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## *PROVIDER BULLETIN*

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### Advance Directive Reminder

Source: Health Net, Inc. Provider Update 18-196

Providers should routinely discuss advance directives during office visits with members, instead of waiting until the member is acutely ill.

Discussing and preparing advance directives with patients can:

- Ensure the care and services desired by the patient are provided according to his or her wishes, including refusal of treatment
- Designate the person who is delegated to make decisions on the patient's behalf if he or she becomes incapable of making such decisions
- Ensure family and friends abide by the wishes of the patient regarding the type of care and treatment determined in advance

If an advance directive is prepared by a member, encourage the member to share a copy with his or her family to notify them about who is designated to make decisions on the member's behalf in the event he or she can no longer make personal health care decisions. This may initiate early health care planning discussions to enable a smoother transition before there is a medical crisis.

For ages 18 and older, providers must document in the patient's medical record whether an advance directive has been executed.

If you would like an Advance Health Care Directive training slideshow, please send a request to [ljohnson@preferredipa.com](mailto:ljohnson@preferredipa.com).

**ADVANCE DIRECTIVE TRAINING  
PROVIDER ATTESTATION FORM**

“Medicare law requires that delegated entities demonstrate that their staff has been educated on members’ rights concerning Advance Directives. As part of the annual audit, health plans review documentation submitted by the delegated entity that validates that staff as well as the IPA’s providers and their staff have received training on members’ rights concerning Advance Directives. The delegated entity may demonstrate that training has taken place through training agendas and accompanying attendance sheets, through a training curriculum on Advance Directives or through other means that can demonstrate staff received the required training.” The attestation below may be used to demonstrate that the IPA’s providers and staff have received Advance Directive training.

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**Attestation Submission Instructions**

This Attestation Form and supporting documentation may be faxed, scanned and e-mailed, or sent via US Mail, FedEx, UPS, etc. to:

Email:	ljohnson@preferredipa.com
Fax number:	818-265-0801
Mailing Address:	1025 N Brand Blvd, #100, Glendale CA 91202

TAX-ID: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, attest that in accordance with the  
(insert name) (insert title)  
Centers for Medicare and Medicaid Services (CMS) regulations, Advance Directive Training for  
the above-named Provider/Practice took place on \_\_\_\_\_.  
(insert training date)

*Check if applicable:*

Training sign-in sheet/s attached

Signature: \_\_\_\_\_