### Policy Name
Access to Women’s Health Care Services

### Policy Number
CC04

### Origination Date
May 1, 2002

### Revision Effective Date
May 7, 2020

### Responsible Position
Utilization Management Manager

### Regulatory Requirement(s)
- 2020 Minnesota Department of Human Services (DHS) Families and Children contract, section 6
- 2020 DHS Minnesota Senior Health Options/Minnesota Senior Care Plus (MSHO/MSC+) contract, section 6
- 2020 DHS Special Needs BasicCare (SNBC) contract, section 6
- MN Stat. sec. 62Q.14 and 62Q.52
- Title 42 Code of Federal Regulations (CFR) Parts 422.112 (a) (1), 422.112 (a) (3), 431.51, and 433.116 (f) (2)
- National Committee for Quality Assurance (NCQA) Standards, NET 1 and NET 2

### Cross-References
- CC05: Access to Care
- PNA10: Provider Network Adequacy
- UM03: Transition Services

### Policy
Pursuant to the above regulatory authorities and accreditation requirements, PrimeWest Health ensures appropriate access to women’s health care services, including direct access to network obstetrics and gynecology (OB/GYN) specialists, for female members.

---

1. PrimeWest Health’s Minnesota Senior Care Plus (MSC+) program for members who have only Medicaid coverage through PrimeWest Health
2. PrimeWest Health’s Minnesota Senior Health Options (MSHO) program for members who have both Medicaid and Medicare coverage through PrimeWest Health
3. PrimeWest Health’s Special Needs BasicCare (SNBC) program for members who have only Medicaid coverage through PrimeWest Health
4. PrimeWest Health’s Special Needs BasicCare (SNBC) program for members who have both Medicaid and Medicare coverage through PrimeWest Health
Procedure

A. PrimeWest Health contracts with family practice providers, obstetrics and gynecology (OB/GYN) specialists, and other health care providers to ensure access to women’s health care services for PrimeWest Health members. Members may receive certain family planning services, as described below, from in-network or out-of-network providers. PrimeWest Health adheres to the following procedures for determining access to women’s health care services.

1. **Family planning services**
   a. In accordance with Federal and State law (Title 42 Code of Federal Regulations [CFR] Part 431.51 and MN Stat. sec. 62Q.14), PrimeWest Health does not restrict a member’s choice as to where the member receives the following **open access services**:
      i. Voluntary planning of the conception and bearing of children (not including abortion services)
      ii. Diagnosis of infertility, including counseling and services related to the diagnosis (for example, provider visits and tests necessary to make a diagnosis of infertility and to inform the member of the results)
      iii. Testing for and treatment of a sexually transmitted disease/infection (STD/STI)
      iv. Testing for acquired immunodeficiency syndrome (AIDS) and other human immunodeficiency virus (HIV)-related conditions
   b. **Open access services** are available from any qualified in-network or out-of-network licensed provider. Providers are reimbursed for these services according to the PrimeWest Health fee schedule.
   c. After receiving the **open access services** described above, PrimeWest Health requires family planning agencies and other out-of-network providers to refer members back to PrimeWest Health or refer to In-network providers for other services, diagnoses, treatment, and follow-up care related to the following:
      i. Abnormal Pap smear/colposcopy
      ii. Infertility treatment
      iii. Medical care other than family planning services
      iv. Genetic testing
      v. HIV treatment
   d. PrimeWest Health does not specify confidential services (as defined by the State) in notices about claims sent to members, including the **Explanation of Benefit (EOB)** and/or **Explanation of Medical Benefit (EOMB)** notices.

B. **Direct access to OB/GYN providers**
   1. Pursuant to MN Stat. sec. 62Q.52, PrimeWest Health provides members direct access to any contracted PrimeWest Health provider, including OB/GYN specialists, without a referral or Service Authorization for the following women’s health care services:
      a. Evaluation and necessary treatment for obstetric conditions or emergencies
      b. Maternity care
      c. Evaluation and necessary treatment for gynecologic conditions or emergencies, including annual preventive health examinations
   2. Direct access applies to OB/GYN providers within the PrimeWest Health network and/or other established referral patterns, per contractual requirements.
Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to PrimeWest Health. Remediation for violators includes, but is not limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Signatures

Medical Director Approval:                                                  Date: 05/07/2020
Susan Paulson, MD
Chief Senior Medical Director

Board Approval:                                                              Date: 05/07/2020
Brent Olson, Chair
PrimeWest Health Joint Powers Board of Directors