

MercyCare Health Plans

MercyCare Insurance Company ~ MercyCare HMO, Inc.

Standard Operating Procedure

Title: Moral or Ethical Objection to Providing Care to a Member


SOP: MS 107.08

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Revision History

Date	Issue	Author	Description of Change
3/4/22	8	Joan C. Fisher RN, CCM	Review

Approved By


Department Director

3/10/22

Date

I. Purpose

To establish a policy when a provider for or an employee of MercyCare Health Plans (MCHP) objects to providing care or services based on a moral, religious, or ethical objection to the service while ensuring that the member care is not compromised when such request is granted.

To establish that MercyCare Health Plans does not object to services on moral or religious grounds. Provision of care to MercyCare Health Plan members is subject to the Certificate of Coverage, Schedule of Benefits, Summary Plan Description and Medical Necessity Criteria using nationally recognized criteria.

MercyCare Health Plans does not prohibit, or otherwise restrict, a provider acting within the lawful scope of practice, from advising or advocating on behalf of a member who is his/her patient, including any of the following:

- The member's health status, medical care, or treatment options, including any alternative treatment that may be self-administered.
- The member's right to participate in the decisions regarding his/her health care, including the right to refuse treatment, and to express preferences about future treatment decisions.

II. Scope

All providers for and employees of MercyCare Health Plans or any other products administered by MCHP

III. Procedure Employee

- A. The employee shall report such a conflict to their immediate supervisor.
- B. The supervisor will evaluate patient care needs and assign another qualified employee as soon as possible while making sure the member's care is not adversely affected.
- C. If the conflict is recurring or on-going due to the nature of the member population, transfer of the employee to other duties may be considered.

IV. Procedure Provider

- A. The provider shall report such a conflict immediately to the health plan: Quality Health Management Department;

Original Date of Issue: 11/2015

Review Date:	032817	022718	041718	030719	02272020	02162021	03042022		
Revision Date:			041718			02162021	03042022		

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1. Quality Health Management Department Staff would be a licensed health care provider (Utilization Review Nurse, Complex Case Manager, Case Managers, Medical Director, Director of Behavioral Health)
 - B. The licensed health care provider receiving the report shall immediately report the request to their supervisor and the Medical Director.
 - C. The Medical Director or the designated staff member under the supervision of the Medical Director, will evaluate the member's care needs and work with the member and other network providers to make sure the patients care is not adversely affected.

Original Date of Issue: 11/2015

Review Date:	032817	022718	041718	030719	02272020	02162021	03042022		
Revision Date:			041718			02162021	03042022		