

VOLUME 18, ISSUE 2

SEPTEMBER/OCTOBER 2023

**NABIP**  
2023 Gold Certified

# COIN

**NABIP**  
2023 Pacesetter Award

COUNTY OF ORANGE INSURANCE NEWS

## CAHIP-OC PRESENTS CE DAY 2023

Complete CE Day Schedule Inside  
Tuesday, September 12, 2023

9 am to 5 pm

Lake Forest Community Center

Featuring 10 CE Units within 2 Tracks

Register at [ocahu.org](http://ocahu.org)

## ALSO IN THIS ISSUE:

- ✓ Feature Article: CAA Gag Clause Prohibition & Attestation: What It Means And What Your Clients Need to Do
- ✓ Legal Briefs: Legal Update From Marilyn Monahan, ESQ
- ✓ Senior Summit Coverage
- ✓ And More!



CALIFORNIA AGENTS & HEALTH INSURANCE PROFESSIONALS | [WWW.OCAHU.ORG](http://WWW.OCAHU.ORG)



## Health plans that fit every business.

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

Choose Better. Choose Kaiser Permanente.

# TABLE OF CONTENTS

Thank you for being a part of CAHIP-OC!



## What's Inside

### Page

President's Message	4
October, 2023 Lunch Meeting	4
Feature Article - CAA's Gag Clause Prohibition & Attestation Requirements Due By 12/31/23; Are your Clients Ready?	5
Compliance Corner—Legal Briefs & HIPAA/HHS/OCR Updates	8
CAHIP Engage & NABIP 2023 Leadership Conference Photos	11 & 21
CAHIP-OC CE Day 2023!	18 & 19
CAHIP-OC Board & Staff 2023-2024	22
Membership News/New Members	23
Medicare Summit 2023 Recap & Photos	24, 25,
NABIP PAC	26, 27
Value of NABIP Membership	29
NABIP Operation Shout	30
NABIP Healthcare Happy Hour Podcast	32
CAHU PAC Contribution Form	33
CAHIP-OC Sponsor Thank You Page	34
Schedule of Events	36

## Making a Difference in People's Lives. One Member at a Time.

Our association is a local chapter of the National Association of Health Underwriters (NAHU). The role of CAHIP-OC 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.

**Are you interested in advertising in The COIN? We now offer single issue and multiple issue ads for non-sponsors of CAHIP-OC!**

Ad Prices are Per Issue

**Advertising Opportunities 6 x Per Year (September, November, January, March, May, and July)**

Inside Front Cover - \$500 / Inside Back Cover - \$450 (not available currently – Platinum Sponsors only)

Full Page - \$400 / Half Page - \$225 / Quarter Page - \$125

**Advertisement Specs: All Ads must be in a Hi-Quality JPEG Color File**

**Featuring 8.5 x 11-in Newsletter/ Magazine in Color Print and Electronic Distribution Formats**

**Inside Front and Back Covers or Full Page Ad: 10.5-in tall x 8-in wide**

**Half Page: 5.25 in tall x 8-in wide / Quarter Page: 5.25-in tall x 3.75-in wide**

**Discounts available for multiple issues. 20% discount for all 6; 10% discount for 3 or more.**

**Contact CAHIP-OC at [orangecountyahu@yahoo.com](mailto:orangecountyahu@yahoo.com) for more information.**

**Mark Your Calendars for CAHIP-OC CE Day!**

**Tuesday, September 12, 2023, Lake Forest Community Center**

**9 am –3:30 pm**



## PRESIDENT'S MESSAGE

*By: John Evangelista*

As the fall season approaches, we are gearing up for our busiest time of the year - the fourth quarter/AEP. While our businesses are ramping up, so is our association. At CAHIP-OC, we are continuing to dedicate our efforts to providing top-tier education, training, and knowledge on compliance, carrier updates, sales tips, and best practices. Coupled with this, we are also striving towards becoming the premier association for networking and business legislation in our industry.

Mark your calendars for one of our most highly anticipated events - CAHIP-OC's CE Day, which will be held on Tuesday, September 12th at the Lake Forest Community Center. To provide our members with customized and highly relevant information and updates, this event will offer two tracks of courses, with a total of 10 continuing education units. One track will focus on Medicare, Individual and the Senior market. The other track will focus on the group market and compliance. If you haven't regis-

tered for CE Day yet, be sure to secure your spot soon!

With a full board of directors and a steady membership base, CAHIP-OC remains committed to adding value to our existing members and attracting new members. Your feedback is essential to our continuous improvement, so please share any suggestions you have on how we can enhance our efforts and improve our chapter. If you haven't joined our association yet, please consider becoming a member and gaining access to a robust network of insurance professionals, top-notch education, and unparalleled business opportunities.

Looking forward to a fruitful fall season,

John D. Evangelista, LPRT

President, CAHIP-OC

## October Lunch Meeting

### *The ACA 411*

Featuring Paul Roberts, Word & Brown

Tuesday, October 10, 2023

Lunch Meeting, Lake Forest Community Center



#### CE Course Number #388899

This course educates brokers on the macro principles and requirements within the federal Affordable Care Act (ACA). Participants will gain a better understanding of all aspects of the ACA and its impact on clients and the overall market. Brokers will become more informed on ACA compliance principles and health care mandates, with a special emphasis on 2023 and 2024 relevance.

*Mark Your Calendars! For more information, or to register, go to [OCAHU.org](https://OCAHU.org)!*



## **Feature Article:**

### **CAA's Gag Clause Prohibition Attestation Requirements – Due by December 31, 2023; Are Your Clients Ready to Comply?**

*By: Dorothy Cociu, RHU, REBC, GBA, RPA, LPRT  
CAHIP-OC VP of Communications & Public Affairs*

Another year, another new Federal requirement for health plans and employers who sponsor them. So what is it this year? Besides of course the CAA's RxDC filing requirements in HIOS (originally due December, 2022, but pushed back to January 31, 2023 for reference years 2020 and 2021, and June 1, 2023 for 2022 reference years, which had employers, brokers, TPAs, pharmacy benefit managers and more scrambling to comply with), we now have the end of the year filing requirement for the CAA's Gag Clause Prohibitions and Attestations.

Hopefully, this isn't the first time you or your clients are hearing about this requirement... Perhaps it's more like "Oh, yeah, another annoying filing requirement... I guess I better start thinking about that now."

Yes, it is another requirement within CMS' HIOS portal, but the good news is, it's not as difficult as the RxDC Submission Process. But I will get to that process later. Let me start from the beginning.

So, what does this all actually mean? Basically, it means that employer-sponsored group health plans and issuers (like insurance companies and HMOs) cannot have any "gag clauses" in their contracts that directly or indirectly restricts specific data and information that a plan or issuer can make available to another party in their contracts. I'll come back to this later.

#### **Background**

The CAA was one of the largest bills ever passed by Congress, and had several years of requirements for health plans, plan sponsors, issuers, PBMs, TPAs and more. One of the last provisions of the CAA is the prohibition on Gag Clauses in provider and other agreements. This last provision has a looming due date for CMS' HIOS System filing of December 31, 2023.

The CAA's Gag Clause Prohibition requirements came from Section 201 of Division BB of the Consolidated Appropriations Act, 2021, and it amended IRC Section 9824, ERISA Section 724 and the PHS Act Section 2799A-9. What this means is that it is enforced by three separate government entities; the Department of Labor (DOL), Health & Human Services (HHS)

and Treasury (Departments). Complaints related to parties not complying with the Gag Clause Prohibition requirements can be submitted at either CMS or the DOL.

There have been no actual regulations issued for the Gag Clause Prohibition and Attestation requirements, because the Departments felt that the statutory language is "self-implementing," or easy enough for applicable parties to comply directly from the statutory language plus any FAQs or other guidance issued. The Departments did issue FAQs in 2021 and 2023. FAQ Part 49 was issued in August, 2021, and new guidance was issued in February, 2023 by the Departments in FAQ Part 57.

#### **Effective Date and Filing Date**

The effective date was actually December 27, 2020, meaning that plans could not enter into a contract with gag clauses as of that date.

The gag clause prohibition compliance attestation must be file on or before December 31, 2023, and each year thereafter by December 31.

The first attestation is due no later than December 31, 2023, and should cover the period beginning December 27, 2020 through the date of the attestation.

#### **Prohibition on Gag Clauses**

A "gag clause" under the CAA prohibits restrictions on the disclosure of provider-specific cost or quality of care information or data to referring partners, the plan sponsor, participants, beneficiaries, or enrollees, or individuals eligible to become participants, beneficiaries or enrollees of their plan or coverage. The CAA also puts restrictions on electronic access to de-identified claims and encounter information or data for each participant, beneficiary, or enrollee upon request with the privacy regulations included in laws like HIPAA, GINA or the ADA, including, on a per claim basis, the following:

- Financial information, such as the allowed amount, or

*Continued on page 13*

# Anthem Blue Cross is proud to sponsor Orange County Association of Health Underwriters



Anthem is an industry leader in the Medicare market, offering innovative plans that help improve the lives of the Medicare population we serve.

As your local Anthem expert, I can answer your questions about Certification and Training, and provide the tools and support you need to sell our Medicare plans and grow your business in 2022. Contact me to learn more!

**Michael Roberts**  
(949) 230-2572  
michael.s.roberts@anthem.com



Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Broker Use Only

## Announcing CAHIP-OC's CE Day 2023!

*Tuesday, September 12, 2023*  
**Lake Forest Community Center**  
9 am—5 pm

**10 CE Credits Available in two tracks—you can get 5!**

**Featuring Two Tracks to Accommodate All Members!**

- 1) Group & Compliance
- 2) Medicare, Individual, Life & Annuities

**Keynote General Session Speaker:**  
**Marilyn Monahan— Monahan Law Office—**  
**Legal Updates for 2023-2024**

**And Much More!**

**Register Now at [www.ocahu.org](http://www.ocahu.org)!**

## Elevate Your Benefits Expertise

Monahan Law Office brings two decades of mastery to the table, adeptly navigating ACA, ERISA, HIPAA, COBRA, CAA, NSA, and RDC regulatory requirements.

- Stay steps ahead in the dynamic benefits landscape.
- Translate legalese into clear strategies for your clients.
- Gain helpful guidance to enhance your brokerage's reputation.

"Marilyn's personable approach, deep expertise, and ability to translate legal-speak into layperson's terms make her invaluable. We frequently leveraged her for in-house training and client webinars, too. I highly recommend!" – Brokerage client

Marilyn A. Monahan  
Monahan Law Office  
4712 Admiralty Way, #349  
Marina del Rey, California 90292  
(310) 989-0993





# TWH

Financial and Insurance Solutions, Inc.  
*#1 Concierge FMO in America!*

## TWH, THE NUMBER #1 “CONCIERGE FMO” IN AMERICA. SINCE 1993

---

Fixed Index Annuities is the Number One financial  
product purchased by Your Medicare clients  
each year.

With 47 insurance carrier contracts, TWH will design each case for you and your client for optimum growth without stock market risk. You already have the right license, your clients will be buying an annuity, might as well be from you! Call us and find out the commissions you are missing out on!

650 E. Parkridge Ave Suite 112  
Corona, CA 92879

800-200-9194  
[info@twhagency.com](mailto:info@twhagency.com)



## COIN COMPLIANCE CORNER

### *What Agents and Your Clients Need to Know!*

Featuring Legal Briefs By Marilyn Monahan, Monahan Law office  
and HIPAA Privacy & Security & Related Updates by Dorothy  
Cociu, CAHIP-OC VP of Communications & Public Affairs



### Legal Briefs

This is a summary of some recent developments of interest to consultants and employers—including reminders about some very important deadlines:

#### **FEDERAL: HIGHLIGHTS**

**Consolidated Appropriations Act, 2021 (CAA):** The Consolidated Appropriations Act, 2021 (the “CAA”) is truly the gift that keeps on giving. The CAA created numerous new mandates that employer-sponsored plans and issuers must implement. We start this report with a summary of some of the upcoming deadlines, new developments, and ongoing compliance challenges generated by the CAA, and then we will move on to discuss other important federal developments relating to the ACA and more.

**CAA: Gag Clause Prohibition and Compliance Attestation:** As we discussed in the last C.O.I.N., the CAA requires both employer-sponsored group health plans and issuers to remove “gag clauses” from contracts with certain third parties, a mandate which went into effect **December 27, 2020**. In addition—and this is new—both employers and issuers must attest to the Departments of Labor, Treasury, and Health and Human Services (the “Departments”) that they have removed the gag clauses from their contracts (the “Gag Clause Prohibition Compliance Attestation” or “GCPCA”). The first GCPCA is due no later than **December 31, 2023**. Subsequent attestations are due by **December 31** of each year, so please mark your calendars accordingly.

**CAA: Prescription Drug Data Collection (RxDC) Reporting:** As we also discussed in the last C.O.I.N., like the GCPCA, the Prescription Drug Data Collection (RxDC) Reporting mandate included in the CAA applies equally to employers and issuers. Also, like the GCPCA, RxDC reporting will be an annual requirement: You must report on **June 1** of each year for the prior calendar year—so please mark your calendars accordingly.

### HIPAA/HHS/OCR Updates

There have been no new notices of HHS/OCR HIPAA Privacy & Security settlements or civil monetary penalties since the last issue, but I will update you on some other HHS/OCR matters in the news over the past two months.

On August 24, 2023, HHS/OCR announced that UnitedHealthcare Paid \$80,000 Settlement to HHS to Resolve HIPAA Matter over Patient Medical Records Request, by settling the 45th HIPAA Right of Access Investigation.

On August 24th, the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) has announced a settlement with UnitedHealthcare Insurance Company (“UHIC”), a health insurer that provides insurance coverage to millions of individuals across the U.S., concerning a potential violation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule’s right of access provision. The rule requires that patients be able to access their health information in a timely manner. This investigation marks the 45th Right of Access case to be resolved via voluntary settlement. UHIC agreed to implement a corrective action plan and pay \$80,000 to resolve this investigation.

“Timely access to health information is one of the cornerstones of HIPAA. OCR will continue to ensure that covered entities with a record of delaying or denying access requests will be subject to enforcement,” said OCR Director, Melanie Fontes Rainer. “Health insurers are not exempt from the right of access and must ensure that they are taking steps to train their workforce to ensure that they are doing all they can to help members’ access to health information.”

In March 2021, OCR received a complaint alleging that UHIC did not respond to an individual’s request for a copy of their medical record. The individual first requested a copy of their records on January 7, 2021, but did not receive the records until July 2021, after OCR initiated its investigation. This was the third complaint OCR received from the complainant against UHIC alleging failures to respond to his right of access.

**CAA: Service Provider Disclosures:** Under the CAA, a “covered service provider” (“CSP”) must disclose to a covered health plan both a summary of services and a description of “direct” and “indirect” compensation reasonably expected to be received in connection with providing services.

What is the reason for the disclosure? To assist plan fiduciaries in meeting their fiduciary obligations under the Employee Retirement Income Security Act of 1974 (“ERISA”). In fact, as a result of these new reporting requirements, no extension or renewal of a contract or arrangement for services between a covered plan and a CSP is considered reasonable unless the disclosures required by the CAA are satisfied.

According to the Department of Labor (“DOL”): “The required disclosures are intended to provide the responsible plan fiduciary with sufficient information to assess the reasonableness of the compensation to be received and potential conflicts of interest that may exist as a result of a covered service provider receiving indirect compensation from sources other than the plan or the plan sponsor.” Also: “[The DOL] is of the view that a significant goal of the new disclosure requirements is to enhance fee transparency, especially for service arrangements that involve the receipt of indirect compensation . . . .” Indirect compensation includes commissions received from issuers.

The obligation to provide these disclosures is on-going, which is important to bear in mind as we approach open enrollment. The CSP must disclose the required information on compensation and services reasonably in advance of the date a contract is entered into, renewed, or extended; within 60 days of a change; and within 90 days of a request from the plan fiduciary (or earlier in some circumstances). Omissions must be corrected as soon as practicable, but no later than 30 days from discovery.

**CAA: On-Line Price Comparison Tool:** Both the Transparency in Coverage (TiC) Final Rule (issued in November 2020) and the CAA require employer-sponsored group health plans and issuers to provide participants with an on-line price comparison tool. This mandate has a staggered implementation process. The price comparison tool must be available for plan or policy years beginning on or after **January 1, 2023**, with respect to 500 shoppable items and services, and for plan or policy years beginning on or after **January 1, 2024**, with respect to all other covered items and services. The 500 shoppable services have already been identified by the Departments (plans do not get to pick and choose). This new tool—designed to make plan partici-

pants better consumers—is something participants may want to hear about during open enrollment.

**CAA: Mental Health Parity and Addiction Equity Act**

**(MHPAEA):** The CAA included an important new mandate relating to the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (“MHPAEA”): As of **February 10, 2021**, group health plans and health insurance issuers must complete the DOL’s on-line MHPAEA Self-Compliance Tool and must also prepare comparative analyses to demonstrate that “non-quantitative treatment limitations” (“NQTLs”) with respect to mental health or substance use disorder benefits (“MH/SUD”) are comparable to substantially all medical/surgical benefits. Further, the DOL has made clear on several occasions that MHPAEA compliance—including the new mandates added by the CAA—are an enforcement priority.

On July 25<sup>th</sup>, the Departments issued multiple documents relating to MHPAEA:

- **Requirements Related to the Mental Health Parity and Addiction Equity Act: Proposed Rules:** This document proposes amendments to regulations implementing MHPAEA, and proposes new regulations implementing the NQTL comparative analyses requirements under MHPAEA, as amended by the CAA. Comments are due **October 2, 2023**.
- **EBSA Technical Release 2023-01:** The Technical Release is a “Request for Comments on Proposed Relevant Data Requirements for NQTLs Related to Network Composition and Enforcement Safe Harbor for Group Health Plans and Health Insurance Issuers Subject to the MHPAEA.” The Technical Release provides background commentary on issues that have cropped up as part of the DOL’s enforcement of MHPAEA, such as network availability for MH/SUD providers, and seeks input on the type of data to gather to assist with the preparation and review of the comparative analyses. Comments are due **October 2, 2023**. **EBSA, HHS, and Treasury MHPAEA Guidance Compendium; MHPAEA Comparative Analysis Report to Congress, July 2023;** and **FY 2022 MHPAEA Enforcement Fact Sheet** were also issued.

**ACA & CAA: FAQs About Affordable Care Act and Consolidated Appropriations Act, 2021 Implementation Part 60:**

On July 7<sup>th</sup>, the Departments issued a set of FAQs on the No Surprises Act (which was part of the CAA) and limitations on cost sharing under the Affordable Care Act (ACA). These FAQs addressed two key issues.

First, if a plan or issuer has a direct or indirect contractual relationship with a provider, facility, or provider of air ambulance services that sets forth the terms and conditions on which a

## Legal Updates, Continued from Page 9

relevant item or service is provided to a participant under the plan or coverage—even if the parties do not consider the provider to be in-network—the provider, facility, or provider of air ambulance services is considered participating for purposes the No Surprises Act and is also considered in-network for purposes of the ACA maximum out-of-pocket (“MOOP”) limit.

The Departments explain: “Thus, for emergency services, non-emergency services furnished by a provider with respect to a visit to a participating health care facility, and air ambulance services, either (1) the balance billing and cost-sharing protections under the No Surprises Act will apply because the items and services are furnished by a nonparticipating provider, emergency facility, or provider of air ambulance services; or (2) the MOOP limit under the ACA will apply (if the plan or coverage is non-grandfathered) because the items or services are furnished by an in-network provider, facility, or provider of air ambulance services.”

The Departments provide this example: Under no circumstance can an emergency facility providing emergency services to a participant, beneficiary, or enrollee be “out-of-network” for purposes of the MOOP limit and simultaneously be a “participating” emergency facility for purposes of the balance billing and cost-sharing protections under the No Surprises Act.

The second issue addressed in the FAQs relates to “facility fees.” For purposes of the on-line self-service tool (discussed above) and the uninsured (or self-pay) “good faith estimate” mandate (or “GFE”—the GFE mandate is currently in effect for those who are uninsured or self-pay, but will eventually be extended to all plan participants), “items and services” are explicitly defined to include facility fees.

**ACA: Proposed Rule: Short-Term, Limited-Duration Insurance; Independent, Non-coordinated Excepted Benefits Coverage; Level-Funded Plan Arrangements; and Tax Treatment of Certain Accident and Health Insurance:** On July 12<sup>th</sup>, the Departments (DOL, Treasury, and Health and Human Services) issued a proposed rule that would, if

adopted:

- Change the rules on short-term, limited-duration insurance (“STLDI”), in part by re-defining “short-term” and “limited duration” to shorten the length of these policies and prohibit “stacking” of policies.
- Change the rules on notices that must be provided to consumers so that they have a clear understanding of the differences between STLDI and fixed indemnity coverages and comprehensive plans.
- Request comments on how specified disease excepted benefits are marketed and used.
- Request information about the prevalence of level-funded plans, such plans’ designs, and whether additional rule-making is necessary.
- Reiterate the tax treatment of amounts received through fixed indemnity insurance (or certain other employment-based accident or health insurance) that are paid regardless of the amount of any incurred medical expenses (an issue that has been addressed in previous IRS guidance).

It is proposed that the tax rules would apply as of the **later of the date of the publication of final regulations or January 1, 2024**. Written comments must be received by **September 11, 2023**.

### **ACA: Patient Centered Outcomes Research Institute (PCORI)**

**Fee:** Self-funded plans were required to file IRS Form 720, and pay the applicable PCORI fee, by **July 31** (another annual requirement to mark on your calendars). The IRS has also announced, as it does each year, adjusted PCORI fees: For policy years and plan years that end on or after October 1, 2022, and before October 1, 2023, the PCORI fee is \$3.00 per covered life. For policy years and plan years that end on or after October 1, 2021, and before October 1, 2022, the PCORI fee is \$2.79 per covered life.

**ACA: IRS Forms 1094/1095:** The IRS has issued draft versions of the 2023 Forms 1094/1095-B, 1094/1095-C, and 1095-A. So far, the forms look very similar to those used for 2022. The IRS has not yet issued draft instructions.

**CAA, 2023: Pregnant Workers Fairness Act (PWFA):** This new federal law went into effect on **June 27<sup>th</sup>**. The PWFA was added by the Consolidated Appropriations Act, 2023 (“CAA, 2023”) (which also contained the “Secure 2.0 Act of 2022”). The PWFA is enforced by the U.S. Equal Employment Opportunity Commission (“EEOC”). “Covered employers”—those subject to the law—include private and public sector employers with at least 15 employees, Congress, federal agencies,

**Marilyn Monahan will be our Keynote Speaker in a  
General Lunch CE Session on Legal Updates  
at CE Day on September 12, 2023!**

*Continued on page 12*



## [&] Effect

Elements [Passion. Authenticity. Collaboration. Trust.]

The [&] Effect is a feeling. It's the confidence you have working with authentic people who thrive on collaboration. It's the security of having your business handled by a team passionate about your success. It's the gift of time you're granted because you have a partner you can trust.

It's a phenomenon only experienced with Word & Brown by your side.

Experience Word & Brown | [wordandbrown.com](http://wordandbrown.com)

**Word&Brown.**

Northern California 800.255.9673 | Inland Empire 877.225.0988 | Los Angeles 800.560.5614 | Orange 800.869.6989 | San Diego 800.397.3381

# Benefits Made Easy *without sacrificing service*

FSA | HSA | HRA | COMMUTER | COBRA | DIRECT BILLING | SPECIALTY

**CONTACT YOUR  
LOCAL EXPERT!**

**BRI**

**Barbara Ciudad**  
REGIONAL SALES MANAGER

✉ [BCIUDAD@BENEFITRESOURCE.COM](mailto:BCIUDAD@BENEFITRESOURCE.COM)

in BARBARA-CIUDAD

☎ (916) 289-9394



**BenefitResource.com**



## **CAHIP Engage & NABIP Leadership Conference, 2023 Photos**



## Legal Brief, Continued From Page 10

employment agencies, and labor organizations.

The PWFA “is a new law that requires covered employers to provide ‘reasonable accommodations’ to a worker’s known limitations related to pregnancy, childbirth, or related medical conditions, unless the accommodation will cause the employer an ‘undue hardship.’” The EEOC has further stated that, the “PWFA applies only to accommodations. Existing laws that the EEOC enforces make it illegal to fire or otherwise discriminate against workers on the basis of pregnancy, childbirth, or related medical conditions.”

This new law does not replace federal, state, or local laws that are more protective of workers affected by pregnancy, childbirth, or related medical conditions. “More than 30 states and cities have laws that provide accommodations for pregnant workers,” according to the EEOC.

On August 7<sup>th</sup>, the EEOC issued proposed regulations to guide employers on the implementation of the law. Importantly, the EEOC’s “Know Your Rights: Workplace Discrimination is Illegal” **poster** has been updated to address the PWFA; the revised poster must be posted in most workplaces. The EEOC has also provided other materials to help employers understand the law, available at: <https://www.eeoc.gov/wysk/what-you-should-know-about-pregnant-workers-fairness-act>

**CAA, 2023: Sunset of MHPAEA Opt-Out:** On June 7<sup>th</sup>, CMS issued an “Insurance Standards Bulletin” explaining that the previously available MHPAEA opt-out for non-federal governmental plans is sunseting. No election to opt out of compliance with MHPAEA may be made on or after **December 29, 2022** (the date the CAA, 2023 was signed), and that elections expiring on or after **June 27, 2023**, may generally not be renewed. (Additional time may be available to plans subject to collective bargaining.)

**CAA, 2023: Medicaid:** On July 20<sup>th</sup>, CMS issued a letter to employers, plan sponsors, and issuers concerning the loss of eligibility for Medicaid and CHIP now being experienced by many. While the COVID-19 pandemic was on-going, CMS paused terminations for those enrolled in Medicaid and CHIP who may no longer qualify for the benefits. That practice has ended, and millions are losing coverage. However, those individuals may be eligible for employer-based coverage or coverage through the Marketplace. Loss of Medicare or CHIP coverage is a HIPAA special enrollment opportunity, if a request for enrollment is made within 60 days. In the letter, CMS announced an extended enrollment period for

those seeking coverage through the Marketplace, and is encouraging employers to adopt a similarly liberal approach to special enrollments through a plan amendment. They also encourage employers to get the word out through resources made available by CMS.

**Proposed Rule to Advance Non-Discrimination in Health and Human Service Programs for LGBTQI+ Community:** HHS issued this proposed rule on July 11. According to HHS, “The proposal reaffirms federal protections against discrimination in HHS grants and makes clear civil rights protections previously restricted.” Comments are due on or before **September 11, 2023**.

**Form I-9: Employment Eligibility Verification:** The Department of Homeland Security just issued a new version of the I-9. Employers use the “Form I-9 to verify the identity and employment authorization of individuals hired for employment in the United States. All U.S. employers must properly complete Form I-9 for each individual they hire for employment in the United States. This includes citizens and noncitizens. Both employees and employers (or authorized representatives of the employer) must complete the form.” Employers can begin using the new edition on August 1, 2023. Employers may continue using the prior edition of Form I-9 through **October 31, 2023**.

**ACA: Employer Notice to Employees of Coverage Options:** Employers must provide a Notice to Employees of Coverage Options (sometimes referred to as the Notice of Exchange) to new hires. The version currently posted on the DOL website expires **August 31, 2023**, so watch for an updated version to be issued shortly.

**Medicare Part D Certificate of Creditable/Non-Creditable Coverage Notices:** These notices must be distributed before **October 15, 2023**.

### CALIFORNIA: HIGHLIGHTS

**Fair Employment and Housing Act (FEHA):** California’s Civil Rights Council issued draft regulations that would amend FEHA’s limitations on an employer’s use of criminal background checks. Recently, the Office of Administrative Law approved those draft regulations, which will go into effect **October 1, 2023**. ##

*Editor’s Note: Special thanks to Marilyn for providing this informative regular column in The COIN! Marilyn Monahan can be reached at [marilyn@monahanlawoffice.com](mailto:marilyn@monahanlawoffice.com).*

## Feature Article, Gag Clause Prohibition & Attestation, Continued from Page 5

any other claim-related financial obligations included in the provider contract;

- Provider information, including name and clinical designation;
- Service codes; or
- Any other data element included in the claim or encounter transactions;
- Restrictions on sharing information or data or directing that information or data to be shared with a “business associate,” consistent with privacy regulations, including HIPAA.

I asked our attorney, Marilyn Monahan of Monahan Law Office, also a regular contributor to the COIN with her Legal Briefs Column, to describe what a gag clause is. “A gag clause is a contractual term that directly or indirectly restricts specific data and information that a plan or issuer can make available to another party,” stated Marilyn. “The clauses at issue here are typically found in contracts between plans and issuers, on the one hand, and health care providers, a network or association of providers, a TPA, or another service provider offering access to a network of providers, on the other hand.”

I also asked Marilyn to describe what the purpose of the gag clause prohibition is, and what are they trying to accomplish? “This is all about transparency,” replied Marilyn. “They want plans and consumers to have as much information as possible so that they can make informed decisions about plan design and health care options. Without the prohibition on gag clauses, the third parties may restrict access to information that is necessary to fulfill the goal of transparency.”

To be more specific, these gag clause prohibitions basically came from other provisions within the CAA and prior legislation (like the ACA) that required transparency, including the disclosure of pricing information on medical costs and services, Machine Readable File requirements, and most recently, the requirement of Online Price Comparison Tools, where plan participants can compare online prices for services from one provider to another. These gag clause provisions can’t be put into contracts that could take away from the requirements of any of these other CAA requirements related to such Transparency and Price Comparison tools. Health plans and Issuers cannot have any direct, indirect, explicit or non-explicit provisions that would prevent a plan or issuer from providing, accessing, or sharing information required in the CAA.

In the past, gag clauses could be found (but of course are now

prohibited) in agreements between a health plan or issuer and any of the following parties: a health care provider; a network or association partner; a third party administrator (TPA); or another services provider offering access to a network of providers.

The FAQs gave some good examples of these types of provisions:

**Example:** If a contract between a TPA and a group health plan states that the plan will pay providers at rates designated as “Point of Service Rates,” but the TPA considers those rates to be proprietary and therefore includes language in the contract stating that the plan may not disclose the rates to participants or beneficiaries, that language prohibiting disclosure would be considered a prohibited gag clause.

**Example:** If a contract between a TPA and a plan provides that the plan sponsor’s access to provider-specific cost and quality of care information is only at the discretion of the TPA, that contractual provision would be considered a prohibited gag clause.

### ***Attestation of Compliance***

Employers sponsoring health plans and health insurance issuers (carriers or HMOs) are required to submit a Gag Clause Prohibition Compliance Attestation (GCCPA) that confirms that they are compliant with this CAA provision by December 31 of each year, and the first attestation is due for the period beginning December 27, 2020 through 2023 on December 31, 2023. Again, this is an annual requirement, so be prepared to do these filings, or subcontract with a third party to do them for you, each year, no later than December 31.

It is important to note that both the group health plan (employer plan sponsor) and the health insurance issuers are legally obligated to make such attestations.

*Entities that must comply include the following:*

- ◇ Health insurance issuers offering group health insurance coverage;
- ◇ Health insurance issuers offering individual health insurance coverage, including student health insurance coverage and individual health insurance coverage issued through an association; and
- ◇ Fully-insured and self-insured group health plans, including ERISA plans, non-federal governmental plans, and church plans subject to the IRC

These provisions apply to grandfathered and non-

*Continued on page 14*

## Feature Article, Gag Clause Prohibition & Attestation, Continued from Page 13

grandfathered plans, and small and large group plans. They do **not** apply to account-based plans (such as HRAs), excepted benefits, and stand-alone dental and vision plans.

### Reporting Entities Required to Attest

- ◇ Issuers offering individual health insurance coverage, including: Student health insurance plans, Grandfathered and Grandmothered plans, Policies sold on or off Exchanges, and Policies sold through an association
- ◇ Issuers offering group health insurance coverage, including: Grandfathered and Grandmothered plans, Policies sold on or off Exchanges, and all other group health insurance plans
- ◇ Group health plans, including the following to the extent they are considered group health plans: ERISA plans (or sponsors of ERISA plans), Non-Federal governmental plans, such as plans sponsored by state or local governments, Church plans and Grandfathered group health plans under the ACA

### Entities Not Required to Attest

- ◇ Account-based plans, such as health reimbursement arrangements (HRAs), including individual coverage HRAs
- ◇ Issuers and group health plans that offer only excepted benefits coverage, including, but not limited to: Hospital indemnity or other fixed indemnity insurance, Disease-specific insurance, Dental, vision, and long-term care, and Accident-only, disability, and workers' compensation
- ◇ Issuers that offer only short-term, limited-duration insurance
- ◇ Medicare and Medicaid plans
- ◇ State children's health insurance program plans
- ◇ Basic Health Program plans

### What Do You Attest To?

I asked Marily to explain what are employers specifically asked to provide an attestation on. "Plan sponsors are asked to attest that their group health plan has not entered into any contracts that contain gag clauses," stated Marilyn. "With respect to the webform that must be executed by this December 31, the attester must attest that "the group health plan(s) . . . on whose behalf I am signing will not enter into an agreement, and has not, subsequent to December 27, 2020, entered into an agreement with a health care provider, network or association of providers, third-party administrator, or other service provider offering access to a network of providers that would be directly or indirectly restrict the group health plan(s) or

health plan(s) or health insurance issuer(s) from" disclosing the types of information outlined in the law."

The attestation language for December 31, 2023's filing can be found on the CMS website as well as in the FAQs. It includes the following:

**I attest that**, in accordance with section 9824(a)(1) of the Internal Revenue Code, section 724(a)(1) of the Employee Retirement Income Security Act, and section 2799A-9(a)(1) of the Public Health Service Act, **the group health plan(s)** or health insurance issuer(s) offering group health insurance coverage **on whose behalf I am signing will not enter into an agreement, and has not, subsequent to December 27, 2020, entered into an agreement** with a health care provider, network or association of providers, third-party administrator, or other service provider offering access to a network of providers that would be directly or indirectly restrict the group health plan(s) or health plan(s) or health insurance issuer(s) from—

1. Providing provider-specific cost or quality of care information or data, through a consumer engagement tool or any other means, to referring providers, the plan sponsor, participants, beneficiaries, or enrollees, or individuals eligible to become participants, beneficiaries, or enrollees of the plan or coverage.
2. Electronically accessing de-identified claims and encounter information or data for each participant, beneficiary, or enrollee in the plan or coverage, upon request and consistent with the privacy regulations promulgated pursuant to section 264 (c) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the amendments made by the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Americans with Disabilities Act of 1990 (ADA), including, on a per claim basis—
  - a. Financial information, such as the allowed amount, or any other claim-related financial obligations included in the provider contract.
  - b. Provider information, including name and clinical designation.
  - c. Service codes; or
  - d. Any other data element included in claim or encounter transactions; or
3. Sharing information or data described in items (1) or (2), or directing that such data be shared, with a business associate as defined in section 160.103 of title 45, Code of Federal Regulations (or successor regulations), consistent with the privacy regulations promulgated pursuant to section 264 (c) of HIPAA, the amendments made by GINA, and the ADA.

I am attesting on behalf of group health plans, including non-federal governmental plans, and health insurance issuers offering group health insurance coverage. (Check box on attestation form)

### ***What Employer Plan Sponsors Need to Do***

What employers need to do depends on whether you have a Self-Funded or Fully Insured health plan. The “reporting entity” is the plan or issuer subject to the law that has entered into an agreement that may be subject to the prohibition (either directly or indirectly). The reporting entity is responsible for compliance with the annual mandate.

#### ***Self-Funded Plans***

Self-funded health plan sponsors may either attest to the gag clause prohibitions in the HIOS portal or enter into a written agreement with a service provider, such as your TPA, to attest on the plan’s behalf. However, it’s important to understand that even if you subcontract this task to a third party, the self-funded employer remains liable and responsible for the legal obligation.

If you enter into a third-party agreement, you should get it in writing that the third party will be responsible for filing the attestation in HIOS, and then be sure to receive a copy of the confirmation of the filing after the filing is complete. If you file yourselves, you need to register in HIOS; two parties are required to register in the portal; a Submitter and an Attester.

#### ***Fully Insured Plans***

For fully insured employers, be advised that both the issuer (your carrier) and the plan sponsors are required to comply. However, the FAQ’s state that ““With respect to fully-insured group health plans, the group health plan and the issuer are each required to annually submit a Gag Clause Prohibition Compliance Attestation. **However, when the issuer of a fully-insured group health plan submits a Gag Clause Prohibition Compliance Attestation on behalf of the plan, the Departments will consider the plan and issuer to have satisfied the attestation submission requirement.**” Therefore, it is important to note that employers should contact their carriers and obtain a written commitment from them to comply.

Some carriers have already sent out e-blasts stating whether or not they will be performing this function for you. Please look for this in your email. Some say they will do it, some say they will not, and others are silent on this function (i.e. no correspondence to date). It’s your responsibility to verify they are

doing this for you (or not doing it). Be sure to keep copies of those emails for your records. We also recommend that our fully insured clients forward those emails to us as well so that we can keep a record of what carrier is doing what for each fully insured client. If you haven’t received a confirmation from your carriers, you will be responsible for the attestation. ABC can also enter your attestation into HIOS, but we will need confirmation from you that your carrier is not doing this function (for example, forward the email to us that tells you they are not doing this on your behalf). You should retain the email or other notification from your issuer (carrier) that states that they will be filing on your behalf.

Marilyn advised “Employers should definitely get something in writing—from either their carrier or third party service provider—confirming that the attestation will be made on the employer’s behalf.”

### ***HIOS Attestation Process***

As stated above, the Reporting Entity is the employer plan sponsor or issuer that is subject to the law and has entered into an agreement, either directly or indirectly, that may be subject to the prohibition. The reporting entity is responsible for compliance on an annual basis with the mandate.

I asked Marilyn for her thoughts on the actual attestation process, and the differences between self-funded and fully insured employers. “The registration process is much faster and more straightforward than it was for the RxDC reporting process,” stated Marilyn. “Also, you do not have to submit the same type of detailed plan data that was required for RxDC reporting. If your plan is fully insured, and the carrier confirms in writing that it will attest on your behalf, you have satisfied your reporting obligation. If your plan is self-funded, you will need to first identify the third-party service providers that may have contracts subject to the rules, and then obtain their written agreement to attest on your behalf. This may require you to reach an agreement with more than one third party. If they do not agree to do so, it is the employer’s legal responsibility to attest.”

There are two persons involved with the attestations.

**Attester** – The attester attests on behalf of the Attesting Entity (or Reporting Entity). A health plan or issuer may authorize any appropriate individual within the organization, such as the plan administrator of a group health plan, to attest on behalf of the plan or issuer. This should be a high-level employee of the employer that has the legal authority to act.

*Continued on Page 16*

## Feature Article, Gag Clause Prohibition & Attestation, Continued from Page 16

A service provider, such as a TPA or broker that has been provided the authority to make the attestation on behalf of the plan or issuer, may authorize any appropriate personnel within that organization to make the attestation.

**Submitter-** A Submitter may submit the data on the Attester's behalf, subject to the Attester's review and signature.

Again, it's a two-step process, requiring two individuals to register in HIOS and do the required reporting; the submitter submits and the attester verifies the data is correct and signs the attestation.

Similar to the RxDC process, you must submit data into the HIOS portal on the CMS website.

This is not the same as the RxDC portal. They have created a new portal for reporting, and it appears that they learned some valuable lessons during the RxDC reporting process, and have made it simpler and more user friendly for submissions. The good news is, you don't have to go through Regtap, like you did for RxDC reporting.

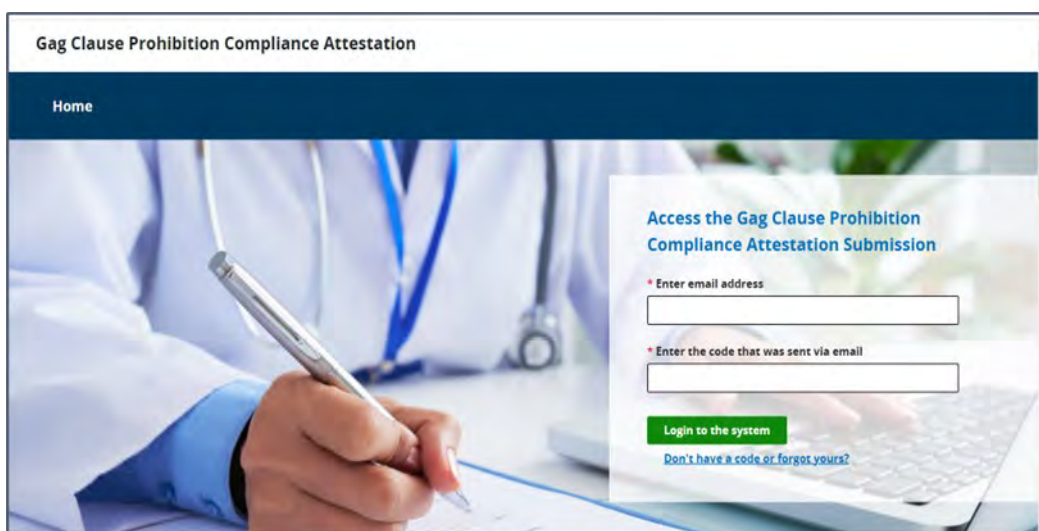
"For employers, the 'attester' is someone with the legal authority to act on behalf of the group health plan, and who is authorized to electronically sign the GPCCA via the CMS webform," stated Marilyn. "For a third party who is attesting on the employer's behalf—such as a TPA—the attester is someone with the legal authority to sign the GPCCA on behalf of the TPA."

The first step in the process is to obtain an authentication code by going to the Gag Clause Prohibition Compliance Attestation website at <https://hios.cms.gov/HIOS-GPCCA-UI> and selecting "Don't have a code or forgot yours?" The user will be asked to provide the user's e-mail address. The system will generate an authentication code and send it to the e-mail

address provided. The user can then return to the Gag Clause Prohibition Compliance Attestation website, enter the e-mail address and code where indicated, and select "Login to the system" to proceed with submitting the attestation. This step only takes a few minutes. You should receive a code in your email very quickly so that you can enter the code and login.

There is a short description and what to expect directly under the home page graphic you see above, that summarizes what you need to do, and what to expect.

If you're filing for only one employer (such as an employer filing just their own attestation), the reporting entity should use the GPCCA **webform** to provide the Reporting Entity's infor-



mation. (Option A in the Instructions.) The Excel Template is not required. The webform will prompt the Submitter/Attester to answer a series of questions about the Submitter, the Attester, the Reporting Entity, and the plan. The

Attester will then make the attestation, and when complete, the Attester may download a confirmation receipt as a pdf file. It's pretty simple.

If the Attesting Entity is attesting for multiple reporting entities (such as a TPA or broker), you should use both the GPCCA **webform** and the **Excel Template** to report information about the Reporting Entities on whose behalf it is attesting. (Option B in the Instructions.) You'll be prompted to attach the excel template, upload it and then attest to it. The instructions for submitting an attestation, a system user manual, and a reporting entity Excel Template for plans and issuers to submit the required attestation can be found at: <https://www.cms.gov/ccio/programs-and-initiatives/other-insurance-protections/gag-clause-prohibition-compliance>

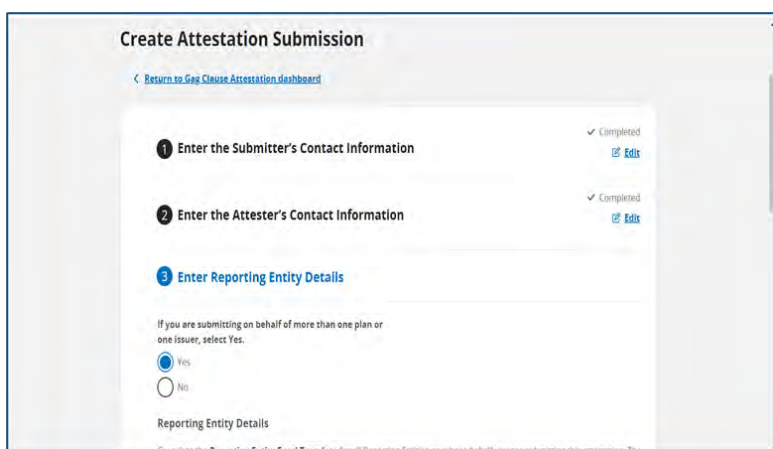
### Creating an Attestation Submission

You will be asked to enter the submitter's contact information, which will include the name, position title, email address, phone number, name of employer, type of entity (such as group health plan, issuer, TPA, Behavioral Health or other ser-

vice provider), then enter the Attestor's contact information (same as above as applicable for attester). You will then need to provide the Reporting Entity's details, such as plan number, plan type (for example, health insurance issuer, non-federal government plan, ERISA Plan, non-ERISA plan, etc.), point of contact, employer ID number, mailing address, email address, phone number, point of contact. You will need to drag and drop the excel template (you'll need to save as a TXT file) and upload it, review and attest.

### **Non-Compliance Enforcement**

Failure to file could result in enforcement action from any of the Departments, which may be a \$100 per day excise tax under the IRS code or a civil penalty under ERISA.



### **Overall Recommendations for Employers**

I asked Marilyn if there is anything she would recommend to those attesting to the gag clause prohibition? Marilyn replied: "Confirm that the gag clauses have been removed from the contracts. In addition, read the CMS instructions and understand what you are being asked to attest to."

Does Marilyn provide any cautions for employers? "Calendar the deadline for this year and every year thereafter. If your plan is self-funded, add this to the list of services you expect the service provider to perform on your behalf, and confirm whether there will be an additional charge. Do not leave this process to the last minute, in case you have difficulty obtaining the cooperation of the third parties involved in the process. Remember that although you have until December 31, 2023, to make the attestation, the requirement to remove the gag clauses is already in effect, and has been for some time."

Remember, it's really not as complicated as you might think. Compared to the RxDC reporting, the Gag Clause Prohibition Attestation is a "piece of cake!" ##

*Author's Note: I'd like to thank Marilyn Monahan for her assistance with this article. Marilyn can be reached at [lyn@monahanlawoffice.com](mailto:lyn@monahanlawoffice.com).*

[lyn@monahanlawoffice.com](mailto:lyn@monahanlawoffice.com).

### **Reference Sources & Resources:**

Gag Clause Prohibition Compliance Attestation website at <https://hios.cms.gov/HIOS-GCPCA-UI>

The instructions for submitting an attestation, a system user manual, and a reporting entity Excel Template for plans and issuers to submit the required attestation can be found at: <https://www.cms.gov/ccio/programs-and-initiatives/other-insurance-protections/gag-clause-prohibition-compliance>

FAQS About Affordable Care Act and Consolidated Appropriations Act, 2021 Implementation Part 57 (July 2023)- <https://www.cms.gov/files/document/aca-part-57.pdf>

Health Insurance Oversight System (HIOS) Gag Clause Prohibition Compliance Attestation (GCPCA) User Manual - <https://www.cms.gov/files/document/hios-gcpca-usermanual-020000.pdf>

Monahan Law Office Webinar, July 28, 2023, "Prohibition on Gag Clauses and Attestation Requirement," by Marilyn Monahan

## **October Lunch Meeting**

### ***The ACA 411***

Featuring Paul Roberts, Word & Brown

Tuesday, October 10, 2023

Lunch Meeting, Lake Forest Community Center

#### **CE Course Number #388899**

This course educates brokers on the macro principles and requirements within the federal Affordable Care Act (ACA). Participants will gain a better understanding of all aspects of the ACA and its impact on clients and the overall market. Brokers will become more informed on ACA compliance principles and health care mandates, with a special emphasis on 2023 and 2024 relevance.

*Mark Your Calendars! For more information, or to register, go to [OCAHU.org](http://OCAHU.org)!*



# CE DAY

**TUESDAY,  
SEPTEMBER 12TH  
9:00 AM TO 5:00 PM**

Members

**\$60**

Non-Members

**\$75**

Register Online

**[ocahu.org](http://ocahu.org)**

**10 CE Units Total  
Between 2 Tracks**

- ✓ **TRACK 1: INDIVIDUAL MARKET**  
Including Medicare
- ✓ **TRACK 2: GROUP MARKET**  
Including Q4 Carrier Panel

**Lake Forest  
Community Center**

100 Civic Center Drive  
Lake Forest, CA 92630

California Agents & Health Insurance Professionals - Orange County | [www.ocahu.org](http://www.ocahu.org)



# CE DAY AGENDA

TIME	CLASS TITLE	LOCATION
9 - 9:30 AM	Registration, Continental Breakfast, Visit w/Sponsors	Redwood / Eucalyptus
9:30 - 10:30 AM	<ul style="list-style-type: none"> <li>▪ Addressing Health Care Costs and Designing Plans that Meet Current Market Demands: <i>A Carrier Panel Presentation</i> Course: 389583 <i>Speakers: Kathleen Dibble-Aetna, Lulie Mancinas-Anthem, Shad Johnson-Blue Shield, John Austin-CaliforniaChoice, David Parker-Cigna + Oscar, Alyson Stone-Health Net, Daniel Pierce-Kaiser Permanente, Brenda Donaldson-UnitedHealthcare</i></li> <li>▪ Ethics for the Ages! Course: 389562 <i>Speaker: Bobbi Kaelin</i></li> </ul>	Redwood / Eucalyptus      Maple
10:45 – 11:45 AM	<ul style="list-style-type: none"> <li>▪ Health Plan Cost Containment in the Large Group Market Course: 389433 <i>Speaker: Dorothy Cociu, RHU, REBC</i></li> <li>▪ What Advisors Should Know About Exchanges Course: 389149 <i>Speaker: David L. Fear, Sr., RHU</i></li> </ul>	Redwood / Eucalyptus  Maple
11:45 AM – 12:45 PM	Lunch, CAHIP-OC Business, Visit w/Sponsors	Redwood / Eucalyptus
12:30 – 1:30 PM	<ul style="list-style-type: none"> <li>▪ Legal Update: Are You Ready for 2024? Course: 389434 <i>Speaker: Marilyn A. Monahan, Esq.</i></li> </ul>	Redwood / Eucalyptus
1:45 – 2:40 PM	<ul style="list-style-type: none"> <li>▪ Succession &amp; Perpetuation Planning for Your Brokerage Firm Course: 389558 <i>Speaker: Eric R. Hallinan</i></li> <li>▪ Life Insurance Settlements Benefitting Your Client and You Course: 381032 <i>Speaker: Lisa Rehburg</i></li> </ul>	Redwood / Eucalyptus  Maple
*2:45 – 4:45 PM	<ul style="list-style-type: none"> <li>▪ Medicare and Employer Based Coverage – Know Your Options Course: 306090 <i>Speaker: Amy Canchola, Anthem and Karen Good, Medicare Insurance Agent</i></li> </ul>	Redwood / Eucalyptus
2:45 – 3:45 PM	<ul style="list-style-type: none"> <li>▪ Explaining FAIS Annuities to Clients Made Easy Course: 388925 <i>Speaker: John Roberts</i></li> </ul>	Maple
4:45 PM	Conclusion	Redwood / Eucalyptus

\*Medicare and Employer Based Coverage – Know Your Options is a 2-Hour CE class.

**Does Your Client  
Have a  
Life Insurance Policy  
They No Longer  
Want or Need?**

**We Help Clients  
Sell Their Policies For Cash  
(Even Term Policies)**



***Rehburg Life  
Insurance Settlements***

**Contact Us Today:**

**Lisa Rehburg**

**(714)349-7981 — [lrehburg@aol.com](mailto:lrehburg@aol.com)**

**[www.rehburglifesettlements.com](http://www.rehburglifesettlements.com)**

## CAHIP Engage & NABIP Leadership Conference, August, 2023 Photos



# flexible health plan options

## FOR SMALL BUSINESSES

At Covered California for Small Business, we provide flexible health plan options that fit the unique needs and budgets of small businesses and their employees. Our plans grow with your business, ensuring relevant and cost-effective coverage. Choose Covered California for Small Business to care for your employees, retain top talent, and support your businesses success.

[CoveredCA.com/ForSmallBusiness](https://CoveredCA.com/ForSmallBusiness) | 844.332.8384



Insurance companies vary by region.

# CAHIP-OC Board of Directors and Staff 2023-2024

## Contact Information

### EXECUTIVE BOARD

**PRESIDENT**

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

**IMMEDIATE PAST-PRESIDENT**

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

**VP of COMMUNICATIONS & PUBLIC AFFAIRS**

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

**VP of FINANCE/SECRETARY  
GOLF CHAIR**

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

**VP of LEGISLATION**

David Benson, LUTCF  
*DCB Insurance Services*  
Tel: (949) 272-2120  
david@dcbins.com

**VP of MEMBERSHIP**

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

**VP of POLITICAL ACTION**

Cathy Daugherty  
*BAIS Insurance*  
Tel: (818) 865-6800  
cathy@baisins.com

**VP of PROF DEVELOPMENT**

Ciaran O'Neill Patrick  
*Patrick & Patrick Insurance Services*  
ciarano@patricandpatrickinsurance.com

**EXECUTIVE DIRECTOR**

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

### GENERAL BOARD MEMBERS

**AWARD/HISTORIAN**

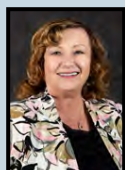
Sarah Knapp  
*Colonial Life*  
Tel: (949) 463-8383  
sarah.knapp@coloniallifesales.com

**MEMBER RETENTION**

Linda Madril  
*MIB Benefit Plans*  
Tel: (949) 230-4210  
madril@westerndental.com

**SPONSORSHIP**

Louis Valladares  
*Applied General Agency*  
Tel: (714) 348-0255  
lvalladares@appliedga.com

**SENIOR SUMMIT CHAIR**

Maggie Stedt, CSA, LPRT  
*Stedt Insurance Services*  
Tel: (949) 492-8234  
mstedt@stedtinsurance.com

**VANGUARD**

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

**SOCIAL MEDIA**

Adriana Mendieta  
*Cyber Insurance Solutions*  
Tel: (562) 404-0672  
adriana@mendieta.net

## Why Get Involved in CAHIP-OC?

- 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

## HIPAA Updates, Continued from Page 8

OCR's investigation determined that UHIC's failure to provide timely access to the requested medical records was a potential violation of the HIPAA right of access provision.

In addition to the monetary settlement, UHIC also agreed to implement a corrective action plan that includes one year of monitoring by OCR. A copy of the resolution agreement and corrective action plan may be found at <https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/agreements/uhc-ra-cap/index.html>

OCR's guidance on the HIPAA right of access is available at: <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/access/index.html>.

Previously, on August 12, 2023, President Joseph R. Biden, Jr. has [declared](#) that an emergency exists in the state of Hawaii and Secretary Xavier Becerra has declared a public health emergency to address health impacts resulting from wildfires [www.whitehouse.gov/briefing-room/presidential-actions/2023/08/10/president-joseph-r-biden-jr-approves-hawaii-disaster-declaration-3](https://www.whitehouse.gov/briefing-room/presidential-actions/2023/08/10/president-joseph-r-biden-jr-approves-hawaii-disaster-declaration-3)

The Declaration of a Public Health Emergency (PHE) may be found at: <https://aspr.hhs.gov/legal/PHE/Pages/default.aspx>. Please view the Waiver or Modification of Requirements under Section 1135 of the Social Security Act at: <https://>

[aspr.hhs.gov/legal/1135-Waivers](https://aspr.hhs.gov/legal/1135-Waivers)

- A PDF copy of OCR's Bulletin on the *Limited Waiver of HIPAA Sanctions and Penalties as a Result of Emergency Conditions in the State of Hawaii\** is attached with this [listserv announcement](#). The Limited Waiver Bulletin will be posted on OCR's HIPAA Emergency Preparedness, and Response page in the near future.

For information about how the HIPAA Privacy Rule applies in a public health emergency, visit the [OCR'S HIPAA Emergency Preparedness, Planning, and Response page](#) ([www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html](https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html)) or you may use the [HIPAA Disclosures for Emergency Preparedness Decision Tool](#) ([www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/decision-tool-overview/index.html](https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/decision-tool-overview/index.html)).

For information and resources for emergency responders/officials to help ensure individuals have equal access to emergency services, including language access and effective communication, please see this checklist for emergency responders: [HHS OCR Emergency Preparedness Checklist for Ensuring Language Access and Effective Communication](#) ([www.hhs.gov/sites/default/files/lang-access-and-effective-comm-checklist-for-emergency-responders.pdf](https://www.hhs.gov/sites/default/files/lang-access-and-effective-comm-checklist-for-emergency-responders.pdf)).

*Continued on page 31*

## MEMBERSHIP NEWS

*We'd like to welcome the newest members of CAHIP-OC!*

**Megan Cortes**

**Kathy Ramos-Jeang**

## *Interested in Joining? Many ways to join:*

### ▪ **Contact our Membership Team:**

David Ethington  
Integrity Advisors  
Tel: (714) 664-0605  
[david@integrity-advisors.com](mailto:david@integrity-advisors.com)

***Agency Memberships Now Available!***

### ▪ **Talk to a Board Member**

*(see page 22 for board roster)*

JOIN CAHIP-OC





## The 12<sup>th</sup> Annual Senior Summit—Recap

### August 21-24th, 2023

By; Maggie Stedt, C.S.A., LPRT Summit Co-Chair

The Senior Summit was a great success with over 900 attendees including individual agents, partners, sponsors and exhibitors. So many shared that they believed this was one of the best! Located in the Pechanga Resort and Casino in Temecula, California, it was the event to get away for some fun, learning and play!

We started out on Monday with Golfing organized and managed by Juan Lopez with an assist from Ron Chock. A total of 55 golfers enjoyed the challenging Journey Golf Course at Pechanga. While the Golfers were out on the beautiful course, the rest of the committee were busy with our volunteers getting set up by preparing the badges sponsored by Green Leaf Medicare FMO. Registration bags were sponsored by Anthem Blue Cross in the registration area. Dawn Carroll, Gail James Clarke and George Carson led the set up in all areas, including sound, the stage and the Exhibit Hall. Regal Health Plan provided the Social Media sponsorship and California Broker was our Advertising sponsor.

Tuesday morning, the registration booth opened with our great volunteers, and it was sponsored by Allied Pacific IPA! Our sponsor Prospect Medical provided the much-needed coffee and SCAN sponsored our breakfast. Our three Executive Co-Chairs, Maggie Stedt (Orange County), Ricky Haisha (San Diego) and Yolanda Webb welcomed everyone to the event. Yolanda recognized our 2023 sponsors and we remembered our agents that are no longer with us. Everyone really appreciated Yasmine Romero's performance of Lee Greenwood's "Proud to Be an American. Next up was our Gold Sponsor, Patrick Rodriguez, President and Founder of Applied General Agency, that shared the importance of membership and advocacy.

The first presentation was the panel discussing the 2024 AEP Marketing Rules. Participants included Austin Fitch with Applied General Agency, Dwane McFerrin from Senior Market Sales, Patrick Speers with Alignment and Nickolas Uehlecke from the Todd Strategy Group. After a quick coffee break hosted by JSA, our first Keynote Speaker, Tony Rubleski shared "How to Positively Disrupt Your Mindset and Business." He was sponsored by HRBC as the Keynote Sponsor. This was followed by lunch sponsored by Brand New Day and Central Health Plan in the Exhibit Hall.

Alignment Health Plan, our Red Ribbon Sponsor, opened our afternoon session with an engaging and fun video sharing the adventure in the jungle and shared some insights for 2024. Attendees then were able to go to different sessions in the afternoon for presentations by Gale Gajardo with SCAN Health Plan "The Future of Medi-Medi," Aaron Kassover from AgentMethods shared how to "Launch a Smart Insurance Website." Steve Oden from AgencyBloc addressed "Why Do Clients Leave?" Melissa Warren and Thomas Drapala from Registered Social Security Analysts discussed "Complex Social Security Rules and Questions." Carl Fisher from AFUSA provided an overview of "CA Mandatory Tax for Long Term Care." Jeff Sullivan of Senior Market Sales presented the CE Course "2023 Medicare Trends." The day ended with two presentations: "Employer Benefits vs. Medicare Benefits," a CE course by Mary King and David Garcia from Warner Pacific; and Brad Miles provided a CE course on "Medicare Expert Toolbox for Agents." Our snack break was sponsored by AgentMethods.

On Wednesday, after breakfast sponsored by Berwick Insurance Group, our sessions opened with two presentations, "The New LTCI Opportunities for California Agents" by Stan Israel and the second by Pete Blasi, the Financial Grade Senior Consultants provided "The Power of Branding." We then addressed Legislative and compliance issues. "The Legislative Town Hall: Shore to Shore" was followed by a Q & A session with the attendees. Panelists included Faith Borges, California Advocates, John Greene, NABIP, Tim Kantor, CAHIP and Nicholas Uehlecke, Todd Strategy Group.

After a coffee break sponsored by Optum, our second Keynote speaker, Bill Cates, The Referral Coach, presented "Don't Keep Me a Secret." He was sponsored by Senior Market Sales. After a lunch sponsored by Aetna Medicare Solutions, Patrick Rodriguez introduced "Medicare Advantage and Agent Support Resources Carrier panel including, Todd Alvarez, Wellcare, Michael Blea, SCAN Health Plan, David Milligan, Alignment Health, Martina Strickland, CleverCare and Larry Baca, Providence Health Plan. Our energizer break was provided by Center IPA Medical Group.

The day finished up with presentations by Chad Knies, Ameri-

*Continued on Page 25*

## Senior Summit Recap, Continued From Page 24

tas “Dental the Need to Know, Before and After the Sales”; Craig Gussin presented a CE class, “How to Protect your Insurance Book of Business,” Nicholas Uehlecke shared a “Ted Talk,” and, Brad Miles presented “Using US Government Approved Discrimination.” The day wrapped up with Henry Romero of HRBC Insurance leading “Go Wild and Win Big with Jungle Bingo, Medicare’s Winning Adventure.”

Thursday was all about our carrier product presentations by Humana (Red Ribbon Sponsor), Wellcare (Red Ribbon Sponsor), Alignment (Red Ribbon Sponsor), Brand New Day and Central Health, Aetna Medicare, Anthem Blue Cross and United HealthCare. Regal Medical Group shared “What is an IPA”. The Brokerage Inc sponsored breakfast and Prospect Medical Group provided our coffee break. The event was closed out with the Grand prize presentation by LA Care Health Plan.

We have over 50 new members that have joined our NABIP association and generous contributions were made to our NABIP PAC. Thanks to our membership teams from each chapter!!! A big thank-you to our sponsors not noted earlier in this article, GoldenOutlook also a Red Ribbon Sponsor, and our volunteers! You made this all possible.

Save the date for August 19<sup>th</sup> to 22nd, 2024 back at the Pechanga Resort and Casino. It promises to be even bigger and better than ever! ###



*More Photos Page 28!*



# NABIP | pac

NABIP PAC has a new name but it remains committed to moving forward and fulfilling its mission to support candidates that support our industry. I'm writing today to explain what NABIP's political action committee is and how it operates.

What is the National Association of Benefits and Insurance Professionals Political Action Committee (NABIP PAC)?

- NABIP PAC is a separate segregated fund (SSF) that allows for political advocacy from the connected organization -- in this case, NABIP.
- For this reason, the PAC (candidate fund) is restricted to raising money from dues-paying members.
- PAC money is NOT tax-deductible. Contributions are not deductible for state or federal tax purposes.
- NABIP PAC has two different accounts:
  - o Candidate Account
  - o Administrative Fund

What is the Candidate Account?

- It is made up of individuals' contributions through personal credit cards or bank accounts.
- Funds from this account are given to political candidates, both challengers and incumbents, Democrats and Republicans.
- NABIP members, their spouses and NABIP staff can give up to \$5,000 each year (federal law).

What is the Administrative Fund?

- Businesses can contribute to the Admin Fund.
- State and local chapters can also contribute.
- Money in this account goes to the operating costs of NABIP PAC so that the Candidate Account can be reserved solely for political contributions.
- Unlike the Candidate Account, there are no contribution limits on the Administrative Fund.

How does the NABIP PAC money we donate get spent by candidates?

- Winning Senate candidates spent an average of \$16

million in 2022.

- On average, \$2.0 million was spent to win a House seat in 2022.
- A NABIP PAC donation of \$2000 is just one in 2000 groups of people contributing to total amount needed to win that House seat.
- Needless to say, members of Congress have many groups like NABIP that expect their legislative agendas to become a priority through their donation.
- **Through NABIP PAC, NABIP gets time and access to members of Congress to advocate on behalf of agents and brokers.**

What are the rules for communication of available money for Candidate Account Fund?

- A member of Congress and his or her staff are never allowed to discuss the campaign or fundraising while using government resources. This includes in their office, while they are working on a Congressional activity, or using an email or phone number provided by the member's office.

Reach out to me [Cathy@BAISins.com](mailto:Cathy@BAISins.com) or Gail to view/ or update your NABIP-pac fund giving level here and donate today if you are not currently!

*Cathy Daugherty, VP of PAC*

**Are you Ready to Contribute  
NABIP PAC?**

**If so, please complete the form  
on page 27!**

**Note: CAHIP PAC contribution form can be  
found on page 33!**



The purpose of the NABIP PAC is to raise funds from NABIP members to support the political campaigns of candidates who believe in private-sector solutions for the health and financial security of all Americans.

**Contribute securely at [www.nabippac.org](http://www.nabippac.org)**

**Step 1: Tell us about yourself.** *(All information must be completed in full by contributor.)*

Name:

Occupation:

Employer:

Address:

Email:

Phone:

**Step 2: Please select (A) Fund (B) Frequency (C) Contribution Level**

☐ New Contributor ☐ Past Contributor ☐ Change Contribution to Amount Checked Below

**A. Choose a Fund**

☐ Candidate Fund\* ☐ Administrative Fund\*\*

*\*Candidate Fund can ONLY accept personal contributions.*

*\*\*Administrative Fund can accept corporate contributions.*

**B. Contribution Frequency**

☐ One-Time Contribution

☐ Charge my account annually for this amount.

☐ Monthly Contribution (Recurring)

*Credit card or bank account will be charged monthly.*

**C. Contribution Levels**

		(Annual)	(Monthly)
Member	<input type="checkbox"/>	\$150	<input type="checkbox"/> \$12
Bronze	<input type="checkbox"/>	\$365	<input type="checkbox"/> \$30
Silver	<input type="checkbox"/>	\$500	<input type="checkbox"/> \$42
Gold	<input type="checkbox"/>	\$750	<input type="checkbox"/> \$63
Platinum	<input type="checkbox"/>	\$1,000	<input type="checkbox"/> \$85
Diamond	<input type="checkbox"/>	\$2,000	<input type="checkbox"/> \$170
Double Diamond	<input type="checkbox"/>	\$3,000	<input type="checkbox"/> \$250
Triple Diamond	<input type="checkbox"/>	\$5,000	<input type="checkbox"/> \$415
Amount not listed	<input type="checkbox"/>	\$	<input type="checkbox"/> \$

Did a NABIP member refer you? If so, who?

**Step 3: Provide your method of payment.**

*(Payment must be from a personal credit card or bank account if contributing to the Candidate Fund.)*

**Credit or Debit Card** ☐ American Express ☐ Discover ☐ Mastercard ☐ Visa

Card Number:

Expiration Date: (mm/yy):

CVV:

Zip Code:

**Checking Account**

Bank Routing Number:

Account Number:

**Signature**

☐ I authorize NABIP PAC to initiate charges to my personal bank account or credit card as shown above.

Signature:

Date:

**Step 4: Submit this form. Mail**

NABIP PAC  
999 E Street NW, Suite 400  
Washington, DC 20004

**Fax**

202-747-6820

**Email**

[nabippac@nabip.org](mailto:nabippac@nabip.org)

*A contribution to a Political Action Committee is not tax deductible. Only NABIP members, their immediate families and NABIP staff may contribute. Only U.S. citizens and permanent residents may contribute. Any guidelines mentioned for contributions are merely suggestions. You may contribute more or less than the guidelines suggest, and the National Association of Benefits and Insurance Professionals (NABIP) will not favor nor disadvantage you by reason of the amount of your contribution or your decision not to contribute. Federal law requires PACs to report the name, mailing address, occupation and employer for individuals whose donations exceed \$200 in a calendar year. Federal law prohibits corporate or business donations to a federal PAC. Please make certain that your check or credit card is your personal account.*

## Senior Summit, 2023 Photos, Continued



Top Row: Keynote Tony Rubelski with Maggie Sted (left), Craig Gussen (center); Medicare Summit Committee (Right); Center Row: Keynote Bill Cates with Attendee (left); Yoli, Maggie and Juan (center), Tony with Maggie (right).



Left and Right: Lunch in Exhibit Hall



Below: One of many sessions for attendees!



Left: Nick Uehlecke Gives "Ted Talk"





## How to get more value from your NABIP membership

The activities below provide a blueprint for extracting the greatest value from your membership:

- Visit NABIP's Micro Site - [www.welcometonabip.org](http://www.welcometonabip.org)
- Take advantage of NABIP's **Mentorship Program**
- Read America's Benefit Specialist Magazine each month and learn something new
- Listen to the NABIP **Healthcare Happy Hour Podcasts** on a weekly basis for up-to-date talking points
- Attend the NABIP **Power Hour** webinar monthly for in depth topic discussions and socialize with fellow members
- Attend Local Chapter meetings for opportunities to learn and network
- Volunteer to serve on a committee (Membership, Social, Programs/Expo, Legislative, etc.)
- Recruit one new member – best way to learn is to teach someone else about the NABIP value proposition
- Meet with a NABIP Board member and find out what motivates them to give their time and money
- Attend Day on the Hill and meet with your state legislators to discuss bills you support or oppose
- Attend NABIP Capitol Conference – annual legislative fly-in to Washington DC (IMPORTANT ONE)
- Attend NABIP Annual Convention to meet members from across the country and vote for NABIP incoming Secretary and other membership matters
- Contribute to NABIP-PAC – Political Action Committee contributions help us to have our voice heard on legislative issues at the national and state level. Contribute monthly to each!
- Participate in Operation Shout – click and sign letters to **your** elected officials regarding important grass roots efforts
- Earn your **Registered Employee Benefits Consultant** designation - acquired from The American College
- Complete all 12 modules of the **Leadership Academy**.
- Sign up to receive **Broker 2 Broker** emails on NABIP.org where you can post questions and respond to fellow members from around the country
- Share with your clients that you are a member of NABIP and working to protect their access to private health insurance and other benefits!

More information at [www.nabip.org](http://www.nabip.org)

# LIFE IS COMPLICATED EMPLOYEE BENEFITS SHOULD BE EASY.

A **SIMPLY SMARTER**  
APPROACH TO EMPLOYEE  
BENEFITS ADMINISTRATION.

**LEARN MORE TODAY!** – Call us at 888-423-6359

**Clarity**  
BENEFIT SOLUTIONS™

**TODAY, BENEFITS ARE MORE CONFUSING THAN EVER,**

but they've also never been so essential. You need a partner to help remove the complexities from your benefits and technology administration so you can focus on what matters: your business. With unparalleled customer service and technology, combined with a full suite of benefits solutions, we replace frustration with innovation and deliver state-of-the-art programs and tools tailored to your needs.

[claritybenefitsolutions.com](http://claritybenefitsolutions.com)

**NABIP Operation Shout!** One of the primary ways we engage in advocacy for the consumer is by supporting legislation that ensures the future and stability of the insurance industry. Through [Operation Shout](#), you as a member have the opportunity to participate in this process. As legislative needs arise, you will be prompted by staff to participate in Operation Shout. Participating is quick and easy. When you click on “write” you will have the option of using the message we have already created, which takes less than a minute, or composing your own. Either method is effective and sends a strong message to your member of Congress about the important issues facing us today. You can also check back at any time to view and send archived messages. When engaging in NABIP grassroots operations, remember that we are most effective when we speak with one voice. As always, if you have any questions, please feel free to [contact us!](#)

# Building True Health Together

We've been working to raise the standard of health and well-being in the community for more than 160 years. Providence Medicare Advantage plans offer community-focused care dedicated to what really matters, your True Health.

Get more with a Providence Medicare Advantage plan at [ProvidenceTrueHealth.com](http://ProvidenceTrueHealth.com)

H9047\_2023PHASLS18\_C

 **Providence**  
Medicare Advantage Plans

## ***HIPAA Privacy & Security Updates, Continued from Page 23***

For information about emergency requirements for long-term care facilities, visit the [CMS Emergency Preparedness Rule page \(www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html\)](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html)

---

On July 20, 2023, HHS OCR and FTC Warn Hospital Systems and Telehealth Providers about Privacy and Security Risks from Online Tracking Technologies

*Letters highlight concerns about use of online tracking technologies such as Google Analytics and Meta Pixel in violation of HIPAA*

The U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR) and the Federal Trade Commission (FTC) are cautioning hospitals and telehealth providers about the privacy and security risks related to the use of online tracking technologies that may be integrated into their websites or mobile apps that may be impermissibly disclosing consumers' sensitive personal health data to third parties. Tracking technologies are used to collect and analyze information about how users interact with websites or mobile apps. Generally, tracking technologies developed by third parties send information directly to the third parties who developed such technologies and may continue to track users and gather information about them even after they navigate away from the original website to other websites.

OCR administers and enforces the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy, Security and Breach Notification Rules which set minimum privacy and security standards for the protection of certain individually identifiable health information. FTC's mission is protecting the public from deceptive or unfair business practices and from unfair methods of competition through law enforcement, advocacy, research, and education.

"Although online tracking technologies can be used for beneficial purposes, patients and others should not have to sacrifice the privacy of their health information when using a hospital's website," said Melanie Fontes Rainer, OCR Director. "OCR continues to be concerned about impermissible disclosures of health information to third parties and will use all of its resources to address this issue."

"When consumers visit a hospital's website or seek telehealth services, they should not have to worry that their most private and sensitive health information may be disclosed to advertisers and other unnamed, hidden third parties," said Samuel Levine, Director of the FTC's Bureau of Consumer Protection. "The FTC is again serving notice that companies need to exercise extreme caution

when using online tracking technologies and that we will continue doing everything in our powers to protect consumers' health information from potential misuse and exploitation."

The two agencies sent the [joint letter - PDF\\*](#) to approximately 130 hospital systems and telehealth providers to emphasize the risks and concerns about the use of technologies, such as the Meta/Facebook pixel and Google Analytics, that can track a user's online activities. These tracking technologies gather identifiable information about users, usually without their knowledge and in ways that are hard for users to avoid, as users interact with a website or mobile app.

OCR highlighted these concerns in a [bulletin it issued late last year](#) that reminded entities covered by HIPAA of their responsibilities to protect health data from unauthorized disclosure under the law. Since that time, OCR has confirmed its active investigations nationwide to ensure compliance with HIPAA.

Companies not covered by HIPAA still have a responsibility to protect against the unauthorized disclosure of personal health information—even when a third party developed their website or mobile app. Through its recent enforcement actions against [BetterHelp](#), [GoodRx](#) and [Premom](#), as well as recent [guidance](#) from the FTC's Office of Technology, the FTC has put companies on notice that they must monitor the flow of health information to third parties that use tracking technologies integrated into websites and apps. The unauthorized disclosure of such information may violate the FTC Act and could constitute a breach of security under the FTC's Health Breach Notification Rule.

OCR is committed to enforcing the HIPAA Rules that protect the privacy and security of peoples' health information. If you believe that your or another person's health information privacy or civil rights have been violated, you can file a complaint with OCR at: <https://www.hhs.gov/ocr/complaints/index.html>.

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

##

*Editor's Note: This column was edited and reduced to make room for the Medicare Summit, 2023 Wrap-Up Report and Photos.*



## WHAT IS THE **ANNUAL VALUE** OF NAHU MEMBERSHIP?

NAHU is now NABIP!



## Subscribe to NAHU's **Healthcare Happy Hour**

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

### Latest Podcasts:

- House Ways & Means Committee Advances NABIP Federal Priority to Ease Employer Reporting Process
- Are you Ready for NABIP's Annual Convention?
- How to Best Leverage Employee Benefit Portfolios—from Retirement Plans to Pet Insurance
- A Stay inn ACA Preventive Care Mandate Case: NABIP Submits More Testimony
- What You Need to Know About the End of the COVID-19 Emergency Periods
- NABIP Submits Written Testimony on Host of Healthcare Issues
- Special Guest from Nonstop Health Discuss Benefits for Brokers and Employers
- An Individual Market Agent's Perspective on the Medicaid Unwinding

## Support CAHU PAC!

You don't have to be a member to contribute to the PAC!



**CAHU-PAC** advocates on behalf of licensed insurance agents and their clients in California on numerous issues of vital concern including their role in solicitation of health, long-term care, annuity and life insurance products, insurance market reform, rising health care costs and regulations affecting agents and brokers.

### Follow CAHIP-OC on Social Media!



<https://www.facebook.com/OCAHU/>



<https://www.linkedin.com/groups/4100050/>



<https://twitter.com/orangecountyahu?lang=en>

Don't Forget...

**CAHIP-OC CE Day September 12, 2023**

**And**

**October Monthly Meeting, October 10, 2023 with Paul Roberts CE Class—ACA 411**

**Lake Forest Community Center**



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

## CAHU PAC CONTRIBUTOR COMMITMENT FORM

LAST NAME FIRST NAME MIDDLE

OCCUPATION (Required for FPPC reporting purposes)

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

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

CITY, STATE, ZIP PHONE FAX

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

CITY, STATE, ZIP PHONE FAX

CONTACT EMAIL ADDRESS LOCAL CHAPTER

### PRECIOUS GEM STONE CONTRIBUTION LEVELS

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

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

### PAYMENT METHOD: (attach check or select method below)

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

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

## SPECIAL THANKS TO OUR ANNUAL CORPORATE SPONSORS!

### Titanium Level



**KAISER PERMANENTE®**



AN INTEGRITY II COMPANY

### Gold Level



Independent licensee of the  
Blue Cross Association.



### Silver Level



**COVERED CALIFORNIA**  
**SMALL BUSINESS**



### Bronze Level



**Word&Brown®**



# Medicare Agents!

**In today's world, you must have access to and be properly trained on using remote enrollment tools.**

AGA's Agent Portal gives you access to your own suite of online tools available anywhere you have the internet. It's a one-stop shop for all your Medicare business needs.

- ✓ Your Personal Plan Finder platform
- ✓ Quote ALL plans
- ✓ Enroll remotely
- ✓ Text SOAs

***Call today!***  
**1-844-SALES-UP**

[www.appliedga.com](http://www.appliedga.com)





PRSRT STD  
U.S. POSTAGE  
**PAID**  
ANAHEIM, CA  
PERMIT #815

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

## - THE C.O.I.N. -

Don't miss our upcoming events!



## UPCOMING EVENTS

CAHIP-OC CE Day  
- Lake Forest Community Center

SEPTEMBER 12, 2023

CAHIP-OC October Meeting—Paul Roberts—ACA 411 CE Class  
- Lake Forest Community Center

October 10, 2023

Visit our website for more details

[www.ocahu.org](http://www.ocahu.org)



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



[facebook.com/OCAHU](https://facebook.com/OCAHU)



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