OREGON HEALTH PLAN (OHP)
ONE RENEWAL GUIDE
ABOUT THE OREGON ELIGIBILITY (ONE) APPLICANT PORTAL

The Oregon Eligibility (ONE) Applicant Portal is your one-stop shop to manage your Oregon Health Plan (OHP) benefits. You can use the Applicant Portal to renew your OHP coverage and report household changes.

The ONE Applicant Portal is available 24 hours a day, 7 days a week.

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STARTING YOUR RENEWAL

Log in to the ONE Applicant Portal

Go to https://one.oregon.gov and look for “Manage Account”.

- Click “Sign In”.
- Enter your username or email address
- Enter your password

**Note:** Your password must be at least eight characters.
You need to include at least one number and letter.

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, you will get a “WARNING” message.

- Click the “Accept” button if you read the message and accept the terms of use.

You will be taken to the account dashboard after you click “Accept”.

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NEED HELP? Call us at 1-800-699-9075 (TTY 711).
Monday through Friday, 8 a.m. to 5 p.m., Pacific Time
Account dashboard

You will see a “Renew Coverage” section in the middle of your Overview page.

- To start your renewal, click the “Renew” button.
Renewal Selection

This screen lists people in your household who need to renew in order to continue their OHP coverage.

- Click on the box next to the names of all who want to continue their coverage, then click “Next.”
START YOUR APPLICATION

Renewals – Let’s Get Started page

- Click on the “I authorize …” box at the bottom of the page in order to start.

Marking this box gives the Oregon Health Authority (OHA) permission to check your information with state and federal databases.

- Click on the drop-down box to tell us how many years you give OHA this permission. Then click “Next.”

If you choose to give us authorization, you can opt out at any time. To do so:

- Call 1-800-699-9075, or
- Update this page online.
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.

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

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

Update information as needed.

- **Click “Next” to go to the next required page.**
**UPDATING YOUR INCOME**

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 note 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 and make your changes.
- Click “Save.”

To add a new income source:

- Click the “Add” button on the income screen and add the income information.
- 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**

- Be sure to enter as much information as you can.
- Click “Next” when you are done.

Your renewal must give us enough information to verify your income. If it does not we will ask you to send us more information. We will not be able to complete your renewal until we get that information.

**FINISHING YOUR RENEWAL**

**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 agree to all statements 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.
  - If you have no changes, click “Next”.
- Answer questions about your family’s veteran status.
  - If you have no changes, click “Next”.

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Thank you and verification results:

- Submit all documents listed. Be sure to submit the documents by the date listed on this screen. If you do not, 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.

- **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 your CCO:**
  - Answer “No” and choose the new CCO you want to request.
- **Even if you do not want to make any changes on this screen, you must:**
  - Click “Next” on this screen.

**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. If it no longer says “Renew Coverage” in the middle of this page you know you have successfully completed your renewal.

If this page still says “Renew Coverage” this means you did not finish updating all required sections.

- **Click “Renew Coverage” again and make sure to take all required steps.**

It could also mean you need to provide more information. See the “Request For Information” section below to see if there is a request for documentation.
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.