



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Direct Access to Women's Services	Policy #	30.76-P
Policy Owner	Utilization Management	Original Effective Date	01/01/2026
Revision Effective Date		Approval Date	1/26/2026
Line of Business	<input type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Corporate		

I. PURPOSE

The purpose of this policy is to describe the process by which Kern Health System (KHS) allows female Members the option to seek Obstetrical/Gynecological (OB/GYN) services from an in-network without prior authorization or obtaining the services directly from a participating family practice physician and surgeon designated by KHS as providing obstetrical and gynecological services.

Direct access includes services that provide reproductive care, sexual health care services, breast exams, mammograms, and Papanicolaou (PAP) tests. Women's health specialists also include, but are not limited to, gynecologists or certified nurse midwives.

II. POLICY

- A. In accordance with CA Health and Safety Code 1367.695 KHS provides direct access to a women's health specialist for routine and preventive services.
- B. The member may self-refer or be referred by an OB/GYN for OB/GYN related conditions without authorization.
- C. Women's health specialists additionally include, but are not limited to, gynecologists or certified nurse midwives.
- D. KHS will not impose utilization protocols related to contraceptive drugs, supplies, and devices.
- E. Policy 30.92-P Prior Authorization Referrals will apply to members choosing to seek these services from non-participating providers.
 - 1. Members shall not be charged any more than the customary co-pay for receiving the services from an out of network provider than they pay for a contracted provider.

III. DEFINITIONS

TERMS	DEFINITIONS
Women's Health Specialist	A gynecologist or other qualified health care provider, e.g., a certified nurse-midwife, a Physician Assistant and/or a Nurse Practitioner with specialized training and supervision in this field
Direct Access	Means that the organization may not require women to obtain a referral or prior authorization as a condition to receiving such services.

IV. PROCEDURES

- A. A member may self-refer to any KHS OB/GYN specialist within the network that is listed in the KHS Provider Directory.
- B. A member may also access OB/GYN services by requesting it through her Primary Care Physicians (PCP).
- C. The OB/GYN provider shall verify that the member is eligible with KHS.
- D. Consultation and follow-up visit to an OB/GYN specialist shall not require prior authorization.
- E. Other recommended treatments, procedures, or surgeries may require prior authorization

KHS is responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other Centers for Medicare and Medicaid Services (CMS), Department of Health Care Services (DHCS), and or Department of Managed Health Care (DMHC) guidance, including applicable All Plan Letters (APLs), Health Plan Management System (HPMS) memos, Policy Letters, and Dual Plan Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

V. ATTACHMENTS

Attachment A:	N/A
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VI. REFERENCES

Reference Type:	Specific Reference
Regulatory	42 CFR § 422.112 Access to services.
Regulatory	Health & Safety Code, Section 1367.695
Regulatory	30.92-P Prior Authorization Referrals

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Effective	01/01/2026	New policy created to comply with D-SNP	UM

VIII. APPROVALS

Committees Board (if applicable)	Date Reviewed	Date Approved
Choose an item.		