

Please note: This example is not a valid enrollment form. Each letter is personalized to the recipient.



If you received a letter and have misplaced it, or if you want to find out if you are eligible for fast-track enrollment, please call 1-800-699-9075 to speak with someone who can help.

Client ID: <<client id>>

**You can get health coverage
Enroll today for coverage to start January 1, 2014**

We are writing with important news. Under new guidelines, you may qualify for “fast-track” enrollment in the Oregon Health Plan if you meet income and residency qualifications. This is because your child currently receives benefits through the Oregon Health Plan (OHP).

To enroll, simply return the enclosed form. You could qualify even if you have been told no in the past. This is because new rules have opened the Oregon Health Plan to more people starting January 1, 2014.

The Oregon Health Plan **provides health coverage with no monthly cost (or premiums)**. It covers services such as regular check-ups, prescriptions, mental health care, addiction treatment and dental care. There is no waiting list. No one can be turned away because they have a pre-existing health condition.

How to enroll:

- **Mail:** Fill out and mail us the attached form. Return it in the enclosed envelope. OR,
- **Phone:** Call 1-800-699-9075 or 711 (TTY). When you call, tell customer service you got this letter. We will ask you for your case number. Your case number is printed at the top of this letter.

Once coverage begins in January, you will be a member of a local health plan called a “coordinated care organization” (CCO). Some areas of the state have more than one CCO. Enclosed in this package is information so you can choose a CCO if more than one is available. We will do our best to honor your choice.

If you qualify for or have Medicare or other insurance, do not drop your coverage. You may not qualify for OHP, but you may qualify for other programs. If you have Medicare, contact your local branch office for more information. If you have other insurance please list it on the form.

We are here to help. If you have any questions, please call us at **1-800-699-9075**. You can learn more about the Oregon Health Plan at www.ohp.oregon.gov.

Sincerely,

A handwritten signature in black ink that reads "Judy Mohr Peterson".

Judy Mohr Peterson
Oregon Medicaid Director



Fast-track enrollment for the Oregon Health Plan

Sign and return this form for health care coverage

Instructions: To fast-track enroll in the Oregon Health Plan starting January 1, 2014, answer the following questions then **sign and return this form**. You may also call 1-800-699-9075 or 711 (TTY).

<<Recipient name>>

Client ID: <<Case ID>>

Are you an Alaska Native or member of a federally recognized American Indian tribe? ☐ Yes ☐ No

Are you a U.S. citizen or national? ☐ Yes ☐ No

If you are not a U.S. citizen or national but have documentation, please answer the following:

Immigration document type: _____

Status: _____ Date status was gained: _____

***If you do not meet OHP citizenship/alien status requirements, you do not qualify for fast-track enrollment. To find out if you're eligible for benefits, call 1-800-699-9075 to request an application.**

Do you have health insurance coverage now? ☐ Yes ☐ No

If yes, who is your insurance carrier? _____

***If you qualify for or have Medicare, do not drop your coverage. Contact your local branch or eligibility office for more information. If you have other coverage, someone from OHP will follow up with you.**

Do you currently have a primary care provider that you prefer? ☐ Yes ☐ No

If yes, who? _____

Contact Information

Your phone number: _____ Your email: _____

What is the best way to reach you? ☐ Phone ☐ Regular mail ☐ Email

Please sign and return this form to fast-track enroll in the Oregon Health Plan.

By signing this letter, you acknowledge that you've read the attached rights and responsibilities.

Sign here

Signature: _____ Date: _____

Turn this form over to see if you need to choose a coordinated care organization (CCO)

If you do not choose a CCO, you will automatically be enrolled in one that serves your area.

If you are an **American Indian or an Alaska Native** you are not required to enroll in a CCO.

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Need help? Please call 1-800-699-9075 (TTY 711)

OHA form 7001 (12/13)

Choosing a coordinated care organization (CCO)



If you have a doctor or provider, talk to them first. If you have a doctor or primary care provider now, you may want to talk to them to find out which CCO they work with.

If your county has only one CCO, you will be enrolled automatically in that CCO. Most counties have one coordinated care organization but some counties have more than one CCO.

Below is the list of counties with more than one CCO. Please choose one CCO.

Benton County <input type="checkbox"/> Intercommunity Health Network CCO- All ZIPS <input type="checkbox"/> Trillium Community Health Plan- 97448, 97456 <input type="checkbox"/> Willamette Valley Community Health- 97361	Klamath County <input type="checkbox"/> Cascade Health Alliance - All ZIPS <u>except</u> 97731, 97733, 97737 and 97739 <input type="checkbox"/> PacificSource Community Solutions - 97731, 97733, 97737 and 97739
Clackamas County <input type="checkbox"/> FamilyCare, Inc.- All ZIPS <input type="checkbox"/> Health Share of Oregon- All ZIPS <input type="checkbox"/> Willamette Valley Community Health- 97002, 97032, 97071, 97362, 97375 <input type="checkbox"/> Yamhill County Care Org.- 97002, 97071, 97140	Linn County <input type="checkbox"/> Intercommunity Health Network CCO- All ZIPS <input type="checkbox"/> Trillium Community Health Plan- 97446 <input type="checkbox"/> Willamette Valley Community Health- 97346, 97350, 97351, 97358, 97360, 97383
Coos County <input type="checkbox"/> Western Oregon Advanced Health- All ZIPS <input type="checkbox"/> Columbia Pacific CCO- 97449	Martin County <input type="checkbox"/> Willamette Valley Community Health- All ZIPS <input type="checkbox"/> FamilyCare Inc.- 97002, 97032, 97071, 97362, 97375, 97381 <input type="checkbox"/> Yamhill County Care Org.- 97137, 97002, 97026, 97071
Curry County <input type="checkbox"/> AllCare Health Plan- All ZIPS <input type="checkbox"/> Western Oregon Advanced Health- All ZIPS	Multnomah County <input type="checkbox"/> FamilyCare, Inc.- All ZIPS <input type="checkbox"/> Health Share of Oregon- All ZIPS
Douglas County <input type="checkbox"/> Umpqua Health Alliance- All ZIPS <u>except</u> 97401, 97467, 97473 <input type="checkbox"/> AllCare Health Plan- 97410, 97441 <input type="checkbox"/> Columbia Pacific CCO- 97441, 97467, 97473 <input type="checkbox"/> PrimaryHealth of Josephine County- 97410, 97442 <input type="checkbox"/> Trillium Community Health CCO- 97424, 97493 <input type="checkbox"/> Western Oregon Advanced Health CCO- 97459	Polk County <input type="checkbox"/> Willamette Valley Community Health- All ZIPS <input type="checkbox"/> Yamhill County Care Org.- 97101, 97304, 97347, 97371, 97378, 97396
Jackson County <input type="checkbox"/> AllCare Health Plan- All ZIPS <input type="checkbox"/> Jackson Care Connect- All ZIPS <input type="checkbox"/> PrimaryHealth of Josephine County- 97525, 97527, 97530, 97537, 97497	Tillamook County <input type="checkbox"/> Columbia Pacific CCO- All ZIPS <input type="checkbox"/> Yamhill County Care Org.- 97347
Josephine County <input type="checkbox"/> AllCare Health Plan- All ZIPS <input type="checkbox"/> PrimaryHealth of Josephine County- All ZIPS	Yamhill County <input type="checkbox"/> Yamhill County Care Org.- All ZIPS <input type="checkbox"/> Willamette Valley Community Health- 97304
	Washington County <input type="checkbox"/> FamilyCare, Inc.- All ZIPS <input type="checkbox"/> Health Share of Oregon- All ZIPS <input type="checkbox"/> Yamhill County Care Org.- 97119, 97123, 97132, 97140

For a list of CCOs in every county, go to www.ohp.oregon.gov. Questions? Please call 1-800-699-9075.