



Frequently Asked Questions About the Standard Health Questionnaire

**Answers are directed to the newest version of the SHQ,
effective for coverage on or after October 1, 2009**

What is the SHQ? *The Standard Health Questionnaire (SHQ) is used by health carriers to determine eligibility of people applying for private, individual medical coverage. Carriers may turn applicants down if their score on the SHQ is 325 or more points. WSHIP is responsible for creating the SHQ, and for offering health insurance plans to applicants who are declined coverage due to their SHQ score. WSHIP does not provide or score applicants' questionnaires. Health carriers administer the SHQ as part of their application process, answer questions about it and notify applicants of the results.*

Who is required to take the Standard Health Questionnaire (SHQ)?

Most people applying for individual health insurance in Washington are required to take the SHQ. The law provides a number of exemptions to this requirement which are listed at the beginning of the SHQ. If you meet one of these exemptions, you cannot be required to take the SHQ.

What if I'm not sure if I qualify for an exemption to the SHQ requirement?

Some of the exemptions are complicated. If you are not sure if you qualify for an exemption, please contact the health carrier to whom you are applying or an insurance agent. WSHIP cannot advise applicants on whether or not they qualify for an exemption.

If my entire family is applying for insurance, does everyone have to take the SHQ?

Yes, unless they qualify for an exemption.

If I am eligible for Medicare and I am applying for supplemental coverage from a health carrier, am I required to take the SHQ?

No. If you are currently eligible for Medicare or will be on the requested effective date of coverage, you are not required to take the SHQ.

Do I contact the health carrier or WSHIP if I have questions about the SHQ?

You should contact the health carrier to whom you are applying and/or your insurance agent if you have any questions about the SHQ. WSHIP cannot advise applicants on filling out the questionnaire or whether or not they qualify for an exemption.

Where do I get the SHQ?

Health carriers provide the SHQ as part of their application process. A sample is available for viewing purposes only on WSHIP website.

Can I answer the SHQ online instead of on paper?

Yes, many of the health carriers offer the SHQ online.

Who scores my SHQ?

The health carrier to whom you applied will score your questionnaire and inform you of the results.

How is the SHQ scored?

Health carriers use a standard scoring system designed by WSHIP's consulting actuary. The scoring system assigns a specific number of points to each condition you mark or write-in. Height and weight are also used in scoring to determine if you have morbid obesity. The scoring system is available for viewing purposes only on the WSHIP website.

If I write in a condition, how will it be scored?

The health carrier's medical staff will determine the number of points to assign to a write-in condition. Their decisions are based on WSHIP's database of diagnosis codes which maps a diagnosis to an SHQ condition number. The points assigned will be the points assigned by WSHIP to that condition number.

Why does my condition have so many points? There are much worse conditions that have fewer points.

The points for all of the conditions on the questionnaire are based upon historical costs of treatment for people in Washington with the same condition. If a condition that looks worse to you has fewer points than your condition, it means it was less costly to treat.

Why would the points for a condition like breast cancer with chemotherapy, be more than the points for breast cancer without chemotherapy? Shouldn't it be the other way around?

This is because the historical costs of subsequent care for people in Washington who had breast cancer that was treated with chemotherapy or where chemotherapy was recommended were higher than for people who had breast cancer that did not require chemotherapy.

My doctor has told me that my condition is very minor and it will require little to no treatment. Why should it score so many points? Can you make an exception for me?

Conditions that are minor in some people can be very expensive to treat in others. For example, a person with migraines may be treated with over-the-counter medications when they occur. However, some people are treated with prescription medications and even injections that can cost thousands of dollars each year. When WSHIP's actuary determined the points for each condition, statistical data for the overall population in Washington state was used to determine the average cost of treatment, after which the appropriate points were assigned. Everyone is scored the same number of points for the condition. WSHIP does not accept appeals disputing the score assigned to a particular condition.

What is the maximum number of points I can score on the SHQ without being denied coverage?

324 points is the maximum acceptable score. Health carriers are allowed to deny coverage to applicants who score 325 or more points on the SHQ.

If I am denied coverage due to my SHQ score, how can I get health insurance?

You may apply for coverage from WSHIP. WSHIP was established by the legislature specifically for residents rejected for coverage due to medical reasons. We are an independent, non-profit health plan. We offer five benefit plans for you to choose from that include coverage for preventive care, major medical, and prescription drugs; they also include annual out-of-pocket expense limits. Disease management programs and care coordination services are also included.

What if I think the carrier did not score my SHQ correctly?

You may appeal your score to the health carrier. If you are not satisfied with the health carrier's response to your appeal, you may request a review from WSHIP. WSHIP's review is limited to whether the health carrier correctly applied the scoring system for the questionnaire and whether your notice of rejection for coverage was provided or postmarked within 15 business days of the health carrier's receipt of your completed application.

If I appeal my SHQ score, can I get coverage from WSHIP while my appeal is being reviewed?

Yes. Contact WSHIP if you would like to apply for coverage while your appeal is being reviewed.

Why is the SHQ so complicated!?

This is our most frequently asked question and something we are always striving to improve. The newest SHQ has fewer questions and a simpler format but we recognize that it is *still* a long and complicated questionnaire. Under Washington law, the questionnaire “must provide an objective evaluation of a person’s health status and reasonably identify the 8% of persons who are most costly to treat who are under individual coverage in health plans in Washington.” An actuary (someone who specializes in the financial impact of risk) must certify that each version of the questionnaire meets these objectives. With thousands of medical diagnoses and many variables to consider, the current design and length is considered necessary to fulfill this statutory requirement.

Why are there so many medical terms?

The use of medical terminology and diagnosis codes are the same ones providers use for billing. It is very important in this process, even though the terminology can be challenging for some readers. If you are unsure of the medical term for a condition you have, it’s best to ask your doctor. If that’s not feasible, you can always write-in your understanding of the condition in the “Write-in Conditions” section of the SHQ.

What if I have a medical condition that I can’t find listed in the SHQ?

The SHQ includes many examples but cannot list every diagnosis. If you know the diagnosis code for your condition, you can search for it in our Diagnosis Code/Condition Number Database for the October 2009 SHQ on our website. If not, you can write in the condition in the “Write-in Conditions” section of the SHQ.

Why do some conditions have to be reported as far back as five years, and others only within the past 12 months?

Conditions that are required to be reported if they occurred in the last 12 months are acute conditions that are typically resolved relatively quickly after a single course of treatment or therapy. Chronic conditions tend to be ongoing and may or may not improve over time, which is why they must be reported if they occurred within the past 5 years.

Five years is a long time. What if I forget a minor condition I had several years ago?

Do the best you can to fill out the questionnaire as accurately and completely as possible. As you can see from the scoring system, even minor conditions might have some points. If you are concerned that you have forgotten a medical condition that you had in the last 5 years, you can contact your doctor’s office to ask about your medical history before completing the questionnaire.

Why should I have to report a medical condition if it was already treated?

Some medical conditions that have already been treated have been found to require additional treatment in the future for people in Washington who had and were treated for the same condition. While individual treatment needs will vary, the scoring system uses actuarial data for the state as a whole, to determine the points for each condition.

What if I think I made a mistake on the SHQ?

Contact the health carrier if you think you filled out the SHQ incorrectly.

How long is my SHQ valid?

Your questionnaire is valid to accompany your application for coverage for a 90-day period from the date you sign it.

Who will see my SHQ? Will this information be kept confidential?

The health carrier and WSHIP will have access to your SHQ. Neither may disclose an applicant's personally identifiable health information unless such disclosure is explicitly authorized by you in writing. WSHIP's privacy notice is available on our website or by calling Customer Service. Each health carrier maintains its own privacy notice that you may request from the carrier.

It looks like my score will be above 325 points. Should I bother taking the SHQ and applying for coverage when I think I will not be accepted?

Yes, unless you have other coverage options available to you. This is because you must be rejected by a health carrier before you can be eligible for WSHIP coverage. If you want to apply for WSHIP coverage, your SHQ score page and denial letter from the health carrier will be needed for the WSHIP application process.

As an agent, I often assist clients applying for individual coverage. Who should I contact if I have questions about the SHQ or I am not sure if my client qualifies for an exemption?

Agents should contact the health carrier their client is applying to for answers to any questions regarding the SHQ or exemptions to taking the SHQ. Agents may also use our Diagnosis Code/Condition Number Database for the SHQ on the WSHIP website to assist clients in filling out their SHQ, if they know the code of the client's diagnosis. WSHIP cannot advise agents on questions related to how a client should fill out their questionnaire or whether or not a client qualifies for an exemption.

What is WSHIP's role with the SHQ?

WSHIP is responsible for the form and content of the SHQ and for obtaining certification from an independent actuary at least every 36 months. WSHIP contracts with an actuary for this work, and convenes a committee of its Board of Directors to oversee each recertification process. The committee includes Board members who represent consumers, agents, health carriers, and the Office of the Insurance Commissioner. WSHIP also gathers public input for each recertification. Additionally, WSHIP reviews appeals from applicants who do not think a carrier scored their SHQ correctly or did not respond in the time frame required.

How is the October 1, 2009 SHQ different from the previous SHQ?

Hopefully, it is easier to fill out! This newest SHQ, for coverage beginning on or after October 1, 2009, is 7 pages shorter and has fewer options to consider when answering each question. We have eliminated questions about "year of diagnosis" and whether or not a condition was "with or without surgery." (Where a surgical procedure is important, two separate questions are asked.) We have also eliminated the health behavior questions that were previously included but did not affect your score.

Additionally, the prior SHQ required you to report conditions that were diagnosed, monitored or treated in the last 10 years. On the new SHQ, conditions that have not been diagnosed (or required treatment or monitoring) in the last 5 years, don't need to be reported. For acute conditions, the reporting period has been reduced to the last 12 months. We have also added many more examples of diagnoses to each condition number so that you can find your specific medical conditions more easily. New to the SHQ and scoring system are morbid obesity points using height/weight. New to the "Write-in Conditions" page are a number of specific conditions that are commonly written in, but are not scored and therefore do not need to be reported.