



KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES					
SUBJECT: Sensitive Services				POLICY #: 3.20-P	
DEPARTMENT: Utilization Management					
Effective Date: 2004-05	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 Utilization Management

POLICY:

Kern Health Systems (KHS) maintain procedures to ensure confidentiality and ready access to sensitive services for all members, including minors. Members shall be able to access sensitive services in a timely manner and without barriers such as prior authorization requirements. Access to abortion services for minors is subject to applicable State and Federal law.

KHS ensures access to minor consent services from any network provider or out of network provider without requiring prior authorization to all minors twelve (12) years of age, under the age of eighteen.

Sensitive services will be provided in accordance with the contractual requirements outlined in the following sources:

- Department of Managed Health Care (DMHC) All Plan Letter (APL) 22-010 Guidance Regarding Assembly Bill 1184-Confidentiality of Medical Information.

- Assembly Bill (ABP 1184 (Chiu, Ch. 190, Stats. 2021) amends Civil Code Sections 56.05 and 56.35 and adds Civil Code section 56.107, effective July 1, 2022

Sensitive services will be provided in accordance with the following *KHS Policies and Procedures*:

- ❖ #2.17 – Access – Treatment of a Minor
- ❖ #3.17 – STD Treatment
- ❖ #3.18 – Confidential HIV Testing
- ❖ #3.21 – Family Planning Services and Abortion
- ❖ #3.24 – Maternity Care
- ❖ #14.03 – Protected Health Information – Privacy, Use, and Disclosure

DEFINITIONS:

<p>Sensitive Servicesⁱ</p>	<p>Those services related to:</p> <ul style="list-style-type: none"> ❖ Sexual assault ❖ Drug or alcohol abuse for children 12 years of age or older ❖ High risk sexual behavior ❖ Pregnancy ❖ Family planning ❖ Sexually transmitted diseases designated by the Director for children 12 years of age or older. ❖ Sexually transmitted diseases for adults ❖ Abortion ❖ HIV testing, counseling, and treatment as specified in Health & Safety Code 121020 ❖ Non-specialty Mental Health Services (NSMHS) for minors for children 12 years of age or older who are mature enough to participate intelligently and where either (1) there is a danger of serious physical or mental harm to the minor or others or (2) the children are the alleged victims of incest or child abuse. <p>All health care services described in Sections 6924, 6925, 6926, 6927, 6928, and 6929 of the Family Code, and Sections 121020 and 124260 of the Health and Safety Code, obtained by a patient at or above the minimum age specified for consenting to the service specified in the section, including but not limited to:</p> <ul style="list-style-type: none"> ❖ Mental Health treatment or counseling services as defined in California Family Code 6924 and Health and Safety Code 124260 ❖ Medical care related to the prevention or treatment of pregnancy, as specified in Family code 6925. ❖ Minors aged 12 years or older consenting to medical care related to the diagnosis and treatment of infectious, contagious, or communicable diseases if the disease/condition is required by law or regulation to be reported to local health officer or is a related sexually transmitted disease as determined by the State Public Health Office (as defined in California Family Code 6926) ❖ Minors aged 12 years or older consenting to medical care related to the
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	<p>prevention of a sexually transmitted disease (as defined in Family Code 6926)</p> <ul style="list-style-type: none"> ❖ Minors aged 12 years or older consenting to medical care related to the diagnosis or treatment of the condition and collection of medical evidence with regard to alleged rape or sexual assault (as defined in Family Code 6927 and 6928). ❖ Minors aged 12 years or older consenting to medical care and counseling related to the diagnosis and treatment of a drug or alcohol-related problem (as defined in Family Code 6929) ❖ Abortions (APL 22-022)
Abortion Services	<p>Abortion services are covered by the Medi-Cal program as a Physician service. Abortion is a covered benefit regardless of the gestational age of the fetus, and medical justification and authorization for abortion are prohibited.</p> <p>Abortion services are, by nature, sensitive services. Minors who wish to receive abortion services may do so without parental consent under the Medi-Cal Minor Consent Program.</p>
Protected Individual	<p>“Protected individual” means any adult covered by the subscriber’s health care service plan or a minor who can consent to a health care service without the consent of a parent or legal guardian, pursuant to state or federal law. “Protected individual” does not include an individual that lacks the capacity to give informed consent for health care pursuant to Section 813 of the Probate Code.</p>

PROCEDURES:

1. Services are provided in confidence to adolescents and adults from any qualified provider in a timely manner without barriers including prior authorizations.
 - A. Adult members may self-refer without prior approval except in cases where those services require hospitalization.
2. Adolescents twelve (12) years of age and older may request these services without parental consent.
3. Parents and/or guardians will not be informed of a minor’s sensitive services information without the minor’s permission, except as allowed by law.
4. Adolescent and adult Members are able to access the following services in a timely and confidential manner without prior authorization:
 - A. Family planning services
 - B. Pregnancy services (including pregnancy termination)
 - C. Treatment for injuries resulting from sexual assault.
 - D. Diagnosis and treatment of sexually transmitted diseases from any qualified provider.
 - E. HIV counseling and testing services
 - F. Alcohol and substance abuse treatment including heroin detoxification, confidential referrals.
 - G. Behavioral health referrals.
 - H. Outpatient mental health care for children twelve (12) years of age or older who are mature enough to participate intelligently and where either:

- i. There is a danger of serious physical or mental harm to the minor or other, or
 - ii. The children are the alleged victims of incest or child abuse.
- I. Abortion Services:
 - i. In accordance with the KHS EOC-Member Handbook there are no limitations annual or lifetime on the coverage of abortion services.
 - ii. Members may select and go to any Medi-Cal Provider (regardless of network affiliation with KHS ((contracted and non- contracted) for abortion services, at any time for any reason, regardless of network affiliation.
 - iii. KHS shall not impose the requirement for a physician, health care provider, or person to perform or participate in the performance of an abortion and will honor the provider's right to refuse the service.
 - 1. The refusal to perform and abortion will not be subject to penalty or discipline in any form for such a choice.
 - 2. In the event a provider refuses to perform the abortion service, in such case, KHS will assist the member to find another provider for the needed services to ensure the member receives timely access to the abortion services.
 - a. Members are informed to contact KHS Member services department for any assistance in accessing care. This includes assisting members with access to abortion services.
 - iv. If a Member chooses to see an Out-of- Network Provider for abortion services, the reimbursement rate will not be lower, and is not required to be higher, than the Medi-Cal Fee-For-Service rate, unless the Out-of- Network Provider and KHS mutually agree to a different reimbursement rate.
 - v. KHS will cover abortion services, as well as the medical services and supplies incidental or preliminary to an abortion, consistent with the requirements outlined Medi-Cal Part 2 Provider Manual Abortions (abort) (ca.gov)
 - vi. KHS will pay providers of abortion services in compliance with the clean claims requirements and timeframes and in accordance with the DHCS-KHS Contract
- J. Member are encouraged to call their in-plan Primary Care Provider (PCP) to schedule an appointment for the following:
 - i. Sensitive and prevention services and education regarding positive impact of coordinated care on health outcomes.
 - ii. Confidential referrals from their PCP for family planning services, and pregnancy services, including pregnancy termination; sexual assault services; sexually transmitted diseases and treatment; and HIV counseling and testing, alcohol and/or substance abuse treatment; and behavioral health treatment.
- 5. Directing communications regarding a protected individual's receipt of sensitive services as follows:
 - i. Directly to the protected individual's designated alternative mailing address, email address, or telephone number; OR,
 - ii. In the absence of a designated alternative mailing address, email address, or telephone number: to the address or telephone number on file in the name of the protected individual.
 - iii. Communications (written, verbal or electronic communications) regarding a protected individual's receipt of sensitive services shall include:
 - 1. Bills and attempts to collect payment.

2. A notice of adverse benefits determinations.
 3. An explanation of benefits notice.
 4. KHS requests for additional information regarding a claim
 5. A notice of a contested claim.
 6. The name and address of a provider, description of services provided, and other information related to a visit.
 7. Any written, oral, or electronic communication from a plan that contains protected health information
- iv. Not disclosing medical information related to sensitive health care services provided to a protected individual to the primary subscriber or any plan enrollees other than the protected individual receiving care, absent an express authorization of the protected individual.
 - v. Permitting and accommodating requests from subscribers or enrollees for confidential communication in the form and format requested, if readily producible in the requested form and format, or at alternative locations.
 - vi. Implementing confidential communications requests within 7 calendar days of receipt of an electronic or telephonic request or within 14 calendar days of receipt by first-class mail. In addition, acknowledging receipt of confidential communications requests and advising the subscribers or enrollees of the status of implementation of the requests if the subscribers or enrollees contact the plan. All UM notifications will be sent to Member Services.

REFERENCE:

Revision 2023-01: Updated per DHCS APL 22-022, Abortion Services, Medi-Cal Part 2 Provider Manual Abortions (abort) (ca.gov). DHCS approval received on 2/10/2023, DMHC Approval received on 4/11/2023. **Revision 2022-10:** Updated per 2024 DHCS contract. Exhibit A Attachment III Section 5.2.8 Specific Requirements for Access to Programs and Covered Services. **Revision 2022-04:** Policy updated as per Department of Managed Health Care APL 22-010 Assembly Bill 1184 effective date 7/1/22. DMHC approval received on 2/1/2023. **Revision 2017-02:** Policy updated per MCAL policy Minor Consent program September 2016. ⁱ Definition contains both elements of the contractual definition and services listed in 1996 DHS contract section 6.5.6.5. Exhibit E1 pg. 14 (Minor consent services). DHS considers all of the listed services to be sensitive services. See DHS Medical Review YE Oct03. (Finding 3.1.5)