Orange County Association of Health Underwriters

Volume 13, Issue 2
September/October 2018

C.O.I.N.

COUNTY OF ORANGE INSURANCE NEWS

CAHU Health Summit and Senior Summit

Full Photo Coverage Inside

OCAHU is the Proud Recipient of Multiple Awards at the CAHU Health Care Summit 2018 in San Diego.

See coverage on pages 8 & 9!

DON'T MISS THE CAHU SPECIAL NOTICE ON PAGE 23!

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Thinking Outside the Box: **Could Innovative & Create Thinking Improve the Health Insurance Marketplace? How Do We Make Health Care Great Again?**

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Register Now for OCAHU CE Day!

Tuesday, Sept. 11, 2018

8 am—3 pm

Hyatt Regency Orange County, 11999 Harbor Blvd, Garden Grove, CA

(See page 24 for details!)

BY POPULAR DEMAND OF OUR READERS!

Single Payer Update:

An Update from the CAHU Summit, August, 2018

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Thank you for being a part of OCAHU!

Register Now for CE Day

Tuesday, Sept. 11, 2018 8 am to 3 pm

NEW VENUE: Hyatt Regency Orange County, 11999 Harbor Blvd, Garden Grove, CA

(See page 24 for details!)

SAVE THE DATE!

OCAHU BUSINESS DEVELOPMENT SUMMIT 2019

A Perfect Storm….

Health & Welfare

Financial Wellness

February 8, 2019

Hyatt Regency, Newport Beach

More Information and Details to Follow!

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, Ryan Dorigan

Greetings Orange County Health Underwriters:

This may be one of the last chances we get to connect before the craziness of 4th quarter, so I just wanted to take this time to remind you all of the exciting events we have coming up this year. I hope you were all able to join us at the OCAHU Medicare Summit last month at Pechanga Casino. We had over 800 attendees at the massive two-day event! We enjoyed a beautiful wine tour and relaxing round of golf at the Journey Course. Many of the top Medicare advantage plans were on-hand to provide certification and sneak peak at their benefits for 2019, and we had guest speakers from all over the Country. If you missed it, then make sure to mark your calendars and join us next year.

Now before everyone gets buried during the final quarter, we have two really exciting events planned for the next month. On September 11th we will host our Annual CE Day. Any agents who are looking to add some additional CE credits for their license renewal, or maybe just pick up additional education, will find this year's program very fulfilling. We will have 5 CE credits available, including a special legislative update from our top lobbyist in Sacramento, Faith Borges.

On September 14th we will be hosting this year's PAC Angels game and BBQ fundraiser. You will have the opportunity to support your PAC and enjoy a fun evening of baseball and networking with your fellow chapter members. Additional details on the CE day and the Angels game are available on the OCAHU website, and there is an ad in this issue of the COIN on page 6.

We also have some fun events planned around the holidays, so be looking out for additional details on those dates as soon as we have them. The annual holiday luncheon will be on December 11, 2018 at JT Schmids in Anaheim. As we move into 2019, stay tuned for information on our Broker Development Summit, our day at the Capitol, our Golf Tournament, and our Women in Business event.

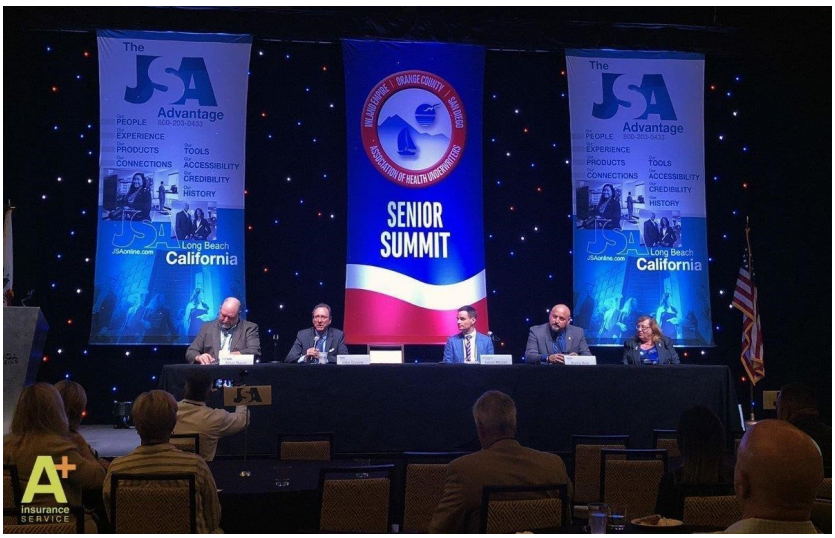
These are all very important events, both from a fundraising and from an educational perspective. However, we are never able to put all of these events together on our own. We need the help of a full team of volunteers, so please join us. We need help from folks to serve on the planning committees for all of these events and we are always looking for future board members. Don't stand on the sideline and let someone else carry the torch for you. Please join us and be a leader in this industry!

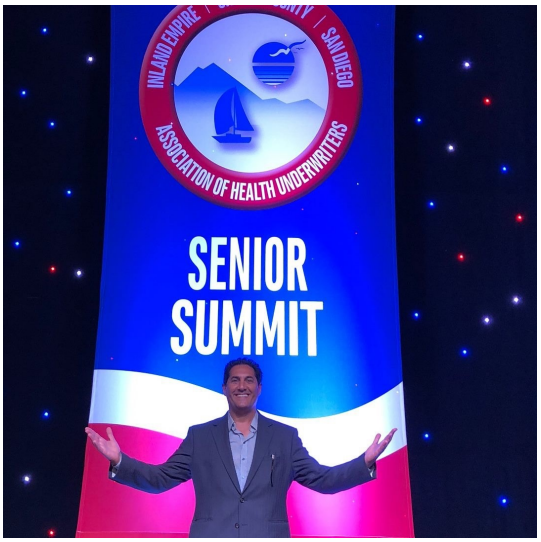
If you know folks that are not members yet of NAHU, then make sure you invite them to an upcoming event or lunch meeting. Reach out to me and I will be happy to welcome them to our association. Our full calendar of events is updated on our website and there is always something going on. This is going to be the most fun and exciting year yet for OCAHU and we want you all involved.

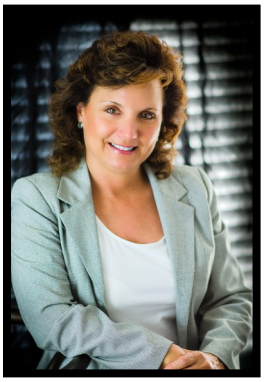
Thank you,

Ryan Dorigan

Below: Photos from Senior Summit 2018







Feature Article: Thinking Outside The Box: Could Innovative & Create Thinking Improve the Health Insurance Marketplace? How Do We Make Health Care Great Again?

By Dorothy Cociu, RHU, REBC, GBA, RPA, OCAHU VP Communications & Public Affairs

So here we are, entering the fall of 2018, with general elections in November, and we're all wondering what it will mean to our industry. Here in California, we're anticipating a likely win for Gavin Newsome for Governor… a single payer supporter. In Washington, Medicare for All is looked at as a possible solution. Will we be facing Single Payer threats? Will our industry be destroyed? Will insurance agents and commission income be eliminated? Those are some tough questions, and no one has any definitive answers as of now.

All of this talk about Single Payer, Universal Health Care, Medicare for All makes me wonder… Are we all being a little too gloom and doom? Are we so used to just going with the flow and buying what the politicians are selling that we're forgetting to use the one thing we have that politicians don't? Our experience (and some would say, our brains!)? Are we too stuck in the same thoughts and ideas, and not opening up to new, innovative ideas or creative thinking to perhaps solve our industry's problems?

We all agree that we have the best health care system in the world… but we fail to agree on how to make it affordable and sustainable. How do we make health care great again?

I have been throwing out my thoughts for the past few years on a regular basis in various feature articles… But I'd like to go one step further. I wanted to share with you some of my thoughts, as well as some from industry leaders you may or may not know, and share some interesting ideas that could perhaps solve the problems of the health insurance industry. It's at least worth pondering!

I asked Alan Katz, Next Agency and Past NAHU President, Don Goldmann, Past OCAHU and NAHU President, and Rick Paul, President of US Benefits, an actuary specializing in self-funded health plan underwriting, their thoughts on how we could make health care great again, and they shared some ideas with me. But first, I'd like to summarize my own thoughts, most of which I've been preaching for years:

1) The need for Transparency in Health Care Costs; I would suggest that a federal law be passed that requires all provider facilities and services to publish their rates, so that consumers could make comparisons in choosing a hospital, surgery center, imaging center or other, the same as we compare automobiles, homes, or other important purchases. The concept is so basic, but it works. Consumers would then see price comparisons and choose accordingly. No more guesswork and no more not knowing what health care services costs until after the services are performed…

2) The need for Prescription Drug Reform… I would suggest lowering the time period for brand name drug patents… If we allowed patents to expire earlier, we could get generic drugs to the market faster, and we would have lower cost options sooner. I also feel that the prescription drug industry is a bit shady in their private dealings with providers and others, such as incentives to prescribe their way-over-priced brand name drugs… if this were regulated, this may not happen. Get rid of TV advertising of the most expensive drugs in each category. Use mandatory mail order for maintenance medications and cut out the middle man (the pharmacy that has additional costs). The amount of rebates given in my opinion is almost criminal… Why not just lower the price to begin with, rather than offering providers or TPAs rebates (third party administrators are now frequently receiving rebates on prescription drugs used by their clients, such as self-funded employers)? In my own book of self-funded business, I've recently seen tens of thousands of dollars per group paid out to parties other than the self-funded clients I represent, and I was not at all happy about it. If rebates are given out, then they should go back to the employer or individual on an individual plan paying for the cost of the prescriptions in the first place. Why should doctors, hospitals, TPAs, etc. get rebates on drugs that they didn't pay for in the first place? And if TPAs are receiving them, why aren't they being disclosed on 5500 Schedule A forms as required by ERISA? Shouldn't these rebates be considered "non-direct compensation"? And if physicians and hospitals are receiving rebates, shouldn't the patient be notified that this provider is prescribing a drug that contains a rebate back to the provider? How do we know they aren't

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Senior Summit 2018!

By Ryan Dorigan, OCAHU President

On August 22nd and 23rd the Orange County Association of Health Underwriters, in collaboration with the Inland Empire as well as the San Diego chapter, hosted the 4th Annual Medicare Summit at Pechanga Resort & Casino. What began a few years ago as a small meeting to connect all the different folks who work in the Medicare market has become one of the largest, most well attended meetings in the entire NAHU calendar.

This year's event featured over 60 sponsors and exhibitors and well over 800 attendees. This year's event began with a golf tournament that was held at the Journey Course at Pechanga. The team from Aetna won with a score of -14, which was an incredible feat in the strong winds.

We had attendees from all over the State of California, as well as folks who joined us from as far away as Arizona, Oregon, Nevada, Texas and even Florida and Washington D.C. The folks who traveled so far were not disappointed, as we had a jam-packed schedule and a wonderful venue.

Wednesday offered brokers an early preview of the plan benefits for 2019. Care 1st, Humana, Aetna, Anthem, United Healthcare, and Brand New Day were all offering a sneak-peak at their benefits for the upcoming year. In addition, some of the top local Medicare GA's were on site to offer helpful industry insights.

On Wednesday night we all enjoyed a gorgeous wine tour hosted by Humana at the Wilson Creek Winery. The event was attended by over 120 brokers and it included wine tastings as well as a luxury bus ride down to the winery. The evening provided a great opportunity for everyone relax and enjoy a delicious meal in the company of your fellow underwriters. Towards the conclusion of the wine event, we had a raffle drawing and then a chartered ride back to the Casino where the party continued.

Thursday was the main day of the summit and it was an-

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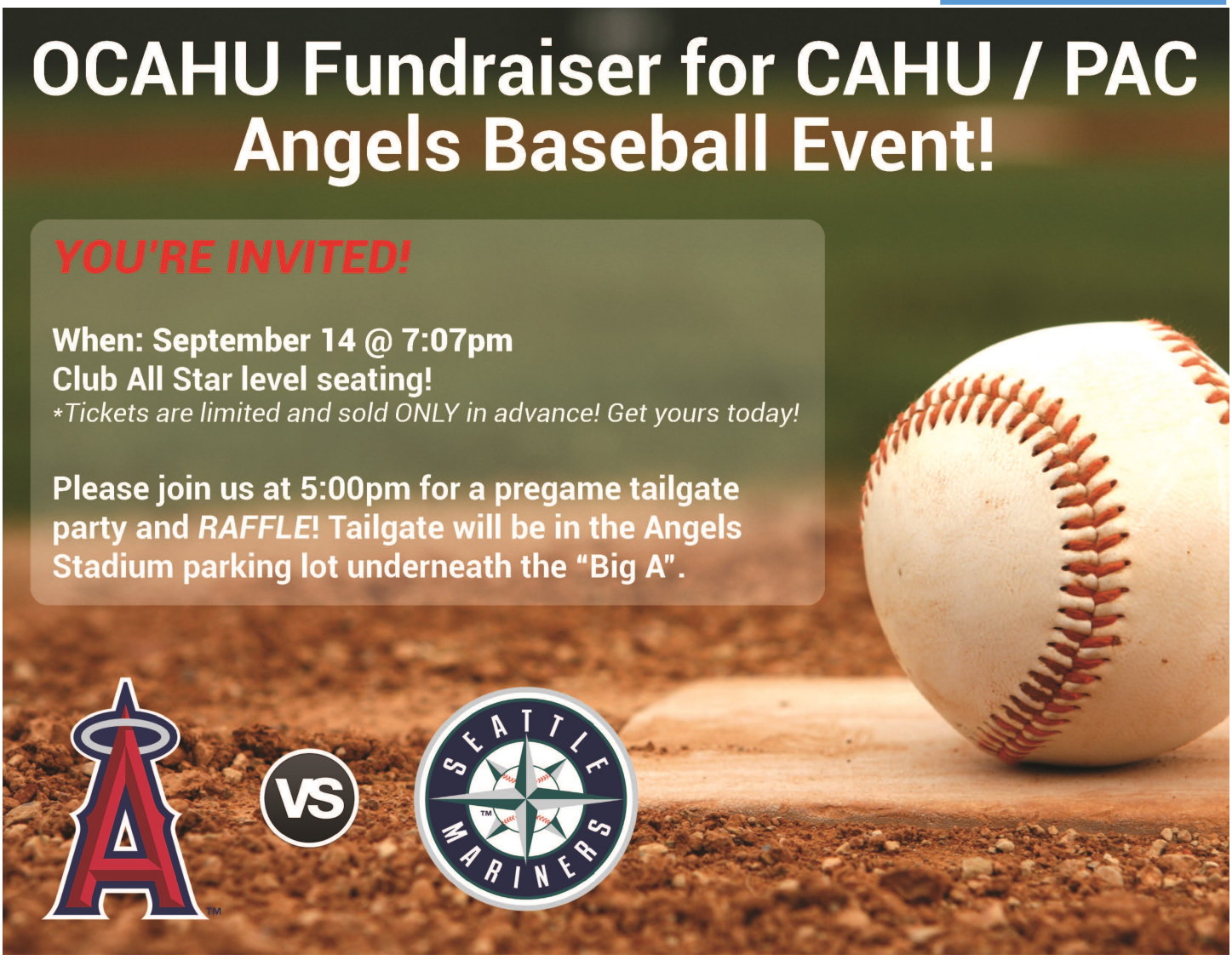

Feature Article, Continued from page 5

prescribing the wrong drug, just to make a profit?

3). The need for a stable pricing base for providers and facilities. As I have written about before, reference based pricing does this. A plan based on reference based pricing pays the providers at a known rate; a percentage of Medicare (for example, 140%, 150% or 200% of the Medicare rate). If we had a specific base rate, such as a Medicare rate, then the "discounts" of one PPO network versus another would no longer be a mystery. As I explained in a previous feature article on Reference Based Pricing (November/December 2017 issue of the COIN), this has proven to be highly effective in self-funded health plans across the nation. It's been slower to hit the west coast, but it's working very well in the east, southeast, and mid-western states since primarily 2014. The plans using reference based pricing are seeing much greater overall savings than plans using PPO networks. There are extreme differentials between the network discounts provided… Employers are receiving discounts off of an unknown starting rate, with zero consistency, in both fully insured and self-funded plans.

So, enough about my thoughts and repeating what I've been saying for years…. Let's hear from others on their thoughts about how to think outside of the box and make health care great again…

Industry Experts Discuss Three (or more) Industry Wishes
In my discussions with Rick Paul, ASA, MAAA and President of US Benefits in Irvine, I asked him "You're known in the self-funded industry as being an innovative thinker. If you could put your hands on a magic industry wand or you wandered upon a genie in a bottle that granted you three industry wishes, what would you ask for?"

Rick's response, as always, was thoughtful and innovative. "How [do we] make healthcare great again? Here is my simple five point fix: A. Require all prescriptions be sold at the lowest price of the major industrial nations; B. Require all emergency care/transportation and nonprofit hospitals accept for reimbursement the Medicare allowable charge; C. Require all healthcare providers accept for reimbursement one price set and communicated as a percent of the Medicare allowable. This healthcare charge index provides transparency and the insurance plans will provide reimbursements based on a percentage of the index with a minimum being 100%. The greater the percentage, the more providers will be available for the insured; D. Require insurance companies and self-funded plans to fully underwrite and have the right to refuse to cover applicants who are deemed uninsurable. [Editor's Note: in a follow-up discussion, he stated that this would only apply for new coverage, and he felt they should be automatically renewed once underwritten]; E. Allow those deemed "uninsurable" to be covered under Medicare at a price equal to the greater of the average public price for the same plan or [a percentage up to 25%, perhaps the lessor of] their expected claim cost. Any deficiencies are covered by an increase in payroll tax that employers and employees pay."

I asked Rick to expand on item E as it may be deemed a bit controversial. "I think if the person can't afford it, then there would have to be some sort of subsidy provided by the government."

Rick went on to discuss using an 80/20 rule to lower costs. He stated that by using (C) above (provider payments using a percentage of Medicare), "This will lower costs significantly. Using the 80/20 rule, [letter C above] lowers costs by 75%. This opens up competition throughout the marketplace. [It] eliminates care facilities that are unable to compete competitively or efficiently. *It replaces the idea of single payer with single price multiple payers. It eliminates monopolies and price fixing. Transparency is the foundation along with true insurance.* The public bares the cost of the people who are uninsurable, not an employer or individual."

I asked the same question of Alan Katz. "If I suddenly received my Hogwarts letter, I'd ask for: 1) an outbreak of non-partisan, policy-focused health care reform in Congress and state legislatures that focused on reducing health care costs and increasing access to health care coverage; 2) a sudden public awareness as to how health care and health insurance works; and 3) a focus by health plan CEOs and other top executives (and the shareholders to which they are beholden) on long-term strategies and awareness of the political impact of their decisions."

Don Goldmann had thoughts as well. "My three wishes in no particular order of priority are: 1) Create and fund state by state major risk pools tied to Medicaid networks using the money currently spent to regulate and subsidize the various mandates and administrative functions in the ACA with those major risk pools handling the typically uninsurable or hard to insure. I believe that it would cost less doing this compared to the money collectively spent on the ACA and assigning insureds in the major risk pools to Medicaid networks would encourage them to purchase coverage sooner and keep it to avoid later going into the major risk pool.

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CAHU Health Care Summit 2018, San Diego

CAHU hosted its 2018 Health Care Summit August 7-9, 2018 at the Hilton San Diego Bayfront, San Diego.

Day one featured certification classes, including Medicare and Advanced Self-Funding. Days two and three featured speakers, panels, exhibit time and receptions, along with an awards ceremony for local chapters and CAHU members.

Speakers and presentations included Keynote Speaker Suzanne F. Delbanco, Ph.D, Vision Speaks with various presenters, David Fear Sr. on Healthcare Cost Management for Employers, Ned Wigglesworth & Rob Stutzman on The Future of Single Payer in California (moderated by Faith Borges), Faith Borges, from California Advocates (CAHU Legislative Analysts) with a California Legislative Update, David Saltzman on The Future is Here; Our Industry from the Successful Millenial Perspective, and Catherine Bresler with a Federal Legislative Overview.

The Thursday Keyote was Sensei Ron Thomas with Mindset is Everything.

CAHU also offered a Vangard Event Wednesday evening and a PAC Lunch on Thursday.

The highlight of the summit event was the awards ceremony on Thursday morning, where many local chapters, including OCAHU, received achievement awards (see OCAHU Shines at CAHU Award Ceremony on page 9).

A number of OCAHU members were in attendance, including Ryan Dorigan, Maggie Stedt, Maryann Trutanich, Dorothy Cociu, Dan Abrams, Pat Stiffer, Allen Patrick, Jane Smith and others.
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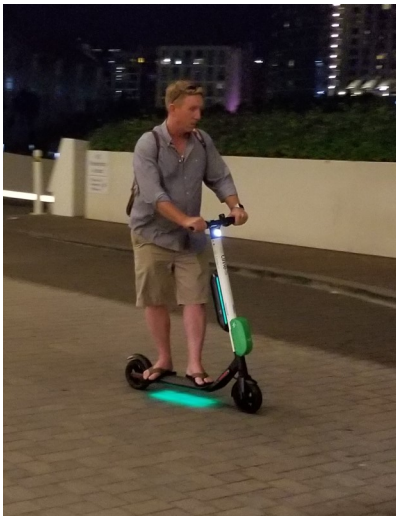
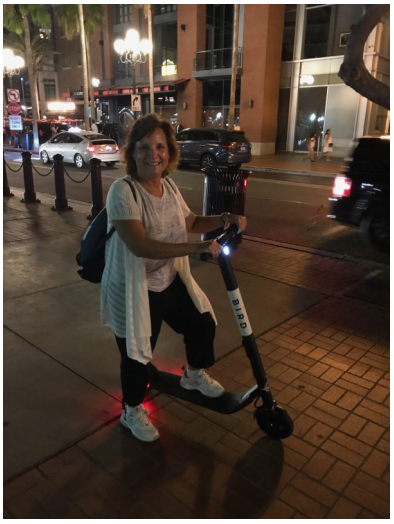




Above: OCAHU Members Allen Patrick (left) and Dorothy Cociu (right) enjoy the local charms of electric scooters in the Gaslamp District at the CAHU Health Care Summit 2018.

Special

Congratulations to Patricia Stiffer

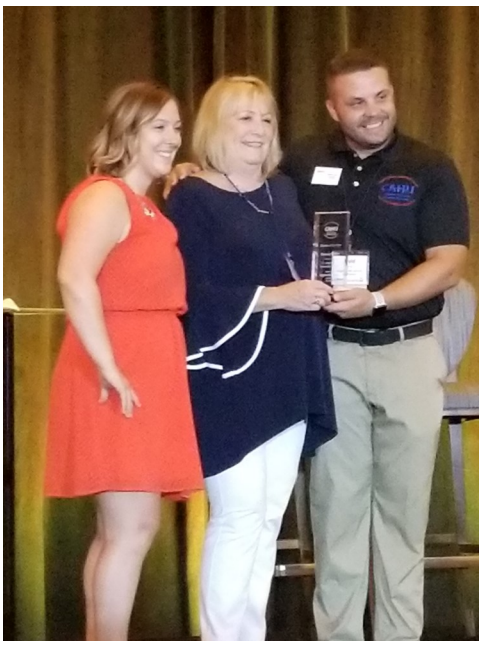
CAHU Member of the Year!

The OCAHU Board of Directors would like to express our sincerest congratulations to Pat Stiffer, Past OCAHU President, OCAHU Pinnacle Award Winner and Long-Term Chair of the Women In Business Committee, on winning the well-deserved CAHU Member of the Year at the CAHU Summit on August 9, 2018.

This award is given to a CAHU member who has provided CAHU with extraordinary service.

Congratulations Pat!!!
##

Right: CAHU Immediate Past President Stephanie Berger and Current President Dave Fear, Jr present Pat Stiffer with the Member of the Year Award at the CAHU Health Care Summit 2018



Not a Member! See what you're missing!

Join Now!

OCAHU MEMBERS ATTEND CAHU HEALTHCARE SUMMIT 2018 IN SAN DIEGO

OCAHU SHINES AT CAHU AWARD CEREMONY!

Contributing Writers: Sara Knapp & Dorothy Cociu

OCAHU was awarded several CAHU awards for 2017– 2018 at the CAHU Healthcare Summit 2018 in San Diego.

Large Chapter of the Year - OCAHU

This award recognizes the exceptional efforts of local chapters in membership growth and retention, legislative participation, PAC contributions, continuing education, and charitable involvement.

Member of the Year – Pat Stiffler

This award is given to a CAHU member who has provided CAHU with extraordinary service.

Outstanding Local Chapter Newsletter – OCAHU's The COIN

This award is given to a large and small local chapter for publication of high-quality, interesting, informative, and timely newsletters. This was the second consecutive year that the COIN has received this honor.

Outstanding Chapter Membership Growth - OCAHU

This award recognizes the chapter with the greatest overall percentage of membership growth and the highest retention rate.

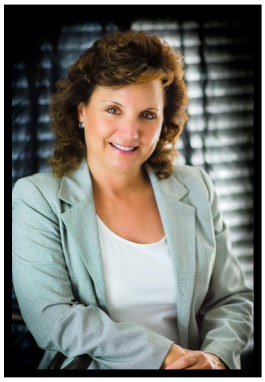
Outstanding Membership Recruiter: The Robert K. Shepler Membership Award – Maggie Stedt - OCAHU

This award is given to the individual who recruited the most new members during the year. In honor of longtime CAHU member Robert K. Shepler.

Other winners included Silicon Valley for outstanding website, the Cup for Highest Retention, Desert Cities AHU, and Presidential Citations to Dawn McFarlane and Faith Borges. ##

Top Row: Ryan Dorigan, Dan Abrams ; Bottom Row: Sara Knapp, Maryann Trutanich. Maggie Stedt, Dorothy Cociu, Pat Stiffer.

OCAHU shows off awards won!



Single Payer Update: By Dorothy M. Cociu, RHU, REBC

As I write this in late August, we are now at the very end of the legislative session, and are in anticipation of what is to come in the general election on November 6th. I am reporting primarily on the legislative updates provided by Faith Borges at the CAHU Health Care Summit August 9th.

In the final month of the session, the legislature reconvened from Summer Recess on August 6th, and August 17th was the last day for fiscal committees to meet and report bills to the Floor. Final floor sessions for this year were held August 20-31, with August 24th being the last day to amend bills. August 31st is the last day for each house to pass bills and Final Recess begins. Another important date is September 30th, which is the last day for the Governor to sign or veto bills. By the time you read this, many of these dates will have passed.

The best way to update you on Single Payer is to discuss in part the political preview of what's to come in the fall. Obviously, there is a general election on November 6th. The Governor's race will heat up and all statewide offices are up for election.

In the Assembly, only one Assemblymember termed out in 2018, and 5 of 6 Assembly races are competitive between the two political parties. In the state Senate, 5 Senators termed out in 2018 and, there was one vacancy to replace Senator Mendoza that has been filled by Vanessa Delgado (D). The Orange-County based Josh Newman (D) was recalled and replaced by Ling Ling Chang (R), which I reported on in the last issue of the COIN. The importance of this is that with this recall, there is no longer a Democratic Supermajority in the state Senate.

Leadership in the Legislature is key to establishing and delivering legislative priorities, according to Faith Borges. In the Senate, President Pro Tempore is Toni Atkins (D– San Diego), who as you'll recall, co-authored SB-562, and the Senate Minority Leader is Laguna Niguel's Republican Patricia Bates. The Assembly Speaker is Anthony Rendon (D– Lakewood), and the Assembly Minority Leader is Brian Dahle (R-Bieber).

The Omnibus Health Trailer Bill (AB 1810) became law on June 27th. The health care portion of the budget compromise, according to Faith Borges, authorizes an all-payer claims data base and establishes several new health care councils, and declares the legislative intent to establish a health care system that "provides coverage and access through a unified financing system for all Californians." This law should tell you where the Legislature would like to go relating to a single payer or a universal health care system. A committee has been created to look at universal health care financing by October, 2021.

Also notable, the Assembly formed a Select Committee on Health Care Delivery Systems and Universal Coverage as a way to explore the issues linked to SB 562, although no additional hearings are scheduled at this time

At the CAHU Health Care Summit, Faith Borges and the panel on The Future of Single Payer in California featuring political consultants Ned Wigglesworth & Rob Stutzman, observed that though there were many public health benefits that resulted from the creation of the ACA, it also put more pressure on the public with more out-of-pocket expenses. These costs have made the public more aware of health care financing, and there is a general consensus that there is a healthcare financing problem. However, no one has viable answers as to how to handle the cost of a single-payer system at the state level, so the panelists felt that it was not yet "ripe" in the legislature. They all felt, however, that this issue of single payer will resurface after the November elections, and primarily, after we see what likely Governor Newsome will signal to the legislature and stakeholders that he is willing to authorize and approve financing for. Newsome has been very quiet on the issue in the past few months, and he has noted to the press that single payer is NOT something he can do with just a signature. The "we're working on it" line is often used. Additionally, the topic will likely be pursued at the federal level with 'Medicare for All' likely to be a big topic in 2020 during the presidential and house elections, according to Rob Stutzman.

Bottom line is, there are policy issues, cost issues and constitutional issues with implementing single payer at the state level. How do proponents repurpose existing funds into a new state pool? Employers currently provide a large percentage of the health care coverage in this country. How would they and could they get that money into such a pool?

According to Ned Wigglesworth, there are others besides the nurses that will likely pursue this topic. The Democratic Party platform, various unions and others are on record for supporting single payer. All, however, are concerned about where the money will come from. Will proponents look for other deep pockets, such as the superrich as Bernie Sanders proposes? It is highly doubtful that President Trump would support a path to put Federal funds into a state system.

Another key race for all of us is the Insurance Commissioner race. SB 562 Joint Author, Senator Lara is running for Insurance Commissioner against Steve Poisner, a for-

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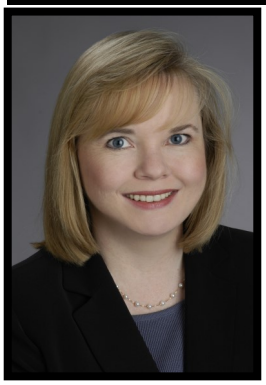
COIN COMPLIANCE CORNER

What Agents and Your Clients Need to Know!



September/October, 2018 Legal Briefing

From Marilyn Monahan, Monahan Law Offices

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

ACA/Federal: Highlights

Affordable Care Act (ACA) §4980H Compliance: The section 4980H(a) and (b) penalties adjust each year. For 2019, they will be (with a comparison to prior years):

For calendar year 2017, the adjusted (a) penalty is $2,260 and the adjusted (b) penalty is $3,390.
For calendar year 2018, the adjusted (a) penalty is $2,320 and the adjusted (b) penalty is $3,480.
For calendar year 2019, the adjusted (a) penalty is **$2,500** and the adjusted (b) penalty is **$3,750**.

As you prepare for open enrollment for 2019 and calculate new contribution rates under the three available safe harbors, a reminder about the increase in the ACA affordability percentage might be helpful. For 2019, the affordability percentage is increasing from 9.56% to **9.86%.** The 2018 federal poverty level (FPL) for a one-person household in the 48 contiguous states and D.C. is **$12,140** (it was $12,060 in 2017)—employers may use the FPL in effect within 6 months before the first day of the plan year to calculate the FPL affordability safe harbor. Finally, if employers are relying on the rate of pay safe harbor, keep in mind that in California the minimum wage will be increasing **January 1, 2019**, to $11.00 or $12.00/hour, depending on the size of the employer. In certain municipalities, the minimum wage may be higher. https://www.dir.ca.gov/dlse/faq_minimumwage.htm

Short-Term, Limited-Duration Insurance: Final Rule: The Trump Administration recently issued a final rule on the sale of short-term, limited-duration insurance policies (83 Fed. Reg. 38212 (Aug. 3, 2018)). The new rule applies to policies sold on or after October 2, 2018.

Under the new rule, short-term, limited-duration plans may be sold so long as they expire less than 12 months after their orig-

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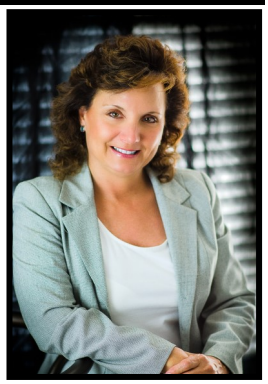
HIPAA Privacy & Security Updates—From Dorothy Cociu, COIN Editor and HIPAA Privacy & Security Consultant & Trainer



There were no HIPAA Privacy & Security enforcement actions/penalties or settlements since the last issue. However, I thought I would provide some updated enforcement information from HHS/OCR.

According to the HHS website at HHS.gov, enforcement highlights and enforcement results as of July 31, 2018, OCR has received over 186,453 HIPAA complaints since the compliance date of the Privacy Rule in April, 2003. They have to date initiated over 905 compliance reviews, and have resolved 96% of these cases (178,834).

According to HHS, OCR has investigated and resolved over 26,152 cases by requiring changes in privacy practices and corrective actions by, or providing technical assistance to, HIPAA covered entities and their business associates.

OCR has, according to HHS, successfully enforced the HIPAA Rules by applying corrective measures in all cases where an investigation indicates noncompliance by the covered entity or their business associate. *To date, OCR has settled or imposed a civil money penalty in 55 cases, resulting in a total dollar amount of $78,829,182.00.*

OCR has investigated complaints against many different types of entities including: national pharmacy chains, major medical centers, group health plans, hospital chains, and small provider offices.

In another 11,518 cases, OCR investigations, according to HHS, found no violation had occurred.

Additionally, in 29,042 cases, OCR has intervened early and provided technical assistance to HIPAA covered entities, their business associates, and individuals exercising their rights under the Privacy Rule, without the need for an investigation. OCR and HHS take pride in the number of cases for which they have provided such assistance.

In the balance of completed cases, (112,122) OCR determined

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Feature Article, Continued from Page 7

2) Create pricing bands that allow persons not choosing to get health insurance to buy coverage with pre-existing conditions at a later date, but at a rate that increases over time for each year not covered. Otherwise, they would go into the major risk pool.

3) Require all states to return to small group pricing and rules (AB1672) similar to what occurred prior to the ACA except require all states to use a 10% plus or minus range with small groups being defined as 2 - 100 consisting of full time employees at 35 hours or more.

Priorities to Fix the Market

Next I asked the three industry experts what they think the top priorities would be to fix the health insurance market… Their responses varied greatly.

Rick Paul stated: "Two major flaws exist in today's health insurance market, discriminatory gouging/pricing and insuring, uninsurable risk." Both pricing and risk issues were discussed in his comments above.

Alan Katz responded as follows: "The problem with the health insurance market is that policy makers refuse to address and the public does not seem to recognize that the cost of health care coverage is driven primarily by the cost of health care. Any long-term, meaningful solution will require addressing already high and constantly increasing cost of care."

For Don Goldmann his top priorities would be , "Make creative and expanded use of major risk pools to resolve the uninsurable and hard to insure population. Create regulations to enhance transparency."

Potential Laws and Regulations for our Industry

None of us like laws and regulations much, but I asked all three experts if we HAD to have new laws for the industry, what do you think they should do or regulate?

Don Goldmann contributed: "Find pricing mechanisms that encourage the purchase of health insurance, but not mandate it."

Alan Katz simply stated: "I believe laws and regulations should assure that everyone in America can obtain health care coverage with meaningful benefits and responsible coverage."

Rick Paul shared his thoughts as follows: "Prescription laws that forbid advertisements and require that prescriptions be sold at the lowest price of the major industrial nations at the point of sale. Ban rebating. All emergency care/transportation and non-profit hospital care [should] be done at the Medicare allowable charge. Require providers to accept one and only price they accept for payment as a percent of the Medicare allowable. The provider is free to set the price as a percent of the Medicare allowable, e.g. 125%. Patients will understand how to shop providers and understand they could be balanced billed if the provider charges more than what their insurance covers. Allow for insurance companies and self-funded employers to fully underwrite their insured population and deem the uninsurable as such allowing them to become Medicare eligible."

Visions of a Perfect Health Insurance Market

Lastly, I asked the experts to share their vision of the perfect health insurance market. They shared vastly different visions.

Alan Katz had some interesting thoughts. "There is no perfect health insurance market, but there are many markets that would be better than what we had before the ACA and better than the ACA. I'm becoming increasingly interested in a version of an all-payer approach to health insurance in which providers are required to declare and publicize the percent of Medicare reimbursement they are charging while health plans offer products that establish and publicize the percent of Medicare reimbursement they will pay. Under this system network consumers know what they're buying will cover (e.g., a plan with a specified deductible, co-insurance and out-of-pocket maximum that covers up to 300% of Medicare) and what their treatment will cost them net of that coverage because they'll know if they're going to a provider that charges more than 300% of Medicare. This would be a simpler system for consumers that promotes transparency while enabling the public to find the coverage that best fits their unique needs. It dramatically changes the networking process (and the resulting fights between carriers and providers). Providers would set their reimbursement levels based on competition in their community and their costs. Administration costs would be reduced as providers would charge patients the same regardless of their health plan. Insurers would find it easier to set prices and have the flexibility to design plans that reward wellness and control costs. This transparent, all-payer approach would demonstrate once and for all whether the free market can work in the health care world, as all stakeholders in the system would be setting their pricing (or paying premiums) based on their competitive environment. It's also a system that requires no new taxes and, if the ACA subsidies continue, could provide meaningful and affordable health care coverage to all Americans. Again, it's not a perfect system, but it's better than what we've got or what we've had."

Don Goldmann had some interesting thoughts on this. "Pre-existing coverage guaranteed, but with financial and health care choice limitations for persons that do not choose to get and keep coverage on an ongoing basis. Pricing at the individual level that allows a maximum variation of coverage levels. No individual or group mandate. Small group up to 100 lives without mandated coverages and with pricing similar to California's old AB1672, but with a 10% plus and minus range required in all states. Reduced

Continued on Page 14

Feature Article, Continued from Page 13

paperwork for employers particularly on ERISA and any remaining ACA regulations that continue to affect businesses.

Conclusions & Common Thoughts

In summary, I hope I've shown you, through the eyes of various industry perspectives, that there are ideas out there that should be looked into. We, as industry experts, I feel are the best possible people to be solving our problems. Not the politicians. We have the expertise, the ideas, and the want to fix this, without a political agenda.

The most common themes discussed seem to be summarized as these:

- Pricing Transparency. It's needed and would resolve a lot of issues.
- Use a consistent, known base rate to pay providers and facilities. The most common discussed is a percentage of Medicare, which is known and accepted. In the self-funded world, we call this reference based pricing.
- Prescription Drug reform, getting rid of the additional layers put on the cost of drugs, regulate the industry and the add-on payments and rebates.
- Work on the underwriting problem… Come up with consistency in underwriting. Look at the use of risk pools or other ideas presented in this article.
  Education of the masses.

No one has all the answers. But some of us have a lot of good ideas. Why not share these and see where it goes?

I'd like to thank Rick Paul, Don Goldmann and Alan Katz for their contributions to this article. ##

Senior Summit Attendees

Compliance Corner: HIPAA Privacy & Security Updates, Continued from page 12

that the complaint did not present an eligible case for enforcement. These include cases in which:

- OCR lacks jurisdiction under HIPAA. For example, in cases alleging a violation by an entity not covered by HIPAA;
- The complaint is untimely, or withdrawn by the filer. The activity described does not violate the HIPAA Rules;
- The activity described does not violate the HIPAA Rules. For example, in cases where the covered entity has disclosed protected health information in circumstances in which the Privacy Rule permits such a disclosure.

From the compliance date to the present, according to HHS, the compliance issues investigated most are, compiled cumulatively, in order of frequency:

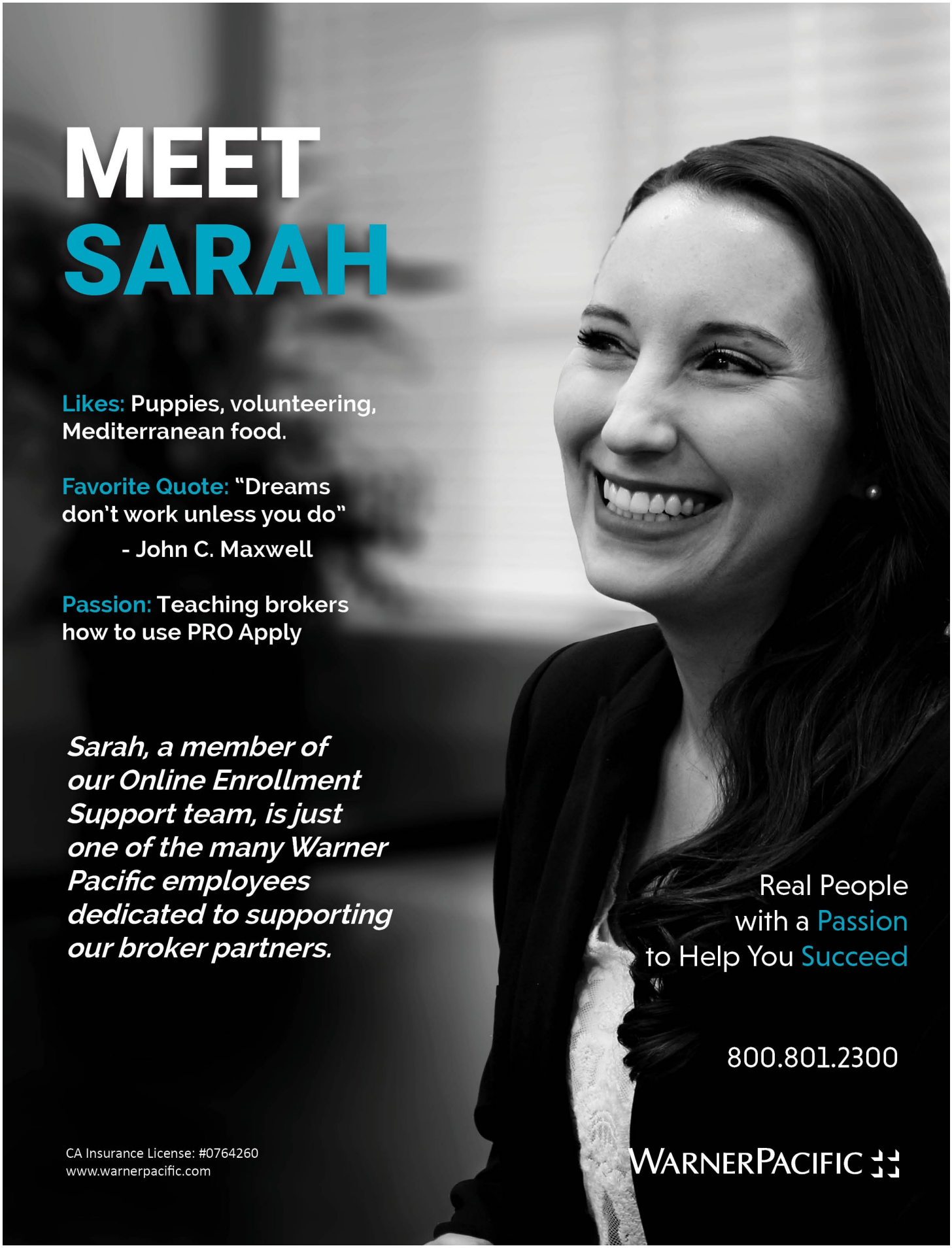
- Impermissible uses and disclosures of protected health information;
- Lack of safeguards of protected health information;
- Lack of patient access to their protected health information;
- Lack of administrative safeguards of electronic protected health information.
- Use or disclosure of more than the minimum necessary protected health information; and

The most common types of covered entities that have been required to take corrective action to achieve voluntary compliance are, in order of frequency: General Hospitals; Private Practices and Physicians; Outpatient Facilities; Pharmacies; and Health Plans (group health plans and health insurance issuers).

Referrals to the DOJ

OCR refers to the Department of Justice (DOJ) for criminal investigation appropriate cases involving the knowing disclosure or obtaining of protected health information in violation of the Rules. As of the date of this summary, OCR made 688 such referrals to DOJ.

Stay tuned for more HIPAA Privacy & Security Updates in the next issue! ##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Likes: Puppies, volunteering, Mediterranean food.
Favorite Quote: "Dreams don't work unless you do"
- John C. Maxwell
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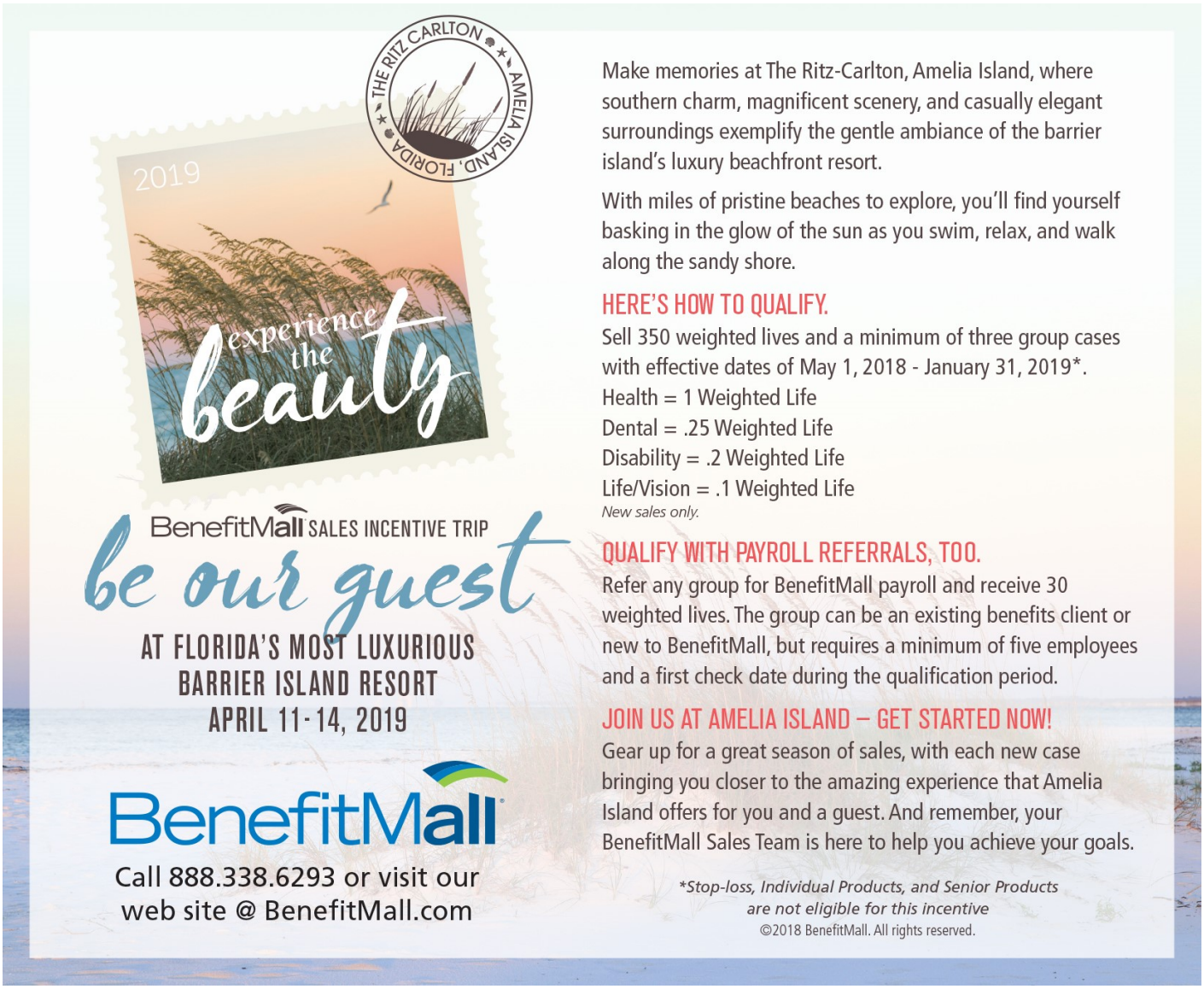

Single Payer Update, continued from page 10

mer Republican, running as an Independent. Poizner is the-industry-backed choice, having served it well during his previous tenure as Insurance Commissioner from 2007-2011. The framing of single payer as a right versus a political liability is a strong theme in this close race.

On August 28th, the Sacramento Bee announced a coalition of influential, well financed, business and health care organizations, including CAHU "that have long helped shape the legislative agenda in California and have joined forces to oppose any future effort to craft a universal, single-payer health care system for the nation's largest state. The main focus of the coalition, called 'Californians against the costly disruption of our health care,' is to kill any single-payer health care bill in the state Legislature, said Ned Wigglesworth, a political strategist for the coalition."

The California Nurses Association responded to the introduction of this heavy-weight coalition by stating that the union plans to introduce another single-payer bill next year and that anything short of that is insufficient. So looking ahead, we're seeing a lot of pressure in the legislature, and maybe some progress on single payer, but still there are BIG questions to address on cost and other important coverage issues.

Stay tuned for much more news in the next issue! ##

Author and Editor's Note: Special thanks to Faith Borges, California Advocates, for her assistance with this article.

DON'T MISS OCAHU'S CE DAY

TUESDAY, SEPTEMBER 11!

FURTHER SINGLE PAYER UPDATES WILL BE PRESENTED AT THIS SPECIAL EVENT!

COIN Compliance Corner Legal Brief *, Continued from page 12*

inal effective date (rather than the "less than 3 months" period currently in effect) and, with renewals or extensions, have a duration of no longer than 36 months in total.

The extended time frame means that policyholders do not have to re-apply for coverage every 3 months; re-applying could result in a new round of underwriting, a new deductible, higher premiums, and new pre-existing condition exclusions. So that consumers also understand, however, that the coverage offered is not as comprehensive as the coverage provided by individual health plans available from the marketplace, the regulations contain mandatory notice language that must be "displayed prominently in the contract and in any application materials" in at least 14 point sentence case type (not all capital letters).

The policies do not qualify as MEC coverage (because they do not satisfy the applicable definition of individual health coverage), but as of 2019 the individual mandate no longer applies (because the penalty for not having coverage was zeroed out). Among other potential coverage limitations, short-term, limited-duration policies do not have to cover "essential health benefits" or pre-existing conditions, may include annual or lifetime limits, and are not guarantee issue or guarantee renewable.

Some additional interesting details about the federal rule: no SBC is required; no foreign language requirements apply; loss of coverage does not create a special enrollment period to enroll in individual health coverage; loss of eligibility may create a special enrollment opportunity to enroll in a group health plan (29 C.F.R. § 2590.701-6); and these policies are not subject to the federal MLR standards.

These policies are also subject to applicable state law requirements, and in the preamble to the new rule the federal regulators frequently deferred to the states. As a result, state rules could alter or invalidate many of the federal standards discussed above.

California Variation: Existing California law, and a bill currently pending before the legislature (**S.B. 910**), may restrict the sale of these policies in California, notwithstanding any change in governing federal regulations.

California: Highlights

New Laws: The California Legislature returned from its summer recess on August 6th, and has until August 31st to send bills to the governor. The governor then has until September 30th to sign or veto those bills approved by the legislature. Already, Governor Brown has signed a few bills into law that may be of interest to employers, including (in brief):

A.B. 1785 - Medi-Cal Eligibility: Assets (Chapter 121): A.B. 1785 provides that under certain circumstances, principal, interest, and qualified distributions from a 529 savings plan would be excluded from consideration for purposes of determining eligibility for Medi-Cal benefits. Necessary approvals will have to be obtained from CMS.

A.B. 2770 - Privileged Communications: Communications by Former Employer: Sexual Harassment (Chapter 82): A legislative report summarizes this bill as follows: "This bill codifies California defamation case law as it relates to allegations of workplace sexual harassment, making it explicit in statute that: (1) employees who report sexual harassment to their employer are not liable for any resulting injury to the alleged harasser's reputation, so long as the communication is made based on credible evidence and without malice; (2) communications between employers and anyone with an interest in a sexual harass-

Continued on page 22

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Thanks to OCAHU's new Gold Sponsor, OSCAR!

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Membership News

New Members and Renewals! - Bill Brinegar, V.P. Membership

OCAHU is proud to announce the list of new members trough August 1

David D. Chappell, CIC

Michael Deary

Brent J. Hanson

Benny Lujan, CLU

Joseph LaPier Norfleet, Sr.

WELCOME NEW MEMBERS!

Upcoming Renewals - Please renew your membership soon!

Chris Borgen
Mark Boyes
Brian Haney
Barbara Hogan
Alexander Hunt
Stephen Scheneman
Brian Berry
Debit Callahan
Kaili Chang
Mailien Hoang
Courtney McFarland
Marianne Richards
Paul Strain

Dena Allchin
Denise Anderson
Gale Gajardo
Bianca Lee
Diana Miller
Lisa Montedore
Nancy Mundell
Brian Payson
Maria Perez-Flatt
Veronica Sandoval
Jay Semaan
Melissa Shaw
Kenda Taylor

OCAHU Is Proud To Announce New Members Recruited at Senior Summit, 2018!!!!

- Lauren Carmedella, Costal Partners Insurance Services
- Isabella Castro Janus, Peterka Insurance
- Marcello Castro, Castro Insurance Services
- Ululani Cook
- Carol Finney, Employee Benefits of California
- Wendy Guffre
- Michelle de Guzman, Berwick Insurance Group
- Thomas Lanphier, Lanphier Insurance Services
- Gary Leger, Leger Insurance Advisors
- Pamela Gallegos, Wealth Preservation Services
- Raul Morales, Raul Morales Insurance Services
- Eric Neilsen, Transcendent Planning
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Political Action Committee Report

By: Dan Abrams, OCAHU VP PAC

If your income is commission based, you know how important the work we do is. Consider making a monthly contribution to our PAC. Anywhere from $5 to $20 per month can make a huge difference. Or, become a diamond sponsor with a $1,000 to $2,000 contribution. Every PAC dollar counts!

These funds have proven to work, as our lobbyists have fought and won against legislation that would have threatened our financial stability as health insurance agents. For example, we have maintained the right to earn commissions for policies sold during Special Enrollment Periods. With ever decreasing compensation for health insurance agents this was no small feat.

Help PAC continue to fight and protect the rights of broker and consumer interests, including Single Payer threats! Contact me today if you have questions or want to contribute!

Thanks, Dan

Want to Help Fight Single Payer?

Then Give to CAHU PAC!

You can give monthly or make one-time donations.

Go to the OCAHU website or CAHU Website for a contribution form, or see any OCAHU Board Member!

Legal Brief (continued from page 18)

ment complaint, such as victims and witnesses, are not liable for any resulting damage to the alleged harassers reputation, as long as the communication is made without malice; and (3) former employers are not liable for any resulting injury to a former employee's reputation if, in response to inquiries from prospective employers, the former employers indicate that they would not rehire the former employee based on a determination that the former employee engaged in sexual harassment, so long as the statement is made without malice."

A.B. 2282 - Salary History Information (Chapter 127): Last year, the governor signed A.B. 168, which limits an employer's ability to use salary history to set the wage for a new employee. This bill clarifies the provisions of A.B. 168.

A.B. 2587 - Disability Compensation: Paid Family Leave (Chapter 80): The Paid Family Leave program provides employees with wage replacement benefits when they take time off work to care for a seriously ill family member or to bond with a minor child within one year of birth or placement. A.B. 908, which was signed into law in 2016, eliminated a statutory 7-day waiting period for Paid Family Leave benefits effective January 1, 2018. This bill deletes a provision of the law relating to the application of earned vacation benefits and the waiting period.

California Fair Employment and Housing Act (FEHA) Regulations: National Origin Protections: New rules took effect **July 1, 2018.** The new regulations expand the definition of "national origin," and prohibit certain employment practices relating to language restriction policies, accents, English proficiency, height and weight requirements, recruitment and job segregation, immigration-related practices, and retaliation and harassment.

Next Steps: Employers should watch for additional new developments—many workplace-related bills are pending in the legislature this year—and consult their employment counsel about the impact of these new laws and regulations on workplace policies.

Municipalities: Highlights

Minimum Wage: Effective July 1, 2018, the minimum wage increased in a number of municipalities, including Belmont (new), Emeryville, City of Los Angeles, County of Los Angeles (unincorporated areas only), Malibu, Milpitas, Pasadena, San Francisco, San Leandro, and Santa Monica.

San Francisco: The City of San Francisco has a number of ordinances in place that affect the workplace. The ordinances are administered by the Office of Labor Standards Enforcement (OLSE). Employers may be subject to these ordinances even if they have only one employee in San Francisco. Some recent developments include:

Paid Sick Leave Ordinance: New rules took effect June 7, 2018.

Minimum Wage Ordinance: The minimum wage increased to $15.00 per hour on July 1, 2018.

Consideration of Salary History Ordinance: This ordinance, also known as the Parity in Pay Ordinance, took effect on July 1, 2018.

Fair Chance Ordinance: Amendments to this ordinance will take effect October 1, 2018. In addition, as of October 1, 2018, the ordinance will apply to all employers with 5 or more employees (in any location).

Editor's Note: Marilyn Monahan can be contacted at Marilyn A. Monahan Law Office, 4712 Admiralty Way, #349, Marina del Rey, California 90292; (310) 301-3300 (office) or email her at marlyn@monahanlawoffice.com . ##

Senior Summit 2018

Mark Your Calendars!

OCAHU Monthly Meeting

Tuesday, October 9, 2018

Health Awareness & Today's Challenges

Hyatt Regency John Wayne Airport

4545 MacArthur Blvd, Newport Beach, CA

11am—1 pm

OCAHU Holiday Luncheon

Tuesday, December 11, 2018

JT Schmid's Anaheim

2610 E Katella Ave, Anaheim, CA

11 am-1 pm

CAHU Special Notice

California Supreme Court Ruling—Dynamex Operations West, Inc. Vs Superior Court

Ruling Which May Require 1099 Independent Contractors to Become W-2 Employees—Potential Impact on Agents!

CAHU wants to make you aware of a recent California Supreme Court ruling, Dynamex Operations West Inc. v. Superior Court (Dynamex) that could require many 1099 independent contractors to become W-2 employees. This could directly impact you as an agent/broker and affect independent contractors you hire.

Dynamex created a new worker classification standard referred to as the "ABC Test," to determine whether a worker is an independent contractor or an employee. Under this new rigid "ABC test," EVERY person will be considered an independent contractor only if the hiring entity can PROVE ALL THREE of the following:

(A) That the worker is free from the control and direction of the hiring entity in connection with the performance of the work, both under the contract for the performance of the work and in fact;

(B) That the worker performs work that is outside the usual course of the hiring entity's business; and,

(C) That the worker is customarily engaged in an independently established trade, occupation, or business of the same nature as the work performed.

CAHU is alarmed because agents could be required to become a W-2 employee for every single insurance carrier they contracted with or are appointed.

You should be aware that Dynamex will not be appealed, and is the law now. The court has refused to rehear the case which is unclear in terms of impact and retroactivity. The new standard could potentially reach back four years which

Continued on page 25

September 11, 2018

8:00 AM to 3:00 PM

(Speaker Line-up Subject to Change)

OCAHU's Annual CE Day Can't be Missed!
You'll walk away with 4 to 5 CE's and
TONS of useful information to help you in
your business.

VENUE CHANGE - SEPTEMBER EVENT ONLY!

Hyatt Regency Orange County | 11999 Harbor Boulevard | Garden Grove

Registration Fees: Member & First Time Guest: $50 | Non-Member: $75

Register online at ocahu.org

AGENDA

8:00 to 9 AM
Registration, Continental Breakfast and Vist with Sponsors

9 to 9:55 AM
ERISA 101: Plan Documentation Requirements
· Course 336958 | 1-HR CE
Marc McGinnis, Word & Brown

10 to 10:55 AM
Annual Legislative Review 2017-2018
· Course 363213 | 1-HR CE
Faith Lane Borges, CAHU Lobbyist

11 AM to 11:55 AM
The Options of a Single Payer System in California
· Course 363714 | 1-HR CE
Neil Crosby, Warner Pacific

12 to 1:00 PM
Visit with Sponsors, OCAHU Business , Charity Check Presentations and Lunch

1:00 to 1:55 PM
Health Plan Cost Containment in the Large Group Market
· Course 372071| 1-HR CE
Dorothy Cociu, Advanced Benefit Consulting

2:00 to 2:55 PM
To Be Announced

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Platinum Sponsors can be found on the back cover!

CAHU Notice— Continued from page 23

could financially destroy an agency/company that was fully compliant in operating under the previous standard of an Independent Contractor. This is because California's Labor Code Private Attorneys General Act provides statutory penalties.

CAHU has partnered with over 100 other associations to seek a legislative solution but key decision makers need to hear from you! This could negatively affect your commissions, ability to serve clients, ability to work independently and impact your tax reporting and deductions.

For more information or to sign-up and have your voice heard please visit https://imindependent.co to help stop this overreach from directly affecting your independence and ability to serve your clients!

If you have any questions, please direct them to info@cahu.org

MARK YOUR CALENDARS FOR OCAHU'S BUSINESS DEVELOPMENT SUMMIT

TUESDAY, FEBRUARY 8, 2019; Hyatt Regency, Newport Beach

A PERFECT STORM…. HEALTH & WELFARE FINANCIAL WELLNESS

Senior Summit, Continued from Page 6

other busy day. The exhibit hall opened at 7:30am and this gave attendees the chance to meet with vendors and talk to exhibitors and sponsors who made this such an affordable event for everyone to attend.

The main session began at 9am with the opening remarks, including a message from Rusty Rice, the current NAHU president. This was followed by a session from the main stage on Medicare Options for Retirement hosted by Teresa Campbell, and then the legislative panel, which was monitored by Ricky Haisha from SDAHU. The panel included our NAHU President Rusty Rice as well as John Greene, the NAHU VP of Congressional Affairs, and they were joined by James Michel the Director of Policy for the Better Medicare Alliance, Peter Bauer, the Region 9 SHIP liaison and a CMS Administrator. This was a fascinating discussion and really helped to clarify the future landscape of health care in this Country.

At this point all the attendees had the chance to choose from 5 different breakout sessions. The courses ranged in topics from an introduction to Long Term Care to Successful Marketing strategies, and even provided an update from CMS.

The exhibit hall was closed during lunch, so this allowed everyone to attend the Keynote presentation. The title of the presentation was "Better than Medicare". The presentation was made by James Michel from the Better Medicare Alliance and it provided a deep look into the trends of Medicare Advantage and compared price and health outcomes against traditional fee for service Medicare.

The exhibit hall was back open, then it was on to the afternoon breakout sessions. This time attendees had their choice of 6 more classes ranging from setting up a commission continuation plan to understanding physician and life insurance with Long Term Care hybrid. Following the second round of breakout sessions there was a panel on the challenges and issues with Prescription Drugs. Serving on the panel were Bill Hepscher, Director of Sales and Marketing for RX Manage, and Warren Phuong, Director of Pharmacy Strategy and Innovation Research for Scan Health Plan.

It was an unforgettable couple of days in the desert, and it's an idea that was started right here in Orange County and is quickly spreading around the Country. This year 25 different chapters hosted a Medicare summit based off the original idea created here in Orange County. We should be very proud of our organization and three tremendous leaders Maggie Stedt, Yolanda Webb, and Ricky Haisha, who planned this event along with Gail James Clarke and Dawn Carroll, who helped keep everything organized and running smoothly. We also would not have been able to put this event together without the contributions from Pat Stiffler and Maryann Trutanich. John Evangelista worked the membership table along with our new OCAHU Membership chair Bill Brinegar and together they brought in over 20 new members for our organization. If you didn't get the chance to join us this year, then please put it on your calendar and plan to see us at the 6th Annual Medicare summit next year!!! ##

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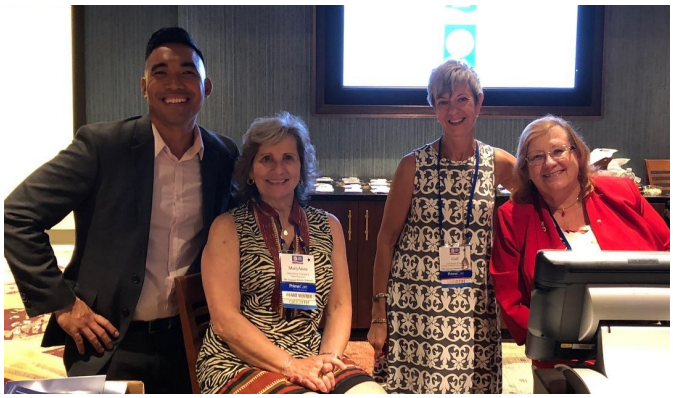
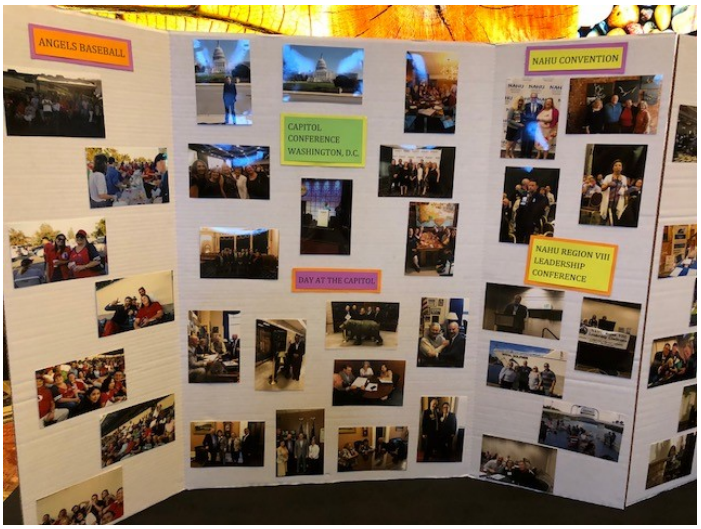
More Senior Summit 2018 Photos!





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- THE C.O.I.N. -

Please join us at our events!

SCHEDULE OF EVENTS:

September 11, 2018, **OCAHU CE Day, 8 am to 3 pm, LOCATION/VENUE CHANGE!!! Hyatt Regency Orange County, 11999 Harbor Blvd, Garden Grove, CA** (see page 24 for details!)

October 9, 2018, **OCAHU October Program**, 11am—1:00 pm, Health Awareness & Today's Challenges. Additional program information TBD, Hyatt Regency John Wayne Airport, 4545 MacArthur Blvd, Newport Beach, CA

November - no meeting to allow our members to focus on 4th quarter business!

December 11, 2018, **OCAHU Holiday Luncheon**, **JT Schmid's**, 2610 E Katella Ave, Anaheim, CA (details to follow), 11 am—1 pm