A. Introduction

The intent of the Medical Assistance programs is to ensure low income individuals and families in Oregon have access to medical care. The Oregon Health Authority (OHA) is the state Medicaid agency, but medical program eligibility determinations are generally made by the Department of Human Services (DHS). There are multiple ways that an individual can submit an application or renewal to DHS/OHA. Some procedures change depending on if the application is new or a renewal. The main application used by applicants for MAGI Medicaid and CHIP programs is the OHA 7210.

1. Online Application

   - HSD Medical can be applied for online using the Applicant Portal of Oregon Eligibility (ONE).

   - Workers can enter an application using the Worker Portal of ONE.

2. Date of Request (DOR)

The DOR is:

   - The date the applicant or an individual authorized to act on behalf of the applicant makes contact with OHA, DHS or the Federally Facilitated Marketplace (FFM) to request medical benefits; or

   - The date the applicant received a medical service if the request for medical benefits is received by midnight of the following business day.

The request may be submitted via the Internet, telephone, community partner, mail electronic communication or in person. DHS may also initiate the application process and establish a DOR for the applicant.

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General Definitions Rule
410-200-0015 — General Definitions

HSD Medical Programs Application and Renewal Processing and Timeliness Standards Rule
410-200-0110 — HSD Medical Programs Application and Renewal Processing and Timeliness Standards
3. Retroactive Medical

When a participant has unpaid medical bills or received donated services that would have been covered by Oregon Medicaid/CHIP, DHS/OHA may evaluate for retroactive medical eligibility for one or more of the three calendar months prior to the month in which the DOR was established.

4. Head of Household

The Head of Household or primary contact is the primary person with whom DHS/OHA shall communicate (although this does not preclude DHS/OHA from communicating with other household members).
5. **Authorized Representative**

An authorized representative is an individual or organization that acts on behalf of a participant. They may assist with the participant’s application and renewal processes and other ongoing communications with DHS/OHA.

6. **Community partners**

Community partners are all external entities that enter into formal agreements with OHA to conduct outreach or enrollment assistance to Oregonians. They may or may not be funded or compensated by the OHA to provide application assistance. It is the agency’s responsibility to ensure that community partners or Agency workers are available to assist applicants in completing the application process.

7. **Missing information**

To make a medical eligibility determination, answers to certain application questions are required. A Missing Information pend notice shall be generated in ONE if mandatory fields are left incomplete on a new application (in Intake case mode). If required information is missing at renewal, or at the time of a reported change, a manual pend
shall be sent to gather the needed information. The pend notice must clearly state what information is needed to complete the eligibility determination and the date by which the information must be provided which must be no less than 10 calendar days from the time the notice is mailed (except for Address Confidentiality Program – see the Notices section for more information).

8. Notices

In almost all instances a decision notice must be sent when benefits are approved, denied, reduced or closed. No notice is required when:

- The participant completes a written request to voluntarily withdraw or close benefits, DHS/OHA provides the participant with a copy of the request. DHS/OHA must take action to end benefits on or before the date indicated on the form. If action is not taken by this date, the form become invalid.

- The only participant in the household group dies;

- A hearing was requested after a notice was received and either the hearing request is dismissed, or a final order is issued.

Types of Notices

- **Basic Decision Notice.** This notice must be sent when an application for HSD Medical program benefits is approved or denied.

- **Timely Continuing Benefit Decision Notice.** This notice must be sent when a participant’s benefits are being reduced or closed. The notice must be mailed no later than 10 calendar days before the effective date of the action, except for clients in the Address Confidentiality Program, for whom it shall be mailed no later than 15 calendar days prior to the effective date of the change.
9. Reported Changes

Participants are required to report certain changes in circumstances which may affect eligibility within 30 calendar days of its occurrence. Participants who have a claim for personal injury must report the claim within 10 calendar days of its occurrence. DHS/OHA may also initiate a redetermination if it has or learns about information that may affect the participant’s eligibility.

More Information – Changes

10. Renewal

Automated Renewal:
DHS/OHA shall re-determine eligibility at assigned intervals using information found in the participant’s electronic account and information that is available electronically. ONE will automatically attempt to renew participants about two and a half months prior to the end of their certification period by comparing existing case data against the Federal Data Services Hub. In the absence of discrepancies, eligibility will automatically be renewed, and a notice will be sent to inform the participants of their renewal and what case data was used to complete it. If there are discrepancies, cases will either pend for appropriate verification, or it will be removed from automated renewal processes and will be sent to the active renewal process.

Active Renewal:
If a case cannot be selected for Automated Renewal, ONE will generate and mail a pre-
populated renewal form containing the current case information with instructions to respond by a designated due date.

More Information – Renewal

HSD Medical Programs – Application and Renewal Processing and Timeliness Standards Rule

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