Section (Primary Department) **Health Care Management**		**SUBJECT (Document Title)** **Women's Health and Family Planning Services – LA**	
Effective Date February 1, 2015	**Date of Last Review** August 7, 2020	**Date of Last Revision** ~~August 7, 2020~~	**Dept. Approval Date** ~~August 7, 2020~~
Department Approval/Signature :			

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

Products				
☒ **Medicaid/CHIP**	☐ Arkansas	☐ Indiana	☐ Nevada	☐ Tennessee
☐ **Medicare/SNP**	☐ California	☐ Iowa	☐ New Jersey	☐ Texas
☐ **MMP/Duals**	☐ Colorado	☐ Kentucky	☐ New York – Empire	☐ Virginia
	☐ District of Columbia	☒ Louisiana	☐ New York (WNY)	☐ Washington
	☐ Florida	☐ Maryland	☐ North Carolina	☐ Wisconsin
	☐ Georgia	☐ Minnesota	☐ South Carolina	☐ West Virginia

POLICY:

To provide members with access to women's routine and preventative health care services and family planning services, including care that ensures prompt diagnosis and treatment of sexually transmitted infections (STIs) and reduces the risk for transmission of STIs to others.

DEFINITIONS:

Family Planning Services – Services that include examinations and assessments, diagnostic procedures, health education, and counseling services related to alternative birth control and prevention as prescribed and rendered by physicians, hospitals, clinics and pharmacies.

Perinatal Services – Care relating to the time immediately before and after birth.

Prenatal Services – Care before birth; during or relating to pregnancy.

Sexually Transmitted Infection (STI) – Also known as sexually transmitted disease (STD) or venereal disease, is a term used to describe an infection caused by bacteria, viruses, or parasites acquired mainly through sexual contact.

Sterilization – Any medical procedure, treatment, or operation that is performed for the sole purpose of rendering an individual permanently incapable of reproducing.

PROCEDURE:

Sexually Transmitted Infection (STI) Prevention

1) Healthy Blue addresses high STI prevalence by incentivizing providers to conduct screening, prevention education, and early detection, including targeted outreach to at risk populations.

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2) Healthy Blue supports the protection of patient privacy and confidentiality of diagnosis and treatment of STIs, through compliance with state and federal regulations that mandate member self-referrals to local services and public health units for the treatment of STIs.
3) Healthy Blue, along with contracted providers, support members seeking treatment by providing education regarding self-referral procedures and assistance with coordination of services if needed.
4) Prior authorization shall not be required for the treatment of STIs.
   a) The provisions of 46:153.3(C)(1) exempt human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) drugs from the prior authorization process.
5) Member and provider quality and incentive programs aim to reduce underutilization of STI testing and prevention services; including, but not limited to, increased application of HIV and syphilis screenings in pregnant women.
   a) Member financial incentives are provided as a value-added benefit to those who complete specified preventive care and screenings, including screenings that detect HIV, chlamydia, syphilis, hepatitis C, and gonorrhea for members age sixteen (16) and older. To access the incentive, members must enroll in the Healthy Rewards Program.

Direct Access to Women's Health Care

1) To allow women to receive the necessary primary care and gynecological components of their annual preventive screening visits, Louisiana Medicaid reimburses for one (1) well-woman gynecological examination per year for women aged twenty-one (21) and over when performed by a primary care provider (PCP) or gynecologist. This is in addition to one (1) preventive medicine visit for adults aged twenty-one (21) years and older.
   a) The American College of Obstetricians and Gynecologists (ACOG) guidelines do not recommend cervical cancer screenings (Papanicolaou tests, also known as Pap tests) for women younger than twenty-one (21) years of age.
   b) Louisiana Medicaid does not reimburse for routine Pap tests or cervical cancer screenings for recipients under age twenty-one (21). However, Medicaid considers cervical cancer screening medically necessary for women under twenty-one (21) who:
      i) Were exposed to diethylstilbestrol before birth;
      ii) Have HIV;
      iii) Have a weakened immune system;
      iv) Have a history of cervical cancer; or
      v) Other criteria subsequently published by ACOG.
2) For fertile women of reproductive age, the woman's plan for future pregnancy shall be discussed on an annual basis during routine gynecological care, with special counseling on pregnancy prevention options for adolescent patients.
   a) Appropriate family planning and/or health services shall be provided based on the member's desire for future pregnancy and shall assist the member in achieving her plan with optimization of health status in the interim.

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   b) Use of long-acting reversible contraceptives (LARCs) should be encouraged and barriers such as prior authorization shall not be required for approval.
3) Healthy Blue shall provide direct access to a health specialist(s) in-network for core benefits and services necessary to provide women's routine and preventive health care services. This access shall be in addition to the member's PCP if that provider is not a women's health specialist.
4) Healthy Blue shall demonstrate its network includes sufficient family planning providers to ensure timely access to covered services.
5) Healthy Blue shall notify and give each member, including adolescents, the opportunity to use their own PCP or utilize any family planning service provider for family planning services without requiring a referral or authorization.
6) Family planning services shall be available to help prevent unintended or unplanned pregnancies. Family planning services include examinations, assessments and traditional contraceptive devices. Family planning services shall also include preconception and interconception care services for members to optimize member health entering pregnancy. Healthy Blue shall agree to make available all family planning services to members as specified in the Contract.
7) Healthy Blue may require family planning providers to submit claims or reports in specified formats before reimbursing services.
8) Healthy Blue maintains the confidentiality of family planning information and records for each individual member including those of minor patients.

Family Planning Services
1) Family planning services and supplies are available without referral or prior authorization requirements to help prevent unintended pregnancies.
2) Healthy Blue provides coverage for the following family planning services as defined in the emergency rule published in the June 20, 2014 Louisiana Register. Covered family planning services include, but are not limited to:
   a) Comprehensive medical history and physical exam in a frequency per year that meets or exceeds Medicaid limits, this visit includes anticipatory guidance and education related to members' reproductive health/needs;
   b) Contraceptive counseling to assist members in reaching an informed decision (including natural family planning, education follow-up visits, and referrals);
   c) Laboratory tests routinely performed as part of an initial or regular follow-up visit/exam for family planning purposes and management of sexual health;
   d) Drugs for the treatment of lower genital tract and genital skin infections/disorders, and urinary tract infections (UTIs), 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;

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   e) Pharmaceutical supplies and devices to prevent conception, including all methods of contraception approved by the Federal Food and Drug Administration (FDA);
      i) Prior authorization is not required for drugs with FDA indication for emergency contraception.
   f) Male and female sterilization procedures provided in accordance with 42 CFR Part 441, Subpart F;
   g) Treatment of major complications from certain family planning procedures such as:
      i) Treatment of perforated uterus due to intrauterine device (IUD) insertion;
      ii) Treatment of severe menstrual bleeding caused by a Depo-Provera injection requiring dilation and curettage (D&C); and
      iii) Treatment of surgical or anesthesia-related complications during a sterilization procedure.
   h) Transportation services to and from family planning appointments provided all other criteria for non-emergent medical transportation (NEMT) are met.
3) Services shall include diagnostic evaluation, supplies, devices, and related counseling for the purpose of voluntarily preventing or delaying pregnancy, detection or treatment of STIs, and age-appropriate vaccination for the prevention of human papillomavirus (HPV) and cervical cancer.
4) Members have the freedom to receive family planning services and related supplies from appropriate Medicaid providers outside Healthy Blue's provider network without any restrictions as specified in 42 CFR §431.51(b)(2).
   a) Members are encouraged to receive family planning services through Healthy Blue's network of providers to ensure continuity and coordination of the member's total care.
   b) Healthy Blue must offer contracts to the Louisiana Office of Public Health (OPH) for the provision of personal health services offered within the parish health units (e.g., immunizations, STI, family planning) and clinics and outpatient providers funded under the Health Resources and Services Administration (HRSA) administered Ryan White HIV/AIDS Program. Healthy Blue shall make a reasonable effort to contract with all local family planning clinics and providers, including those funded by Title X of the Public Health Services Act services.
   c) Out-of-network Medicaid enrolled family planning services provider shall bill and be reimbursed no less than the Medicaid fee-for-service rate in effect on the date of service.
   d) No additional reimbursements are made to the Healthy Blue for members who elect to receive family planning services outside Healthy Blue's provider network.
   e) Healthy Blue makes certain that payments from the Louisiana Department of Health (LDH) are not utilized for services for the treatment of infertility.
5) Health Blue encourages family planning providers to communicate with PCPs once any form of medical treatment in undertaken.

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6) Healthy Blue maintains accessibility for family planning services through promptness in scheduling appointments (appointments available within one (1) week).

Prenatal Care Services

1) Healthy Blue ensures members under its care who are pregnant, begin receiving care within the first trimester or within seven (7) days after enrolling.
2) Healthy Blue provides available, accessible, and adequate numbers of PCPs and obstetrician-gynecologist (OB/GYN) physicians to provide prenatal services, including specialized behavioral health services that are incidental to a pregnancy (in accordance with 42 CFR Part 440, Subpart B) to all members.
   a) Pregnant members are assured direct access to routine OB/GYN services within the provider network.
   b) OB/GYNs shall notify PCPs of the provision of care and coordinate care with PCPs.
3) Healthy Blue shall develop an outreach program to encourage women to seek prenatal services during the first trimester of pregnancy.
   a) This outreach program may utilize community and religious organizations and other community groups to develop outreach programs or referral networks, as well as include issuance of brochures and/or periodic articles emphasizing the importance of such care to all members.
4) Healthy Blue shall perform or require health providers to perform a risk assessment on all obstetrical patients including a screen for tobacco, alcohol, and substance use and have available, accessible, and adequate maternal fetal medicine specialists for high-risk obstetrical patients requiring further evaluation, consultation, or care and delivery as recommended by the guidelines of the ACOG.
   a) A pregnant woman is considered high-risk if one (1) or more risk factors are indicated.
   b) Healthy Blue shall provide case management for high-risk obstetrical patients including, but not limited to, patients with a history of prior preterm birth.
5) In an effort to improve birth outcomes, Makena (hydroxyprogesterone caproate injection) is covered through the Professional Services program when the following FDA approved indications are met:
   a) The member's current pregnancy is a singleton;
   b) The member has a history of singleton spontaneous preterm birth less than thirty-seven (37) weeks of gestation; and
   c) Treatment should be initiated between the sixteenth (16th) and twentieth (20th) weeks of gestation.
6) Non-Invasive Prenatal Testing (NIPT) is covered for the detection of fetal chromosomal abnormalities in pregnant women. This test is not covered for women with multiple gestations. NIPT is offered as a service to pregnant women over the age of thirty-five (35), and to pregnant women of any age who meet one (1) or more of the following high-risk criteria:

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   a) Abnormal first trimester screen, quad screen or integrated screen;
   b) Abnormal fetal ultrasound scan indicating increased risk of aneuploidy;
   c) Prior family history of aneuploidy in first degree relative for either parent;
   d) Previous history of pregnancy with aneuploidy; or
   e) Known Robertsonian translocation in either parent involving chromosomes thirteen (13) or twenty-one (21).
7) Healthy Blue ensures the PCP or the OB provides prenatal care in accordance with the guidelines of the ACOG.
8) Healthy Blue ensures the PCP or the OB counsels the pregnant member about plans for her child, such as designating the family practitioner or pediatrician who is to perform the newborn exam and choosing a PCP to provide subsequent pediatric care to the child once the child is added to the plan as well as appropriate referrals to the WIC program for nutritional assistance (Refer to *Women, Infants, and Children (WIC) – LA*).
   a) Healthy Blue assists all pregnant members in choosing a pediatrician, or other appropriate PCP, for the care of their newborn babies before the beginning of the last trimester of gestation.
   b) In the event that the pregnant member does not select a pediatrician, or other appropriate PCP, Healthy Blue provides the member with a minimum of fourteen (14) calendar days after birth to select a PCP prior to assigning one.
   c) Healthy Blue covers all newborn care rendered within the first month of life regardless if provided by the designated PCP or another network provider.
   d) Healthy Blue compensates, at a minimum, ninety percent (90%) of the Medicaid fee-for-service rate in effect for each service coded as a primary care service rendered to a newborn member within thirty (30) days of the member's birth regardless of whether the provider rendering the services is contracted with Healthy Blue, but subject to the same requirements as a contracted provider.
9) Healthy Blue shall develop and promote patient engagement tools including mobile applications and smartphone-based support to supplement existing pregnancy services. The details of Healthy Blue's plan is provided in the Managed Care Organization (MCO) Marketing and Outreach Plan submitted to the Louisiana Department of Health (LDH) for approval. Some goals of this program would be to:
   a) Improve overall engagement in the maternity population and help women keep appointments and educate them about needed health screenings throughout pregnancy;
   b) Increase the appropriate identification and triage of high-risk pregnancies to evidence-based actions, including connection to maternity case managers or other public health resources; and
   c) Improve health decisions across the pregnant population based on available State-based and MCO-based programs and services.

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Maternity Services

1) Coverage for a hospital stay following a normal vaginal delivery may not be limited to less than forty-eight (48) hours for both the mother and newborn child.
2) Coverage for a hospital stay in connection with childbirth following a cesarean section may not be limited to less than ninety-six (96) hours for both mother and newborn child.
3) All medically necessary procedures listed on the claim are the responsibility of Healthy Blue regardless of primary or secondary mental health diagnosis appearing on the claim.
4) LDH provides a one-time supplemental lump sum payment for each obstetrical delivery. This kick payment is intended to cover the cost of prenatal care, the delivery event, and post-partum care and normal newborn hospital costs.
5) Louisiana Medicaid does not reimburse for deliveries prior to thirty-nine (39) weeks that are not medically necessary.

Perinatal Services

1) Healthy Blue shall maintain a plan to address prematurity prevention and improved perinatal outcomes. The plan may include but not be limited to the following:
   a) Routine cervical length assessments for pregnant women;
   b) Provision of injectable or vaginal progesterone for every eligible pregnant woman with a history of preterm labor or a short cervix found in the current pregnancy;
      i) Healthy Blue shall not require prior authorization of progesterone for the prevention of premature birth unless written approval from the Medicaid Medical Director is obtained.
      ii) Healthy Blue will provide progesterone access to eligible members in a timely fashion.
   c) Incentives for vaginal birth after cesarean (VBAC);
   d) Provider or patient incentives for post-partum visit provision within recommended guidelines between twenty-one (21) to fifty-six (56) days post-delivery;
   e) Incentives for use of LARCs, which are to be provided to the member without prior authorization; and
   f) Interventions to reduce cesarean section rates including but not limited to prior authorization for induction of labor prior to forty-one (41) weeks gestational age.
2) Healthy Blue shall provide case management services to women postpartum who were identified as high risk during the pregnancy or who have had an adverse pregnancy outcome during the pregnancy, including preterm birth less than thirty-seven (37) weeks. Case management services shall include referral to safety net services for inter-pregnancy care and breastfeeding support (if indicated).
3) Double electric breast pumps are covered without prior authorization through the Durable Medical Equipment (DME) program for nursing mothers. Nursing mothers are eligible for one (1) breast pump per delivery within a three (3) year period (refer to *Durable Medical Equipment – LA*).

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Continuity of Care for Pregnant Women

1) In the event a member entering the plan is receiving medically necessary covered services in addition to, or other than, prenatal services (see below for new enrollees receiving only prenatal services) the day before Healthy Blue enrollment, Healthy Blue shall be responsible for the costs of continuation of such medically necessary services, without any form of prior approval and without regard to whether such services are being provided by contract or non-contract providers.
   a) Healthy Blue shall provide continuation of such services up to ninety (90) calendar days or until the member may be reasonably transferred without disruption, whichever is less. Healthy Blue may require prior authorization for continuation of the services beyond thirty (30) calendar days; however, the plan is prohibited from denying authorization solely on the basis that the provider is non-contract provider.
2) In the event a member entering Healthy Blue is in her first trimester of pregnancy and is receiving medically necessary covered prenatal care services the day before Healthy Blue enrollment, Healthy Blue shall be responsible for the costs of continuation of such medically necessary prenatal care services, including prenatal care, delivery, and post-natal, without any form of prior approval and without regard to whether such services are being provided by a contract or non-contract provider until such time as Healthy Blue can reasonably transfer the member to a contract provider without impeding service delivery that might be harmful to the member's health.
3) In the event a member entering Healthy Blue is in her second or third trimester of pregnancy and is receiving medically-necessary covered prenatal care services the day before enrollment, Healthy Blue shall be responsible for providing continued access to the prenatal care provider (whether contract or non-contract provider) for sixty (60) days post-partum, provided the member is still eligible for Medicaid, or referral to a safety net provider if the member's eligibility terminates before the end of the post-partum period.
4) Healthy Blue ensures the member is held harmless by the provider for the costs of medically necessary core benefits and services.

Limitations on Abortions

1) The use of public funds to provide induced abortion services must meet applicable state and federal laws. Medicaid only covers an abortion performed by a physician and related hospital charges when it has been determined medically necessary to save the life of the mother or when the pregnancy is the result of rape or incest.
2) Non-emergent, induced abortions must be prior approved before the service is rendered to ensure compliance with federal and state regulations. Elective abortions and related services are prohibited.
3) Healthy Blue 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,

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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) 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
   b) The pregnancy is the result of an act of rape or incest.

4) For abortion services performed because of life endangerment, a physician must certify in their handwriting, that based on their professional judgment, the life of the pregnant woman would be endangered if the fetus were carried to term.
   a) The provider shall attach the certification statement to the claim form that shall be retained by Healthy Blue. 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.
5) For abortion services performed as the result of an act of rape or incest the following requirements shall be met:
   a) 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;
   b) 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 Healthy Blue along with the treating physician's claim for reimbursement for performing an abortion;
   c) The member shall certify that the pregnancy is the result of rape or incest and this certification shall be witnessed by the treating physician; and
   d) The *Certification of Informed Consent – Abortion*, which may be obtained from the Louisiana Office of Public Health via this request form [link] or by calling (504) 568-5330, shall be witnessed by the treating physician. Providers shall attach a copy of the *Certification of Informed Consent – Abortion* form to their claim form.
6) Claims associated with an induced abortion, including those of the attending physician, hospital, assistant surgeon, and anesthesiologist must be accompanied by a copy of the attending physician's written statement of medical necessity.
7) All claim forms and attachments shall be retained by Healthy Blue. Healthy Blue shall forward a copy of the claim and its accompanying documentation to LDH.
8) Claims for a threatened, incomplete, or spontaneous/missed abortion must include the recipient history and complete documentation of treatment. Supportive documentation that will substantiate payment may include one (1) or more of the following, but is not limited to:
   a) Sonogram report showing no fetal heart tones;
   b) History indicating passage of fetus at home, en route, or in the emergency room;

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   c) Pathology report showing degenerating products of conception; or
   d) Pelvic exam report describing stage of cervical dilation.
9) No other abortions, regardless of funding, can be provided as a benefit under the Contract.
10) Healthy Blue shall not make payment for any core benefit or service under the Contract to a network or non-network provider if any abortion performed hereunder violates federal regulations (Hyde Amendment).

Hysterectomy and Sterilization

1) Healthy Blue shall cover the cost of medically necessary hysterectomies as provided in 42 CFR §441.255.
2) Non-elective, medically necessary hysterectomies provided by Healthy Blue shall follow Medicaid policy and meet the following requirements:
   a) 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;
   b) The individual or her representative, if any, must sign and date the *Acknowledgment of Receipt of Hysterectomy Information Form* (located at www.lamedicaid.com) prior to the hysterectomy. Informed consent must be obtained regardless of diagnosis or age.
      i) The *Acknowledgment of Receipt of Hysterectomy Information 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.
      ii) The *Acknowledgment of Receipt of Hysterectomy Information 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 in which the physician determined that prior acknowledgment was not possible. In these circumstances, a physician statement is required.
   c) A hysterectomy shall not be covered if performed solely for the purpose of rendering an individual permanently incapable of reproducing.
   d) A hysterectomy shall not be covered if there was more than one (1) purpose for performing the hysterectomy, but the primary purpose was to render the individual permanently incapable of reproducing.
3) Sterilization is defined as any medical treatment or procedure that renders an individual permanently incapable of reproducing.
4) Sterilization must be conducted in accordance with Louisiana R.S. 40:1159.2, 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*.
5) Title XIX regulations require a thirty (30) day waiting period after the consent form is signed. The procedure cannot be performed prior to the thirty-first (31st) day from the day the consent form is signed.
6) The physician is responsible for obtaining the signed consent form; all blanks must be completed and the following individuals must sign the form:

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   a) The recipient to be sterilized;
   b) The interpreter, if one was provided;
   c) The hospital professional who obtained the consent; and
   d) The physician who performed the sterilization procedure.
7) Informed consent must not be obtained while the recipient is in labor or childbirth, seeking to obtain or obtaining an abortion, or under the influence of alcohol or other substances that affect the recipient's state of awareness.
8) Sterilizations are reimbursable only if:
   a) The recipient is at least twenty-one (21) years old at time the informed consent form is signed;
   b) The recipient is mentally competent. According to federal regulations an individual can be considered legally incompetent only if found to be so by a court of competent jurisdiction or so identified by virtue of a provision of state law; and
   c) The recipient voluntarily gave informed consent by signing the consent form not less than thirty (30) days, but no more than one hundred eighty (180) days prior to performing sterilization.
9) Exceptions to sterilization policy:
   a) If the recipient has a premature delivery or requires emergency abdominal surgery within the thirty (30) days of consent and at least seventy-two (72) or more hours have passed since the consent form was signed, sterilization can be performed at the time of the delivery or emergency abdominal surgery.
   b) In the case of premature delivery, the informed consent must have been given at least thirty (30) days before the expected date of delivery, or in the case of emergency abdominal surgery, the emergency must be described.

EXCEPTIONS:

Federal and state laws and regulations dictate strict guidelines for Medicaid reimbursement for hysterectomies, sterilizations, and abortions. All federal and state laws related to abortions must be adhered to.

Exceptions to authorization requirements include, but are not limited to:
1) Healthy Blue shall not require service authorization for emergency services or post-stabilization services as described in the Contract whether provided by an in-network or out-of-network provider.
2) Healthy Blue shall not require hospital service authorization for non-emergency inpatient admissions for normal newborn deliveries.
3) Healthy Blue shall not require service authorization for the continuation of medically necessary covered services of a new member transitioning into Healthy Blue, regardless of whether such services are provided by an in-network or out-of-network provider, however,

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Healthy Blue may require prior authorization of services beyond thirty (30) calendar days.

4) Healthy Blue is prohibited from denying prior authorization solely on the basis of the provider being an out-of-network provider for the first thirty (30) days of a newly enrolled member's linkage to the plan.
5) Healthy Blue shall not require a PCP referral (if the PCP is not a women's health specialist) for access to a women's health specialist contracted with Healthy Blue for routine and preventive women's healthcare services and prenatal care.
6) Healthy Blue may require notification by the provider of obstetrical care at the time of the first visit of the pregnancy.
7) Healthy Blue may require notification by the provider of obstetrical admissions exceeding forty-eight (48) hours after vaginal delivery. Healthy Blue is allowed to deny a portion of a claim for payment based solely on lack of notification by the provider of obstetrical admission exceeding forty-eight (48) hours after vaginal delivery. In this case, Healthy Blue is allowed to deny only the portion of the claim related to the inpatient stay beyond forty-eight (48) hours.
8) Healthy Blue may require notification by the provider of obstetrical admissions exceeding ninety-six (96) hours after cesarean section. Healthy Blue is allowed to deny a portion of a claim for payment based solely on lack of notification by the provider of obstetrical admission exceeding ninety-six (96) hours after cesarean section. In this case, Healthy Blue is allowed to deny only the portion of the claim related to the inpatient stay beyond ninety-six (96) hours.
9) Healthy Blue may require notification by the provider of inpatient emergency admissions within one (1) business day of admission. Healthy Blue is allowed to deny a claim for payment based solely on lack of notification of inpatient emergency admission, if the provider does not notify of inpatient emergency admission within one (1) business day of admission.

The following services are prohibited under Louisiana Medicaid:

1) Elective abortions (those not covered in the Contract as stated in the procedure above) and related services;
2) Experimental/investigational drugs, procedures or equipment, unless approved by the Secretary of LDH;
3) Elective cosmetic surgery, and
4) Services for treatment of infertility.

REFERENCES:

Case Management – LA
Concurrent Review (Telephonic and On-Site) – LA
Continuity of Care – LA

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Coordination of Care – LA
Durable Medical Equipment – LA
Family Planning – LA
Health Plan Advisory 12-3
Health Plan Advisory 12-8
Health Plan Advisory 13-7
Health Plan Advisory 14-6
Health Plan Advisory 14-9
Health Plan Advisory 15-13
Health Plan Advisory 15-25
Health Plan Advisory 16-1
Health Plan Advisory 16-14
Health Plan Advisory 16-19
Health Plan Advisory 16-30
Health Plan Advisory 16-33
Health Plan Advisory 16-36
Health Plan Advisory 18-12
Health Plan Advisory 18-13
Health Plan Advisory 18-16
Health Plan Advisory 18-21
Health Plan Advisory 18-25
Health Plan Advisory 19-4
Health Plan Advisory 20-11
Hospital Services Provider Manual
Louisiana State Contract
Medical Transportation – LA
Non-Covered and Cost-Effective Alternative Services – LA
Perinatal Services
Precertification of Requested Services – LA
Women, Infants, and Children (WIC) – LA

RESPONSIBLE DEPARTMENTS:

Primary Department:
Health Care Management

Secondary Department(s):
Claims
Marketing
Provider Relations

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Section (Primary Department) **Health Care Management**	**SUBJECT (Document Title)** **Women's Health and Family Planning Services – LA**

Quality Management

REVISION HISTORY:

Review Date	Changes
02/01/2015	• New
01/21/2016	• For Annual Review • Contract references updated • HCMS updated to HCM • Procedures section updated
04/25/2017	• For annual review • Minor change to remove Bayou under reference section
04/12/2018	• For annual review • No changes
03/19/2019	• For annual review • Policy name updated • Policy and procedure sections updated with current contract language • Reference section updated
08/07/2020	• For annual review • Revised and renamed Women's Health and Family Planning Services – LA (formerly Sexually Transmitted Disease (STD) Prevention and Member Self-Referral – LA) • Edits to the policy, definitions, and procedure sections • Exception section added • References updated • Claims, Marketing, and QM added as secondary departments
	• Off-Cycle Review

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