

# Oregon<sup>one</sup>eligibility



## OREGON HEALTH PLAN (OHP) **ONE RENEWAL GUIDE**

# ABOUT THE OREGON ELIGIBILITY (ONE) APPLICANT PORTAL

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The Oregon Eligibility (ONE) Applicant Portal is your one-stop shop to manage your Oregon Health Plan (OHP) benefits. If you first applied or renewed your OHP on or after Dec. 1, 2015, you can use the Applicant Portal to renew your coverage and report household changes.

The Applicant Portal is available 24 hours a day, seven days a week.

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# STARTING YOUR RENEWAL

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## Log into your Applicant Portal account

At <https://one.oregon.gov>, click **“SIGN IN.”**

### Enter username and password

Your password must be at least eight characters and include at least one number, one upper-case letter and special character.

Your password expires in 120 days. If it has been four or more months since you used your account, you will need to reset your password. To do this, click the **“Forgot Password?”** link on the login screen.

### Accept terms of use

Once you log in, click the **“Accept”** button to show you have read this “Warning” message and accept the terms of use.

You will be taken straight to the account dashboard after clicking “Accept.”

**WARNING**

This website is the property of the State of Oregon. The intent of the site is to allow Oregon residents, and authorized community partner agencies on behalf of Oregon residents, to apply for Oregon medical programs and to report changes through their account. You are only authorized to use this site, or any information accessed through this site, for its intended purpose. Unauthorized access to this site or unauthorized sharing of personal and confidential information obtained from this site is punishable as a crime and subject to civil monetary fines under state and federal law. The State of Oregon follows federal and state law and regulations to protect the information from misuse or unauthorized access and will pursue violations to the fullest extent possible under the law. By clicking on “Accept,” you are acknowledging that you have read this disclosure and you agree to comply with the terms for the use of this website.

**Reject** **Accept**

## Account dashboard

If you can renew online, you will see a “Renew Coverage” section in the middle of your Overview page. To start your renewal, click the “**Take Action**” button.

The screenshot shows the 'Overview' page of an account dashboard. The navigation bar includes 'Overview', 'Applications', 'Plans & Programs', 'Messages', 'Assisters', and 'Settings'. The 'Overview' page is divided into several sections:

- Quick Links:** Includes 'Announcements' (0 Urgent, 0 Unread), 'Message Center' (Inbox), 'Notifications & Alerts' (Address Validation), 'Application' (Download a new application), and 'Contact Information' (Call Center Information).
- Member Information:** Displays 'Case Number: 500013864' and a 'View/Edit Enrollments' link. Below is a table of household members:

Household Member	Client ID #
JOHN DOE	WY500D4E
JANE DOE	WY500D4F
- Ongoing Applications:** Shows 'No ongoing applications'.
- Renew Coverage:** Features a progress bar with three steps: 'Renew' (completed), 'Find a Plan', and 'Enrollment'. A prominent blue 'Take Action' button is located below the progress bar.
- Request For Information:** Shows 'No documents pending for verification' and includes links for 'View My Documents' and 'Upload'.

An Adobe Reader logo is visible in the bottom left corner of the dashboard.

## Renewal Selection

This screen lists the people who need to renew to continue their OHP coverage. Mark everyone who wants to continue their coverage, then click “Next.”

The screenshot shows a web application interface for 'Renewal Selection'. At the top, there is a navigation bar with icons and labels for 'Overview', 'Applications', 'Plans & Programs', 'Messages', 'Assisters', and 'Settings'. Below the navigation bar, the title 'Renewal Selection' is displayed on the left, and a red asterisk with the text '\*=Required field' is on the right. The main content area contains two paragraphs of instructional text. The first paragraph explains the renewal process: 'Please choose the individuals below that would like to renew their health insurance options below. Once you select the individuals wishing to renew, you can click 'Next' to begin the Renewal Process. First, you will provide any updates to your application details then you will be able to pick the health insurance plan(s) you wish to select.' The second paragraph is a note: 'Please Note: If there are individuals that choose not to renew health insurance coverage through OnE, do not select them in the list below. You will be asked to e-sign to confirm your selection not to renew.' Below the text is a section titled 'Renew OnE health care coverage' with a blue underline. Under this section, there are two entries, each with a checked checkbox and the text '(renew medical assistance)'. The first entry is 'JOHN DOE' and the second is 'JANE DOE'. A mouse cursor is positioned over the 'JANE DOE' entry. At the bottom right of the screen, there are two buttons: a grey 'Exit' button and a blue 'Next >' button.

Overview Applications Plans & Programs Messages Assisters Settings

### Renewal Selection \*Required field

Please choose the individuals below that would like to renew their health insurance options below. Once you select the individuals wishing to renew, you can click 'Next' to begin the Renewal Process. First, you will provide any updates to your application details then you will be able to pick the health insurance plan(s) you wish to select.

Please Note: If there are individuals that choose not to renew health insurance coverage through OnE, do not select them in the list below. You will be asked to e-sign to confirm your selection not to renew.

Renew OnE health care coverage

- JOHN DOE (renew medical assistance)
- JANE DOE (renew medical assistance)

Exit Next >

# START YOUR APPLICATION

Start your application by checking the **“I authorize”** box at the bottom of the page.

- ▶ Marking this box gives the Oregon Health Authority (OHA) permission to check your information with state and federal databases.
- ▶ Use the drop-down box to tell us for how long you give OHA this permission, then click **“Next.”**

**If you choose to do this,** you can opt out at any time by calling us at 1-800-699-9075. You can also update the income information you provide at any time.

**Do not send proof to a local DCBS office.**

The screenshot shows a three-step process: 1. Enter and Confirm Application (active), 2. Review and Accept Eligibility, and 3. Select and Manage Plans. The main heading is "Renewals - Let's Get Started" with a red asterisk indicating a required field. The text states: "You have chosen to renew your benefits with OnE. It will only take a few short steps to complete the process!" followed by two numbered steps: "1) Update any information that might have changed since last time you applied." and "2) Change any information that was not correct in the notice you received." A disclaimer follows: "Disclaimer : By moving forward in the renewal process you are consenting us to check your information with the state and federal databases. To continue, please check the box that gives us access to your information. To learn more about this, you can click on our [Full Privacy Statement](#)." Below this, it says: "To allow us automatically validate your information against the state and federal databases for automated renewals, please select the number of years you wish to provide this authorization. If you do not wish to consent to have this information checked against these sources, you can click Back and take your proof to a Local DCBS Office." At the bottom, there is a checkbox and a dropdown menu: " \* I authorize the OHA to access the state and federal databases for renewals up to 5 years." The "5" is in a dropdown menu. At the bottom right, there are "Back" and "Next" buttons.

# REVIEW YOUR HOUSEHOLD INFORMATION

The “Before You Submit Your Application” screen lists the information you gave us the last time you applied or renewed.

- ▶ To review a section, click the row for that section.
- ▶ To edit a section, click the “**Edit**” link.

You must review **and** edit all sections marked with the yellow caution triangle.

## Before You Submit Your Application

Please tell us about any information that has changed in the last year. For example, tell us about a birth in the family or a change in address. Click 'Edit' for any section where you need to change the information.

Read Carefully: You must review the sections with  to be able to renew your coverage the easiest way.

Section	Edit
<b>Build Your Household</b>	
 Who is in Your Household	<a href="#">Edit</a>
 First Name: JOHN Last Name: DOE Date of Birth: 01/21/1971 Gender: Male	
 First Name: JANE Last Name: DOE Date of Birth: 01/24/1974 Gender: Female	
 Deceased Household Members	<a href="#">Edit</a>
 Personal and Tax Filing Information	 <a href="#">Edit</a>
 American Indian / Alaskan Native Information	<a href="#">Edit</a>
 Prison/Jail Status Information	 <a href="#">Edit</a>

## Mark the “I agree” box on every page you need to review.

Each page contains the information you gave us when you last applied or renewed.

All pages have a checkbox at the top of the screen, followed by text that reads, **“I agree that all information on this page is correct.”**

- ▶ Marking this box lets us know you are actively reviewing your page.
- ▶ You cannot make any changes on the page until you mark this box.

I agree that all information on this page is correct.

## Click “Next” to go to the next required page.

After you update information as needed, click **“Next.”**

## UPDATING YOUR INCOME

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You need to tell us:

- ▶ About income you received or expect to receive this month
- ▶ Who in your household received income, and what types they received
- ▶ For each type of income, the income source, how much was paid, and how often

### To report income

To update payment information for an income source, click **“Edit”** next to the income source, make your changes, then click **“Save.”**

To add a new income source, click the “Add” button on the income screen, add the income information, then click **“Save.”**

Click **“Next”** when you are done reporting each type of income.

To learn more about the income screens, see the [Application Guide](#).

## Employer information

Please enter as much information as you can. If your renewal does not give us enough information to verify your income, we will ask you to send us more. We will not be able to complete your renewal until we get that information.

## FINISHING YOUR RENEWAL

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### Signing the application

Check the box that reads, **“By entering my name below, I am electronically signing my application.”** Then type in your name.

By doing this, you are agreeing to all statements listed in the **“Sign and Submit”** box. Click the **“Submit”** button to submit your updated information.

### You're not done yet!

Please complete all of these steps to make sure we get your renewal information:

- ▶ **Additional questions:** Answer the questions about voter registration and your family’s veteran status. If you have no changes, click “Next” after each screen.
- ▶ **Thank you/Verification results:** Please submit all documents listed. If you do not submit the documents by the date listed on this screen, your coverage will end. Click “Next.”

- ▶ **Eligibility results:** Click “Next” to review your coordinated care organization (CCO) choice.

## CCO preference

This is the last step to your renewal. Even if you do not want to make any changes on this screen, you must click “**Next**” on this screen and the confirmation screen before your renewal is complete.

### Keep your current CCO?

- ▶ If you want to stay in your current CCO, answer “**Yes.**”
- ▶ If you are not enrolled in a CCO and want to stay that way, answer “**Yes.**”
- ▶ If you want to change CCOs, answer “**No**” and choose the new CCO you want to request.

Click “**Next**” when you are done making your selection.

### Confirmation message

When you click “**Next,**” you will see a new screen that says “Your selection has been submitted.” Click “**Next.**”

# YOU'RE DONE!

After you click **“Next,”** you return to the Overview page. You will know you have successfully completed your renewal because it no longer says “Renew Coverage” in the middle of this page.

If this page still says “Renew Coverage,” this means you did not finish updating all required sections of your renewal. Click **“Renew Coverage”** again and make sure to take all required steps.

The screenshot displays the 'Overview' page of a web application. At the top, there is a navigation bar with tabs for Overview, Applications, Plans & Programs, Messages, Assistors, and Settings. Below the navigation bar, the page is divided into several sections:

- Quick Links:** A sidebar on the left containing links for Announcements (0 Urgent, 0 Unread), Message Center (Inbox), Notifications & Alerts (Address Validation), Application (Download a new application, Application Pre-Screening), and Contact Information (Call Center Information).
- Member Information:** A section with a dropdown arrow and a link 'Report Change in Circumstances'. It displays 'Case Number: 500013864' and a link 'View/Edit Enrollments'. Below this is a table with two columns: 'HouseHold Member' and 'Client ID #'. The table contains two rows: 'JOHN DOE' with 'WY500D4E' and 'JANE DOE' with 'WY500D4F'.
- Ongoing Applications:** A section with a dropdown arrow and the text 'No ongoing applications'.
- Request For Information:** A section with a dropdown arrow, a link 'View My Documents', and a link 'Upload'. Below this is the text 'No documents pending for verification'.

At the bottom left of the page, there is a small advertisement for Adobe Reader.

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The Oregon Health Authority (OHA) follows state and federal civil rights laws. It does not discriminate on the basis of race, color, disability, national origin, religion, sex, sexual orientation, gender identity, marital status, or age.

You can get this document in other languages, large print, braille or a format you prefer. Contact Oregon Health Plan (OHP) Customer Service at 1-800-699-9075. We accept all relay calls or you can dial 711.



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