

Orange
County Association of
Health
Underwriters

Volume 14, Issue 8
September/October 2020



C.O.I.N.

COUNTY OF ORANGE INSURANCE NEWS



OCAHU

Orange County Association
of Health Underwriters



Inside this Edition:

- Feature Article: What to do with MLR Rebate Checks
- NAHU Convention Awards
- President Executive Order Expands Telemedicine and Boosts Rural Healthcare
- Open Enrollment Communication During COVID-19
- Complying with CA's New Sexual Harassment Training

Upcoming Events

Senior Summit
Virtual CE Week

See pages 7 & 10 for details

New Member
Spotlight

Page 16



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TABLE OF CONTENTS

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What's Inside

	Page
President's Message	4
Feature Article - What to do with Medical Loss Ratio (MLR) Rebate Checks	5
NAHU Convention Awards	6
Virtual CE Week 2020 - Register Now!	7
Compliance Corner - HIPAA Privacy & Security Updates	8
Senior Summit 2020 - Don't Miss this Event!	10
Legislative Update - President Signs Executive Orders Expanding Telehealth and Boosting Rural Healthcare	11
Navigating Open Enrollment Communication During COVID-19	12
OCAHU Board & Staff 2020-2021	14
New Member Spotlight - Christa Angeles	16
Complying with California's New Sexual Harassment Training Requirement	18
Ease Broker Blog	19
Join CAHU PAC!	20
CAHU PAC Form	21
OCAHU Sponsor Thank You Page	22
Schedule of Events	24



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.



**Would you like to be more involved in our industry?
Contact a board member today!**

See page 14 for a list of members.



PRESIDENT'S MESSAGE

By: MaryAnna Trutanich, RHU, CHRS

Hello Orange County! May this message find you healthy and safe. I am so proud to serve a second term as your President. In my humble opinion, we have the greatest Board in NAHU Nation.

I'd like to thank the following Board members for returning: Juan Lopez, John Evangelista, Pat Stiffler, Jo Ann Vernon, Paul Roberts, Sarah Knapp, David Ethington, Brett Buettner, Dave Benson, John Austin and our fearless Executive Director Gail Clarke.

I'd like to welcome our new Board Members:

- **Member Retention:** Briana Hudson of Dickerson Insurance and Gonzalo Verduzco of Word & Brown
- **VP of Communications & Public Affairs:** Jennifer Holmberg, MAOM, GBA of Risk Strategies.

- **Corporate Chair:** James Douglas of Health Sync Insurance

This Board, your Board, is committed to promoting and encouraging this association of professionals in the health insurance field. Some of the areas we will focus on are education, promoting effective legislation, sharing information and advocating fair business practices among our members, the industry and general public.

The board met on July 9th (virtually) to strategize on our initiatives for the year. I ask, if you have any suggestions on what you want to hear and learn, please reach out to our VP of Professional Development, Paul Roberts at proberts@wordandbrown.com.

I look forward to the day when we can all meet again in person. Be Safe! ##



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Feature Article:

What to do with Medical Loss Ratio (MLR) Rebate Checks

By: Paul Roberts - OCAHU VP Professional Development

The Affordable Care Act (ACA) requires group health plans to spend a minimum percentage of premium dollars on members' health care expenses and services. It also sets a threshold on the maximum amount of premium dollars that can be spent on other administrative costs, such as marketing, profits, salaries, agent commissions, etc. These requirements, known as a plan's Medical Loss Ratio (MLR), require group health plans to reimburse employers for any premium dollars that exceed MLR limits.

In the Small Group market segment (under 100 lives), the law requires an MLR of 80%. That is, at least 80% of premium dollars must be spent on health care-related expenses, and no more than 20% of premium dollars may be spent on administrative expenses. In the Large Group market segment (100+ lives), the MLR rises to 85%.

Any year a health plan exceeds its MLR requirements, the health insurance carrier has until September 30th of the following year to distribute MLR rebate funds. Plans that exceeded MLR requirements in 2019 are required to distribute MLR reimbursement checks by 9/30/2020. Employers have several options when it comes to utilizing or dispersing the MLR rebate funds, but the law gives them just 90 days to take action. Furthermore, employees are also notified about forthcoming MLR rebate checks by their plan(s) as required by law, which can also put pressure on employers.

The MLR rebate checks are generally small, ranging from about \$20 to \$30 per participant. Forwarding these funds to employees can be a challenge because the funds may result in additional taxable income and can be a burden on payroll. Often, the administrative cost to release the funds to employees is greater than the amount of the rebate checks themselves, which is why employers are granted flexibility when it comes to utilizing the funds.

The DOL provides three options for distributing rebates:

Reduce subscribers' portions of the annual premium for the subsequent policy year for all subscribers covered under any group health policy offered by the plan.

Reduce subscribers' portions of the annual premium for the subsequent policy year for only those subscribers covered by

the health policy on which the rebate is based.

Provide a cash refund only to subscribers who were covered under the group health policy on which the rebate is based.

The law does not require employers to track down former employees for MLR rebates, but COBRA participants must be included in any premium rebates, if applicable.

If the plan is funded solely by the employer, then the employer may keep the rebate check – as long as the rebate funds are not considered "plan assets" under ERISA law. If the funds are considered "plan assets," then the funds must be used to enhance employees' benefits. Consultation with an ERISA attorney is highly recommended for guidance in this area.

If the employer has a Section 125 Premium Only Plan (POP) in place, and its employees pay premium contributions on a pre-tax basis, any MLR rebate amount given to those employees is generally considered taxable income. It is important for an employer to check with its accountant or payroll personnel for counsel on these tax issues. Due to these tax ramifications, most employers opt to utilize MLR rebate funds for future premium payments, or toward benefit enhancements for employees.

Whatever action the employer takes, a documented plan is critical, and communication of this plan is of equal importance. The employer's MLR rebate plan should clearly document and summarize the employer's 90-day action plan, should apply to all similarly-situated employees, and should be available for retrieval and review by employees.

##

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NAHU Convention Awards

By: Sarah Knapp - Awards Chair

The Awards Ceremony at the NAHU Virtual Convention was conducted on June 23, 2020 and there was record attendance! A huge thank you to all the members who made our success possible! Congratulations to California and Orange County for receiving the following awards:

Landmark Award: Honors state chapters for outstanding achievements and excellence in serving their members and the industry. *California*

Pacesetter Award: Honors local chapters for outstanding achievements and excellence in serving their members and the industry. *Orange County*

Presidential Citation Award: Presented to all state and local associations that have strengthened their membership and public outreach programs. *California and Orange County*

Professional Development – Robert W. Osler Award: Presented to a state or local chapter for outstanding achievement in promoting continuing education. *Orange County*

Public Service – William F. Flood Award: Presented to a state or local chapter for excellence in public service activities. *Orange County*

Website Award: Presented to the state and local chapters with the most effective and easily used websites. *California*

Media Relations Award: The Media Relations Award honors state and local associations for outstanding media relations. *Orange County*

Most New Members Award: *California*



PACESETTER AWARD (Large Chapter, 176+ Members) **ORANGE COUNTY AHU**



President
MaryAnna Trutanich



Awards Chair
Sarah Knapp

2020 ANNUAL CONVENTION : ENGAGE, EDUCATE, EMPOWER



Grow Your Business: Virtual CE Week



Week of September 14, 2020

Classes Daily from 10 am to 11:15 am

Cost: \$0 Members / \$5 each class Non-Members

This year OCAHU's Annual CE Day has gone virtual and extended to a full week! With our new normal of Zoom meetings and virtual environments, we have structured our sessions to better fit our members' needs. Our CE Courses will be held one per day during the week of September 14th. We have an exciting line up of top-notch speakers and relevant topics to educate you and help you grow your business! You don't want to miss this year's event! Register online at www.ocahu.org.

AGENDA

Monday 9/14/2020

Complains to Kudos: 6 Ways Advocacy is a Game-Changer

Presenter: Neil Kennish (1 hour CE)

Course Description: We tell employees to "be better consumers" – but we often forget to give them tools that allow them to do so. As a result, most consumers complain about feeling out-of-control of their healthcare. Independent advocacy services, when understood & installed correctly, give your clients a true competitive edge. In this course, we'll discuss six different ways healthcare advocates and advisors can aid consumers in navigating the hassles of healthcare – with guidance they can trust.

Tuesday 9/15/2020

Keys to Building an Effective Workforce Health Program

Presenter: Marcus R. Johnson (1 hour CE)

Course Description: This course will examine the health status of the U.S. population and how it affects workforce productivity. Brokers and agents will have a clear understanding of the link between obesity and chronic illnesses. They will learn workforce health strategies that will drive behavior change and create a "Culture of Health."

Wednesday 9/16/2020

The PEO Transition: Building the Total Solution

Presenter: Hunter Gausch, CFC (1 hour CE)

Course Description: This course provides benefits consultants with key strategies to better understand employers' challenges, and to demonstrate how their agencies can more effectively transition employers from Professional Employer Organization (PEO) solutions. You'll learn how to set up the strategy, have smart discussions, and uncover the details about the implementation of services.

Thursday 9/17/2020

Ethics: Worthy of Your Clients' Trust

Presenter: Paul Roberts (1 hour CE)

Course Description: This ethics course is designed to educate and inspire brokers to make integrity and customer CARE (compassion, advocacy, responsibility, and education), the foundation for all ethical decisions and service to clients. The course objective is to equip and encourage brokers to set, and consistently adhere to, a high standard of accountability and integrity for themselves and the team members under their supervision.

Friday 9/18/2020

NAHU Washington Update: Pandemic, Election Year

Presenter: Marcy Buckner, JD (1 hour CE)

Course Description: This session examines legislative and regulatory actions taken by Congress and federal agencies in response to COVID-19 and the role that NAHU is having in this process; COVID-19 related resources offered by NAHU; NAHU's continued policy priorities for the 116th Congress; major regulatory actions that have been taken and are expected in the near-term and later; and how NAHU members, the overall agent/broker community, and employers can get involved – especially in our election year!

OUR SPEAKERS



Neil Kennish
freshbenies
VP of Sales



Marcus R. Johnson
Kaiser Permanente
Account Manager



Hunter Gausch, CFC
Prime Pay
Area Manager, Benefits
& Compliance Services



Paul Roberts
Word & Brown
Director of Education and
Market Development



Marcy Buckner, JD
NAHU
Senior VP of Government Affairs



COIN COMPLIANCE CORNER

What Agents and Your Clients Need to Know!

HIPAA Privacy & Security Updates—

By: Dorothy M. Cociu, RHU, REBC, GBA, RPA, LPRT

There have been some settlements and other HHS/OCR news since the last issue of The COIN.

Lifespan Pays \$1,040,000 to OCR to Settle Unencrypted Stolen Laptop Breach

HHS announced on July 27, 2020 that Lifespan Health System Affiliated Covered Entity (Lifespan ACE), a non-profit health system based in Rhode Island, has agreed to pay **\$1,040,000** to the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) and to implement a corrective action plan to settle potential violations of the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules related to the theft of an unencrypted laptop. Lifespan ACE includes many healthcare provider affiliates in Rhode Island, and has designated itself as a HIPAA affiliated covered entity.¹

On April 21, 2017, Lifespan Corporation, the parent company and business associate of Lifespan ACE, filed a breach report with OCR concerning the theft of an affiliated hospital employee's laptop containing electronic protected health information (ePHI) including: patients' names, medical record numbers, demographic information, and medication information. The breach affected 20,431 individuals.

OCR's investigation determined that there was systemic non-compliance with the HIPAA Rules including a failure to encrypt ePHI on laptops after Lifespan ACE determined it was reasonable and appropriate to do so. OCR also uncovered a lack of device and media controls, and a failure to have a business associate agreement in place with the Lifespan Corporation.

"Laptops, cellphones, and other mobile devices are stolen every day, that's the hard reality. Covered entities can best protect their patients' data by encrypting mobile devices to thwart identity thieves," said Roger Severino, OCR Director.

In addition to the monetary settlement, Lifespan has agreed to a corrective action plan that includes two years of monitoring. The resolution agreement and corrective action plan may be found at: <https://www.hhs.gov/sites/default/files/lifespan-ra-cap-signed.pdf> - PDF.

** People using assistive technology may not be able to fully access information in this file. For assistance, contact the HHS Office for Civil Rights at (800) 368-1019, TDD toll-free: (800) 537-7697, or by emailing OCRMail@hhs.gov.*

Footnotes

1. Legally separate covered entities that are affiliated may designate themselves as a single covered entity for purposes of 45 CFR Part

164. See 45 CFR 164.105(b)(1).

Small Health Care Provider Fails to Implement Multiple HIPAA Security Rule Requirements

On July 23, 2020, HHS announced that Metropolitan Community Health Services (Metro), doing business as Agape Health Services, has agreed to pay **\$25,000** to the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) and to adopt a corrective action plan to settle potential violations of the Health Insurance Portability and Accountability Act (HIPAA) Security Rule. Metro is a Federally Qualified Health Center that provides a variety of discounted medical services to the underserved population in rural North Carolina and these facts were taken into account in reaching this agreement.

On June 9, 2011, Metro filed a breach report regarding the impermissible disclosure of protected health information to an unknown email account. The breach affected 1,263 patients. OCR's investigation revealed longstanding, systemic noncompliance with the HIPAA Security Rule. Specifically, Metro failed to conduct any risk analyses, failed to implement any HIPAA Security Rule policies and procedures, and neglected to provide workforce members with security awareness training until 2016.

"Health care providers owe it to their patients to comply with the HIPAA Rules. When informed of potential HIPAA violations, providers owe it to their patients to quickly address problem areas to safeguard individuals' health information," said Roger Severino, OCR Director.

In addition to the monetary settlement, Metro will undertake a corrective action plan that includes two years of monitoring. The resolution agreement and corrective action plan may be found at: <https://www.hhs.gov/sites/default/files/metro-signed-agreement.pdf>.

Other HHS News

In other HHS News, *Health Privacy Rule 42 CFR Part 2 Is Revised*, Modernizing Care Coordination for Americans Seeking Treatment for Substance Use Disorders.

The Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services (HHS or Department), announces the adoption of the revised Confidentiality of Substance Use Disorder

Continued on page 9

HIPAA Privacy & Security Updates, cont. from page 8

Patient Records regulation, 42 CFR Part 2. The adoption of this revised rule represents a historic step in expanding care coordination and quality through the Deputy Secretary's Regulatory Sprint to Coordinated Care.

"This reform will help make it easier for Americans to discuss substance use disorders with their doctors, seek treatment, and find the road to recovery," said HHS Secretary Alex Azar. "President Trump has made the availability of treatment for Americans with substance use disorders, including opioid use disorder, a priority. Thanks to the valuable input of stakeholders, our final rule will make it easier for Americans to seek and receive treatment while lifting burdens on providers and maintaining important privacy protections."

The new rule advances the integration of healthcare for individuals with substance use disorders while maintaining critical privacy and confidentiality protections. Under Part 2, a federally assisted substance use disorder program may only disclose patient identifying information with the individual's written consent, as part of a court order, or under a few limited exceptions. Health care providers, with patients' consent, will be able to more easily conduct such activities as quality improvement, claims management, patient safety, training, and program integrity efforts.

"Coordinated care is a vital piece of President Trump's vision for a patient-centric healthcare system, and regulatory reform is a key step toward promoting more coordinated care," said HHS Deputy Secretary Eric Hargan. "As part of our Regulatory Sprint to Coordinated Care, these changes are just the beginning of a comprehensive agenda for reforming regulations that govern the delivery and financing of American healthcare, with the ultimate goal of better care, and better health, at a lower cost."

"The adoption of this rule means Americans will be better able to receive integrated and coordinated care in the treatment of their substance use disorders," said HHS Assistant Secretary for Mental Health and Substance Use Elinore F. McCance-Katz, MD, PhD, the head of SAMHSA. "We are grateful to the individuals and organizations that contributed their input to the rule-making process. This is great news for our nation's families and communities."

"Modernizing 42 CFR Part 2 will strengthen the nation's efforts to reduce opioid misuse and abuse and to support

patients and their families confronting substance use disorders," the Assistant Secretary said. "The rule will make it easier for primary care clinicians to treat individuals with substance use disorders."

"We need an all-hands-on-deck approach to treating substance use disorders," said McCance-Katz. "We must do all we can to ensure the greatest access and availability to care for individuals living with substance use disorders. Although well-intentioned, the non-disclosure of critical, lifesaving information the previous rule permitted is itself stigmatizing."

The ease of sharing information, with patient consent, among providers will enable better, higher-quality care for those with substance use disorders. This serves as an important milestone in further aligning 42 CFR Part 2 and the Health Insurance Portability and Accountability Act of 1996 (or HIPAA) regulations.

Stay tuned for additional HHS/OCR updates in the next issue of The COIN! ##

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Senior Summit

By: *Maggie Stedt, CSA, LPRT - CAHU President*

Making Us Better Together!

September 1 - 3, 2020

The 7th Annual Senior Summit is virtual this year. The summit offers attendees, exhibitors and sponsors a great way to connect, learn about the new and improved product offerings, explore ways to improve your sales and visibility in the virtual environment. It's also a great way hear about the challenges in today's legislative environment both in Washington and Sacramento.

Over 350 attendees are ready to hear the sessions, visit with our exhibitors, enjoy a cup of coffee with Starbucks and have lunch using GrubHub. Attendees will have access to an Exhibit Hall where they will see the latest product offerings and chat with the exhibitors. Sessions will be available after the conference for viewing! All attendees will receive an e-book offered by OCAHU's Phil Calhoun.

Our two keynote speakers are Allyson Swartz with an Update from Better Medicare Alliance and Gary Owen who will educate us on the BAM Factor. Justin Lubenow from our NAHU Medicare Advisory group will share updates on the CMS Plan Finder and other key information. These speakers are not to missed!

There are so many topics and CEs being offered! You have three ethics classes, information from Social Security, product trainings and some great marketing ideas, plus a leading FMO panel!

A special thank-you to all our Sponsors and especially to our sponsors:

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- **Advertising Support:** California Broker

Also, a big thank you to all our exhibitors! Without them this event would not be possible!

To learn more, go to www.ocahu.org and check out events! Come join us! We will report on the results of this great event in the next edition. ##

Event Cost

Members: \$59

Non-Members: \$59

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Legislative Update:

President Signs Executive Orders Expanding Telehealth and Boosting Rural Healthcare

By: David Benson - OCAHU VP Legislation

President Trump signed an executive order this week permanently expanding telehealth services as well as setting up a potential payment model aimed at providing hospitals in rural communities a more consistent stream of Medicare payments based on delivering high-quality care.

The first executive order instructs Medicare to leverage its authority to test new pilot projects that offer financial incentives for rural providers who deliver higher-quality care to patients. Approximately 130 rural healthcare providers have closed in the past decade, a startling trend that experts say has been exacerbated by the pandemic. According to the executive order, the project will be announced within 30 days and the program will likely be optional. The telehealth provisions of the executive order have potential to benefit Americans living in rural communities as well. The order instructs the HHS to issue a proposed rule to make Medicare payment of the telehealth for certain healthcare providers permanent in an effort to ensure the expansion of virtual care outlasts the pandemic.

Millions of Americans have turned to telehealth services during the pandemic, including many who would otherwise struggle to access in-person services. There has been a surge in the number of Medicare patients getting telemedicine services. Prior to the public health emergency, approximately 13,000 beneficiaries in fee-for-service Medicare received telemedicine in a week. According to CMS, in the last week of April, nearly 1.7 million beneficiaries received telehealth services. The Senate HELP Committee held a hearing in mid-June where expert panelists advocated for permanent expansion of Medicare- and Medicaid-reimbursable telehealth services.

CMS Administrator Seema Verma also declared in June that the telehealth changes were likely going to be permanent. "I just can't imagine going back because people recognize the value of this," Verma said. Additional-

ly, CMS officials said they plan to issue a proposed physician fee schedule rule that will cement some regulatory flexibilities enacted during the public health emergency to reimburse for telehealth visits (examples include emergency room visits, nurse consultations, and speech and occupational therapy).

The President signed another executive order yesterday instructing federal agencies to purchase certain drugs and medical supplies from American manufacturers. The executive order, dubbed the "Buy American" order, instructs federal agencies to purchase certain medications and medical supplies from American manufacturers as opposed to overseas competition that currently provide the majority of those materials. Specifically, the order directs the Defense Department, HHS and the Department of Veterans Affairs to source their supplies from manufacturers within the United States. FDA drug chief Janet Woodcock testified to Congress in October that just 28% of manufacturing facilities making drug ingredients for the U.S. are actually based within the U.S. It is not yet clear exactly which medications or supplies the order is referring to, but the FDA is expected to make that determination when the time comes.

##

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Navigating Open Enrollment Communication During COVID-19

By: Jennifer Holmberg, MAOM, GBA - OCAHU VP Communications & Public Affairs

Planning for Q4 is in full force. As our country remains in limbo with COVID-19, brokers have to get creative to accomplish the daunting task of communicating Open Enrollment to employer groups in this environment.

Typical strategies like group meetings in the conference room with standing room only are not possible during this pandemic. Clients still need an effective way of communicating benefit changes and updates to their employees using safe and engaging methods. There are many solutions that can benefit different types of clients. The key to success is developing a strategy early so there is enough time to implement it smoothly.

Virtual Enrollment Meetings

Our new norm of using web meeting platforms to replace in-person meetings is a common way of delivering Open Enrollment benefit updates. Whether it's a live meeting or pre-recorded, this can be an effective way to reach employees across different states, remote employees and even essential workers that are required to be in the workplace.

Although this option could present some challenges for employees in a manufacturing setting who may not be as tech savvy, if implemented thoughtfully it can be successful. Some clients have opted to send out a link to a live meeting or pre-recorded session for on-demand access, while others prefer to have properly social distanced group meetings done virtually, especially for employees who do not have access to a work computer. For employees in need of language support or translators, this strategy lends itself to more flexibility in scheduling with a remote partner than can help translate. Carriers and GAs may also be able to help brokers with this type of meeting more readily as travel time is eliminated when using web meeting platforms.

Voluntary Benefit Carriers

This could be the year to implement Voluntary Benefit. Some Voluntary Benefit carriers offer one-on-one enrollment counselors to assist with communication all benefits (even employer paid) to the employee population. Having these partnerships in place can be especially important if the client is making drastic changes to their benefit package or is in need of ensuring all employees comply with enrollment. There may be an opportunity to have enrollment counselors available in-person (as some are contractors or self-employed), if the client is looking

for an in-person solution.

Another benefit of using this approach is the ability to touch the entire population with more personalized information. The one-on-one strategy allows for additional time to educate employees and may lead to a more thorough understanding of the benefit package. This also allows for language support and the use of a recorded line versus employees using paper enrollment or an online portal. This works great with blue collar populations!

The most success with this type of strategy is getting complete buy-in from the employer and the HR team. They are instrumental in ensuring all employees are scheduled to speak to an enrollment counselor.

Online Enrollment Portals

Although online portals have gained traction in recent years, there are still employers out there using paper for their enrollments. Collecting paper enrollments in a COVID enrollment can prove to be very challenging. There are so many benefits to having an online portal! Tracking the completion of enrollments for employees can be done on the portal without having to keep a separate checklist. Demographic data as well as enrollment elections can be housed in the portal to make it easy to update and transition to new carriers. Having a portal in place, will empower employees to update their own information and have a single point of reference when looking for important documents relating to their benefit program. Oftentimes, carriers can be set up to receive enrollments electronically which is plus in lessening administrative burden. Language support may be available with some platforms, with Spanish being the most common.

Smaller brokers may be concerned about cost when recommending this solution to their clients. GAs can potentially help with the cost of these platforms if you use them to write the client's policies. Other carriers may also help subsidize the cost.

Alternative Communication Methods

As younger generations enter the workforce, there is a new need for alternative methods of communication. Vendors have developed a way to text employees or notify them via mobile app when mass communication within a company is

Continued on page 17

Navigating Open Enrollment, cont. from page 12

needed. Open Enrollment can be announced via text message or a simple notification that directs employees to their enrollment site for additional instructions. This strategy is often effective in conjunction with an enrollment portal, a pre-recorded video, or an announcement to a live meeting of some sort. This is a creative way to reach an entire population quickly and concisely.

Passive Enrollment with Memos

Employers who have minimal changes to their benefit programs may want to consider conducting a “passive enrollment” this year. A passive enrollment involves rolling over current benefit elections into the new plan year.

Most employers distribute an email or a memo to employees detailing the changes and offering an opportunity to make new elections if they choose. Those employees who do nothing,

simply have their elections migrated to the new plan year. As this strategy provides ease to both employers and employees, it does come with some disadvantages. There is minimal opportunity for education on the benefit package if employees choose to do nothing. Employers who are changing contributions from one year to the next will need to somehow verify that the employees are ok with the new deduction amount prior to the first payroll of the new plan year. Oftentimes, this is accomplished with a form or confirmation statement provided to the employee after the passive enrollment closes. Another disadvantage is that FSA and HSA contributions cannot roll over and will need an active election for the new plan year. ##

New from CAHU!

Have you read CAHU's new bi-monthly online magazine? Check it out at <http://camsdev.net/cahu/newsletter/july-august-2020/?page=1>

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OCAHU Board of Directors and Staff 2020-2021

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Why Get Involved in OCAHU?

- Learn more about our industry
- Become a better consultant to help your clients
- Network with professionals in all areas
- Be a resource to your colleagues
- Make an impact with legislation

YOU AREN'T ALONE



YOU HAVE NAHU!

As a health insurance and benefits specialist, you face many challenges in your quest to survive and thrive in a changing marketplace:

- » Staying up to date on important issues that affect your clients and your business.
- » Staying compliant.
- » Furthering your professional development by staying educated and getting appropriate certifications.
- » Networking with your peers and learning best practices.
- » Fighting to be treated fairly for the services you provide.



The National Association of Health Underwriters (NAHU) is your solution to all of these challenges, and more.

With what's happening in the world today, more than ever you need to have a resource like NAHU! It's important for you to be a part of a professional association that influences legislation and regulations that will safeguard and enhance your career.

NAHU is the association that has your back and will continue to fight for you and your clients.

**Without NAHU,
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do? Who will
help you survive
and thrive?**

**Become a
member today
at [nahu.org/
membership!](https://nahu.org/membership)**



Membership News

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

Frank Gomez

Fai Hui

Michael Lanterman

Christa Angeles

Renee Melgoza

New Member Spotlight

Christa Angeles

Area of Specialty: Medicare and Individual Plans

Years in the Industry: I am new in the insurance industry. I was offered a position as a Broker Sales Advisor in the spring last year for a health sharing ministry and my territory was LA county and that's how my regional manager encouraged us to be part of NA-HU :) that's how my interest in insurance began.

Personal Tidbits: Prior to insurance, I was in the Army for 9 years and commissioned through ROTC at Calstate Fullerton. I also deployed in Afghanistan and the Army has definitely shaped my leadership and public speaking skills as well as operations. Oh!! I am also Filipino and speak Tagalog. I realized that language definitely goes a long way especially when educating and selling insurance.

Why join OCAHU? I reached out because I felt the need to get connected and learn from the experts in OC and I thought the only way for me to get plugged in is reach out and start engaging. I love learning about insurance at the same time, perhaps, contribute by sharing my time and organizational/project management skills/admin. ##



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*We look forward
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our industry*

♪ "Here's a story about a Board called OCAHU" ♪



Looking for COVID-19 Resources or Information?

CAHU Resources

CAHU's COVID section is a great resource to use when looking for information that is state specific. There are helpful links, videos, posters and more. Please visit <https://www.cahu.org/covid-19-information> for more information.

NAHU Webinar Series

NAHU is helping members stay up to date with the latest on the COVID-19 Pandemic. They have developed a page on their website to house information on different areas where the crisis has affected. They also have a webinar series with previous recordings accessible. Please visit <https://nahu.org/coronavirus-information> for more information.



Complying with California's New Sexual Harassment Training Requirement

By: Paul Roberts - OCAHU VP Professional Development

California law requires California employers with five or more employees to provide sexual harassment

and abusive conduct prevention training to all employees by January 1, 2021 – and every two years thereafter. An employee's position determines the length and content of the required training. Supervisory employees must take two hours of training, and nonsupervisory employees must take one hour of training.

Starting in 2021, new hires must be trained within six months after their hire date, and newly promoted supervisors must be trained within six months of their promotion.

The training aims to help employers change workplace behaviors that cause or contribute to sexual harassments, educate employees on the negative impact of abusive conduct, and help supervisors prevent and address harassing conduct. The training must include practical examples of sexual harassment and harassment based on gender identity, gender expression, and sexual orientation.

Solution for Employers

California's Department of Fair Employment and Housing (DFEH) launched a free sexual harassment and abusive conduct training program that meets the training requirements for both supervisors and non-supervisors in the state – and it is very well done. The training is available at: dfeh.ca.gov/shpt/.

Employers may conduct their own training at their discretion; however, the law requires training be conducted by an attorney or qualifying trainer who is knowledgeable about harassment, discrimination, and retaliation prevention, and who has experience responding to harassment claims in the workplace. DFEH's online solution is the simplest, most cost-effective way to complete this training requirement for most employers. And, employers will certainly benefit by putting their employees through the training.

The program is interactive, can be used on mobile devices, is accessible for workers with disabilities, and is available in six different languages. Employees can move through the training at their own pace, but the training module will not save a person's progress. Refreshing or reloading the training page can cause an employee to lose progress toward completion.

When employees login to the training, they will select their preferred language, supervisory or non-supervisory category,

and then begin their training. Parts of the training are conducted by high-quality film producers, with recognizable actors, in a Netflix video-on-demand style format.

Upon completion of the training, employees will have the option to utilize a certificate of completion. Using computer/mobile device functions, employees can choose to save, print, take a screenshot, or email the certificate.



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Recordkeeping Requirements

California requires employers to retain a record of all employees' training for a minimum of two years. There are no additional reporting requirements with the FEHA online option. However, if employers opt to do their own training, there are additional recordkeeping requirements.

Continued on page 19

Ease Broker Blog

Did you know Ease has a blog with valuable information that can help you and your clients? This blog is not focused on their specific technology, but some of the important topics surrounding the broker community. Below are a few recent blogs.

- Becoming a Benefits Administration Advisor to Get Ahead in 2020
- Why Online Benefits Enrollment Will Help You Win New BORs
- Helping Employers Navigate COVID-19
- What It Takes to Run Successful Virtual Meetings
- Tips for Insurance Agencies Working Remotely
- Connect with Clients While Physical Distancing

If you're interested in reading more please [visit www.ease.com/blog/](http://www.ease.com/blog/) and subscribe to get updates of new blog postings.



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CA Sexual Harassment Training, cont. from page 17

Notification Requirement

Employers must also provide employees with a poster and/or fact sheet developed by DFEH regarding sexual harassment or equivalent information. A listing of notices is available on the DFEH website: dfeh.ca.gov/Posters/.

Solution for Employees

Employers are highly recommended to utilize California DFEH's free online solution for this training. Employees will learn how to ensure a happy, productive, and healthy workplace culture – including discussions of all modern trends in the employment space. Furthermore, through this training, employers will continue to showcase their dedication to providing a work environment where all employees can work together comfortably and productively – while also complying with California's regulatory requirements. ##



Join CAHU PAC!

By: John Austin - VP of Political Action

With the elections coming up, CAHU PAC wants to keep you as informed and connected as possible to the issues around healthcare. Your PAC contributions are especially important this year, not only with the election but the unprecedented COVID-19 pandemic.

CAHU PAC fights for California Agents to have a voice in Sacramento. The funds you donate to CAHU's PAC will help support initiatives that are directly affecting your business and your clients. A few bills where CAHU was able to impact based on a compilation earlier this year. These examples will show you how important your contributions can be!

- **AB-731:** Requires insurance companies to provide 120 days' notice on renewal rate action for the large group segment beginning with July 1st renewals.
- **SB-562:** The Healthy California Act (Lara and Atkins) 2017 – This bill would eliminate all private insurance, Medicare, Medical, Long Term Care, Covered CA. It was not re-introduced last session.
- **AB-651:** This bill protects injured consumers from balance or surprise billing for fully insured plans relating to services provided by air ambulance effective January 1, 2020.
- **AB-5:** Applies rigid guidelines for companies to determine classification as independent contractors. If a worker does not meet those guidelines they have to be classified as a W-2 employee. **CAHU was impactful in ensuring insurance agents are exempt and remain classified as independent contractors with insurance carriers.**
- **SB-78:** The reintroduction of the Individual Shared Responsibility Penalty or Individual Mandate to CA effective January 1, 2020. The income realized from the penalty is used to fund subsidy assistance for eligible individuals. ##

CAHU Podcast Series

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. Designed to allow CAHU members to share with their office staffs, employer clients and consumers!

Subscribe to NAHU's Healthcare Happy Hour

<http://nahu.org/resources/publications/podcasts>

The CAHU Board at work -Professional Development Charis across CA planning strategy for the new year





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

CAHU PAC CONTRIBUTOR COMMITMENT FORM

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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
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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

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Special Thanks to our OCAHU 2020-2021 Platinum Sponsors!



For Additional OCAHU Sponsors, See Page 22!

- THE C.O.I.N. -

Please join us at our events!

SCHEDULE OF EVENTS:

Due to COVID-19, most of our in-person events have been rescheduled to a later date. Stay tuned for updates as CA starts to re-open.

September 2-3, 2020

7th Annual Senior Summit, LOCATION: Virtual

September 14-18, 2020

Virtual CE Week, LOCATION: Virtual

October 6-7, 2020

CAHU Summit, LOCATION: Virtual