
MEMORANDUM

DATE: OCTOBER 7, 2019

TO: PARTICIPATING PHYSICIAN GROUP (PPG)

FROM:



JAMES KYLE, MD
MEDICAL DIRECTOR QUALITY IMPROVEMENT

SUBJECT: NO PRIOR AUTHORIZATIONS NEEDED FOR BREAST CANCER SCREENINGS AND CERVICAL CANCER SCREENINGS

PURPOSE

The purpose of this memorandum is to clarify the contractual and legal requirements for providing breast cancer screenings and cervical cancer screenings to L.A. Care Health Plan (L.A. Care) members without the need for prior authorization or referral from PPGs or L.A. Care.

BACKGROUND

Medi-Cal, Cal Medi-Connect, and L.A. Care Covered members **do not** need prior authorization or referrals to receive direct access to preventive services in accordance with the law. We have identified that a barrier for our members is that imaging centers and provider offices are denying access to breast cancer and cervical cancer screenings because the member did not have prior authorization or referrals.

IMPACTED LINES OF BUSINESS

The following lines of businesses **do not** need prior authorization or referrals to schedule a Pap test or mammogram. Please reference L.A. Care's Provider Manuals: <http://www.lacare.org/providers/provider-resources/forms-manuals> (Appendix A)

- **Medi-Cal:** 5.14.4 Services Exempt from (Not Requiring) Prior Authorization (Pre-service, Review) (Page 39)
- **Cal Medi-Connect:** 5.16.1 Exceptions from Prior Authorizations (Page 64-65)
- **L.A. Care Covered California:** 5.9 UM Referral Management Review Process (Page 55-56)

NEXT STEPS

Based on the requirements set forth above, L.A. Care requests that imaging centers and providers **must provide direct access to breast cancer screenings and cervical cancer screenings and cannot require prior authorization or referrals from our members.**

If you have any questions regarding this letter, please contact Dr. James Kyle, Quality Improvement Medical Director, at 213 694-1250 ext. 6448.

Appendix A

<p>Medi-Cal</p>	<p>5.14.4 Services Exempt from (Not Requiring) Prior Authorization (Pre-service Review) PPGs must provide, arrange for, or otherwise facilitate the following services, including appropriate coverage of costs without prior authorization as described in corresponding policies and procedures:</p> <ul style="list-style-type: none"> • Emergency services (medical screening and stabilization) where a prudent layperson, acting reasonably, would have believed that an emergency medical condition existed and when an authorized representative acting for L.A. Care has authorized the provision of emergency services • <u>Preventive health services for all ages, including immunizations</u> • Family Planning Services including outpatient abortions through any family planning provider • Basic in-network prenatal care, including OB/GYN in-network referrals and consults • Sensitive and confidential services and treatment, including but not limited to, services relating to sexual assault, pregnancy and pregnancy related services, family planning, abortion/pregnancy termination, sexually transmitted diseases, drug and alcohol abuse, HIV testing and treatment, and outpatient mental health counseling and treatment. Please note: If you do not provide abortion/pregnancy termination services, you must refer the member to L.A. Care Member Services line. • Sexually Transmitted Disease (STD) treatment services both in and out of network including follow-up care • Confidential HIV counseling and testing services both in network and through out-of-network local health departments and family planning providers
<p>Cal Medi-Connect</p>	<p>5.16 Exceptions from Prior Authorization 5.6.1 In developing prior-authorization requirements, certain parameters and any future updates must be followed by the Delegated Entity. These parameters include exceptions from prior-authorization or services for which prior authorization is disallowed. The services include the following:</p> <ul style="list-style-type: none"> • Emergency services (medical screening and stabilization) • <u>Preventive health services for all ages including immunizations</u> <ul style="list-style-type: none"> ○ <u>flu and pneumococcal vaccinations and screening mammograms.</u> • Services identified in the most current version of L.A. Care Cal MediConnect “Direct Referrals List”
<p>L.A. Care Covered California</p>	<p>5.9 UM Referral Management Review Processes Services Exempt from (Not Requiring) Prior Authorization (Pre-service Review)</p> <ul style="list-style-type: none"> • PPGs must provide, arrange for, or otherwise facilitate the following services, including appropriate coverage of costs without prior authorization as described in corresponding policies and procedures: <ul style="list-style-type: none"> ○ Emergency services (medical screening and stabilization) where a prudent layperson, acting reasonably, would have believed that an emergency medical condition existed and when authorized representative, acting for L.A. Care, has authorized the provision of emergency services ○ <u>Preventive health services for all ages including immunizations</u> ○ Family Planning Services including outpatient abortions through an in-network family planning provider ○ Basic in-network prenatal care, including OB/GYN in-network referrals and consults. Sensitive and confidential services and treatment, including but not limited to, services relating to sexual assault, pregnancy and pregnancy related services, family planning, abortion/pregnancy termination, sexually transmitted diseases, drug and alcohol abuse, HIV testing and treatment, and outpatient mental health counseling and treatment) ○ Sexually Transmitted Disease (STD) treatment services in network including follow-up care ○ Confidential HIV counseling and testing services in network family planning provider