

Orange
County Association of
Health
Underwriters

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May/June 2018



C.O.I.N.

COUNTY OF ORANGE INSURANCE NEWS



OCAHU Members Head to Capitol Hill, Washington, DC, for NAHU's 2018 Capitol Conference



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Benefiting Cystic Fibrosis

Feature Article:
Data Breaches and Cyber Security.... Is Anyone Safe?... Some Helpful Suggestions to Help Protect Yourself

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

See page 5

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COLUMN ADDED!

Single Payer Update—Understanding the Terms & Concepts

See page 14!



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Don't Forget Our May 8, 2018 Annual Membership Meeting, with Board of Directors election and 1 hour of CE - Ethics for the Health Insurance Agent, course number 344031, featuring Don Goldmann. Information on page 8! Election Ballot page 23!



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Letter from OCAHU President, Juan Lopez

WOW, its hard to believe that its almost been a year since my term as President started on July 1, 2017. Now we are prepared to conduct our May member appreci-

ation luncheon and our Chapter elections for the NEW Board of Directors for 2018/2019. We have accomplished so much this past year, winning various awards at both NAHU and CAHU conferences, had fun at our PAC event at Angles baseball, hosted two town hall meetings on Single Payer, produced our ever –growing Medicare Summit, hosted CE day, celebrated our annual toy drive holiday luncheon, lobbied in Sacramento and Washington DC, continued our Business Development Summit, invited our Consumer/Clients to our Consumer Education Day luncheon, sponsored a NAHU Certification program, played our golf tournament benefiting Cystic Fibrosis, offered the most CE’s in a single year, and we are preparing for our awesome “Women in Business” benefiting New Hope on June 1st. **Its no wonder I’ve lost a few pounds...**

On May 22 and 23 we have our annual trip to our State Capitol in Sacramento to lobby both the State Assembly and Senate on various Healthcare Bills that CAHU is tracking in this legislative session. These bills are either supportive to our cause or unfortunately, in most cases, will damage the benefit insurance system that we all love. A few examples are SB562 (Universal Single Payer), SB 993 (Taxes on Services, including

your services), SB1008 (MLR for Dental), AB3087 (Independent Commission to establish rates for providers) and AB2499 (would increase MLR by 5%), to name a few. We will visit with our Orange County Representatives (4 State Senators and 7 Assembly members) to provide them a Brokers and Insurance industry POV to hopefully cause influence on the direction of the legislation. We need your help. *Donate to our CAHU PAC or come join us in Sacramento to lobby our representatives!*

We will close the year traveling to the NAHU convention in June representing Orange County at the House of Delegates and learning what is happening nationally.

All of this could not have been possible without a tremendous Board of Directors I’ve had the privilege to work with. These are the finest professional individuals that have sacrificed their time and volunteered their expertise to give back to our beloved industry and make it better for all of us... THANK YOU.

We’re looking forward to another successful year in 2018 -19!

Gratefully yours,

Juan Lopez

President, OCAHU

OCAHU Charity Golf Tournament, Benefiting Cystic Fibrosis, 2018 Photos
(More Photos on Page 10, 19, 22 & 26)





Feature Article:

Data Breaches and Cyber Security.... Is Anyone Safe?

Some Helpful Suggestions to Help Protect Yourself

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

In a world of fast-changing technology and more reliance on data, we are all

at risk, because when there is data, there is a chance for a data breach. Who doesn't use at least one, often many, forms of cloud storage? Who doesn't use email and who doesn't shop retail? And as last year's Equifax breach taught us, as long as we have a credit card, a mortgage, or a loan, we have a credit file, and therefore we are at risk for identity theft, credit fraud and more. So how do we protect ourselves?

As many of you know, besides being a licensed insurance agent with my own agency, I am also a HIPAA Privacy & Security Consultant and trainer. Although a lot of what I'm talking about in this article isn't directly related to HIPAA Privacy & Security, the concepts of data breaches and cyber security hold true across all lines. I specialize in administrative (policies and procedures, forms, etc.) and physical security (like locked file cabinets and proper alarm systems and other physical security), but the third part of security is technical security... I'm not an IT person. Far from it. But I'm smart enough to know that when HITECH became part of HIPAA Privacy & Security in 2009, I had to team up with some tech gurus to get my job done on the HIPAA Privacy & Security side of my business. What I learned very quickly is that technology is not specific to industry... Technology and data is widespread and consistent across all lines. Data is data, and breaches are breaches, regardless of industry or personnel.

In 2018, we've already seen major hacks and breaches with the Best Buy, Delta Airlines/Kmart-Sears and other retailers involved in the third party application chat service. Third party vendors were also the culprits in the Target, Home Depot and other hacks and breaches in the past few years. Personally, I won't even use the table top ordering and payment machines on many restaurants tables today (such as Chili's, Applebees, Red Robin and others to name a few). If they offer payment through their own machines, I will request that they run my credit or debit card through that, rather than through a third party application software. Maybe I'm paranoid, but when companies are using other companies to do things like run credit cards, I tend to get a bit nervous about my credit card protection. Third party

applications generally have more risk due to malware inserted into them without the primary company using them having no control (like Best Buy, Target, etc.).

Best Buy recently announced that "a small fraction of our overall online customer population" was impacted... They noted that customers who didn't even use its online chat service may have had their data accessed. Have you shopped online at Best Buy in the past year? Or booked a Delta flight online or shopped at Sears or Kmart with a credit card between September 27 and October 12 of 2017? I most likely could have! And I'm sure many others could have been affected as well.

That particular breach involved chat provider [\[24\]7.ai](#), based in San Jose. There are also questions pertaining to the timing... State law requires breach notifications to be made in an expedient manner without unreasonable delay, and although Best Buy, Delta and Sears/Kmart notified the media and customers quickly once notified, there are questions about when the chat service actually knew of the breach. Timing is everything in situations like this... Delays cost all of us harm.

Let's think back over the past few years of the largest breaches... In healthcare, you must include HHS Wall of Shame members Anthem, Molina Health, Oklahoma Dept of Human Services, Aetna, Kaiser, LSU Health, Morehead Medical, University of Iowa Hospitals & Clinics, Arizona Dept of Health Services, Children's Mercy Hospital, Memorial Hospital Clinic, St. Joseph Hospital & Medical Center, Walgreens, not to mention the older ones like CVS and Thrifty Drugs.. The list is so long I can only include a few in this article... And now there are so many more currently under investigation, including California Physicians Service (Blue Shield) of CA, CA Dept of Developmental Services, Diagnostic Radiology & Imaging, UnitedHealth Group, Walmart, City of Detroit, University of Virginia Medical Center, and many more that I've mentioned in my Compliance Corner HIPAA News section, and so many more listed on the HHS website that I

Continued on Page 7



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can't list... There are pages and pages and pages!

In the retail world, we've all heard of them... And more seem to pop up every month. So how do we protect ourselves? There are some relatively easy and inexpensive steps everyone should take. First, sign up for a credit monitoring service. I personally love American Express's Credit Secure, but for identity theft protection and monitoring the dark web, etc., I also signed up for Lifelock. Services like this are well worth the money! It's worth a little research.

Another thing you can do is to *watch what apps you download!* Your phones are devices that keep us easily connected with the world, but they are also being abused by hackers and cyber criminals... Think about what data you have on your phones.... Not only client names, addresses, phone numbers (which are subjected to state and federal laws like GLBA and HIPAA Privacy & Security/HITECH as agents and industry personnel), but many people today use their phones for purchases, store credit card data, etc. Remember, these are HITECH (HIPAA Privacy & Security) protected devices for our industry, so be sure they are encrypted!

When I say watch the apps you download on phones, tablets, laptops.... Look at what they are asking for permissions to access. Why does a flashlight on your phone need access to your contacts? You need to be critical and aware, and not give everyone access to everything you have! So *always check what they are asking your permission to access! Say no if you're concerned! Don't accept it!*

I sat down with members of my tech team, Ted Flittner and Ted Mayeshiba, principals of the Aditi Group, to discuss with them the recent data breaches and cyber security, and asked them to contribute to this feature article.

"Sometimes we can't control when our data is breached, such as the retail breaches (all we have to do is shop and we're at risk), credit firms like Equifax, etc.," I asked Ted and Ted. "But there are some things we can control...things we can do as consumers to help ourselves and our data. Can you tell us some of the things consumers can do to protect themselves?"

"Backup your data,," replied Ted Flittner. "Use a good continuous backup system like Backblaze, Carbonite or iDrive. These back-up as you create, and they are offsite, which is important. Why? Because if your backups are local, even in a fireproof vault, when the city comes to 'red tag' your building and not allow you to retrieve your backups, you have a problem don't you? Having your backup in the cloud allows you to restore to

a new machine if necessary."

He continued: "If a vendor you use is reported to have a breach, then it is wise to change your passwords. If you use that password at other locations, change those too. When you change your password, think about using a passphrase or sentence instead. It's easier to remember (ilovecountrymusic). The new recommendation from the [Center for Internet Security](#) is for passphrases that are at least 12 characters long."

I mentioned to him that I now do that often, but replace out, at The Aditi Group's suggestion, letters with numbers of special characters, which they both said they'd address as well. In his example, I would use something like "1l0v3countymu5!c" to make it even more secure. They absolutely agreed, and will discuss below.

Ted Mayeshiba continued: "[You can also] use multifactor authentication if it is offered. This is when a site wants your user name, password, PLUS sends you a code on your mobile phone or email before allowing you to open the site. Take advantage of it if it's offered."

I continued with my questions, asking them about some very important issues in today's world... "Malware and phishing scams are running rampant," I stated... "Just recently I was on a website doing a search and a pop-up came up with a loud warning that my computer's data was in jeopardy and of course they wanted me to call them or click on things (which I didn't, of course... I immediately called Ted F!), which would have opened the door for them to do bad things. What kinds of advice can you give us... what to look out for, what to avoid, what to NOT DO in these situations?"

"*Think!*" stated Ted Mayeshiba. "Do not click any link unless you've thought it through, 'does this make sense?' Be wary of communications that implore you to act immediately, offer something that sounds too good to be true, or asks for personal information. Check the phone number listed against what is listed in public directories."

Ted Flittner continued: "For example: the Microsoft warning pop-up says call '800-88-----' but a Google search shows no 'Microsoft' results for that phone number. So don't call or click."

Ted Mayeshiba continued: "Close pop-ups on Windows computers with ALT-F4 instead of clicking on any 'buttons' shown on the pop-up. Similarly, close suspicious applica-

Capitol Conference Photos, Washington DC



More Photos Pages

10 & 18

Upcoming Important Events... Mark Your Calendars!!

Mark Your Calendars

Senior Products & Marketing Summit

August 22nd & 23rd, 2018

Pechanga Casino & Resort

45000 Pechanga Way

Temecula, CA 92592

More information to follow!

Mark Your Calendars

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Hyatt Regency, John Wayne Airport

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tions safely without clicking on them.”

We continued our discussion on the recent breaches and hacks. I asked them, “Some medical breaches, such as Anthem, were the result of malware.. an employee clicking on something that was sent to them in an email. What is the best protection against malware and spyware? How important is it for employers to actually train their employees on what not to do?”

“Hardware and software solutions are slowly gaining on the proliferation of ways in which evil actors are trying to steal information for their profit. Always use professional email anti-virus/anti-malware programs and keep them updated daily,” stated Ted Mayeshiba.

“The weakest link in all this are the people who must work on the internet,” continued Ted Mayeshiba. “Training the people to look for, or be aware of, things like:

Typosquatting – www.netflix.com vs. www.netflix.com
[note the differences in the website link]
[Homographic](#) typosquatting – Using other languages that browsers translate to English but direct you elsewhere.

Whaling – impersonation of owner authorizing someone to transfer money.” We discussed how these things are commonplace today and dangerous.

Ted Flittner continued with more examples:

[Watch out for] “Spear phishing – tricking recipient into thinking a message is from someone known; credential harvesting – fake google docs or dropbox accounts.... Check the details - If you’re unsure, take a few moments to look at the email ‘header’ information where you can see the actual email account that an email was sent from. You may quickly see that the email appearing from ‘Bank of America’ is really coming from ‘aaa-zhen-all3.cn”

Ted Mayeshiba continued [It] ...”is critical to a user’s understanding of ‘what makes sense’ or not. Training on a regular basis is critical.” They both shook their heads in absolute agreement, as did I. Yes, I know... I’m a HIPPA Privacy & Security trainer and consultant, but it’s really just good basic advice.

I continued my discussion with them, saying “Let’s go back to what we discussed before about the use of strong passwords and using phrases. You guys preach the use of strong passwords, 16 or even 24 or more characters, upper and lower case letters, alpha-numeric, special characters, and never use

the same passwords for multiple sites. What is the best advice you can give us related to password protection?”

“When you change your password, think about using a passphrase or sentence instead,” stated Ted Flittner. “It’s easier to remember (ilovecountrymusic),” as we discussed above. “Replace some letters with special characters and numbers and mix upper and lower case letters, as you did.” [like changing a’s to @ and e’s to 3’s and the letter l to the number 1 or an exclamation point]. “The new recommendation from the [Center for Internet Security](#) is for passphrases that are at least 12 characters long. That’s a lot to remember. So we recommend using a secure password manager like “[LastPass](#)” or “[Dashlane](#)”. These managers allow encrypted storage of user names and passwords as well as related secure notes such as password hints or credit card numbers. Both products allow you to launch the website within the product and your stored user name and password are filled in automatically. They are also synchronized across all your devices (mobile, desktop, laptop, etc.), wherever you have installed the product. And these products are designed and encrypted so that *only you* have access to the stored data – not even their techs or admins.”

Ted Mayeshiba continued: “You should also use multi-factor authentication wherever possible to augment strong passwords. This makes the chance of hacking much less likely.

Continued on page 10

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Feature Article, continued from page 9

And most multi-factor AKA two-factor authentication methods cost nothing by using a mobile phone app or text message.”

Lastly, I asked them “ Let’s say you’re a business owner.... Let’s say in fact you’re an insurance agent [as many of our readers of the COIN are] and you must store a lot of customer data, and laws require you to protect that data (HIPAA, GLBA, etc.)... If you’re on a tight budget, but know you have to do at least certain things to protect electronic data, what would you say agents *absolutely must do and should do* to protect their clients’ health and personal data?”

The answer is not simple or one-part. It’s a combination of things... “Encrypt all hard drives and data ‘at rest,’ stated Ted Mayeshiba. “Don’t use USB / Flashdrives or DVD’s or CD’s to transfer files without encryption. If you don’t have a hardware firewall yet, get one.”

Ted Flittner continued: “Take the machine with the data and take it off line so it has no access to email or other computers in the office. Isolate it. If this machine with the data MUST routinely communicate with an agency or bank, then design a Virtual Local Area Network or VLAN behind the firewall, and set up the machine to ONLY talk to those agencies upon your initiation.

“I know this sounds difficult, but it really is simple. If you have IoT devices as well, this is the recommended procedure to avoid having those devices hacked. Do not, under any circumstance, allow an IoT device to connect to the same VLAN that your computers are on.”

Some other not-so-technical words of advice from me... .If you’re at a gas station or a retail store using a debit card, cover the terminal when entering your PIN with one hand. Use the other hand to punch in the PIN code. People could

be looking over your shoulder, or in some cases, sitting in a van watching you put in your codes and stealing your credit card or debit card numbers or PINs. As they said, change your passwords often, and never use the same passwords for multiple websites. I know, we’re all guilty of that sometimes. But please think about it, and while it’s fresh in your mind, go into your accounts now and change your passwords, and hopefully, save them in an encrypted database. ##

Author’s Note: I’d like to thank Ted Mayeshiba and Ted Flittner of the Aditi Group for their assistance with this article. They can be reached at Aditi Group, Inc, AditiGroup.com, info@aditigroup.com, or by phone at (323) 776-9386. Ted and Ted are part of my company’s HIPAA Privacy & Security Training seminars on a regular basis.

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Additional Capitol Conference Photos 2018





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COIN COMPLIANCE CORNER

What Agents and Your Clients Need to Know!



March, April, 2018 Legal Briefing

From Marilyn Monahan, Monahan Law Offices

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

ACA/Federal: Highlights

IRS Bulletin 2018-10: This IRS Bulletin, issued in March, included IRS Rev. Proc. 2018-18, which contained some interesting updates mandated by the Tax Cut and Jobs Act, including the following:

The 2018 HSA family contribution limit was adjusted downward by \$50 to \$6,850. The IRS had previously announced that the limit would be \$6,900. Employers should adjust their plans accordingly.

For adoption assistance, the maximum credit allowed in 2018 will be \$13,810, a \$30 reduction from the previously announced limit of \$13,840.

The penalty for failing to file or furnish a 1094/1095 form in 2019 will be \$270, and the maximum penalty will be \$3,275,500.

IRS Notice 2018-12: Notice 2018-12 clarifies that a health plan providing benefits for male sterilization or male contraceptives without a deductible, or with a deductible below the minimum deductible for a high deductible health plan (HDHP), is not an HDHP, as defined in section 223 of in the Internal Revenue Code (the Code). Therefore, individuals covered by these plans may not contribute to a health savings account (HSA), and HSA contributions made by an employer on behalf of the individual are not excludible from income and wages. The IRS explains in the Notice that while a health plan may cover preventive care without a deductible or below the minimum annual deductible and still be considered a HDHP, benefits for male sterilization or male contraceptives are not considered preventive care under applicable standards.

The Notice was apparently issued because the IRS is “aware that several states have recently adopted laws that require certain health insurance policies and arrangements to provide

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

I’m happy to report that there were NO HIPAA PRIVACY OR SECURITY SETTLEMENTS announced since the last issue of the COIN!

However, I will be discussing other types of breaches in this issue’s Feature Article! See page 5!

Stay tuned next issue for the latest HIPAA Privacy & Security News! ##



COIN Compliance Corner Legal Brief, Continued

benefits for male sterilization or male contraceptives without cost sharing,” and stakeholders wanted to know how these mandates affected HSA eligibility.

For those who may currently be covered by such a plan, the notice provides transition relief. The transition relief is being made available because the “Treasury Department and IRS also understand that certain states may wish to change their laws that require benefits for male sterilization or male contraceptives to be provided without a deductible in response to this notice, but may be unable to do so in 2018 because of limitations on their legislative calendars or for other reasons.”

“Accordingly, this notice provides transition relief for periods before 2020 (including periods before the issuance of this notice), to individuals who are, have been, or become participants in or beneficiaries of a health insurance policy or arrangement that provides benefits for male sterilization or male contraceptives without a deductible, or with a deductible below the minimum deductible for an HDHP. For

Continued on Page 18

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Single Payer Update: Understanding the Terms & Concepts

By: Dorothy M. Cociu, RHU, REBC, GBA, RPA, OCAHU V.P. of Communications & Public Affairs

As Editor of the COIN, I wanted to thank all of you that have contacted me to thank me and OCAHU for the articles, town hall

meetings and overall education on the Single Payer fight here in California. At your request, I wanted to continue to provide you with updates on the Single Payer fight, and to help OCAHU and CAHU to educate our members and readers, as well as their employer clients on the important issues related to this topic.

CAHU is going to be starting a social media campaign soon to educate members and the general public on key concepts related to this issue. I'm sure you'll be hearing much more about this immediately following our visit to Sacramento in mid-May for Capitol Summit, where we will be meeting with legislators to share with them our views. But in the meantime, I wanted to start our own OCAHU campaign. OCAHU will be continuing a regular column on the Single Payer Fight, until this issue is over and we've won our battle!

The Glossary

I want to begin with some basic concepts that CAHU now has available in a document you can pull down from both the CAHU and OCAHU websites, called simply, The Glossary.

It became apparent to the CAHU Communications Committee (which Nolan Warriner, OCAHU Social Media Chair, and myself are part of), that the general public, as well as some of our members, are not 100% clear on some basic concepts and terms related to this fight.

The Truth is In The Details... The Differences between Single Payer, Healthcare for All and Universal Coverage

The most important of these concepts is in the definitions... **What are the differences between Single Payer, Healthcare for All, and Universal Coverage, or Universal Health Care?** These are basic concepts that we all must be aware of, and pass on during this important fight.

It's also important that you understand that NAHU, CAHU and OCAHU are very much in support of Universal Access to Health Care. This concept is a broad term for a program that

makes some level of basic coverage available to all. Although this is often perceived as a done through a government-run health program, it also allows for private insurance as a choice to the consumer. ***What CAHU wants to promote is Universal Access to Health Care through private insurance programs, not a government-run health care program. THIS IS THE MESSAGE!***

Back to the definitions... Universal Health Care refers to providing every citizen with health care coverage. Although universal health care generally means a national public insurance program, there are varieties of ways of achieving this; some of which are predominantly public, and others which are a mixture of public and private elements. To understand examples of these differences, please refer to the Glossary provided by CAHU, which is again available on both the CAHU and OCAHU websites. The glossary (*which I personally believe needs a little bit of editing and more clarity, which I would be happy to work on, to anyone from the CAHU Board that is reading this!**) compares Canada, United Kingdom, Germany, and Japan. I think it's important that our members become much more educated on the realities of the plans provided throughout the world. There are some countries that do a nice job of combining the concepts of a government-run program with private sector options. ***Should we be in a situation where Single Payer were to pass in California, either through the legislature or as a ballot measure, we need to be prepared to be in a position to offer suggestions for compromise, so that our industry does not die.***

Back to the definitions and details...

Single payer is a system in which all residents pay the state, via taxes in amounts determined by the state, to cover all healthcare costs for all of its residents, regardless of income, occupation, or health status. A single payer plan here in California would end all of the individual's options to buy or not buy health coverage from private insurers based on their needs and ability to pay.

Both the Healthy California Act and the New York Health Act are true single-payer plans, which would eliminate all private

Continued on page 21

MEET SARAH

Likes: Puppies, volunteering,
Mediterranean food.

Favorite Quote: "Dreams
don't work unless you do"
- John C. Maxwell

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Legislative Update

Rob Semrow, OCAHU V.P. Legislation

Hello OCAHU Members and Friends,

The 2018 legislative session is upon us

and we are seeing a lot of things occurring, *from spot bills to actual bills to propositions that could wipe out the health care system as we know it*, this year is full of legislative issues that everyone should be taking note of and getting involved with.

If you are not familiar with the largest and most important legislation being proposed, I would urge you and all of your colleagues to find out as much as possible about SB 562. This legislation will be a two-pronged approach this year, as there is also a push by the some powerful groups, including the nurses association, to place a ballot measure or two on the upcoming election ballots in 2018. SB 562 and these initiatives will dramatically change the landscape of not just insurance, but healthcare as well. Last year, OCAHU held several town hall meetings and I would expect that we hold another set this year, as we will need to respond to this in comprehensive and cohesive ways.

Additionally, there are a number of other priority bills that CAHU and OCAHU are involved with and making a concerted effort to impact this legislative session. From MLR Increases to expansion of MLR and the single payer initiatives, there are a variety of areas that would impact the consumers we serve and our industry as a whole.

Here are a few quick overviews:

SB 910 - Short-term limited duration health insurance. - The California Association of Health Underwriters (CAHU) is OPPOSED UNLESS AMENDED to SB 910, which would prohibit the sale of short-term limited duration health insurance in California, even in circumstances that would leave a consumer without any other coverage options.

AB 2499 - Health care coverage: medical loss ratios. - CAHU is working with NAIFA California and IIABCal to OPPOSE AB 2499, which increases the minimum medical loss ratio (MLR) percentages applicable to health care service plans and health insurers by 5%. AB 2499 will ultimately harm California residents with *reduced access to coverage and the invaluable ad-*

vocacy services of agents, while increasing market instability, with no guarantee of better healthcare for consumers.

SB 1008 - Health insurance: dental services: medical loss ratio. - CAHU OPPOSES SB 1008, which will cause added financial and administrative burdens, benefit shifting, increase consumer costs and likely drive some competition out of the dental care marketplace all together.

AB 2088 - Patient records: addenda. - CAHU SUPPORTS AB 2088, which increases our client's access to and ability to correct or note inaccurate or incorrect information in their medical records. This improves communication and accuracy between patients and their providers.

AB 1751 - Controlled substances: CURES database. CAHU SUPPORTS AB 1751, which would authorize the Department of Justice (DOJ) to participate in an interjurisdictional information sharing agreement between prescription drug monitoring programs across state lines. CAHU is supportive of the Legislature's coordinated efforts to curb opioid addiction and abuse and decrease the associated high costs of prescription drugs on healthcare premiums.

AB 1785 - Medi-Cal eligibility: assets. - CAHU SUPPORTS AB 1785 which excludes the principal and interest of a 529 college savings plan, from consideration for purposes of any asset or resources test to determine eligibility for Medi-Cal benefits applicants or beneficiary whose eligibility is not determined using MAGI-based financial methods. This bill supports saving for a college education without fear of a loss of Medi-Cal benefits. Education is one of the surest ladders out of poverty for nonMAGI Medi-Cal families.

SB 993 - New Tax: Services. - CAHU OPPOSES SB 993, which proposes to establish a first-time sales tax on services, possibly including services provided by independent health insurance agents.

There are just some of the many pieces of legislation that we are working on this year. There are more that will arise and we will be sharing those as they come to the forefront. In the

Continued on Page 22

COIN Compliance Corner Legal Brief, Continued from page 12

these periods, an individual will not be treated as failing to qualify as an eligible individual under section 223(c)(1) because the individual is covered by a health insurance policy or arrangement that fails to qualify as an HDHP because it covers these benefits. The Notice includes a request for comments.

Short-Term, Limited-Duration Insurance: Proposed Rule: On February 21, the IRS, DOL, and HHS issued a proposed rule on short-term, limited-duration insurance. The proposed rule was issued in response to Executive Order 13813, issued on October 12, 2017, entitled "Promoting Healthcare Choice and Competition Across the United States." Comments were due by April 23, 2018.

Short-term, limited-duration insurance is a type of health insurance coverage that was designed to fill temporary gaps in coverage that may occur when an individual is transitioning from one plan or coverage to another plan or coverage. In the new proposed rule, the Departments are proposing to amend the 3 month definition previously proposed so that the maximum coverage period may be of less than 12 months after the original effective date of the contract, therefore the proposed rule would expand the potential maximum coverage period by 9 months.

The preamble to the proposed rule notes that: "Short-term, limited-duration insurance policies would be unlikely to include all the elements of PPACA-compliant plans, such as the preexisting condition exclusion prohibition, coverage of essential health benefits without annual or lifetime dollar limits, preventive care, maternity and prescription drug coverage, rating restrictions, and guaranteed renewability. Therefore, consumers who switch to such policies from PPACA-compliant plans would experience loss of access to some services and providers and an increase in out-of-pocket expenditures related to such excluded services, benefits that in many cases consumers do not believe are worth their cost (which could be one reason why many consumers, even those receiving subsidies for PPACA-compliant plans, may switch to short-term, limited-duration policies rather than remain in PPACA-compliant plans)."

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

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Washington, DC, February, 2018



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Membership News

New Members and Renewals!



Upcoming Renewals for April, & May, 2018

OCAHU is proud to announce the list of new members

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|---------------------|-------------------|
| Holly Ackman | Diana Gonzales |
| Marcy Alvarez | German Hernandez |
| Lisa Marie Ammirato | Alexander Hunt |
| Kandi Brennan | Stephanie Lukasik |
| Rebecca Capelouto | Jackie Moss |
| Shelley Cunningham | Carol Roane |
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| Daniel Frey | |

WELCOME NEW MEMBERS!

- Timothy Beck
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- Judy Burlingham
- Daniel Callahan
- Carol Chamberlin
- Dorothy Cociu*
- Dawn Cunko
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- Donald Michael Floss
- Kari Fuhrmann-Dobson
- Lee Gjolme
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- Michelle Hadley

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- Gloria Janco
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- Paulette Neves
- Karen Patterson
- Julie Raff
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- Mary Ramirez
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- Martha Valverde
- Antonette Canasek
- Jamie Wiltfang

New Member Focus Column!!

OCAHU would like to feature one or more new members in each issue of the COIN in our new column, "New Member Focus". If you're a new member and would like to be featured, contact Dorothy Cociu or the OCAHU Membership team! Submit a photo and tell us a little about yourself! Contact us for a Q&A form!

More Golf Tournament Photos

PLEASE RENEW YOUR MEMBERSHIP TODAY!
**Already Renewed... Thank you!*



April, 2018

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Single Payer Update, Continued from Page 14

and public insurance programs, including Medicare, Medi-Cal, Veteran's health care, and other programs. The funding of a single payer system comes from all or a portion of the covered population via new taxes.

Remember, in 2017 CAHU reported (covered in the November-December, 2017 issue of the COIN (page 15, [URGENT NOTICE: CALIFORNIA ATTORNEY GENERAL PROPOSED MEASURE TO ESTABLISH FUND FOR HEALTHCARE EXEMPT FROM REVENUE RESTRICTIONS; California Healthcare Roadblock Removal Act- Given Green Light for Signature Gathering for Single Payer Health](#)) that the Attorney General had put forth a proposal initiative to establish a fund exempt from revenue restrictions, which would clear the way for collecting signatures and pass taxes for single payer health. We've since seen a massive campaign (samples printed in the March-April, 2018 issue of the COIN –[Single Payer Is Not Dead](#), page 23 and actual text from an email campaign rallying support and actions on page 24) from the supporters spreading the word about single payer... Our fight is far from over!

We're asking that you please stay tuned for future issues of the COIN, as well as the CAHU social media campaign, which should kick off immediately after Capitol Summit in May... You will be asked to join the cam-

aign using certain hashtags, such as [#singlepayer-the truthisinthefacts](#) or [#singlepayer-intheknow](#). ***Please act when we ask you to... Please help us spread the word to the general public, and help us win this fight!***

For the complete Glossary, go to the OCAHU website, or CAHU website to print or download a copy. And please, pass it on! ##

**Author/Editor's Note: CAHU has just agreed to allow me to help them edit the Glossary, so look for some changes soon! :-)*

Want to Help Fight Single Payer?

Then Give to CAHU PAC!

You can give monthly or make one-time donations. Go to the OCAHU website or CAHU Website for a contribution form, or see any OCAHU Board Member!



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Legislative Update, Rob Semrow, Continued from page 17

meantime, *if you are wondering what you can do to help save your industry and your healthcare, we need you to get involved. **This year, you need to make a phone call, make a visit and send an email to your legislators.***

Stay tuned and get involved. Remind your clients that as a member of OCAHU, you are a part of a group of dedicated industry professionals who are working with legislators and other advocates to create responsible and responsive change that have positive impacts and as important, positive outcomes.

Best of luck in these challenging times my friends!

Robert Semrow
OCAHU VP Legislation
CP – 949-413-6566
##

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More Golf Tournament Photos, April, 2018





April 2018

Notice is hereby given to the members of the Orange County Association of Health Underwriters.

The election of the Board of Directors for fiscal year July 1, 2018 – June 30, 2019 will take place at the **Annual Meeting** of the membership on **Tuesday, May 8, 2018**. This meeting will be held at the Hyatt Regency John Wayne Airport, 4545 MacArthur Boulevard, Newport Beach, 92660 at 11:30 a.m.

In accordance with the Bylaws, we are pleased to announce the following nominees:

Name of Nominee:	Board Position:
Ryan Dorigan <i>Applied General Agency, Inc.</i>	President
Juan R. Lopez <i>Colonial Life Applied General Agency, Inc.</i>	Immediate Past-President
MaryAnn Trutanich, RHU <i>Kaiser Permanente</i>	President-Elect
Dorothy M. Cociu, RHU, REBC <i>Advanced Benefit Consulting & Insurance</i>	VP of Communications and Public Affairs
Barbara A. Salvi, LPRT <i>Invensure Insurance Brokers</i>	VP of Finance
Robert Semrow, CBC, CSA <i>Premier Access</i>	VP of Legislation
Bill Brinegar <i>BenefitMall</i>	VP of Membership
Dan Abrams <i>Abrams California Health Insurance Agency</i>	VP of Political Action (PAC)
Margaret (Maggie) Stedt, CSA, LPRT <i>Stedt Insurance Services</i>	VP of Professional Development

Nominees as General Board Member: As Called for by the OCAHU Bylaws and by Presidential Appointment

Peter Cabot <i>BenefitMall</i>	David Ethington <i>Integrity Advisors</i>	John Evangelista, LPRT <i>Colonial Life</i>
Sarah Knapp <i>Colonial Life</i>	Joe Partise <i>Joe Partise, CLU</i>	Nicole Salas <i>AGA</i>
Patricia Stiffler, LPRT <i>Options in Insurance</i>	Nolan Warriner <i>Advanced Benefit Consulting & Insurance</i>	

Voting Ballot

If you are unable to attend the May 8th meeting, please cast your vote and sign / date at the bottom of the ballot. Ballot must be received in the Association office no later than the close of business on Monday, May 7, 2018. Please fax or email to: (858) 408-2671 or orangecountyahu@yahoo.com.

Vote to Accept Slate of Officers: Approve Reject

Vote to Accept Proposed Bylaw Changes: Approve Reject Date: _____

If you are proposing a nomination by proxy, please indicate name of person and office:

Name: _____
 (Print Name) (Signature)

So Where Are We on The Affordable Care Act? A Quick Look at Public Opinion...

I don't know about you, but I often have employer clients asking where we are on the Affordable Care Act. Do people understand it? Is the public currently in favor of it or against it? Are people still signing up for coverage under the Marketplaces?

According to the Kaiser Family Foundation, in their Health Tracking Poll March, 2018: Non-Group Enrollees,¹ about 1/5 of non-group enrollees (19%) are aware the mandate penalty has been repealed, but is still in effect for this year. According to the report, regardless of the lack of awareness, nine in ten non-group enrollees say they *intend to continue to buy their own insurance, even with the repeal of the individual mandate*. About one-third (34%) say the mandate was a "major reason" why they chose to buy insurance.

The report shows that about half the public overall believes the ACA marketplaces are "collapsing." Overall, the population, according to the study, who buy their insurance through the ACA marketplace report being satisfied with the insurance options available to them during the most recent open enrollment period. *More than half give their value of their insurance a positive rating*. Yet, some 32% experience problems while trying to renew or buy their coverage, and 6 of 10 marketplace enrollees say they are worried about the possible lack of health insurance coverage in their areas.

In 2017, when asked whether non-group enrollees would prefer to purchase such a non-renewable short term insurance plan (from the Trump executive order) or keep what they have now, the vast majority, 84%, would say they would keep the plan they have now.

The most common response offered by people who are uninsured, according to the report, when asked the reason why they don't have health insurance, is that it is too expensive and they can't afford it (36%), followed by job-related issues such as unemployment or their employer doesn't offer health insurance (20%).

Nine in ten non-group enrollees say they intend to continue to buy their own insurance in 2019 when the mandate penalty is no longer in effect. This is nearly identical to the share who said they would continue to buy their own insurance even if the government stopped enforcing the fine for people who don't have health insurance in October, 2017. ##

Source: ¹Kaiser Health Tracking Poll, March, 2018, Non-Group Enrollees; Henry J. Kaiser Family Foundation

Figure 2

More of the Public Hold a Favorable View of the ACA

As you may know a health reform bill was signed into law in 2010, known commonly as the Affordable Care Act or Obamacare. Given what you know about the health reform law, do you have a generally favorable or generally unfavorable opinion of it?

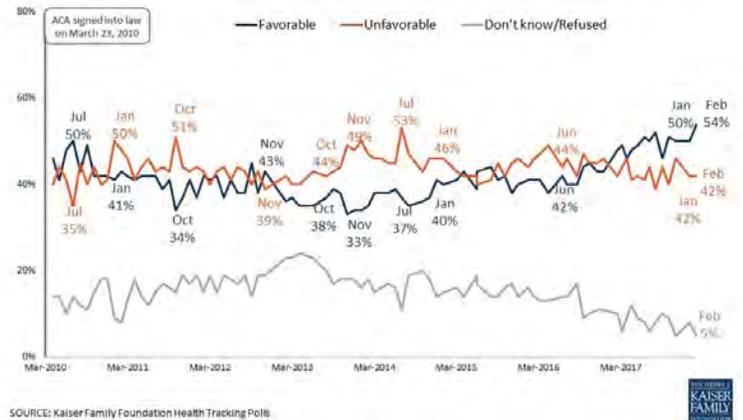
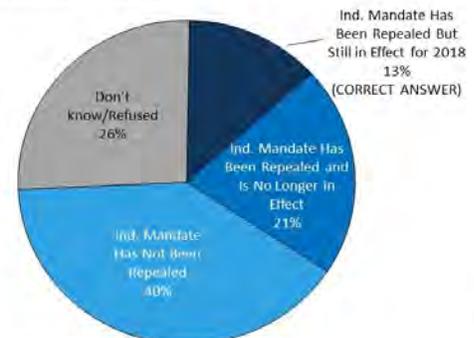


Figure 3

Confusion Remains on the Status of the ACA's Individual Mandate

As you may know, the Affordable Care Act required nearly all Americans to have health insurance, or else pay a fine. As far as you know, has Congress repealed this requirement, or not? Do you happen to know if this requirement is still in effect for 2018, or is this requirement no longer in effect?



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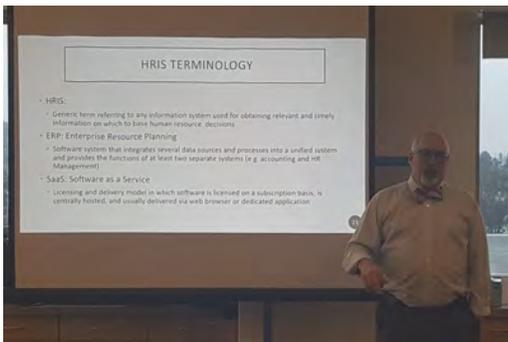


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2018 OCAHU Golf Tournament Benefitting Cystic Fibrosis Photos Continued



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* Kaiser Permanente International, <http://xnet.kp.org/kpinternational/participants.html>, accessed November 25, 2014.

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For Additional OCAHU Sponsors, See Page 25!

- THE C.O.I.N. -

Please join us at our events!

SCHEDULE OF EVENTS:

May 8, 2018, Annual Meeting of the OCAHU Membership, plus Ethics For the Health Insurance Agent, 1 Hour of CE, Featuring Donald Goldmann, Consultant, CE course number 344031, Hyatt Regency, Orange County Airport (formerly the Carlton Hotel and the Raddison Hotel), Newport Beach, 11 am—1:30 pm (note extended meeting time to 1:30 pm)

June 1, 2018, Women In Business, Balboa Bay Resort, 9:30-2. Proceeds support New Hope Grief Support

August 22 & 23, 2018, Senior Products & Marketing Summit, Pechanga Casino & Resort, 45000 Pechanga Way, Temecula, CA