

6 OB/GYN and Family Planning

6.1 Scope of Services

All female Health Plus members can obtain routine OB/GYN and family planning services directly from participating providers without a referral from their PCP or prior authorization from Health Plus. For family planning services, FHP and CHP members must use in-network providers, but HCP members may consult an in-network provider or any provider who accepts Medicaid.

Health Plus covered OB/GYN and family planning services include:

- Diagnosis and treatment of covered conditions within the scope of knowledge and skills of the OB/GYN specialty (for which the provider has training at the residency and/or fellowship level). This may include invasive and non-invasive diagnostic studies, and/or obstetrical and surgical procedures commonly performed as part of the OB/GYN's specialty.
- Routine gynecologic exams and diagnostic tests (e.g., pap smears, GC/Chlamydia testing, etc.)
- Mammography
- STD screening and treatment
- Family planning and reproductive health services (including family planning methods, counseling, and termination of pregnancy)
- HIV counseling and testing (when performed as part of a family planning visit)
- Ultrasound
- Comprehensive pregnancy care
- Pregnancy-related diagnostic testing (e.g., sonogram, cervical biopsy)

OB/GYN providers should notify Health Plus as soon as a member's pregnancy is confirmed. Please refer all pregnant women to the Health Plus Prenatal Care Management Program by calling the Provider Care Center's Health Services Department at 1-800-450-8753.

The diagnosis and treatment of infertility is not covered under the Health Care Plus, Child Health Plus or Family Health Plus Programs.

OB/GYNs must provide only those services for which they have postgraduate training at the residency or fellowship level.

OB/GYNs are contractually required to keep the member's primary care physician informed of all diagnostic and therapeutic regimens undertaken.

Newborns of Health Care Plus and Family Health Plus members are also entitled to receive covered services, unless they are in an excluded category.

6.1.1 Women's Preventive Care Services

Health Plus actively supports providers in complying with the basic women's health recommendations of the U.S. Preventive Services Task Force (USPSTF), which also form part of the New York State Quality Assurance Reporting Requirements (QARR):

- Mammography every 1-2 years for members age 40 and above
- Cervical cancer screening at least once every 3 years for sexually active members age 21 to 64
- Yearly chlamydia screening for sexually active members age 16 and above

Please note that Health Plus covers the ThinPrep™ method (manual and automated screening), which can be used for both chlamydia and cervical cancer screening.

6.1.2 Pregnancy Care Management

Health Plus outreach staff contact all pregnant women, send them prenatal health education information, and encourage them to keep all prenatal and postpartum appointments.

Health Plus also has a comprehensive Maternity Case Management program that identifies and screens pregnant women for risk. Members are assigned to specialized case managers with extensive obstetric and/or high risk neonatal experience. These case managers develop a member-specific, comprehensive management plan to monitor the pregnancy, and communicate regularly with the member's OB/GYN.

6.2 Consent Requirements for Hysterectomy and Sterilization

Providers are required to obtain informed consent from all Health Plus members undergoing a hysterectomy or other sterilization procedure.

6.2.1 Hysterectomy

In the case of a hysterectomy, Health Plus will only authorize this procedure if there are appropriate clinical indications and if it is not being performed solely to render the member permanently sterile. Informed consent policies for hysterectomy are strictly regulated and providers must be in full compliance with the consent and documentation requirements specified in 42CFR, Part 441, sub-part F (Informed Consent for Hysterectomy and Sterilization), and other applicable city and state codes.

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A member undergoing a hysterectomy must be notified verbally and in writing that the procedure will render her permanently sterile. She or her authorized representative(s) must sign Part 1 of the DSS-3113 *Acknowledgement of Receipt of Hysterectomy Information* form.

Providers must submit the DSS-3113 to the Health Plus Health Services Department in order to obtain prior authorization for the hysterectomy procedure.

This requirement may be waived if the hysterectomy was performed in a life-threatening emergency situation or when evidence exists that the member was sterile prior to the procedure. If either situation applies, then the DSS-3113 must be completed with the surgeon's attestation that one of these circumstances existed. The form must explain the reason for the member's prior sterility or describe the nature of the emergency situation that prevented transmittal of the *Receipt of Hysterectomy Information* form.

If a member was not a HCP (Medicaid) member at the time of her hysterectomy but later qualifies for retroactive eligibility, her surgeon could be paid by Medicaid for the procedure, if a signed DSS-3113, Part 1, or justification of a waiver can be provided.

6.2.2 Sterilization

Health Plus covers sterilization services for FHP and HCP members. Sterilization is defined as any procedure or treatment performed solely for the purpose of rendering the member incapable of reproducing. The following restrictions apply for sterilization procedures:

- Members must be at least 21 years of age.
- Members must be mentally competent and able to consent to sterilization.
- Members must not be institutionalized (involuntarily confined to a correctional, rehabilitative, or mental illness treatment facility, or voluntarily confined to a mental illness treatment facility).
- Informed consent must not be obtained during labor, childbirth, abortion (or an abortion request), or under the influence of alcohol or any substance that alters the member's mental state.
- Translation services must be provided if the member does not speak the language used on the consent form or by the person obtaining informed consent.
- Arrangements must be made for deaf, blind, or otherwise disabled members.
- A witness must be present if the informed consent is obtained in New York City, as required by New York City Local Law No. 37 (1977). Outside of New York City, it is optional.

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- An informed consent waiting period of not less than 30 days or more than 180 days must be given prior to the procedure (not including the day the consent form is signed). This waiting period may be waived only in cases of premature delivery (when the surgery was scheduled for the expected date of delivery), or an emergency abdominal surgery. In these instances, the surgery may be performed during the same hospitalization if at least 72 hours have passed between the signing of the informed consent form and the actual procedure.
- In New York City, members must sign a reaffirmation statement upon admission, acknowledging an understanding of the consequences of sterilization and reaffirming their desire to have the procedure.

As Medicaid will not pay for services rendered illegally, the New York City Sterilization Guidelines must be followed in order for claims associated with sterilization procedures to be paid. Completed copies of informed consent forms (DSS 3134) must be given to Health Plus in order for prior authorization to be given for the procedure.

Specific Disclosures:

The physician performing the sterilization procedure must be available to answer questions and provide all requested information and advice in addition to providing the DSS 3134 and obtaining informed consent. The following issues must be discussed with the member seeking sterilization at least thirty (30) days before the procedure is performed:

- Member's right to withdraw consent at any time prior to the procedure without jeopardizing any future treatment or federally-subsidized benefit.
- Alternative methods of family planning and birth control.
- Irreversibility of the sterilization procedure.
- Detailed and thorough explanation of the procedure to be performed.
- Full description of the associated risks, side effects and discomforts (including those associated with any anaesthesia to be used).
- Full explanation of the benefits or advantages to be expected after undergoing the procedure.
- Explanation that the procedure will not be performed for at least thirty (30) days except in cases of premature delivery or emergency abdominal surgery.