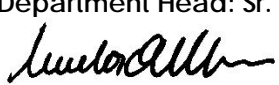
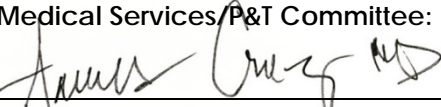


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|--|------------------------|------------------------|------------------------------|
| Policy Title: Direct OB-GYN Access Program | | POLICY #: 70.2.31 | |
| | | Line of business: ALL | |
| Department Name: Utilization Management | Original Date 11/98 | Effective Date 5/19 | Revision Date 12/18, 6/22 |
| Department Head: Sr. Director, UM  | | | Date: 6/28/22 |
| Medical Services/P&T Committee: (If Applicable) PHP CMO  | | | Date: 6/30/22 |

PURPOSE

The purpose of this policy is to outline the process Blue Shield of California Promise Health Plan (Blue Shield Promise) Utilization Management (UM) Department uses for the Direct OB/GYN Access Program.

DEFINITION:

Direct access- means that the organization may not require women to obtain a referral or prior authorization as a condition to receiving such services.

POLICY

It is Blue Shield Promise Health Plan's policy that female members shall not be required to obtain referral prior to accessing women's health services.

Blue Shield Promise members shall have routine and preventive health care services, i.e., breast exams, mammograms and Pap tests, directly from an obstetrician, gynecologist, family practice physician or women's health specialist providing obstetrical and gynecological services without obtaining prior authorization.

Under the Direct OB-GYN Access Program, Blue Shield Promise Health shall use contracted/participating providers, as well as medical necessity utilization protocols for any OB/GYN services rendered to a member by a participating physician. The OB/GYN specialist shall be required to communicate with the member's PCP all pertinent medical information that has occurred from such an encounter in order to maintain the continuity of care that member.

Provisions include:

- Members may self-refer to Blue Shield Promise Health Plan's contracted OB/GYN practitioners or women's health specialists for routine and preventive women's health care services.
- Consultation and follow-up visit to an OB/GYN specialist shall not require prior authorization.
- Any other recommended treatments, procedure or surgeries will require prior authorization, as outlined in the Specialty Referrals Policy and Procedure (70.2.7).
- Any OB/GYN who is a primary care physician shall provide all GYN services, other than prior authorized surgeries and procedures, which are included under the capitated primary care services payment agreement.

PROCEDURE

1. A member may self-refer to any Blue Shield Promise OB/GYN specialist within the IPA/Medical Group Network that is listed in Blue Shield Promise Member Handbook.
2. A member may also access OB/GYN services by requesting it through her PCP.
3. The OB/GYN provider shall verify that the member is eligible with Blue Shield Promise.

REFERENCES

Health & Safety Code, Section 1367.695