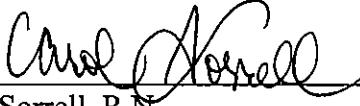
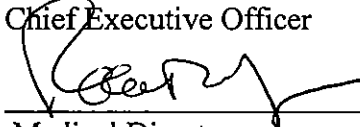



**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

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SECTION: Utilization Management			ISSUE DATE: March 14, 1996	
SUBJECT: Sexually Transmitted Disease (STD) Treatment			EXTERNAL APPROVAL	DMC DHS 04.30.01 MRMIB
REVIEW DATE	8/29/97	06/00		
REVISION DATE	8/29/97	06/00		

Approved		Date	6/30/00
	Carol Sorrell, R.N. Chief Executive Officer		
Approved		Date	6/23/00
	Medical Director		
Approved		Date	4-22-00
	Director of Health Services		

POLICY:

Coverage for STD treatment differs according to benefit plan.

Healthy Families members may receive STD services from any contracted provider without prior authorization.

In order to comply with DHS mandates, Medi-Cal members may access STD services and care from any qualified family planning practitioner or provider, the Public Health Department STD Clinic, or their PCP without prior authorization.

All KHS members will be treated in accordance with established Center for Disease Control (CDC) guidelines.

PURPOSE:

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To establish procedures which allow enrollees easy access to treatment of STDs, in order to maximize the opportunity of treating STDs and controlling the spread of communicable disease.

PROCEDURE:

1.0 ACCESS

All members are notified of their right to access treatment for STDs, both in and out of network as applicable, without prior authorization, through new member orientations, the Member Handbook, and periodic member newsletters. Members are encouraged to access network practitioners and providers for treatment of STDs.

KHS notifies all qualified Kern County Family Planning Providers in writing of the member's right to access out of plan services (Medi-Cal members only) for the stipulated STDs without prior authorization, procedures to refer members back to the Plan for care, and how to bill for services. Appropriate network providers are notified of same through provider orientations, the KHS Provider Administrative Manual, and periodic provider newsletters.

2.0 TREATMENT LIMITATIONS

2.1 Medi-Cal Members

Out of Plan treatment of STDs is limited to one office visit per disease episode for the purposes of:

- A. Diagnosis and treatment of vaginal and urethral discharge
- B. STDs which are amenable to immediate diagnosis and treatment including syphilis, gonorrhea, chlamydia, herpes simplex, chancroid, trichomoniasis, human papilloma virus, non-gonococcal urethritis, lymphogranuloma venereum, and granuloma-urquinale
- C. Evaluation and initiation of treatment of pelvic inflammatory disease (PID)

Members treated at the Kern County Public Health Department (KCPHD) may be treated for the disease episode as outlined in the KHS/KCPHD Memorandum of Understanding (MOU).

2.2 Healthy Families Members

Healthy Families members must receive STD treatment from qualified contracted

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providers.

3.0 COORDINATION OF CARE AND CASE MANAGEMENT

All providers are required to notify the Kern County Public Health Department of all reportable STDs in accordance with reporting requirements for communicable disease found in Title 17, California Code of Regulations and in accordance with CDC requirements.

Out of plan practitioners and providers are required to refer the member back to the Plan PCP for follow-up care.

Providers are required to report patients who do not properly complete their treatment regimen in compliance with CDC established guidelines to the KCPHD Disease Control Program, for follow-up contact.

4.0 CONFIDENTIALITY

All KHS providers and employees must comply with KHS confidentiality policies and procedures in the treatment of sensitive communicable diseases, as with any medical condition (See KHS Policy and Procedure #2.24, 2.27, and 2.28 for details on confidentiality requirements).

Non-Plan practitioners and providers must obtain a written release of information in order to assure member confidentiality.

5.0 TRACKING AND FOLLOW-UP

KHS PCPs must report any patient who does not properly complete the prescribed treatment regimen to the KCPHD for follow-up contact and referral for treatment. Appropriate information regarding treatment of STDs will be shared with the contract provider and KCPHD as outlined in the MOU.

The KHS MOU liaison refers identified issues related to STDs to the KHS QI/UM Committee for review and action, as appropriate. At a minimum, the QI/UM Committee receives a bi-annual report regarding STD incidence within the KHS membership.

KHS contract providers are informed of Plan performance regarding treatment of STDs via the provider newsletter.

6.0 REIMBURSEMENT

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6.1 PCPs

PCP reimbursement for STD services is according to contract rates.

6.2 Out of Plan Providers

KHS reimburses out of plan practitioners and providers at the Medi-Cal fee-for-service rates provided that the out-of-plan practitioner or provider submits appropriate encounter data on a HCFA 1500 form along with treatment records or documentation of the member's refusal to release medical records. The KHS Claims Department forwards treatment records to the appropriate PCP.

7.0 APPEALS PROCESS

Claims may be appealed according to KHS Policy and Procedure #6.04 - Appeal of Denied or Modified Claims.

8.0 LINK TO PLAN'S INTERNAL ORGANIZATION

Internal KHS departments coordinate efforts to improve the KHS membership's timely access to STD services while encouraging members to access services through their primary care physician. The Quality Improvement Department reports feedback to providers on out-of-plan treatment of STDs vs. PCP treatment of STDs through Provider Relations Newsletters. Member Services and Member Health Education collaborate to inform the membership through member newsletters and Health Fairs of the benefits of early treatment and prevention of STDs. Cultural and Linguistics staff are consulted to ensure newsletters and presentations are appropriately tailored to the target population.