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Date: July 28, 2022

To: Oregon Health Plan (OHP) dental and vision providers

From: Nathan Roberts, Traditional Programs manager
Medicaid Programs

Subject: Provider billing and member reimbursement for retroactive OHP Supplemental benefits

To reimburse OHP members who paid your office for OHP Supplemental benefits now retroactively covered, please be sure to bill the member's coordinated care organization (CCO), dental care organization (DCO), or the Oregon Health Authority (OHA) as follows:

- **By November 30, 2022**, for services provided June 2, 2021, through November 30, 2021, and
- **Within 365 days of the date of service** for services provided on or after December 1, 2021.

Affected members will receive a letter in early August. It explains their retroactive eligibility and asks them to contact their CCO, DCO, or OHA if they paid out of pocket for covered services during this time.

- Oregon Administrative Rule (OAR) [410-123-1510](#) lists the covered dental benefits.
- OAR [410-140-0050](#) lists the covered vision benefits.
- OAR [410-141-3565](#) now allows providers to temporarily bill CCOs and DCOs for eligible services provided on or after June 2, 2021.

Why is this happening?

As of April 1, 2022, [OHP postpartum benefits continue for 12 months following the end of the pregnancy](#). As part of this change, OHA retroactively restored these benefits to OHP members who lost them on or after April 1, 2021.

What should you do?

For any OHP member who paid your office for services that OHP would have covered during their period of retroactive 12-month eligibility:

- **Verify eligibility, obtain service authorization as appropriate, and bill the appropriate payer (the CCO, DCO or OHA) for covered services.** [Refer to OHA's fact sheet for details.](#)
- **Refund the member the full amount they paid for the approved services.** Do this even if the amount the member paid is more than the amount the CCO, DCO, or OHA would pay.

Questions?

- **About services to CCO or DCO members:** Please contact the member's [CCO](#) or [DCO](#).
- **For other questions:** Contact Provider Services at dmap.providerservices@dhs.oha.state.or.us or call 800-336-6016 (Option 5). We are available Monday through Friday between 8 a.m. and 5 p.m.

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