

Producer Connection

*Your connection to important news about
FHIAP, OMIP, SHIBA and other state health insurance programs.*

OHP openings

For the first time since 2004, Oregon Health Plan's Standard program, for adults 19 years and older who don't qualify for traditional Medicaid, has openings. The federal government recently approved the state's request to create a reservation system to determine who receives applications. Several thousand Oregonians will be added to the program. Your clients may be interested in the following information.



Howard R. King

Contact

OPHP/FHIAP at:

Web: ophp.oregon.gov

E-mail: ophp.mail@state.or.us

Oregon toll-free:
1-888-564-9669

In Salem:
(503) 373-7419

Hours: 9 a.m. to 5 p.m.

Monday through Friday

How to reserve an application

The reservation list will not operate like the FHIAP list. People who put their names on the list will be selected at random to receive an application. In other words, it will not be first-come, first serve. People can put their names on the list from Jan. 28 through Feb. 29. Here are three ways your clients can put their names on the list:

- Call 1-800-699-9075 from 7 a.m. to 7 p.m. Monday through Friday.
- E-mail the required information to: standard.reservation@state.or.us.
- Pick up a form at a local the Department of Human Services (DHS) office.

Not everyone who puts their name on the list will receive an application; DHS anticipates far more requests than it can fund.

Income guidelines

People with household incomes below the federal poverty level (see below) may qualify based on income. There are other eligibility factors.

- One person: \$851
- Two people: \$1,141
- Three people: \$1,431
- Four people: \$1,721

OHP Standard is just one of several benefit packages provided by OHP based on a variety of eligibility factors, including income. Some members receive coverage at no cost; those with higher incomes pay monthly premiums. For more information: <http://www.oregon.gov/dhs/open>.

OHP continued



OHP and Children

With FHIAP's reservation list, it's important to remember that most families that appear eligible for FHIAP probably have children who are eligible for an Oregon Health Plan program for children under age 19. Children receive comprehensive health care for little or no cost. People who want more information should call the OHP Application Center at 1-800-359-9517. This phone number is also on the back of the FHIAP brochure. Income guidelines for this program are higher than for OHP Standard. ■

LTCI Training Requirements

Producers who sell long-term care insurance must complete new, one-time training if they want to sell these products after Jan. 31. Producers who are licensed after January 1 must have the training before selling long-term care insurance. Your insurer is responsible to verify that you received the training. For more information: [Click here.](#) ■

Oregon Health Fund Board

This seven-member board created by the 2007 Legislature continues to work on a comprehensive plan to ensure access to health care for Oregonians, contain health-care costs and address issues of quality in health care. The latest dates and locations of committee meetings are posted on its Web site. ■

FHIAP Reservation List

FHIAP continues to have a reservation list for people who want to apply for group and individual market subsidies. If you receive a referral from us, it will likely be for:

- A FHIAP member who was previously approved but hasn't yet obtained insurance
- A FHIAP member who is leaving a group health plan for one of several reasons.
- A non-FHIAP member (business or individual) who needs health insurance help. ■

OPHP Training Schedule

Watch the Office of Private Health Partnerships Web site for announcement of our 2008 training schedule. We will likely offer a two-hour law course on new health-care legislation. Statewide training is anticipated for spring. ■

Medicare/SHIBA



Open Enrollment Period

Open enrollment for Medicare continues through March 31. During this time, beneficiaries may make the following moves from “like to like” coverage:

- People who have a Medicare Advantage plan with prescription drug coverage (MAPD) may switch to a different MAPD or move to Original Medicare (Parts A and B) with a stand-alone prescription drug plan.
- People who have a Medicare Advantage plan without drug coverage may switch to another Medicare Advantage plan without drug coverage. They may also move to Original Medicare but can't purchase a stand-alone drug plan.
- People with Original Medicare and a prescription drug plan may move to a MAPD.
- People with Original Medicare without a prescription drug plan may move to a Medicare Advantage plan without drug coverage.

Former Preferred Choice clients

Regence BlueCross BlueShield of Oregon “Preferred Choice” plans (Basic and Plus) now are available only in Tillamook, Curry and Douglas counties. The plans were discontinued in other parts of the state effective January 1. Most former members of those plans who haven't already enrolled in an MAPD or MA plan entered the New Year with Original Medicare (Parts A and B) plus a stand-alone prescription drug plan.

All have a 63-day Guarantee-Issue period, dating from January 1, to move into Medigap plans A, B, C or F or until March 31 to move into a Medicare Advantage plan. For those who had drug coverage before and will move into a MAPD, it's important to check clients' prescription drug lists against plan formularies.

Before moving anyone into a Medicare Advantage plan, make sure clients check with their physician to ensure the doctor's office accepts the plan.

PFFS plans

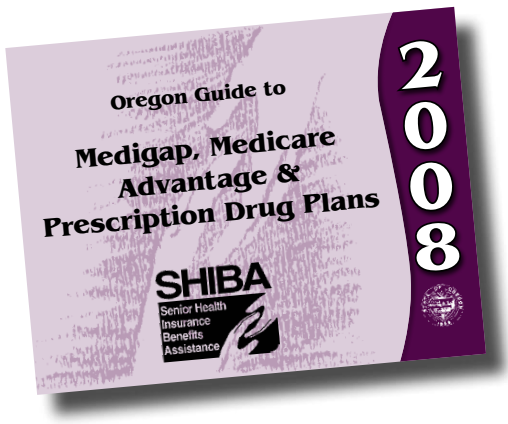
Clients looking at Private-Fee-For-Service (PFFS) plans need to find a doctor willing to bill through the plan.

Also, SHIBA warns against selling zero-premium PFFS plans to Medicaid clients. People with Medicaid should work through a caseworker to sign up for a Medicare Advantage plan because each county contracts with a plan(s) in its area. ■

SHIBA volunteers needed

The state's Senior Health Insurance Benefits Assistance (SHIBA) program trains volunteers to help Medicare beneficiaries understand their insurance choices. It is seeking volunteers in most areas of the state.

Although agents who sell Medicare products aren't eligible, you may have friends, family or clients who are looking for meaningful volunteer opportunities. Statewide SHIBA staff provide free training and volunteers are connected to local sponsors for additional support. For information: 1-800-722-4134. Ask for Cynthia or Carol. ■



The 2008 Oregon Guide to Medigap, Medicare Advantage & Prescription Drug Plans is now available in print. Order at: http://www.oregon.gov/DCBS/SHIBA/shiba_guide.shtml . ■

FHIAP Benchmark

You can help your FHIAP clients and their employers by “benchmarking” employer plans at renewal. Each year, FHIAP is required to verify that employer health plans continue to meet minimum standards known as the “benchmark.”

If you or the employer don't let us know what plan is in place after the annual renewal, the first employee who re-applies to FHIAP for another year's subsidy will be asked to obtain a summary of the employer's benefits. We need to see this summary even if there are no changes in benefits!

Please find our Request for Benchmark Analysis Form at: <http://egov.oregon.gov/OPHP/publications.shtml#Producer>

This form explains where to send a summary of employer benefits. If there are rate changes, the employer also will be asked to fill out an Enrollment Verification form for each employee who is a FHIAP member. This form gives us the information we need to accurately reimburse the employee for his or her share of the premium. FHIAP mails this form to the FHIAP member or the employer. ■