

Abortion Access Plan

Instructions for Completing the Claims Form



Important notes:

- The yellow highlighted fields on the claims form represent fields that require you to enter information. The other fields of the claims form are not editable.
- Once you have entered your organization's name at the top of the claims form, your organization name will auto-populate throughout the rest of the form.
- If you are unsure if you have an active vendor account with the state of Oregon, go to the "Vendor account set-up" tab of the claims form for guidance.

Claims Form – Contact Information:

Organization Name:

Enter the name of the clinic/facility that provided the service and that is used when submitting claims or requests for payment to the state of Oregon.

Mailing Address:

Enter the complete mailing address that is used when submitting claims or requests for payment to the state of Oregon.

IRS Tax ID# and Claims Preparer Contact Information:

IRS Tax ID#:	<input type="text" value="Your EIN or SSN"/>	Preparer's phone:	<input type="text" value="(###) ###-####"/>
Invoice prepared by:	<input type="text" value="Name of preparer"/>	Preparer's email:	<input type="text" value="Email address"/>
Prepared on:	<input type="text" value="Date"/>		

Enter the biller's (either provider or entity) Employer Identification Number (EIN) or Social Security Number (SSN). This information is needed to confirm that the vendor account number is established and active. Enter the contact information for the individual submitting the claims form in the other fields in this section.

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Claims Form – Patient or Encounter Identifier:

Patient or encounter identifier (optional)	
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You may include a unique patient or encounter identifier on the claim if it helps to reconcile payment with the patient’s account in your system’s records. However, this field is optional.

Claims Form – Services:

The Abortion Access Plan reimburses for services using bundled reimbursement rates. To indicate which services were provided, click on the arrow to view the drop-down menu.

Date of Service	Service Provided	Bundled Reimbursement Amount	Payment received from sources other than OHA	Amount to be paid by OHA
	Choose service here >>	\$0.00	\$0.00	\$0.00

Choose service here >>

- Choose service here >>
- Abortion-aspiration
- Abortion-D&E (up to 14 weeks gestation)
- Abortion-D&E (14+ to 18 weeks gestation)
- Abortion-D&E (18+ to 22 weeks gestation)
- Abortion-D&E (> 22 weeks gestation)
- Abortion-medication
- Abortion visit that did not result in abortion due to patient decis

Once you have identified the appropriate service, click on it. The corresponding reimbursement rate will auto-populate in the “Bundled Reimbursement Amount” field.

Service Provided	Bundled Reimbursement Amount	Payment received from sources other than OHA	Amount to be paid by OHA
Abortion-D&E (up to 14 weeks gestation)	\$2,426.88	\$0.00	\$2,426.88

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If the patient’s insurance paid for a portion of the services they received (e.g., an ultrasound as part of visit), enter the amount received by the insurance in the “Payment received from sources other than OHA” field. That amount will then be automatically deducted from the “Amount to be paid by OHA” field.

Service Provided	Bundled Reimbursement Amount	Payment received from sources other than OHA	Amount to be paid by OHA
Abortion visit that did not result in abortion due to patient decision, no pregnancy, non-viable pregnancy, or other	\$1,713.18	\$500.00	\$1,213.18

If anesthesia was administered, use the drop-down menu to indicate the length of time it was administered.

Was anesthesia administered?	No	▼
Was a LARC inserted in association with the abortion visit?	No	▲
	15 min	
	30 min	
	45 min	
	60 min	
	75 min	
	90 min	
	105 min	▼

Similarly, if a LARC was provided in association with the abortion visit, use the drop-down menu to indicate “Yes”.

Was a LARC inserted in association with the abortion visit?	Yes	▼
	Yes	
	No	

All services provided to a patient on the date of service, including anesthesia, should be included on a single claim. Please do not submit multiple claims for a patient for different services provided on the same date of service.

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Important: Billing for certain visit types:

- For *management of early pregnancy loss*, choose the service type that corresponds with the care provided (e.g., "Abortion-medication" for medical management, "Abortion-aspiration" for procedural management).
- For *medication management of ectopic pregnancy* (i.e., methotrexate), choose the service type "Abortion-medication".
- Reimbursement for *pregnancy evaluation and follow-up visits* are included in each of the bundled service types.

Claims Form – Claims Submission:

Prior to submitting the claim, be sure to read the information located on the bottom half of the claims form. This includes both your agency's and OHA's obligations.

By submitting this claim to the Oregon Health Authority, YOUR ORGANIZATION NAME agrees that:

1. The provider of these services is legally authorized and holds the required license to provide services included in cl
2. All information on this claim is accurate and verifiable through YOUR ORGANIZATION NAME health record and acc
3. At the time of service, YOUR ORGANIZATION NAME made a reasonable effort to determine that the the client refer
 - A. Providence Health Plan, excluding PEBB, originating in Oregon
 - B. A health plan issued to a non-profit religious employer based in Oregon. A non-profit religious employer means:
4. YOUR ORGANIZATION NAME will:
 - A. Accept Oregon Health Authority (OHA) reimbursement as described above
 - B. Not bill or accept payment from client or anyone on client's behalf for services described on this claim, including
 - C. Allow OHA to monitor statements made on this claim for accuracy, including reviewing YOUR ORGANIZATION NAME electronic health records and accounting system on-site, on request.
 - D. Repay OHA within 90 days of receiving notice from OHA of erroneous or overpayment payment.

Oregon Health Authority (OHA) will:

1. Accept YOUR ORGANIZATION NAME reasonable effort to determine client eligibility.
2. Pay claims that are submitted within one year of time of service.
3. Pay the amount calculated by this claim form for the services described on this claim form.

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Be sure to check that all appropriate fields have been completed correctly. Save the Excel spreadsheet to a secure location on your computer/in your EHR.

Submit claim by secure email to: RH.Billing@oha.oregon.gov
or by secure fax to: [971-673-0271](tel:971-673-0271)

Submit the claims form by secure email to: RH.Billing@oha.oregon.gov or to the RH Program's secure fax line: 971-673-0271. Include Abortion Access Plan in the subject of the email. Please do not include any individually identifiable patient information in the body or subject line of the fax or email. Payments are typically processed within 45-days of receiving the claims form.

For questions about the Abortion Access Plan, email rh.billing@oha.oregon.gov and include Abortion Access Plan in the subject line of the email.