

Objective:

In order to ensure compliance with Oregon Medical Assistance Program (OMAP) requirement that completion of OMAP forms 741 or 742 will be completed and on file prior to any sterilization procedure.

To ensure Oregon Health Plan (OHP) members understand these procedures are considered irreversible and the member will no longer be able to bear children after the procedure.

Policy:

- I. OMAP regulations state OMAP form 742 for sterilizations must be completed 30 days prior to the sterilization procedure and no more than 180 days before the desired procedure.
- II. OMAP form 741 for hysterectomies will also be completed in full and on file in the THA Medical Management Coordinator's office prior to the procedure unless in the case of emergency. This is procedure requires prior authorization.
- III. The OMAP forms will be completed in full and on file in the THA Medical Management Coordinator's office prior to payment for the procedure.

Procedure:

- I. The physician who will perform the procedure is responsible for completing in full the OMAP form.
 - A. Identifying Information: The client must be identified by name, sex, and Medicaid I.D. Number as indicated in the box in the upper right hand corner of the form.
 - B. In the box labeled Patient's Statement place the name of the physician or clinic giving the information in the first blank space.
 - C. In the second blank space place the name of the surgical procedure.
 - D. Check the box that agrees with the age of the patient. In the next blank space enter the complete birthdate.
 - E. Fill in the next 3 blanks with the patient's name, the name of the doctor doing the procedure, and the name of the operation being performed.
 - F. The "Race and Ethnicity" portion is optional.
 - G. The patient must sign and date the consent as indicated.

- H. Complete the box under the area of Person Obtaining Consent by entering the patient's name and the name of the procedure in the first two blanks.
 - I. Check the box that agrees with the age of the patient.
 - J. The person that obtains the consent must sign, date, and provide the name and address of the facility as indicated.
 - K. In the box labeled Physician's Statement, the patient's name, date the procedure was performed, and name of procedure should be documented in the first three blanks.
 - L. In the second paragraph of this section appear the words "is" and "is not". Check the box that corresponds to the patient's age.
 - M. Check the appropriate "alternative final paragraph." If the second box is checked also check the appropriate special circumstance and provide the requested information.
 - N. The interpreter's statement is only filled out if there is interpretation into another language. Specify the language used to explain the consent in the first blank.
 - O. The interpreter should sign and date the interpreter's statement as indicated.
- II. When the OMAP form is completed, fax or mail the form to THA. When the form is received, the authorization for payment to the physician that performed the procedure will be provided. A copy of the OMAP form will remain on file in the THA Medical Management Coordinator's office.
- III. If the appropriate OMAP form is not on file and correctly completed at the time of the OMAP annual audit, the recoupment and fine will be assessed to the provider that provided the sterilization and/or hysterectomy.

Formulated: September 1998

Reviewed: October 1999

Revised: November 2000

March 2003

THA Plan Director

THA Medical Director