



# Underwriting Field Guide

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*2011*



## **ODS Health Plan, Inc. Underwriting Field Guide for Producers**

### **For state of Oregon individual health benefit plans**

The ODS Underwriting Field Guide is designed to assist the producer in submission of individual and family health benefit plan applications to ODS underwriters. Adherence to these guidelines will help you and your clients complete applications correctly and thoroughly, thereby reducing processing time in the Underwriting department.

Producers must be appointed with ODS before submitting an application. It is the producer's responsibility to be thoroughly familiar with Oregon regulations governing these products.

The guidelines stated herein illustrate ODS' probable actions for many conditions. The guidelines are not binding and are subject to change without notice at ODS' sole discretion; however, every attempt will be made to keep producers informed of any changes in a timely manner.

ODS individual health benefit plans are not guaranteed issue for applicants age 19 and older. Only ODS underwriters make a final decision to accept or reject an individual; producers have no authority to bind or guarantee coverage.

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## **Patient Protection and Affordable Care Act — Pre-existing conditions, children**

The Patient Protection and Affordable Care Act was passed on March 23, 2010, and took effect Sept. 23, 2010. As a result, ODS may not limit, exclude or deny health insurance coverage under a non-grandfathered individual health insurance policy based on health status or pre-existing condition of a person under age 19.

### **Prior coverage**

If prior coverage is in existence, it is imperative that applicants be cautioned to keep their coverage active until notified by ODS of their acceptance. Failure to do so may result in loss of coverage if ODS declines the application. Applicants will be required to provide a valid certificate of creditable coverage to receive prior coverage credit against any applicable waiting periods.

### **Employer sponsorship**

ODS individual products are not sold to employers. No employer-sponsored coverage is allowed. Consequently, only personal checks will be accepted with the application. Business or employer checks will be returned and the application will be pended for 15 days awaiting a personal check.

### **Dependent's coverage**

An existing insured member's newborn child, newly adopted child or child placed for adoption can be added to the policy within 31 days of the date of birth, adoption or placement, without undergoing medical underwriting (when underwriting is permissible by law). If the addition causes a change in premium, the insured must submit a change form to add the child within 31 days of birth, adoption or placement of adoption. If there is no change in premium, ODS will automatically add the child to the existing policy once notified.

Adult dependents of an applicant are eligible to be covered under their parents' policy until their 26th birthday.

The parent or guardian must sign the application for minors. Grandparents and other representatives of minors may apply on behalf of the minor with documentation of legal guardianship or power of attorney. Stepchildren and adopted children are eligible and are considered children. Foster children cannot be accepted. Children may be written on a policy without adults, one child per application and policy.

### **Application submission**

Online applications are available at the ODS website at [www.odskompanies.com/agents](http://www.odskompanies.com/agents) under "Individual applications." Detailed instructions are provided for the producer link

and online application submission. Online submissions without a producer can be accessed through our website at [www.odscompanies.com](http://www.odscompanies.com) by selecting one of the options under “Shopping for health insurance?”

Paper applications are available in PDF on our website or from ODS by contacting the Individual Sales department at 503-243-3973. Paper applications must be completed in either blue or black ink and should be faxed to 503-243-3949 or mailed to:

The ODS Companies  
Individual Underwriting  
601 S.W. Second Ave.  
Portland, OR 97204

The applicant’s home address must be the applicant’s physical address. A P.O. Box is not acceptable as a primary address, but may be used for billing purposes.

The answers to the application questions must be accurate and complete. If more space is needed, a separate sheet of paper providing more detail may be submitted with the application, providing it is signed and dated by the applicant. Any changes must be crossed out and initialed by the applicant.

If any questions are not answered, the application will be delayed until the missing information is received. Please ensure that each application is correct and complete before submitting. If the application is incomplete and we do not receive the missing information in a timely manner, the application will be closed and a new application, including the missing information and a new, dated signature, will be required.

Trial and prescreen applications cannot be accepted. Approved applicants do have a 10-day free look period for review of the contract. The approved applicant may request to cancel his or her policy during this period as though it had never been effective and receive a full refund of the initial premium, assuming no claims have been paid.

### **Residence requirements**

All applicants must be residents of the state of Oregon and maintain residency for at least six months of the year. If any enrolled child(ren) resides outside the service area, we will extend benefits for treatment of an illness or injury, women’s routine healthcare (or preventive healthcare, if available in the plan) and maternity services as if rendered by a participating physician or provider. Out-of-area dependents must access benefits within a 30-mile radius of their residence for the in-network benefit level to apply.

### **Effective dates**

Upon underwriting approval, the underwriter will assign an effective date for the first of the month following approval. To be considered for an effective date of the first of a month, an application must be received 10 days prior.

### **Reinstatement**

An application is considered a reinstatement if the prior individual plan was terminated within the last 60 days. ODS must collect previously unpaid premiums at the time of reinstatement. The applicant must also choose EFT (electronic funds transfer) as the future billing method. If an applicant would like to reinstate his or her policy, please contact our Individual Billing and Eligibility department at 503-265-5696 or [indunit@odscompanies.com](mailto:indunit@odscompanies.com).

### **Intentional fraud or misrepresentation**

If fraud or intentional misstatements or omissions of material health history are discovered, the policy may be subject to rescission. Fraud or intentional material misrepresentation exists when an applicant misrepresents medical history, residence or other significant factors that, had they been made known at the time of application, would have resulted in the underwriter modifying or declining coverage. If this occurs, coverage will be deemed to never have been in force and all premiums, minus the costs of any claims paid, will be refunded. ODS will require the producer to return any commissions that had been paid.

### **Pre-existing conditions**

ODS does not pay toward a pre-existing condition for members over age 18, even if the pre-existing condition worsens or recurs during the first six months of the term of the policy. Existing creditable coverage can reduce the six-month period if an individual's most recent period of creditable coverage is still in effect on the date of enrollment or ended within 63 days of the effective date of coverage. Creditable coverage followed by a break in coverage exceeding 63 days will not reduce the pre-existing conditions waiting period. Each day of creditable coverage will reduce the six-month period by one day. To apply the credit, ODS requires the submission of a certificate of creditable coverage provided by the previous insurer to the insured.

### **HIPAA and OMIP/FMIP**

ODS adheres to all of HIPAA's (Health Insurance Portability and Accountability Act) confidentiality guidelines. You can view these at [www.odscompanies.com/hipaa/index.shtml](http://www.odscompanies.com/hipaa/index.shtml).

OMIP (Oregon Medical Insurance Pool) and FMIP (Federal Medical Insurance Pool) are default providers for individuals who are declined by an individual insurer. OMIP/FMIP

may give pre-existing credit for HIPAA individuals who apply within 63 days of the cessation of COBRA coverage or other coverage where COBRA benefits are not available. People who have certain conditions as defined by OMIP may automatically qualify without being declined by an individual insurer. The conditions listed by OMIP for automatic coverage are the same conditions that are declined by ODS. Producers should follow the OMIP automatic conditions listed in the OMIP application. Applications should not be submitted if the applicant has a condition on the OMIP list. To view a list of OMIP conditions, go to [http://www.omip.state.or.us/OPHP/OMIP/docs/member\\_handbook.pdf](http://www.omip.state.or.us/OPHP/OMIP/docs/member_handbook.pdf)

### **Applicant appeal options**

If an applicant does not agree with an ODS underwriting decision to decline coverage, he or she, or an authorized representative, has the right to file a first-level appeal with ODS by providing a written request within 180 calendar days following receipt of the declination letter.

A Complaint and Appeal Form is available at [www.odskompanies.com](http://www.odskompanies.com), by calling our Individual Sales department at 503-243-3973 or 877-277-7073, or by email at [individualplans@odskompanies.com](mailto:individualplans@odskompanies.com).

The Complaint and Appeal Form is not required, as long as the written request includes information regarding the declination. The applicant has the right to be represented in the appeal process by any person of his or her choosing, including an attorney, but representation is not required. If the applicant chooses representation, he or she will be required to complete a PHI (protected health information) authorization release form naming the authorized representative.

All information the applicant wishes ODS to consider as part of the appeal must be submitted with the appeal request. The applicant may also present additional evidence and testimony to support the request. This information will be reviewed by persons not involved in our previous decision. We will review the information and respond within 30 days. Please note that information provided after submission of the appeal request itself will not be considered, unless such information is specifically requested by ODS in response to the appeal request.

Send appeals by mail or fax to:

ODS  
Attention: Appeal Unit  
601 S.W. Second Ave.  
Portland, OR 97204  
Fax: 503-412-4003

The applicant has the right to receive, upon request and free of charge, a copy of all documents relevant to this denial. For receipt of those documents or questions regarding filing an appeal, please contact our Individual Sales department at 503-243-3973 or 877-277-7073, or email [individualplans@odscompanies.com](mailto:individualplans@odscompanies.com).

In addition, the applicant or an authorized representative has the right to file a complaint or seek assistance from the Oregon Insurance Division (OID) by calling 503-947-7984 or (toll-free) 888-877-4894; by writing to Consumer Advocacy, Department of Consumer and Business Services, 350 Winter St. N.E., Salem, OR 97301-3883; by visiting <http://www.cbs.state.or.us/external/ins/>; or by emailing [cp.ins@state.or.us](mailto:cp.ins@state.or.us).

## Declinable conditions

For applicants age 19 and over, ODS declines those conditions listed on the OMIP application. ODS may also decline some additional conditions that are not on the OMIP list, as indicated below. An applicant must submit an application in order to receive a formal declination and be eligible to apply for OMIP, if the condition is not listed as an OMIP condition.

ODS' list of declinable conditions includes, but is not limited to, the following:

Acromegaly	Cancer/metastatic cancer
Adams-Stokes syndrome	Celiac disease
Addison's disease	Cerebral palsy
Adrenal insufficiency	Charcot-Marie-Tooth disease
AIDS/HIV+	Chronic obstructive pulmonary disease
Alcohol/chemical dependency	Cirrhosis of the liver
Alzheimer's disease	Congestive heart failure/ cardiomyopathy
Amaurosis fugax	Coronary insufficiency/occlusion/ artery disease
Amyloidosis	Cretinism
Amyotrophic lateral sclerosis	Crohn's disease
Analgesic abuse nephropathy	Cushing's disease
Aneurysm	Cystic fibrosis
Angina pectoris	Dementia
Ankylosing spondylitis	Dermatomyositis
Anorexia/bulimia	Diabetes
Aortic valve insufficiency	Ehlers-Danlos syndrome
Aortic valve stenosis	Emphysema
Aplastic/sickle cell/splenic anemia	Fibromyalgia
Arnold-Chiari malformation	Fragile X syndrome
Arteriosclerosis obliterans	Friedreich's disease
Artificial heart valve	Gastric bypass surgery
Ascites	Gaucher's disease
Ataxia	Glaucoma
Autism	Heart enlargement
Barrett's esophagus	Hemochromatosis
Becker muscular dystrophy	Hemophilia
Behcet's syndrome	Hepatitis C, D
Berger's disease	Hodgkin's disease
Bipolar disorder	Huntington's chorea
Blood coagulation disorder	
Burkitt's lymphoma	
Brain tumors	

Hydrocephalus  
Hypertensive renal disease  
Intermittent claudication  
Ischemic heart disease  
Kidney failure  
Lead poisoning (cerebral)  
Liver failure  
Lupus  
Malignant tumor  
Marfan's syndrome  
Melanoma  
Mixed connective tissue disease  
Multiple or disseminated sclerosis  
Muscular atrophy/dystrophy  
Myasthenia gravis  
Myotonia  
Obesity (BMI >30)  
Open heart surgery  
Paraplegia/quadruplegia  
Parkinson's disease  
Pending surgery  
Peripheral arteriosclerosis  
Pituitary gland disorders

Polyarteritis  
Polycystic kidney  
Polycystic ovarian syndrome  
Posterolateral sclerosis  
Pregnancy (current)  
Progressive systemic sclerosis  
Pulmonary fibrosis  
Rheumatoid arthritis  
Schizophrenia  
Silicosis  
Sjogren's syndrome  
Still's disease  
Stroke  
Suicide attempt  
Syringomyelia  
Topectomy and lobotomy  
Transient ischemic attack  
Transplants  
Ulcerative colitis  
Von Recklinghausen's disease  
Von Willebrand disease  
Wilson's disease

The final decision regarding coverage rests with the underwriter and the ODS medical director.

### **Underwriting process**

Applications are reviewed in the order they are received. ODS underwriters review the application, obtain medical records when necessary, and may contact the producer or applicant if additional information is required. ODS' target turnaround time for underwriting decisions is within 10 business days of receipt, if additional information is not required. Most decisions are to accept or to decline to offer coverage to an applicant. Offers may be made to other family members when one family member may be uninsurable. In some cases, the underwriter may be able to offer coverage if the applicant agrees to accept a higher deductible. Please see examples of disorders and the probable action under "Common conditions and probable underwriting actions."

### **Co-morbidity factors**

Multiple risk factors can affect risk in an adverse way. For example, an applicant with high blood pressure that is controlled may be an acceptable risk; however, if he or she is a smoker and also has high cholesterol, the applicant may be declined. The final decision may deviate from guidelines when multiple conditions exist.

### **Prescription/over-the-counter medications**

All applicants must indicate all past (last five years) and current prescription and over-the-counter medications. Each medication must be explained in Section 6 with the condition(s) being treated. If there is no condition indicated, ODS will return the application as incomplete.

### **Incomplete applications**

ODS has access to prior ODS claims. If a prior ODS member, whether on a group or individual plan, submits an application and claims history that was not originally indicated on the application is found, the application will be considered incomplete. Underwriting may return the application for further details regarding the applicant's medical history.

All questions in Section 5 must have a "yes" or "no" answer. If any questions are left unmarked, the application will be considered incomplete. If there are any "yes" answers, they must be addressed in Section 6 with complete medical history, including: question number, beginning and end dates, condition, treatment, resolution and physician/hospital.

Underwriting requires a new signature in the authorization section when an application is returned as incomplete; this ensures we can continue to process the application.

## Build charts

ODS underwriters use height and weight to determine if a person is insurable. The minimums and maximums are noted below; any build outside these limits is not insurable. Please measure the height and weight of all applicants. Estimates and guesses are not sufficient.

### ADULT BUILD CHARTS

MALES		
HEIGHT	MINIMUM LBS	MAXIMUM LBS
4'11"	97	149
5'0"	99	154
5'1"	101	159
5'2"	103	164
5'3"	105	170
5'4"	107	175
5'5"	109	180
5'6"	113	186
5'7"	115	192
5'8"	119	197
5'9"	123	203
5'10"	125	209
5'11"	129	215
6'0"	133	222
6'1"	137	228
6'2"	141	234
6'3"	145	240
6'4"	149	247
6'5"	153	253
6'6"	157	260
6'7"	161	266
6'8"	165	273

FEMALES		
HEIGHT	MINIMUM LBS	MAXIMUM LBS
4'8"	81	134
4'9"	85	138
4'10"	88	143
4'11"	90	147
5'0"	93	152
5'1"	95	157
5'2"	98	162
5'3"	102	168
5'4"	104	173
5'5"	108	178
5'6"	111	184
5'7"	114	189
5'8"	117	193
5'9"	123	198
5'10"	126	202
5'11"	130	213
6'0"	134	220
6'1"	137	226
6'2"	141	232
6'3"	145	238
6'4"	149	245

## Common conditions and probable underwriting actions

In some situations, ODS may decide to offer coverage with a higher annual deductible, rather than declining the applicant. A limited number of examples of common conditions are noted below. An application must be submitted in order for the applicant to be formally declined.

“Subject to deductible” indicates some conditions may limit plan choices to higher deductibles. Approval is not guaranteed, but upon underwriting review a downgrade may be offered instead of a decline.

CONDITION	PROBABLE ACTION
<b>ACNE</b> <i>A skin disorder. Severe form may require prescription medication.</i>	
Mild, treated with topical ointments only	Standard
Moderate, treated with oral meds, not Accutane	Subject to deductible
Severe or currently on Accutane	Decline
<b>ALLERGIES OR ALLERGIC RHINITIS</b> <i>A seasonal or perennial allergy to dust and pollens.</i>	
Seasonal, no asthma or inhaler use	Standard
Perennial or with asthma	Subject to deductible
Undergoing desensitization treatments	Subject to deductible
<b>ASTHMA</b> <i>Difficult breathing due to allergens.</i>	
Mild, seasonal, no hospitalizations	Subject to deductible
Perennial, no hospitalizations	Subject to deductible
Severe or with hospitalizations	Decline
<b>BACK AND NECK STRAIN OR SPRAIN</b> <i>Back and neck muscle pain due to overexertion.</i>	
One episode, fully recovered under one year	Decline
One episode, fully recovered over one year	Standard
Multiple episodes within three years, no disc disorder	Subject to deductible
Multiple episodes over three years, no disc disorder	Standard
With spinal manipulation, no more than six per year	Standard
With spinal manipulation, more than six per year	Subject to deductible
Over one year since last manipulation	Standard

**CATARACT**

*An opacity of the lens of the eye.*

Un-operated: congenital, traumatic and senile	Decline
Operated: congenital and traumatic	Standard
Operated: senile, recovered under one year	Decline
Operated: senile, recovered over one year	Standard

**DIVERTICULITIS/ DIVERTICULOSIS**

*Diverticulosis is a pouch in the intestine.*

*Diverticulitis is inflammation of the pouch.*

Diverticulosis, found incidentally, asymptomatic	Standard
Diverticulitis un-operated, one attack, recovered; over two years since recovery	Standard
Multiple attacks	Decline
Diverticulitis, operated, recovered over two years	Standard

**GERD**

*Gastroesophageal reflux disorder. Acid reflux.*

Mild, treated with non-prescription medication	Standard
Treated with prescription medication	Subject to deductible

**HEADACHES OR MIGRAINES**

Mild, occasional episodes	Standard
Severe or frequent, definite diagnosis, not disabling	Subject to deductible
Disabling	Decline

**GENITAL HERPES**

*A viral infection of the genitals.*

Less than six months since infection	Decline
Over six months since infection, controlled	Subject to deductible

**HEPATITIS**

*An acute or chronic inflammation of the liver.*

Hepatitis A, E: over six months since recovery	Standard
Hepatitis B: over one year since full recovery	Standard
Hepatitis C, D, G	Decline

**HERNIA**

*A hernia is a protrusion of a loop or knuckle of an organ or tissue through an abnormal cavity.*

Present: incisional, inguinal, umbilical, scrotal, ventral	Decline
Surgical resolved: incisional, inguinal, umbilical, scrotal, ventral	Standard
Hiatal hernia	Subject to deductible

**HYPOTHYROIDISM**

*Inadequate production of thyroid hormone.*

Adequately treated with thyroid supplements	Standard
Not adequately treated	Decline

**IRRITABLE BOWEL SYNDROME**

*A non-ulcerating irritation of the intestines.*

Definite diagnosis, not on prescription medication: one episode, less than one year since last attack	Subject to deductible
One episode, over one year since last attack	Standard

**KIDNEY STONE(S)**

*Abnormal mineral collections (mainly calcium) that form in the kidney, ureter or bladder.*

History of one attack, within last three years	Decline
History of one attack, over three years	Standard
History of multiple attacks	Decline
Present	Decline

**KNEE DISORDERS**

Arthritis of knee or knee replacement	Decline
ACL or meniscus tears, fractures, un-operated	Decline
Operated, over one year since surgery, recovered	Standard

**OSTEOARTHRITIS**

*A degenerative arthritis commonly associated with aging.*

Minimal, no interference with function, non-weight-bearing joint	Standard
Moderate, some interference with function or on prescription medication, non-weight-bearing joint	Subject to deductible
Severe or affecting hips, knees or ankles	Decline

**SLEEP APNEA**

*Cessation of breathing during sleep. Two types — obstructive: due to blockage of the airway; central (mixed): due to a brain stem disorder.*

Obstructive apnea using CPAP, not overweight  
Operated, recovered, no treatment required  
Central or mixed apnea

Subject to deductible  
Standard  
Decline

Some conditions will require additional information and may be submitted with the original application, as indicated below. Submitting this information with the application will assist the underwriting process.

**COSMETIC SURGERY/IMPLANTS**

Please indicate the type of implant.

**CHOLESTEROL, ELEVATED**

Elevated lipids in the blood

Please give total cholesterol, HDL, LDL and triglyceride readings.

**HYPERTENSION**

Increase in blood pressure

Please provide the most recent reading from a doctor’s office.

**MENTAL/ EMOTIONAL CONDITION/  
DEPRESSION AND THERAPY**

Subject to underwriting review. Please indicate any mental health drugs. If therapy or counseling is indicated, include the most recent date of service.

**OSTEOPOROSIS OR OSTEOPENIA**

A decrease in bone mass due to a variety of causes

Please submit latest DEXA scan results.

**PAP SMEARS**

A laboratory smear of the cervix

If past history of abnormal results, two normal Pap smears required.

**SKIN TUMORS**

Growths or neoplasms of the skin

Please submit pathology report.

**SURGICALLY REPAIRED BONE  
FRACTURES**

Please indicate if hardware is present.

**First month's premium**

In the case of direct bill, the producer is responsible for collecting the full first premium. All checks should be drawn on a personal bank account, dated with the same date the application is signed and made payable to ODS. Checks made payable to an agency will be returned.

For automatic bank withdrawal from a personal bank account only, a copy of a voided personal check must be submitted with the application. First premium withdrawal will occur immediately on approval. After the first premium withdrawal, billing occurs on the fifth of each month. Multiple policies can be drawn from a single bank account.

**Policy delivery**

On approval of coverage, ODS will forward the contract, ID cards and any policy amendments directly to the insured within 14 days. ODS offers a 10-day free look on all coverage. Should the insured find that the delivered policy does not meet his or her needs, written instructions from the insured to void the policy must be forwarded to ODS within 10 days of the policy delivery date. ODS will refund any premiums. Any request received beyond 10 days will be treated as a policy termination, effective as of the first of the month following the date of receipt.

### **Incomplete application and follow-up process**

Applications cannot go to Underwriting until complete with this information.

#### **Application must be updated by the *applicant* for:**

- Height and weight
- Missed question on the health statement (1-53e)
- “Yes” answer to a question (1-53e) but no details provided in Section 6
- Details not complete; missed field on condition, treatment or start/end dates
- Not signed by all applicants age 18 and over
- Signatures not dated, signature date is more than 60 days old, or a future date
- Business checks will be returned for replacement from a personal checking account

#### **Application must be updated by the *producer* for:**

- No producer signature or date on applications with producer involved
- Support personnel signed for appointed producer
- Non-appointed producer submission

**Individual Sales can collect the following via email or phone from the producer or applicant and initial by representative. We will contact the producer, if there is one, for this information:**

- Last menstrual period (LMP)
- Reason last names are different
- Plan selected
- Type of application: A = new enrollment, B = upgrade, C = reinstatement, D = add dependent
- Insurance history section: first two questions regarding declines and current coverage
- Billing method not selected
- Conditional authorization does not list applicant names, but is signed correctly

#### **The following can be omitted altogether:**

- Dental election — presumed no, if no election
- SSN of any applicant
- Marital status
- Business phone
- Mailing address and email address
- Age
- Primary language
- Whether applicant has had ODS coverage in the last five years
- Whether applicant or any family members work for an employer who offers coverage
- Date of last Depo-Provera shot, if not applicable
- Waiver or downgrade — presumed no, if no election
- Prior coverage credit section

## **ODS individual application checklist for paper applications**

### **Section 1: Type of application**

- Type of application is selected

### **Section 2: Select a plan**

- One medical plan choice is clearly selected
- One dental plan choice is clearly selected, if wanted

### **Section 3: Applicant information**

- Height and weight
- First and last name
- Gender
- Date of birth
- Phone number
- Residence address

### **Section 4: Insurance history**

- The first question must be answered

### **Section 5: Health history statement (pages 3 and 4)**

- ALL questions must be clearly and individually marked “yes” or “no”

### **Section 6: Health statement**

- ALL “yes” answers on the health history statement (pages 3 and 4) are clearly explained and include the question number, dates, condition, treatment, final result and attending physician
- ALL medications listed under question 54 match up with health conditions on the health statement
- Medical providers with current medical records are listed

### **Section 7: Issuance alternatives**

- Questions are optional, although will be considered “no” if unanswered

### **Section 8: Prior coverage credit**

- If prior coverage is applicable, attach a copy of the certificate of credible coverage

### **Section 9: Agent of record section**

- Agent of record section must be completed, signed and dated

**Section 10: Authorization section**

- Applicant names are clearly printed in the box for condition authorization to use/disclose protected health information, in the middle of the page
- All applicants age 18 and older have signed and dated the application in the correct signature boxes

**Section 11: Payment options**

- Initial payment option selected
- Subsequent payment option selected
- If auto pay is selected for either the initial or subsequent payments, the auto pay authorization agreement is completed
- No business checks are being submitted