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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 started 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 approximately 14,300 members whose pregnancies ended on or after April 1, 2021, and whose previous 60-day post-partum period had already expired. These benefits will continue for the remainder of the member's 12-month eligibility period.
- These members received notices regarding their benefit change; however, OHA is working on a member letter that will explain the change and provide additional guidance for how to seek reimbursement for out of pocket expenses, if appropriate. OHA anticipates sending this letter June 2022.

Due to the complexity and retroactive nature of this policy, OHA is still working on clarifying the reimbursement process. At a minimum, we know the member is going to be provided with an opportunity to be reimbursed for eligible expenses. We plan to share information with CCOs as soon as we have more clarity.

Additionally, due to the real-time nature of medical coverage, this change in policy was urgent and a capitation rate analysis was not completed prior to the effective date of April 2022. However, Optumas, the actuarial vendor that certified 2021 and 2022 capitation rates, will begin working on a rate analysis in June. The analysis will evaluate the actuarial soundness of the pregnant & postpartum capitation rates in light of this coverage change. OHA expects this may result in rate changes for the pregnant & postpartum rate group, as CMS may require a retroactive adjustment. CCOs can expect additional information once Optumas has completed the analysis.

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?

Communicate this policy change to providers and members to ensure they are aware of the extended benefits. [Refer to OHA's provider fact sheet](#) for details about how this change affects provider billing and the next page for questions and answers about how this affects CCO and DCO encounter data.

Please wait for additional information from OHA on member reimbursement.

Questions?

Please contact your [encounter data liaison](#) (for encounter claim questions), [actuarial services](#) for rates 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)

Who is eligible for the enhanced pregnancy benefit, and how is it different than the traditional OHP benefit?

Individuals who are eligible and receive Oregon Health Plan benefits during their pregnancy, including Medicaid, CHIP, and Healthier Oregon¹ members, are eligible for the 12-month protected post-partum eligibility, which includes the enhanced dental and vision benefits included in the BMH plan for individuals through age 20, and the BMP benefit plan for pregnant individuals 21 and over.

If the pregnancy did not result in a live birth, does the benefit still include the 12-month period? Is this coverage based on the anticipated due date or will it be based on claim information?

Yes; coverage is not dependent on the pregnancy outcome. The benefit period is determined by the pregnancy due date or end date, which is reported by members or derived from claims. When the expected due-date is updated with a pregnancy end-date, the post-partum eligibility period will be adjusted to be 12 months following the pregnancy end-date.

For individuals whose 2 months post-partum coverage expired and are in the process of having it restored to the 12-month period, are those individuals returning to the same plan, or are they going to cycle through like a new OHP member with an interruption of coverage or CCO enrollment?

Because we are still in an extended public health emergency period, individuals are not losing benefits unless they move to another state, ask to end their coverage, die, or were initially approved in error. Therefore, if an individual's previous 60-day post-partum period ended sometime in the past year, it doesn't mean their OHP coverage ended. They would have simply transitioned to a non-pregnant program and likely retained the same CCO enrollment continuously. Individuals whose coverage already closed for one of the above reasons will not have eligibility restored. This change is only occurring to transition still-receiving members back to a pregnancy-level program for the remainder of their 12-month post-partum period. No retroactive changes to CCO enrollment will occur as a result of the eligibility change.

If the member has since moved to a different service area and enrolled with a different CCO, any remaining months of their post-partum benefit coverage would be covered by their new plan.

How will this change impact pregnant members eligible for CWM Plus (CWX) benefits?

This change does not currently affect pregnant members eligible for CWM Plus (CWX) benefits, unless they are eligible for the Healthier Oregon Program.

¹ Starting July 1, 2022, people who are 19-25 or 55 and older who meet income and other criteria, will be eligible for full Oregon Health Plan (OHP) benefits regardless of their immigration status. This is possible because of HB 3352 which put into law a program called "Cover All People." The program is now known as "Healthier Oregon."

Beginning July 2022, CWM members ages 19-25 and 55+ will be moved to [Healthier Oregon](#) and most will be enrolled in CCOs. Pregnant Healthier Oregon recipients are eligible for 12-month post-partum coverage, and most will remain in CCOs through their pregnancy and post-partum period. For at least the remainder of 2022, any pregnant Healthier Oregon members whose income is over 139% FPL will be enrolled in a CCO during their pregnancy and the first two months post-partum. They'll move from CCO to FFS after the first two months, for the remainder of the 12-month post-partum period. These individuals will be identified through updated PERC codes.

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 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.

How will managed care entities (MCE) be able to identify this population? Are there any changes to the 834 enrollment file? Is there a unique PERC code and rate group code for these members that have this additional benefit?

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.

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.

No changes were made to the PERC codes. The pregnancy due date or end date determines the 12 months post-partum benefit.

The guidance was to use the delivery date in the 834, but that seems to change frequently; why is this?

Changes in delivery dates on the 834 occur because the actual pregnancy end date often differs from the initially reported due date. The benefit period is determined by the pregnancy due date or end date, which is reported by members or derived from claims. If the pregnancy end date is different from the initially-reported due date, the 12-month post-partum period will be adjusted to be

12 months following the pregnancy end date. If no pregnancy end date is reported, then the 12 month post-partum period is based on the due date that was reported.

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

Yes. Benefit-level codes are unchanged: members ages 20 or below with a BMH benefit package receive enhanced dental and vision coverage. Members ages 21 and over receive enhanced dental and vision coverage when the BMP supplemental benefit is added.

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 12/1/2021 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.

Is the 12-month post-partum benefit a temporary or permanent policy change?

The American Rescue Plan Act of 2021 ([ARPA](#)) allows states an implementation period of five years, starting April 2022. The current policy is set to expire March 31, 2027; however, any changes to this timeline will be communicated by OHA.

How will this policy impact capitation rates?

First, members impacted by this eligibility change are being redetermined retroactively. This has been resulting in retroactive payment rate changes to CCOs.

Second, OHA needs to assess whether the pregnant and postpartum capitation rates remain appropriate for 2021 and 2022. Optumas, the actuarial vendor that certified 2021 and 2022 capitation rates, will begin working on a rate analysis in June. The analysis will evaluate the actuarial soundness of the pregnant & postpartum capitation rates in light of this change. OHA expects this may result in rate changes for the pregnant & postpartum rate group, as CMS may require a retroactive adjustment.

If members paid out of pocket during their 12-month post-partum period for services that are now covered for that period, can they be reimbursed? Can providers now bill for these services? Are providers responsible for reimbursing members directly, and then billing CCOs? Is there criteria for reimbursement?

Due to the complexity and retroactive nature of this policy, OHA is still working on clarifying the reimbursement process. At a minimum, we know the member is going to be provided an opportunity to be reimbursed for eligible expenses. We plan to share information with CCOs and members as soon as we have more clarity.

Can OHA provide each CCO with a list of members who have been impacted by this policy change?

Yes. Lists will be provided to CCOs by June 2022. Please note, provided lists may not be complete, as OHA is still adding the BMP benefit line to records for individuals who have turned 21 since their pregnancy ended (on or after 4/1/2021). Updated lists can also be provided to CCOs once OHA completes all system updates related to this policy.