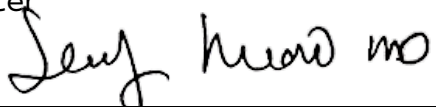
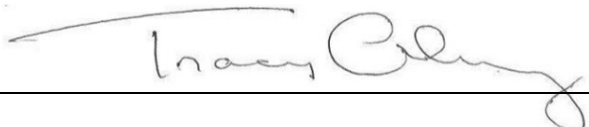




Promise Health Plan

Policy Title: Out of Network Self-Referral		POLICY #: 10.2.31	
		Line of Business: Medi-Cal	
Department Name: Utilization Management	Original Date: 11/97	Effective Date: 5/19	Revision Date: 9/24
Governing Committee: Medical Services Committee			
Governing Committee Approval: Jennifer Nuovo, MD, Blue Shield Promise Chief Medical Officer 		Date: 9/9/24	
Vice President (VP) Approval: Tracy Alvarez, VP, Medical Care Solutions 		Date: 9/9/24	

A. PURPOSE

To establish and define mechanisms for the Blue Shield of California Promise Health Plan (Blue Shield Promise) Utilization Management (UM) Department to review, account for, and report member utilization of self-referable in-network and out-of-network care services.

B. DEFINITIONS

1. "Sensitive Services" - services related to mental or behavioral health, sexual and reproductive health, sexually transmitted diseases, substance use disorder, gender affirming care, and intimate partner violence.

C. POLICY

- I. Blue Shield Promise members have freedom of choice in obtaining certain specified services such as family planning, human immunodeficiency virus (HIV) testing, and care for sexually transmitted diseases. These services are self-

referable both in-network and out-of-network. If the member chooses to self-refer to any willing provider, including out-of-network providers, these services will be covered without pre-authorization.

II. The following list includes services that, when performed by the appropriate licensed provider, will be covered without prior authorization.

- a. Family Planning
- b. Abortion Services
- c. Sexually Transmitted Disease (STD) Treatment
- d. Sensitive Services for Minors (12 years of age and older if sexually active)
- e. HIV Testing

III. Out-of-network providers must meet the same quality management and encounter reporting standards as providers contracted to the Blue Shield Promise network.

D. PROCEDURE

I. Blue Shield Promise UM will not require prior authorization for the services listed in this policy.

II. Blue Shield Promise UM will maintain a list of preferred providers for highly specialized tertiary level of care. The UM department will make every attempt to route non-network care to these providers when applicable.

III. In most cases, payment for self-referable out-of-network services will be limited to the Medi-Cal fee schedule. Refer to the State published document (Medi-Cal Managed Care Division [MMCD] Policy Letter 98-11) on Family Planning and STDs. A copy of MMCD Policy Letter 98-11 will be furnished to Blue Shield Promise Providers on request.

E. MONITORING

N/A

F. REPORTING

N/A

G. ATTACHMENTS

MMC D Polic y	Family Planning Services in Medi-Cal Managed Care https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL1998/MMCDPL98011.pdf
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H. REFERENCES

1. BSCPHP Medi-Cal Provider Manual, section 7.8.2: Self-Referable Services (Medi-Cal)
2. Department of Health Care Services (DHCS) Contract
3. UM P&P 10.2.10 Sensitive Services
4. UM P&P 10.2.12 Sexually Transmitted Infections
5. UM P&P 10.2.19 Abortion Services
6. UM P&P 10.2.2 Family Planning Services
7. UM P&P 10.2.49 Minor Consent Services

I. REVISION HISTORY

Date	Modification (Reviewed and/or revised)	E-filing Number
9/24	2024 Annual Review <ul style="list-style-type: none"> • Updated references/reviewed regulatory requirements • Formatting updates 	
10/23	Annual review	