



Renewing your Oregon Health Plan benefits

Find out more about how and when to renew your health care benefits

Background

Every year, Oregon Health Plan (OHP) members must update their information to make sure they still qualify for health benefits. Not everyone will renew at the same time. When it is your turn to renew your benefits, OHP will send you a letter letting you know how to renew.

Most OHP and Healthy Kids members can renew their benefits by filling out a simple form. The form lets us know if there has been a change in their household information. Some members who have had a change in their household, or members who signed up through the fast-track process, will need to fill out a full application.

How should I renew my benefits?

Not everyone will renew at the same time. When it is your turn to renew, we will send you more information in the mail. You will receive a letter asking you to do one of the following when it is time to renew your benefits:

1. **Renew with a simple form** – Most OHP members will renew their health care benefits with a simple form. To renew, fill out and return the form that comes with your Renewal Letter. You can also call 1-800-699-9075, or 711 (TTY), to renew over the phone.

After you submit your renewal form or update your information over the phone, we will process your renewal. If your household size or income has changed, we may ask you to fill out a full application to see if you still qualify for OHP benefits.

2. **Reapply with a full application** – Some OHP members will need to complete a full application in order to renew their benefits. If you are an adult who applied for OHP through our “fast-track” process, you will need to fill out a full application to renew your benefits.

To fill out a full application, go to OregonHealthCare.com. You can also call 1-800-699-9075 or 711 (TTY), to request a paper application. Please know that with so many people renewing right now, wait times may be longer than usual.

When should I renew my benefits?

You will get a renewal notice in the mail. Please respond before the date at the top of that letter. If you did not receive such a letter, then you do not need to do anything at this time.



Do I need to fill out a full application?

Only if you receive a letter that asks you to reapply with a full application. Some OHP members who have had a change in their household information or adult members who signed up through the fast-track process will need to fill out a full application. You will receive a letter that lets you know if we need a full application from you.

Why do I need to renew my benefits?

Every year, OHP members must update their application to make sure they still qualify for health benefits. Updating your information lets us know if there has been a change in your household size or monthly income.

I qualified for OHP through fast-track, do I need to renew my benefits?

Yes. If you receive a letter that says it's time to reapply for your health coverage, please reapply before the date stated at the top of the letter. All OHP members who qualified for coverage through the fast-track process must reapply with a full application when it is their turn to renew. The fast-track process was made available to adults who already submitted their household information through the Supplemental Nutrition Assistance Program (SNAP) or Healthy Kids.

What happens after I renew my benefits?

After you renew your benefits, we will process your updated information. When we finish processing it, we will send you more information in the mail.

When will I hear back after I renew my benefits?

We should get back to you within 45 days from the date you submit your renewal or full application. If you don't hear back from us within 45 days from the date you submit your renewal or full application, please call 1-800-699-9075. You also have the right to a hearing if you do not hear from us within 45 days from the date you submit your renewal or full application.

When do my benefits end?

Please renew or reapply by the date stated in your letter. If you do not respond by this date, your benefits could end. If your benefits end, you will receive a letter telling you of the exact end date.

Can I keep my doctor or provider if I still qualify?

Your doctor or provider will likely stay the same. If there is a change, we will let you know.



Will my health benefits stay the same if I still qualify?

Your benefits will likely stay the same. If there is a change, we will let you know.

I have a health appointment scheduled, but my benefits will end before my appointment. Can I still go to my appointment?

If you have a health appointment scheduled for a time after your benefits end, please renew or reapply now. If you have any questions, please call us at 1-800-699-9075 or 711 (TTY), Monday through Friday 7 a.m. to 6 p.m.

What happens if I don't renew or reapply for coverage?

If you do not renew or reapply, your benefits will end. Please respond when you receive a renewal or reapplication letter. If we do not hear from you, we will send you a notice that your benefits are ending.

If you have any further questions, please call us at 1-800-699-9075 or 711 (TTY), Monday through Friday 7 a.m. to 6 p.m.