

# MercyCare Health Plans

MercyCare Insurance Company ~ MercyCare HMO, Inc.

## Standard Operating Procedure

Title: Advance Care Planning

SOP: MS – 106.10

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Revision History

Date	Issue	Author	Description of Change
2/4/24	10	Joan C. Fisher, RN, CCM	Review

Approved By Dr. Eric Quivers

3/7/2024

Department Director

Date

### I. Purpose

The purpose of this standard operating procedure is to establish standards for engaging members input in Advance Care Planning discussion and/or Palliative Care Consultations for all members with a life expectancy of 12 months or less.

### II. Scope

This SOP is applicable to all MercyCare Members and any plans managed by MercyCare.

### III. Definitions and Responsibilities

- A. Advance Care Directives (ACD): Advance directives are written instructions, such as living wills or durable powers of attorney for health care, recognized under state law and signed by a patient, that explain the patient’s wishes concerning the provision of health care if the patient becomes incapacitated and is unable to make those wishes known. They include but are not limited to selecting a surrogate decision maker.
  - 1. Living Will: A legal document by which an individual directs his or her primary physician to withdraw and withhold medical treatment that would serve only to postpone death when the individual suffers from a terminal condition (such as death is imminent) and is unable to provide further instructions.
  - 2. Durable Power of Attorney for Healthcare: a document in which an individual names someone else to make healthcare decisions and specific treatment preferences in the event the individual becomes unable to make themselves.
- B. Palliative Care: Palliative Care defines the immediate and long-term goals of care and promotes advance care planning. It optimizes symptom control and functional status. It promotes the highest quality of life, educates to promote understanding of the underlying disease process and plans for discharge to the appropriate level of care in a timely manner.
- C. Advance Care Planning & Advance Directive (ACPAD) by the Wisconsin Medical Society: ACPAD partners with Respecting Choices® First Steps® Prime Affinity (RC) to train participating health care organizations to build strong advance care planning systems. More than just training facilitators, RC assists organizations in ensuring that conversations are offered routinely, conducted, documented and entered consistently in the medical record. Participants begin with a small-scale, six-month trial implementation, and use the lessons learned to expand across the organization. By collaborating around this model, clinical sites and communities enjoy greater benefits and avoid duplicating work to improve advance care planning. The Society and RC provide a platform for teams and stakeholders to share lessons and information, address challenges and share successes.
- D. Terminal Diagnosis: diagnosis with an estimated survival of less than 12 months.

Original Date of Issue: 10/21/2014

Review Date:	10142015	12012015	022718	030719	02272020	021721	030722	2/14/23	2/4/24
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- E. Advance Care Planning: conversations to identify personal preferences for care in the event that sickness or trauma causes a loss of decision making capacity as well as to select a surrogate decision maker in the event of such incapacity. Advance Care Planning can include completion of an Advance Care Directive
  - 1. Mercy Health System in both Illinois and Wisconsin offers Advance Care Planning within the guidelines of the state the facility operates. Services can be accessed thru the Health System WEB Site: [Mercyhealth.org/](http://Mercyhealth.org/) Advance Care Planning OR call 608-756-8248
    - a. Illinois Forms:
      - 1) Illinois Statutory Short Form Power of Attorney for Health Care
      - 2). Living Declaration Form
    - b. Wisconsin Forms
      - 1) Power of Attorney for Health Care
      - 2) Wisconsin Living Will (Declaration to Physicians)

#### IV. Reference Documents

- A. Center for Medicare Services

#### V. Advance Care Planning & Advance Directive by the Wisconsin Medical Society: Participating Network Hospitals

The following hospitals within in our Provider Networks are participating organizations in the Advance Care Planning & Advance Directive by the Wisconsin Medical Society

<https://www.wismed.org/wisconsin/wismed/about-us/honoring-choices/wismed/about-us/honoring-choices.aspx>

- A. Mercy Health Corporation:
- B. Fort HealthCare-Fort Atkinson
- C. UW Health: Watertown Regional Medical Center

#### VI. Policy

- A. MercyCare will comply with the advance directive requirements of the Advance Care Planning & Advance Directive by the Wisconsin Medical Society
- B. MercyCare may not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive.
- C. All network facilities participate in Advance Care Planning & Advance Directive by the Wisconsin Medical Society, have identified staff, usually their Social Services or Medical Management Departments, who are qualified to discuss resources and information for advance care planning
- D. Upon admission to a hospital, patients over age 18 years are asked if they have an Advance Directive, and if the answer is no, be referred to Medical Management or Social Services Department for consultation for information regarding such directives
- E. MCHP shall reimburse for Advance Care Planning Benefit for members with a life expectancy of less than 12 months. (CPT Codes; S0257, 99497, 99498)

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#### VII. Outreach to Members

- A. All participating Hospitals and Health Systems have information and links on their WEB sites for Advance Care Planning, including information about Advance Care Planning & Advance Directive by the Wisconsin Medical Society
  - 1. Mercy Health System: <https://www.mercyhealthsystem.org/patientsvisitors/advance-care-planning/>
  - 2. Fort Health Care: <https://www.forthhealthcare.com/patient-info/advance-directives/>
  - 3. Watertown Regional Medical Center: <https://www.watertownregional.com/advanced-directives>
- B. MercyCare Health Plans WEB site: <https://mercycahealthplans.com/> /  
Current Members Section: Member Handbook; Advanced Care

#### VIII. Options for Screening Members for Terminal Diagnosis and ACD or Palliative Care Consults

- A. Utilization Review Process
  - 1. Utilization Review Nurses as part of their review process of inpatient admissions may verify upon admission that the member has an Advance Care Directive. Verification will be documented on the member EPIC® record.
    - a. Member with no ACD: Verify that the hospital case manager or discharge planner has provided member with information regarding ACD.
    - b. Document this on the EPIC®/ Tapestry/ Referral/NOTES
  - 2. Utilization Review Nurse as part of review of Referrals, will review for poor prognosis diagnosis (ineligible for transplants, ESRD, end stage congestive heart failure, cancer diagnosis with poor prognosis, dementia)
  - 3. Utilization Review Nurse will refer any members with a documented poor prognosis (less than 6 months) to the MCHP Medical Director or Physician Reviewer to determine if MCHP would suggest a Palliative Care Consult
  - 4. Medical Director will review medical records and if indicate discuss with attending physician possible additional referrals, including if indicated Palliative Care consult.
- B. Navitus® Prescribing Data (Mercycare Prime ETF Plan only)
  - 1. Weekly downloaded data of Employee Trust Fund (ETF) Members prescribed Cancer Drugs
- C. Quarterly Claims report of claims data: Palliative Care Consults (ETF MercyCare Prime Plan)
  - 1. CPT codes: S0257, 99497 and 99498
- D. Referrals from providers, Complex Case Management, Disease Management
  - 1. From Providers: refer them to the appropriate department related to their practice. This may be a hospital they admit to or their employed health system
  - 2. Contact PCP to initiate visit for member to discuss ACD and ACP
- E. Admitting Staff/ Hospital;
  - 1. Per individual hospital policy: screen upon admit for ACD
  - 2. Refer to identified department within their hospital for ACD consult
- F. Primary Care Physician/ annual physical exam or Wellness Visit:

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1. Screen member for terminal diagnosis and ACD.
2. Refer to identified department within their health system
- G. Complex Case Management: as part of Initial Assessment screen for ACD
- H. Mercycare Prime ETF Plan only: Monthly Claims Report from Claims Data: Terminal Diagnosis Codes
  1. Include the following codes
    - a. dementia: F01.51 F02.81 F03.91
    - b. End Stage Renal Disease: N18.4 N18.5 N18.6
    - c. Metastatic Cancer: C00 – C96
    - d. Heart Failure: I50
  2. Medical Management Reviews Report
    - a. Reports Stored:  
S:\shadmin\QI Team Projects & Meetings\ Claim Data Monthly Reports  
DX: Terminal Diagnosis
    - b. Medical Record Review of identified members to determine:
      - 1) Current medical status of member regarding ACP
        - a) treatment plan, stage in diagnosis
      - 2) Individual Member needs for ACP
      - 3) Advance Directives Completed: Yes or No
      - 4) Palliative Care consult: Yes or No or Completed
      - 5) Health plan will issue notice to PCP or treating physician regarding referral of identified member to their facility's Honoring Choices Program for Advance Care Planning and/or Palliative Care Team.

**IX. Reporting at Request of ETF for Employee Trust Fund (ETF) Members Only. Reporting requirements may change at the directive of the Employee Trust Fund. Latest requirements from ETF will supersede this section.**

- A. **Number of ETF members dying in the calendar year**
  1. CLAIMS report of members who terminated policy in year
  2. Medical record search to determine:
    - a. if death was reason for termination
    - b. date of death
- B. **Number of ETF members dying in the calendar year who had ACP**
  1. Medical Record search of members identified in IX .A. 2
  2. Palliative Care Consult CLAIMS Report
- C. **Number of ETF members dying in calendar year who accessed hospice**
  1. Identified members from IX. A. 2
  2. Claims data and UM Log Report/ Hospice
- D. **Median Hospice length of stay**
  1. Claims data and UM Log Report/ Hospice
- E. **Number of members with Hospice stay < / = 5 days**
  1. Claims data and UM Log Report/ Hospice
- F. **Average number of ICU Days for ETF members in last 30 days of life**
  1. Identified Members from Results of IX. A. 2
  2. Identified Members from Hospice Data

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2. Claims data for identified members for ICU days and dates of service
- G. Average number of hospital days for ETF members in last 30 days of life**
  1. Identified Members from Results of IX. A. 2
  2. Identified Members from Hospice Data
  3. Claims data for identified members for inpatient days and dates of service
- H. Average number of emergency department visits for ETF members in last 30 days of life**
  1. Identified Members from Results of IX. A. 2
  2. Identified Members from Hospice Data
  2. Claims data for identified members for ED visits in last 30 days of life

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