

## **Producer Referral Program:**

- Employers/self-employed
- Individuals and families

The Producer Referral Program began in 1993 when the Office of Private Health Partnerships (OPHP) realized that many small business owners don't know how to purchase health insurance and need the personalized service of a producer.

Referral producers (agents) are a key part of the agency's Family Health Insurance Assistance Program (FHIAP), which helps income-eligible Oregonians pay for private health insurance. Referral producers also help those requesting assistance with Oregon Medical Insurance Pool (OMIP), the Federal Medical Insurance Pool (FMIP), and private market options.

## **Referral producers help:**

- FHIAP members who are approved for premium subsidies select an individual health plan from a list FHIAP provides.
- Employers purchase a health insurance plan.
- OMIP/FMIP customers with a program application.
- Individuals and families with private market options.

The Corporation Division includes OPHP referral service information in publications for new businesses. Additionally, it trains a variety of audiences statewide on state programs available to uninsured Oregonians, including the referral service.

## **Purpose:**

- Provide businesses a consistent and trusted resource for locating a producer to provide information about health insurance and state resources for large and small employers, the self-employed, and the general public.
- Provide prospective members a consistent and trusted resource for locating a health insurance producer to provide information about health plans, state and federal programs, and health insurance in general.
- Allows the producer community to partner with OPHP in facilitating the voluntary acquisition of health insurance by Oregonians.

## **Benefits to producers:**

- Participating producers will receive referrals for prospective FHIAP, OMIP/FMIP members and interested employers, self-employed people, or members of the public.
- Prospective OMIP/FMIP members, FHIAP members and their employers, or other businesses, benefit from having a well-trained producer contact them with answers to their health insurance questions.
- Referral producers provide a valuable service to their local communities by connecting uninsured residents to state resources that provide assistance and access to health insurance.

## **Qualifications for producer participation:**

- Current Oregon resident insurance producer license or a nonresident producer license for health insurance (provided the nonresident producer can serve OPHP clients adequately). Agree to notify OPHP if the license is denied, restricted, revoked, suspended, or cancelled.
- Completed an OPHP-sponsored training at <http://www.oregon.gov/OHA/OPHP/training.shtml>, as well as all required refresher courses.
- Errors and omissions insurance in force during participation in the program. Agree to notify OPHP if errors and omissions coverage is no longer in force.
- Will not use or disclose HIPAA personal information without the prior written consent of OPHP, except as necessary to complete obligations.
- Agree to timely follow-up with each referral via the telephone within 48 hours, or arrange for a face-to-face meeting to be held within two weeks.
- Help prospective members fill out Oregon Medical Insurance Pool (OMIP)/Federal Medical Insurance Pool (FMIP) application, if they are eligible for that program, and review the OMIP/FMIP application to assure that it is completed and accurate before the application is submitted.
- OPHP reserves the right to remove any producer from the referral list.

## **Producer referral process:**

- OPHP receives inquiry from a prospective OMIP/FMIP member, FHIAP member, or interested employer, self-employed person, or member of the public requesting a producer contact.
- Referral forwarded to a participating producer who has agreed to call on the geographic area where the prospective OMIP/FMIP member, FHIAP member, or interested employer, self-employed person, or member of the public is located. Producer geographic area is limited to a maximum of five counties.
- Producer contacts the prospective OMIP/FMIP member, FHIAP member, or interested employer, self-employed person, or member of the public, and has a meeting via the telephone or face-to-face within two weeks.
- OPHP will use a rotation system to distribute referrals.

# Producer Referral Program Application

---

**Producer information (please print legibly):**

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Oregon insurance license number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Street address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Home county: \_\_\_\_\_ E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Date and location of OPHP training: \_\_\_\_\_

I have an appointment with the following carriers (*must be a minimum of two*):

- |   |                                     |                                |           |                               |
|---|-------------------------------------|--------------------------------|-----------|-------------------------------|
| <input type="checkbox"/> Clear One .....                    | <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <b>or</b> | <input type="checkbox"/> Both |
| <input type="checkbox"/> Health Net .....                   | <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <b>or</b> | <input type="checkbox"/> Both |
| <input type="checkbox"/> Kaiser Permanente .....            | <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <b>or</b> | <input type="checkbox"/> Both |
| <input type="checkbox"/> LifeWise .....                     | <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <b>or</b> | <input type="checkbox"/> Both |
| <input type="checkbox"/> ODS .....                          | <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <b>or</b> | <input type="checkbox"/> Both |
| <input type="checkbox"/> PacifiCare .....                   | <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <b>or</b> | <input type="checkbox"/> Both |
| <input type="checkbox"/> PacificSource.....                 | <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <b>or</b> | <input type="checkbox"/> Both |
| <input type="checkbox"/> Providence.....                    | <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <b>or</b> | <input type="checkbox"/> Both |
| <input type="checkbox"/> Regence BlueCross BlueShield ..... | <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <b>or</b> | <input type="checkbox"/> Both |

Other carriers:

- |                                |                                     |                                |           |                               |
|--------------------------------|-------------------------------------|--------------------------------|-----------|-------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <b>or</b> | <input type="checkbox"/> Both |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <b>or</b> | <input type="checkbox"/> Both |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <b>or</b> | <input type="checkbox"/> Both |

Counties where I will make calls (please limit to 5 counties):

\_\_\_\_\_

Errors and Omissions Carrier: \_\_\_\_\_

Errors and Omissions policy number: \_\_\_\_\_ Expires: \_\_\_\_\_

I am fluent in and will work with people who speak the following languages:

---

***You must attach a copy of the Errors and Omissions Policy  
or Certificate Declaration Page, or your application will be denied.***

**I understand and agree to the following conditions:**

1. Hold a current Oregon Resident Insurance Producer License or a Non Resident Producer License for health insurance (provided the non-resident producer can serve OPHP clients adequately). Agree to notify OPHP if the license is denied, restricted, revoked, suspended, or cancelled.
2. Completed an OPHP-sponsored training program.
3. Errors and Omissions insurance in force during participation in the program. Agree to notify OPHP if Errors and Omissions coverage is no longer in force.
4. That I shall not use or disclose HIPAA personal information without the prior written consent of OPHP, except as necessary to complete my obligations.
5. Agree to timely follow-up with each referral via the telephone or a face-to-face meeting within two weeks.
6. Help prospective members fill out Oregon Medical Insurance Pool (OMIP) application, if they are eligible for that program. I will review the OMIP application to assure that it is completed and accurate before the application is submitted.
7. OPHP reserves the right to remove any producer from the referral list.

Producer signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Mail, fax, or e-mail (as scanned attachments) pages 3 and 4 with a copy of your  
Errors and Omissions insurance to:***

Office of Private Health Partnerships  
250 Church St. SE, Ste. 200  
Salem, OR 97301-3921  
Phone: 503-373-1692  
Toll-free in Oregon: 800-542-3104  
Fax: 503-378-8365  
E-mail: ophp.mail@state.or.us