



Promise Health Plan

# POLICY & PROCEDURE

## Medical Services

<b>Policy Title: Family Planning Services</b>			
<b>Policy No: 10.2.3</b>		<b>Original Date: 11/97</b>	
<b>Effective Date: 12/18</b>	<b>Revision Date: 8/17, 12/18</b>		<b>Revision No: 2</b>
<b>Department Head:</b>	<b>Date:</b>	<b>Medical Services/P&amp;T Committee:</b>	<b>Date:</b>
<b>P&amp;P Committee:</b>	<b>Date:</b>	<b>Department(s):</b> UM	

### PURPOSE:

To establish a mechanism for Blue Shield Promise Health Plan to ensure timely provision of Family Planning Services, and to track, monitor, and assure promptly claims payment for these services.

### POLICY:

Blue Shield Promise Health Plan members will be allowed freedom of choice of family planning providers and may receive such services from any qualified family planning provider, including those that are out-of-plan, without prior authorization.

Blue Shield Promise Health Plan shall reimburse without prior authorization any qualified out-of-plan family planning provider who provides family planning services to Plan members based on applicable Med-Cal rate to the provider type as specified in Title 22, CCR, Section 51501, and in accordance with Medi-Cal Inpatient/Outpatient Provider Manual Guidelines.

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 Section 51200 of Title 22 and the provider meets standards pursuant to the California Business and Professions Code, Section 2725.2 to include:

- Physician
- Physician assistant
- Certified midwife
- Nurse practitioner authorized to dispense medications
- Pharmacist

Members are made aware of their right to obtain confidential family planning services both in-plan and out-of-plan without prior authorization via the Member handbook.

## **PROCEDURE:**

### Stipulations

The stipulations below apply to the provision of family planning services.

1. Each physician provider must be licensed in the state of California and have training/experience in family planning
2. If services are provided in clinic setting, the clinic and all services provided there must be overseen by a medical director who meets at least the above qualifications.
3. Informed consent must be obtained, in writing, from all members for the provision of all contraceptive devices and/or procedures. Such consent will be filed in the member's medical records.
4. In general, Family Planning Services will be provided to members by OB/GYN, Family Practice, or Internal Medicine physician and nurse practitioners.

Members may receive care from:

1. Their own Blue Shield Promise Primary Care Physician or OB/GYN,
2. A Blue Shield Promise participating Family Planning Provider, or
3. Any out-of-plan Family Planning Provider.

### **Reimbursement for Family Planning Services**

1. Reimbursement rates for Family Planning Services will be paid in accordance with the Medi-Cal Program depending of the service type and type of provider rendering the services e.g. physicians, licensed community clinics, and other organized outpatient clinics.
2. Federally Qualified Health Care Centers shall be reimbursed at their prevailing interim rates.
3. FFS reimbursement rates are derived from the Inpatient/Outpatient Medi-Cal Manual Title 22.
  - a. Current rates are maintained via the upload of the quarterly Medi-Cal procedure file extracts (reports RF-0-500)
4. Correctly completed claims shall be reimbursed within 45 days of receipt.
  - a. Incomplete claims shall be returned to the family planning provider within 45 days for correction and completion in order to resubmit.
  - b. Consistent with the Federal Budget Balance Act of 1997, 90 percent of clean claims for payment shall be paid within 30 calendar days of receipt.
5. In accordance with §1371.38, et al, of the Health & Safety Code Blue Shield Promise will comply with a fast, fair and cost-effective appeal/dispute resolution mechanism to process and resolve reimbursement disputes from providers.

### **Family Planning Services**

Family Planning Services include, but are not limited to:

- Patient visits for the purpose of family planning

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- Family planning counseling services provided during a regular patient visit (see “Non-Comprehensive Family Planning Visits” later in this section)
- IUD and IUCD insertions, or any other invasive contraceptive procedures/devices
- Tubal ligations
- Vasectomies
- Contraceptive drugs or devices
  - For contraceptive drugs and devices, when dispensed in an onsite clinical and billed by a qualified family planning provider including out-of-plan providers, the following reimbursements will be honored in accordance with APL 18-019 dated November 21, 2018.
    - 13 cycles of oral contraceptives
    - 12 month supply of patches (36 patches)
    - 12 month supply of rings (12 rings)
      - Absent clinical contraindications, utilization controls limiting the supply to an amount that is less than a 12 month supply cannot be imposed.
  - Treatment for complications resulting from previous family planning procedures
  - Laboratory procedures, radiology and drugs associated with family planning

Comprehensive details of family planning services and reimbursement methodologies can be located in the Medi-Cal Inpatient/Outpatient Provider Manual Guidelines under General Medicine Part 2.

### **Other Services provided by Family Planning Providers**

Other services that are reimbursable to family Planning providers include:

1. Diagnosis and Treatment of Sexually Transmitted Diseases. Please refer to P&P
2. HIV Counseling and Testing. Please refer to P&P
3. Pap smear Periodicity – these services will be reimbursed to a family planning provider when necessary for a family planning visit.
4. Pregnancy testing and Counseling only services – these services are reimbursed when performed by trained personnel under the supervision of a licensed physician.
5. Complications related to Family Planning Services – these services are reimbursed when provided in an outpatient setting when related to complications clearly and directly resulting from family planning methods. This is limited to no more than 2 outpatient visits.
6. Emergency services – all emergency services related to family planning will be paid to in-plan and out-of-plan providers.

### **Monitoring of access to Family Planning Services**

Family planning visits are monitored via billing data from the Claims Department. This data allows Blue Shield Promise Health Plan to track Family Planning Services and visit rates for members served. In addition, any member complaints regarding Family Planning Services are traced and trended by the Quality Management Department.

Blue Shield Promise Health Plan recognizes that Family Planning Services are confidential. Out-of-network and out-of-plan providers will be encouraged to make every effort to provide the required information of analyses, and for reimbursement, while maintaining confidentiality. These providers will be requested to encourage their patients who are Blue Shield Promise members to release their needed records to their network providers.

### **Member Information**

1. Member Handbooks are sent to all newly enrolled members, within seven days of enrollment.
2. Information regarding Family Planning Services includes the following:
  - a. Members are made aware of their right to obtain confidential family planning services both in-plan and out-of-plan without prior authorization via the Member Handbook.
  - b. Information on minor consent services available through the Plan.
  - c. A description on the limitations on family planning services members may seek outside the Plan.

### **REFERENCES/AUTHORITIES:**

MMCD Policy Letter 98-011, dated December 29, 1998

APL 18-019

Medi-Cal Inpatient/Outpatient Provider Manual Guidelines under General Medicine Part 2