



BENEFIT NEWS

WVCH: OHP Waiver Provider Education

December 1, 2018

You may have heard of the OHP Waiver that allows for patient billing but really it's intended for exceptional circumstances.

There is a very specific Oregon Administrative Rule (OAR) pertaining to client billing and specifically billing with regards to the waiver OAR 410-120-1280(3)(g)(A-D)

As the rendering or prescribing provider you must have:

- Tried all reasonable covered treatments for your condition.
- Verified that the proposed service(s) are not covered.
- Informed your patient of covered treatments for their condition, and they have selected a treatment that is not covered.
- A waiver completed for each date of service you intend to bill the patient for. (No Blanket Waiver)



“Understanding the role of the OHP waiver allows me to better educate my patients on the services available to them either through their health plan or through self pay”

- WVCH Provider

How long is the waiver good for?

The agreement is valid only if the estimated fees listed on the waiver do not change and the services are scheduled within 30 days of the member's signature.

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The Oregon Health Plan does not require their waiver be used, however all of the elements outlined below must be part of your waiver in order for it to be valid. It is highly recommended that you use the states form to avoid rendering the waiver invalid.

Providers shall only bill a client or a financially responsible relative or representative of that client in the following situations:

In exceptional circumstances, a client may decide to privately pay for a service. In this situation, the provider may bill the client if the provider informs the client in advance of all of the following:

- The requested service is a covered service, and the appropriate payer (the Division, PHP, CCO or third party payer) would pay the provider in full for the covered service; and
- The estimated cost of the covered service, including all related charges, the amount that the appropriate payer would pay for the service, and that the provider cannot bill the client for an amount greater than the amount the appropriate payer would pay; and
- That the client knowingly and voluntarily agrees to pay for the covered service;
- The provider documents in writing, signed by the client or the client's representative, indicating that the provider gave the client the information described in section (3)(g)(A-C); and that the client had an opportunity to ask questions, obtain additional information and consult with the client's caseworker or client representative; and the client agreed to privately pay for the service by signing an agreement incorporating all of the information described above. **The provider must give a copy of the signed agreement to the client. A provider may not submit a claim for payment for covered services to the Division or to the client's PHP, CCO or third party payer that is subject to the agreement.**

Resource Information provided by:
The Oregon Health Authority Oregon Health Plan

Questions:

Contact WVCH Customer Service 503-584-2150.

The Oregon Health Plan provider services 800-336-6016