The Oregon Eligibility (ONE) Applicant Portal is your one-stop shop to apply for the Oregon Health Plan (OHP). If you first applied or renewed OHP on or after Dec. 1, 2015, you can also use the Applicant Portal to renew your OHP coverage and report household changes.

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

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BEFORE YOU GET STARTED

WHO CAN USE THE APPLICANT PORTAL?

Anyone who first applied for the Oregon Health Plan (OHP) on or after Dec. 1, 2015, can use ONE.

If any of your household members are current OHP members who applied or renewed their OHP before Dec. 1, 2015, you cannot use the Applicant Portal to renew OHP coverage at this time.

- When people in your household need to renew their OHP coverage, we will send you a letter that tells you how to renew.
- If anyone in your household does not have OHP and wants to apply, you can send us a new OHP application for your household by mail, PDF, or phone; or that person can use ONE to apply themselves.

WHO SHOULD YOU INCLUDE IN YOUR APPLICATION

We’ll need you to tell us about yourself and everyone else in your household. Your household includes the people below if they are living with you:

- You
- Your legal spouse
- Your children. Include children you claim as a dependent on your taxes (regardless of their age).
- Your live-in partner (only if you have a child together)

Also include anyone else you include on your federal income tax return, even if they do not live with you.

*Important: Anyone living with you who is not included in the list above and wants health coverage must fill out a separate application.*

NEED HELP? Call us at 1-800-699-9075 (TTY 711). Monday through Friday, 7 a.m. to 6 p.m., Pacific Time

ONE application guide
Page 3
NEED HELP FILLING OUT YOUR APPLICATION?

Local community partners can help you fill out an application. This help is free. Visit www.OregonHealthCare.gov to find community partners in your area. Or, call us at 1-800-699-9075 (TTY 711) to get help or ask for a list of community partners. You can ask for help in a different language, too.

WHAT IS THE OREGON HEALTH PLAN (OHP)?

The Oregon Health Plan (OHP) covers medical care, dental care, mental health care, and outpatient substance use disorder treatment for adults and children in Oregon. OHP is the state's Medicaid and Children’s Health Insurance program.

For more information about OHP, go to OHP.Oregon.gov or call us at 1-800-699-9075 (TTY 711).

HOW LONG BEFORE I KNOW WHAT I QUALIFY FOR?

In most cases, you will know what you qualify for as soon as you submit your application using ONE. After we process your application, and receive all required documents, we will also send you a letter that tells you what you qualify for. If you do not hear from us within 45 days of submitting your application, you can request a hearing.

If you have an urgent medical need or are pregnant, please call us at 1-800-699-9075 (TTY 711) any time after you’ve submitted your application. We are available to help Monday through Friday, 7 a.m. to 6 p.m., Pacific Time.
BASIC INFORMATION

All fields with an asterisk (*) are required. Click the “Next” button to move forward with the application. You can also click the “Back” button if you need to go back and make corrections.

On some screens that ask you for a lot of information, there is also a “Save” button. Always click “Save” before clicking “Next.”

PART 1 — ENTER AND CONFIRM APPLICATION

PRIMARY APPLICANT — BASIC INFORMATION

This is the person we will call if we have questions about any information you enter on this application. This includes any questions we have about other household members you list on the application.

- Channel: Choose “Other.”
- Email address: Enter the email address you would like OHA to use to contact you. If you tell us you want to get notices from OHA by email, we will use this address to send them to you.
START YOUR APPLICATION

Let's get started

In order to start, you need to mark the “I understand” and “I authorize” boxes at the bottom of the page.

- Marking these boxes gives the Oregon Health Authority (OHA) ongoing permission to access your income data.
- Use the drop-down box to tell us for how long you give OHA this permission.

If you choose to do this, you can opt out at any time by contacting us at 1-800-699-9075. You can also update the income information you provide on this application at any time.

☐ * I understand the OHA will access my personal information stored on the state and federal databases.
☐ * I authorize the OHA to access the state and federal databases for renewals up to 5 years.

Ready to get started? Click the Start button. Remember, use the buttons on the bottom of each page. Do not use the Forward, Back or Stop button on your computer’s browser.

About an authorized representative

An authorized representative is someone you identify to make decisions for you about your health care coverage. This includes helping you fill out an application and talking to OHA about it.

If you want to name an authorized representative, click the “Yes” button.

- OHA will mail you a form that you and the authorized representative need to complete, sign and return to OHA.
- By signing this form, the authorized representative understands that if any information they give or fail to give on the application causes OHA to incorrectly qualify you for health care coverage, they must pay back what OHA paid while you were covered.

About An Authorized Representative

An authorized representative is someone you identify to make decisions for you about your health care coverage. You can choose an authorized representative to talk to the Oregon Health Authority. If you choose an Authorized Representative we will mail you a form that you and the Authorized Representative must complete and sign. If you’d like to choose an authorized representative, you will have the opportunity to tell us that you want one during the application process.

If you do not need an authorized representative, but do need help from someone to fill out this application, please visit our Community Partner page Community Partner. It’s free. Community partners are trained to answer your questions and you can meet them in person or over the phone. You can also call OHP Customer Service with questions about this application at 1-800-699-9075 (TTY 711).

Click "Next" to continue.

*Would you like to name an Authorized Representative to your account?

☐ Yes ☐ No
Get local help

If you would like in-person help with this application from a community partner:

- Choose “Yes” on this page.
- In a new browser window, go to www.OregonHealthCare.gov to choose a community partner near you.
- Return to this screen and enter the name and organization of the community partner you chose, then click “Search.”
- Choose the community partner you want by clicking the circle next to the partner’s name, then click “Add.”

Be sure to contact the community partner to let them know you chose them. Also set up a time to complete the application together. You can save this application to complete later by clicking “Save & Exit.”

Click “Next” to continue your application.

What are you applying for?

Click “Next.” There are no choices to make on this page.
BUILD YOUR HOUSEHOLD

Applicant information

Complete this section for the first member of your household, then click “Add Member” and complete this section for each additional member.

If you click “Next” before you click “Add Member,” you will not be able to add any members. If you do this, you will need to click “Back” to go back one screen and add click “Add Member.”

- You can add more than one race and ethnicity for each member. If you do this, you can also tell us which one is your primary race/ethnicity.
- If you add people who are over age 65, you will need to also provide their current Medicare enrollment information.
If anyone in your household recently died:
If they had medical bills within the past three months, you can add them as household members. We will use this information to see if we can help pay for any of their medical bills.

**Applicant Information**

If you have lost a family member recently, you may still have medical bills to pay. If you add this family member below, we will check to see if you can get help paying those bills. Please note we can only help pay for bills you have received in the three months before the date you submit this application.

* Has a household member recently passed away?
  - Yes
  - No

**Deceased Member in your Household (1)**

- **First Name**: JOHN
- **M.I.**: 
- **Last Name**: DOE
- **Suffix**: SR
- **Date of Birth (mm/dd/yyyy)**: 07/17/1927
- **Date of Death (mm/dd/yyyy)**: 06/19/2016
- **Gender**: Male
- **Race and Ethnicity** (Select all that apply):
  - What is your race and ethnicity?
  - Decline to Answer

**Remove member**

**Add member**

---

**Save & Exit**

**Back**

**Next**
**Personal information**

For each household member, you will need to tell us the following.

- Are they applying for health coverage?
  - Do they have a Social Security Number (SSN)? An SSN is required for everyone who is applying for health coverage and who has one or is able to get one. An SSN is optional for others, but providing an SSN can speed up the application process. If you do not provide an SSN, you will need to give a reason for not providing one.

- Are they U.S. citizens?
  - If you answer “No,” you will also need to answer questions about that person’s citizenship, military and immigration status.
  - If their specific status is not listed in the choices you see, choose “None/Other.” They may still qualify for emergency coverage (such as CAWEM), which includes pregnancy and delivery-related costs.
  - Always choose “None/Other” for members who do not have a documented immigration status. **Do not** choose “Non-immigrant” (this choice requires sending proof of immigration status).

- Many qualified non-citizens have a 5-year waiting period before they can get OHP coverage. However, this waiting period does not apply to qualified non-citizens who have lived in the United States since August 22, 1996; or are an honorably discharged veteran or active duty member of military (or child or spouse of someone who is).

When you finish entering information for the last person in the household, the “Next” button will take you to the “Tax Status and Relationships” page.

**Adding information for other members**

After you enter your information, use the arrow at the right of your screen to move to the next household member, or click their name.

If more than one person has the same first name, **point your mouse at the name tab.** Then you will see the person’s name and age.
**TAX STATUS AND RELATIONSHIPS**

**Household relationships**

For each member, you will need to tell us the following:

- Their relationship to every other member in the household. Members are listed in the same order as the top of the screen.

- Who is the primary caretaker (*for members under age 18*).

Use the arrows to select other members of the household.

When you finish entering information for the last person in the household, the “Next” button will take you to the “Tax Filing Information” page.
Tax filing information

These questions will help decide whose information, including income, should be used to determine what you qualify for. We cannot answer specific questions about how you should fill out your tax forms. To discuss questions about how to fill out tax forms, please visit [www.IRS.gov](http://www.IRS.gov) or consult a tax professional.

For each member, you will need to tell us the following for the current tax year:

- Tax filing status (*for example, single or married filing jointly*)
- For adults, all household members they will claim as a dependent on their tax return. You cannot claim your spouse as a dependent.
- For children, whose dependent they are.

Use the arrows to select other members of the household.

When you finish entering information for the last person in the household, the “Next” button will take you to the “Household Details” page.
HOUSEHOLD DETAILS

Tribal information

Telling us about tribal status will help make sure that American Indians, Alaska Natives and people who have access to care through Indian Health Services are not automatically enrolled in a coordinated care organization (CCO). They will only be enrolled in a CCO if they choose one.

Disability information

Some people with disabilities qualify for additional health coverage. These questions help us determine if anyone in your household might qualify for this additional coverage.

If you are receiving Supplemental Security Income (SSI) or Medicare, or are over age 65, the Aging and People with Disabilities (APD) program may send you information about other benefits.

You can also contact your local APD office to ask about other benefits. To find your local office, go to www.oregon.gov/DHS/Offices/Pages/Seniors-Disabilities.aspx.

Prison/jail status information

Enter this information only for members who are still in prison or jail, or who have been released within the past three months. Do not enter a release date for members who are still in prison or jail.
Getting in touch with you

If everyone has the same contact information, please mark the box that says this. Then you will only have to enter contact information one time.

Tell us the following:

- Permanent address, if they have one
- A mailing address for the city, county and ZIP code where they spend most of their time, if they have no permanent address
- Whether they plan to live and stay in Oregon
- Whether they pick up their mail at a different address from where they live (and the mailing address)
- Email address, if they have one
- Primary phone and phone type, if they have one
- Preferred spoken language
- Preferred written language
- Whether they need written materials in an alternate format, and if so, what kind. “Oral presentation” means someone will call you and read the information to you.

Under “How would you like us to reach you?”, you can choose to get notices by email and text (SMS). If you do not make a choice here, we will continue to send you paper notices only.

When you are done, the “Next” button will take you to the “Household Income” page.
HOUSEHOLD INCOME

In this section, enter the income your household received or expects to receive during the month you apply. For example, if you stopped working last month, got your last paycheck this month, and are still not working, you would enter your last paycheck as your income for this month.

There are three types of income:

1. Job income: paychecks from an employer
2. Self-employment income: payments from your customers
3. Other income

ONE will display a yearly income amount based on what you enter. For example, it will multiply monthly income by 12, and multiply weekly income by 52.

However, when ONE reviews your eligibility, it will look first at your income for this month and next month to see if you qualify.

For any income that is off-and-on, or only sometimes, enter it as an “annual” amount.

Job income

For each person you mark on this screen, you will need to describe the job, and list the weekly or monthly income for that job. Click “Next” to report the income.
For each member who has job income:

- Click “Add Job Income” to enter the source (for example, employer name), gross amount earned (before taxes are taken out) and how often you are paid, then click “Save.” ONE will use this income to display an “Annual Income.”

- You can also tell us later if you only get this income for part of the year, such as for seasonal work.

- You can add more than one job for each member.

When you are done adding jobs, click “Next” to go to the “Self-Employment Income” page.

Self-employment income

For each person you mark on this screen, you will need to describe the type of self-employment, and list the weekly, monthly or annual income for it.

Household Income Builder Progress:

<table>
<thead>
<tr>
<th>Job Income</th>
<th>Self-Employment Income</th>
<th>Other Income</th>
<th>Expenses</th>
</tr>
</thead>
</table>

Check the box next to anyone who is currently self-employed.

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Has Self-Employment Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>JANE</td>
<td></td>
</tr>
<tr>
<td>JOHN</td>
<td></td>
</tr>
<tr>
<td>JOHN</td>
<td></td>
</tr>
<tr>
<td>JEAN</td>
<td></td>
</tr>
<tr>
<td>JOHN</td>
<td></td>
</tr>
</tbody>
</table>

If you are self-employed, please enter the “gross” income — the amount earned before business costs are deducted. Then enter your business costs in the “Self-Employment Expenses” field. Your gross income, minus your business costs, will be used to find out if you qualify.

You can read more about self-employment and which costs can be deducted at www.IRS.gov/individuals/Self-Employed.
For each member who has income from self-employment:

- Click “Add Income Source” to enter the type of work, gross amount earned, expenses, and how often you are paid, then click “Save.” ONE will use this income to display an “Annual Income.”

- For one-time or short-term jobs, also include the start and end dates.

- You can add more than one income source for each member.

### Other income

Please read this screen carefully. It lists the types of income you should report. For each person you mark on this screen, you need to describe and report the “Other Income.”

For each member who has “Other Income”:

- Click “Add Income Source” to enter the income source, gross amount earned, and how often you are paid, and when. Then click “Save.” ONE will use this income to display an “Annual Income.”

- You can add more than one income source for each member.

When you are done adding income, click “Save” and then click “Next” to go to the “Other Income” page.

When you are done adding income, click “Next” to go to the “Expenses” page.
Expenses

For each person you mark on this screen, you will need to tell us about deductions that will be claimed on their federal income tax return. This screen calls these deductions “Expenses.”

In general, if you are claiming a credit on your federal income tax return, you cannot also deduct that expense in the same taxable year. Visit [www.IRS.gov](http://www.IRS.gov) for more information related to your specific situation.

For each member who has expenses:

- Click “Add Expense” to enter the source *(type of expense)*, expense amount and how often you paid this expense, then click “Save.” ONE will use this income to display an “Annual Expense.”

- You can add more than one expense for each member.

```
<table>
<thead>
<tr>
<th>Member</th>
<th>Has Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>JANE</td>
<td>□</td>
</tr>
<tr>
<td>JOHN</td>
<td>□</td>
</tr>
<tr>
<td>JOHN</td>
<td>□</td>
</tr>
<tr>
<td>JEAN</td>
<td>□</td>
</tr>
<tr>
<td>JOHN</td>
<td>□</td>
</tr>
</tbody>
</table>
```

Don’t include costs that you already entered on the “Self-Employed Income” page.

When you are done adding expenses, click “Save” and then click “Next” to go to the “Employer Information” page.
**Employer information**

On this page, you will need to enter contact information for any employers you listed in the “Job Income” section of your application. Please enter as much information as you can. This will help us process your application faster.

Click “Next” to go to the “Health Coverage Details” page.

**HEALTH COVERAGE DETAILS**

**Details of you and your household**

Some people who need help with activities of daily living qualify for additional health coverage. Answering this question helps us determine if anyone in your household might qualify for this additional coverage.

If you are receiving SSI or Medicare, or are over 65, the Aging and People with Disabilities (APD) program may send you information about other benefits.

You can also contact your local APD office to ask about other benefits. To find your local office, go to [www.oregon.gov/DHS/Offices/Pages/Seniors-Disabilities.aspx](http://www.oregon.gov/DHS/Offices/Pages/Seniors-Disabilities.aspx).
More about pregnancy

If anyone in your household is pregnant, mark all the household members who are pregnant, then list their expected number of children and due date(s).

- If you do not know a due date, give your best guess of when the due date is. **If you know how many babies are expected, list that number.** If you do not know, **enter “1.”**

- If the due date or the number of expected babies changes for anyone in your household, you can call to let us know.
Health care coverage and benefits information

Is anyone on this application covered by, offered or eligible for other health coverage? Answer “Yes” even if they decided not to enroll due to cost, quality of coverage or another reason.

Other coverage can be:

- Private health insurance that you or someone else pays for, including court-ordered insurance
- Insurance you get or can get through an employer
- Insurance provided by an absent parent
- Insurance received as a retirement benefit (such as military)
- Insurance you receive through school
- Any insurance you are covered by even if you can’t access it in the area where you live
- Medicaid or Children’s Health Insurance Program benefits (like the Oregon Health Plan)

If there are any other health coverage resources, mark “Yes” and tell us about it. Click “Add Plan” if you need to add more than one plan.

Click “Next” to go to the “Loss of Medical Coverage” page.
Loss of medical coverage

If anyone in the household has lost health coverage in the last 90 days, tell us about the coverage they lost (even if they have health coverage now).

- If more than one type of coverage was lost, click “Add Another Lost Coverage” to add another type.

Click “Next” to go to the “Medical Expenses” page.
Medical expenses

If you qualify for OHP and have unpaid medical bills or received free medical services within the past three months, we may be able to cover those bills. We also may be able to start your OHP coverage earlier than your application date.

We will contact you for more information and to determine if you qualify for past coverage.
Medical support information

For any child who does not have a parent living in your household, identify who in your household is responsible for helping the state’s Child Support Program establish or enforce child support for that child.

If that person does not agree to help the Child Support Program in this way, explain why in the “Comment” box.

- Important: You can ask not to work with the Child Support Program if working with the Child Support Program would be a danger for you or your children. This is called “good cause.”

- We will give you forms that explain “good cause.” These forms tell you how the Oregon Child Support Program may be able to help you get child support and still keep you and your children safe.

- If you need to talk about “good cause” or have questions, please call us at 1-800-699-9075 (TTY 711).

When you finish entering information for the children in the household, the “Next” button will take you to the “Review” page.
**REVIEW**

**Before you submit your application**

Click each row to review what you entered on the application. If you need to change any part of the application, click the “Edit” link in the part you need to change.

Click “Next” to go to the “Sign and Submit” page.
Sign & submit

To sign your application, check the box that reads, “By entering my name below, I am electronically signing my application.” Then type in your name. The first and last names should match exactly what you entered on the “Primary Applicant” page. The middle name can be an initial.

By doing this, you are agreeing to all statements listed in the “Sign and Submit” box. Click the “Submit” button to send us your application.
PART 2 — REVIEW AND SUBMIT ELIGIBILITY

If you qualify for OHP based on the information you entered, ONE will ask you more questions and tell you the documents you need to send so that OHA can finish reviewing your application.

POST-ELIGIBILITY QUESTIONS

ONE will ask whether you want to register to vote; whether any household members served in the U.S. military; and about any absent parents.
VERIFICATION SCREENS

This screen lists the documents you must submit to complete your application.

- If you only need to submit proof of immigration status, your coverage will start now. But if you do not submit proof by the date listed on this screen, you will lose your coverage after that date.

- If you need to submit other documents, such as proof of income, your coverage will start only after you submit them. If approved, coverage will start on the first day of the month you applied.

The fastest way to get your coverage is to upload documents at this screen. There is a 2 MB limit for each document you upload.

- If you choose “I will upload documents online right now,” you can upload them electronically into your ONE account.

- If you choose “I will upload documents later,” you could then log back in on your smartphone. This way, you could take pictures of the documents and upload them using your phone.
Other options for sending documents are listed on this screen. When sending documents, be sure that each document is for only one person. For example, if you need to submit proof of income for three people, then you must submit three separate documents (one for each person).

Please print the application for your records.

**ELIGIBILITY RESULTS**

This page confirms the coverage you qualify for.

- “Pending” means we need more information to find out if you qualify.
- If you qualify for OHP Plus, you can click the “OHP Plus” link to read about OHP benefits.

Click “Next” to continue your application and choose a coordinated care organization (CCO).
PART 3 — SELECT AND MANAGE PLANS

COORDINATED CARE ORGANIZATION (CCO) CHOICE

A CCO is a network of providers you can visit when you have OHP. Different CCOs serve different areas. They all offer the same basic required benefits. However, some CCOs may offer different additional benefits.

This screen lists the CCOs you can sign up for. To choose a CCO, mark the button next to their name. Choose one CCO for each household member, then click “Submit.”

To learn more about each CCO, click on the “Learn more” link next to their name. This will take you to the CCO’s website.

If you do not choose a CCO on this screen, OHA will choose a local CCO for you unless you:

- Also have Medicare
- Are American Indian or Alaska Native
- Have other medical insurance, including private health insurance or federal carriers like Champ VA or Tricare/Triwest

When you click “Submit,” you will see this screen (whether you chose a CCO or not):

Click “Next” to return to your “ONE Overview” page.
OVERVIEW PAGE

This page now lists your completed application and the documents you still need to submit.

- You also can review your CCO choices on this page by clicking on “View/Edit Enrollments.”
- You can change how you get notices from OHA by email by clicking on “Settings,” then editing your “Communication Preferences.”

CONGRATULATIONS!

You have successfully completed your OHP application using ONE. If you need any help or have questions, please call us at 1-800-699-9075 or 711 (TTY).

Once you have coverage, you should update us if there are any changes in household income, family size, or change of address. All of those can be updated from your “ONE Overview” page.

If you have more questions regarding your coverage feel free to contact your CCO.
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.