PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

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<tr><td colspan="3">Policy/Procedure Number: MCUP3015 (previously UP100315)</td><td colspan="3">Lead Department: Health Services
Business Unit: Utilization Management</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Family Planning Bypass Services</td><td colspan="3">☒ External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="2">Original Date: 03/08/1995</td><td colspan="4">Next Review Date: 08/12/2027
Last Review Date: 08/12/2026</td></tr>
<tr><td>Applies to:</td><td colspan="2">☒ Medi-Cal</td><td colspan="3">☐ Employees</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td>☐ P & T</td><td colspan="2">☒ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td>☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td>☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td>☐ CREDENTIALS</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="3">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 08/12/2026</td></tr>
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I. RELATED POLICIES:
MCUP3050 - Medication Abortion in the First Trimester

II. IMPACTED DEPTS:
A. Health Services
B. Member Services
C. Provider Relations
D. Claims

III. DEFINITIONS:
A. Bypass Services: Members may receive services from any family planning provider, including those not contracted with Partnership HealthPlan of California, without prior authorization.[1]
B. Medi-Cal Minor Consent Program: The Minor Consent program provides that a minor may, without parental consent, receive services related to sexual assault, pregnancy and pregnancy-related services, family planning, sexually transmitted diseases, drug and alcohol abuse, and outpatient mental health treatment and counseling.
C. Prohibited Entity: According to H.R.1, a bill passed by the United States Congress on July 3, 2025, and enacted on July 4, 2025, a Prohibited Entity is an entity, including its affiliates, subsidiaries, successors, and clinics, that is an organization described in section 501(c)(3) of the Internal Revenue Code of 1986 and exempt from tax under section 501(a) of such Code, and is an essential community provider described in section 156.235 of title 45, Code of Federal Regulations (as in effect on the date of enactment of this Act), that is primarily engaged in family planning services, reproductive health, and

[1] Effective July 4, 2025 through July 3, 2026, Prohibited Entities, as defined in III.C. above, cannot receive federal Medicaid reimbursement. As such, Partnership will be unable to reimburse Prohibited Entities for any services rendered to our Members in that timeframe. Please see the Department of Health Care Services (DHCS) All Plan Letter APL 25-011 *Revised* "H.R.1 – Federal Payments to Prohibited Entities" (09/17/2025) for further information. Members may also contact Partnership's Member Services department for assistance (800) 863-4155.

Effective July 4, 2026, the one-year restriction on federal payments to "Prohibited Entities" under H.R. 1 Section 71113 will no longer be in effect. As such, Medi-Cal Providers who meet the definition of "Prohibited Entity," as described in H.R.1 Section 71113 can resume submitting claims or encounters for all Medi-Cal covered services rendered to Members with Dates of Service on or after July 4, 2026, and Partnership will process and pay these claims or encounters, as appropriate, per the usual claims process. Please see APL 26-013 "H.R.1 - Federal Payments to Prohibited Entities – Important Update: End of One-Year Restriction on Federal Payments" (06/23/2026) for further information.

related medical care; and provides for abortions, other than an abortion if the pregnancy is the result of an act of rape or incest; or in the case where 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; and for which the total amount of Federal and State expenditures under the Medicaid program under title XIX of the Social Security Act for medical assistance furnished in fiscal year 2023 made directly, or by a covered organization, to the entity or to any affiliates, subsidiaries, successors, or clinics of the entity, or made to the entity or to any affiliates, subsidiaries, successors, or clinics of the entity as part of a nationwide health care provider network, exceeded $800,000.

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To describe and define "family planning bypass" services as implemented and managed by Partnership HealthPlan of California.

VI. POLICY / PROCEDURE:

A. Partnership provides Members with direct access to the full range of family planning services and providers without prior authorization.
B. Federal law, Title 42 U.S. Code Section 1396a(a)23(B), states that "enrollment of an individual eligible for medical assistance in a primary care case-management system [described in section 1396n(b)(1)], a Medicaid managed care organization, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive such services under Section 1396d(a)(4)(C) of this title." Partnership must allow Members the freedom of choice with family planning providers. Members may receive services from any family planning provider, including those not contracted with Partnership, without prior authorization.[2]
C. Partnership notifies its Members regarding the types of family planning services available, their right to access these services in a timely and confidential manner, and their freedom to choose a qualified family planning provider.[2] Members are encouraged to use their primary care provider (PCP) for family planning services, when appropriate.
D. Family planning services are defined as:
    1. Health education and counseling necessary to understand contraceptive methods and make informed choices
    2. History and physical examination as indicated
    3. Laboratory tests, if medically indicated, as part of decision making process for choice of contraceptive methods. This includes cervical cancer screening methods recommended by the

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United States Preventative Services Task Force (USPSTF): For ages 21 – 29 cervical cytology every 3 years and for ages 30 to 65 years old cervical cytology every 3 years OR high risk human papillomavirus (HPV) testing every 5 years, OR high risk HPV testing in combination with cytology every 5 years. For Members under 21 years, cervical cancer screening is not recommended.

4. Diagnosis and treatment of sexually transmitted infections (STIs) when medically necessary.
5. Screening, testing and counseling of individuals at risk for human immunodeficiency virus (HIV) and referral for treatment
6. Provision of contraceptive pills/devices/supplies
7. Tubal ligation
8. Vasectomy
9. Pregnancy testing and counseling

E. Abortion-related services are available to Members from the provider of their choice without prior authorization.[3]
   1. Partnership covers all medical services and supplies incidental or preliminary to an abortion, as per requirements stated in Medi-Cal Provider Guidelines: Abortions
   2. Partnership is prohibited from imposing annual or lifetime limits on coverage of outpatient abortion services.
   3. Minors who wish to receive abortion services may do so without parental consent under the Medi-Cal Minor Consent Program.

F. The following services are NOT included under family planning bypass services:
   1. Routine infertility studies or procedures
   2. Reversal of voluntary sterilization
   3. Hysterectomy for sterilization purposes only
   4. Evaluation and treatment of gynecological problems
   5. Evaluation and treatment of breast problems

G. To be reimbursed for services, the family planning provider must meet the following requirements:
   1. The provider is qualified to provide family planning services based on his/her scope of practice.
   2. The provider must submit claims on the appropriate billing form.
   3. The provider must maintain medical records that contain information regarding the eligible services rendered. Partnership reserves the right to request copies of records prior to paying a claim or for quality improvement audits.
   4. The provider must obtain appropriate consent for contraceptive methods including voluntary sterilization, consistent with the requirements of Title 22 CCR, Sections 51305.1 and 51305.3.
   5. The bypass provider should coordinate services with the PCP, by requesting the Member's consent to share information and sending a copy of pertinent medical records to the PCP.
   6. The provider should refer the Member to return to the PCP for all non- family planning related services.
   7. The provider must not be a Prohibited Entity as defined in III.C. above.

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H. Access to Services to Which Contractor or Subcontractor Has a Moral Objection:
Unless prohibited by law, Partnership providers shall arrange for the timely referral and coordination of covered services including abortion services and family planning bypass services when the hospital, clinic or other provider may have religious or ethical objections to the request/ required service(s). The provider shall support and shall demonstrate ability to arrange, coordinate and ensure provision of abortion and family planning bypass services. If the provider is unwilling to arrange for or coordinate the provision of such services, the provider must refer the Member to Partnership Member Services Department for assistance.

VII. REFERENCES:

A. United States Preventive Services Task Force: https://uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening
B. Title 42 U.S. Code Sections 1396a(a)23(B), 1396n(b)(1), 1396d(a)(4)(C)
C. Title 22 California Code of Regulations (CCR) Sections 51305.1 and 51305.3
D. Medi-Cal Provider Manual/ Guidelines: Abortions *(abort)*, Minor Consent Program *(minor)*
E. DHCS APL 24-003 Abortion Services (03/28/2024)
F. DHCS APL 25-011 *Revised* H.R. 1 – Federal Payments to Prohibited Entities (09/17/2025)
G. Public Law No. 119-21, H.R.1, 119th Congress. (2025)
H. DHCS APL 26-013 "H.R.1 - Federal Payments to Prohibited Entities – Important Update: End of One-Year Restriction on Federal Payments" (06/23/2026)

VIII. DISTRIBUTION:

A. Partnership Department Directors
B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES:

Medi-Cal
10/10/97 (name change only); 06/14/00, 10/17/01; 8/20/03; 10/20/04; 10/19/05, 08/20/08; 11/19/08; 11/18/09; 08/15/12; 01/21/15; 01/20/16; 02/15/17; 11/15/17; *02/13/19; 02/12/20; 11/11/20; 10/13/21; 10/12/22; 10/11/23; 10/09/24; 11/12/25; 08/12/26

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO: N/A

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

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The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.