

**Government Business Division
Policies and Procedures**

Section (Primary Department) Utilization Management		SUBJECT (Document Title) Family Planning Services (including Sexually Transmitted Infections) - Access to - CA	
Effective Date 07/24/2013	Date of Last Review 04/24/2024	Date of Last Revision 04/24/2024	Dept. Approval Date 04/24/2024
Department Approval/Signature:			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input checked="" type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

POLICY:

Members shall have confidential and timely access to the full scope of family planning services, based on Anthem Medicaid coverage. Members may obtain family planning services without prior authorization through any Medicaid provider. Minors have the right to receive treatment without parental consent in cases of sexual abuse, rape, family planning, and sexually transmitted infections (STIs). Anthem Medicaid prohibits the disclosure of information about family planning services received by a member to the member’s spouse, parents or significant other(s) during the course of case management without the member’s written consent.

DEFINITIONS:

None

PROCEDURE:

A. Family Planning

1. Members have the right to access family planning services through any family planning provider without prior authorization.
2. Members of childbearing age may access the following services from out-of-plan family planning providers to temporarily or permanently prevent or delay pregnancy:
 - 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.

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- d) Diagnosis and treatment of a STI episode, as defined by Department of Health Care Services (DHCS) for each sexually transmitted infection, if medically indicated.
- i) Members (ages 12 and older) may access out-of-network STI services through local health department (LHD) clinics, family planning clinics, or through other community STI service providers. Members may access LHD clinics and family planning clinics for diagnosis and treatment of a STI episode. For community providers other than LHD and family planning providers, out-of-plan services are limited to one office visit per disease episode for the purposes of:
- Diagnosis and treatment of vaginal discharge and urethral discharge;
 - Those STIs that are amenable to immediate diagnosis and treatment, and this includes syphilis, gonorrhea, chlamydia, herpes simplex, chancroid, trichomoniasis, human papilloma virus, nongonococcal urethritis, lymphogranuloma venereum and granuloma inguinale and;
 - Evaluation and treatment of pelvic inflammatory disease.
 - The PCP is responsible to provide follow-up care for STI services. The out-of-network providers are responsible to educate and counsel members to return to their PCP for continuity of care. If the member refuses to release information to Anthem Medicaid or the PCP, further treatment of the STI by the LHD may be necessary. If the member has been treated by the LHD, the LHD is responsible to counsel the member to return to the Plan provider for continuity of care.
 - Anthem Medicaid subcontracts with LHD and holds a Memorandum of Understanding (MOU) with regard the provision of STI services.
 - The Anthem Medicaid Community Resource Coordinator will serve as the liaison to coordinate activities with the LHD.
- e) Confidential screening, testing, and counseling of at risk individuals for Human Immunodeficiency Virus (HIV) and referral for treatment.
- f) Follow-up care for complications associated with contraceptive methods provided or prescribed by the family planning provider.
- g) Provision of contraceptive pills, devices, and supplies.
- h) Tubal ligation.

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- i) Vasectomies.
 - j) Pregnancy testing and counseling.
3. Minors do not need parental consent to access services related to pregnancy, STI's, and family planning. *(Refer to CA Medicaid Policy #CA_UMXX_113 "Adolescent "Confidential" Sensitive Services")*

B. The following are NOT considered Family Planning services:

- 1. Therapeutic abortion services
- 2. Routine infertility studies or procedures to promote fertility
- 3. Hysterectomy for sterilization purposes only
- 4. Transportation, parking or childcare

C. Informed Consent Requirements

- 1. Informed consent must be obtained, in writing, from all members for the provision of all contraceptive methods, including sterilization. Such consent and documentation of receiving a copy of the sterilization handbook will be maintained in the members' medical record.
- 2. The following informed consent requirements per California Code of Regulations (CCR), Title 22, Sections 51305.1 and 51305.3 shall apply:
 - a) Contracted providers shall ensure that informed consent is obtained from the member and documented on a completed Consent PM 330 form (see attachment) prior to the provision of all sterilization procedures. Coverage of sterilization is contingent upon receipt of the signed informed consent PM 330 form with the claim for services and adherence to the following requirement:
 - i) The individual must be 21 years of age or older.
 - ii) The individual is mentally competent at the time the form was signed.
 - iii) Form PM 330 must be signed not less than thirty (30) days or more than one hundred-eighty (180) days prior to sterilization. (except as noted below)
 - iv) The form was signed seventy-two (72) hours prior to a premature delivery or emergency abdominal surgery (the only

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exception to the requirement for 30 days prior to the procedure).

- b) Anthem Medicaid shall ensure that providers are aware that the informed consent may not be obtained while the individual to be sterilized is:
 - i) in labor or within 24 hours postpartum or post abortion
 - ii) under the influence of alcohol or other substances which affect an individual's state of awareness
 - iii) institutionalized voluntarily or involuntarily at the time the form was signed
 - iv) seeking to obtain or obtaining an abortion
 - v) seeking to obtain means that period of time during which the abortion decision and the arrangements for the abortion are being made
 - vi) obtaining an abortion means that period of time during which an individual is undergoing the abortion procedure, including any period during which preoperative medication is administered, or under the influence of alcohol or other substances that affect the individual's stat of awareness.

D. Member Education

- 1. Members are informed of their right to access any qualified family planning provider in the Member Handbook.
- 2. Members are provided with sufficient comprehensible information to allow them to make an informed choice including:
 - a) Types of family planning services available;
 - b) Their right to access these services in a timely and confidential manner;
 - c) Their freedom to choose a qualified in-network or out-of- network family planning provider.
- 3. Members are encouraged to access services within the plan for better coordination of care, and the positive impact of coordinated care on their health outcomes.

E. Confidentiality

- 1. All medical records shall be maintained in a confidential manner, thereby being inaccessible to patients and other unauthorized persons to guard against disclosure of information.

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2. Member's medical information may be shared only if the member signed a release of confidential information, allowing billing and treatment information to be sent to Anthem Medicaid and/or treatment information to be sent to the PCP. If the member does not consent for release of medical information, this should be documented in the medical record.

F. Reporting

1. Providers are to report communicable diseases in accordance with the Reportable Diseases and Conditions included in Title 17, CCR § 2500 Subchapter 1. (see webpage link in Reference section below)

REFERENCES:

- Anthem Medicaid Provider Operations Manual, 2024
- CA CCR, Title 17, Section 2500
- CA CCR Title 22 CCR Sections 51305.1
- CA CCR Title 22 CCR Sections 51305.3
- CA Medi-Cal, LA Care, MRMIP Member Services Guides
- CA Medicaid Policy #CA_UMXX_075 "Self-Referable Services"
- CA Medicaid Policy #CA_UMXX_113 "Adolescent "Confidential" Sensitive Services"
- DHCS All Plan Letter 16-003 "Family Planning Services Policy for Contraceptive Supplies" (December 2016), retrieved at <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-003R.pdf>
- DHCS Contract Exhibit A, Attachment III; 5.2.8
- PM 330 Informed Consent Form

RESPONSIBLE DEPARTMENTS:

Primary Department:

Utilization Management (UM)

Secondary Department(s):

None

EXCEPTIONS:

None

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REVISION HISTORY:

Review Date	Changes
04/24/24	<ul style="list-style-type: none"> • Annual Review • Updated References section to reflect 2024 Provider Operations Manual
07/31/23	<ul style="list-style-type: none"> • Annual review • Updated References section • Updated primary department from “Medical Management (Utilization Management and Case Management)” to “Utilization Management (UM)” to match PD in header
07/27/22	<ul style="list-style-type: none"> • Annual Review • Updated References
07/13/21	<ul style="list-style-type: none"> • Annual Review, no changes
06/26/20	<ul style="list-style-type: none"> • Annual Review • Updated References
06/28/19	<ul style="list-style-type: none"> • Annual Review • Updated References • Changed STD to STI
06/30/18	<ul style="list-style-type: none"> • Annual review. • Updated References
01/30/18	<ul style="list-style-type: none"> • Added “documentation of receiving a copy of the sterilization handbook” under Informed Consent • Updated references
06/30/17	<ul style="list-style-type: none"> • Annual Review, no changes
06/30/16	<ul style="list-style-type: none"> • Annual review. • Added APL reference
04/29/16	<ul style="list-style-type: none"> • Annual Review, no changes
05/30/15	<ul style="list-style-type: none"> • Removed Healthy Families and SPD • Removed Blue Cross • Updated Provider Manual Dates
06/25/13	<ul style="list-style-type: none"> • Created a new policy specifically address Access to Family Planning Services. This new policy was created as a separate policy from CA_UMXX_075 “Self-Referable Services” which previously included the information.