

HEALTH PLAN OF SAN JOAQUIN			
Subject: Sensitive Healthcare Services			
Department: Medical Management			Policy #: UM12
Applies to: Medi-Cal and Healthy Families			Scope:
Effective Date: 2/1/96	Revised Date: 2/1/07, 6/24/08	Approved by: Medical Director	

POLICY

- A. Health Plan of San Joaquin’s (HPSJ) Medi-Cal and Healthy Families members may access sensitive services without Plan or parental consent. Sensitive healthcare services are those services provided relative to 1) sexual assault, 2) drug or alcohol abuse, 3) pregnancy, 4) family planing, 5) sexually transmitted diseases, and 6) HIV/AIDS.
- B. HPSJ has no ethical or religious objection in providing sensitive services. Members may access sensitive services from any willing and qualified provider without referral or prior authorization. Should a contracting provider object to providing sensitive services based on ethical or religious reasons, HPSJ will offer the member alternative providers, whether or not the provider is contracted with HPSJ.
- C. HPSJ and Providers will maintain strict confidentiality and release information **only** with approval by member, to those designated by the member with the specific information and representations.

PROCEDURE

- A. Members may self refer for services classified as “sensitive services”. HPSJ does not require prior authorization or parental consent for these sensitive services, and will initiate no written or telephone communication, regarding sensitive services provided to its members, to the member’s parents and/or legal guardians. Providers accessing the claims and utilization management information on their patients, through the electronic database will be blocked from viewing any sensitive services diagnosis codes unless they are the submitting provider of the sensitive services information.
 - 1. Medi-Cal members may self-refer to any qualified, willing provider for sensitive services.
 - 2. Healthy Families/Commercial members must self refer to a HPSJ network provider. HPSJ maintains strict confidentiality regarding all sensitive services provided for its members.
 - 3. If asked, HPSJ recommends, but does not require, that its members acquire sensitive services through their PCPs, in order to coordinate member healthcare and ensure continuity of care

- B.** When members call requesting information concerning sensitive services, HPSJ will assist the member in obtaining such services, assure the member concerning confidentiality and that parents and/or legal guardian are not contacted, advise the member that such services are self-referred and do not require prior authorization.
- C.** HPSJ will ensure that the Combined Evidence of Coverage and Disclosure Form (EOC), member handbook and provider directory contain member information that states no prior authorization or parental consent is required for member access to sensitive services.
- D. Contraception / Sterilization**
1. For its Medi-Cal members, HPSJ will ensure that informed consent, using the proper 330 form, is obtained for all contraceptive methods, including sterilization, in accordance with Title 22, CCR, Sections 51305.1 and 51305.3
 2. A sterilization shall be performed only if the following conditions are met and the individual:
 - a) Is at least 21 years old at the time of consent.
 - b) Is able to understand the content and nature of the informed consent.
 - c) Is not a mentally incompetent individual.
 - d) Has voluntarily given informed consent.
 3. After a written informed consent for sterilization has been signed, the standard waiting period of 30 days, but not more than 180 days, will be adhered to prior to performing a sterilization procedure.
 4. Sterilization may be performed at the time of emergency abdominal surgery if the following requirements are met:
 - a) The written informed consent to be sterilized was given at least 30 days before the individual intended to be sterilized.
 - b) At least 72 hours have passed after written informed consent to be sterilized was given.
 5. Sterilization may be performed at the time of premature delivery if the following requirements are met:
 - a) The written informed consent was given at least 30 days before the expected date of delivery.
 - b) At least 72 hours have passed after written informed consent to be sterilized was given.
 6. If a member is in a facility that does not perform sterilization procedures due to ethical and religious objections, HPSJ will arrange for the transfer of the member to a facility that will perform the procedure.

E. Abortion

- 1. A member may self refer for an abortion. Medical justification and prior authorization is not a requirement. If the member needs to be an inpatient, then the physician will need to request the inpatient stay.

F. STD's

- 1. For treatment of STDs, access for services may be obtained without prior authorization for all members, both within and outside its provider network. Reimbursement of out-of-plan STD services is limited to one office visit per disease episode for the purpose of: 1) diagnosis and treatment of vaginal discharge and urethral discharge, 2) those STDs that are amenable to immediate diagnosis and treatment, and this includes syphilis, gonorrhea, herpes simplex, chancroid, trichomoniasis, human papilloma virus, non-gonococcal urethritis, lymphogranuloma venereum and granuloma inguinale and 3) evaluation and treatment of pelvic inflammatory disease (PID). Follow-up care must be obtained from a contracted Plan provider. HPSJ shall provide reimbursement only if STD treatment providers provide treatment records or documentation of the member's refusal to release medical records to HPSJ along with billing information.

G. HIV/AIDS

- 1. Members may self-refer for diagnosis and treatment of HIV/AIDS. HPSJ will compensate any qualified, willing provider on a fee-for-service basis for HIV/AIDS diagnosis and treatment. The diagnosing physician if isn't qualified to treat HIV/AIDS will usually refer the member to a qualified physician for treatment. In situations of limited availability of qualified physicians, HPSJ may authorize the diagnosing physician to also refer the member to him/herself for treatment as long as the physician is qualified to give such treatment. (Refer to Policy and Procedure UM11 for Standing Referral/Extended Access to Specialty Care for continuing care for HIV/AIDS.)
- 2. For the Medi-Cal Program: Long-term care facility charges for AIDS treatment is a carve-out for HPSJ. HPSJ's Claims Department sends letters to the physician who is treating an AIDS diagnosed member advising them to notify HPSJ whenever the member requires long-term care treatment. When long-term care is required for a member with AIDS, HPSJ notifies the State that financial responsibility for such care is transferred to the State of California in accordance with existing regulations.

REFERENCE

- A. DHS Contract Exhibit A, Attachment 9, #4 & 8
- B. Title 22, CCR, Sections 51327, 51305.1 and 51305.3
- C. QA16 – Confidentiality of Medical Records

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	MJordan 8/02	N. Raymond 2/07	S. Scott Reviewed 6/08		