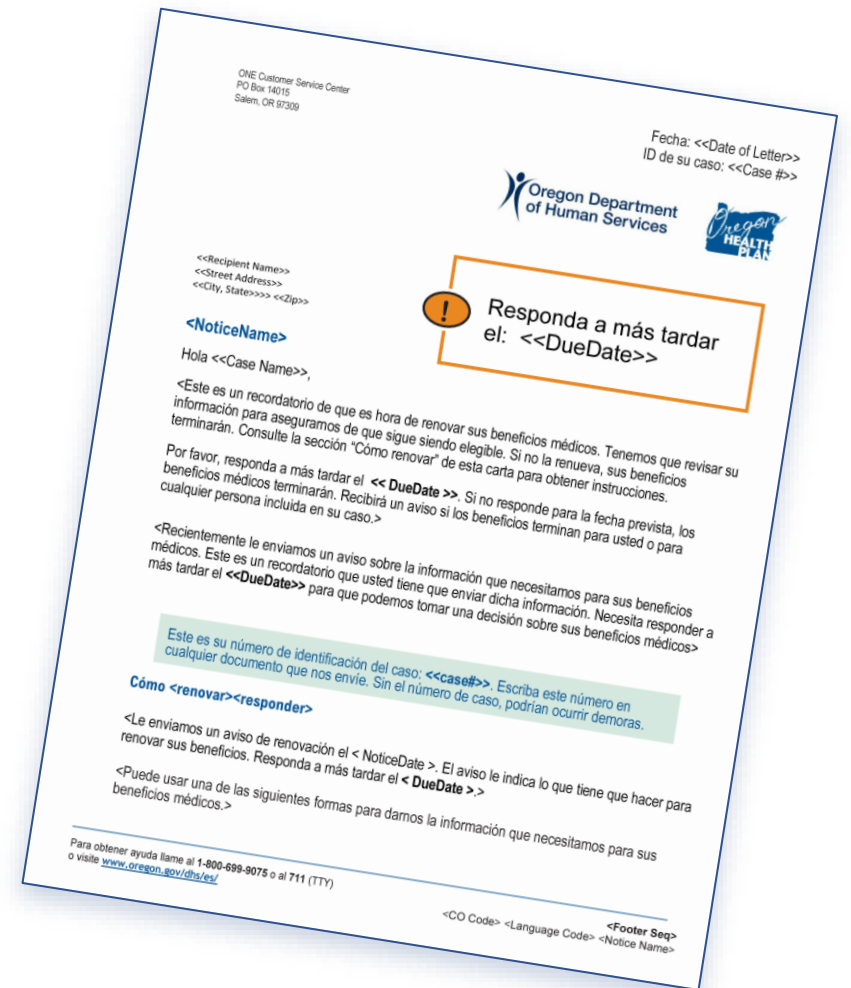


# ONE Notices Guide

Helping partners navigate ONE System Notices

## Notice of Reminder for Renewal and 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@odhsaha.oregon.gov](mailto:feedback@odhsaha.oregon.gov).



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# 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>>

<<Calls to Action>>

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

<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 Notice of Reminder for Renewal and Request for Information

## Overview: ONE Eligibility Notices

ONE Eligibility Notices are letters people receive in the mail about their medical and nonmedical 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: Notice of Reminder for Renewal and Request for Information

People may receive a Notice of Reminder for Renewal and Request for Information if they need to take action to make sure they qualify for benefits but haven't responded. This type of notice will urge people to reply by their due date and typically refers to past notices they may have received for more information about what they need to do.



# Cover Page: Reminder for Renewal and Request for Information

The cover page reminds people that it is time to renew their medical benefits and/or explains that the state recently sent them notice about items still needed.

 ONE Customer Service Center  
PO Box 14015  
Salem, OR 97309

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



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

<NoticeName>

Hello <<Case Name>>,

<This is a reminder that it is time to renew your medical benefits. We have to review your information to make sure you still qualify. If you do not renew, benefits will end. See the "How to renew" section of this letter for instructions.

Please respond by <<DueDate>>. If you do not respond by this date, medical benefits will end. You will get a notice if benefits end for you or anyone on your case.>

<We recently sent you a notice about items we need for your medical benefits. This is a reminder that we still need these items. You need to respond by <<DueDate>> so we can make decisions about your medical benefits>

This is your case ID: <<case#>>. Please write this number on anything you send us. Without your case number there may be delays.

 Reply by Date:  
<<DueDate>>

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 unique situation (e.g., when their information is due).

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 body of the cover page explains why people are receiving the notice, what they need to do, and by when.

Reminder notices will also refer people to previous notices requesting information.

Notices remind people to include their Case ID number when providing information to avoid delays.

# Resources

All notices include a section of resources to help people understand and respond to their notices.

## How to <renew><respond>

<We sent you a renewal notice on <NoticeDate>. The notice tells you what you must do to renew your benefits. Respond by <DueDate>.>

<You can use one of the ways below to give us the items we need for your medical benefits.>

## If You Need Help, Contact Us

### Call or visit us if you:

- <Have questions about your renewal or lost your renewal letter>
- <Have questions about the information we requested>



### Call

Local Office: <<Local office #>>  
ONE Customer Service Center:  
<ONECUSTSERVICE>



### Online

<BenefitsHomepage>  
<CPSite>



### Visit Us

<<Branchofcname>>  
<<Street>>  
<<City>>, <<State>> <<Zip>>

This section will vary based on what type of notice the state previously sent, which could be a renewal notice or Request for Information (RFI) notice. In this example, the state previously sent a renewal notice that the person should review and complete.

People can see all the ways they can get help understanding their notice or submit their information, including online through their ONE Applicant Portal Account, by phone, fax, or mail, or in-person at their local office.

# Sample Redacted Notice: Reminder for Renewal and Request for Information

The following pages show a sample redacted Notice of a Reminder for Renewal and Request for Information. This specific example covers a scenario in which a person is reminded they still need to respond to their renewal by a certain date to make sure they qualify for benefits.

-\*- Demonstration Powered by OpenText Exstream 07/04/2022, Version 16.3.0 64-bit (DBCS) -\*-

ONE Customer Service Center  
PO Box 14015  
Salem, OR 97309

Date: 07/04/2022  
Your Case ID: [REDACTED]

Oregon Department of Human Services

OREGON HEALTH DIVISION

[REDACTED]

**Reply by Date:**  
**3/31/2023**

### Reminder for Renewal

Hello [REDACTED],

This is a reminder that it is time to renew your medical benefits. We have to review your information to make sure you still qualify. If you do not renew, benefits will end. See the "How to renew" section of this letter for instructions.

Please respond by **3/31/2023**. If you do not respond by this date, medical benefits will end. You will get a notice if benefits end for you or anyone on your case.

This is your case ID [REDACTED]. Please write this number on anything you send us. Without your case number there may be delays.

### How to renew

We sent you a renewal notice on 1/2/2023. The notice tells you what you must do to renew your benefits. Respond by **3/31/2023**.

For help call 1-800-699-9075 or 711 (TTY) or visit <https://benefits.oregon.gov> MED-115A Reminder for Renewal PAGE 1

CS) -\*-  
07/04/2022

Us  
- Grants Pass  
Office  
COHNYO  
00  
s Pass,OR 97526

for Renewal PAGE 2



ONE Customer Service Center  
PO Box 14015  
Salem, OR 97309

Date: 07/04/2022  
Your Case ID: [REDACTED]



 **Reply by Date:**  
**3/31/2023**



### Reminder for Renewal

Hello [REDACTED],

This is a reminder that it is time to renew your medical benefits. We have to review your information to make sure you still qualify. If you do not renew, benefits will end. See the "How to renew" section of this letter for instructions.

Please respond by **3/31/2023**. If you do not respond by this date, medical benefits will end. You will get a notice if benefits end for you or anyone on your case.

This is your case ID: [REDACTED]. Please write this number on anything you send us. Without your case number there may be delays.

### How to renew

We sent you a renewal notice on 1/2/2023. The notice tells you what you must do to renew your benefits. Respond by **3/31/2023**.

Your Case ID: [REDACTED]

### If You Need Help, Contact Us

#### Call or visit us if you:

- Have questions about your renewal or lost your renewal letter



#### Call

Local  
Office: 1-541-754-3010  
ONE Customer Service  
Center: 1-800-699-9075



#### Visit Us

1717 - Grants Pass  
DHS Office  
1000 COHNYO  
APT 00  
Grants Pass, OR 97526



#### Online

<https://go.usa.gov/xz2EC>  
<https://benefits.oregon.gov>  
v