ONE Notices Guide

Helping partners navigate ONE System Notices

Medical Active Renewal Notice
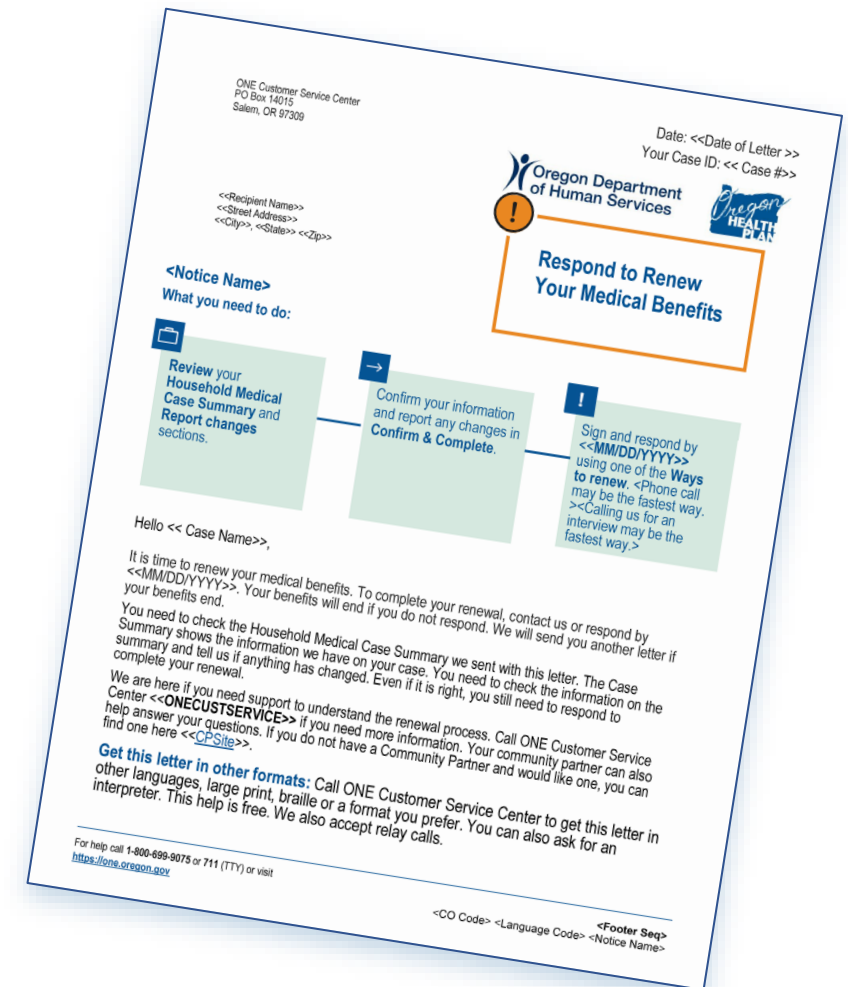
Oregon Department of Human Services

Oregon HEALTH PLAN

ONE Notices Guide

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Medical Active Renewal Notice

For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact 503-945-5488 (all relay calls accepted) or feedback@odhsoha.oregon.gov.

Oregon Department of Human Services

Oregon HEALTH PLAN

Table of Contents

Understanding ONE System Notice Guides

ONE System Notice Guides provide clear and simple overviews of ONE Eligibility Notices. Each guide outlines the general sections and content of different types of notices and includes the elements highlighted in the picture below. Partners can use these guides to help people receiving benefits understand what to expect and how to navigate their unique renewal process.

Sample Page

The cover page summarizes people's current benefit status and outlines any actions they need to take.

ONE Customer Service Center
PO Box 14015
Salem, OR 97309

Date: <<Date of Letter>>
Your Case ID: <<Case#>>

Oregon Department of Human Services

Oregon HEALTH PLAN

<<Calls to Action>>

<<Recipient Name>>
<<Street Address>>
<<City, State>>>> <<Zip>>

<<Calls to Action>>

<Notice Name>

What you need to do:

!	↱	→
<<1st Main thing the member should know about>>	**See your next steps** to use and keep your health care coverage.	**Report changes** in your household so we can best serve you.

Hello << Case Name>>

<The medical benefits on your case are renewed and they will continue.

You also need to check the Household Medical Case Summary we sent with this letter. The Case Summary shows the information we have on your case. You need to check the information on the summary and tell us if anything has changed. If it is right, you do not need to do anything else with the Case Summary.>

The QR code in the upper left corner is for the state to track returned mail.

Areas marked in double brackets **<< >>** will vary based on people's household information (e.g., name, address, Case ID number) and what they need to do.

Each notice has a "**call to action" box** that shows the purpose of the notice. The text in the box will vary based on the person's situation and what the state needs from them. The color around the box will vary based on whether people's benefits were successfully renewed (green) or partially renewed, denied, or closed (orange).

The **"What You Need To Do" section** provides an overview of what people need to do and by when. It may also direct people to other parts of the notice to find information they need. This text will vary based on the type of notice.

Information specific to people

Single (< >) and double brackets (<< >>) throughout indicate areas that include people's unique information, like their name, address, Case ID number, and actions they need to take.

Detailed page notes

Paragraphs to the right of the notice image highlight specific elements or sections of each page.

Title and page summary

Descriptions to the left of the notice image summarize the information included on each page.

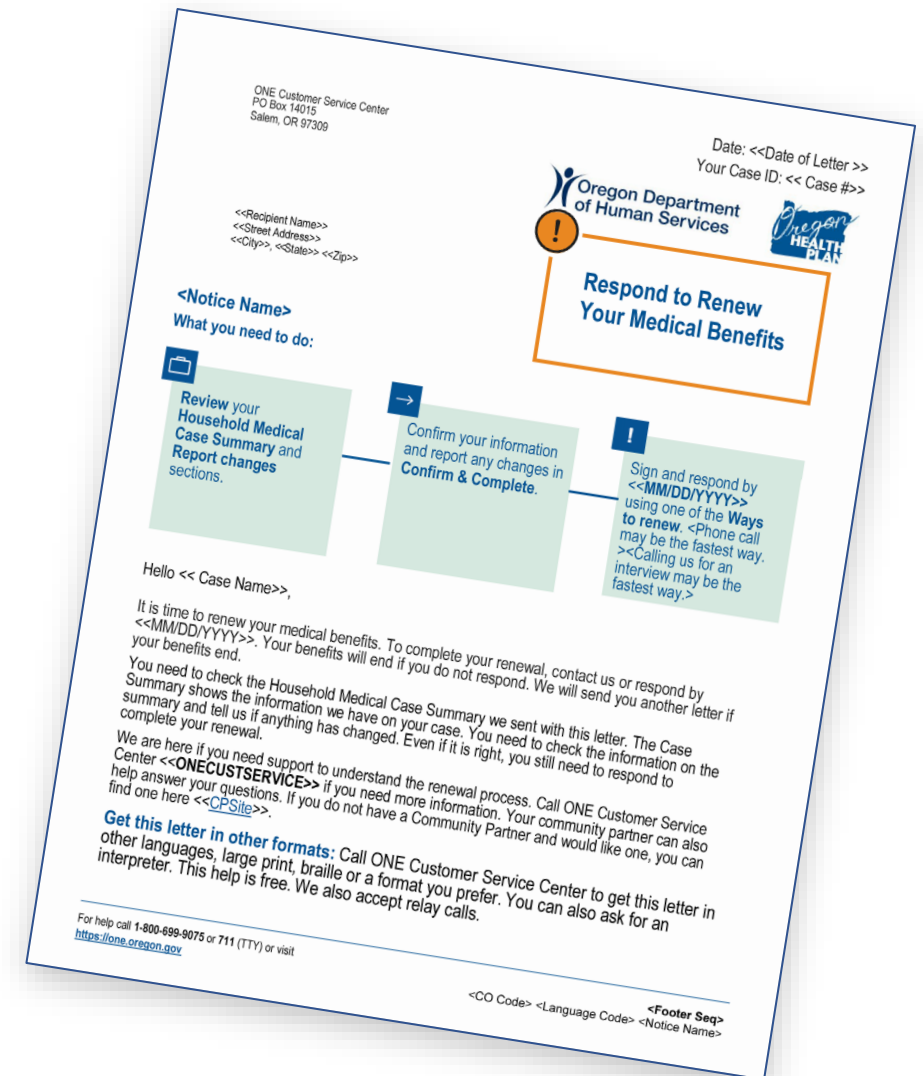# Introduction to the Medical Active Renewal Notice

Overview: ONE Eligibility Notices

ONE Eligibility Notices are letters people receive in the mail about their medical benefits and include information such as their monthly benefit amount, start and end dates, and any actions they may need to take to maintain their eligibility. Notices will vary based on people's eligibility status and the types of benefits they receive.
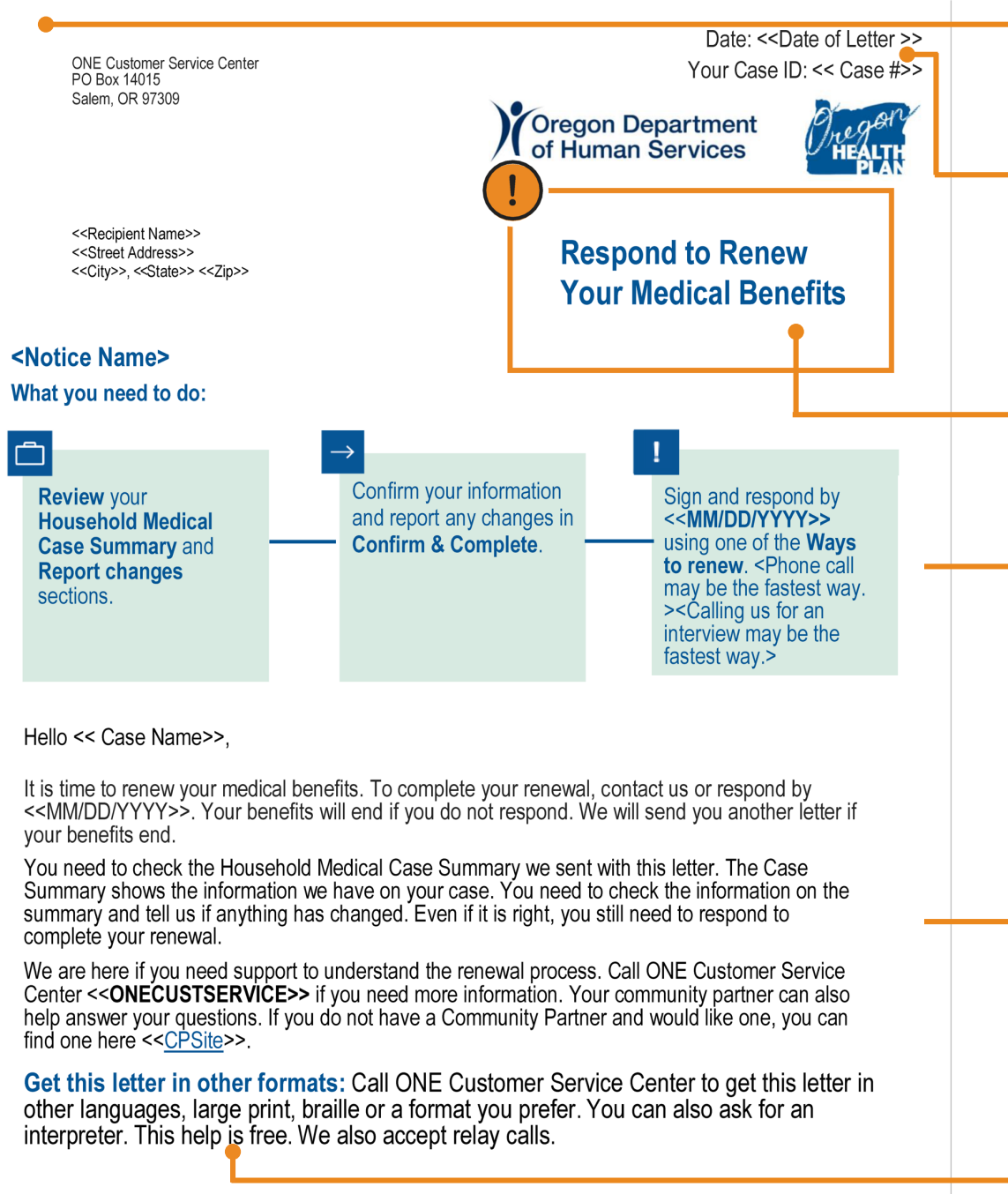
In this guide: Medical Active Renewal Notice

People may receive a Medical Active Renewal Notice to renew their medical benefits if they need to confirm and/or report changes to their Household Medical Case Summary. People may also need to complete an interview if they are receiving certain types of benefits, like Long-Term Care (LTC) services, or being considered for medical benefits on a basis of need (65+, disabled, blind). This type of notice will include a list of what people need to do, by when, and where they can go for help.

Cover Page: Medical Active Renewal Notice

The cover page summarizes people's current benefit status and outlines any actions they need to take.

ONE Customer Service Center
PO Box 14015
Salem, OR 97309

Date: <<Date of Letter >>
Your Case ID: << Case #>>

Oregon Department of Human Services

Oregon HEALTH PLAN

<<Recipient Name>>
<<Street Address>>
<<City>>, <<State>> <<Zip>>

(!) **Respond to Renew Your Medical Benefits**

<Notice Name>

What you need to do:

💼	→	!
Review your **Household Medical Case Summary** and **Report changes** sections.	Confirm your information and report any changes in **Confirm & Complete**.	Sign and respond by **<<MM/DD/YYYY>>** using one of the **Ways to renew**. <Phone call may be the fastest way.><Calling us for an interview may be the fastest way.>

Hello << Case Name>>,

It is time to renew your medical benefits. To complete your renewal, contact us or respond by <<MM/DD/YYYY>>. Your benefits will end if you do not respond. We will send you another letter if your benefits end.

You need to check the Household Medical Case Summary we sent with this letter. The Case Summary shows the information we have on your case. You need to check the information on the summary and tell us if anything has changed. Even if it is right, you still need to respond to complete your renewal.

We are here if you need support to understand the renewal process. Call ONE Customer Service Center <<**ONECUSTSERVICE**>> if you need more information. Your community partner can also help answer your questions. If you do not have a Community Partner and would like one, you can find one here <<CPSite>>.

Get this letter in other formats: Call ONE Customer Service Center to get this letter in other languages, large print, braille or a format you prefer. You can also ask for an interpreter. This help is free. We also accept relay calls.

For help call **1-800-699-9075** or **711** (TTY) or visit
https://one.oregon.gov

<Footer Seq>
<CO Code> <Language Code> <Notice Name>

The QR code in the upper left corner is for the state to track returned mail.

Areas marked in double brackets **<< >>** will vary based on people's household information (e.g., name, address, Case ID number) and what they need to do.

Each notice has a **"call to action" box** that shows the purpose of the notice. The text in the box will vary based on the person's situation and what the state needs from them.

The "**What You Need To Do**" **section** provides an overview of what people need to do and by when. It may also direct people to other parts of the notice to find information they need. This text will vary based on the type of notice.

The body of the cover page repeats information people need to provide or actions to take, by when, and what will happen if they do not respond. In this case, the person needs to check their Household Medical Case Summary, sign, and respond by a certain date. This section also includes where people can go for help understanding the notice.

Each notice includes **how to request the notice in other formats**, like other languages, large print, or braille.

Ways to Renew

The "Ways to renew" page shows the different options people can use to renew their benefits.

Ways to renew

<<You can renew benefits in an interview or using any of the following ways.>> <<You can renew using any of the following ways.>> It may be faster to renew over the phone. Make sure to include your Case ID number on the first page of every document when you renew.

Online
You can upload documents online.
To login or create an account, go to
<< EligibilityHomepage>>

By phone
Local Office: **<<Local Office #>>**
ONE Customer Service Center:
<<ONECUSTSERVICE>>
We accept relay calls.

By fax
You can use the yellow coversheet included in this packet to fax documents to:
<<IRMS Fax Number>>

By mail
You can use the enclosed return envelope to mail documents to:
<<Statewide Processing Center>>
<<IRMS PO BOX>>
<<Salem, OR 97309>>

In-person
<<Branch Office>>
<<Street Address>>
<<City>>, <<State>> <<Zip>>
To find a different office, go to
<<ApplicantPortalLink>> and click
"Get Help"

Scan the QR code with a smartphone camera to access the ODHS Benefits website and your online account.

Hover | Scan | Select

Download the Oregon ONE Mobile app
Scan the QR code with a smartphone camera to download our app from Apple App Store or Google Play Store

Hover | Scan | Select

People can see all the ways they can renew their benefits, including online through their ONE Applicant Portal Account, by phone, fax, or mail, or in-person at their local office. People are also reminded to include their Case ID number on documents they submit.

Notices include a QR code that people can use to manage their benefits online through their Applicant Portal.

Notices mailed after June 2023 will include a QR code that people can use to download and manage their benefits through the Oregon ONE Mobile app.

Take Action: Interview

The "Take Action" section lists what actions people need to take for specific benefits and by when.

The "Action needed—Have an interview" page covers information related to completing an interview, either by phone or in-person.

⚠ Take Action

<<Interview>> — Review & Report — Confirm & Complete — Sign & Date

Action needed

<Have an interview

<<Individual Name1 (Age)>>,<<Individual Name2 (Age)>> may need an interview over the phone or in-person to renew. Completing an interview may speed up the renewal process. You can update your Household Medical Case Summary during the interview as well.

If you send your renewal materials through the mail, online or by fax and an interview is needed, we will contact <<Individual Name1>>,<<Individual Name2>> after we get your information.>

📞 **Phone call**
Local Office: << **Local Office #**>>
ONE Customer Service Center:
<< **ONE CUSTSERVICE**>>

🏢 **In-person**
<<Branchofcname>>
<<Street Address>>
<<City>>, <<State>> <<Zip>>

The **"Take Action" section** includes a toolbar so people can see all actions they need to complete and where they are in the process. In this example, the person needs to complete an interview, review and report any changes to their Household Medical Case Summary, and confirm their information to make sure they qualify for benefits.

People may need to complete an interview. The **"Have an interview" section** explains which people need to complete an interview and how and includes information for the ONE Customer Service Center as well as the person's local office.

Take Action: Review Household Medical Case Summary

The "Action needed—Review your Household Medical Case Summary" page covers information related to reviewing changes to household information.
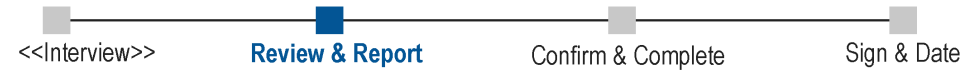
<<Interview>> **Review & Report** Confirm & Complete Sign & Date

Action needed

Review your Household Medical Case Summary

Review your Household Medical Case Summary included in this envelope. It shows the information we have on your case. Tell us if there are changes or incorrect information. In the Confirm & Complete section, you will mark "Yes" if the information is different. Mark "No" if all the information is correct.

Report changes (Part 1)

As part of renewing benefits, it is important you let us know when something changes in your household within 10 days of the change. The list below shows what you must report.

Check off all the boxes that are true for you or someone in your household:

☐ Someone has a new home or mailing address

☐ Someone moved in or out of the house

☐ Someone got married or divorced
☐ Someone changed their legal name or gender marker
☐ Someone is pregnant, gave birth or the pregnancy ended
☐ Someone was injured or involved in an accident or claim for a personal injury

☐ Someone got a new job or lost a job or is getting income from somewhere else new
☐ Someone changed how much they have in cash or things worth money; sold property; or bought, sold or traded vehicles

☐ Someone changed their tax filing status, such as from 'single' to 'married filing jointly'

☐ Someone went to jail or prison or was released from jail or prison

☐ Someone in the household died
☐ Someone between the ages of 18 and 22 changed their school attendance
☐ Someone changed their immigration or citizenship status
☐ Someone got new or lost medical benefits (such as medical benefits from an employer)

☐ Someone's monthly income:
  ☐ <Went up or down by $100>
  ☐ <Went up by $50 or more from additional income, such as unemployment benefits or gifts>
  ☐ <Went up or down by any amount>

Let us know when someone renewing:
☐ Has a new disability that will last more than 12 months
☐ Wants to change their coordinated care organization (CCO)

☐ Needs help with activities of daily living (like bathing, dressing, etc.)
☐ Lives in a medical facility or nursing home

The toolbar is available throughout the **"Take Action" section** so people can easily see where they are in the process.

A **Household Medical Case Summary** tracks important life changes that may impact benefits and need to be reported by people.

People can quickly scan the **"Report changes" (Part 1)** checklist and check off boxes that represent scenarios that are true for them or others in their household, like whether they recently moved, got married, or switched jobs. People can save this list to track and report household changes to help maintain their benefit status.

This section includes other life circumstances or preferences that people can report, including having a disability that lasts longer than 12 months or wanting to change their Coordinated Care Organization (CCO).

Take Action: Confirm and Complete

The "Action needed—Confirm and Complete" page covers information related to confirming or reporting changes to household information.

Action needed

After reviewing your information so far, confirm:

Are there changes in your Household Medical Case Summary?

☐ No. Everything is correct in my Household Medical Case Summary.

☐ Yes. Some information about my household is outdated or incorrect. I have changes to report or proof to send.

Did you check any boxes in Report Changes (Part 1)?

☐ No. I did not check off any boxes.   ☐ Yes. I checked off some or all boxes.

If you said "Yes" to any of the above questions, go to the next step below.
If you said "No" to both questions, go directly to the Sign and Date **section.**

Action needed

Complete 'Oregon Health Plan Benefits Renewal—Part 2'

This part is included in this envelope. **Only fill out the sections of the Part 2 form where you have changes to report.** These page numbers can help you find the related sections in the Part 2 form:

If you need to report changes to:	Go to page:	If you need to report changes to:	Go to page:
Household	3	Annual income	14
Tax filing status	10	Other health insurance coverage	15
Income from jobs	11	Resources (Appendix A)	24
Income from other sources	12	Medical Expenses (Appendix B)	27
Deductions	13		

If you have any questions, you can contact us or your community partner. See other renewal options in the Ways to renew section. You can also access this part online <<RenewalPart2Form>>.

People can quickly review their information and select if they have changes to report.

- If everything is correct in their "Household Medical Case Summary" and they have no changes to report, they move to the "Sign and date" section.

- If they need to report changes to their information, they will move to the "Complete Oregon Health Plan Benefits Renewal" part of the notice (below).

People needing to report changes will find the area they need to update, such as changes to the number of people in their household or income and can go to the related sections in Part 2 of their form to complete next steps.

The **OHP Part 2 Renewal form** is available in multiple languages online at: https://www.oregon.gov/oha/HSD/OHP/Pages/Reapply.aspx.

Take Action: Sign and Date

The "Action needed—Sign and date" page covers information related to confirming the accuracy of household information and completing the renewal process.

Action needed

Sign and date

Fill out this page only if you plan to renew your benefits by sending this form in the mail, by fax or by giving the form to a worker in an ODHS office.

You must sign and date by <<MM/DD/YYYY>> using one of the Ways to renew.

If you have an authorized representative — someone who you chose to act for you — that person may sign for you. If you are an authorized representative, you may sign here only if you and the person you are signing for have completed and signed the Authorized Representative form.

I'm signing this renewal form under penalty of perjury. This means I've provided true answers to all the questions on this form to the best of my knowledge. I know I may be subject to penalties under federal law if I provide false information.

Name << Case Name>>	Signature	Date

The **"Sign and date" section** asks the person or person's authorized representative to sign to confirm the provided information is true. Filling out this page applies to people who choose to renew their benefits by sending the form in the mail, by fax, or by giving it to a worker in an ODHS office.

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Resources

All notices include a section of resources to help people with their medical and nonmedical benefits and other needs.

Date: 12/15/2022
Your Case ID: ███

If you need help, contact us

ONE Customer Service Center at 1-800-699-9075 or 711 (TTY) for:
- Renewing medical benefits
- Sending us documents
- Reporting changes
- Reporting or removing other health coverage
- Questions about your eligibility or your coverage
- Need a new OHP ID card or OHP handbook

Client Services Unit at 1-800-273-0557 for:
- Changes to your CCO enrollment
- If you get a bill (and are not in a CCO)
- Complaints about OHP
- Understanding your benefits

Other people who can help

Call your Community Partner if you:
- Need help applying or renewing your coverage
- Need help reporting changes
- Need help using your coverage
- Need language or other help

Call your CCO if you:
- Need help finding or changing your doctor
- Get a bill from your doctor
- Have questions about coverage or denial of services
- Have a complaint about a service or the way you were treated at an appointment
- Need a new CCO ID card

If you are not in a CCO, call the Fee-For-Service help line:
- **1-800-562-4620, 1-844-847-9320**
- Find a doctor or health coach (M-F 8am-5pm)

♡ **Your Community Partner**
We didn't see a Community Partner on your profile. If you would like one, you can find one here https://go.usa.gov/xz2EC

⊕ **CCO Near You**
PacificSource Community Solutions communitysolutions.pacificsource.com

If you need other help, contact:

- **211 Info** for emergency food, child care assistance and other needs
- Aging and Disability Resource Connection **<<ADRS>>**
- Oregon Abuse Reporting Helpline **<<OARH>>**
- National Suicide Prevention Lifeline **<<NSP>>**

This section reminds people to contact the ONE Customer Service Center if they need help related to their medical and nonmedical benefits.

Many people in Oregon may work with Community Partners (CPs) to manage their benefits and will contact CPs for help. This section provides CP contact information for the person if known.

If the person has a Coordinated Care Organization (CCO), this section will include the CCO's contact information or show the person where they can go to learn more and choose one.

People who are not in a CCO have alternative resources listed for assistance. For some notices, this section may also include a 24-hour nurse advice line.

Some notices will list resources that can help people with urgent needs not related to their benefits.

Your Rights

This page informs people of their rights in the benefit process and includes how they can get legal help as well as learn more about enrollment in Coordinated Care Organizations (CCOs).

⚖️ Your rights

Non-discrimination policy

ODHS and OHA follow state and federal civil rights laws. We do not discriminate because of a person's race, color, disability, national origin, religion, sex, sexual orientation, gender identity, marital status or age.

To report or get more information, please contact the diversity, inclusion and civil rights executive manager:

Visit https://go.usa.gov/xz2Ej

Email OHA.PublicCivilRights@state.or.us

Call **1-844-882-7889 or 711 (TTY)**

You also have a right to file a civil rights complaint with the US Department of Health and Human Services Office for Civil Rights.

Visit https://hhs.gov

Email OCRComplaint@hhs.gov

Call **1-800-368-1019 or 1-800-537-7697(TDD)**

Need legal help?

If you need legal help to understand your rights, immigration requirements, identity documents, sexual assault and education, visit https://go.usa.gov/xz2EP or call toll-free in Oregon at **1-800-452-7636.** You can also contact the Oregon Law Center's Public Benefit Hotline at **1-800-520-5292**.

CCO enrollment information

OHP has local health plans that help you use your benefits. These plans are called coordinated care organizations or CCOs. Most OHP members are enrolled in a CCO.

The CCO you have depends on where you live.

Some areas have more than one CCO. In those areas, you can change your CCO plan:

- Within the first 3 months you are in the plan;
- After you have been in the same CCO plan for 6 months;
- Once a year or when you renew your OHP;
- Within 30 days if you asked for a different CCO and we made an error;
- When a CCO is suspended from adding new members.

You can call ONE Customer Service Center **1-800-699-9075 or 711 (TTY)** or use your online account at https://one.oregon.gov to change your CCO.

Some OHP members do not have to use CCOs for physical health care. You might not use a CCO because:

- You have other insurance, like through work or Medicare; or
- You have a medical reason or the CCO doesn't offer the service you need.

If you don't want to use a CCO because of one of these reasons, please call ONE Customer Service Center.

If you are an American Indian and Alaska Native, you don't have to be part of a CCO plan. You can get care with an Indian health care provider, like a tribal clinic or an Indian Health Service (IHS) facility. Please call ONE Customer Service Center to join, change or leave a CCO.

Part of this page covers **ODHS and OHA's non-discrimination policy** and how to get more information. People have the right to file a civil rights complaint online, by email, or by phone.

Part of this page includes **information about Coordinated Care Organizations (CCOs),** including how people can enroll, change CCO plans, or not use one for various reasons. For example, American Indians and Alaska Natives do not have to be part of a CCO plan because they can get care through their tribal clinic or an Indian Health Service (IHS facility).

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Household Medical Case Summary (1 of 3)

The Household Medical Case Summary is a separate section included with the notice. It shows the eligibility information for each household that the state currently has on record.

Household Medical Case Summary

This is eligibility information we have on your medical case as of <CreateDate>. We use this information to make decisions about your medical benefits. Look at the information and tell us if anything has changed.

<Individual 1 Name>, age <Age>

Basic Information		Benefits Information	
U.S. Citizen	<✓ Yes/X No>	Requesting medical benefits	<✓ Yes/X No>
In foster care	<✓ Yes/X No>	Receiving Medicare	<✓ Yes/X No>
Disabled or blind	<✓ Yes/X No>	Receiving other health coverage	<✓ Yes/X No>
Tax filing status	<Tax Status>	Receiving Supplemental Security Income (SSI)	<✓ Yes/X No>
<Pregnant>	<✓ Yes/X No>	<Amount you need to pay monthly for Employed Persons with Disabilities (EPD) services>	<$ #,###>
<Immigration Status>	<Immigration Status>	<Amount you need to pay monthly for long term care services>	<$ #,###>

A **Household Medical Case Summary** shows the eligibility information for everyone in the household and is used by the state to make decisions about medical benefit eligibility.

People can quickly scan the tables in their summaries to check the accuracy of their household information and report any changes.

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Household Medical Case Summary (2 of 3)

The Household Medical Case Summary is a separate section included with the notice. It shows the eligibility information for each household that the state currently has on record.

Income

<Current Income>	<$0>		
<<**EmployerName1**> <Frequency> <CO Description Income <Type 'A'>>>	<$ #,###>	<<**EmployerName2**> <Frequency> <CO Description Income <Type 'B'>>>	<$ #,###>
<<Frequency> <Self-Employment Income <Type 'A'>>>	<$ #,###>	<<Frequency> <Self-Employment Income <Type 'B'>>>	<$ #,###>
<Expected annual earned income for <Current Year>>	<$ #,###>	<Expected annual earned income for <Future Year>>	<$ #,###>
<Expected Social Security Benefit/ SSDI Income for <Current Year>>	<$ #,###>	<Expected Social Security Benefit/ SSDI Income for <Future Year>>	<$ #,###>
<Expected annual other unearned income for <Current Year>>	<$ #,###>	<Expected annual other unearned income for <Future Year>>	<$ #,###>

Expenses and Deductions

<Current Expenses/Deductions>	<$0>		
Total Average Monthly tax-deductible expenses	<$ #,###>	<<Frequency> <Expense Type 'A'>>	<$ #,###>
<<Frequency> <Expense Type 'B'>>	<$ #,###>	<<Frequency> <Expense Type 'C'>>	<$ #,###>
<Expected annual tax-deductible expenses for <Current Year>>	<$ #,###>	<Expected annual tax-deductible expenses for <Future Year>>	<$ #,###>

Resources (Things of value that you own)

<Current Resources>	<$0>		
<ResourceType>	<$ #,###>	<ResourceType>	<$ #,###>
<ResourceType>	<$ #,###>	<ResourceType>	<$#,###>

People can quickly scan the tables in their summaries to check the accuracy of their household information and report any changes.

Household Medical Case Summary (3 of 3)

The Household Medical Case Summary is a separate section included with the notice. It shows the eligibility information for each household that the state currently has on record.

<Individual 2 Name>, age <Age>

💰 Income

<Current Income>	<$0>		
<<**EmployerName1**> <Frequency> <CO Description Income <Type 'A'>>>	<$ #,###>	<<**EmployerName2**> <Frequency> <CO Description Income <Type 'B'>>>	<$ #,###>
<<Frequency> <Self-Employment Income <Type 'A'>>>	<$ #,###>	<<Frequency> <Self-Employment Income <Type 'B'>>>	<$ #,###>
<Expected annual earned income for <Current Year>>	<$ #,###>	<Expected annual earned income for <Future Year>>	<$ #,###>
<Expected Social Security Benefit/ SSDI Income for <Current Year>>	<$ #,###>	<Expected Social Security Benefit/ SSDI Income for <Future Year>>	<$ #,###>
<Expected annual other unearned income for <Current Year>>	<$ #,###>	<Expected annual other unearned income for <Future Year>>	<$ #,###>

💰 Expenses and Deductions

<Current Expenses/Deductions>	<$0>		
Total Average Monthly tax-deductible expenses	<$ #,###>	<<Frequency> <Expense Type 'A'>>	<$ #,###>
<<Frequency> <Expense Type 'B'>>	<$ #,###>	<<Frequency> <Expense Type 'C'>>	<$ #,###>
<Expected annual tax-deductible expenses for <Current Year>>	<$ #,###>	<Expected annual tax-deductible expenses for <Future Year>>	<$ #,###>

🛡 Resources (Things of value that you own)

<Current Resources>	<$0>		
<ResourceType>	<$ #,###>	<ResourceType>	<$ #,###>
<ResourceType>	<$ #,###>	<ResourceType>	<$#,###>

People can quickly scan the tables in their summaries to check the accuracy of their household information and report any changes.

Sample Redacted Medical Active Renewal Notice

The following pages show a sample redacted notice of a Medical Active Renewal Notice. This specific Active Renewal example covers a scenario in which a person needs to review and confirm or report changes to their Household Medical Case Summary.

Oregon Department of Human Services

Oregon HEALTH PLAN

> ⚠️
> ## Respond to Renew Your Medical Benefits

Notice of Active Renewal

What you need to do:

📋	→	❗
Review your **Household Medical Case Summary** and **Report changes** sections.	Confirm your information and report any changes in **Confirm & Complete**.	Sign and respond by **02/01/2023** using one of the **Ways to renew.** Phone call may be the fastest way.

Hello ███████,

It is time to renew your medical benefits. To complete your renewal, contact us or respond by 02/01/2023. Your benefits will end if you do not respond. We will send you another letter if your benefits end.

This envelope includes your Household Medical Case Summary. It shows the information we have on your case. You need to review the information on it and tell us if your information is incorrect. If everything looks correct, you still need to respond to complete your renewal.

We are here if you need support to understand the renewal process. Call ONE Customer Service Center **1-800-699-9075 or 711 (TTY)** if you need more information. Your community partner can also help answer your questions. If you do not have a Community Partner and would like one, you can find one here https://go.usa.gov/xz2EC.

Get this letter in other formats: Call ONE Customer Service Center to get this letter other languages, large print, braille or a format you prefer. You can also ask for an interpreter. This help is free. We also accept relay calls.

Ways to renew

You can renew using any of the following ways. It may be faster to renew over the phone. Make sure to include your Case ID number on the first page of every document when you renew.

Online
You can upload documents online. To login or create an account, go to https://one.oregon.gov

By phone
Local Office: **1-503-373-0808**
ONE Customer Service Center:
1-800-699-9075 or 711 (TTY)
We accept relay calls.

By fax
You can use the yellow coversheet included in this packet to fax documents to:
1-503-378-5628

By mail
You can use the enclosed return envelope to mail documents to:
ONE Customer Service Center
PO Box 14015
Salem, OR 97309

In-person
2405 - Keizer DHS Office
3420 Cherry Ave., Ste 110
Salem, OR 97309
To find a different office, go to https://one.oregon.gov and click "Get Help"

Scan this QR code with a smartphone camera to renew online, access the ODHS Benefits website and your online account

Hover   Scan   Select

→ Take action

Review & Report   Confirm & Complete   Sign & Date

Action needed

Review your Household Medical Case Summary

Review your Household Medical Case Summary included in this envelope. It shows the information we have on your case. Tell us if there are changes or incorrect information. In Confirm & Complete section, you will mark "Yes" if the information is different. Mark "No" if all the information is correct.

Report changes (Part 1)

As part of renewing benefits, it is important you let us know when something changes in your household within 10 days of the change. The list below shows what you must report.

Check off all the boxes that are true for you or someone in your household:

☐ Someone has a new home or mailing address

☐ Someone moved in or out of the house

☐ Someone got married or divorced

☐ Someone changed their legal name or gender marker

☐ Someone is pregnant, gave birth or the pregnancy ended

☐ Someone was injured or involved in an accident or claim for a personal injury

☐ Someone got a new job or lost a job or is getting income from somewhere else new

☐ Someone changed their tax filing status, such as from 'single' to 'married filing jointly'

☐ Someone went to jail or prison or was released from jail or prison

☐ Someone in the household died

☐ Someone between the ages of 18 and 22 changed their school attendance

☐ Someone changed their immigration or citizenship status

☐ Someone got new or lost medical benefits (such as medical benefits from an employer)

☐ Someone's monthly income:

☐ Went up or down by $100

☐ Went up by $50 or more from additional income, such as unemployment benefits or gifts

Let us know when someone renewing:

☐ Has a new disability that will last more than 12 months

☐ Newly needs help with activities of daily living (like bathing, dressing, etc.)

☐ Wants to change their coordinated care organization (CCO)

☐ Lives in a medical facility or nursing home

Review & Report — **Confirm & Complete** — Sign & Date

Action needed

After reviewing your information so far, confirm:

Are there changes in your Household Medical Case Summary?

☐ No. Everything is correct in my Household Medical Case Summary.

☐ Yes. Some information about my household is outdated or incorrect. I have changes to report or proof to send.

Did you check any boxes in Report Changes (Part 1)?

☐ No. I did not check off any boxes.   ☐ Yes. I checked off some or all boxes.

If you said "Yes" to any of the above questions, go to the next step below.
If you said "No" to both questions, go directly to the Sign and Date section.

Action needed

Complete 'Oregon Health Plan Benefits Renewal-Part 2'

This part is included in this envelope. **Only fill out the sections of the Part 2 form where you have changes to report.** These page numbers can help you find the related sections in the Part 2 form:

If you need to report changes to:	Go to page:	If you need to report changes to:	Go to page:
Household	3	Annual income	14
Tax filing status	10	Other health insurance coverage	15
Income from jobs	11	Resources (Appendix A)	24
Income from other sources	12	Medical Expenses (Appendix A)	27
Deductions	13		

If you have any questions, you can contact us or your community partner. See other renewal options in the Ways to renew section. You can also access this part online https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/he7310.pdf.

Review & Report — Confirm & Complete — **Sign & Date**

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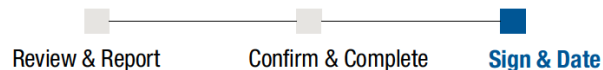
Action needed

Sign and date

Fill out this page only if you plan to renew your benefits by sending this form in the mail, by fax or by giving the form to a worker in an ODHS office.

You must sign and date by 02/01/2023 using one of the Ways to renew.

If you have an authorized representative — someone who you chose to act for you — that person may sign for you. If you are an authorized representative, you may sign here only if you and the person you are signing for have completed and signed the Authorized Representative form.

I'm signing this renewal form under penalty of perjury. This means I've provided true answers to all the questions on this form to the best of my knowledge. I know I may be subject to penalties under federal law if I provide false information.

Name	Signature	Date
██████		

</div>

If you need help, contact us

**ONE Customer Service Center at
1-800-699-9075 or 711 (TTY) for:**

- Renewing medical benefits
- Sending us documents
- Reporting changes
- Reporting or removing other health coverage
- Questions about your eligibility or your coverage
- Need a new OHP ID card or OHP handbook

Client Services Unit at 1-800-273-0557 for:

- Changes to your CCO enrollment
- If you get a bill (and are not in a CCO)
- Complaints about OHP
- Understanding your benefits

Other people who can help

Call your Community Partner if you:

- Need help applying or renewing your coverage
- Need help reporting changes
- Need help using your coverage
- Need language or other help

Call your CCO if you:

- Need help finding or changing your doctor
- Get a bill from your doctor
- Have questions about coverage or denial of services
- Have a complaint about a service or the way you were treated at an appointment
- Need a new CCO ID card

If you are not in a CCO, call the Fee-For-Service help line:

- **1-800-562-4620, 1-844-847-9320**
- Find a doctor or health coach (M-F 8am-5pm)

Your Community Partner
We didn't see a Community Partner on your profile. If you would like one, you can find one here
https://go.usa.gov/xz2EC

CCO Near You
PacificSource Community Solutions
communitysolutions.pacificsource.com

- 24-hour nurse advice line

If you need other help

Contact the following for urgent help with something other than your medical benefits:
- **211 Info** for emergency food, child care assistance and other needs
- Aging and Disability Resource Connection **1-855-ORE-ADRC (673-2372)**
- Oregon Abuse Reporting Helpline **1-855-503-SAFE (7233)**
- National Suicide Prevention Lifeline **1-800-273-8255**

⚖️ Your rights

Non-discrimination policy
ODHS and OHA follow state and federal civil rights laws. We do not discriminate because of a person's race, color, disability, national origin, religion, sex, sexual orientation, gender identity, marital status or age.
To report or get more information, please contact the diversity, inclusion and civil rights executive manager:
Visit https://go.usa.gov/xz2Ej
Email OHA.PublicCivilRights@state.or.us
Call **1-844-882-7889 or 711 (TTY)**
You also have a right to file a civil rights complaint with the US Department of Health and Human Services Office for Civil Rights.
Visit https://hhs.gov
Email OCRComplaint@hhs.gov
Call **1-800-368-1019 or 1-800-537-7697(TDD)**

Need legal help?
If you need legal help to understand your rights, immigration requirements, identity documents, sexual assault and education, visit https://go.usa.gov/xz2EP or call toll-free in Oregon at **1-800-452-7636.** You can also contact the Oregon Law Center's Public Benefit Hotline at **1-800-520-5292**.

CCO enrollment information
OHP has local health plans that help you use your benefits. These plans are called coordinated care organizations or CCOs. Most OHP members are enrolled in a CCO.

The CCO you have depends on where you live.

Some areas have more than one CCO. In those areas, you can change your CCO plan:
- Within the first 3 months you are in the plan;
- After you have been in the same CCO plan for 6 months;
- Once a year or when you renew your OHP;
- Within 30 days if you asked for a different CCO and we made an error;
- When a CCO is suspended from adding new members.

You can call ONE Customer Service Center **1-800-699-9075 or 711 (TTY)** or use your online account at https://one.oregon.gov to change your CCO.

Some OHP members do not have to use CCOs for physical health care. You might not use a CCO because:
- You have other insurance, like through work or Medicare; or
- You have a medical reason or the CCO doesn't offer the service you need.

If you don't want to use a CCO because of one of these reasons, please call ONE Customer Service Center.

If you are an American Indian and Alaska Native, you don't have to be part of a CCO plan. You can get care with an Indian health care provider, like a tribal clinic or an Indian Health Service (IHS) facility. Please call ONE Customer Service Center to join, change or leave a CCO.

🧳 Household Medical Case Summary

This is eligibility information we have on your medical case as of 12/15/2022. We use this information to make decisions about your medical benefits. Look at the information and tell us if anything has changed.

██████, age 27

👤 Basic Information

U.S. Citizen	✓	Yes
In foster care	✗	No
Disabled or blind	✗	No
Tax filing status		Dependent of someone on the case

⚙ Benefits Information

Requesting medical benefits	✓	Yes
Receiving Medicare	✗	No
Receiving other health coverage	✗	No
Receiving Supplemental Security Income (SSI)	✗	No

💰 Income

Current Income	$0.00		
Expected annual earned income for 2022	$0.00	Expected annual earned income for 2023	$0.00
Expected Social Security Benefit/ SSDI Income for 2022	$0.00	Expected Social Security Benefit/ SSDI Income for 2023	$0.00
Expected annual other unearned income for 2022	$0.00	Expected annual other unearned income for 2023	$0.00

💼 Expenses and Deductions

Current Expenses/Deductions	$0.00	
Expected annual tax-deductible expenses for 2022	$0.00	Expected annual tax-deductible expenses for 2023	$0.00

🏦 Resources (Things of value that you own)

Current Resources	$0.00

██████, age 50

👤 Basic Information

U.S. Citizen	✓	Yes
In foster care	✗	No
Disabled or blind	✗	No
Tax filing status		Head of Household
Pregnant	✗	No

⚙ Benefits Information

Requesting medical benefits	✗	No
Receiving Medicare	✗	No
Receiving other health coverage	✗	No
Receiving Supplemental Security Income (SSI)	✗	No

💰 Income

Irregular Child Support, Cash Medical Support and Any Other Support from Absent Parent	$100.00	**Salem Health** Bi-Weekly Wages	$2,580.00
Expected annual earned income for 2022	$48,000.00	Expected annual earned income for 2023	$48,000.00
Expected Social Security Benefit/ SSDI Income for 2022	$0.00	Expected Social Security Benefit/ SSDI Income for 2023	$0.00
Expected annual other unearned income for 2022	$0.00	Expected annual other unearned income for 2023	$0.00

💼 Expenses and Deductions

| Total Average Monthly tax-deductible expenses | $1,275.00 | Monthly Rent | $1,275.00 |
| Expected annual tax-deductible expenses for 2022 | $0.00 | Expected annual tax-deductible expenses for 2023 | $0.00 |

🖐 Resources (Things of value that you own)

| Checking Account | $30.00 |