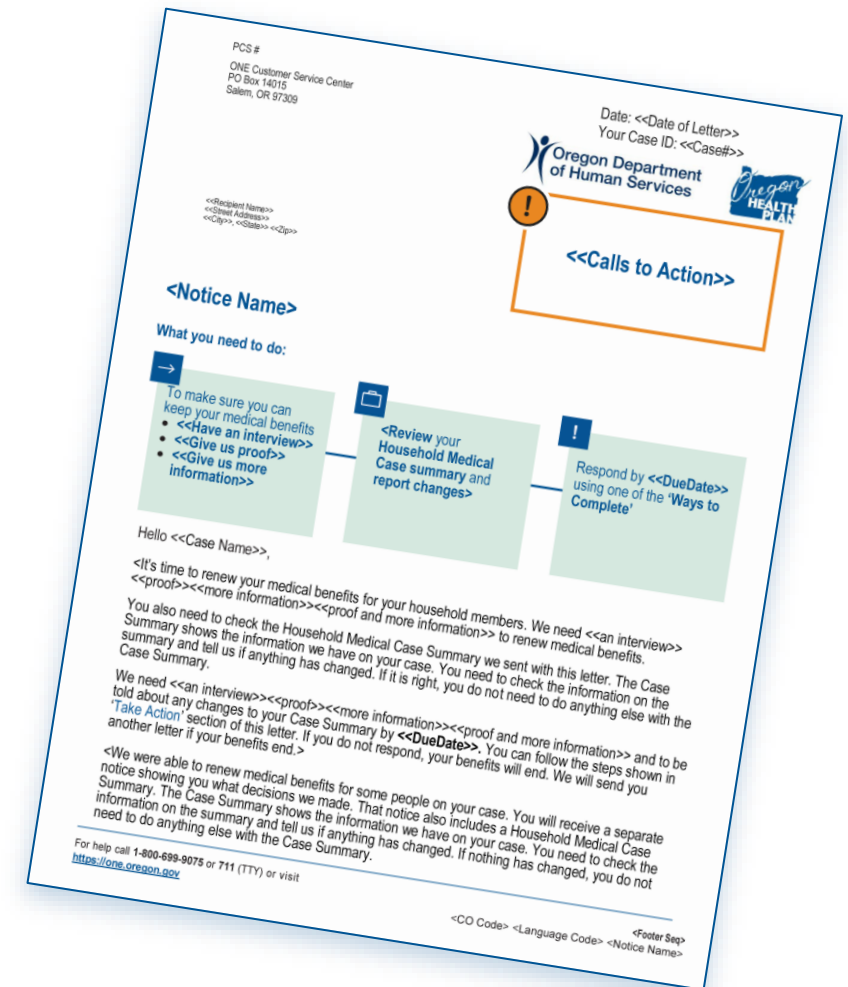# ONE Notices Guide

Helping partners navigate ONE System Notices

Medical Passive Renewal Request for Information

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.>

4

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.

Detailed page notes

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

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.

Title and page summary

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

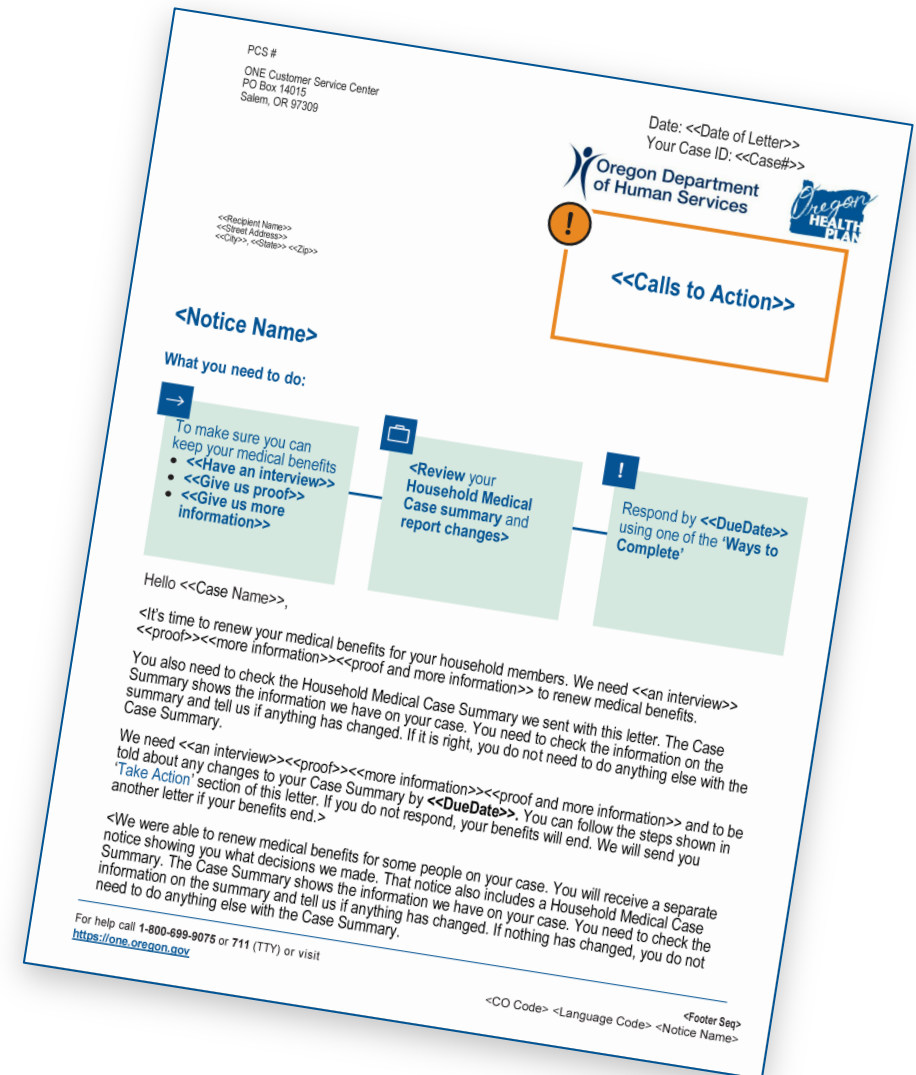# Introduction to the Medical Passive Renewal Request for Information Notice

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 Passive Renewal Request for Information (RFI) Notice

People may receive a Medical Passive Renewal Request for Information Notice if they need to take action to make sure they qualify for benefits, like complete an interview or provide additional information. This type of notice will include a list of what people need to do, by when, and where they can go for help.

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>>

<<Calls to Action>>

<Notice Name>

What you need to do:

→ To make sure you can keep your medical benefits
- **<<Have an interview>>**
- **<<Give us proof>>**
- **<<Give us more information>>**

<Review your **Household Medical Case summary** and **report changes>**

! Respond by **<<DueDate>>** using one of the **'Ways to Complete'**

Hello <<Case Name>>,

<It's time to renew your medical benefits for your household members. We need <<an interview>> <<proof>><<more information>><<proof and more information>> to renew medical benefits.

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.

We need <<an interview>><<proof>><<more information>><<proof and more information>> and to be told about any changes to your Case Summary by <<DueDate>>. You can follow the steps shown in 'Take Action' section of this letter. If you do not respond, your benefits will end. We will send you another letter if your benefits end.>

4

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. Depending on the situation, people may need to schedule an interview, provide proof and/or provide more information. This section also includes where people can go for help understanding the notice.

Cover Page: Medical Passive Renewal RFI Notice (2 of 2)

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

<We were able to renew medical benefits for some people on your case. You will receive a separate notice showing you what decisions we made. That notice also includes a Household Medical Case Summary. 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 nothing has changed, you do not need to do anything else with the Case Summary.

We need <<an interview>><<proof>><<more information>><<proof and more information>> and to be told about any changes to your Case Summary by <<Due Date>>. You can follow the steps shown in 'Take Action' section of this letter. If you do not respond, your benefits will end. We will send you another letter if your benefits end.>

We are here if you need help understanding this process and what it means for you. Call ONE Customer Service Center **<<ONECUSTSERVICE>>** if you need more information or need to reapply for benefits. <Your community partner can also help answer your questions.><A 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 <CP site>.>

Get this notice 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.

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. Depending on the situation, people may need to schedule an interview, provide proof and/or provide more information. 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.

Take Action: Interview

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

This page covers information related to completing an interview.

→ Take Action

<<Interview>>   <<Proof>><<and>><<Information>>   <<Review &>>Complete

Action Needed

<Have An Interview
People listed below may require an interview over the phone or in-person to renew by <<DueDate>>. Call or visit us to have your interview. Completing an interview may speed up the renewal process. You can tell us about updates to your Household Medical Case Summary at the interview as well.

- <<Individual Name (Age)>>

If you submit your renewal materials through one of the other 'Ways to Complete' and an interview is needed, we will contact <<Individual Name>> after we receive your renewal information.>

Phone Call
Local Office: <<Local Office #>>
ONE Customer Service Center:
<<ONECUSTSERVICE>>

Visit Us
<<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 and provide proof and more information to make sure they qualify for benefits.

People can see which individuals in the household require an interview and when the interview must be completed.

Notices include the phone number and address of the ODHS office nearest the person.

Take Action: Proof Needed

The "Action Needed—Proof We Need" page is a potential element of the "Take Action" section.

This page covers information related to providing proof.

<<Interview>>   <<Proof>><<and>><<Information>>   <<Review &>>Complete

Action Needed

<Proof We Need

We need proof of the items listed below. You can use the following checklist as a guide to help you collect documents. You need to give us the documents by the due date using one of the Ways to Complete. If you need more time or have questions, call ONE Customer Service Center at **<ONECUSTSERVICE>**.

Note: If you recently got a letter requesting proof for other benefits, you still need to respond to that notice. If that letter asked for the same proof, we might be able to use the proof you provide for both programs. Please call if you have questions or need more information.>

▼ **<<Individual Name (Age)>>**

Proof Needed:	Due Date:
☐ <<Proof Needed Type>>	<<DueDate>>
☐ <<Proof Needed Type>>	<<DueDate>>
☐ <<Proof Needed Type>>	<<DueDate>>

▼ **<<Individual Name (Age)>>**

Proof Needed:	Due Date:
☐ <<Proof Needed Type>>	<<DueDate>>
☐ <<Proof Needed Type>>	<<DueDate>>

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

The **"Proof We Need" section** explains the purpose of the checklist that follows, what people need to do, and where to go for help.

People can quickly scan the table to see which individuals in the household need to provide which types of proof for which benefits, and by when.

Take Action: Examples of Proof

The "Action Needed—Examples of Proof" page is a potential element of the "Take Action" section.

This page shows the types of documents people can send as proof.

<Examples of Proof
Here are the types of documents you can send us as proof. You only need one from each category. If the same document applies for more than one category, you only need to give it once. Please send a copy of the documents. Do not send the original documents.>

<Proof Needed Type	• Reference Table of Document Example1 • Reference Table of Document Example2 • …>
< Proof Needed Type	• Reference Table of Document Example1 • Reference Table of Document Example2 • …>
< Proof Needed Type	• Reference Table of Document Example1 • Reference Table of Document Example2 • …>

If proof is needed, the notice will include examples of the types of documents people can send as proof they can provide for benefit renewal.

Take Action: Information Needed

The "Action Needed—Information We Need" page is a potential element of the "Take Action" section.

This page covers information related to the types of questions people need to answer.

Action Needed

<Information We Need

There are some questions we need the answers for. Those questions are listed below. You need to give answers by the due date. You can use the space below the questions to answer. You need to give us this information using one of the '**Ways to Complete**.'>

<

<<IndividualName1, IndividualName2, IndividualName3...>>

Information Needed:	Due Date:
<<<InfoNeeded>>	<<DueDate>>
☐ No ☐ Yes, who? _____>	
<<<InfoNeeded>>	<<DueDate>>
_____>	

<<IndividualName2, IndividualName4>>

| Information Needed:	Due Date:
<<<InfoNeeded>>	<<DueDate>>
☐ No ☐ Yes, who? _____>	
<<<InfoNeeded>>	<<DueDate>>
☐ No ☐ Yes, who? _____>	

The "**Information We Need" section** explains the purpose of the checklist that follows, what people need to do, and how to send their information.

People can quickly scan the table to see which individuals in the household need to provide information for which benefits, and by when.

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Take Action: Review and Complete

The "Review your Household Medical Case Summary" and "Ways to Complete" page is an element of the "Take Action" section.

This page asks people to check and report changes (if applicable) to their Household Medical Case Summary and shows the ways people can send proof and/or information.
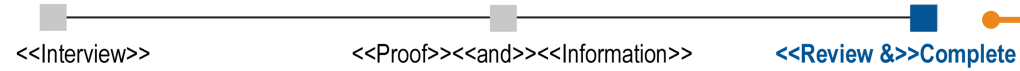
<<Interview>>   <<Proof>><<and>><<Information>>   **<<Review &>>Complete**

<Review your Household Medical Case Summary
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. If it is right, you do not need to do anything else with the Case Summary.>

Ways to Complete
<You can give us <<proof>><<information>><<proof and information>> during your interview or use other ways listed below. Make sure to include your Case ID number with every document. To avoid delays in your benefits please give us your <<proof>><<information>><<proof and information>> with the cover sheet that is included with this letter.>

Online
You can login or create an account at
<<EligibilityHomePage>>

By Phone
You can call to give us renewal details.
Local Office: <<Local Office #>>
ONE Customer Service Center:
<<ONECUSTSERVICE>>
We accept relay calls.

In-Person
You can meet us at your local office
 <<Branchofcname>>
 <<Street Address>>
 <<City>>, <<State>> <<Zip>>

To find a different office, go to <<EligibilityHomePage>> and click "Get Help"

By Fax
You can 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 this final step of the **"Take Action" section,** people can see how to complete their part of the renewal process.

People receive their **Household Medical Case Summary** with their notice and can check and report changes to their information if applicable.

Notices remind people to include their cover sheet and Case ID number when providing information.

People can see all the ways they can send their information, which includes online through their ONE Applicant Portal Account, by phone, fax, or mail, or in-person at their local office.

Resources (1 of 2)

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

If You Need Help, Contact Us

ONE Customer Service Center at <ONECUSTSERVICE> 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 <CSU> for:
- Changes to your CCO enrollment
- If you get a bill (and are not in a CCO)
- Complaints about OHP
- Understanding your benefits

This section reminds people to contact the ONE Customer Services Center if they need help related to their medical benefits. People with Long-Term Care (LTC) will also see the contact information for their specific Case Manager.

People can contact the Client Services Unit for specific needs, including changes to their Coordinated Care Organization (CCO) enrollment and what to do if they receive a bill and are not in a CCO.

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

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.

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 the person has a CCO, this section will include the CCO's contact information or show people where they can go to learn more and choose one.

If you are not in a CCO, call the Fee-For-Service help line:
- Find a doctor or health coach (M-F 8am-5pm)
- 24-hour Nurse Advice Line

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.

Resources (2 of 2)

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

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 **<ADRS>**
- Oregon Abuse Reporting Helpline **<OARH>**
- National Suicide Prevention Lifeline **<NSPL>**

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

This section lists resources that can help people with urgent needs not related to their benefits.

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.

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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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 Notice: Medical Passive Renewal RFI

The following pages show a sample redacted notice of a Medical Passive Renewal RFI. This example covers a scenario in which a person needs to have an interview and review and report changes to their Household Medical Case Summary to make sure they qualify for benefits.

Oregon Department
of Human Services

Oregon
HEALTH PLAN

⚠ Interview Needed for Medical Renewal

Notice to Complete your Medical Renewal

What you need to do:

→	📁	❗
To make sure you can keep your medical benefits • **Have an Interview**	**Review** your **Household Medical Case summary** and **report changes**	Respond by **03/01/2023** using one of the **'Ways to Complete'**

Hello ████████ ,

It's time to renew your medical benefits for your household members. We need an interview to renew medical benefits.

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.

We need an interview and to be told about any changes to your Case Summary by 03/01/2023. You can follow the steps shown in 'Take Action' section of this letter. If you do not respond, your benefits will end. We will send you another letter if your benefits end.

We are here if you need help understanding this process and what it means for you. Call ONE Customer Service Center **1-800-699-9075 or 711 (TTY)** if you need more information or need to reapply for

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benefits. A 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 notice 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.

→ Take Action

Interview —————— Review & Complete

Action Needed

Have An Interview

People listed below may require an interview over the phone or in-person to renew by 03/01/2023. Call or visit us to have your interview. Completing an interview may speed up the renewal process. You can tell us about updates to your Household Medical Case Summary at the interview as well.

- ▓▓▓▓▓▓ (58)

If you submit your renewal materials through one of the other 'Ways to Complete' and an interview is needed, we will contact ▓▓▓▓▓▓ after we receive your renewal information.

Phone Call
Local Office: 1-503-693-4555
ONE Customer Service Center:
1-800-699-9075 or 711 (TTY)

Visit Us
3402 - Hillsboro DHS Office
5300 NE ELAM YOUNG PKY 101
Hillsboro,OR 97124

Interview —————— **Review & Complete**

Review your Household Medical Case Summary

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. If it is right, you do not need to do anything else with the Case Summary.

Ways to Complete

Online
You can login or create an account at https://one.oregon.gov

By Phone
You can call to give us renewal details.
Local Office: 1-503-693-4555
ONE Customer Service Center:
1-800-699-9075 or 711 (TTY)
We accept relay calls.

In-Person
You can meet us at your local office
3402 - Hillsboro DHS Office
5300 NE ELAM YOUNG PKY 101
Hillsboro,OR 97124

To find a different office, go to https://one.oregon.gov **and click "Get Help"**

By Fax
You can 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

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:
- Find a doctor or health coach (M-F 8am-5pm)
- 24-hour Nurse Advice Line

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
Health Share of Oregon
www.healthshareoregon.org

(+) Fee-For-Service Help
24-hour Nurse Advice Line
1-800-562-4620 (General)
1-844-847-9320 (Tribal members)

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**

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

Hover   Scan   Select

⚖️ Your Rights

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;
- When a CCO is suspended from adding new members.

You can call Client Services Unit (CSU) **1-800-273-0557** 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 Client Services Unit (CSU).

If you are an American Indian or 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 Client Services Unit (CSU) to join, change or leave a CCO.

💼 Household Medical Case Summary

This is eligibility information we have on your medical case as of 01/12/2023. We use this information to make decisions about your medical benefits. Look at the information and tell us if anything has changed.

▮▮▮▮, age 58

👤 Basic Information

U.S. Citizen	✓	Yes
In foster care	✕	No
Disabled or blind	✕	No
Tax filing status		Single

⊛ Benefits Information

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

💰 Income

Monthly Social Security Disability Insurance	$1,052.00		
Expected annual earned income for 2022	$0.00	Expected annual earned income for 2023	$0.00
Expected Social Security Benefit/ SSDI Income for 2022	$13,053.60	Expected Social Security Benefit/ SSDI Income for 2023	$13,053.60
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

IMPORTANT: COVER SHEET

Include this page with the proof and information you send. Please send copies, not the original document. Respond by due date.

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