



## Producer Referral Program

- Small Employers/Self-employed
  - Family Health Insurance Assistance Program (FHIAP)
  - Other Consumers
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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 agents also 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:

- Help FHIAP members who are approved for premium subsidies select an individual health plan from a list FHIAP provides.
- Help small employers purchase a health insurance plan.
- Provide information on two state-designed plans offering affordable "first time" health insurance for small businesses.
- Help members of the public make insurance decisions.

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

### I. PURPOSE:

- Establish a consistent method for OPHP to help businesses in locating a producer to provide information about health insurance for small employers, the self-employed, and the general public.
- Establish a consistent method for FHIAP to help prospective members in locating a health insurance producer to provide information about FHIAP-certified health plans and health insurance in general.
- Allows the producer community to work with OPHP in facilitating the voluntary acquisition of health insurance by Oregonians.

### II. BENEFIT TO PARTICIPANTS:

- Participating producers will receive referrals for prospective FHIAP members and interested small employers, self-employed people, or members of the public.

- Prospective FHIAP members, their employers, or other businesses benefit from having a well-trained producer contact them with answers to their health insurance questions.
- OPHP benefits from the active contact of specially-trained health insurance producers with prospective FHIAP members and businesses who request assistance with insurance.

### III. QUALIFICATIONS FOR PRODUCER PARTICIPATION:

- 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).
- Completed an OPHP-sponsored training program.
- 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 or a face-to-face meeting within two weeks.
- Help prospective members fill out Oregon Medical Insurance Pool (OMIP) application, if they are eligible for that program, and review the OMIP 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.

### IV. PRODUCER REFERRAL PROCESS:

- OPHP receives inquiry from a prospective FHIAP member or interested small 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 FHIAP member or interested small employer, self-employed person, or member of the public is located. Producer geographic area is limited to four or five counties.
- Producer contacts the prospective FHIAP member or interested small 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

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Producer Information (please print legibly):

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

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

Oregon Insurance License Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

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

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

Home county: \_\_\_\_\_ Date & location of OPHP training: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

I have an appointment with the following carriers: \_\_\_\_\_

\_\_\_\_\_

Counties where I will make calls (please limit to 4 or 5 counties): \_\_\_\_\_

\_\_\_\_\_

Errors and Omissions Carrier and Policy Number: \_\_\_\_\_

\_\_\_\_\_

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.)
- 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 or Fax Pages 3 and 4 to:***

Office of Private Health Partnerships  
250 Church St. SE, Ste. 200  
Salem, OR 97301-3921  
Phone: 503-373-1692  
Fax: 503-378-8365  
Toll free in Oregon: 1-800-542-3104