 DHCS contract. Exhibit A Attachment III Section 5.2.8 Specific Requirements for Access to Programs and Covered Services. DMHC Approval received on 4/11/2023, Filing No. 20231319. **Revision 2022-09:** Policy updated to comply with DHCS APL 22-011**,** Proposition 56 Directed Payments for Family Planning - policy received DHCS approval on 9/26/2022. **Revision 2020-03:** Policy reviewed by Compliance to comply with APL 18-019. Revisions provided by Chief Health Services Officer. **Revision 2022-04:** Policy updated as per DMHC APL 22-010, Assembly Bill 1184 effective date 7/1/22- DMHC approval received on 2/1/2023. **Revision 2019-01:** Updated to comply with APL 18-019 for self-administered hormonal contraceptives by Senior Director of Health Services. **Revision 2017-04:** Revised to comply with APL16-003R, family planning services for contraceptive supplies by Administrative Director of Health Services.[1] **Revision 2016-05:** Definition of Qualified Family Planner Practitioner/Provider clarified. Additional revisions in §5.0 Reimbursement. **Revision 2016-02:** Revised to comply with APL 16-003, family planning services for contraceptive supplies. **Revision 2015-10:** Policy revised to comply with All Plan Letter 15-020 Abortion Services. **Revision 2012-08:** Added language stating three cycles of oral contraceptives will be reimbursed per visit for family planning services. **Revision 2008-10:** Routine review. Reimbursement revised per MMCD Policy Letter 08-002. **Revision 2002-04:** Add abortion services information. Add information regarding RU486.

[2] Based on HCFA's Medicaid policies, STD diagnosis and treatment and HIV testing and counseling, provided during a family planning encounter, are considered part of family planning services.

[3] See endnote #1.

[4] Pregnancy testing and counseling performed by out-of-plan family planning practitioner/provider are reimbursable regardless of member's decision for abortion.