



KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES					
SUBJECT: Sexually Transmitted Disease (STD) Treatment			POLICY #: 3.17-P		
DEPARTMENT: Health Services – Utilization Management					
Effective Date: 8/27/1997	Review/Revised Date: 06/05/2017	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

Douglas A. Hayward
 Douglas A. Hayward
 Chief Executive Officer

Date 6/5/2017

 Chief Medical Officer

Date _____

Deborah L. Lewis
 Director of Provider Relations

Date 5/30/17

Deborah L. Lewis
 Administrative Director of Health Services

Date 5/25/17

POLICY:

The purpose of this policy is to achieve optimum clinical outcomes for Medi-Cal managed care members by facilitating access to prompt evaluation, diagnosis, treatment, and follow-up of sexually transmitted diseases (STDs) and by establishing effective coordination of care between all providers of such care.

This will serve to maximize the opportunities to control the spread of STDs by providing a full range of prevention services including screening, education, and counseling services to Medi-Cal managed care members.

In order to comply with the Department of Health Care Services (DHCS) mandates, Medi-Cal members may access STD services and care from any qualified family planning practitioner or provider, the Public Health Department STD Clinic, or their PCP without prior authorization.

All Kern Health Systems (KHS) members will be treated in accordance with established Center for Disease Control (CDC) guidelines as published in the most recent MMWR

PROCEDURES:

1.0 ACCESS

All members are notified of their right to access treatment for STDs, both in and out of network as applicable, without prior authorization, through new member orientations, the Member Handbook, and periodic member newsletters. Members are encouraged to access network providers for treatment of STDs.

KHS permits all qualified Kern County Family Planning Providers to access out of plan services for the stipulated STDs without prior authorization, procedures to refer members back to the Plan for care, and how to bill for services through provider orientations, the KHS Provider Administrative Manual, and periodic provider bulletins or website postings.

2.0 TREATMENT LIMITATIONS

Out of Plan treatment of STDs is limited to one office visit per disease episode for the purposes of:

- A. Diagnosis and treatment of vaginal and urethral discharge, candidiasis or bacterial vaginosis;
- B. STDs which are amenable to immediate diagnosis and treatment including syphilis, gonorrhea, chlamydia, herpes simplex, chancroid, trichomoniasis, human papilloma virus, genital warts, non-gonococcal urethritis or cervicitis, lymphogranuloma venereum, vulvovaginitis, and granuloma-inguinale; and
- C. Evaluation and initiation of treatment of pelvic inflammatory disease (PID)

The Centers for Disease Control and Prevention's (CDC) Sexually Transmitted Diseases Treatment Guidelines, 2015 recommends Chlamydia Trachomatis (CT) and Neisseria gonorrhoeae (GC) screening for all sexually active women under 25 years of age. The California STD Screening Recommendations 2015 recommends only targeted CT and GC screening for women 25 years of age and older with risk factors.

Members treated at the Kern County Public Health Department (KCPHD) may be treated for the disease episode as outlined in the KHS/KCPHD Memorandum of Understanding (MOU).

3.0 COORDINATION OF CARE AND CASE MANAGEMENT

All providers are required to notify the Kern County Public Health Department of all reportable STDs in accordance with reporting requirements for communicable disease found in Title 17, California Code of Regulations and in accordance with CDC requirements.

In order to avoid duplication of services, to promote continuity of care and achieve the optimum outcome for KHS members, the out-of-Plan providers must document

reasonable efforts in coordinating services with Plan providers and educate Plan members to return to Plan providers for continuity of care.

4.0 CONFIDENTIALITY

All KHS providers and employees must comply with KHS confidentiality policies and procedures in the treatment of sensitive communicable diseases, as with any medical condition (See KHS Policy and Procedure #2.24, 2.27, and 2.28 for details on confidentiality requirements).

Members receiving services from Out-of-Plan providers may: elect to sign a release of confidential information; allow billing and treatment information to be sent to the Plan but not shared with the PCP, or may choose not to sign a release of information.

5.0 TRACKING AND FOLLOW-UP

KHS PCPs must report any patient who does not properly complete the prescribed treatment regimen to the KCPHD for follow-up contact and referral for treatment. Appropriate information regarding treatment of STDs will be shared with the contract provider and KCPHD as outlined in the MOU.

6.0 REIMBURSEMENT

6.1 PCPs

PCP reimbursement for STD services is according to contract rates.

6.2 Out of Plan Providers

KHS reimburses out of plan practitioners and providers at the Medi-Cal fee-for-service rates provided that the out-of-plan practitioner or provider submits appropriate encounter data on a HCFA 1500 form along with treatment records or documentation of the member's refusal to release medical records.

The following are conditions under which an Out-of-Plan provider will be reimbursed by a Plan for STD services:

- 1) The Out-of-Plan provider is qualified to provide STD services based on licensed scope of practice.
- 2) The Out-of-Plan provider must submit claims according to Plan specified billing procedures.
- 3) The Out-of-Plan provider must provide medical records sufficient to allow KHS to meet case management responsibilities. If a Plan member refuses the release of medical information, the Out-of-Plan provider must submit

documentation of such refusal.

The KHS Claims Department forwards treatment records to the appropriate PCP.

7.0 APPEALS PROCESS

Claims may be appealed according to KHS Policy and Procedure #6.04 - Appeal of Denied or Modified Claims.

8.0 LINK TO PLAN'S INTERNAL ORGANIZATION

Internal KHS departments coordinate efforts to improve the KHS membership's timely access to STD services while encouraging members to access services through their primary care physician. KHS's Member Services staff and Health Education Department efforts work collaboratively to inform the membership through member newsletters and other member engagement modalities, of the benefits of early treatment and prevention of STDs. Cultural and Linguistics staff are consulted to ensure newsletters and presentations are appropriately tailored to the target population.

REFERENCE:

Revision 2017-05: References to DHCS contract and MMCD Policy letters included. Updated per MCAL benefits outlined Family Planning Family Pact 108 dated 9/2016 by Administrative Director of Health Services; CDC, Sexually Transmitted Diseases Treatment Guidelines 2015, MMWR 2015:64. **Revision 2013-12:** Minor revisions provided by Director of Health Services to remove references to Health Families.