Statewide Processing Center – 7325_<<coverage end date>>
PO Box 14015
Salem, OR 97309

P.O. Box 14015, Salem, OR 97309-5032
Voice: 1-844-647-4746
FAX: 503-378-5628
TTY: 711
www.OHP.oregon.gov

<<mail date>>

<<Ind Name>>
<<Ind Street Address 1>>
<<Ind Street Address 2>>
<<Ind City>>, <<Ind State>> <<Ind ZIP>>

Case ID: <<case#>>

Sample Letter

NOTE: This notice replaces any earlier notice you may have received from us about your OHP coverage ending.

Your Oregon Health Plan benefits are ending

We have not received your renewal information

Your OHP coverage will end on <<coverage end date>>

Dear <<Ind Name>>,

Last month, we sent you a letter letting you know that it is time to renew your Oregon Health Plan (OHP) coverage. We have not heard back from you.

If we do not hear back from you, your coverage will end on <<coverage end date>>.

What do I need to do?

Call us. Please call OHP Customer Service to give us the information we need to make sure you still qualify for coverage. Call us at 1-844-647-4746 (TTY 711). Please call by <<coverage end date>>.

Wait times may be long. Our phone lines are busy during the middle of the day, and on Mondays and Tuesdays. Calling at a different time may shorten your wait.

Why this is happening?

Every year, you must update your information to make sure you still qualify for OHP coverage. Because we have not heard back from you, we cannot renew your coverage.

If you already mailed your renewal information

We may not have received your information yet. After we receive your information, we will mail you a letter telling you if you still qualify for OHP.

You can get this letter in another language, large print, or another way that is best for you. Call 1-844-647-4746 (TTY 711).

If you have questions or think we made a mistake, please call us right away.

You can call us Monday through Friday, 7 a.m. to 6 p.m. at 1-844-647-4746 or 711 (TTY).

Your rights

If you disagree with any of our decisions, you have the right to a hearing. There is more information about hearings included with this letter.

Rules we used to make this decision:

Oregon Administrative Rules 410-200-0015; 410-200-0110(2), (3), (6)(c), and (7); 410-200-0115(5), (6), and (9); 410-200-0120(1)(b), 10(a), 10(c), (11) and (12); 410-200-0145, 410-200-0146 and 410-200-0230.

You can apply for the Oregon Health Plan at any time

If you do not send us your renewal information before <coverage end date>, you can still reapply at any time. Visit **OregonHealthCare.gov** to find out which application is best for you and your family.

Sample Letter