



Policy and Procedure

Title: Informed Consent for Hysterectomy and Sterilization	Division: Medical Management Department: Quality Management
Approval Date:	LOB: Medicaid
Effective Date: May 25, 1999	Policy Number: QM-109
Review Date: 7/14/03, 10/28/08, 10/22/09, 7/13/15, 10/7/15, 2/18/16	Cross Reference Number:
Retired Date:	Page 1 of 4

POLICY:

MetroPlus Health Plan providers will comply with New York City Department of Health and Mental Hygiene (NYCDOHMH) informed consent guidelines in 42 CFR, Part 441, Sub Part F and 18 NYCRR Section 505.13

PROCEDURE:

Providers who perform hysterectomy or other sterilization procedures are required to obtain informed consent from all MetroPlus Health Plan members undergoing a hysterectomy or other sterilization procedure. (Attachment A)

In the case of a hysterectomy, MetroPlus Health Plan will authorize this procedure if there are appropriate clinical indications.

A member undergoing a hysterectomy must be notified verbally and in writing that the procedure will render her permanently sterile. She or her authorized representative must sign the Sterilization Consent Form (Attachment A) and the Acknowledgement of Hysterectomy Information form (Attachment B).

This requirement is only waived if the hysterectomy was performed in a life threatening (emergency) situation or when the evidence exists that the member was sterile prior to the procedure. If either situation occurs then the surgeon's attestation must be completed stating that one of these circumstances existed.

MetroPlus Health Plan also covers sterilization (as defined as any procedure or treatment performed solely for the purpose of rendering the member incapable of reproducing), however the following restrictions apply:

- Member must be at least 21 years of age.
- Member must be mentally competent and able to consent to sterilization.
- Member must not be institutionalized (involuntarily confined to a correctional, rehabilitation, or mental illness treatment facility or voluntarily confined to a mental illness treatment facility).
- Informed consent must not be obtained during labor, childbirth, abortion (or abortion request), or under the influence of alcohol or any substance that alters the members mental state.
- Translation services must be provided if the member does not speak the language used on the consent form or by the person obtaining informed consent.
- Arrangements must be made for deaf, blind, or otherwise disabled members.
- A witness must be present if the informed consent is obtained in NYC as required by New York City Local Law No. 37 (1977).



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- An informed consent waiting period of not less than 30 days or more than 180 days must be given prior to the procedure (not including the date that the consent form is signed). The waiting period may be waived only in cases of premature delivery (when the surgery was scheduled for the expected date of delivery) or an emergency abdominal surgery. In these instances, the surgery may be performed during the same hospitalization if at least 72 hours have passed between the signing of the informed consent form and the actual procedure.
- In New York City, members must sign a reaffirmation statement upon admission, acknowledging an understanding of the consequences of sterilization and reaffirming their desire to have the procedure.

Specific Disclosures:

The physician performing the sterilization procedure must be available to answer questions and provide all requested information and advice in addition to providing the form and informed consent. The following issues must be discussed with the member seeking sterilization at least thirty (30) days before the procedure is performed.

- Member's right to withdraw consent at any time prior to the procedure without jeopardizing any future treatment or federally subsidized benefit.
- Alternative methods of family planning and birth control.
- Irreversibility of the sterilization procedure.
- Detailed and thorough explanation of the procedure to be performed.
- Full description of the associated risks, side effects, and discomforts (including those associated with any anesthesia to be used).
- Full explanation of the benefits or advantages to be expected after undergoing the procedure.
- Explanation that the procedure will not be performed for at least thirty (30) days except in cases of premature delivery or emergency abdominal surgery.

MetroPlus Network Relations staff will conduct orientation sessions to OB/GYN's and Urologists and/or other doctors that perform these types of procedures and they will be given a provider manual and provider orientation material. The provider manual will have information regarding informed consent for hysterectomy and sterilization including the consent form.

On a bi-annual basis the Project Manager from the Quality Management Department will randomly select a number of participating providers who we have identified via claims to have performed sterilization and monitor compliance with the informed consent procedures for hysterectomy and sterilization as specified in 42 CFR, Part 441, Sub Part F and 18 NYCRR Section 505.13.



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A letter will be sent to the Provider requesting the member's signed consent form be sent to the Project Manager (Attachment C).

If standards are not met Networks Relations will outreach to individual providers to discuss the importance of complying with the informed consent procedures for hysterectomy and sterilization and provide re-education. Providers will be re-evaluated after a period of 6 months and if still non-compliant these cases will be presented at the Credentialing Committee for further action and reported to the Quality Management Committee (QMC).

RESPONSIBLE PARTIES:

Providers must conform to informed consent guidelines.

Network Relations Department staff will reinforce this requirement at provider orientations and through the provider manual.




Quality Management Department: Senior Associate Director Quality Management

REFERENCES:

42 CFR, Part 441, Sub Part F and 18 NYCRR Section 505.13

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ATTACHMENTS:

	Title	Attachment
1	ATTACHMENT A: LDSS-3134-STERILIZATION CONSENT FORM	 Sterilization Consent Form.pdf
2	ATTACHMENT B: LDSS-3113-ACKNOWLEDGMENT OF HYSTERECTOMY	 Acknowledgement of Hysterectomy DSS
2	<u>Attachment C: Letter to Provider Requesting Signed Consent Form</u>	 QM-109 Informed Consent for Hystere
3		

REVISION LOG:

REVISIONS	DATE
Included process to monitor hysterectomy and sterilization consent forms	10/7/15
Updated consent forms and revised monitoring process	2/18/16