OHP Client Agreement to Pay for Planned Community (Out-of-Hospital) Birth Services

This is an agreement between a *Client* and a *Provider*, as defined in OAR 410-120-0000. The client agrees to pay for Planned Community (out-of-hospital) birth services that the Oregon Health Authority (OHA) did not approve for Oregon Health Plan (OHP) coverage by OHA or the member's OHA-contracted coordinated care organization (CCO). OHA did not approve these services because the client's pregnancy is not low-risk as defined in OAR 410-130-0240(4) and Prioritized List Guideline Note 153.

Provider section

① Provider completing this form is *(check one):*

☐ Rendering provider *(the provider who is providing the service)* ☐ Freestanding birth center

☐ Other provider:

② **Services requested**	**CPT/HCPCS/NDC codes**	**Estimated fees**
☐ Global maternity care (prenatal care, birth, postpartum care)		
☐ Associated supplies		
☐ Birth attendant (second midwife when applicable)		
☐ Newborn exam		
☐ Birth center facility fees		
☐ Other:		

③ Expected date(s) of service *(start/end dates):* Expected due date:

④ Check one of the following statements about the estimated fees:

☐ There are no other costs.

☐ There may be other costs. You may have to pay for them, too. Other costs may be for (*check all that apply):*

☐ Lab ☐ Ultrasound ☐ Hospital ☐ Anesthesia ☐ Other:

⑤ ☐ As the rendering or prescribing provider:

- I submitted all information required to request OHA approval of planned community (out-of-hospital) birth coverage.
- I confirmed that OHA will not cover a planned community (out-of-hospital birth) for this pregnancy.
- I informed you these services would be covered if provided in a hospital setting, but not in a community setting, and you still choose to receive these services outside the hospital setting.
- I cannot bill for more than the amount OHA or the CCO would pay, as required by OAR 410-120-1280.

Provider name:

National Provider Identifier (NPI):

Provider signature: Date:

Client — Keep a copy of this form for your records.

Attention OHP Client — Read this information carefully before you sign.

Before you sign you should be sure each service is not covered by OHP or your CCO. Here are some things you can do:

① ***Check to make sure the service is not covered***

OHA, your CCO or your plan will send you a Notice of Action if they do not cover a service that your provider requests. If you did not receive a Notice of Action, ask your CCO, plan or provider to send you one so you can be sure the service is not covered by OHP.

② ***Request an appeal and or hearing***

Once you have a Notice of Action, you can request an appeal or hearing. Read the Notice of Action carefully. It will explain why the service was denied. It will also give you information about your right to appeal the denial or ask for a hearing.

If you also have Medicare, you may have other appeal rights. If you have both OHP and Medicare, call 800-Medicare (800-633-4227) or TTY 711.

③ ***Check to see if there are other ways to get the service***

Ask your provider:

- If they have tried all other covered options available for treating your condition, and
- If there is a hospital, medical school, service organization, free clinic or county health department that might provide this service or help you pay for it.

④ ***Ask about reduced rates and discounts***

Ask your provider if they can offer you a reduced rate for the service or if they offer discounts for people who pay for services privately. They may have nothing to offer you, but you won't know unless you ask.

⑤ ***Get a second opinion***

You may find another provider who will charge you less for the service.

Additional costs

There may be services from other providers — such as hospital, anesthesia, therapy or laboratory services — that go with the service you want. You will have to pay for these, too. Ask your provider for the names and phone numbers of the other providers. Contact those providers to find out what their charges will be.

Questions?

- Call your plan or CCO's customer service department, or
- Call the OHP Client Services Unit at 800-273-0557, TTY 711
- Call the Public Benefits Hotline at 800-520-5292 if you would like legal advice about OHP benefits and paying for services.

OHP client section

⑦ Client name: DOB: Client ID#:

⑧ I understand the following, and still choose to get the service(s) listed above:

- Planned community (out-of-hospital birth services) are not covered for this pregnancy by OHP, OHA or my coordinated care organization (CCO). This means that no coverage will be provided and I may be responsible to pay for community birth services out of pocket, at a rate not to exceed what OHA or the CCO would pay if they had provided coverage.
- These services would be covered if provided in a hospital. I still choose to receive these services outside a hospital, knowing that I may have to pay for these services out of pocket.
- If I receive community birth services, I will receive bills for the community birth services provided. I understand that I may have to pay for the services that have been provided.
- I have other options concerning receiving community birth services and/or coverage for these services as explained on the back of this form in sections 1-5 and as explained by my provider.

Client (or representative's) signature – *Representative must have proof of legal authority to sign for this client* Date

If signed by the client's representative, print their name here:

⑨ Witness signature: Date:

Witness name:

This agreement is valid only if the estimated fees listed above do not change and is good only for the current pregnancy at the time of the member's signature.

Attention provider – Relevant Oregon Administrative Rules (OARs)

Requirements of this Agreement are outlined in OAR 410-120-1280, Billing, and 410-141-3540, Member Protections. These rules can be found online at https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=87.