ONE Customer Service Center
PO Box 14015
Salem, OR 97309

Date: 06/10/2026
Your Case ID: [redacted]

OREGON DEPARTMENT OF Human Services

Oregon HEALTH PLAN

[redacted]
SALEM, OR 97301-1910

Notice of Medical Eligibility

Hello [redacted] ,

We are sending you this letter to tell you about decisions we made for medical benefits for your household. We are here if you need help understanding the decisions we made.

[redacted] (45 years)	
Medical benefits approved	This person has been moved to a different program because something changed, but they will continue to receive the same benefits. Details can be found in their Medical Benefit Overview.

We made these decisions and issued this notice per authority of Oregon Administrative Rules (OARs) 410-120-0006, 410-200-0100, 410-200-0120, and 461-175-0200.

If you don't agree with these decisions or think we made a mistake, you can ask for a hearing.

To keep your benefits during the hearing process, ODHS must get your hearing request within 10 days from the date you receive this notice. If you keep getting benefits but lose the hearing, you must pay back the benefits you should not have received. You can still ask for a hearing within 90 days from the date you receive this notice, but if it is after 10 days, your benefits will not continue. Go to the Hearing Rights section of this letter to learn more.

If you need help with your medical benefits or to report changes:

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If You Need Help, Contact

ONE Customer Service Center if you:

- Have questions about your eligibility or your coverage
- Need to report changes

Call

Local Office on weekdays 8:00 AM PT to 5:00 PM PT:
1-503-971-1111
ONE Customer Service Center on weekdays 8:00 AM PT to 9:00 AM PT:
1-800-699-9075 or 711 (TTY)

Visit Us

2401 - South Salem SSP
1600 Oak St SE Ste 100
Salem,OR 97301

Online

https://benefits.oregon.gov

A Community Partner can help you with:

- Applying or renewing your coverage
- Reporting changes
- Using your coverage
- Language or other help

We didn't see a Community Partner on your profile. If you would like one, you can find one here
https://go.usa.gov/xz2EC

If you need urgent help with something other than your medical benefits, contact:

- **211 Info** for emergency food, childcare assistance, and other needs
- Aging and Disability Resource Connection **1-855-ORE-ADRC (673-2372)**
- Oregon Abuse Reporting Helpline **1-855-503-SAFE (7233)**
- 988 Suicide & Crisis Lifeline: **Call or text 988 or chat online at** https://988lifeline.org/

Get this notice in other formats:

Call ONE Customer Service Center to get this letter in other languages, large print, braille, or a format you prefer. You can also ask for an interpreter. This help is free. We also accept relay calls.

Go paperless!

To sign up to go paperless, log into your ONE Online account and click on “Report a Change on How We contact You”. Go to https://benefits.oregon.gov for information on how to create and log into your ONE Online account.

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Medical Benefits Overview

Medical Benefit Overview for [redacted] (45 years)

These are this person's medical benefits. They begin on the 'Benefit Start Date'.

Medical Benefit	Decision	Benefit Start Date	Benefit End Date	Reason
OHP Plus (Full Medical)	Benefit Approved	07/01/2025	No Current End Date	This person was found eligible

MAGI Adult (07/01/2025 - 06/30/2026) is for individuals ages 19-64 years old: 410-120-1210; 410-200-0435 ; 410-120-0006
MAGI Adult - Healthier Oregon (07/01/2026 - No Current End Date) is for individuals age 19-64: 410-120-1210; 410-200-0435; 410-200-0240 ; 410-120-0006

To get full details of these rules visit https://secure.sos.state.or.us/oard/

What does OHP Plus cover?
OHP Plus covers services such as regular check-ups, prescriptions, mental health care, addiction treatment, basic dental care and vision services. If this person is pregnant, in their post-partum period, or under 21, they have additional dental and vision coverage. For more information about program benefits, see OAR 410-120-1210.

! Medical Benefits: What You and Your Household Need to Know.

- Look at the OHP Handbook to get full details on what medical benefits include. View the handbook at https://go.usa.gov/xzPAc

We reviewed eligibility for all medical benefits before issuing this notice.

ODHS/OHA offers assistance for qualifying individuals, including those with special healthcare needs such as those who are aged, blind, disabled, refugees, or non-citizens. If there is information that we missed that might make you or your family eligible, let us know. For example, you might still be able to qualify for medical benefits if you:

- Have a medical, mental health, or substance use condition that limits the ability to work or go to school;

- Need help with daily activities (like bathing, dressing, etc.). This can include adults and children who need care for intellectual and/or developmental disabilities. This does not include children who only need help due to their age;
- Regularly get medical care, personal care, or health services at home or in another community setting, like adult daycare;
- Live in a long-term care facility, group home, or nursing home;

If you or someone in your household has any of these special conditions and wants to see if they qualify, let us know. Call us at ONE Customer Service Center: **1-800-699-9075 or 711 (TTY)** or go to https://benefits.oregon.gov.

Your Household's Next Steps

What To Do Now

1 **Renew your benefits**

We will send you information about renewing your OHP when it is time to renew.

2 **Report your changes**

Check the 'Reporting Changes' section to review what changes you are required to tell us about.

What is OHP?

The Oregon Health Plan (OHP)is a State of Oregon Medicaid program that pays for your health care needs.

What is a CCO?

A CCO is a group of local health care providers. They are doctors, counselors, nurses, dentists, and others who work together to meet your health needs.

Once you are enrolled into a CCO, call them to find out where you can get care. They can help you find a Primary Care Physician (PCP) that accepts your CCO, and answer specific questions about prescriptions and coverage.

What is Open Card or Fee-for-Service (FFS)?

You may have other health insurance, have a medical reason, or other reasons for not being enrolled into a CCO. This is called having an Open Card or FFS. When you are FFS, you must go to a provider who will accept an Open Card. Refer to the **Reporting Changes** section if you need help finding a provider.

Report Changes

Have Any of the Following Changed in your Household? Let us know.

As part of getting benefits, you have an ongoing responsibility to let us know when something changes in your household. The checklist below shows things that you must report if they change. You can use the checklist now and keep it for when things change in the future.

If any of the changes listed below occur, you need to contact ODHS within 10 days to report changes.

Check off all the boxes that are true for you or someone in your household:

- ☐ Someone has a new home or mailing address
- ☐ Someone moved in or out of the house
- ☐ Someone got married or divorced
- ☐ Someone changed their legal name
- ☐ Someone is pregnant, gave birth, or the pregnancy ended
- ☐ Someone was injured or involved in an accident or claim for a personal injury
- ☐ Someone got a new job or lost a job or is getting income from somewhere else new
- ☐ Someone changed their tax filing status, such as from 'single' to 'married filing jointly'
- ☐ Someone went to jail or prison or was released from jail or prison
- ☐ Someone in the household died
- ☐ Someone between the ages of 18 and 22 changed their school attendance
- ☐ Someone changed their immigration or citizenship status
- ☐ Someone got new or lost medical benefits (such as medical benefits from an employer)
- ☐ Someone's monthly income:
  - Went up or down by $100
  - Went up by $50 or more from additional Income, such as unemployment benefits or gifts

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Other People Who Can Help

Call your CCO if you:

- Need help finding or changing your doctor
- Get a bill from your doctor
- Have questions about coverage or denial of services
- Have a complaint about a service or the way you were treated at an appointment
- Need a new CCO ID card

If you are not in a CCO, call the Fee-For-Service help line:

- **1-800-562-4620** (General)
- **1-844-847-9320** (Tribal members)

Call Client Services Unit at 1-800-273-0557:

- Changes to your CCO enrollment
- If you get a bill (and are not in a CCO)
- Complaints about OHP
- Understanding your benefits

CCO Near You

PacificSource Community Solutions: Marion Polk
www.communitysolutions.pacificsource.com

Download the Oregon ONE Mobile app
Scan the QR code with a smartphone camera to download our app from Apple App Store or Google Play Store

Your Rights

If You Are Receiving Medicare

For informational purposes only: If you were receiving OHP Plus or Qualified Medicare Beneficiary (QMB) benefits which supplemented your Medicare, and the Medicaid benefits are ending, you have what is called "Guaranteed Issue" (GI) rights. This means you have 63 days following the date your benefits end to enroll in a Medigap Supplement plan.
Contact the Senior Health Insurance Benefits Assistance Program (SHIBA) at **1-800-722-4134** for more information.
Oregon Administrative Rule 863-052-0142(2)(a) establishes who is eligible for the Guaranteed Issue rights.

Need Legal Help?

If you need legal help to understand your rights, immigration requirements, identity documents, sexual assault, and education, visit https://go.usa.gov/xz2EP or call toll-free in Oregon at **1-800-452-7636**. You can also contact the Oregon Law Center and Legal Aid Services Public Benefit Hotline at **1-800-520-5292.**

OHA Ombuds Program

If you have asked your coordinated care organization or the Oregon Health Authority for help but still cannot get the care you need, ask the Ombuds Program. The Ombuds Program can help you when you have problems getting the health care you need. Ombuds can also suggest program changes to help improve care for all people.

We can connect with you in any language.
Phone: **1-877-642-0450**. All relay calls accepted.
Email: OHA.OmbudsOffice@odhsoha.oregon.gov
Website: https://go.usa.gov/xuqxg

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OREGON DEPARTMENT OF Human Services

Oregon HEALTH PLAN

You have hearing rights. What are they? Why do you need them?

You have the right to ask for a hearing if you disagree with a decision about your benefits or an action taken on your case. If you ask for a hearing, you may also ask for your benefits to continue until a decision is made.

There is limited time to ask for a hearing or continued benefits. You can find this information on the next page.

We understand that this is a lot of information and can be confusing. See Common questions about hearings on the next page for more information about hearings.

If you still need support, you may call:

- Oregon Public Benefits Hotline at **1-800-520-5292** for free legal help; or
- Governor's Advocacy Office (GAO) at **1-800-442-5238** to help you work through questions, concerns, or complaints related to Oregon Department of Human Services (ODHS) programs or services.

Calling the hotline or GAO does not:

- Request a hearing.
- Change the hearing request.
- Change the continued benefits deadline.

Ways to ask for a hearing

For all programs:

By using the request form

Fill out an Administrative Hearing Request Form (MSC 0443) at https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/me0443.pdf and return it to an ODHS office.

Other ways for food benefits and medical eligibility:

By phone

Call any ODHS office or ONE Customer Service Center: **1-800-699-9075 or 711 (TTY)**

In writing

Put your request in writing and send it by email, mail, in-person, or upload to applicant portal at https://one.oregon.gov

In-person

Visit any ODHS/OHA office and ask a worker in-person.

Common questions about hearings

How long do I have to ask for a hearing?

ODHS must get your request for a hearing within a certain time depending on the program. The time is calculated from the date of this notice **06/10/2026**.

- For medical eligibility — 90 days. For medical service denials: 60 days for fee-for-servicemembers and 120 days for Coordinated Care Organization (CCO) enrolled members.
- For food benefits — 90 days. However, if you disagree with the current amount of your food benefits, you may request a hearing at any time.
- For all Temporary Assistance Needy Families (TANF) program benefits — 45 days. For TANF reductions due to not cooperating with your Job Opportunity and Basic Skills (JOBS) case plan — 90 days.
- For all other benefits like domestic violence assistance, child care benefits — 45 days.

I'm an active-duty service member in the military. How does that change the process?

Active-duty servicemembers have a right to delay these proceedings under the federal Servicemembers Civil Relief Act (SCRA). For more information, you may contact the Oregon State Bar **1-800-452-8260**, the Oregon Military Department **1-503-584-3571** or the nearest legal assistance office, https://legalassistance.law.af.mil

Who can help with my hearing?

For food benefits and for medical programs, anyone may represent you. For all other programs, you must represent yourself, have a lawyer, or a legal assistant represent you. You can call Oregon Public Benefits Hotline at **1-800-520-5292** for free legal advice and possible representation.

Who would hold my hearing?

The Office of Administrative Hearings (OAH) holds hearings. OAH is independent from the Oregon Department of Human Services (ODHS), Oregon Health Authority (OHA) and Department of Early Learning and Care (DELC).

What happens at a hearing? Where can I find more information about hearings process?

At the hearing, you can tell OAH why you do not agree with the decision. You can have people testify for you. ODHS will tell OAH why they support the decision and may have people testify. The laws about your hearing rights and the hearing process are at Oregon Administrative Rules (OARs) 137-003-0501 to 0700, 410-120-1860, 410-141-3900, 414-175-0095, 461-025-0300 to 0375, Oregon Revised Statuses (ORS) 183.411 to 183.470 and ORS 411.095.

How can I keep getting benefits until my hearing (continued benefits)?

If your benefits were reduced or closed, you can ask to keep your benefits the same until the hearing decision. This is called continued benefits. Let ODHS or OHA know if you want continued benefits when you request a hearing, and they will decide if you qualify.

- If you don't keep getting benefits, and win the hearing, you will be given the benefits you should have received.
- If you ask to keep getting benefits, but lose the hearing or miss your hearing without good cause, you will need to pay back the continued benefits.

Is there a deadline to ask for continued benefits?

You must ask by whichever date is later.
- "Effective Date" on the notice. This is the date from which your benefits are closed.
- 10 days after the date of the notice.
- For medical benefits only, 10 days after the receipt of the notice.

What happens if there is no hearing?

If you do not ask for a hearing on time, withdraw the hearing request, or miss your hearing without good cause, you may lose your right to a hearing. This notice will become the final decision — a final order by default. You will not get a separate final order by default. The case file, along with any materials you submitted in this matter, is the record. The record is used to support the ODHS or OHA decision upon default.
You may appeal the final order by default by filing a petition in the Oregon Court of Appeals (ORS 183.482). If you withdraw a hearing request or miss your hearing, the appeal deadline is set out in the dismissal order. If you do not ask for a hearing, this appeal must be filed within 60 days of the date this notice becomes a final order, by default. The time to appeal from default is calculated from the date of this notice 06/10/2026 as follows:
- Medical eligibility — 150 days. Medical service denials — 120 days for fee-for-servicemembers and 180 days for CCO enrolled members.
- Food benefits — 150 days.
- TANF program benefits — 105 days. TANF reductions due to not cooperating with your JOBS case plan — 150 days.
- All other benefits like domestic violence assistance, child care benefits - 105 days.

Can I have an expedited hearing?

You may have the right to an expedited, or a sooner, hearing for:
- Expedited or disaster food benefits.
- Refugee benefits.
- JOBS and Pre-TANF payments.
- Temporary Assistance for Domestic Violence Survivors (TA-DVS) benefits.
- Medical — you have an immediate need for health services and standard timeline for the appeal process could jeopardize your life or health, ability to attain, maintain, or regain maximum function.
- Your benefits closed or reduced and you were denied continued benefits.

Non-Discrimination Policies

The Oregon Department of Human Services (ODHS), Oregon Health Authority (OHA), and Department of Early Learning and Care (DELC) follow state and federal civil rights laws. We do not discriminate against anyone because of a person's race, color, disability, national origin, religion, sex, sexual orientation, gender identity, marital status, age or any other protected class status.

If you believe you have been treated differently than others as a part of the eligibility determination process, please contact the Governor's Advocacy Office:

Email: gao.info@odhs.oregon.gov
Call: 1-800-442-5238 (All relay calls accepted)
Fax: 1-503-378-6532

Mail:
Governor's Advocacy Office
500 Summer Street NE, E17
Salem, OR 97301

For Oregon Health Plan (OHP) applicants and members:

People applying for or receiving OHP have a right to make a report of discrimination to the Oregon Health Authority:

Visit: https://go.usa.gov/xz2Ej
Email: OHA.PublicCivilRights@odhsoha.oregon.gov
Call: 1-844-882-7889 or 711 (TTY)

They also have a right to file a civil rights complaint with the US Department of Health and Human Services Office for Civil Rights.

Visit: https://hhs.gov
Email: OCRComplaint@hhs.gov
Call: 1-800-368-1019 or 1-800-537-7697 (TDD)

USDA Non-discrimination Statement for Nutrition Assistance Programs

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at **800-877-8339**.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling **833-620-1071**, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

Mail:
USDA Food and Nutrition Service
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
Fax: 833-256-1665 or 202-690-7442; or
Email: FNSCivilRightsComplaints@usda.gov

This institution is an equal opportunity provider.

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