

Orange
County Association of
Health
Underwriters

Volume 11, Issue 4
March/April, 2017



C.O.I.N.

COUNTY OF ORANGE INSURANCE NEWS



OCAHU MEMBERS AT CAPITOL CONFERENCE 2017



More Coverage and Photos Inside This issue!

Inside this Edition:

- **Feature Article:** Making Healthcare Great Again...Part 2
- **Compliance Corner—Legal Briefing;** 54³ 8/54³ 9 Reporting, SBC Updates, Mandated Benefits, Health Insurance and Balance Billing; **Privacy & Security Updates and Enforcement:** March 5 deadline for filing small breach reports to HHS/OCR, Enforcement Updates
- **President's Message**
- **Legislative Report**
- **PAC report**
- **Membership News**– New Members since December 1; Members Up for Renewal; Membership Awards
- **OCAHU Board of Directors**
- **Business Development Summit Wrap Up & Photos**
- **Special Events**– PAC Casino Night; Charity Golf Event, Senior Summit
- **Schedule of Events**

**DON'T MISS
OCAHU MONTHLY MEETING**

Tuesday, March 14, 2017

Julianne Broyles

Legislative Update

Radisson Hotel Newport Beach

For More Information, See Inside this Issue!

This Issue's Feature Article:

Making Healthcare Great Again Part 2

**By: Dorothy Cociu, RHU, REBC,
GBA, RPA, LPRT**

See inside for more details!

Important HIPAA Breach Notification Deadline to Report to HHS is March 1, 2017, for breaches that affected less than 500 individuals in 2016. Even if a state breach filing occurred, covered entities and business associates must still report to HHS by March 1! See Compliance Corner, Page 8!

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Thank you for being a part of OCAHU!

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Maggie Stedt (left) and Dorothy Cociu (right) with January Meeting Speaker Marilyn Monahan (middle)

Save the Date



March 14th Lunch Meeting Radisson Hotel in Newport Beach

11:30 AM to 1 PM



Welcome CAHU Lobbyist
Julianne Broyles
for annual legislative update.



Making a Difference in People's Lives. One Member at a Time.

Our association is a local chapter of the National Association of Health Underwriters (NAHU). The role of OCAHU is to promote and encourage the association of professionals in the health insurance field for the purpose of educating, promoting effective legislation, sharing information and advocating fair business practices among our members, the industry and the general public.



Letter from OCAHU President, Maggie Stedt, LPRT

In this time of uncertainty and continued business challenges, your association and leadership teams are busy helping us to continue on and be kept informed. And, because of each of our member's support, our voices are being heard in Washington, Sacramento and Baltimore (home of CMS)!

This is the time where membership in our professional organization is more important than ever. As a member, you are kept informed daily of any events and information affecting our business. You can register for webinars such as when our CEO, Janet Trautwein spoke on the Hill. Remember to access the NAHU website www.nahu.org regularly and watch for key emails and requests for the Shout Out campaigns every day. Get involved in our Adopt-A-Leg program. Donate to PAC and HUPAC so the work can get done!

Your OCAHU Team including Juan Lopez, Rhett Bray, John Evangelista, Ryan Dorigan, David Ethington, Joe Partise, Lawrence Hartley, Nicole Salas, Kathy Daugherty and I represented you at the 2017 Capital Conference in Washington D.C. from February 13th through Wednesday, February 15th. We heard from outstanding speakers, attended a Leadership Forum, participated in some fun events such as the Vanguard Council and HUPAC Bowling event and found time for a strategic lunch before hitting the hill! It was an honor for us to represent our OCAHU members. Once again, a big thanks to Rob Semrow, our VP of Legislation, who arranged the visits and the last minute calls and changes!

Congratulations to Juan Lopez, Chairperson/President Elect and Casey Meserve, VP of Professional Development and their team for a successful Business Development Summit on February 21st in Costa Mesa. Over 300 attendees at our 5th Annual Business Summit enjoyed various speakers. We really appreciated the participation of our exhibitors and most especially our sponsors. This Summit would not have been possible without them!

Also, big congratulations to Past-President, Pat Stiffler as our Pinnacle Award winner! This is well deserved! She is one of our hardest working members of the Board and continues to go the extra mile!

We have a big event to attend in May, CAHU's Day at the Capital scheduled for May 10th – 12th. You may want to join with your delegates for this event and our visits with our elected representatives in Sacramento. There are many important issues that need to be addressed. Come join us!

The next few months will continue to offer you some informative meetings to attend and to have some fun!

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Feature Article: *Making Healthcare Great Again... Part 2*

(By OCAHU Member Request)

By: *Dorothy Cociu, RHU, REBC, GBA, RPA, LPRT, OCAHU V.P. Communications*

Last issue, we took a preliminary look into the health insurance marketplace under the Trump Administration, prior to his inauguration. First, I want to thank the many members who have called, emailed or approached me to say thank you for the articles, particularly for the Jan/Feb issue in which I attempted to dive into what we might see under the new administration in Washington. I had a lot of requests to do a part 2, or an update as things progress, so by request, here we go...

We're only entering the second month of the Trump presidency, and we are still in a state of not knowing where we are all going from here.

A few things are getting clearer, however. The Republican chorus of Repeal and Replace has now turned into *Repeal and Replace – sort of...* With three separate republican plans in the works, including HR 277, American Health Care Reform Act of 2017 (AHCRA), which is the House Republican (184 pages of text) plan, A Better Way from Paul Ryan, and a simple outline of ideas from the Trump Administration known as the Trump Plan, there is a lot of talk, but not a lot of action and results as of month two. Of course the Democrats continue to press on with the idea of preserving the ACA, and are pressuring Republicans not to repeal it.

We are clearer, however, on what most Americans want to keep... The small business tax credit (although, realistically, it hasn't helped many small businesses due to the low income limits), individual subsidies, over-age (up to age 26) health coverage, guaranteed issue, no lifetime maximums on benefits, preventive care at 100%, no pre-existing conditions exclusions... The hard part is that many of the most important provisions that people want to keep are those that cost the most... (guaranteed, issue, no lifetime maximums, no pre-ex exclusions, with open enrollment provisions).. and the things that scare the crap out of the insurance carriers. And why not? It's their money, after all, that is paying for the cost of all of these wonderful provisions. Yes, many Americans did enroll in health coverage under the ACA, but the law was anything but "affordable." Premiums can't seem to keep up with the cost, so we continue to see outrageous premium increases. *So the biggest question is, how do we give the consumers of American what they want, and*

how do we pay for it? That, ladies and gentlemen, is the million dollar question.

The Affordable Care Act has grown to over 60,000 pages of regulations, and recently, President Trump indicated that for all new regulations, two would be eliminated, and many are assuming that the ACA provisions will be a large part of that. As all this happens, it is starting to look more like a partial repeal process will likely be more likely than a full repeal, removing the elements they can, and replacing with better provisions to make it more affordable or make it more doable by insurance companies, who we need to stay in the market to make it more competitive.

NAHU has spent an uncountable number of hours and resources working for our industry in Washington, trying to educate the new administration and Congress on key provisions that could help in the repeal and replace environment. Janet Trautwein testified before the Senate Committee on Health, Education, Labor and Pensions on February 1, 2017, in a hearing on increasing market stability and options for repeal and replace of the ACA. The individual market is in turmoil, and the employer-sponsored group health plan market, which is by far the most stable, is under scrutiny and in danger of being disrupted by tax credit replacement.

Janet Trautwein, CEO of NAHU, summed up the issues best in her February 1st testimony.... "The problems the individual market is experiencing are the result of coverage being offered on a no-questions-asked basis without adequate mechanisms to ensure that the pool of the insured individuals is made up of both healthy and unhealthy individuals on a continual basis. The structure and the process related to the current system encourage individuals to wait until they are sick to obtain coverage. In fact, much of the problem in the market today stems from the fact that people are signing up for coverage during open-or special-enrollment periods, obtaining the care they believe they need, and then dropping coverage. This means that the overall pool of covered individuals is sicker than average. We call this 'adverse selection'."

Janet provided suggestions for preventing adverse selection, including "an individual responsibility provision requiring

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**Additional Capitol Conference 2017 Photos—
OCAHU Members in Action!**



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**OCAHU Members Participate in Capitol
Conference, Washington DC**

OCAHU Members joined other local and state chapters of NAHU in early February, 2017 in Washington, DC for the annual legislative conference and meetings on the hill, known as Capitol Conference, with various members of Congress. This grassroots action has been hugely successful in getting our message out to legislators and their staffs, and has been a great lobbying experience for our members! What better way is there to get members involved with the legislative efforts of NAHU than to participate in such a great annual event!

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RYAN DORIGAN FOR PAC,
OR ANY OCAHU BOARD MEMBER TO
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Capitol Conference 2017

Washington, DC

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COIN COMPLIANCE CORNER

What Agents and Your Clients Need to Know!

March/April, 2017 Legal Briefing

From Marilyn Monahan, Monahan Law Offices

This is a summary of some recent developments of interest to consultants and employers:

IRS 1094/1095 Reporting: The President signed an executive order relating to the ACA that included, among other terms, instructions to government agencies to defer, grant exemptions from, and delay, any provision of the ACA that imposes a burden, cost, fee, or penalty on purchasers of health insurance. However, to date, the obligation to furnish and file the 2016 Forms 1094-C and 1095-C has not been lifted. Employers are still obligated to prepare, furnish, and file these forms by the established deadlines.

The instructions for the 1094/1095 forms, while substantially similar, do include some changes from last year. In particular, some of the indicator codes have changed. Employers preparing the 2016 forms need to be aware of these changes.

Summary of Benefits and Coverage (SBC): New templates for the Summary of Benefits and Coverage (SBC) have been issued. The new templates must be used as of the first day of the first plan year on or after April 1, 2017. If your plan is fully insured, the insurer will provide updated forms. If your plan is self-funded, the employer will be responsible for preparing the new forms.

Mandated Benefits: In 2016 the California legislature passed, and Governor Brown signed, some mandated benefit bills that require health insurers and HMOs to include coverage for certain benefits in their plans. First, insurance policies and HMO contracts issued, amended, renewed, or delivered on or after January 1, 2017, must provide coverage for a 12-month supply of FDA-approved, self-administered hormonal contraceptives when dispensed at one time (SB 999; chapter 499). Second, insurance policies and HMO contracts issued, amended, renewed, or delivered on or after January 1, 2017, cannot require a referral for in-network reproductive or sexual health care services (AB 1954; chapter 495). Third, the legislature deleted the sunset date for earlier legislation that requires insurers and HMOs to cover behavioral health treatment for

Continued on Page 14

HIPAA Privacy & Security Updates—From Dorothy Cociu, COIN Editor and HIPAA Privacy & Security Consultant & Trainer

There is an important deadline of March 1 for any Covered Entity or Business Associates (like agents) who had HIPAA Privacy & Security Small Breaches in 2016.

On March 1, 2017: HIPAA Privacy Data Breach filings for 2016 are due to HHS. If you or one of your clients had one or more data breaches in 2016 that affected 500 or fewer individuals, you must notify HHS/OCR within 60 days of the end of 2016 of the breach; ie March 1. You may report earlier, but if you have not, you must do so by March 1. Even if you filed with the state (ie certain providers, etc.), you must still file the federal filings by March 1. If the breach affected 500 or more individuals, you are required to report without reasonable delay, but no later than 60 days after the discovery, so those filings may be past due.

Breach reports must be submitted online via OCR's breach portal. The breach portal requires a separate fillable report for each breach.

If you have questions, you can call HHS OCR toll-free at 800-368-1019, or email OCRPrivacy@hhs.gov.

Enforcement Updates

Several enforcement actions have been reported by HHS/OCR since the last issue of the COIN was released.

On January 10, 2017, OCR announced the first HIPAA settlement based on the untimely reporting of a breach of unsecured PHI. Presence Health agreed to settle potential violations of the HIPAA Breach Notification Rule by paying **\$475,000** and agreeing to implement a corrective action plan. Presence Health is one of the largest health care networks serving Illinois and consists of approximately 150 locations, including 11 hospitals and 27 long term care and senior living facilities, as well as physicians offices and health care centers., and offers home care, hospice care, and behavioral health services.

On January 18, 2018, HHS/OCR announced a HIPAA settlement based on impermissible disclosure of unsecured electronic PHI. MAPFRE Life Insurance Company agreed to settle

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OCAHU Business Development Summit, February, 2017!

(for more photos, see page 18!)



Are we keeping you, Neil?



Exhibitors and Speakers Enjoying the Day!





Legislation Update

By Rob Semrow, VP of Legislation

Well, the process to dismantle, repeal, replace, reassemble, patch together, destroy or whatever way you choose to view things is well underway. NAHU and CAHU recently share very good updates and I thought I would share some highlights with you all:

At a recent republican retreat, House Speaker Paul Ryan (R-WI) announced they will use a three step process:

1. A fast-track process to repeal the law by the end of March
2. Pass a replacement plan
3. Use the Administration's regulatory authority to stabilize the market.

The retreat was also used to work out policy differences and solutions to a repeal and replacement plan that would not jeopardize coverage for those currently enrolled in marketplace coverage, expanded Medicaid, and employer based coverage. The House will begin marking up the reconciliation package, to achieve a floor vote late February or the first week in March.

There continues to exist lack of consensus among Senate and House Republicans on these proposals, with leading voices in the party favoring a more piecemeal approach. Others are not likely to support repeal until the party rallies around a corresponding replacement and transition strategy. While Congress works through the replacement plans, the Trump Administration plans to use regulatory authority to overhaul provisions of the law that can be undone without legislation. NAHU is working tirelessly with the Trump Administration and congressional leadership to influence the best possible approach and outcomes to health care reform.

CAHU will be keeping you informed on a weekly basis as events unfold. We welcome your thoughts and comments. Questions/Comments: comments@cahu.org

Talking Points for CAHU Members

NAHU is working with House and Senate leadership, and committees of jurisdiction, on how to create a sustainable insurance marketplace that controls cost but also allows citizens to be protected and retain coverage.

- NAHU believes any efforts for the repeal of tax credits, cost sharing tax credits, tax credit to territories and the small business tax credit be delayed to January 2019 in order to allow time for a replacement mechanism to be put in place to prevent a destabilization of the market.
- CAHU members believe it is critical, as part of any health care reform at the federal level, to ensure that licensed agents are able to continue to help clients and consumers find and keep quality affordable health care now and in the future.

California has its own statutory framework - distinct and apart from the federal law. California law will stand, even if the federal laws are changed, replaced, or repealed, unless the federal statute also dictates a dismantling of California law.

Stay tuned and stay engaged, it is an important time for all of us inside and outside of the industry.



*Left: Capitol Conference, 2017,
Washington, DC.
OCAHU Members meet with
Congressman Dana Rohrabacher,
California's 48th District
Representative*

ORANGE COUNTY ASSOCIATION OF HEALTH UNDERWRITERS PRESENT



15TH ANNUAL CELEBRATION OF WOMEN IN BUSINESS

LUNCHEON AND FASHION SHOW

JUNE 3, 2017

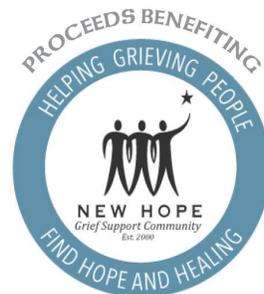
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OCAHU 2017 Pinnacle Award Winner—Patricia Stiffer

At the 2017 Business Development Summit, February 21, 2017, OCAHU awarded the prestigious Pinnacle Award to Patricia Stiffer, OCAHU Past President.

Pat Stiffer is currently Vice President of Options in Insurance Agency, LLC in Anaheim Hills, CA. She has been a licensed agent for 30 years. She served on the OCAHU Board beginning in 2008 as the Awards Chair, and served as OCAHU President in 2012-2013. As either Awards Chair or President of OCAHU, she helped OCAHU win the William Flood Public Service Award for the past 6 consecutive years and the Pacesetter Award for the past 4 years. Pat has also been on the Women in Business committee almost since its inception and became the new Chairperson for the event this year. She currently serves as the Public Service Chair for OCAHU and oversees all public service and philanthropic endeavors for our association. She is also the California Association of Health Underwriters Awards Chair.

Pat and her husband Bob are serving their second year as Commander and First Lady of American Legion Post 328 in Norco, CA. They are involved in many veteran causes. Pat is also Past President of the BNI Marketeers and a Charter Member and Ambassador for the Eastvale Chamber of Commerce. In her spare time she likes to travel and cheer for her beloved Pittsburgh Steelers.

Pat lives in Eastvale, CA with her husband Bob and has two stepdaughters, Nicole and Kristina and two granddaughters, RJ and Amara.



Congratulations, Pat! Thank you for all of your service to OCAHU!

Editor's Note: More coverage of the OCAHU Business Development Summit can be found on page 9 and 18!

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Happy Spring Everyone!

I want to start off by reminding everyone that we have our “Luck of the Irish Poker Night” coming up on March 11th. We did have to postpone from our original date but the good news is that this will give us a head start on celebrating St Patrick’s Day and hopefully everyone can enjoy some good luck that night. We will be hosting a poker tournament and we will have black jack tables, food, cocktails, a photo booth and bowling for anyone who cashes out early. Proceeds from this event will go to benefit some excellent causes including the New Hope Grief Support Program and the Cystic Fibrosis Foundation. We invite you all to come out and have a great time with fellow members of this association and again contribute to some fantastic causes. Certainly not the least of these causes is of course your PAC. The National Association of Health Underwriters is your voice but ***it is the contributions to your PAC that will ensure that your voice is heard.***

Now we want to continue to put together fun events like our upcoming Angels game this summer, but never forget that this is your association and this is your PAC. If you have some great ideas of different things that you would like to see us put together, then please let me know. We have made it a tradition to attend an Angels game during the summer and we always seem to have a good crowd, but if you would like to see us focus on something new, then reach out to me with your ideas and I promise I will try to make it happen.

Please don’t wait for our special events to contribute to your PAC. This has been one of the most divisive elections in our history and there are many issues that continue to divide us. I do feel strongly, however, that there is much more that brings us together in this association than there are issues that would divide us. If you continue to feel that licensed, trained, and certified health insurance agents are the advocates for their clients, if you continue to feel that insurance agents need to have their voice heard in the discussions over healthcare reform, ***then this is your association.*** If you are member of this association and you care about your future in this industry then you need to contribute to PAC.

The entire foundation of this association is to ensure that there will always be a role for the insurance agent. As long as we have this association, then you will know that your voice isn’t being marginalized and that your ideas and your role as an advocate for your clients has value and will be accounted for when the time comes to make changes to our legislation.

As I mentioned above, having a voice is never enough. You have to make sure that your voice is heard. As a small business owner, or an independent broker, or a new agent in the industry, it can feel that your voice is just a whisper. It is the role of PAC to unite all of these whispers from all over the country and to form one loud clear and united voice. The members of this association just returned from a trip to Washington D.C. where we met with legislators from all 50 states. We continued to address your concerns and the concerns of your clients as it pertains to health insurance reform. I am happy to say that because of the contributions from you and your fellow members, your voice was heard loud and clear on Capitol Hill.

Please continue to make these contributions. Just a few dollars a month from each of you will make a big difference... Don’t forget that you can contribute to the National HUPAC as well as your local State PAC. If you know someone who is just getting started in this industry, then make a PAC donation on their behalf and then introduce them to our Vanguard program. We have big battles ahead of us, both on the State and National level, and we need all of your help. Don’t let the big corporate giants bully you and try to take away your future... contribute to your PACs today!!

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COIN Compliance Corner Legal Brief , Continued from page 8

pervasive developmental disorders or autism.

Health Insurance and Balance Billing: Have your clients ever complained to you after they chose an in-network hospital for treatment, only to be surprised by a large bill from an out-of-network doctor working at the hospital? AB 72 (Chapter 492) is designed to address that problem. AB 72 applies to insurance policies and HMO contracts issued, amended, or renewed on or after July 1, 2017.

AB 72 is very detailed, but it essentially says that when being treated at an in-network hospital (or certain other facilities), an insured patient shall pay the same cost-sharing (copayments, coinsurance amounts) for services provided by an out-of-network doctor working at the facility as the patient would pay an in-network doctor. If the doctor charges more than that amount, and does not refund the difference in a timely manner, the excess will be subject to interest.

If the patient's insurance policy or HMO contract covers out-of-network providers, the patient may consent to pay the doctor more than the in-network amount. However, the doctor (not the hospital) has to provide the patient with a written consent 24 hours in advance, and not at the time of admission or "at any time when the [patient] is being prepared for surgery or any other procedure," and the consent must include an estimate, among other requirements.

(Editor's Note: Special thanks to Marilyn Monahan for her legal brief. She promises to provide additional information in later issues of the COIN! Marilyn Monahan can be contacted at Marilyn A. Monahan, 4712 Admiralty Way, #349, Marina del Rey, California 90292; (310) 301-3300 (o) (310) 301-3309 (fax) or email her at marilyn@monahanlawoffice.com

COIN Compliance Corner– HIPAA Privacy & Security Updates, Continued from page 8

potential noncompliance with the privacy and security rules by paying **\$2.2 Million** and implement a corrective action plan. MAPFRE underwrites and administers a variety of Insurance products and services in Puerto Rico, including personal and group health insurance plans. In 2011, they filed a breach report with OCR indicating that a USB data storage device containing ePHI was stolen from its IT department where it was left overnight. The device contained names, dates of birth and social security numbers. The breach affected 2,209 individuals. OCR's investigation revealed MAPFRE's

noncompliance with the HIPAA rules, specifically, a failure to conduct its risk analysis and implement risk management plans, and a failure to deploy encryption or an equivalent alternative measure on its laptops and removable storage media until September, 2014. They also failed to implement or delayed implementing other corrective measures it informed OCR that it would undertake.

February 1, 2017, HHS/OCR reported a lack of timely action risks security and costs money, when announcing a **HIPAA Civil Monetary Penalty in the amount of \$3.2 million** against Children's Medical Center of Dallas (Children's) based on an impermissible disclosure of ePHI and noncompliance over many years with multiple standards of the HIPAA Security Rule. The Civil Monetary Penalty follows a breach report filed in 2010, indicating the loss of an unencrypted, non-password protected Blackberry Device at Dallas/Fort Worth International Airport in 2009, which contained the electronic PHI of approximately 3,800 individuals. In 2013, a separate breach report was filed, reporting the theft of an unencrypted laptop from its premises, which included the ePHI of 2,462 individuals.

The investigation revealed that Children's noncompliance with the HIPAA rules, specifically, a failure to implement risk management plans, contrary to prior external recommendations to do so, and failure to deploy encryption or an equivalent alternative measure, on all of its devices and workstations, mobile devices and removable storage data, until April, 2013. (This is an example of "Willful Neglect" in privacy training).

Lastly for this issue, on February 17, 2017, Memorial Healthcare Systems (MHS) paid a **\$5.5 million HIPAA settlement** to settle potential violations of the HIPAA Privacy & Security Rules, and agreed to implement a robust corrective action plan.

MHS is a nonprofit corporation which operates six hospitals, an urgent care center, a nursing home, and a variety of ancillary health care facilities throughout South Florida.

MHS reported to HHS/OCR that PHI of 115,143 individuals had been impermissibly disclosed to affiliated physician office staff. This information consisted of the affected individuals' names, dates of birth, and social security numbers. *The login credentials of a former employee of an affiliated physician's office had*

Continued on page 18



Membership News—New! New Members and Renewals!

OCAHU is proud to announce the list of new members since December

Karen Haigh CLU, ChFC

WELCOME NEW OCAHU MEMBERS!!!!

Membership Has Its “Awards”

As the saying goes, “membership has its rewards” and as a member of the Leading Producer’s Round Table (LRPT), you will have the recognition of your peers for being one of the top performers in our business. LRPT members also receive discounts on many NAHU services and meetings. There are exclusive LPRT-only events held as well.

The **Leading Producers Round Table** was formed by NAHU in 1942 to recognize the successful underwriters of Accident & Health Insurance. Today, the LPRT committee is committed to making LPRT the premier program for top Health, Disability, Long Term Care and Worksite Marketing Insurance producers, carrier reps, carrier management and general agency/agency managers.

The qualification categories are:

Personal Production: Business written by a single producer.

Carrier Representatives: An employee of an insurance carrier working with producers.

Agency: Management of a general agency or agency.

Carrier Management: Carrier/home office sales managers, directors of sales and vice president sales

Visit NAHU.org for more information on how you can qualify for this exclusive membership.

Another “award” through NAHU is the **President’s Triple Crown Programs**. The program was created to recognize those members whose individual contributions to NAHU help advance the association’s mis-

Pending Renewals since December 1, 2016

Marisela Alvarez
Lisa Diane Beck
James W. Bennett
Mr. Ray C. Biggerstaff III CLU
Jeannie Bystrom
Dan Callahan
John L. Campbell CPCU
Carlos Mendez
Cynthia Coddington
Sally Ingram Coker
Gary A. Culp II
Frank J. Cusick
Chris Della Sala
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HIPAA Privacy & Security Updates—Continued from page 14

been used to access the ePHI maintained on a daily basis without detection for a period of a year, affecting 80,000 individuals. Although they had policies and procedures in place, they failed to terminate former employees’ right to access, as required by the HIPAA rules. Further, they failed to regularly review records of information system activity on applications that maintain electronic PHI by workforce users at affiliated physician practices, despite having identified the risk on several risk analyses conducted by MHS.

More updates will appear in the next issue of the COIN. ##



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Above: Additional pictures from the OCAHU Business Development Summit, February, 2017.

If you have comments about this year’s BDS, please submit them to OCAHU. Your comments could be included in the next issue of the COIN!



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Feature Article (continued from page 4)

people to continually be covered by health insurance.” This individual responsibility requirement should “ensure that people were continuously covered and able to obtain preventive and other care they needed on a timely basis. Unfortunately, while well-intended, the requirement did not provide an adequate incentive to maintain coverage continuously and has not been effective in preventing the adverse selection we see today.”

NAHU is recommending certain steps toward market correction, to stabilize the markets. These steps include immediate, as well as longer term (over the next few years) steps, taken in the proper order to ensure proper corrective actions. The early steps could be taken as part of the budget reconciliation process, and NAHU recommended a specific order of the steps, to ensure market stabilization.

Budget reconciliation steps include allowing those already receiving premium tax credits to continue to receive them until January, 2020 (to keep people covered and prevent additional adverse selection), retaining the small business tax credit, repealing the medical loss ratio requirement, repealing the Cadillac Tax and Health Insurance Tax to provide relief for all fully insured health plans, and to NOT repeal the reinsurance program as scheduled in 2017.

Some of the areas where NAHU feels the new Administration could target regulatory changes include limiting special enrollment periods to those clearly defined in the ACA and require submission of documented proof by the 15th of the month prior to coverage effective dates; reducing the 90-day grace period for individuals receiving tax credits to the same 30-day grace period for other covered individuals; restoration of HIPAA Certificates of Coverage to facilitate proof of dates of coverage, documentation of continuity of coverage and loss of coverage for special enrollment periods; allow continuation of “grandmothered” policies beyond the scheduled expiration date of 2017; allow for a more robust form on composite rating in fully insured plans to allow ease of administration for small employers that provide coverage for their employees; remove the requirement for standardized benefit plans to be offered in the Marketplaces; simplify the structure and burden of IRC 6055 and 6056 employer reporting, and removing limitations on keeping grandfathered plans to allow greater changes based on annual allowable change vs. lifetime change.

(For a complete list of the actions NAHU recommended, please review Janet’s full testimony on the NAHU website.)

Now, let’s talk about the group market. Let’s face it; this is where the majority of the commission income health agents receive, so it’s important to all of us. But more importantly, it’s the strong-hold of the American health insurance market.... It’s what employees working for organizations rely on to help them deal with medical expenses. Employees have become reliant on their group health plans, and without them, many would be uninsured, as they simply can’t afford or will not make the effort to purchase health insurance on their own. It’s a valuable recruiting tool for employers, and of course a needed tax write-off for many, but on the more human side, *most employers WANT to provide a group health plan to their employees.*

While in town for the OCAHU Business Development Summit (BDS), filling in for Janet Trautwein, who had to cancel her keynote appearance due to the illness of her mother (who passed away, sadly, on the morning of our BSD, and we all send Janet our most sincere condolences and our thoughts are with her and her family at this time), I met with Chris Hartmann, NAHU V.P. of Government Affairs in Washington, DC. I wanted to focus more on topics that weren’t going to be covered as thoroughly in his keynote address.

We talked about the state of the group market, and its stability and importance to preserve, given that republicans are looking primarily at tax credits, rather than the preservation of the current employer-sponsored group market, as a solution for repeal and replacing of Obamacare.

“The employer-based system is the bedrock of our health insurance system,” stated Chris. “It’s the one thing that has been working, while the individual [market] has been wild. I know things have more stable here in California than the rest of the country. Other parts of the country we see one carrier per county, premiums expanding at exponential rates. ...The employer-based system is that stability. *It needs to be reinforced, not undermined*”.

I think it’s important to remind us all that when the republicans are talking tax credits, they are talking about giving a tax credit back to individuals, and expecting them to go out then and purchase their own health insurance plans, which we all know as agents, just doesn’t happen. “Speaker Ryan has ideas that health care should be individuals- go get a health insurance policy and we’ll provide a tax credit...” Chris said while we discussed this topic. My response to Chris was that our members (agents) are concerned with replacing things with tax credits because we all know that employers

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Feature Article, (Continued from Page 20)

don't work that way. If they see a savings a lot of employers won't give it back... Individuals don't go out and buy the insurance. *Particularly those we really need in the health insurance pools, the young, healthy individuals.* "No, they won't," Chris responded. "We already have an adverse selection problem on the individual side. We don't see that in the group market because people are already in the default position of taking health insurance from their employers. You get those young people, those 25 year olds whose bosses are offering them health insurance, and they'll take it. But if you throw them out into the market on their own, they are not going to purchase it... Probably not. As much as you advise them, and I'm sure their parents advise them, a lot of them just don't see the benefit." He continued, "The whole problem with this idea is you will not get people into the market. Particularly if you combine this with the individual mandate. ... I think capping the employer system is more likely." And this is something we need to be focusing the discussion on with our legislators. *We NEED the employer-based health care system. It works. It has always worked.* It keeps people in the risk pools, it keeps them covered by insurance plans. So as the saying goes, *if it's not broke, don't fix it!* We all know Washington has

a lot more important parts of the market to fix than messing around with what is working well. *The group market works very well!*

"The group market was somewhat of an Accident in history," Chris said, "but it's the part of the market that is working... undermining the one section of the market that is working and saying we're going to dump people into the individual market [that isn't working]... it makes no sense. Why would you take someone out of stable market and dump them into a system to a system that isn't working ([the individual market])?"

We also talked about the large group market, and the proposals that seem to want to protect the right for larger employers to self-insure, as well as the protection of ERISA. "I think in the self-insurance universe, I think that market will continue to be protected, because opening up ERISA is terribly complicated," responded Chris. "There are all kinds of unintended consequences..., and for that reason, I think opening ERISA is dangerous for a lot of people, and there are a lot of unintended consequences. Second, there are only a small universe of people in Washington who understand the self-insurance market. They never wanted to bite

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Feature Article—(continued from page 21)

off something as overwhelming as the self-insured market.”

Focusing on the more important things, like repealing the tax and penalties, seem to be the better choice for reform, for example, the Cadillac Tax. “I think The Cadillac Tax is misnamed,” Chris remarked. “It’s more like a Ford Focus. It’s eventually going to suck up everything and everybody. It was really designed like many other taxes of the ACA. *It was designed to bring in revenue.* I don’t think it will necessarily have the effect that people think it will have.” But revenue generation is important, as the Republicans seem to just now be figuring out...

“The revenue it’s [Cadillac Tax] supposed to bring in... The idea is that the 40% tax is too much for employers to pay, so they will reduce health care benefits. In theory I think the way the government looks at is that we’ll all get salary increases. We’re going to be paying more income taxes, and therefore it’s a revenue generator. I’ve talked to business owners, unions, etc. and they all laugh at that idea. If you cut back on my health care, we’ll all get raises. While we got a 2 year delay, we can’t stop there. We have to get complete repeal of it...”

We continued our discussion, and Chris commented further on this topic. “After the election I would have thought all the ACA taxes would have been repealed, but now that they are actually in power, Republicans are taking a look at this and they are wondering what are we going to do for some of these revenue generators, and they are thinking those weren’t such a bad idea...”

“The Cadillac tax may be kept in place as a bargaining chip to cap the employer exclusion. Which is a bigger danger on the employer-based system. Capping the employer exclusion is a huge change to the employer-based system. Really upsetting things in the most stable market out there, you are now bringing instability to it.”

This is a topic our members need to be aware of, as well as our employer clients. We need to be aware of the current environment in Washington, and what things like capping the employer exclusion would do. NAHU is very concerned about Congress members thinking that health insurance should be an individual responsibility, and are concerned about the ability to use pre-tax dollars to pay for health care... We don’t want or need caps on the employer exclusion of health insurance. It would disrupt the

employer-based health system. So please keep these things in mind as you hear more about what they are negotiating on in Washington. If you talk to your legislators, continue to educate them on the importance of the employer-based system, and remind them that is and has always worked well! And it’s where the majority of Americans get their health insurance coverage from!

To summarize briefly the three proposals on the table as of now, the Republican American Health Care Reform Act includes a standard deduction for health insurance, a heavy emphasis on FSAs, HSAs, Medicare transparency, using high risk pools, association plans, and medical liability reform. A Better Way from Paul Ryan wants to protect those with pre-existing conditions, protect and preserve Medicare, remove all ACA taxes, remove employer penalties for not providing coverage, remove all individual mandates, return more control to the states, protect and preserve employer-sponsored insurance and self-insurance (although that conflicts with the tax credit part), focus on medical liability reform, expand consumer-directed healthcare options, protect the no pre-existing conditions limitations, coverage to age 26, no rescinding of coverage and continuation, provide for provisions to bring younger people into the system and prohibit sudden cancellations, but again, focuses more on flat tax credit scenario. Speaker Ryan does state that he wants to protect the job-based market, so it would be interesting to hear how... The Trump plan is vague to say the least, but promises to broaden access, make health care more affordable, eliminate the individual mandate, allow sales across state lines, allow individuals to fully deduct premiums, require price transparency, and overhaul the drug industry to offer safe, reliable and cheaper products. All rely heavily on tax credits.

So I think the things that we might want to focus on are helping to fight the fight in a way that will be the most effective. NAHU is doing a great job with working with Washington on the individual market. Let them do that, and help them by responding to Operation Shouts and other boots on the ground methods. But personally, I think we should spend a little more time protecting the group market, and letting our legislators understand that they should not take away the only part of the current system that is working... Employer-sponsored health plans... Moving people out of that system and into a broken system of the individual market will not work, and we need to help them to understand that! ##

Reference Sources: [Statement for the US Senate Committee on Health, Education, Labor and Pensions, February 1, 2017, Hearing on Increasing Market Stability and Options for Repeal and Replace of the Affordable Care Act](#), Submitted by Janet Stokes Trautwein, CEO, National Association of Health Underwriters; A Better Way, Our Vision for a Confident America, A Better Way to Fix Health Care, Paul Ryan; [A Better Way, Frequently Asked Questions](#), Paul Ryan; [HR 277, American Health Care Reform Act of 2017 \(AHCRA\)](#)



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