



HEALTH SYSTEMS DIVISION

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To: Coordinated care organizations

From: David Inbody, CCO Operations Manager
Medicaid Programs

Subject: 12-month eligibility for Oregon Health Plan post-partum benefits

The Oregon Health Authority (OHA) has implemented a new policy changing the duration of post-partum benefits. [Oregon Health Plan supplemental benefits will now continue for 12 months following the end of the pregnancy instead of the previous 2 months.](#) This change only affects members eligible for OHP Plus (BMH) benefits whose pregnancy ended, or will end, on or after April 1, 2021.

- For ages 21 and over, these benefits are in the OHP Plus Supplemental (BMP) benefit plan.
- For members under age 21, these benefits are in the BMH benefit plan.

This coverage will continue regardless of changes in circumstances, except when:

- The benefits were approved due to administrative error or fraud, or
- The individual dies, moves to another state, asks to end their coverage, or begins receiving SSI.

OHA has already begun to make MMIS updates related to this policy change. As a result, CCOs may have noticed changes to certain members' benefits or capitation amounts.

- On March 2, 2022, OHA restored supplemental benefits for about 14,300 members whose pregnancies ended on or after April 1, 2021, and whose previous 60-day post-partum period had already passed. These benefits will continue for the remainder of the member's 12-month eligibility period.
- These members received notices explaining this change.

Why is this happening?

Section 9812 of the [American Rescue Plan Act of 2021](#) (ARPA) allows states to provide protected post-partum coverage for 12 months following the end of an individual's pregnancy instead of a 60-day period.

What should you do?

[Refer to OHA's provider fact sheet](#) for details about how this change affects provider billing. Refer to the next page for questions and answers about how this affects CCO and DCO encounter data.

Questions?

Please contact your [encounter data liaison](#) (for encounter claim questions) or your [CCO account representative](#) for all other inquiries.

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

Extended post-partum eligibility for OHP supplemental benefits

Questions and answers for managed care entities (MCEs)

Will the pregnancy due date remain in MMIS until the post-partum benefits end?

Yes. Pregnancy end dates will remain on their records until the end of their 12-month post-partum protected period.

If members paid out of pocket during their 12-month post-partum period for services that are now covered for that period, can providers now bill for these services?

Yes. Providers have one year to bill for covered services from the date coverage is added to the system.

How will managed care entities MCEs be able to identify this population?

In the 834, you can identify affected members using the pregnancy due date field and PERC codes. However, PERC codes do not always identify pregnancy since eligibility is also based on income. The pregnancy due date should be present for any pregnant members.

Will providers be able to identify the supplemental dental and vision benefits via MMIS Provider Portal?

Yes. As noted in [the provider fact sheet](#), the supplemental benefits are in the BMP benefit plan for adults. They are age-limited in the BMH benefit plan for members under age 21.

Are there any changes to the 834 enrollment file?

There are no changes to information provided for pregnant members in the 834. This information will be in the same locations (data loops) as before.

Will pregnant members who are incarcerated (whose due date is after 4/1/2021) lose their post-partum benefits?

Yes. Individuals who are incarcerated will lose their coverage while they are incarcerated; however, once they are released, if they are still within the 12 months post-partum period, pregnancy benefits will be restored for the duration of time remaining in their protected 12 months.

What if a pregnant member receiving CHIP during their pregnancy ages out of the CHIP program (over the age of 19)?

Individuals receiving CHIP during pregnancy will retain CHIP eligibility through the 12th month following the end of their pregnancy, regardless of aging out of the CHIP program or receipt of Minimum Essential Coverage (MEC).

This also means that individuals who were previously receiving CHIP with pregnancy end-dates on or after 4/1/2021, and who subsequently turned age 19 and transitioned to an adult program, will be

moved back to CHIP for any months remaining in their 12-month post-partum period. OHA is currently working to implement the program change for these members.

Will MCEs see additional changes in MMIS, or have all changes related to this new policy already been made?

OHA is still adding the BMP benefit line to several hundred remaining records for individuals who have turned 21 since their pregnancy ended (on or after 4/1/2021). These individuals will have pregnancy-level coverage restored for the duration of their 12-month post-partum period.

CCOs will continue to see these changes over the next couple of weeks. Some members are still being transitioned back to CHIP coverage as well.

What are some examples of how this change will impact member benefits?

1. Individuals who are receiving Medicaid or CHIP benefits and are pregnant or in their post-partum period on or after 4/1/2021 will have a protected post-partum period for 12 months following the end of their pregnancy.

Example A: Individual is pregnant on 4/1/2022 and their pregnancy ends 5/3/2022. Their protected post-partum coverage will continue until 5/31/2023.

Example B: Individual was pregnant and receiving Medicaid when their pregnancy ended on 2/20/2022. They will continue to receive pregnancy benefits until 2/28/2023.

2. Individuals who lost supplemental benefits on or after 4/1/2021 will have pregnancy-level benefits restored for the remainder of their 12-month post-partum period if they meet all the following criteria:
 - They are currently receiving Medicaid or CHIP benefits; and
 - They were receiving medical benefits during their pregnancy; and
 - Their pregnancy end date was on or after 4/1/2021

Example: Individual was receiving Medicaid benefits during pregnancy and their pregnancy ended 7/3/2021. Their previous 60-day post-partum period ended 9/30/2021, and now they are receiving Medicaid benefits in the Adult Program. Their pregnancy benefits are being restored, and they will now receive pregnancy-level benefits through 7/31/2022, which is 12 months from their pregnancy end date.