

12-month eligibility for Oregon Health Plan postpartum benefits

[Oregon Health Plan \(OHP\) benefits](#), including the following supplemental benefits, now continue for 12 months following the end of the pregnancy:

- Glasses
- Contact lenses
- Fittings for glasses or contacts
- Eye exams for prescribing glasses or contacts
- Dental crowns
- Root canals on some molars and some other tooth root procedures
- Some gum or oral surgery
- Some partial dentures

Before this change, these benefits would end 60 days following the end of pregnancy.

Whom does this affect?

This change only affects members eligible for OHP Plus (BMH) or OHP Supplemental (BMP) benefits whose pregnancy ended, or will end, on or after April 1, 2021.

This change does not affect pregnant members eligible for CWM Plus (CWX) benefits.

For OHP members who lost supplemental benefits on or after April 1, 2021:

The full 12 months of benefits have been restored to them. For example, if the pregnancy ended 7/3/2021:

- The member's supplemental benefits ended 9/30/2021.
- On 4/1/2022, these benefits were restored and continued through 7/31/2022.
- Providers may then bill OHP for any supplemental benefits provided from 9/30/2021 through 7/31/2022.

The Oregon Health Authority (OHA) is letting these members know that if they paid for covered supplemental benefits, they may be eligible for money back.

Provider billing and member reimbursement for retroactively covered services

For any OHP member who paid for covered postpartum items and/or services during their period of retroactive 12-month eligibility:

1. **Verify OHP Supplemental (BMP) benefit plan eligibility.** Use [OHA's eligibility verification systems](#) to verify dates of service within the past 13 months. To verify earlier dates, contact Provider Services.
 - 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.

2. **Request authorization if needed.**

- For CCO members, refer to the member's CCO for requirements.
- For DCO-only members, refer to the member's DCO for requirements.
- For members not in a CCO or DCO, refer to the Dental Services and Visual Services rules for OHA's requirements.

3. **Bill for approved services.**

- For CCO members, bill the CCO.
- For DCO-only members, bill the DCO.
- For members not in a CCO, bill OHA.

4. **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.

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 the current 60-day period.

Questions?

If you have any questions, call Provider Services at 800-336-6016 (option 5).