

### Tip Sheet for Completing the Medicaid *Consent for Sterilization* Form

Make sure you use the current consent form when you consent the patient. The expiration date is 4/30/2022 and is found at <https://medicaid.ncdhhs.gov/blog/2019/02/01/sterilization-consent-form>. We encourage you to prepopulate as much standard information as necessary before printing to avoid errors in this detailed process.

1. **DO NOT use initials. This INCLUDES ALL signatures and printed names. Do NOT use “X” to mark signatures.**
2. DO NOT place patient stickers or stamps (such as “Scanned”) on the front of the Medicaid consent form.
3. DO NOT use abbreviations on the Medicaid consent form.
4. Legibly print the name beneath EACH signature on the Medicaid consent form (this includes the patient, interpreter, person obtaining consent, surgeon). Remember no initials!
5. The patient’s signature and printed name MUST match their Medicaid ID unless a **legal** name change has occurred (such as marriage or divorce). If so, use the updated legal name and complete a name change statement. The statement must be scanned sent to UNC with the Consent for Sterilization.
  - a. Name change statement (**on your clinic letterhead**) - “To Whom It May Concern: Jane Doe has changed her name to Jane Smith.”
  - b. The *consenting provider* is to sign and print their name on the name change statement OR the signature and printed name of a representative at the provider’s office.
6. Write patient’s Medicaid ID number in top right corner of Medicaid consent form.
7. Write the UNC Facility NPI in top center of Medicaid consent form – UNC Facility NPI 1932208576
8. *Interpreter Statement*: If the Spanish version of the Medicaid consent or an interpreter is used with the English version, the *Interpreter’s Statement* must be completed. If the provider obtaining consent is credentialed as an interpreter, they must sign this statement. If the consenting provider is not credentialed for interpreting, the patient MUST have an interpreter and the language must be specified.
  - a. Telephone interpreter rules require an attestation to be physically signed and returned by the interpreter via FAX or MAIL. Use standard form.
    - i. Interpreter must sign and date the form
    - ii. The date of the beneficiary, interpreter, and person obtaining consent must be the same.
    - iii. Attestation must include the beneficiary’s name and Medicaid ID number
    - iv. Attach a copy of the completed attestation to the consent form for final submission.
9. **Left column, first blank “Doctor or Clinic”**: Enter name of clinic in which patient is consented (i.e. the name of your clinic).
10. **Left column/middle**: The 5<sup>th</sup> blank, “**Doctor or Clinic**”, refers to the doctor or clinic (or hospital) that will **perform the sterilization**. For patients intending to receive this service at UNC, enter **University of North Carolina Hospitals Obstetrics and Gynecology Clinic**. Do not use initials. *This can be typed in small font before printing the form.*
11. **Second column**: Under *Statement of Person Obtaining Consent*, the Facility and Address refer to the **consenting provider’s facility and address**. (This will be your clinic’s name and address.)

12. **DO NOT fill in the *Physician's Statement* (bottom right).** This section is completed at the facility completing the tubal by the surgeon at the time of surgery.
13. **The Medicaid consent must be completed at least 30 days prior to and not greater than 180 days prior to the procedure.**
- a. If NOT, then form MUST be completed at least 72 hours before the procedure **AND OR** ii -
    - i. Premature delivery: The delivery was premature (<37 weeks) and consent was signed at least 30 days **prior to EDD** (in addition to the 72 hours).
    - or
    - ii. Emergency abdominal surgery: Non-obstetric or Cesarean, if Cesarean, surgeon must document that the life of mother or fetus (at discretion of surgeon) was at risk and the Cesarean was unplanned but life-saving.
14. **Provide a copy of completed Consent for Sterilization to patient.** Educate her as to the importance of keeping this form with her for presentation at UNC when she delivers.
15. **Send a copy of consent form to UNC upon completion or upload under Media tab.** If the patient is being referred to the UNC OBGYN/MFM clinics, consent form can be faxed (984-974-9023) to the clinic where it will be labelled and uploaded into the patient's chart. If the patient is *not* referred to UNC prior to delivery, fax the consent to L&D at 984-974-8837 and label as **"BTL Medicaid Consent Form"**. If a clinic uploads document via Carelink, please upload separately as **"BTL Medicaid Consent Form"**. Clinics with Epic EMR can also upload the form under Media with this title. ***Fax or upload this separately from the prenatal records.***
16. Should there be a need to correct a form, **DO NOT USE WHITE-OUT; ~~strike through~~** (once) and re-do

#### **CORRECTABLE**

1. Physician signature/written name;
2. Under interpreter section, language can be added
3. Date physician signed
4. Date of sterilization
5. Printed name

#### **NOT CORRECTABLE**

1. Beneficiary handwritten signature;
2. Date the consent form was signed by the beneficiary
3. Interpreter's handwritten signature;
4. Date the consent form was signed by the interpreter;
5. Handwritten signature of the person obtaining the consent (witness signature);
6. Date the consent form was signed by the person obtaining the consent (witness).

***Thank you for completing the Consent for Sterilization carefully and accurately. UNC is working on the same initiative for the UNC OBGYN clinics and setting a higher expectation of accuracy of form completion for patients' sterilizations.***