

Orange
County Association of
Health
Underwriters

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C.O.I.N.

COUNTY OF ORANGE INSURANCE NEWS



OCAHU

Orange County Association
of Health Underwriters



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Vanguard Event

Women In Business

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*Volunteers enjoying dinner at
the Senior Summit*





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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: JoAnn Vernon

Don't you just love getting back together live and in person? We've hosted 2 events this fall and it has been wonderful to reconnect with friends, colleagues and network with our fellow industry professionals. As we move into 4th quarter, we are taking more of a "fun" approach! Doesn't fun sound great along with the words 4th quarter?! Our next in-person event will take place on the 17th of November at Brewery X,

to let off some steam. Please be sure to keep an eye out for an email shortly. Save the date for our wonderful and fabulous Women in Business event that is sold out once again this year! That event will also be in-person on December 10th at Balboa Bay Club.

Let's continue to stay connected. I look forward to January, after we've all survived the hectic 4th quarter and are ready to get back to continue learning and growing together. ##



9th Annual Senior Summit



Congratulations!

CAHU Award Winners

OCAHU

- *Large Chapter of the Year*
- *Outstanding Local Chapter Newsletter (Large Chapter)*

Dorothy Cociu

CAHU VP of Communications

- *Industry Writing Award*
- *Executive Board Member of the Year*



Feature Article:

OSHA's Vaccine Mandate

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

The following article was posted on the DOL website: [Click Link to Article](#)

US Department of Labor issues emergency temporary standard to protect workers from coronavirus

Increases protections for 84M private sector workers

WASHINGTON – The U.S. Department of Labor's Occupational Safety and Health Administration today announced a new emergency temporary standard to protect more than 84 million workers from the spread of the coronavirus on the job. The nation's unvaccinated workers face grave danger from workplace exposure to coronavirus, and immediate action is necessary to protect them.

Under this standard, covered employers must develop, implement and enforce a mandatory COVID-19 vaccination policy, unless they adopt a policy requiring employees to choose to either be vaccinated or undergo regular COVID-19 testing and wear a face covering at work.

Since 2020, the coronavirus has led to the deaths of 750,000 people in the U.S., and the infection of millions more, making it the deadliest pandemic in the nation's history. Many of the people killed and infected by this virus were workers whose primary exposures occurred at their jobs. OSHA estimates that this rule will save thousands of lives and prevent more than 250,000 hospitalizations due to workplace exposure to COVID-19 over the course of the ETS.

"COVID-19 has had a devastating impact on workers, and we continue to see dangerous levels of cases," said U.S. Labor Secretary Marty Walsh. "We must take action to implement this emergency temporary standard to contain the virus and protect people in the workplace against the grave danger of COVID-19. Many businesses understand the benefits of having their workers vaccinated against COVID-19, and we expect many will be pleased to see this OSHA rule go into effect."

The emergency temporary standard covers employers with 100 or more employees – firm or company-wide – and provides options for compliance. The ETS also requires employers to provide paid time to workers to get vaccinated and to allow for paid leave to recover from any side effects.

The ETS also requires employers to do the following:

- Determine the vaccination status of each employee, obtain acceptable proof of vaccination status from vaccinated employees and maintain records and a roster of each employee's vaccination status.
- Require employees to provide prompt notice when they test positive for COVID-19 or receive a COVID-19 diagnosis. Employers must then remove the employee from the work-

place, regardless of vaccination status; employers must not allow them to return to work until they meet re-required criteria.

- Ensure each worker who is not fully vaccinated is tested for COVID-19 at least weekly (if the worker is in the workplace at least once a week) or within 7 days before returning to work (if the worker is away from the workplace for a week or longer).
- Ensure that, in most circumstances, each employee who has not been fully vaccinated wears a face covering when indoors or when occupying a vehicle with another person for work purposes.

The emergency temporary standard does not require employers to pay for testing. Employers may be required to pay for testing to comply with other laws, regulations, collective bargaining agreements, or other collectively negotiated agreements. Employers are also not required to pay for face coverings.

"While vaccination remains the most effective and efficient defense against COVID-19, this emergency temporary standard will protect all workers, including those who remain unvaccinated, by requiring regular testing and the use of face coverings by unvaccinated workers to prevent the spread of the virus," said Deputy Assistant Secretary of Labor for Occupational Safety and Health Jim Frederick. "As part of OSHA's mission to protect the safety and health of workers, this rule will provide a roadmap to help businesses keep their workers safe."

OSHA is offering robust compliance assistance to help businesses implement the standard, including a webinar, frequently asked questions and other compliance materials.

The ETS will cover two-thirds of the nation's private-sector workforce. In the 26 states and two territories with OSHA State Plans, the ETS will also cover public sector workers employed by state and local governments, including educators and school staff.

Leading companies, including major airlines, manufacturers and retailers, have taken similar actions in recent months – adopting vaccine requirements or regular testing as necessary measures to protect their workers and customers.

The ETS is effective immediately upon its publication in the Federal Register. Employers must comply with most require-

Continued on page 13



CAA's Broker Compensation Disclosure Rules Update: Getting Agents Ready for the December 27, 2021 Effective Date

By: Dorothy M. Cociu, RHU, REBC, GBA, RPA, LPRT - CAHU VP Communications

In the March/April, 2021 issue of The Statement, I included information in the feature article on the CAA's Broker Compensation Disclosure Requirements. At that time, we had only bill text. I also included an update in the September-October issue of The Statement. We had all hoped that at least interim rules for group health plans would be issued by now. As of the time of this writing, they have not. However, waiting until the January-February, 2022 issue of The Statement would not do our Agent members much good, since the effective date is December 27, 2021 (unless delayed). So, to assist you as best I can, I am going to restate much of what I wrote about in the March-April issue, and update you as to what we know, what we expect, and what we hope to happen when the rules are issued. I will also write a "special release" update article if/when the rules are released, which CAHU will email out to all on the Statement distribution list, to provide you with additional information and hopefully some model

notices, etc.

To date, we have received rules on the Individual plans, and I will summarize those. It is still the group health plan rules that we are anxiously awaiting.

Let's review what we know...

The CAA includes significant broker compensation disclosure requirements, effective one year from enactment, or December 27, 2021. You can find this in Title II of the CAA. This disclosure provision modifies ERISA section 408(b)(2) to add a disclosure requirement of both direct or indirect compensation by brokers or consultants, if they enter into a contract or arrangement with a group health plan, or reasonably expect broker services or consulting compensation to equal \$1,000 or more per year (group health plan insurance commissions would likely count toward the \$1,000 threshold in all cases). The DOL previously issued regulations in 2012 that are somewhat similar to these new disclosure requirements, but those were applicable only to retirement plans, not health plans. So, if you work with retirement plans, or self-funded group health plans, you are probably already disclosing much of that is being asked for in the CAA (although you may have to disclose it in another format, depending on what the Model Notices look like once released).

It's important to note that the effective date is December 27, 2021, and the statutory language says for contracts entered into as of December 27, 2021... That leads several of us to believe (NAHU has conflicting legal opinions on this so we are awaiting a specific answer) that if you enter into an agreement with your group clients BEFORE December 27, 2021 (meaning all contracts are signed, sealed and delivered), regardless of the renewal date (such as January 1, 2022 or February 1, 2022), then that is before the effective date, so you would not have to do such disclosures until the next renewal... However, if you want to go that route, please get your own legal opinion before doing so!

Compensation under the rule includes anything of monetary value, but does not include non-monetary compensation valued at \$250 or less, in aggregate, during the contract term. The broker and consultant disclosure requirements include health plans, which would include excepted benefits like stand-alone dental and vision, health FSAs, EAPs, ICHRA and HRAs. This does not include QSEHRAs.

In summary, the broker/consultant must provide in advance of the contract date to the employer/plan sponsor all expected compensation and communicate any changes no later than 60

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Continued on page 7

days from the date the broker is aware of the change, or upon written request. Brokers/consultants will be required to provide a disclosure notice to each client. If the broker fails to provide the required information, the plan fiduciary may be required to inform the DOL of the failure and terminate the contract in order to prevent a prohibited transaction from occurring.

It's important to note that Section 202 disclosures do not supersede existing state laws for disclosures, except where state laws prevent the required disclosures. The federal requirements under the CAA are in addition to any state requirements. I don't believe that California has any state requirements that would need to be considered.

Similar to the 2012 rules from the DOL on retirement plans, a health plan fiduciary that meets certain requirements would still satisfy the prohibited transaction exemption if the plan fiduciary relied on good faith for a broker's disclosures that later turned out to be inaccurate. If that is the case, the plan fiduciary is required to take reasonable steps to secure the missing or incorrect information, must notify the DOL, and must consider whether to terminate or continue the arrangement if the broker does not comply with a request for information within 90 days. So, if you think there is no risk to your agency if you don't do the required disclosures, think again. You could not only have issues with the DOL as an agency, but you could also lose accounts for failure to disclose properly.

If there is an error in what you report to a plan fiduciary, you as an agent will have 30 days to correct those errors. If, however, the plan fiduciary finds the error and reports it to the DOL, see the above 90-day requirement.

Carrier Required Disclosures

Although much of the burden for disclosures is on the broker/agent, there are some carrier requirements for disclosure under Section 202(c), which amends the Public Health Service Act Section 300 gg41, and requires health insurers offering INDIVIDUAL and SHORT-TERM HEALTH INSURANCE COVERAGE (note: this does not apply to group coverage, unless amended) to disclose to enrollees and the Department of Health & Human Services (HHS) all direct and indirect compensation provided to agents and brokers associated with plan selection and enrollment. For the enrollee, the insurer must disclose prior to the individual finalizing plan selection and must include the disclosure of any documentation confirming enrollment. The insurer must also report annually to HHS, prior to any open enrollment period. See also Individual Plan Rules for Agents below.

Disclosure Not The Same as the 5500 Filing

I want to point out that the disclosure requirement in the CAA is not the same as a 5500 filing. The requirements of the CAA are prospective; forward-looking, broad, and addressed to the employer. The Form 5500 is retrospective, narrow, and filed with the DOL, and is a matter of public record. Keep in mind, 5500 filings are also only required for employers with 100 or more

participants, so if you work with small groups, the 5500 wouldn't help you anyway.

Content of Disclosure

In general, the CAA Broker compensation disclosure notice must include:

- A description of services (what are you doing for your client?)
- A statement indicating if the broker/consultant plans to offer fiduciary services to the plan, if applicable (yes or no – in most cases, this should be NO for most brokers)
- All direct compensation, in the aggregate, or by service
- All indirect compensation, including vendor incentive payments, a description of the arrangement under which the compensation is paid, the payer name, and any services for which compensation will be received
- Any transactional-based compensation, for example, commissions, finder's fees for services and the payers and recipients of the compensation
- A description of any compensation expected with regard to the contract's termination, if applicable, including pre-paid amounts and how they will be calculated and refunded
- A description of how compensation is shared among the broker and its affiliates or subcontractors
- Note that bonuses and overrides, etc. were not clearly specified in the bill text. The coming regulations/rules/guidance should give us more clarity on this.

Services Included

In general, the services you provide to your clients must be included in your disclosure notice. Examples of services include, but are not limited to:

- Development or implementation of plan design, insurance or insurance selection
- Recordkeeping services
- Medical Management vendor
- Benefits Administration (including dental and vision)
- Stop-loss insurance placement or recommendations
- PBM services
- Wellness program services
- Transparency tools and vendors
- Group purchasing organization preferred vendor panels
- Disease management vendors or products
- Compliance services
- EAP Programs
- Third Party Administration (TPA) services

Consulting services are nearly identical to the brokerage services, but do not need to involve the actual broker services. At this time, it is unclear whether "consulting" just involves brokers

Continued on page 8

serving in a consulting capacity (for example, consulting for a self-insured employer in a self-funded health plan), or other service providers who “consult” such as TPA consulting on plan design or implementation. We assume that further guidance will be coming soon.

As I stated in the March-April, 2021 issue, I’d like to point out that in many states, including California, administration services (indicated by the asterisks above) require a license, and in many cases, providing administrative services that would be covered under that license as a broker could be considered prohibited transactions under ERISA (but that is a topic for another article on another day). I also wanted to mention that in California, the Department of Insurance issued a bulletin some time ago that basically states that for insured products, if you’re getting a commission, you cannot also take a fee, unless you are doing other services. So please check with your legal counsel to determine what you can and cannot charge fees for (self-funded plans with ERISA jurisdiction are separate and fees and stop loss commissions are acceptable and common).

Direct compensation is defined as compensation from the plan itself, through plan assets. Amounts paid by the plan sponsor/ employer would not be considered plan assets, but participant contributions, keep in mind, are always plan assets.

Indirect compensation is generally amounts received from anyone other than the plan or the employer/plan sponsor. For example, if a consultant receives compensation from an insurance carrier, an industry vendor, or TPA not in the form of commissions. We expect clarifications on this in the coming rules.

I know that many brokers are in panic mode about these disclosure requirements. I, however, welcome them. I guess that is because I have worked in the ERISA world for all of my career, where disclosure is already required in most cases (particularly over 100 lives). I believe that this disclosure requirement is actually a way to show your value as a broker and consultant. If you provide fewer services than many other brokers, this could alarm you, but if you are providing a number of services for your clients, this should be a way to prove your worth to your clients.

I would recommend that brokers/consultants begin now to identify all group health plans where broker or consulting services are provided, to determine all sources of direct and indirect compensation, and determine all compensation that meets the \$1,000 threshold. Then, you should begin to design your disclosure notice and determine the best way to produce this to your clients. For most, particularly large agencies, this would be easier if automated, so that timely disclosures can be provided at the end of the year.

Individual Plan Rules for Agents

On September 10, 2021, rules for Individual plan broker compensation requirements were released. The individual rules were lumped together with No Surprises Act rules for Air Ambulance Services and Provider Enforcement provisions. I will sum-

marize the rules for the individual market for disclosures. The good news for agents is that in the individual market, the disclosure burden falls on the carrier, not the agent. It is the GROUP market that requires all of the agent disclosures. (See Carrier Required Disclosures above.)

Carriers are required to disclose compensation to all potential or new policyholders, as well as upon renewal of a policy. The disclosures would be required before a consumer finalized their plan selection and on any document that confirms their initial enrollment in coverage (including a Summary of Benefits and Coverage – SBC- for example). For individual health coverage, this disclosure would occur alongside the plan renewal notice. This disclosure would have to be sent with the invoice for the first premium payment for the initial coverage term and each renewal period.

HHS does not prescribe a single standardized format, but just minimum standards. Insurers must disclose the amount of direct compensation and indirect compensation, including a commission schedule. If the insurer offered compensation that is not covered by the commission schedule, they would have to provide an explanation of the thresholds when and agent or broker qualified for indirect compensation (such as a bonus). Insurers that do not use commission schedules would have to describe their compensation scheme.

Agents are allowed to make the required disclosures on the insurer’s behalf. Agents may attach a commission schedule and other information to enrollment materials or provide a link to the information. All materials must be provided in accessible formats for those with disabilities and limited English proficiency. Insurers must also meet these language and proficiency requirements, and must make the disclosure available in the 15 most common languages in that state, similar to other requirements for EOBs, etc.

Carriers or insurers are required to report compensation information to HHS on an annual basis. This reporting must cover the prior calendar year and be due by the last business day of July each year. Non-calendar years may need to split reporting for a single policy between calendar years. HHS’s intent is to collect data similar to what is collected by the DOL for group health plans. Insurers must report the payer Tax ID number, the agent or broker identifier and type, the date of payment, direct compensation, indirect compensation, the basis for indirect compensation, and other information, as required, including agreements made through intermediary organizations.

Pending Group Rules for Agents

Again, we are awaiting the release of new rules for group health plans. Once these are released, NAHU will be providing information to its members (a good reason to join NAHU if you’re not already a member!) and hopes to release an outline or flowchart on group disclosure notices sometime in November.

I will be writing a supplemental article and CAHU will be releas-

ing it as soon as I can study the information and write the supplement. This supplemental article will be released off the regular schedule of Statement issues, so you will have it hopefully in November!

What NAHU Asked for Clarifications On

NAHU has submitted many questions for clarifications, and had a meeting on Thursday, October 21, 2021 with the Department of Labor to ask about their questions and ask for clarification. They of course did not assume the DOL would answer many of the questions on that day, but are hoping that those answers will be included in advance of or included in the new group rules, once released.

In summary, NAHU submitted comments to the Agencies during the comment period last summer. They requested the following:

- Additional guidance in several areas, including additional information about the timing of compensation disclosures and advance disclosures (including the December 27, 2021 question on if the contract is executed prior to December 27, 2021 for January 1, 2022 contracts, would you not have to comply for the 2022 plan year)
- Clarification regarding agents and brokers who receive commission statements from insurance carriers or TPAs detailing their compensation (can you just forward those statements to your clients to meet the disclosure requirements?)
- Release of a model disclosure form from the Departments

NAHU also asked if the Agencies will be educating the employers about existing contracts that may already meet the disclosure requirements (such as self-funded health plans). They also asked about multi-year contracts. Do agents still need to disclose each year if it's part of a multi-year contract?

As stated above, NAHU met with the Department of Labor on October 21, 2021, so we are hoping that they will release some answers either directly to NAHU, or include in the rules that are released... And we hope that they will be released soon! NAHU also asked if the rules were delayed, if they could delay the effective date to give agents and brokers time to prepare the disclosures, but there has been no word of a delay at this point.

I hope this information is helpful to you

all! Please look for a supplemental article to be released by CAHU, and please remember to watch for NAHU's Washington Updates and other important updates, follow their Happy Hour podcast and review the NAHU Compliance Corner on the NAHU website at www.nahu.org. In the meantime, you should be reviewing your clients' compensation NOW, and start a spreadsheet or begin to update your commission and fee reporting to have it readily available when the new rules are released. This will take time, so please don't wait until December 15th to start working on this!

##

Disclaimer: *The information in this article is not intended to be legal or tax advice of any kind. The author and CAHU are attempting to provide you with public information to assist the agent. We always advise that you seek the advice of legal counsel as situations vary. Be advised that things are constantly changing with rules, technical guidance, Fact Sheets, and more!*

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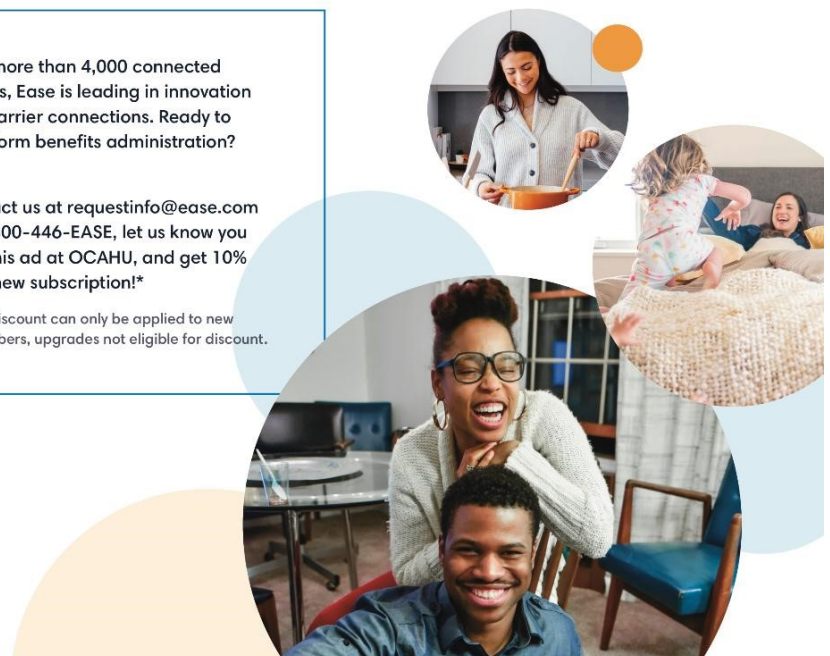
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Senior Summit Recap

By: Maggie Stedt, CSA, LPRT - OCAHU VP Professional Development & Senior Summit Chair

The Ninth Annual Senior Summit from August 31st through September 2, 2021, held at Pechanga Resort and Casino in Temecula CA welcomed well over 600 attendees including agents, company representatives, Field Marketing and General Agents, representatives from NAHU, CAHU, physician groups, consultants and many others! Attendees enjoyed company certifications, product trainings and certified education classes. The Exhibit Hall was open for two days. A total of 4 CE course hours were filed for the event. We welcomed 30 new members who signed up to join NAHU and one of our three chapters plus LAAHU.

Everyone was excited to attend this in-person event to meet, network, share ideas, learn about new products and services, and certify for the following year. From our first event over nine years ago it has grown and led the way for over 32 Medicare focused meetings and summits that are being held by AHU chapters across the country this year!

Tuesday began with both product and required in-person train-

ings with Alignment, Aetna and SCAN. The evening cocktail hour with the potato bar and live music was enjoyed by all attendees! Our formal meeting kicked off with an overview of the Summit by the Co-chairs of the event, Ricky Haisha (SDAHU), Maggie Stedt (OCAHU) and Yolanda Webb (IEAHU). NAHU and CAHU Past President and keynote speaker, John Nelson shared his thoughts on the "Pandemic, the Good, the Bad and the Tragic." Louis Valladeres, from our Gold Ribbon Sponsor Applied General Agency shared "How to Work Your Leads for Success." Humana offered an overview of their products.

After lunch, the Exhibit Hall opened. Attendees enjoyed a Medicare Advantage Panel presentation with Dave Milligan, (Bright Health) Chris Bond (SCAN), Todd Macaluso (UHC) and Edward Marten (Humana). The panel was followed with trainings with Golden Outlook, Brand New Day and United HealthCare.

Nicholas Uehlecke, a consultant and former Advisor from the U.S. Department of Health and Human Services provided an "Overview from Washington: Medicare Perspective." Our day ended with a Summit Partner Happy Hour with the Exhibitors.

On Thursday we started out the day with a General Session with Marcy Buckner from NAHU and Faith Borges from CAHU for an "Overview of National and State Legislation. Followed by a broker panel providing the "Broker Perspective." A big thank-you to our panelists, Marcelo Castro, Don Doppman, Erin Fisher, Paul Miller and Terri Yurek for your participation and candor! Attendees also learned about "Selling Over the Phone" with Louis Valladares, and some product training with Centene.

There was an opportunity for attendees to select two different Breakout Sessions that included CE credits, product information, and sales and marketing ideas. Some of the sessions were:

- Employer Benefits vs. Medicare Benefits: Should Your Employees Stay or Should they GO? - David Garcia and Mary King
- Overcoming Barriers to Care - Jack Dailey
- Why are Meds so Darn Expensive? Innovative Strategies to Lower RX Costs - William Hepsher
- Medicare Marketplace and Future Trends - Craig Taylor
- Medicare Agents in the Digital World - Pete Blasi

Continued on page 15

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Small Group Annual Special Open Enrollment Window: Nov. 15 – Dec. 15

*By: Paul Roberts - Director of Education and Market Development,
Word & Brown General Agency*

The Affordable Care Act (ACA) requires medical health insurers to offer a one-month Special Open Enrollment Window (SOEW), when eligible Small Group employers can enroll in medical coverage without having to meet standard employer-contribution and/or employee-participation ratios.

The SOEW occurs November 15 through December 15 of each year, allowing eligible Small Group employers to enroll for coverage effective January 1 of the following year.

Background

The ACA has a section called the “guaranteed issuance of coverage in the individual and group market.” It stipulates that “each health insurer that offers health insurance coverage in the individual or group market in the state must accept every employer and individual in the state that applies for such coverage.”

The section also states that this guaranteed issuance of coverage can only be offered during (special) open enrollment periods, and that plans can only be offered to applicants who live in, work in, or reside in the plans’ service area(s).

Participation and Contribution Requirements

In many states (including California), carriers can decline to issue group health coverage if fewer than 50-70% of employees elect to enroll. Some carriers may have even tighter participation requirements.

Furthermore, insurance carriers’ underwriting contribution rules require employers to contribute a certain percentage of premium costs for all employees in order to attain group health coverage. Some businesses struggle to meet these contribution requirements for a variety of financial reasons.

Problem Solved: Special Open Enrollment Window

Many employers want to offer coverage to their employees, but are denied because they struggle to meet participation and/or contribution requirements. Employers cannot force employees to enroll in coverage unless the employer pays for 100% of the employees’ premiums, which many employers cannot afford – especially for major medical policies. Even with moderate to generous employer contributions, many employers still find young and lower-income employees waiv-

ing coverage. This has been even more evident since 2019, with the ACA’s federal Individual Mandate non-compliance penalty reduced to \$0.00. Although, at least in California, that changed a bit in 2020 when the state implemented its own Individual Mandate, with steep non-compliance penalties for adults and families in California. Nevada and many other states do not have a state individual mandate requirement.

The U.S. Department of Health & Human Services provides final guidance on this in regulation 147.104(b)(1): “In the case of (medical) health insurance coverage offered in the small group market, a health insurance issuer may limit the availability of coverage to an annual enrollment period that begins November 15 and extends through December 15 of each year in the case of a plan sponsor that is unable to comply with a material plan provision relating to employer contribution or group participation rules.”

If your employer groups (in the Small Group market, which is up to 100 FTE in California) are struggling with meeting participation and/or contribution requirements, the Special Open Enrollment Window is the time to enroll them in coverage.

Important ACA Consideration for Applicable Large Employers (ALEs)

It’s important to note that Applicable Large Employers (ALEs) with 50+ FTEs are still subject to the ACA’s Employer Shared Responsibility mandate – even when/if the ALE enrolls in coverage during this Special Open Enrollment Window without having to meet standard participation and contribution requirements.

The Employer Shared Responsibility mandate requires ALEs to offer affordable health coverage to full-time (FT) employees and their dependents to age 26, or face potential non-compliance penalties. The affordability ratio for plan years beginning in January 2022 is 9.66%. This means a FT employee should not pay more than 9.66% of his or her rate of pay, end-of-year W-2 box 1 income, or of the Federal Poverty Level, on the lowest-cost, minimum-value plan offered by the employer (at the employee-only rate) in order to satisfy the ACA employer mandate for plan years beginning in 2022. The ACA affordability ratio for plan years beginning in 2021 is 9.83%.

##



COIN COMPLIANCE CORNER

What Agents and Your Clients Need to Know!

HIPAA Privacy & Security Enforcement Updates—

By: Dorothy M. Cociu, RHU, REBC, GBA, RPA, LPRT - CAHU VP Communications

There have been no new HHS/OCR settlements or Civil Monetary Penalties announced since the last issue, but there is plenty to discuss in overall HIPAA security and related news; particularly in cybersecurity.

Most notably, on September 21, 2021, the HHS Office for Civil Rights announced a new Ransomware Resources for HIPAA Regulated Entities. This has been one of the most needed things I've been preaching about and asking for over the past 2 to 3 years; most recently in my Cybersecurity article that was published in the August-September, 2021 issue of The State-ment, the September, 2021 issue of California Broker, and the October, 2021 issue of America's Benefit Specialists. This is a great add as a center coordination point for cybersecurity threats and assistance! Thank you HHS and OCR!

The HHS Office for Civil Rights (OCR) shared the following information to ensure that HIPAA regulated entities are aware of the resources available to assist in preventing, detecting, and mitigating breaches of unsecured protected health information caused by hacking and ransomware.

HHS Health Sector Cybersecurity Coordination Center Threat Briefs:

- <https://www.hhs.gov/about/agencies/asa/ocio/hc3/products/index.html#sector-alerts>
 - January 28, 2021 - ATTACK for Emotet
 - March 12, 2021 - New Ryuk Variant Analyst Note
 - April 8, 2021 - Ryuk Variants
 - May 25, 2021 - Conti Ransomware Analyst Note
 - June 3, 2021 - Ransomware Trends 2021
 - July 8, 2021 - Conti Ransomware
 - July 8, 2021 - Phobos Ransomware Analyst Note
 - August 5, 2021 - Qbot/QakBot Ransomware
 - August 6, 2021 - Lazio Ransomware Attack Analyst Note
 - August 19, 2021 - REvil Update
 - August 24, 2021 - OnePercent Group Ransomware Alert
 - August 25, 2021 - IOCs Associated with Hive Ransomware Alert
 - September 2, 2021 - Demystifying BlackMatter

HHS Resources on Section 405(d) of the Cybersecurity Act of 2015:

- Health Industry Cybersecurity Practices: Managing Threats and Protecting Patients <https://www.phe.gov/>

[Preparedness/planning/405d/Pages/hic-practices.aspx](https://www.hhs.gov/ohrt/preparedness/planning/405d/Pages/hic-practices.aspx)

- Cybersecurity Reports and Tools <https://www.phe.gov/Preparedness/planning/405d/Pages/reportandtools.aspx>

OCR Guidance:

- Ransomware: <https://www.hhs.gov/sites/default/files/RansomwareFactSheet.pdf>
- Cybersecurity: <https://www.hhs.gov/hipaa/for-professionals/security/guidance/cybersecurity/index.html>
- Risk Analysis: <https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/administrative/securityrule/rafinalguidancepdf.pdf>

HHS Security Risk Assessment Tool:

- <https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool>

CISA Protecting Sensitive and Personal Information from Ransomware-Caused Data Breaches:

- <https://www.cisa.gov/stopransomware>
- https://www.cisa.gov/sites/default/files/publications/CISA_Fact_Sheet-Pro-protecting_Sensitive_and_Personal_Information_from_Ransomware-Caused_Data_Breaches-508C.pdf

CISA Ransomware Guide:

- https://www.cisa.gov/sites/default/files/publications/CISA_MS-ISAC_Ransomware%20Guide_S508C_.pdf

FBI Ransomware Resources:

- <https://www.fbi.gov/scams-and-safety/common-scams-and-crimes/ransomware>
- <https://www.ic3.gov/Media/Y2019/PSA191002>

OCR Cybersecurity Newsletters:

- Making a List and Checking it Twice: HIPAA and IT Asset Inventories (Summer 2020 Cybersecurity newsletter): <https://www.hhs.gov/hipaa/for-professionals/security/guidance/cybersecurity-newsletter-summer-2020/index.html>
- What Happened to My Data?: Update on Preventing, Mitigating and Responding to Ransomware (Fall 2019 Cybersecurity Newsletter): <https://www.hhs.gov/hipaa/for-profession->

Continued on page 13

als/security/guidance/cybersecurity-newsletter-fall-2019/index.html

- Phishing (February 2018 Cybersecurity Newsletter): <https://www.hhs.gov/sites/default/files/cybersecurity-newsletter-february-2018.pdf>
- Plan A... B... Contingency Plan! (March 2018 Cybersecurity Newsletter): <https://www.hhs.gov/sites/default/files/march-2018-ocr-cyber-newsletter-contingency-planning.pdf>
- Cybersecurity Incidents will happen... Remember to Plan, Respond, and Report! (May 2017 Cybersecurity newsletter): <https://www.hhs.gov/sites/default/files/may-2017-ocr-cyber-newsletter.pdf>

REMINDER: A ransomware attack may result in a breach of unsecured protected health information that triggers reporting requirements under the HIPAA Breach Notification Rule. HIPAA covered entities and business associates should review OCR's ransomware guidance at <https://www.hhs.gov/sites/default/files/RansomwareFactSheet.pdf> for information regarding potential breach notification obligations following a ransomware attack.

Twitch Streaming Service Data Breach

In related cybersecurity news, a non-HIPAA related data breach was announced in early October from the Twitch Streaming Service.

The Twitch streaming service has confirmed a data breach, which reportedly includes their source code, creator payouts, and possible leak of users' passwords. Read more.

What should you do about it if you were breached?

Twitch users are urged to change their passwords as a preventative measure. This information, if exposed, could lead to other vulnerabilities putting personal information at risk. These customers could be targeted with spam, phishing attempts, identity theft, and more.

Apple Releases Emergency Security Patch to Fix Vulnerability

In other cybersecurity news, Apple released an emergency security patch to fix a security vulnerability in Apple operating systems in mid-September.

A security vulnerability was found affecting Apple operating systems which could allow hackers to directly install spyware on iPhones and other Apple devices without any user involvement. You can read about the specifics of the vulnerabilities on Apples Support site at: <https://support.apple.com/en-us/HT212807>.

If you have any of the following iOS or iPadOS devices, you were affected by this:

- iPhone 6s and later
- iPad Pro (all models)
- iPad Air 2 and later

- iPad 5th generation and later
- iPad mini 4 and later
- iPod Touch 7th generation

Apple has reported that you should update your operating systems to iOS 14.8 or iPadOS 14.8.

Please stay tuned for more updates next issue! ##

Subscribe to NAHU's Healthcare Happy Hour

<http://nahu.org/membership-resources/podcasts/healthcare-happy-hour>

Latest Podcasts:

- [NAHU Submits Comments on the Individual Market Broker Compensation Disclosure Proposed Rule](#)
- [White House Release New Framework for Democrats' Reconciliation Package](#)
- [NAHU Meets with Department of Labor about Broker Compensation Disclosure](#)
- [Special Guest from Medcom Benefit Solutions Discusses Important Compliance Topics](#)
- [NAHU Celebrates Regulatory Victory Following Surprise-Billing Interim Final Rules](#)

OSHA Vaccine Mandate, cont. from page 5

ments within 30 days of publication and with testing requirements within 60 days of publication.

The ETS also serves as a proposal for normal rulemaking for a final standard. OSHA is seeking comment on all aspects of this ETS and whether the agency should adopt it as a final standard.

OSHA will continue to monitor the status of COVID-19 infections and deaths, as the number of vaccinated people in workplaces and the general public increases and the pandemic evolves. OSHA will update the ETS should the agency find a grave danger no longer exists for the covered workforce (or some portion thereof), or new information indicates a change in measures is needed.

Under the Occupational Safety and Health Act of 1970, employers are responsible for providing safe and healthful workplaces for their employees. OSHA's role is to help ensure these conditions for America's workers by setting and enforcing standards, and providing training, education and assistance.

##

OCAHU Board of Directors and Staff 2021-2022

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**MEMBER RETENTION**

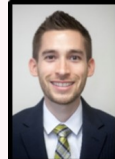
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Why Get Involved in OCAHU?

- 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



ORANGE COUNTY HEALTH UNDERWRITERS PRESENTS

18th Annual Celebration of **WOMEN IN BUSINESS** *Winter Wonderland* LUNCHEON & FASHION SHOW

DAY: **FRIDAY**

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Broker Disclosure, cont. from page 10

- The Home Care Advantage – Better Outcomes for Parties Post Hospital Discharge - Gaby Romero
- Palliative Care vs. Hospice and Medicare Broker's Role - Laura Obenchain and Cherie Crutcher

This event would not be the success it is without our sponsors who make this event possible! A big appreciation to our sponsors:

- **Gold Ribbon Sponsor:** Applied General Agency
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- **Registration Booth:** Dickerson Insurance Services
- **Decorations:** HRBC
- **Breakfasts:** Pinnacle Medical Group, PrimeCare

- **Lunches:** Aetna Medicare, Senior Market Sales
- **Coffee Breaks and Snacks Times:** Anthem Blue Cross, Epic Management, Alta Med Health Services, Brand New Day, VSP Individual Plans
- **Reception Drink Tickets:** Cigna Supplemental Benefits, Client First Financial Group
- **Entertainment:** Webb Insurance Services
- **Grand Prize:** Boomer Insurance Services

Another big thank to our dedicated OCAHU, IEAHU and SDAHU members who volunteered and spent countless hours on the event. Special thanks to MaryAnna Trutanich who served as our Executive Committee Manager, Juan Lopez as our Treasurer, George Carson our Media and Photo guru and Becky Capolouto for Social Media postings. Last, but not least Gail James Clark and Dawn Carroll, our Directors Extraordinaire!!! Ricky, Yolanda and I couldn't have done this without this amazing team!

Watch for the announcement for the dates in late August/early September for our Tenth Annual Senior Summit. Plan to join us for this great event which promises to be even bigger and more exciting!

##



HUPAC: Donations to Local Legislators

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

Our National PAC recently presented donations to several local legislators. Meg McComb graciously volunteered to deliver and present the donations at events.



**Congresswoman
Michelle Steel**
(with Davis Ducker,
Meg McComb & John
Word)



**Former
Secretary of State
Mike Pompeo**
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**Assemblywoman
Janet Nguyen**
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- » 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.



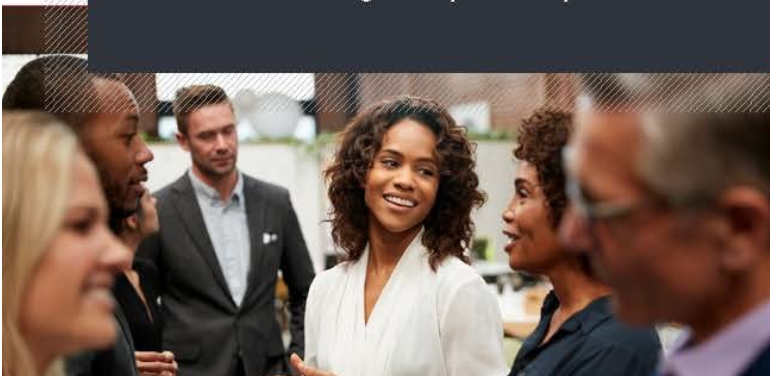
The National Association of Health Underwriters (NAHU) is your solution to all of these challenges, and more.

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.

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what will you
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and thrive?**

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The STATEment

CAHU's Magazine!

Check out CAHU's bi-monthly online magazine at

<https://www.cahu.org/newsroom>.

Annual CE Day Pictures



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.

- Now's the Time to Prep Digital Open Enrollment

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

CAHU Podcast Series

Check out CAHU's new Podcast Series at:

<http://anchor.fm/cahu> and <https://www.cahu.org/our-issues> or on Spotify! (search CAHU) or at [cahu.org](https://www.cahu.org). Designed to allow CAHU members to share with their office staffs, employer clients and consumers!

Latest Podcasts:

- Cybersecurity Part 1 & 2



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Virtual Member Orientation

By: Gonzalo Verduzco - OCAHU VP Membership

Did you know our NAHU Region does a Monthly Orientation?

Meetings are held the 4th Thursday of every month. You can learn about navigating NAHU and your local chapters, the power of being a member, meet and network with other new and existing members to get the most out of your membership.

Please join us using the information on the flyer.

**REGION 8
VIRTUAL
MEMBER
ORIENTATION**

All Members Welcome
6:00am to 7:00am (HI)
8:00am to 9:00am (AK)
9:00am to 10:00am (PST)

As the premiere trade association representing health insurance agents and brokers, NAHU continues to protect the indispensable role that professional benefits specialists play in serving consumers.
-NAHU CEO Janet Trautwein

NAHU
National Association
of Health Underwriters
AMERICA'S BENEFITS SPECIALISTS

Meeting ID: 826 3420 3381
Passcode: Region8

Membership News

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

Tamara Alley

Crystal Bishop

Jeff Converse

Sussy Kim

Gary Legen

Todd Macaluso

Tia Mayer

Ed McClements Jr.

Ruth Page

Not a member? Join us today!

Contact:

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Briana Hudson

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✉ briana@dickerson-group.com



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*To start contributing copy the form on page 21
of this issue and mail to CAHU today!*

Thanks for your participation!

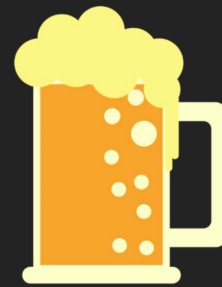


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Entry: \$35 | Tournament: \$10

Brewery X | 3191 La Palma Avenue | Anaheim 92806

Register @ ocahu.org



NET PROCEEDS BENEFIT THE PAC!



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)

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CITY, STATE, ZIP PHONE FAX

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CONTACT EMAIL ADDRESS LOCAL CHAPTER

PRECIOUS GEM STONE CONTRIBUTION LEVELS

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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

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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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November 17, 2021

Vanguard: Drinks, Appetizers & Cornhole, Brewery X

December 10, 2021

Women In Business, Balboa Bay Club

Rescheduled Events

Please stay tuned for more information on the events below. They are in the process of rescheduling for new dates.

CAHU Women's Leadership Summit, DATE and LOCATION: TBD



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