KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES

SUBJECT: Family Planning Services and Abortion	INDEX NUMBER 3.21-P	Page 1 of 5

RESPONSIBLE DEPARTMENT HEAD: Director of Health Services

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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. In contrast, Healthy Families members must use only contracted practitioners/providers for family planning services.

All members must be provided with informed consent when receiving contraceptive services, including sterilization.

PURPOSE:

To delineate the KHS policy on member rights and access to Family Planning Services in accordance with regulatory requirements, and to define the process for Medi-Cal members who wish to use non-contract practitioners/providers for these services.

DEFINITIONS:

Family Planning Services	Services provided to individuals of child bearing age for the purpose of temporarily or permanently preventing or delaying pregnancy.
Qualified Family Planner Practitioner/Provider	Any licensed clinic or private practice physician that can provide a full range of family planning services within their scope of practice, needed to temporarily or permanently prevent or delay pregnancy.

PROCEDURE:

1.0 FAMILY PLANNING PROGRAM DESCRIPTION AND ACCESS

Members are informed in writing to their right to access Family Planning Services in the Member Handbook and during New Member Orientations. In order to increase member understanding of their rights and to increase access to Family Planning Services, KHS communicates with enrollees 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.

1.1 Medi-Cal Members

Medi-Cal members may choose any (contract or non-contract) qualified practitioner/provider.

1.2 Healthy Families Members

Healthy Families members may only receive Family Planning Services from a qualified, contracted KHS practitioner/provider.

2.0 DESCRIPTION OF FAMILY PLANNING SERVICES

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 (Medi-Cal Members only)

I. Vasectomies(Medi-Cal Members only)

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.

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. Transportation, parking and child care

3.0 PCP EDUCATION AND TRAINING

PCPs receive instruction concerning Family Planning Services at practitioner/provider orientations. The Provider Administrative Manual 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

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.

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.[5].

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.

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.*

Non-contract practitioners/providers should call Utilization Management (UM) when they identify the need for referral services. The UM staff handles such referrals and notifies the PCP.

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 policies (#2.27 and #2.28). 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 includes access to Mifepristone (RU486) in accordance with the FDA approved treatment regimen.[6]

KHS shall arrange for the timely referral and coordination of covered services for Medi-Cal members with practitioners/providers that have a religious or ethical objection to perform abortions. KHS may arrange, coordinate and ensure provisions of services through referrals at no cost to DHCS.

10.1 Medi-Cal Members

Members may self-refer to a contracted or non-contracted practitioner/provider. KHS Member Services assists inquiring members with locating a practitioner/provider.

10.2 Healthy Families Members

Abortion is a covered benefit. Members may self-refer but must use a contracted provider.

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[1] **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.
[5] MMCD Policy Letter 08-002
[6] MMCD All Plan Letter #01003