

Don Ross, Manager  
DMAP Medicaid Policy and Planning Section

**Number:** DMAP IM 13-077

**Authorized Signature**

**Issue Date:** 11/07/2013

**Topic:** Medical Benefits

**Subject:** **Announcement:** Provider notice requiring use of new form -- *OHP Client Agreement to Pay for Health Services*, DMAP 3165

**Applies to:**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees             | <input type="checkbox"/> County Mental Health Directors   |
| <input type="checkbox"/> Area Agencies on Aging        | <input type="checkbox"/> Aging and People with Disabilities   |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (please specify): DHS and OHA staff and others identified on the APD, CAF, AMH and DMAP transmittal lists |
| <input type="checkbox"/> County DD Program Managers    |   |

**Message:**

DMAP has posted the following [OHP Provider Announcement](#) announcing a new form, *OHP Client Agreement to Pay for Health Services* (DMAP 3165). Providers must use the DMAP 3165 ([Word](#)) ([PDF](#)), or a facsimile containing the same elements, when providing non-covered services to OHP clients.

The new DMAP 3165 ([Word](#)) ([PDF](#)), or facsimile, is required for providers to use before they treat and bill a client for a service not covered by OHP. The form, which will be completed/signed by the provider and signed by the client, gives the client information about the service they will be receiving and paying for, including:

- The condition being treated
- The expected date of service
- The estimated charge from the provider
- Other kinds of charges they may be billed for, such as lab costs, x-rays, and other care

Instructions on the back of the form also advise the client to verify with DMAP (if FFS), or their CCO/Plan, that the service is not covered and ask for a Notice of Action if they haven't received one. They can then ask for an Appeal or Hearing, and possibly have the denial reversed. Other options to consider before agreeing to pay for the non-covered service are also included on the form.

Without a client-signed DMAP 3165 ([Word](#)) ([PDF](#)), providers are prohibited by rule from billing clients for non-covered services they've provided.

The following rules will be revised on 11/1, requiring providers to use the form:  
410-120-1280, 410-141-3395, 410-141-0420, 410-141-3420

DMAP will post the provider notice and link to the form to the [OHP Tools for Providers](#) Web page and distribute through eSubscribe. The form will be posted to the DHS/OHA Forms Server as well.

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Kathy Mickenham		
<b>Phone:</b>	503-945-9409	<b>Fax:</b>	503-947-5221
<b>E-mail:</b>	<a href="mailto:kathy.mickenham@state.or.us">kathy.mickenham@state.or.us</a>		



November 7, 2013

To: OHP medical assistance providers

From: Don Ross, Manager  
Medicaid Policy and Planning Section, DMAP

Subject: New form – *OHP Client Agreement to Pay for Health Services*, DMAP 3165

The Division of Medical Assistance Programs (DMAP) has created a new form to use when billing OHP clients for non-covered services that they agree to pay for. The form, or a facsimile containing the elements in it, must be completed and signed by the provider, and signed by the client, before the non-covered service is provided.

The DMAP 3165 ([Word](#)) ([PDF](#)) was created in response to an increasing number of calls from clients contacting us with billing issues and providers who have asked for a standard form they can use when a client requests a non-covered service.

Having the client sign the form is an assurance that our clients are informed and understand what they are agreeing to before receiving and being billed for a service not covered by OHP.

Important elements of the form include:

- The condition being treated
- The expected date of service
- The estimated charge from the provider
- Other kinds of charges they may be billed for, such as lab costs, x-rays, and other care

Our goal is that having a uniform, standard form/template will:

- Lessen client confusion. We plan to raise client awareness regarding billing issues, including those instances where clients choose to pay for a non-covered service.
- Take out the ‘guess work’ for providers about what they need to have in their agreements with OHP clients. If a provider does not have a client-signed DMAP 3165 ([Word](#)) ([PDF](#)), or facsimile containing the elements of the form, they cannot bill the client.
- Create efficiency for our own staff. If the client has signed a DMAP 3165 ([Word](#)) ([PDF](#)), or other form containing the elements, and the service is not covered, staff will instruct the client that they are responsible for the bill.

The following Oregon Administrative Rules have been revised, effective November 1, 2013, requiring use of the form, or a facsimile:

410-120-1280    410-141-3395    410-141-0420    410-141-3420

The DMAP 3165 ([Word](#)) ([PDF](#)) is posted to the [OHP Tools for Providers](#) Web page in the “*Forms and Publications for OHP providers*” section.

### **Questions?**

If you have any questions about this announcement, contact the Provider Services Unit at [dmap.providerservices@state.or.us](mailto:dmap.providerservices@state.or.us) or call 1-800-336-6016, Monday through Thursday, 8:30 a.m. to 4:00 p.m. and Friday 10 a.m. to 4:00 p.m. (phone lines closed 11:30 a.m. to 12:30 p.m. daily).

Thank you for your continued support of the Oregon Health Plan and the service you provide to our clients.