

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY/ PROCEDURE**

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|----------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------|
| Policy/Procedure Number: MPQP1047 (previously MCQP1047) | | | Lead Department: Health Services Business Unit: Quality Improvement | |
| Policy/Procedure Title: Advance Directives | | | <input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy | |
| Original Date: 06/17/2009 | | Next Review Date: 06/09/2027 Last Review Date: 06/10/2026 | | |
| Applies to: | <input type="checkbox"/> Employees | <input checked="" type="checkbox"/> Medi-Cal | <input checked="" type="checkbox"/> Partnership Advantage | |
| Reviewing Entities: | <input checked="" type="checkbox"/> IQI | <input type="checkbox"/> P & T | <input checked="" type="checkbox"/> QUAC | |
| | <input type="checkbox"/> OPERATIONS | <input type="checkbox"/> EXECUTIVE | <input type="checkbox"/> COMPLIANCE | <input type="checkbox"/> DEPARTMENT |
| Approving Entities: | <input type="checkbox"/> BOARD | | <input type="checkbox"/> COMPLIANCE | <input type="checkbox"/> FINANCE |
| | <input type="checkbox"/> CEO | <input type="checkbox"/> COO | <input type="checkbox"/> CREDENTIALS | <input checked="" type="checkbox"/> PAC |
| Approval Signature: Robert Moore, MD, MPH, MBA | | | Approval Date: 06/10/2026 | |

I. RELATED POLICIES:

- A. MPQP1038 – Physician Orders for Life-Sustaining Treatment
- B. MPQP1022 – Site Review Requirements and Guidelines

II. IMPACTED DEPTS:

- A. Health Services
- B. Member Services
- C. Claims
- D. Provider Relations

III. DEFINITIONS:

- A. Partnership Advantage: Effective Jan. 1, 2028, Partnership HealthPlan of California will operate a Centers for Medicare & Medicaid Services (CMS)-approved Dual-Eligible Special Needs Plan (D-SNP) in specific counties as described in the Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plan Policy Guide. This line of business will be known as Partnership Advantage and will be a Medicare Advantage plan offered to all full-benefit, dual-eligible beneficiaries 21 years of age or older who reside in the applicable counties. Partnership Advantage Members will be qualified to receive both Medi-Cal and Medicare services as described in the Partnership Advantage Member Handbook.
- B. Advance Directives include two parts:
 - 1. A health care proxy (sometimes called “durable power of attorney”), which names someone the member trusts to make decisions about their health care if the member cannot.
 - 2. A living will describes which treatment(s) the member wants if the member’s life is threatened, including dialysis, breathing machines, resuscitation, and tube feeding.

IV. ATTACHMENTS:

- A. N/A

V. PURPOSE:

To define member rights to have an Advance Health Care Directive (aka Advance Directive), and define practitioner and health plan responsibility to provide Advance Directive information to Partnership HealthPlan of California (Partnership) members who are adults or emancipated minors.

VI. POLICY / PROCEDURE:

- A. Regarding Members

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1. Partnership advises members about Advance Health Care Directives and their right to execute one. The Advance Directive form enables the individual to express his or her preferences for life-sustaining treatment and to elect an individual to make health care decisions in a situation where the individual is unable to make decisions for themselves. Members receive this information from Partnership in the Evidence of Coverage document on enrollment and information about Advance Directives is available on the Partnership website. Partnership will notify members within 90 days if there are changes in state or federal law regarding Advance Directives. Partnership acknowledges that members have the right to not fill out part or all of the Advance Directive form as a matter of conscience. Partnership will not discriminate in any way against a member who chooses to not fill out part or all of an Advance Directive form. If a member is incapacitated at the time of initial enrollment and unable to receive information (due to the incapacitating condition or to a mental disorder) or articulate whether they have executed an Advance Directive, Partnership will give Advance Directive information to the member's family or surrogate in the same manner that we issue other materials about policies and procedures. When the incapacity has resolved, Partnership Care Coordination staff will discuss advance care planning with the member, including the recommendation to complete an Advance Directive.
- B. Regarding Partnership Advantage Members: Medicare covers and utilizes advance care planning, as part of the annual wellness visit or as a separate medically necessary service. Medicare Part B covers voluntary advance care planning, including discussions about end-of-life care preferences. The member may update their Advance Directive at any time.
- C. Regarding Practitioners
 1. Partnership regularly provides education on Advance Directives to all contracted providers for whom advance care planning is an appropriate part of their scope of practice. Partnership encourages its clinicians to discuss the right to execute an Advance Directive and to honor the Advance Directive of any individual who completes the form. The primary care provider (PCP) and/or specialist should periodically review the Advance Directive with the patient to ensure the elections made on the form continue to reflect the current wishes of the individual. The PCP should keep a copy of an executed Advance Directive in the medical record. PCPs should not condition the provision of care or discriminate against an individual based on whether the patient has executed an Advance Directive or on the contents of that Advance Directive. Partnership acknowledges that health care providing organizations, and individual clinicians practicing in each organization, may conscientiously object to implementing parts of executed Advance Directives. In such cases, it is expected that the organization and/or individual practitioner will inform the member that they cannot implement those portions of the Advance Directive to which there is conscientious objection. The member should be offered the right to switch their care to an organization or practitioner who will follow the requests in their Advance Directive.
 2. Medicare reimburses healthcare providers for advance care planning discussions with Medicare beneficiaries. Utilize CPT codes 99497 and 99498 for billing advance care planning services. When billing for multiple advance care planning services, a change in the patient's health status or wishes regarding end-of-life care must be documented.
 3. Partnership Facility Site and Medical Record Review (see MPQP1022) on primary care provider sites determines if providers offer Advance Directive information. Documentation in the medical record should indicate if the PCP discussed Advance Directives with the patient and/or if the patient executed or refused an Advance Directive. Evidence of a discussion of the Advance Directive is sufficient to meet site review requirements.
- D. Regarding Partnership Staff
 1. Partnership provides education of its staff regarding our policies and procedures about Advance Directives.
- E. Regarding the Community

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1. Partnership, in partnership with various community organizations, encourages community education regarding Advance Directives, emphasizing that they are designed to enhance individual's control over their medical treatment plans.

VII. REFERENCES:

- A. Title 42, Code of Federal Regulations, Sections 422.128 and 489.100
- B. California Probate Code, Sections 4670 through 4743
- C. Medi-Cal Handbook / Evidence of Coverage
- D. Medicare Managed Care Manual
- E. <https://www.medicare.gov/coverage/advance-care-planning>
- F. Partnership website: <http://www.partnershiphp.org/Members/Medi-Cal/Pages/California-Advance-Health-Care-Directive.aspx>
- G. Multiple Advanced Directive options can be found on the California Coalition for Compassionate Care website: <https://coalitionccc.org/CCCC/Resources/ACP-Tools-Resource-List.aspx>

VIII. DISTRIBUTION:

- A. Partnership Department Directors
- B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Medical Officer

X. REVISION DATES:

Medi-Cal

08/18/10; 05/21/08; 05/20/09; 10/17/12; 10/16/13; 10/15/14; 10/21/15; 10/19/16; 04/19/17; *06/13/18; 06/12/19; 06/10/20; 06/09/21; 06/08/22; 06/14/23; 6/12/24; 06/11/25; 06/10/26

Partnership Advantage (effective Jan. 1, 2027)

N/A

*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:

Partnership Advantage:

PAQI 101 – 06/21/2006 to 05/21/2008

PAQP1036 – 05/21/2008 to 10/17/2012

MPQP1047 – 10/17/2012 to 01/01/2015