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POLICY AND PROCEDURE

Policy Number	UM-029
Policy Name	Sensitive Services
Department Name	Health Care Services
Department Officer	Chief Medical Officer
Policy Owner	~~Medical Director~~Director Utilization Management
Lines of Business	All
Effective Date	1/1/2008
Subcommittee Name	Quality Improvement Health Equity Committee~~Health Care Quality Committee~~
Subcommittee Approval Date	~~5/19/2023~~TBD
Compliance Committee Approval Date	~~6/20/2023~~TBD

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POLICY STATEMENT

Family Planning

A. Family planning services are defined as services provided to individuals of childbearing age to temporarily or permanently prevent or delay pregnancy.

B. Pursuant to State and Federal requirements, Medi-Cal Members have the ability to self-refer, without prior authorization, to a qualified family planning practitioner within the Alliance Network, or self-refer to qualified Out-Of-Network family planning practitioners, also without prior authorization as described in the member's Explanation of Coverage handbook.

C. Pursuant to State and Alliance requirements Healthy Families and Non-State Program Members may self-refer without prior authorization, to a qualified family planning practitioner within the Alliance Network.

Sterilization

A. Pursuant to State and Federal requirements, Medi-Cal Members have the ability to self-refer, without prior authorization, to a qualified family planning practitioner within the Alliance network, or self-refer to qualified out-of-network family planning practitioners, also without prior authorization for sterilization services (tubal ligation or vasectomy).

B. Pursuant to State and Alliance requirements Healthy Families and Non-State Program Members may self-refer without prior authorization, to a qualified family planning practitioner within the Alliance network for sterilization services.

C. Practitioners providing sterilization services must adhere to informed consent procedures as detailed in Title 22, Section 51305.(1), (2), (3), (4), and outlined below.

Sexually Transmitted Diseases

A. PCPs are required to follow the latest STD treatment guidelines recommended by the U.S. Public Health Service (USPHS) as published in the Mortality and Morbidity Weekly Report (MMWR).

B. All Medi-Cal Members have the right to seek treatment for sexually transmitted diseases from their PCP, the Local Health Department (LHD) county clinics, qualified family planning practitioners, or any other practitioner who treats STDs within his or her scope of practice. Services may be obtained from a practitioner in or outside of the Alliance Network, without prior authorization.

C. Healthy Families and Non-State Program Members may self-refer, without prior authorization to a qualified family planning practitioner within the Alliance Network.

D. Members age 12 years and older, may access STD services from practitioners noted above without parental consent, and without prior authorization.

E. Pursuant to California Health and Safety Code Section 120582, licensed physicians, nurse practitioners, certified nurse-midwives, or physician assistants who are practicing within their authorized scope of practice may prescribe, dispense, furnish, or otherwise provide prescription antibiotic medications to the sexual partner or partners of a Member with a diagnosed sexually transmitted chlamydia, gonorrhea, or other sexually transmitted infection, without examination of the Member's sexual partner or partners.

HIV Testing and Counseling

A. PCPs are required to assess all Alliance Members for risk factors for HIV infection. Those Members determined to be at risk must be offered HIV testing and counseling by their PCP, or be referred to a Local Health Department (LHD) operated or contracted anonymous HIV testing site.

B. Medi-Cal Members can access HIV testing and counseling as part of a family planning or STD visit, or at a LHD operated or contracted HIV testing site, without prior authorization.

C. Medi-Cal Members may access confidential HIV counseling and testing services from any network or out of network provider without obtaining a prior authorization.

D. Alliance Providers are required to follow all State laws governing consent for testing and disclosure of HIV test results, as well as the latest "HIV Counseling, Testing, and Referral Standards and Guidelines" recommended by the U.S. Public Health Service (Guidelines may be found via the internet at www.cdcnpin.org).

Abortion Services

A. The Reproductive Privacy Act provides that the state and therefore the Alliance as a contractor, may not deny or interfere with a person's right to choose or obtain an abortion prior to viability of the fetus or when an abortion is necessary to protect the life or health of the pregnant individual.

B. Abortion services are a covered physician service and also a sensitive service. Abortion is a covered benefit regardless of the gestational age of the fetus. All medical services and supplies incidental or preliminary to an abortion as defined in the DHCS Provider Manual will be covered. The Alliance and its delegates will maintain procedures that ensure confidentiality and timely access to these sensitive services. When necessary, the Alliance will help find the member find a Provider for these services.

C. In order to access abortion services, Medi-Cal Members have the ability to self-refer, without prior authorization or medical justification, to a qualified practitioner within or outside of the~~the~~ Alliance Network, when performed in an outpatient setting. The Alliance will not impose any utilization management or utilization review requirements on coverage of outpatient abortion services. The Alliance will not impose any annual or lifetime limits on the coverage of outpatient abortion services. Deductibles, coinsurance, copayments or any other cost-sharing requirements for an abortion or abortion-related services is prohibited and not required.

D. Non-emergency inpatient hospitalization for the performance of an abortion may require prior authorization under the same criteria as other medical procedures.

E. Minors who wish to receive abortion services may do so without parental consent under the Medi-Cal Minor Consent Program.

F. The Alliance or its delegates will not require a Physician, health care provider or person to participate in performance of abortion services. No person or provider who refuses to perform abortion services will be subject to penalty or discipline in any form for such a choice.

G. The Alliance will notify members when they enroll with the Alliance that some providers, hospitals, and clinics do not perform abortion services, and that the Alliance will assist the member to obtain the services from a provider, hospital or clinic who will provide the service. The Alliance will ensure that members have timely access to abortion services.

H. Alliance GroupCare members can access abortion services without a referral or prior authorization; however, these services are not covered if performed by an Out-Of-Network practitioner.

PROCEDURE

A. Informed Consent - Practitioners must furnish Members with sufficient information, in terms that a Member can understand, so that an informed decision can be made. All Alliance and Out-Of-Network family planning services practitioners must obtain informed consent for all contraceptive methods, including sterilization. Informed consent is also required in the provision of abortion services. In the event that the Member is unable to give consent, his/her legal guardian must make appropriate care decisions as needed.

B. Freedom of Choice

1. Members are to be provided with sufficient information to allow them to make informed choices regarding the types of family planning services available, and their right to access these services, including abortion services, in a timely and confidential manner. Medi-Cal Members are informed upon enrollment of their right to access family planning services and abortion services within and outside of Alliance's Network, without prior authorization. Healthy Families and Non-State Program Members are informed that access to family planning services and abortion services are available through any qualified obstetrical practitioner within the Alliance Network.

2. Members receive Family Planning and freedom of choice information from Alliance in the following ways:

   a. Member Explanation of Coverage Handbook;

b. Member Newsletter; and

c. Member Services contacts.

C. California Minor Consent

1. Minors of any age may consent to/receive Minor Consent Services from any Network Provider or Out of Network Provider without requiring Prior Authorization:

a. Family Planning services.

b. Medical care related to the prevention or treatment of pregnancy, except sterilization.

c. Birth control.

d. Abortion.

e. Emergency medical services when parent/guardian unavailable to give consent.

f. Medical care related to diagnosis, treatment and collection of medical evidence related to a sexual assault.

g. Medical care related to diagnosis, treatment and collection of medical evidence related to the rape of a minor under age 12.

2. Minors aged 12 and older may consent to/receive:

a. Medical care related to diagnosis, treatment of a sexually transmitted disease (STD).

b. An HIV test and diagnosis, treatment of HIV/AIDS.

c. Medical care related to diagnosis, treatment and collection of medical evidence related to an alleged rape.

d. Drug or alcohol abuse

e. Non-Specialty Mental Health Services, when mature enough to participate in their health care.

3. Minors are informed of the availability of Minor Consent Services without prior authorization in the Member Handbook/Evidence of Coverage.

D. Family Planning Services

1. The following list of services may be provided to Alliance Members as part of the family planning benefit, in or out of network, without prior authorization:

a. Health education and counseling necessary to make informed choices and understand contraceptive methods;

b. Verbal history and physical examination limited to immediate problem;

c. Laboratory tests, if medically indicated as part of decision making process for choice of contraceptive methods;

d. Follow-up care for complications associated with contraceptive methods issued by the family planning practitioner;

e. Provision of contraceptive pills, devices, supplies;

f. Provision and insertion of Norplant;

g. Tubal ligation;

h. Vasectomies;

i. Pregnancy testing and counseling;

j. Diagnosis and treatment of STDs if medically indicated (STD diagnosis and treatment, provided during a family planning encounter are considered part of family planning services); and

k. Screening, testing and counseling of at-risk individuals for HIV (HIV testing and counseling, provided during a family planning encounter, are considered part of family planning services).

2. Therapeutic and elective abortions are not considered a part of family planning services.

3. Infertility studies, reversal of voluntary sterilization, and hysterectomy for sterilization are not included under the Family Planning benefit.

4. Accessing Family Planning Services

a. Medi-Cal Members select a qualified family planning practitioner of their choice within the Alliance Network, or Out-Of-Network. Alliance Member Services refers Members who request additional information to the State Office of Family Planning at (800) 942-1054 to receive more information on qualified family planning practitioners.

b. Healthy Families and Non-State Program Members may self-refer without prior authorization, to a qualified family planning practitioner within the Alliance Network.

c. AAH does not infringe upon any member's choice of contraceptive drug, device, or product and shall not impose any restrictions or delays on the coverage required, including prior authorization, step therapy, or utilization control techniques.

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d. AAH defers to the determination and judgment of the provider and provides coverage for an alternative prescribed contraceptive drug, device, product, or service without imposing any cost sharing requirements if the covered therapeutic equivalent of a drug, device, or product is deemed medically inadvisable by the member's provider.

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e. Out-of-Network family planning practitioners are expected to demonstrate a reasonable effort in coordinating services with Alliance Network practitioners, including educating Members to return to their PCP for continuity and coordination of care.

f. Members should be encouraged to approve release of their medical records from the family planning provider to the PCP so that the PCP may coordinate future care accordingly and avoid duplication of already provided services.

g. If they desire, Members may sign a modified release of information form that preserves their medical record confidentiality, but allows STD service practitioners adequate information to bill for the services. Practitioners must make such a form available to Members.

5. Coordination of Care - Listed below are the roles and responsibilities of the PCP, Out-Of-Network family planning practitioner, the Provider and Alliance staff in coordinating care for Medi-Cal Members accessing Out-Of-Network practitioners for family planning.

a. Out-of-Network practitioners should encourage Members to sign release of information forms so that clinical information can be forwarded to the Member's

PCP. If a release is signed, and the Member needs care as a follow- up to the family planning services or due to a complication of the family planning service, the Out-Of-Network practitioner must contact the PCP. This applies to Medi-Cal Members only.

b. The Member's assigned PCP is responsible for providing or coordinating any additional health care needed by the Member and/or documenting in the medical record any family planning services received by the Member (e.g., PAP smear, type of birth control method) upon receiving medical records from or being informed by the family planning practitioner or Member.

c. If informed by a family planning practitioner that follow-up is needed for a Member, the Alliance is responsible for informing the PCP and ensuring that all necessary follow-up or additional services are arranged for through the PCP or specialty practitioner as indicated.

6. Out-of-Network Family Planning Services Reimbursement (see Section 19 "Claims" for additional information).

F. Sterilization

1. Informed Consent.

a. Informed consent may not be obtained while the Member is under the influence of alcohol, or any substance that affects the Members state of awareness. Consent may not be obtained while the Member is in labor, within 24 hours of delivery, post abortion, or if the Member is seeking to obtain or obtaining an abortion.

b. Written informed consent must have been given at least 30 days and no more than 180 days before the procedure is performed. A copy of the consent form must be given to the Member.

c. A hysterectomy requires an additional consent form. A hysterectomy is not compensated under the Medi-Cal program if performed or arranged for the sole purpose of rendering the Member sterile.

d. Sterilization may be performed at the time of emergency abdominal surgery or premature delivery if the Member consented to sterilization at least 30 days prior to the intended date of sterilization or the expected date of delivery or at least 72 hours have passed between the time that written consent was given and the time of the emergency surgery or premature delivery. The consent must also have been signed 72 hours prior to the Member having received any preoperative medication.

e. The PM 330 Consent Form must be fully completed at the time of the procedure.

f. Original copies of the informed consent are filed in the Member's medical record.

2. Access to Sterilization Services

a. <u>For Medi-Cal Members</u>:

1). The Medi-Cal Member may select a qualified family planning practitioner of his/her choice within the Alliance network, or out of network. Members can call the State Office of Family Planning at (800) 942-1054 to receive more information on qualified family planning practitioners.

2). Out-of-network family planning practitioners are expected to demonstrate a reasonable effort in coordinating services with Alliance network practitioners, including educating Members to return to their PCP for

continuity and quality of care.

3). Out of network family planning practitioners must be reimbursed for covered family planning services when the following conditions are met:

i). The family planning practitioner must submit claims for sterilization services to the Member's Delegated Provider Group or the Alliance Claims Department on a CMS 1500 form, using the appropriate CPT and ICD-10 codes.

ii). The family planning practitioner must provide proof of service. If a Member refuses the release of medical information, the out-of-network practitioner must submit documentation of such a refusal.

iii). Proof of written informed consent must be submitted with the CMS 1500 form. The informed consent must have been given at least 30 days and no more than 180 days before the procedure is performed.

b. For Healthy Families Members:

Healthy Families Members do not have open access to Family Planning. Family Planning benefits are provided by the PCP or by self-referral to an Alliance practitioner. Prior authorization from the Alliance is required for care by an out- of-network practitioner.

c. For Non-State Members:

Non-State Members do not have open access to Family Planning. Family Planning benefits are provided by the PCP or by self-referral to an Alliance practitioner. Prior authorization from the Alliance is required for care by an out-of-network practitioner.

G. Sexually Transmitted Diseases

1. Access Within Network

a. Medi-Cal Members may elect to receive STD services from their PCPs or qualified practitioners within the Alliance Network.

b. Healthy Families and Non-State Program Members may elect STD services from their PCPs or qualified practitioners within the Alliance Network.

c. PCPs are required to offer all Members appropriate STD services, including screening, counseling, education, diagnosis and treatment.

d. Pursuant to Civil Code, Section 34.7, Members aged 12 and older may access STD services without parental consent.

2. Confidentiality and Reporting

a. The expressed, written consent of the Member or legal representative is required for the release of medical records to another party outside of the practitioner. If they desire, Members may sign a modified release of information form that preserves their medical record confidentiality but gives STD services practitioners adequate information for billing purposes. Practitioners must make such a form available to their Members.

b. All practitioners providing STD services are required by law to report individuals with certain communicable diseases to the LHD.

c. Medical records for Members presenting for STD evaluation must be maintained to protect the confidentiality of the Member. In-network practitioners must adhere

to Alliance Medical Records policies and procedures.

3. Access Out-of-Network (This does not apply to Healthy Families and Non-State Program Members).

   a. An Out-Of-Network practitioner is a practitioner who is not affiliated with Alliance for the provision of health care services. An Out-Of-Network practitioner may be a family planning practitioner, an LHD, or any other practitioner who provides STD services within their scope of licensure and practice. Members may access STD services through Out-Of-Network practitioners without prior authorization.

   b. Medi-Cal Members may make their own appointment with the STD services practitioner of their choice. Members should return to their PCPs to maintain continuity of care.

   c. Out-of-network practitioners may call Alliance Member Services at (510) 747-4567 for Medi-Cal eligibility, benefits, benefit exclusions, limitations, and the name of the Member's Alliance PCP. Alliance reminds the Out-Of-Network practitioner to refer the Member back to their PCP to maintain continuity of care.

4. Coordination of Care

   a. PCPs are responsible for coordination of care and avoiding duplicate delivery of services for those Members who inform them and/or release medical records for Out-Of-Network STD treatment received.

   b. In those cases, the PCP is responsible for determining what services were received by the Member, recording or placing in the medical record all pertinent information (assuming consent from the Member) and determining any need for follow-up care, testing or treatment.

5. Reimbursement for Out-of-Network Services (This does not apply to Healthy Families and Non-State Program Members).

   a. The reimbursement for Out-Of-Network practitioners not associated with an LHD for STD services is limited to one office visit per disease episode for:

      1). Diagnosis and treatment of vaginal discharge and urethral discharge.

      2). Evaluation and initiation of treatment of Pelvic Inflammatory Disease (PID)

      3). Those STDs that are responsive to immediate diagnosis and treatment:

         i). Bbacterial vaginosis

         ii). Ccandidiasis

         iii). Cchancroid

         iv). Cchlamydia

         v). Ggonorrhea

         vi). Ggranuloma inguinale

         vii). hHerpes simplex

         viii). Hhuman papilloma virus

         ix). Llymphogranuloma venereum

         x). Nnon-gonococcal urethritis

         xi). sSyphilis

         xii). Trichomoniasis

   b. For LHDs, reimbursement is available as outlined below:

      1). One visit is reimbursable for initiation of treatment of vaginal or urethral discharge for symptoms and signs consistent with bacterial vaginosis, trichomoniasis, or candidiasis.

      2). Initial visit and up to five (5) additional visits for clinical and serological follow-up and treatment of primary or secondary syphilis are reimbursable. Documentation should include serologic test results upon which treatment recommendations were made.

      3). Initial visit and up to two follow-up visits are reimbursable for confirmation of diagnosis and clinical improvement of chancroid.

      4). A maximum of three visits are reimbursable for lymphogranuloma or granuloma inguinale, based upon the time involved in confirming the diagnosis and the duration of necessary therapy.

      5). One visit is reimbursable for presumptive diagnosis and treatment of herpes simplex.

      6). Gonorrhea, non-gonococcal urethritis and chlamydia can often be presumptively diagnosed and treated in one visit. For individuals with gonorrhea or chlamydia not presumptively treated at the first visit, a second visit for treatment is reimbursed.

      7). One visit is reimbursable for diagnosis and initiation of therapy for human papilloma virus, with referral to PCP for further follow-up and treatment.

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8). Initial visits and two follow-up visits for diagnosis, treatment and urgent follow-up of pelvic inflammatory disease are reimbursable. Members should be referred to their PCP for continued follow-up after the initial three visits have been provided by the LHD.

c. STD services provided through Out-Of-Network practitioners must be reimbursed at the Medi-Cal fee-for-service (FFS) rate, unless otherwise negotiated in subcontracts with the Alliance.

d. Guidelines for treatment of various STDs may require that HIV testing and counseling be performed. These tests and counseling procedures are reimbursed at the appropriate Medi-Cal FFS rate.

e. Conditions for Reimbursement

1). The Out-Of-Network practitioner must submit claims to the Alliance Claims Department on CMS 1500 or UB92 billing forms, using the appropriate CPT and ICD-10 codes that reflect STD diagnosis and treatment.

2). The STD treatment practitioner must provide proof of service. If a Member refuses the release of medical information, the treating practitioner must submit documentation of the refusal.

3). STD treatment practitioners are not reimbursed for services that fall outside the specific conditions and visits noted above.

4). STD practitioners are only reimbursed for services provided by a practitioner within their licensed scope of practice.

5). STD practitioners are only reimbursed for services provided to Alliance Medi-Cal Members.

f. Practitioners providing STD services who wish to register a grievance regarding non-payment, underpayment, or any billing related issue may do so by contacting:

NOPD Unit – Claims Department

Alameda Alliance for Health
PO Box 2460
Alameda, CA 94501-0460

H. HIV Testing and Counseling

1. Access to HIV Counseling and Testing Services Overview

a. PCPs are required to assess Members for risk factors for HIV infection. The assessment can occur in the following situations:

1). As part of a well-child or adult physical exam.

2). At the time of a visit for illness or injury.

3). At the request of a Member, Member's parent or guardian.

4). Other appropriate circumstances.

b. The assessment by the PCP should include the following:
   1). Obtaining a sexual history in sufficient detail to assess risk.
   2). Discussing any history of substance abuse including use of needles.
   3). History of significant blood transfusions in the past during period of infected blood supply.
   4). If a newborn or young child, the history above for mother of the child.
c. For those Members identified by the PCP as at risk for HIV infection, one of the following must occur:
   1). PCP provides HIV testing and counseling.
   2). For Medi-Cal Members, either the PCP refers the Member, or the Member can self-refer to a LHD operated or contracted HIV testing and counseling site for confidential or anonymous services.
   3). For Healthy Families and Non-State Program Members, the PCP refers the Member to a LHD or contracted HIV testing and counseling site for anonymous testing services.
d. Medi-Cal Members can also access HIV testing and counseling services directly, without prior authorization:
   1). As part of a Family Planning visit with any qualified family planning practitioner.
   2). As part of an STD visit at a LHD or other qualified practitioner
   3). Direct self-referral for anonymous or confidential HIV testing and counseling services at a LHD operated or contracted site.
e. Alliance Member Services is available to assist Members requesting access to HIV testing and counseling services by informing them of their options described above and/or referring them to LHD operated or contracted sites.
f. PCPs and specialists caring for Members who are children must offer HIV counseling to parents or legal guardians and education, counseling and testing where appropriate to infants, children and adolescents in the following categories:
   1). Infants and children of HIV seropositive mothers.
   2). Infants and children of mothers at high risk for HIV infection with unknown HIV serologic status including:
      i). Children born with a positive drug screen;
      ii). Children born to mothers who admit to present or past use of illicit drugs;
      iii). Children born with symptoms of drug withdrawal;
      iv). Children born to mothers who have arrests for drug-related offenses or prostitution;
      v). Children born to mothers with any male partners at high risk for HIV; and

vi). Any abandoned newborn infants.

3). Sexually abused children and adolescents.

4). Children receiving blood transfusion/blood products between 1977-1985 or symptomatic children receiving transfusions since 1985.

5). Adolescents who engage in high risk behaviors including unprotected sexual activity, illicit drug use, or who have had STDs.

6). Other children deemed at high risk by a practitioner.

g. State Program Members that are under the age of 21 years who are confirmed HIV positive must be referred to the CCS Program.

2. HIV Testing, Counseling and Follow-up for Prenatal Women

a. Alliance network practitioners who provide women's health care services must comply with current law (California Health and Safety Code, Section 125107) that requires the health care professional primarily responsible for providing prenatal care to a pregnant Member to offer HIV information and counseling to every pregnant Member, including, but not limited to:

1). Mode of transmission

2). Risk reduction and behavior modification including methods to reduce the risk of perinatal transmission.

3). Referral to other HIV prevention and psychosocial services

b. The Alliance requires that all prenatal care practitioners offer HIV testing to every pregnant Member, unless the Member has a positive test result documented in the medical record or has AIDS as diagnosed by a practitioner.

c. All Alliance prenatal care practitioners are required to discuss with the Member:

1). The purpose of the test.

2). Its potential risks and benefits, including treatment to reduce transmission to the newborn and that it is a voluntary test.

d. Practitioners must document in the Member's medical record that education, counseling and testing was offered to the pregnant Member.

3. Out-of-Network Reimbursement for Medi-Cal Members

a. HIV testing and counseling services provided through LHDs, sites subcontracted by LHDs or qualified family planning practitioners as part of a family planning visit must be reimbursed at the Medi-Cal fee-for-service rate, unless otherwise negotiated by the Alliance.

b. Out-of-network practitioners must submit claims to the Alliance Claims Department on HCFA 1500 billing forms using appropriate CPT and ICD-10 codes.

c. Out-of-network practitioners must provide proof of service adequate for audit purposes.

d. All out-of-network practitioner HIV testing and counseling claims grievances are resolved per the Alliance Provider Grievance Process (see Policy G&A-009 "Provider Grievances"").

e. All documentation in Member's charts and release of information regarding HIV tests must conform to all provisions of California Health and Safety Code Division 105, Part 4, including Sections 120975, 120980, 120985, and 121010, 199.25, and Insurance Code Section 791.06. Confidentiality guidelines are set below:

1). The practitioner ordering the test may record the results in the subject's medical record and disclose the results to other practitioners for purposes of diagnosis, care or treatment without written authorization of the subject.

2). The practitioner ordering the test may NOT disclose the results of the test to Alliance or any other health care service plan.

3). All records reflecting HIV testing must be kept in a locked cabinet accessible only by authorized personnel.

4. Consent of HIV Testing and Disclosure of HIV Test Results

a. All practitioners ordering HIV tests must either obtain written consent or informed verbal consent from the Member. Informed verbal consent is only sufficient when a treating practitioner orders the test.

b. Except in cases where direct health care practitioners are disclosing the results of an HIV test for purposes directly related to the health care of the Member, all Alliance network practitioners must obtain written consent from the Member to disclose results of an HIV test.

5. Reporting

a. All practitioners are required to comply with state law and report all known AIDS cases to the LHD. (See UM-023 Communicable Disease Reporting and Services).

I. Abortion Services

1. Accessing Abortion Services

a. Medi-Cal Members select a qualified practitioner of their choice within the Alliance Network, or Out-Of-Network.

b. Healthy Families and Non-State Program Members may self-refer without prior authorization, to a qualified practitioner within the Alliance Network.

2. Inpatient hospitalization for the performance of an abortion requires prior authorization under the same criteria as other medical procedures (see California Code of Regulations [CCR],Title 22, Section 51327).Out-Of-Network Reimbursement for Abortion Services

a. If a Member chooses to see an Out-Of-Network practitioner for abortion services, the reimbursement rate will not be lower, and is not required to be higher, than the Medi-Cal fee-for-service rate unless the Out-Of-Network practitioner and the Alliance mutually agree to a different reimbursement rate.

3. Prohibition Against Interfering with Abortion Services

a. The Reproductive Privacy Act (Health and Safety Code Section 123460, et seq.) provides that California, and plans as contractors, may not deny or interfere with

a women's right to choose or obtain an abortion prior to viability of the fetus or when an abortion is necessary to protect the life or health of the woman.

J. Delegation Oversight

The Alliance adheres to applicable contractual and regulatory requirements and accreditation standards**.** All delegated entities with delegated utilization management responsibilities will also need to comply with the same standards. Refer to CMP-019 for monitoring of delegation oversight.

DEFINITIONS

None.

AFFECTED DEPARTMENTS/PARTIES

All Alliance Departments

RELATED POLICIES AND PROCEDURES

UM-023 Communicable Disease Reporting and Services
CMP- 019 Delegation Oversight

RELATED WORKFLOW DOCUMENTS OR OTHER ATTACHMENTS

None

REVISION HISTORY

1/1/2008, 1/16/2009, 9/6/2012. 4/21/2014, 10/14/2015, 01/10/2016, 12/15/2016, 04/16/2019, 5/21/2020, 5/20/2021, 6/28/2022, 02/21/2023, 6/20/2023

REFERENCES

1. DHCS Contract Exhibit A, Attachment 9, Provision 9
2. Title 22, Section 51305.(1), (2), (3), (4)
3. California Family Code Sections 6925-6928
3. All Plan Letter 2~~2-022~~23-004
4. Reproductive Privacy Act

MONITORING

The Compliance and Utilization Department will review this policy annually for compliance with regulatory and contractual requirements. All policies will be brought to the Quality Improvement Health Equity Committee.