

Office of Private Health Partnerships

An Oregon Health Authority Agency



FHIAP Webinar
April & May 2010

Agenda

- ◆ Objective
- ◆ Status
- ◆ Reservations
- ◆ Referrals
- ◆ Eligibility
- ◆ Application

Status

- ◆ Individual applications

- Limited release

- ◆ Released April 19, 2010

- ◆ Producer referrals

- Probable future releases

- ◆ Group is open

FHIAP Application

- ◆ Individual mailed as openings occur
- ◆ Group applications mailed weekly

Reservation List

- ◆ Reservation list by
 - Self
 - Other person



1-888-564-9669

www.fhiap.oregon.gov

Request To Be Put On The FHIAP Reservation List For An Application:

**Reserve a
FHIAP Application**

Producer Referral Process

Individual

◆ Member referral

- Member receives application
 - ◆ Calls for producer referral
 - ✓ Local referral producer is contacted
 - Rotational basis

◆ Producer process

- Producer contacts member
 - ◆ Individual market carriers
 - ✓ Assists member with insurance application
- May assist member with FHIAP application

◆ Consent Form

Applicant Consent Form



Consent Form

FHIAP can only discuss your case with you or someone you name. The person you name can give or get information about your case, and can receive copies of the letters FHIAP sends you if you tell us to. You can have more than one person named to help you with your case. Fill out a separate form for each person.

I, (name of applicant) _____

allow (name of person) _____

to discuss my case with FHIAP staff and this person **may** or **may not** receive copies of any letters sent by FHIAP.

Relationship to applicant:

Health insurance agent (producer)

Other _____
(relationship)

Their address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

E-mail (if one is available): _____

Applicant signature: _____ Date: _____

Reservation number: _____

Please mail or FAX this signed form to FHIAP. (Keep a copy for yourself.)

FAX: 1-866-843-8936

FHIAP
P.O. Box 5880
Salem, OR 97304-0880

Eligibility Changes

- ◆ Subsidy
 - 50 - 95% for adults
 - **100% for children (through 18)**
- ◆ No asset test (Removed)
- ◆ Income increased up to 200% FPL
(Download FPL chart from our Web site)

Eligibility Changes (Cont.)

- ◆ Period of Uninsurance (POU) – two months or leaving OHP
 - New Exceptions
 - ◆ Newly unemployed and lost coverage
 - ◆ Lost coverage due to reduction in hours
 - ◆ Employer dropped coverage

Insurance Plans

- ◆ Individual plans - approved list
 - Select from approved list
 - ◆ Dental and vision if available
- ◆ “Mom and pop” business may apply for group plan
 - Contact Susan Stigers, (503) 378-5895, for more information

Individual Market Carriers

- ◆ Health Net (Dental and Vision)
- ◆ Kaiser Permanente (Dental and Vision)
- ◆ Oregon Medical Insurance Pool (OMIP)
- ◆ ODS Health Plans (Dental)
- ◆ PacifiCare, A United Healthcare Company
- ◆ PacificSource
- ◆ Providence
- ◆ Regence BlueCross BlueShield of Oregon (Dental)

Individual Enrollment Process

Applicant receives application



Free producer referral



Application submitted to FHIAP



Certificate of Eligibility/Letter



Apply for/enroll in health plan



At 8 month redetermination

Sample Application Form

Sample Application and Instructions

Instructions:

- 1 If you didn't get your FHIAP application by mail, you can leave this line blank. You will get a number when we receive your application.
- 2 Please send one of these with your application or call (1-888-564-9669) for other ways to prove where you live:
 - Copy of your Oregon Driver License
 - Utility bill with your name/address
 - Rental agreement with your name/address
- 3 Check "divorced/legally separated" only if you went to court to be divorced or legally separated. "Separated" means you are married but live apart and haven't gone to court.
- 4 Employer ID#: Ask your employer for this number or look on your W-2 form.
- 5 If you can get insurance at work, make sure you find the Group Insurance Information form in the Other Forms packet. Have your employer fill this out and return it with your application.
- 6 Checking "yes" lets FHIAP share information about your case with people you list on the Consent Form, including an insurance agent. This form is in the Other Forms packet.
- 7 If you are legally married, put your spouse's information here.
- 8 Check "yes" if you have previously been on the FHIAP Reservation List with a different Reservation Number.



Tip: If you are not legally married, your domestic partner (boyfriend/girlfriend) may also qualify for FHIAP. Your partner should fill out a separate application. If you have children together, FHIAP can help you decide who should put the children on their application!



Application

Questions? Call us toll-free at 1-888-564-9669.
Fill in ALL blanks using dark ink. Write "none" or "NA" if you don't have any information for a line.

IMPORTANT — Please fill in your reservation number below.
000111111
If FHIAP mailed your application, this number is on the letter that came with the application. If you didn't get your application by mail, you can leave this line blank.

A — Applicant Information

Name (Last, first, middle initial) Smith, Jane		County Marion	
Home or street address (attach proof of address) 2 1650 Lunar Dr.		City Salem	State OR
Mailing address (if different)		City	State ZIP 97302
Home phone number (with area code) (503) 222-9999		Other phone number (with area code) N/A	
E-mail address (if you have one) jsmith@hotmail.com			
Current marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced/Legally separated 3 <input type="checkbox"/> Widowed <input type="checkbox"/> Separated (both spouses must provide proof of income and sign page four)			
Employment status: <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Self-employed			
If employed, employer's name Money Farm Inc. 4		Employer ID # (EIN) 11-1234567	Employer's phone number (with area code) (503) 333-9999
Employer's mailing address 322 Dollar Dr.		City Salem	State OR
Does employer offer insurance: <input checked="" type="checkbox"/> Yes, for employee <input checked="" type="checkbox"/> Yes, for family members <input type="checkbox"/> Yes, but I don't qualify for insurance <input type="checkbox"/> No, employer doesn't offer insurance		Hire date 12-03-2005	
If yes, please fill out the Group Insurance Information (GII) Form in the Other Forms packet. 5			
Do you want someone to be able to give or get information about your case? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 6 If yes, please fill out the Consent Form in the Other Forms packet.			
Spouse (Last, first, middle initial) (legally married only) 7 N/A			
E-mail address (if you have one)			
Employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Self-employed			
If employed, employer's name		Employer ID # (EIN)	Employer's phone number (with area code)
Employer's mailing address		City	State ZIP
Does employer offer insurance: <input type="checkbox"/> Yes, for employee <input type="checkbox"/> Yes, for family members <input type="checkbox"/> Yes, but I don't qualify for insurance <input type="checkbox"/> No, employer doesn't offer insurance		Hire date	
If yes, please fill out the Group Insurance Information (GII) Form in the Other Forms packet.			
Have you been on the FHIAP Reservation List in the past under a different Reservation Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8			

Page 1: Application



Application

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If FHIAP mailed your application, this number is on the letter that came with the application. If you didn't get your application by mail, you can leave this line blank.

A — Applicant Information

Name (Last, first, middle initial) Smith, Jane		County Marion	
Home or street address (attach proof of address) 1650 Lunar Dr.	City Salem	State OR	ZIP 97302
Mailing address (if different)	City	State	ZIP
Home phone number (with area code) (503) 222-9999	Other phone number (with area code) N/A		
E-mail address (if you have one) jsmith@hotmail.com			
Current marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced/Legally separated <input type="checkbox"/> Widowed <input type="checkbox"/> Separated (both spouses must provide proof of income and sign page four)			
Employment status: <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Self-employed			
If employed, employer's name Money Farm Inc.	Employer ID # (EIN) 11-1234567	Employer's phone number (with area code) (503) 333-9999	
Employer's mailing address 322 Dollar Dr.	City Salem	State OR	ZIP 97301
Does employer offer insurance: <input checked="" type="checkbox"/> Yes, for employee <input checked="" type="checkbox"/> Yes, for family members <input type="checkbox"/> Yes, but I don't qualify for insurance <input type="checkbox"/> No, employer doesn't offer insurance If yes, please fill out the Group Insurance Information (GII) Form in the Other Forms packet.			Hire date 12-03-2005
Do you want someone to be able to give or get information about your case? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please fill out the Consent Form in the Other Forms packet.			
Spouse (Last, first, middle initial) (legally married only) N/A			

Page 2: Family Information

B — Family Information

Find extra pages in Other Forms Packet



Self	Name (Last, first, middle initial) Smith, Jane		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Date of birth 9-1-72	Social Security Number 000-00-0000	Insured in the past 2 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander	If yes, name of company: _____		
	State born in: Oregon	<input type="checkbox"/> African-American <input type="checkbox"/> Hispanic	Start and end dates: _____		
Birth name: Baker, Jane	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> On or eligible for Medicare? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> On OHP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Applying for FHIAP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Other				
Spouse (legally married)	Name (Last, first, middle initial) N/A		<input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Date of birth	Social Security Number	Insured in the past 2 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander	If yes, name of company: _____		
	State born in: _____	<input type="checkbox"/> African-American <input type="checkbox"/> Hispanic	Start and end dates: _____		
Birth name: _____	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> On or eligible for Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On OHP? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applying for FHIAP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Other				
Relationship to Applicant <input checked="" type="checkbox"/> My child <input type="checkbox"/> Other	Name (Last, first, middle initial) Smith, Sally		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Date of birth 1-1-92	Social Security Number 111-11-1111	Insured in the past 2 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander	If yes, name of company: _____		
	State born in: Oregon	<input type="checkbox"/> African-American <input type="checkbox"/> Hispanic	Start and end dates: _____		
Birth name: Smith, Sally	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> On or eligible for Medicare? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> On OHP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Applying for FHIAP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Other				

No subsidy without this information


Legal relationships, OHP different

Page 3: Income Section Of Application

C — Income

- If you have no income, mark here and fill out the No Income Form. (See the Other Forms packet.)
- Are you or your spouse self-employed? Yes No **OR**  Do you have a corporation or partnership? Yes No
If yes, fill out the Self-Employment Income Worksheet and the table below. (See the Other Forms packet.)
- Do you receive income from farming, ranching or fishing? Yes No
If yes, fill out the Farming, Ranching and Fishing Income Worksheet and the table below. (See the Other Forms packet.)
- List your family's income for the three months **before the month you sign this application**. Check all the types of income that apply, then list each source in the table below. **Send photocopies of the proof of this income. (FHIAP counts money when received using the check date on your paycheck.)** 
 - Gross wages on paychecks before taxes are taken out
 - Trust payments
 - Unemployment
 - Workers' compensation
 - Child support/alimony
 - Interest or dividend income
 - Insurance benefits/annuity payments
 - Social Security income
 - Pension or retirement payments
 - Supplemental Security Income (SSI)
 - Veterans' benefits
 - Housing allowance/rent instead of income
 - Disability payments
 - Other (ie., cash, gifts, tips)
 - Rental income

Attach more paper if more than 2 sources of income

	Income Source	Income Source
Income from (name of source)	Employment Income	Child Support
Person who received income	Jane Smith	Jane Smith
Paid how often	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Every two weeks <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Other: _____ 
Monthly gross income	\$1,452.83	\$200.00
Last month		
2 months ago	\$1,326.27	\$200.00
3 months ago	\$1,257.56	\$200.00

- Did anyone in your family pay support for a person NOT living with you in the past three months?

Yes No Who is the support for (names)? _____

Please attach proof of support payments because FHIAP will DEDUCT this amount from your gross income.

6 months

#1 reason applications are delayed

Month you sign your application	List/send proof of these months' income
January	October, November, December
February	November, December, January
March	December, January, February
April	January, February, March
May	February, March, April
June	March, April, May
July	April, May, June
August	May, June, July
September	June, July, August
October	July, August, September
November	August, September, October
December	September, October, November

Page 3: Investments and Savings

D — Investments and Savings

Investments and savings include checking accounts, savings accounts, cash, certificates of deposit (CDs), stocks, bonds, money market accounts, etc. Do not include qualified retirement accounts (IRAs, 401ks), vehicles, or the house that you live in. ***This will not effect your FHIAP eligibility, it is for statistical purposes only.***

■ What is your family's total investments and savings?

0-\$2,000 \$2,001-\$2,500 \$2,501-\$5,000 \$5,001-\$10,000 More than \$10,000

Property owned: Do you own residential or commercial property, other than the home you live in?

Yes No *If yes, please fill in the information below. (Attach more sheets of paper if necessary.)*

Property address	City/State/Zip	County	Tax assessed value	Is property rented?	Monthly rent received
123 Main Street	Anytown, OR 97301	Polk	\$8,000	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$

For statistical purposes only

Page 4: Signature Page

**Sign
here**



Signature of applicant: Jane Smith Date: 4-1-2010
Signature of spouse: N/A Date: _____

(Both spouses must sign *even* if both people are not applying for a subsidy or don't live together, unless you are legally separated.)

Both signatures required

Top Two Reasons Applications Are Delayed

- ◆ Income information incomplete
- ◆ Proof of citizenship

Federal Insurance Coverage Extension

- ◆ FHIAP dependant coverage to age 23
 - Subsidy payments are *not* insurance coverage
 - Age 23 and older apply for their own subsidy
 - New federal extension does not apply to subsidy

Questions?

Find us on the Web:
www.fhiap.oregon.gov

Call 1-888-564-9669
ask for Marketing

THANK YOU!