

**Orange
County Association of
Health
Underwriters**

**Volume 14, Issue 5
March/April 2020**



COIN

COUNTY OF ORANGE INSURANCE NEWS



*OCAHU
Members Visit
the Capitol at
NAHU
CapCon 2020
Photos
Inside!*



*OCAHU January, 2020 Meeting Draws
Standing-Room Only Crowd*

Inside this Edition:

- Feature Article: *California Imposes Employer Savings Plan Mandate for Employee Savings; CalSavers Deadlines Fast Approaching*
- Offering "Cash in Lieu of Benefits" Compliance Considerations
- Federal Legislative & Regulatory Update
- Compliance Corner—*Legal Briefing; Privacy & Security Updates and Enforcement*
- Covered California Announces Special Open Enrollment Period Through April 30
- Get Ready for Women In Business
- Schedule of Events

Feature Article:

California Imposes Employer Savings Plan Mandate for Employee Savings; CalSavers Deadlines Fast Approaching

Page 5

Offering "Cash in Lieu of Benefits"- Compliance Considerations

Page 12

COIN HOT TOPICS!!!

- ***California Employer Savings Plan Mandate (CalSavers)***
(page 5)
- ***HHS Issues Notice of Violation to California for its Abortion Coverage Mandate*** ***(page 8)***
- ***Covered California Announces Special Open Enrollment Period Through April 30, 2020*** ***(page 17)***



Why should you sell Medicare Advantage?

Because 10,000 seniors turn 65 every day.

PARTNER WITH AGA

Field marketing organizations (FMOs) can provide key support to help independent agents grow a successful career.

As an award-winning FMO, AGA offers several benefits for independent agents:

- 50% of your marketing budget paid for*
- Lifetime renewals with most carriers
- Multiple lead programs and community events*
- Specialized administrative departments

CALL US TODAY: 1-844-SALES-UP
or visit us online at: www.appliedga.com

*some restrictions apply



Table of Contents

Thank you for being a part of OCAHU!

<i>What's Inside</i>	<i>Page Number</i>
President's Message	4
Feature Article— California Imposes Employer Savings Plan Mandate for California Employers	5
Get Ready for Women in Business	7
Compliance Corner—Legal Briefs, HIPAA Privacy & Security Updates	8
In Memorium—Orange County Residents Involved in Helicopter Crash	10
OCAHU Sponsor Thank You Page	11
Offering "Cash in Lieu of Benefits"—Compliance Considerations	12
Legislative Update—What's Going on in Washington, DC	13
NAHU Capitol Conference Photos	16, 23
Covered California Announces Special Open Enrollment Period Through April 30th	17
Membership News & Value of Membership	19
New CAHU Podcast Release—Why Medicare-for-All & Public Options will Fail	19
OCAHU Board & Staff	20
Membership Has its Awards	21
Senior Summit 2020—Save the Date	22
Brokers Making a Difference	23
OCAHU Charity Golf Tournament for CF	24
CAHU-PAC Form—To be resubmitted by all contributors!	25
Follow OCAHU on Social Media	26
January Meeting Photos	26
Schedule of Events	28

Register Now for our March Meeting

March 10, 2020

Featuring Jason Gilbert,
Ascensus Government Savings
California's New Employer Retirement Mandate

See ad page 4

In the next issue...

Full OCAHU Business Development Summit Coverage
Full NAHU Capitol Conference Coverage



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.



President's Message

By: MaryAnna Trutanich

Happy New Year. I hope you had a wonderful holiday with family and friends. Congratulations for surviving the dreaded 4th quarter.

OCAHU started out strong with our January meeting hosting Parker Conrad of Rippling. It was the biggest meeting we've ever hosted with over 125 agents. There was a lot of positivity in the room. Thank you, Paul Roberts, for putting this together. Paul is working on another exciting meeting in March. Be on the lookout!!!

Next, your OCAHU Board and a few of our members are going to NAHU's Capitol Conference (CapCon), in our Nation's Capital. This is a unique and inspiring meeting held every year. This year may be a game changer. It's an election year and once again, our Industry is front and center. We will be meeting with Congressional Reps and Senators representing YOU the Agent. The conference will be one of the most important ever!

As soon as we get back from CapCon, OCAHU is hosting our annual Business Development Summit on Feb. 28, 2020 at the Doubletree in Orange. I'm excited to report that we had 9 CE's available for all lines of business (Small, Large, Voluntary, Life, Tech and Medicare). We also had 2 guest speakers, Faith Forges of CAHU talking Legislative Review and Jan Mess, VP of Education & Sales, Word and Brown on Generational Selling Gap-Are You Ready? Thanks to our over 45 exhibitors and sponsor partners! I hope you joined us for Happy Hour after! ##

**Register Now for OCAHU/IEAHU
Single Payer Certification Course**

April 14, 2019

Kaiser Permanente Anaheim Medical Office

Building 1

Register at ocahu.org

Register at ocahu.org



Monthly Luncheon | March 10th

NEW MEETING LOCATION!

**JT Schmid's Restaurant & Brewery
2610 E. Katella Avenue, Anaheim 92806
11 AM to 1 PM**



SPEAKER

Jason Gilbert

*Director, Institutional
Relationship Management
Ascensus Government Savings*



Feature Article: *California Imposes Employer Savings Plan Mandate for Employee Savings— CalSavers Deadlines Fast Approaching*

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

Background

Back in 2016, Governor Brown signed Senate Bill 1234, which required the state's Secure Choice Retirement Savings Investment Board to begin developing a workplace retirement savings program, known as CalSavers, for private sector workers whose employers do not offer a retirement plan. The program is required to have minimal administrative requirements for employers, and state law protects employers from any liability or fiduciary responsibilities. State law also requires that the program be exempt from ERISA.

This program launched a pilot initiative with a small group of participating employers in November, 2018, and beginning July, 2019, all employers could register for the program. ***This program requires all California employers with 5 or more employees to either provide a retirement plan for their workers, or register for CalSavers and facilitate employees' contributions to Individual Retirement Accounts.***

Compliance Deadlines

CalSavers initiated compliance deadlines, depending on business size. **For employers with over 100 employees, the deadline is June 30, 2020. For employers with 50-99 employees, the deadline is June 30, 2021, and for small employers with 5-49 employees, the deadline is June 30, 2022.**

I've personally heard fears and frustration from some California small employers, although I'm not sure those employers clearly understand what's required of them.

Cost to Employer

So is there a cost to the employer to offer CalSavers? "Although employers do not have to pay a fee to participate in CalSavers," stated Marilyn Monahan of Monahan Law Office, "there are administrative responsibilities the employer has to be prepared to implement. Planning ahead is essential."

These administrative requirements result in an indirect cost to the employer, as someone will have to do the work from the employer's office.

With the large employer (100 + employees) deadline fast approaching, I wanted to provide some helpful information to help calm the concerns. Smaller employers have more time, but still, they need to be prepared, as it will take some clerical and payroll-related training for those designated to register and later, process the contributions, etc.

CalSavers vs Company-Sponsored Retirement Plans

So what is the difference between setting up a CalSavers program and implementing your own retirement program for your employees? Money, time and flexibility. Setting up an employer-based retirement plan is not easy, and generally takes several months to set up. However, most employers with over 100 employees already have some type of retirement program. I personally think the largest percentage of enrollees will be the employers with under 100 employees. Only four in ten small businesses reportedly offer any type of retirement program to their employees. Lawmakers argue that this makes it very difficult for California employees working for small companies to properly prepare for retirement.

Common statistics show that Americans are 15-times more likely to save for retirement when they have a savings plan or other retirement plan available at work.

If an employer decides to set up their own company-sponsored retirement program, I highly recommend that they use the services of a qualified benefits consultant to assist them. Many of the smaller employers, I'm guessing, may opt to just sign up for CalSavers. Or they may sign up for CalSavers because they don't know that their benefit consultants could, in many circumstances, assist them in this function. Therefore, this is something consultants can and should consider discussing with their employer clients. I do want to caution both consultants and employers that anyone assisting with a retirement plan should be qualified to do so. Dabbling in pensions is dangerous, to say the least. Health brokers that don't do retirement plans may be

Continued on page 6

Feature Article, Employer Savings Plan Mandate (continued from page 5)

tempted to jump into this market as an additional revenue stream. I'd recommend you team up with another consultant or broker who has a lot of experience selling and servicing retirement plans. Many can be sold only with securities licenses.

Qualified employer-sponsored retirement plans include: Qualified pension plans; 401(k) plans; 403(a) plans; 403(b) plans; Simplified Employee Pension (SEP) plans; Savings Incentive Match Plan for Employees (SIMPLE) plans; Payroll deduction IRAs with automatic enrollment.

"For employers that do not want to bear the administrative burden and cost of setting up their own retirement plan, CalSavers is an opportunity to offer employees another way to save for their future," commented Marilyn Monahan.

Most employers use an outside payroll service, and these service providers may be able to assist with the majority of the processing work. "If you use a payroll service," commented Marilyn Monahan, "consult with the vendor in advance to be certain the vendor can assist with the CalSavers implementation and on-going administration, and coordinate—and define—the responsibilities of the vendor and the employer in each step of the process. Confirm whether there will be an additional charge, and amend the services agreement as necessary."

In my experience, most payroll companies will charge for this, as they tend to charge for each additional step and deduction the employer makes. But, as Marilyn stated, it's always best to do your homework up front, and not have any last minute surprises, especially financially.

It's also important to note that the state program is likely to have less bells and whistles than an employer-sponsored retirement plan. Employers may decide that starting their own plan will allow them to offer a plan that meets both the employer and employee needs.

Employer Requirements—Whether Enrolling or Exempt

It's important that employers understand that they are being asked to either enroll in CalSavers, or indicate that they are exempt if they already offer a retirement plan. It is unclear to me whether this is mandatory or just requested (this is a question I will ask at the OCAHU meeting on March 10th, but an email from CalSavers on February 20 stated "Employers that offer a qualified plan will register an exemption. Basically they're going through the registration link and they will enter their EIN, CA payroll tax account number and access code. It will then ask them if they offer a qualified plan and then what type of plan. That will complete the exemption process.").

Employers should log onto the state's website and begin their registration or exemption. Employers will be required to (as the email from CalSavers said) enter their California Employer Payroll Tax Account Number from the EDD, their Federal Employer Identification Number (EIN/TIN) and a CalSavers access code. There is help along the way for questions on the online registration process.

Employers will also need to set up delegates or payroll representatives, then create a payroll list with eligible, participating employees. Of course, after setup, the employer will have to have someone assigned to manage the account maintenance, like submitting contributions and updating payroll with new hires, etc. into the program.

Payroll-Deducted Plan Setup

CalSavers was set up to be a payroll-deducted IRA plan, and auto-enrolling employees at a 5% contribution rate, with a 1% auto escalation, up to 8% of the employee's salary. Employees will be able to opt out of the program at any time, and the account can follow them if they change jobs in California.

Automatic Enrollment

Employees who don't opt out of the plan will automatically be enrolled 30 days after their hire date or eligibility date, and their contributions will be fully vested from the first day. This is more favorable than some employer-sponsored retirement plans to the employees.

Can Business Owners Participate?

Business owners in California can enroll in CalSavers also, as long as they are also an employee on payroll. If they are not an employee but would like to participate, they will be allowed to do so, but contributions would have to come from a bank account rather than from the normal payroll deduction.

More Information

If employers need more information on the CalSavers program, they can speak to a representative at 855 650-6916, or email clientservices@calsavers.com. In addition, I'd recommend that members reading this article attend the OCAHU March lunch meeting, on March 10, from 11-1 at JT Schmid's Anaheim, where OCAHU will host Jason Gilbert, representing CalSavers, to educate our members on the program. You may even want to invite your clients. ##

Editor's Note: See page 4 for program ad for March 10, 2020 monthly meeting information.

Author's Note: This article is not intended to provide legal advice. I have gathered public information to assist you in understanding the basics of the employer mandate that requires employers not offering a retirement plan to register for the state-run CalSavers program.

Get Ready for Women in Business, June, 2020!

Join us for the 18th Annual Celebration of Women in Business Fashion Show and Luncheon on Friday, June 5, 2020 at the Balboa Bay Resort in Newport Beach, CA.

This year's theme is "Around the World in 80 Days". The lucky Grand Prize winner will receive at \$4,500 travel voucher for anywhere they would like to go. Imagine going on your "Bucket List" trip, taking a family trip or celebrating a special occasion with friends or loved ones.

As always, we will also have our very popular raffle baskets and Pop the Cork wine pull.

This year our Grand Event Pink Diamond Sponsor is Word & Brown. There are still sponsorships available at several levels.

Proceeds from this event benefit New Hope Grief Support Community. To find out more about New Hope please go to www.newhopegrief.org. See you on June 5th!



The Modern HSA Company

- ✓ Concierge Service
- ✓ 100% Paperless
- ✓ Payroll Sync



- ✓ Effortless Bulk Transfers
- ✓ One Simple Fee
- ✓ HSA Experts

See Why We Are The #1 Rated HSA

To learn more, schedule a demo

David Drzymkowski
Regional Director Business Development
david.drzymkowski@livelyme.com

COIN COMPLIANCE CORNER

What Agents and Your Clients Need to Know!



COIN LEGAL BRIEFS

By: Marilyn Monahan,
Monahan Law Office

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

Federal: Highlights

Further Consolidated Appropriations Act, 2020: The year-end funding bill—a.k.a. the Further Consolidated Appropriations Act, 2020—included several important changes to the Affordable Care Act (ACA) (H.R. 1865; Pub. Law 116-94). Among other changes, the funding bill repeals the Excise Tax on High Cost Employer-Sponsored Coverage (Cadillac Tax), the Medical Device Tax, and the Annual Fee on Health Insurance Providers (the last change is effective January 1, 2021). Also included within the funding bill is the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), which makes notable changes to retirement plan benefits.

The funding bill contains another important change administrators of self-funded plans need to note: the bill extended the Patient Centered Outcomes Research Institute Fee (PCORI) for 10 years (through September 30, 2029). Self-funded plans that thought they had filed their last Form 720 (and paid their last PCORI fee) on July 31, 2019—or thought they were about to file their last Form 720 this July—now have to file the form and pay the fee for another 10 years.

HHS Proposed Benefit and Payment Parameters: The Department of Health and Human Services (HHS) issued proposed benefit and payment parameters for 2021. Within that document, HHS proposed a 2021 maximum annual out-of-pocket cost sharing limit of \$8,550 for self-only coverage and \$17,100 for other than self-only coverage (the 2020 limits are \$8,150 and \$16,300).

The proposed notice also addresses treatment of drug manufacturer coupons on cost sharing limits, medical loss ratio rebates and drug rebates, among other topics. A fact sheet is

Continued on page 9

HIPAA Privacy & Security Updates—

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



There are no HIPAA Privacy & Security settlement agreements to report this issue, but I do have some important news from HHS/OCR.

HHS recently announced its annual adjustments to Civil Monetary Penalties for HIPAA, MSP and SBC violations. In addition, HHS issued a Notice of Violation to California for its Abortion Coverage Mandate, and announced a bulletin on HIPAA Privacy & The Novel Coronavirus.

HHS Issues Notice of Violation to California for its Abortion Coverage Mandate. OCR is issuing a Notice of Violation to the state of California, formally notifying California that it cannot impose universal abortion coverage mandates on health insurance plans and issuers in violation of federal conscience laws. California has deprived over 28,000 people of plans that did not cover elective abortion, but now must cover abortion due to California's mandate.

OCR's investigation arose from two complaints alleging that California engaged in unlawful discrimination when California's Department of Managed Health Care (DMHC) ordered, in August 2014, that all health plan issuers under its jurisdiction must offer coverage for elective abortion in every plan they offer. The two complainants are the Missionary Guadalupanas of the Holy Spirit, a Catholic order of religious sisters, and Skyline Wesleyan Church, a non-profit Christian church—organizations whose religious beliefs preclude them, in good conscience, from helping to pay for insurance coverage for elective abortions.

Pursuant to 45 CFR Part 88 (effective March 2011), OCR has completed the investigation of the complaints and determined that California violated the Weldon Amendment by mandating that California health care plan issuers cover elective abortion in each plan product, and continues to violate federal law by continuing to require objecting

Continued on page 14

COIN Legal Briefs, continued from page 8

available at this link:

DOL/EBSA: Notice: Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP): The Department of Labor (DOL) recently updated its model CHIP notice, with information current as of January 31, 2020. The form can be found at this link: <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/chipra>

Summary of Benefits and Coverage (SBC) and Uniform Glossary: On February 3, 2020, the Departments issued a new set of FAQs—Part 41—on SBCs. The new FAQs address two issues with regard to the recently updated SBC templates.

First, the FAQs explain that the recently revised forms—the 2021 SBC, 2021 Instructions, 2021 Guide and Narratives, and the 2021 Calculator (should plans choose to use the Calculator)—are to be used beginning on the first day of the first open enrollment period for any plan years (or, in the individual market, policy years) that begin on or after January 1, 2021, with respect to coverage for plan or policy years beginning on or after that date. Second, the FAQs explain that use of the updated Calculator is optional.

Medicare Secondary Payer (MSP): The Centers for Medicare & Medicaid Services (CMS) issued a proposed rule on February 18th that would amend the rules on when and how to calculate penalties when plans fail to comply with the MSP rules. (85 Fed. Reg. 8793.) More specifically, the proposed rule would specify how and when

CMS must calculate and impose civil money penalties (CMPs) when responsible reporting entities (RREs) fail to meet their MSP reporting obligations in any one or more of the following ways: When RREs fail to register and report as required; when RREs report as required, but report in a manner that exceeds error tolerances established by HHS; and when RREs contradict the information the RREs have reported when CMS attempts to recover its payments from these RREs. The comment period ends April 30th.

A.B. 5 – Common Law Employees & Independent Contractors: Many employers are trying to determine how A.B. 5 might affect their business. A.B. 5 creates a new test—the ABC test—employers must use (unless an exception applies) to determine if a worker is an independent contractor or a common law employee. Businesses that use independent contractors should consult with an employment lawyer to determine if those workers need to be reclassified as employees.

As that process moves forward, there is now some guidance available from the state to help explain to employers how the new test applies:

- California's Labor and Workforce Development Agency has published a list of FAQs: <https://www.labor.ca.gov/employmentstatus/faq/>

- The Employment Development Department (EDD) is offering seminars in a number of locations: [https://seminars.edd.ca.gov/Payroll Tax Seminars/](https://seminars.edd.ca.gov/Payroll_Tax_Seminars/)

Department of Fair Employment and Housing (DFEH) and the Employment Development Department (EDD): Over the last year, DFEH and EDD have revised a number of posters and brochures that employers must post or distribute to their employees. Employers should make certain they are using the most up-to-date materials. ##

(Editor's Note: Marilyn Monahan can be contacted at Marilyn A. Monahan Law Office, 4712 Admiralty Way, #349, Marina del Rey, California 90292; (310) 989-0993 or email her at marilyn@monahanlawoffice.com .

Your employees' health is key to your bottom line.

The last thing you should have to worry about is your employees' health. With Covered California for Small Business, we help tailor health plan options so your employees can get the coverage they want at a price that fits their budget and yours. Give your employees peace of mind and financial protection by offering them quality health insurance with access to doctors and hospitals that fit their needs – letting you focus on your bottom line.



COVERED CALIFORNIA
SMALL BUSINESS

CoveredCA.com/ForSmallBusiness | 844.332.8384



California and Municipalities: Highlights

blue of california

Health Net*

KAISER
PERMANENTE

OSCAR

SHARP
HEALTH PLAN

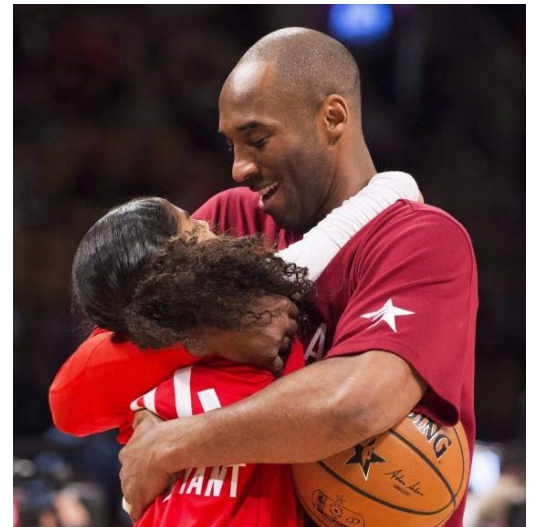
Insurance companies vary by region. Oscar coverage will be available starting January 1, 2020.

In Memorium

Orange County Mourns The Loss of its Community Members

To our neighbors, friends, members of our schools, churches and communities...

Rest in Peace....



The Board of Directors of the Orange County Association of Health Underwriters wish to offer our thoughts and prayers to everyone affected by this horrific tragedy. To the families involved, our hearts are with you.

Orange County Residents Who Perished:

Kobe & Gianna Bryant

John, Keri & Alyssa Altobelli

Christina Mauser

Sarah & Payton Chester

Ara Zobayan

SPECIAL THANKS TO OUR ANNUAL CORPORATE SPONSORS!

Platinum Level



Gold Level



Silver Level



Bronze Level





Offering “Cash in Lieu of Benefits” – Compliance Considerations

Paul Roberts, VP Professional Development – OCAHU

Employers commonly ask their health insurance brokers if they can offer a cash payment to an employee in lieu of paying for

that employee’s benefits. Brokers are often puzzled about this too, and lean on others for help on this hot topic.

An employer is permitted to do this under the law, and it is referred to as a “cash in lieu of benefits” option (or a “pay in lieu of benefits” option). However, there are compliance aspects brokers need to be aware of when guiding an employer through this option.

In these arrangements, the employer can offer a taxable “opt out” amount to an employee, if the employee waives coverage under the employer’s group plan because that employee has other group coverage (e.g., a spouse’s plan or parents’ plan).

When a “cash in lieu of benefits” plan is offered, the option will always be taxable. The option should also be offered to employees alongside a Premium Only Plan (POP), which allows employees to choose the taxable “cash in lieu of benefits” option, or choose to use pretax dollars to fund their share of health insurance premiums.

When “cash in lieu of benefits” is offered to employees, the benefit cannot discriminate to employees based on “would-be” premium costs. Thus, the “cash in lieu of benefits” amount should be a single flat-dollar amount set by the employer, and should be consistently offered to all eligible employees. Furthermore, the option should not be provided to enable an employee to purchase an individual health policy.

If the employer offering the “cash in lieu of benefits” option is an Applicable Large Employer (ALE) under the Affordable Care Act (ACA) – that is, the employer averaged 50 or more full-time plus full-time-equivalent (FT+FTE) employees for the twelve months of the preceding tax year – special requirements apply. The “cash in lieu of benefits” amount must be included in the ACA affordability determination, unless that option is considered an “eligible opt out arrangement.” In order for the option to be considered an “eligible opt out arrangement,” the employee must waive employer-sponsored coverage, **and** must attest annually that he/she has Minimum Essential Coverage (MEC) from a source other than an Individ-

ual & Family Plan.

An example: The premium for the lowest-cost minimum value plan is \$400/month. The employer contribution is 50%, so the employee pays \$200/month. The employer also offers all eligible employees \$100/month as a “cash in lieu of benefits” amount if they decline coverage.

- If the \$100 “cash in lieu of benefits” amount must be counted into ACA affordability because the “cash in lieu of benefits” option is not considered an “eligible opt out arrangement,” the employee cost for self-only coverage will be \$300/month (\$200 premium + \$100 “cash in lieu of benefits” amount). From the IRS’s perspective, the employee has to forgo the \$100/month “opt out” amount in addition to having to pay the \$200/month for coverage.

If the opt out payment *does not* have to be counted because it *is* considered an “eligible opt out arrangement,” the employee cost for self-only coverage will be \$200/month. Employers should always include “cash in lieu of benefits” policies in their employee handbooks. This allows for transparency and equal treatment of all employees across the board. It also helps protect the employer against potential discrimination concerns because of this transparency and fair treatment provided by the handbook policy. The employer would be wise to also consult an ERISA attorney ahead of setting up this option to ensure full compliance with all ERISA notification requirements that may apply.

If employers feel uncertain setting up a “cash in lieu of benefits” option, it is best to refer them to legal counsel or a CPA to ensure full compliance with the law. Unfortunately, there are gray several areas in this law.

The Word & Brown Compliance team is available on standby, to help you with any and all of your compliance inquiries. You can reach us at ComplianceSupport@wordandbrown.com or 866.375.2039, or may reach out to me personally. ##

In the Next Issue:

OCAHU Business Development Summit 2020

Full Coverage and Photos!



Legislative Update:

What's Going on in Washington DC

By: David Benson, OCAHU V.P. Legislation

The deadline to introduce new bills in the California State Legislature runs out February 21st. Our Legislative Committee will meet in March to decide which healthcare related bills we will be following throughout the year and what position we should take on each bill.

We currently have plenty of legislative activity going on in Washington DC. Every Friday the National Association of Health Underwriters (NAHU) emails all members an update on legislative activity. Here is a summary of some of the legislative activity that has taken place since the beginning of the year. The full story is available in your weekly Washington Update.

Supreme Court Rejects Request to Expedite ACA Lawsuit

The Supreme Court has rejected Democrats' request for the court to review *Texas vs. United States*, the case that will ultimately decide the fate of the ACA, prior to the 2020 election. At the end of December, 2019, a federal appeals court agreed that the ACA's individual mandate is unconstitutional; however, when reviewing whether the individual mandate could be separated from the rest of the ACA, the appellate court sent that question back to the district court to provide additional analysis of the provisions of the ACA as they currently exist that was not provided in the lower court's previous decision. Soon after that decision, the Democratic attorneys general defending the ACA appealed and requested that the Supreme Court rule on the law's constitutionality as soon as possible.

NAHU is closely watching this ongoing legal challenge and is working with policymakers for various outcomes. We are concerned that should this ruling be upheld by the higher courts that it could be enormously disruptive to the entire healthcare system, well beyond the scope of the major reforms and provisions under the ACA. We have long advocated efforts at all levels of government to bring more stability to the healthcare system, and a complete reversal of the ACA has the potential to lead to widespread chaos throughout the healthcare system. Additionally, it could potentially upend much of the progress being made at the regulatory level on issues like reducing drug costs and payment reform, which are only tangentially related to core provisions of the ACA, but would be overturned under this ruling. Regardless of the final outcome, we will be working closely with legislators and regulators to ensure as little disruption as possible and to advocate for solutions to stabilize the healthcare system.

CMS Expected to Release Guidance on Medicaid Block Grants

The Trump Administration is in the final stages of a plan that permits states to convert a portion of its Medicaid funding to block grants. Medicaid funding is currently open-ended, but block grants would have the federal government provide a fixed amount of funding and allow the state more control over their Medicaid program. A letter from CMS Administrator Verma explaining how states could receive waivers for block grants is expected by the end of next week.

Block grants allow the federal government to give states a lump sum annually to cover Medicaid costs without having to obey some of the rules outlined by the ACA. Block grants have been part of the conservative platform to tackle Medicaid spending since the Reagan administration. Congressional Republicans attempted to make the change as part of their effort to repeal the ACA in 2017 but failed. The Trump Administration has been working on a plan to implement this change for about a year, going back and forth on exactly how to approach the shift.

Medicare Secondary Payer

The Medicare Secondary Payer statute prohibits a group health plan from "taking into account" the Medicare entitlement of a current employee or a current employee's spouse or family member and imposes penalties for violations. The indexed amounts for violations applicable to employer-sponsored health plans are as follows:

- *Penalty for offering incentives to Medicare-eligible individuals not to enroll in a plan that would otherwise be primary: \$9,639 (up from \$9,472).

- *Penalty for willful or repeated failure to provide requested information regarding group health plan coverage: \$1,569 (up from \$1,542).

- *Penalty for responsible reporting entities that fail to provide information identifying situations where the group health plan is primary: \$1,232 (up from \$1,211).

Summary of Benefits & Coverage

An SBC generally must be provided to participants and beneficiaries before enrollment or re-enrollment in a group health plan. The penalty for a health insurer's or non-federal governmental health plan's willful failure to provide an SBC is \$1,176 (up from \$1,156) for each failure.

These adjustments are effective for penalties assessed on or after January 17, 2020, for violations occurring on or after November 2, 2015.

What's Next in the Surprise-Billing Debate?

The Lower Health Care Costs Act, which has evolved

Continued on page 16

health care entities protected by the Weldon Amendment to cover elective abortion. With this Notice, OCR requests that California inform OCR, within thirty days, whether California will continue to enforce its requirement that all health plans cover elective abortions, or whether it will agree to take corrective action and remedy the effect of its discriminatory conduct.

If, after 30 days, OCR does not receive sufficient assurance that California will come into compliance with federal law, OCR will forward the Notice of Violation and the evidence supporting the OCR findings in this matter to the HHS funding components from which California receives funding for appropriate action under applicable grants and contracts regulations. This action may ultimately result in limitations on continued receipt of certain HHS funds.

For more information, go to hhs.gov/ocr/privacy, and find notice dated January 24, 2020.

HHS has announced its annual adjustments of civil monetary penalties for statutes within its jurisdiction in accordance with a 2015 law requiring annual adjustments for inflation by January 15 of each year. The latest amounts are based on a cost-of-living increase of 1.01764%. Here are highlights of the adjustments potentially affecting employer-sponsored health plans:

HIPAA Administrative Simplification. HIPAA administrative simplification encompasses standards for privacy, security, breach notification and electronic healthcare transactions. The HITECH Act substantially increased the penalty amounts for violations of these standards, creating four categories of violations that reflect increasing levels of culpability and establishing minimum and maximum penalty amounts, as well as an annual cap on penalties for multiple violations of an identical provision. The indexed penalty amounts for each violation of a HIPAA administrative simplification provision are as follows:

- Tier 1—lack of knowledge: The minimum penalty is \$119 (up from \$117); the maximum penalty is \$59,522 (up from \$58,490); and the calendar-year cap is \$1,785,651 (up from \$1,754,698).
- Tier 2—reasonable cause and not willful neglect: The minimum penalty is \$1,191 (up from \$1,170); the maximum penalty is \$59,522 (up from \$58,490); and the calendar-year cap is \$1,785,651 (up from \$1,754,698).
- Tier 3—willful neglect, corrected within 30 days: The minimum penalty is \$11,904 (up from \$11,698); the maximum penalty is \$59,522 (up from \$58,490); and the calendar-year cap is \$1,785,651 (up from \$1,754,698).
- Tier 4—willful neglect, not corrected within 30 days: The minimum penalty is \$59,522 (up from \$58,490); the maximum penalty is \$1,785,651 (up from \$1,754,698); and the calendar-year cap is



EXPERTS IN HSA, FSA, HRA, COBRA, AND COMPLIANCE

Contact
Jeff Strong or Dan Galletto
1.800.617.4729
www.SterlingAdministration.com

\$1,785,651 (up from \$1,754,698). [EBIA Comment: The calendar-year caps for Tiers 1–3 do not reflect the enforcement discretion announced by HHS in April 2019, which significantly reduces the penalty caps for those tiers, perhaps because HHS still has not formalized the enforcement discretion.]

HIPAA Privacy & Novel Coronavirus

On February 3, 2020, HHS released a bulletin on the Coronavirus outbreak and how HIPAA relates in such circumstances.

In light of the Novel Coronavirus (2019-nCoV) outbreak, the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) is providing this bulletin to ensure that HIPAA covered entities and their business associates are aware of the ways that patient information may be shared under the HIPAA Privacy Rule in an outbreak of infectious disease or other emergency situation, and to serve as a reminder that the protections of the Privacy Rule are not set aside during an emergency.

Continued on page 15



You're the *Greatest Of All Time.

At Word & Brown, we're all about helping you be the very best broker you can be — offering access to no-cost tech tools, product and sales education, and years of expertise on demand.

From sales and marketing, to intelligent quoting, enrollment, and underwriting, we keep pushing ourselves to provide you what you need to be the G.O.A.T. for your block of business.

Word&Brown.

wordandbrown.com

Orange County | 701 South Parker, Suite 8000, Orange, CA 92868 | 800.869.6989

HIPAA Privacy & Security Updates, continued from page 14

The HIPAA Privacy Rule protects the privacy of patients' health information (protected health information) but is balanced to ensure that appropriate uses and disclosures of the information still may be made when necessary to treat a patient, to protect the nation's public health, and for other critical purposes.

The U.S. Centers for Disease Control and Prevention (CDC) has advised: if you were in China within the past 14 days and feel sick with fever, cough, or difficulty breathing, you should get medical care. Call the office of your health care provider before you go and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others. More information from the CDC available at: [https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-](https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf)

[ncov-factsheet.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf).

[Sharing Patient Information](#)

Treatment Under the Privacy Rule, covered entities may disclose, without a patient's authorization, protected health information about the patient as necessary to treat the patient or to treat a different patient. Treatment includes the coordination or management of health care and related services by one or more health care providers and others, consultation between providers, and the referral of patients for treatment. See 45 CFR §§ 164.502(a)(1)(ii), 164.506(c), and the definition of "treatment" at 164.501.

Public Health Activities The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protect-

Continued on page 18

Federal Legislative Updates, continued from page 13

significantly since it was the first introduced last summer, would set a median in-network rate for out-of-network provider rates based upon the geographic area, but would allow the provider to appeal via “baseball style” arbitration if the bill is over \$750. The plan would also mandate that a provider cannot go to arbitration with the same party over the same service within 90 days, to prevent overuse of arbitration. The plan would also tackle air ambulance bills, for which it would set a median in-network rate and only allow the provider to use arbitration if the bill is over \$25,000.

The statement released by the Ways and Means Committee claims that their solution would heavily favor arbitration over benchmarking, the approach that powerful physician groups have lobbied intensely for. Last year it became public knowledge that a “dark money group,” funded by private equity

firms, spent over \$50 million on ads against the benchmarking solution and in favor of arbitration. Many large physician staffing companies are owned by private equity firms, and in several instances these firms make balance billing a part of their business model.

NAHU opposes arbitration due to its potential to add to higher costs of healthcare, particularly for self-insured plans and individuals enrolled in such coverage that would face the costs of arbitration passed on through higher premiums, co-pays, deductibles and other costs. ##

NAHU's Capitol Conference Photos 2020



Top: Jim Douglas with Congressman Harley Rouda; Bottom: Pat Stiffer, MaryAnna Trutanich, Jessica Word and Dorothy Cociu at HUPAC Reception in Washington, DC.

Stay Tuned!

**Full Capitol Conference 2020 Coverage in
the May-June, 2020 Issue of the COIN!!!**

ease

Grow Your Agency Like Never Before

Spend less time manually submitting Open Enrollment and mid-year changes to your carriers. Make submissions faster, more accurate, and more secure with Ease's carrier connections.



Simple connection setup



Enrollment submitted directly to carriers



Businesses down to 2 employees



Easily add new lines of coverage

With more than 4,000 connected groups, Ease is leading in innovation and carrier connections. Ready to transform benefits administration?

Contact us at requestinfo@ease.com or 1-800-446-EASE, let us know you saw this ad at OCAHU, and get 10% off a new subscription!*

*10% discount can only be applied to new subscribers, upgrades not eligible for discount.



177202-DM

Helping your clients save money has never been easier!

Learn more about Beam
at beam.broker/OCAHU



BSM-0130-2019



Covered California Announces Special Open Enrollment Period Through April 30th

Covered California announced on February 18 that it will establish a special-enrollment period for those who were unaware of the new state penalty or new financial help. Consumers who will fall into those categories, or who are currently insured off-exchange (directly through an insurer) and want to switch to covered California to benefit from the new state subsidies will have through April 30th to sign up.

The link to the announcement and details can be found at:
<https://www.coveredca.com/newsroom/news-releases/2020/02/18/new-california-policies-make-huge-difference-increasing-new-signups-during-covered-californias-open-enrollment-by-41-percent/>

##

Thanks to Our OCAHU Platinum Sponsors!



ed health information that is necessary to carry out their public health mission. Therefore, the Privacy Rule permits covered entities to disclose needed protected health information without individual authorization:

To a public health authority, such as the CDC or a state or local health department, that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability. This would include, for example, the reporting of disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. A “public health authority” is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. See 45 CFR §§ 164.501 and 164.512(b)(1)(i). For example, a covered entity may disclose to the CDC protected health information on an ongoing basis as needed to report all prior and prospective cases of patients exposed to or suspected or confirmed to have Novel Coronavirus (2019-nCoV).

At the direction of a public health authority, to a foreign government agency that is acting in collaboration with the public health authority. See 45 CFR 164.512(b)(1)(i).

To persons at risk of contracting or spreading a disease or condition if other law, such as state law, authorizes the covered entity to notify such persons as necessary to prevent or control the spread of the disease or otherwise to carry out public health interventions or investigations. See 45 CFR 164.512(b)(1)(iv).

Disclosures to Family, Friends, and Others Involved in an Individual’s Care and for Notification A covered entity may share protected health information with a patient’s family members, relatives, friends, or other persons identified by the patient as involved in the patient’s care. A covered entity also may share information about a patient as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the patient’s care, of the patient’s location, general condition, or death. This may include, where necessary to notify family members and others, the police, the press, or the public at large. See 45 CFR 164.510(b).

The covered entity should get verbal permission from individuals or otherwise be able to reasonably infer that the patient does not object, when possible; if the individual is incapacitat-

Continued on page 20



Health Net is proud to support OCAHU.

Providing communities with affordable health coverage for 40 years.

Coverage for every stage of life™

Health Net is a registered service mark of Health Net, LLC. © 2019 Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, LLC. All rights reserved.

Visit our Facebook Page for hundreds of photos from our various events held throughout the years! Don’t forget to Like & Follow for up-to-date notifications.



www.facebook.com/OCAHU

Mark Your Calendars and Register

OCAHU March Meeting—March 10

OCAHU-IEAHU Hosts NAHU Single Payer Course April 14

Golf Tournament April 20

OCAHU Meeting, Program & Cinco De Mayo Celebration May 5

Membership News

We'd like to welcome the newest members of OCAHU!

Marcy Alvarez
 Marcelo Castro
 Darrel Fryer
 Renee Gonzalez
 Francesca Messano
 Chelsea Tolliver

Lapsed Members—Please Renew Today!

Samuel	Arciniega
Melissa	Calabretta
Judy	Henry
Suzette	Karsting
Donna	McKeehan
Vanessa	Monarrez
Lisa	Montedore
Raul	Morales
Hoa	Nguyen
Ryan	O'Connell
Brian	Payson
Kerri	Peterson
Barbara	Rapp-Geerlings

Not a member? Please join now!

Contact John Evangelista at
 (949) 452-92019, or by email at
john.evangelista@coloniallifesales.com.



WHAT IS THE
ANNUAL VALUE
OF NAHU MEMBERSHIP?



Thank You OCAHU Sponsors!!!

Platinum:

AGA, Kaiser Permanente

Gold:

Beam Dental, Word & Brown

Silver:

OSCAR, Lively, Ease, Monarch Health Care

Bronze:

Sterling Administration, Confido,

Covered California, Health Net

CAHU PODCAST SERIES—NEW RELEASE—Medicare-for-All and Public Option Proposals

Designed to allow CAHU members to share with their office staffs, employer clients and consumers! Check out CAHU's new Podcast Series at <http://anchor.fm/cahu> and cahu.org/our-issues, or on [Spotify!](#) (search CAHU) or at cahu.org.

On March 3, a new podcast will be released, where Dorothy Cocu interviews NAHU V.P. Government Affairs Marcy Buckner, on current & pending legislative issues, as well as updates on the Presidential Election, including a look at candidate proposals and why the Medicare-for-All and Public Options won't work! A Must-Listen!

OCAHU Board of Directors and Staff 2019-2020

Contact Information

PRESIDENT

MaryAnna Trutanich
Kaiser Permanente
Tel: (626) 824-8962
maryann.m.trutanich@kp.org

PRESIDENT-ELECT

Jo Ann Vernon
PrimePay
Tel: (720) 989-4950
jvernon@primepay.com

IMMEDIATE PAST-PRESIDENT

Ryan Dorigan
AGA
Tel: (714) 783-7871
rdorigan@appliedga.com

VP of COMMUNICATIONS & PUBLIC AFFAIRS

Dorothy Cociu, RHU, REBC
Advanced Benefit Consulting
Tel: (714) 693-9754
dmcociu@advancedbenefitconsulting.com

VP of FINANCE & GOLF CHAIR

Juan Lopez
Colonial Life / AGA
Tel: (714) 357-0600
juan.lopez1@me.com

VP of LEGISLATION

David Benson, LUTCF
DCB Insurance Services
Tel: (949) 328-9110
david@dcbins.com

VP of MEMBERSHIP

John Evangelista, LPRT
Colonial Life
Tel: (949) 452-9206
John.evangelista@coloniallifesales.com

VP of POLITICAL ACTION

Grant Moulden
LISI
Tel: (714) 425-7227
gmoulden@lisibroker.com

VP of PROFESSIONAL DEVELOPMENT

Paul Roberts, BBA
Word & Brown
Tel: (800) 869-6989
proberts@wordandbrown.com

EXECUTIVE DIRECTOR

Gail James Clarke
Gail James Association Mgmt.
Tel: (714) 441-8951, ext. 3
orangecountyahu@yahoo.com

GENERAL BOARD MEMBERS AWARD/HISTORIAN

Sarah Knapp
Colonial Life
Tel: (949) 463-8383
sarah.knapp@coloniallifesales.com

MEMBER RETENTION

Kandi Brennan
Filice Insurance
Tel: (949) 209-5015
kandi@filice.com

MEMBER RETENTION

Lizette Weinstein
Filice Insurance
Tel: (949) 209-5019
Lizette@filice.com

PUBLIC SERVICE & WIB CHAIR

Patricia Stiffler, LPRT
Options in Insurance
Tel: (714) 695-0674
keystonepatty@aol.com

SENIOR SUMMIT

Maggie Stedt, CSA, LPRT
Stedt Insurance Services
Tel: (949) 492-8234
stedtins@cox.net

SOCIAL MEDIA

Brett Buettner
Buettner Insurance Agency
Tel: (714) 377-0600
brett@biabenefits.com

SPONSORSHIP

John Austin
CHOICE Administrators
Tel: (714) 542-4200
jaustin@choiceadmin.com

VANGUARD

David P.B. Ethington
Integrity Advisors
Tel: (714) 664-0605
david@integrity-advisors.com

HIPAA Privacy & Security Updates, continued from page 18

ed or not available, covered entities may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.

In addition, a covered entity may share protected health information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, for the purpose of coordinating the notification of family members or other persons involved in the patient's care, of the patient's location, general condition, or death. It is unnecessary to obtain a patient's permission to share the information in this situation if doing so would interfere with the organization's ability to respond to the emergency.

Disclosures to Prevent a Serious and Imminent Threat

Health care providers may share patient information with anyone as necessary to prevent or lessen a

serious and imminent threat to the health and safety of a person or the public – consistent with applicable law (such as state statutes, regulations, or case law) and the provider's standards of ethical conduct. See 45 CFR 164.512(j). Thus, providers may disclose a patient's health information to anyone who is in a position to prevent or lessen the serious and imminent threat, including family, friends, caregivers, and law enforcement without a patient's permission. HIPAA expressly defers to the professional judgment of health professionals in making determinations about the nature and severity of the threat to health and safety. See 45 CFR 164.512(j).

Minimum Necessary For most disclosures, a covered entity must make reasonable efforts to limit the information disclosed to that which is the "minimum necessary" to accomplish the purpose. (Minimum necessary requirements do not apply to disclosures to health care providers for treatment purposes.) Covered entities may rely on representations from a public health authority or other public official that the requested information is the minimum necessary for the purpose, when that reliance is reasonable under the circumstances. For exam-

Continued on page 24



Membership has its “Awards”

By: Sarah Knapp, OCAHU Awards Chair & Historian

LPRT

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.

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 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 click on Resources > “Promote Yourself” > LPRT for more information on how you can qualify for this exclusive membership.

TRIPLE CROWN AWARD

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 mission. Like any Triple Crown, it recognizes accomplishment in three key areas. To qualify for the Triple Crown, within a calendar year a member must cover the following areas:

HUPAC: Participate in the \$10 x 12 draft program or

Continued on page 22

Orange County loves Oscar!

- ✓ **Our small group rates are stable and competitive.** Year over year, our Q1 2020 rates increase by less than 1% (.9%).
- ✓ **Our provider network is strong** - 14,000 physicians and top hospitals like Hoag and Mission.
- ✓ **All Oscar plans get all the Oscar perks.** Access to free and unlimited Doctor on Call, Step Tracking, and dedicated Concierge team.
- ✓ **More ways to sell Oscar!** Oscar Small Group is also available on CaliforniaChoice, and now, on Covered California Small Business!



Contact Rachael Jones at rachael@hioscar.com or visit hioscar.com to learn more.

oscar

contribute \$150 total. This is a separate from your CAHU PAC contribution.

Membership: Recruit at least two new members.

Advocacy: Use Operation Shout to send at least three messages.

That's it. It's as simple as 1, 2, 3! To find out more about the President's Triple Crown Program, visit NAHU.org click Resources > Promote Yourself> Media Tools> Triple Crown Template

REBC

Earning the **Registered Employee Benefits Consultant® (REBC®)** designation elevates your credibility as a professional. The field of employee benefits continues to evolve rapidly. To best serve their clients, professionals need to have a current understanding of the requirements, benefits, and restrictions associated with each type of benefit or program as a method for meeting economic security. The designation program analyzes group benefits with respect to the ACA environment, contract provisions, marketing, underwriting, rate making, plan design, cost containment, and alternative funding methods. The largest portion of this course is devoted

DO YOU HAVE A TRUSTED PBM PARTNER WITH THE VISION & INSIGHT TO HELP YOU NAVIGATE A CLEAR PATH TO SUCCESS?



At Confidio, we guide you to a balanced pharmacy program that minimizes drug spend and maximizes patient outcomes. We optimize the value of pharmacy benefits through advanced data analytics and deep insider expertise.

Our approach is powerful, proven – and trusted.



Pharmacy solutions you can trust.

502 Washington Avenue, Suite 450
Towson, MD 21204

443-767-7200 confidio.com

Continued on page 26



SAVE THE DATE

**Details coming
soon!**

7th ANNUAL SENIOR SUMMIT

WHEN

September 1, 2020

thru

September 3, 2020

WHERE

Pechanga Resort & Casino

45000 Pechanga Parkway | Temecula 92592

**FEATURING · EXHIBITS · KEY NOTE SPEAKERS ·
BREAKOUT SESSIONS · PRODUCT SOLUTIONS ·
TRAINING**

Brokers Making A Difference

“Our Goal is to help all individuals and employers find appropriate health insurance at an affordable cost”

The Brokers Making a Difference website is designed to inform consumers, legislators and the media about the tireless work agents and brokers do in guiding their clients through the complex task of complying with numerous state and federal regulations while choosing and maintaining appropriate coverage at an affordable price. The website includes an interactive map where people can view specific examples of how brokers help

their clients and gain a better understanding of the broker’s role as an advocate and educator. This website highlights the vital role of benefit specialists in the health care industry and the value they bring to their clients throughout the year.

Visit: www.brokersmakingadifference.org

The website includes links for:

Workplace Health Insurance
Individual and Family Health Insurance
Medicare

Photos From NAHU’s Capitol Conference 2020



*Above: OCAHU Members at
NAHU’s Capitol Conference 2020*

*Full Coverage will be featured in
the May-June, 2020 Issue of the
COIN!*

25 years of delivering care

At Monarch HealthCare®, our priority is to ensure a healthier tomorrow for your clients. From our extensive physician network and specialized patient programs to our personalized care and efficient referral process, you can recommend us with confidence.

- Responsive teams to support you
- Prompt referrals for your clients
- More than 2,500 PCPs and specialists
- Large network of hospitals in Orange County and Long Beach
- Many major commercial, Covered California and Medicare Advantage plans

Come visit us at our table and learn more about what Monarch can do for you and your clients.

For more information about Monarch HealthCare or to speak with a marketing specialist, call Monarch at **1-844-814-3760** (TTY 711, Mon.–Fri., 8:30 a.m.–5:00 p.m.).



Monarch HealthCare is part of OptumCare®, a leading health care organization.

ple, a covered entity may rely on representations from the CDC that the protected health information requested by the CDC about all patients exposed to or suspected or confirmed to have Novel Coronavirus (2019-nCoV) is the minimum necessary for the public health purpose. In addition, internally, covered entities should continue to apply their role-based access policies to limit access to protected health information to only those workforce members who need it to carry out their duties. See 45 CFR §§ 164.502(b), 164.514(d).

Safeguarding Patient Information

In an emergency situation, covered entities must continue to implement reasonable safeguards to protect patient information against intentional or unintentional impermissible uses and disclosures. Further, covered entities (and their business associates) must apply the administrative, physical, and technical safeguards of the HIPAA Security Rule to electronic protected health information.

HIPAA Applies Only to Covered Entities and Business Associates

The HIPAA Privacy Rule applies to disclosures made by employees, volunteers, and other members of a covered entity's or business associate's workforce. Covered entities are health plans, health care clearinghouses, and those health care providers that conduct one or more covered health care transactions electronically, such as transmitting health care claims to a health plan. Business associates generally are persons or entities (other than members of the workforce of a covered entity) that perform functions or activities on behalf of, or provide certain services to, a covered entity that involve creating, receiving, maintaining, or transmitting protected health information. For more information on HIPAA and Public Health, please visit:

<https://www.hhs.gov/hipaa/for-professionals/special-topics/public-health/index.html>

##

Take a Swing "Fore" the Cure

Benefiting
CYSTIC FIBROSIS FOUNDATION
ADDING TOMORROWS

Presenting Partner

KAISER PERMANENTE®

**24th Annual
Golf Classic
April 20, 2020**

**Aliso Viejo Country Club
33 Santa Barbara Drive
Aliso Viejo 92626**

Visit OCAHU.org for more information



California Association of Health Underwriters Political Action Committee
 2520 Venture Oaks Way, Ste 150
 Sacramento, CA 95833
 FPPC # 892177

CAHU PAC CONTRIBUTOR COMMITMENT FORM

LAST NAME FIRST NAME MIDDLE

OCCUPATION (Required for FPPC reporting purposes)

EMPLOYER (if self employed, name of business; Required for FPPC reporting purposes)

WORK ADDRESS (Please provide street address only, no P.O. Boxes) ☐ Check if address for Credit Card

CITY, STATE, ZIP PHONE FAX

HOME ADDRESS (Please provide street address only, no P.O. Boxes) ☐ Check if address for Credit Card

CITY, STATE, ZIP PHONE FAX

CONTACT EMAIL ADDRESS LOCAL CHAPTER

PRECIOUS GEM STONE CONTRIBUTION LEVELS

Levels	Annual	Monthly Minimum	Diamond Levels	Annual	Monthly Minimum
Ruby	\$250 - \$499	\$21/month	One Star	\$1,000 - \$1,999	\$85/month
Emerald	\$500 - \$719	\$42/month	Two Star	\$2,000 - \$2,999	\$170/month
Sapphire	\$720 - \$999	\$60/month	Three Star	\$3,000 - \$3,999	\$250/month
			Four Star	\$4,000 - \$4,999	\$340/month
			Five Star	\$5,000 - \$6,000	\$420/month

NOTE: POLITICAL CONTRIBUTIONS ARE REPORTED TO THE FPPC. YOUR NAME, AS A CONTRIBUTOR, WILL BE A MATTER OF PUBLIC RECORD.

PAYMENT METHOD: (attach check or select method below)

Payment Method	Card or Account #	Exp. Date	Security Code	Monthly Amount	One-Time Contribution
Check Enclosed					\$
Visa/MC/Amex				\$	\$
Auto-checking withdrawal	PLEASE ATTACH A VOIDED CHECK			\$	

Bank Draft / Credit Card Authorization: I (we) hereby authorize the CAHU PAC to initiate debt entries to my (our) checking account and or credit card. Monthly or one-time debits to be made as shown above. Monthly contributions will continue to be drawn until CAHU PAC is notified in writing to cease. I understand that if I should request changes to the amount withdrawn or a cancellation of these charges that it may be 30 days before these changes to become effective.

Signed: _____ Date: _____

Please return this PAC Commitment Form to:
 Mail: CAHU PAC 2520 Venture Oaks Way, Ste 150, Sacramento CA 95833
 FAX: (916) 924-7323 Questions: (800) 322-5934

Revised: 10/2019

Membership Has Its Awards, continued from page 22

to group medical expense plans that are a major concern to employers, as well as to employees. The remainder of course requirements include electives on topics serving various markets based on a broker's client needs

To find out more visit NAHU.org click on "Professional Development" then "Registered Employee Benefits Consultant".

##



A sold out, standing-room only crowd appeared for OCAHU's January, 2020 meeting with Parker Conrad (formerly Zenefits). The audience was lively with plenty of questions!

Photos From January Meeting



Would you like to be more involved with OCAHU?

Contact a board member today! See page 20 for a complete list!

Have you updated your CAHU-PAC contribution form yet?

If not, copy the form on page 25 of this issue and mail to CAHU today!

All current CAHU-PAC members are required to update their enrollment and payment information now!

Thanks for your participation!

Follow OCAHU on Social Media!



@OrangeCountyAHU



facebook.com/OCAHU

LinkedIn  **linkedin.com/groups/4100050**



Health plans that fit every business.

You may face different business challenges today than you face tomorrow. From traditional copayment plans to plans with cost-sharing arrangements, we'll help you find a solution that fits the needs of your business no matter how they evolve. Learn more at kp.org/choosebetter.

Choose Better. Choose Kaiser Permanente.



1442 E. Lincoln Ave., PMB 441
Orange, CA 92865-1934

Prsrt Std

US Postage
PAID
Alert Direct
Mail



[linkedin.com/groups/4100050](https://www.linkedin.com/groups/4100050)



facebook.com/OCAHU



[@OrangeCountyAHU](https://twitter.com/OrangeCountyAHU)

Special Thanks to our OCAHU 2019-2020 Platinum Sponsors!



For Additional OCAHU Sponsors, See Page 11!

- THE C.O.I.N. -

Please join us at our events!

SCHEDULE OF EVENTS:

March 10, 2020, OCAHU Monthly Meeting, Jason Gilbert, CalSavers, NEW LOCATION: JT Schmid's, 2610 E. Katella Ave, Anaheim, 11 am—1 pm

April 14, 2020, OCAHU-IEAHU Single Payer Certification Course, Kaiser Permanente Anaheim, Medical Office Building 1, 3460 E La Palma Ave, Anaheim, CA, 10 am—2 pm

April 20, 2020, OCAHU Cystic Fibrosis Charity Golf Tournament, Aliso Viejo Country Club, 33 Santa Barbara Drive, Aliso Viejo

May 5, 2020, OCAHU Annual Meeting, Program & Cinco De Mayo Celebration Reception, JT Schmid's, 2610 E. Katalla Ave, Anaheim, 2:30—5:30 pm

June 5, 2020, Women In Business, Balboa Bay Club Resort, Newport Beach, CA