

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: Women's Health and Family Planning Services
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APPROVED DATE: Aug 2011	RETIRED:
INITIAL EFFECTIVE DATE: Oct 2012	REVIEWED/REVISED: 09/13, 04/14; 11/14, 4/15; 5/16, 5/17, 5/18, 5/19
REVISED EFFECTIVE DATE: 2/1/15	
PRODUCT TYPE: All	REFERENCE NUMBER: LA.UM.01.02

SCOPE:

Louisiana Healthcare Connections (Plan) Medical Management Department

PURPOSE:

To ensure female members have direct access to women's health and family planning services.

POLICY:

Female members will have direct access to an OB/GYN within the Plan's network for routine OB/GYN services regardless of whether the PCP (general practitioner, family practitioner or internist) provides such women's health services, including routine gynecological exams. In accordance with federal law, the Plan covers family planning services provided by any qualified provider regardless of Plan network participation.

Federal and state requirements regarding sterilizations and hysterectomies, as specified in the Medicaid Professional Services Provider Manual, shall be adhered to in providing women's health services.

PROCEDURE:

1. Access to Family Planning Services

- Services are to be provided in a confidential manner to individuals of childbearing age including minors who may be sexually active, who voluntarily choose not to risk initial pregnancy, or wish to limit the number and spacing of their children.
- The Plan will provide annual family planning general physical assessments (non-prescriptive methods can be seen every 2 years) to include:
 - Medical history and physical exam
 - Medically approved diagnostic evaluation including lab tests routinely performed as part of an initial or regular follow-up visit/exam for family planning purposes and sexual health(PAP smear; Gonorrhea and Chlamydia testing; syphilis serology; HIV testing; and rubella titer);(RFP 6.14.1.3)
 - Drugs for the treatment of lower genital tract and genital skin infections/disorders, and urinary tract

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infections, when the infection/disorder is identified/diagnosed during a routine/periodic family planning visit. A follow-up visit/encounter for the treatment/drugs may also be covered. (RFP 6.14.1.4)

- Client education - reproductive anatomy and physiology, fertility regulation, and STI transmission;
- Pregnancy diagnosis, counseling and referral.; and
- Supplies, devices, and related counseling for the purpose of voluntarily preventing unintended pregnancy or for the detection or treatment of sexually transmitted infections (STIs) (RFP 6.14.2)
 - Counseling - to assist clients in reaching an informed decision
 - Method counseling - results of history and physical exam; mechanism of action, side effects and possible complications
 - Special counseling (when indicated) - pregnancy planning and management; sterilization; genetics; nutrition
- Pharmaceutical supplies and devices will be provided to prevent conception, including all methods of contraception approved by FDA. The Plan will: (RFP 6.14.1.5)
 - Encourage the use of public providers in their network;
 - Encourage family planning providers to communicate with PCPs once any form of medical treatment is undertaken;
 - Maintain accessibility for family planning services through promptness in scheduling appointments, particularly for teenagers (appointments available within one (1) week); transportation to and from family planning appointments provided all other criteria for NEMT are met; and (RFP 6.14.1.6, 6.14.1.8)
 - Make certain that the PMPM payment is not utilized for the services for the treatment of infertility.
 - Provide treatment of major complications from certain family planning procedures such as: treatment of perforated uterus due to intrauterine device insertion; treatment of severe menstrual bleeding caused by a Depo-

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Provera injection requiring dilation and curettage; and treatment of surgical or anesthesia-related complications during a sterilization procedure (RFP 6.14.1.7)

- In accordance with federal freedom of choice provisions, Plan members may use the family planning provider of their choice, whether or not the family planning provider is part of the Plan's network. Out-of-network family planning services do not require prior-authorization.
 - The Plan is financially liable for payment of those services and shall provide reimbursement to the out-of-network providers when the members elect to use family planning services outside of the members' Plan provider network.
 - Reimbursement shall be at the Medicaid fee-for-service rate in effect on the date of service.
 - Acceptance of the Plan's payment shall be considered payment in full and out-of-network family planning providers cannot bill members any difference between their charge and the Plan's payment.

2. Consent and Payment for Abortions Services

Abortions must be prior approved before the service is rendered to ensure compliance with federal and state regulations.

The Plan shall provide for abortions in accordance with 42 CFR Part 441, Subpart E, and the requirements of the Hyde Amendment (currently found in the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2014, Public Law 113-76, Division H, Title V, §506 and §507) and only if:

- A woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself that would, as certified by a physician place the woman in danger of death unless an abortion is performed; or

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- A physician must certify in their handwriting, that on the basis of their professional judgment, the life of the pregnant woman would be endangered if the fetus were carried to term. The provider shall:
 - Attach the certification statement to the claim form and this shall be retained by the Plan .
 - The certification statement shall contain the name and address of the patient. The diagnosis or medical condition which makes the pregnancy life endangering shall be specified on the claim.

For abortion services performed as the result of an act of rape or incest the following requirements shall be met:

 - The member shall report the act of rape or incest to a law enforcement official unless the treating physician certifies in writing that in the physician's professional opinion, the victim was too physically or psychologically incapacitated to report the rape or incest.
 - The report of the act of rape or incest to law enforcement official or the treating physician's statement that the victim was too physically or psychologically incapacitated to report the rape or incest shall be submitted to the Plan along with the treating physician's claim for reimbursement for performing an abortion.
 - The member shall certify that the pregnancy is the result of rape or incest and this certification shall be witnessed by the treating physician.
 - The Office of Public Health Certification of Informed Consent- Abortion form (Appendix N - RFP, Amendment 11) shall be witnessed by the treating physician.
 - Providers shall attach a copy of the Office of Public Health Certification of Informed Consent-Abortion form to their claim form. All claim forms and attachments shall be retained by the Plan. (RFP 6.17.4.4)
- The Plan will submit on a monthly basis, a report of all therapeutic abortions performed. The report will include medical records to support each abortion performed, a copy of the completed abortion statement and a copy of the police report if applicable.

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3. Consent for Hysterectomies

Non-elective, medically necessary hysterectomies provided by the Plan shall follow Medicaid policy and meet the following requirements:

- The individual or her representative, if any, must be informed orally and in writing that the hysterectomy will render the individual permanently incapable of reproducing;
- The individual or her representative, if any, must sign and date an acknowledgment of receipt of hysterectomy information form prior to the hysterectomy. Informed consent must be obtained regardless of diagnosis or age.
- The hysterectomy acknowledgment form is acceptable when signed after the surgery only if it clearly states that the patient was informed prior to the surgery that she would be rendered incapable of reproduction.
- The acknowledgment form is not required if the individual was already sterile before the hysterectomy or if the individual required a hysterectomy because of a life threatening emergency situation in which the physician determined that prior acknowledgment was not possible. In these circumstances, a physician statement is required.
- Hysterectomy shall not be covered if there was more than one purpose for performing the hysterectomy, but the primary purpose was to render the individual permanently incapable of reproducing.
- Hysterectomy shall not be covered if performed solely for the purpose of rendering an individual permanently incapable of reproducing. (RFP 6.15)

4. Consent for Sterilizations

Sterilization must be conducted in accordance with Louisiana R.S. 40:1299.51, state Medicaid policy, federal regulations contained in 42 CFR §441.250 -441.259. All procedures must be documented with a completed Sterilization Consent Form OMB 0937-0166 (RFP 6.14.1.6 and 6.16)

REFERENCES:

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Federal Regulations: 42 CFR 441.250 – 441.259
LA MCO RFP Amendment 11 Sections 6.10-6.17

ATTACHMENTS:

Hysterectomy Consent Form (LA MCO RFP Amendment 11, Appendix L) - URL:
<http://www.lamedicaid.com/provweb1/forms/BHSF%20Form%2096-A.pdf>

Sterilization Consent Form (LA MCO RFP Amendment 11, Appendix M) - URL:
<http://www.hhs.gov/opa/pdfs/consent-for-sterilization-english-updated.pdf>

Certification of Informed Consent- Abortion (LA MCO RFP Amendment 11, Appendix N)- URL:
http://ldh.la.gov/assets/docs/BayouHealth/RFP2014/Appendices/AppendixN_AbortionCertification-of-InformedConsent.pdf

DEFINITIONS:

Routine gynecological care – minimum of two routine annual visits, provided that the second visit shall be permitted based upon medical need only, and follow-up treatment provided within 60 days following either visit if related to a condition diagnosed or treated during the visits, and any care related to a pregnancy.

REVISION LOG:	DATE
No Revisions	9/2013
Updated NCQA date to 2014	4/2014
Corrected references to correct title. LA Procurement 2015 Policy Update	11/2014
Updated NCQA date to current	4/2015
Updated RFP references	5/2016
Updated Sterilization Consent Form	
No changes	5/2017
Updated RFP References	5/2018
Updated References/RFP References	5/2019
Added Abortion Consent Attachment	
Updated Compliance 360 to Archer	

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer GRC, Centene's P&P management software,
is considered equivalent to a physical signature.

V.P. Medical Management: Signature on File

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Sr. V.P. Medical Affairs: Signature on File