

Helping Ohioans with
Healthcare Benefit
Choices



NEWS

February 2020

Board of Directors



President
Leslie James



Vice President
Deborah Bogdan



Treasurer
Richard Muccio

Letter from the President, Leslie James

In just a few days, almost a dozen of our NEOHUA members are leaving to go to NAHU Capitol Conference in Washington D.C. This is an amazing event. Hundreds of agents from across the country come to one location to speak with their elected leaders and to learn about how NAHU is working on behalf of our industry. Three of our members earned a scholarship from OAHU to attend this year's event; David Breudigam, Jaime Lebron and Ann Stark.

OAHU's Single Payer Certification Class was well attended by our NEOHUA membership. We learned a great deal of what other countries offer to their citizens. We also learned about the five current legislation pieces that are being considered as options for our country. This is making our trip to Washington D.C. very important to our industry.

Our 30th Annual Benefits Forum is on March 18, 2020 at MGM in Northfield. You will be able to earn your 3 CE hours of Ethics at this event. Make sure to go on our website to register and receive additional information about the event and what else is happening with NEOHUA - www.neohua.com

For those of you who are interested in joining our Board of Directors, please submit your interest direct to me via email at lcjames@insurancestrategyinc.com, using the subject line NEOHUA Board of Directors. We are looking for individuals to join the board as either our Secretary or as a trustee (4). Being part of the Board of Directors since 2010 has been beneficial for both me and my business. I would like to share this experience will all that are interested.

Helping Ohioans with
Healthcare Benefit
Choices  **PRODUCTS
EXPO 2020**
Northeast Ohio Health Underwriters Association



Secretary
Andrew Toppin

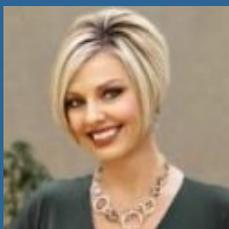


Immediate Past President
Frank Spinelli

Trustees



Shelley Chornak



Cindy Clements



Dave Cunix

2020 NEOHUA Products Expo

March 18 at the MGM Grand Northfield Park

Agenda:

7:30 AM - Registration, Continental Breakfast and Visit Exhibitors

8:30 AM to 8:45 AM - Welcome and Announcements

8:45 AM to 9:45 AM - 1 Hour CE Program by Amanda Brewton

9:45 AM to 10:00 AM - Break

10:00 AM to 11:30 AM - *Ethical Dilemmas and the Life / Health Insurance Industry*
(3 Hours of Ethics CE)

Presented by Richard M Muccio, RMM Financial Services, Inc.

A study of ethics and the law as it relates to the life/health insurance industry along with an exploration of the ethical dilemmas confronting the life/health insurance industry with examples of agents, clients, and companies that have made the wrong decision.

11:30 AM to 1:00 PM - Lunch, Visit Exhibitors

1:00 PM to 2:30 PM - Second Half of *Ethical Dilemmas and the Life / Health Insurance Industry*

2:30 PM to 2:45 PM - Break, Last Chance for Raffle Tickets

2:45 PM to 3:45 PM - *COBRA: 5 Most common Issues* (1 Hour CE)

Presented by Steve Jackson, PrimePay

We will discuss how to count employees correctly to determine if your client must comply with COBRA. We will review five plans that are subject to COBRA which you may not have considered, different COBRA triggers that can be tricky, the most often missed COBRA notice, and the number one DOL request that is most commonly missed.

3:45 PM to 4:00 PM - Raffle Drawings, Adjourn

All attendees must be age 21 or older
Free Valet Service

Cost to Attend: \$80 Members (NEOHUA and OAHU) / \$125 Non-Members

[Register to Attend](#)

Sponsorships/Exhibitor Tables:

- Opportunity to meet local agents and brokers.
- Opportunity to identify agent/broker partners.
- Opportunity to expand your market presence and grow your business!
- Opportunity to see old friends and make new ones!

[View Sponsor Information](#)

Current Sponsors:





Jaime Lebron



Ann Stark

Administration Office



J&M Business Solutions, LLC
Sheri Maskow
3053 Nationwide Parkway
Brunswick, Ohio 44212
330.273.5756



Aflac
Ameritas
Anthem
Berson-Sokol Agency
The Dental Care Plus Group



The HSA Authority
Humana Specialty Benefits
J.L. Thomas
May Insurance



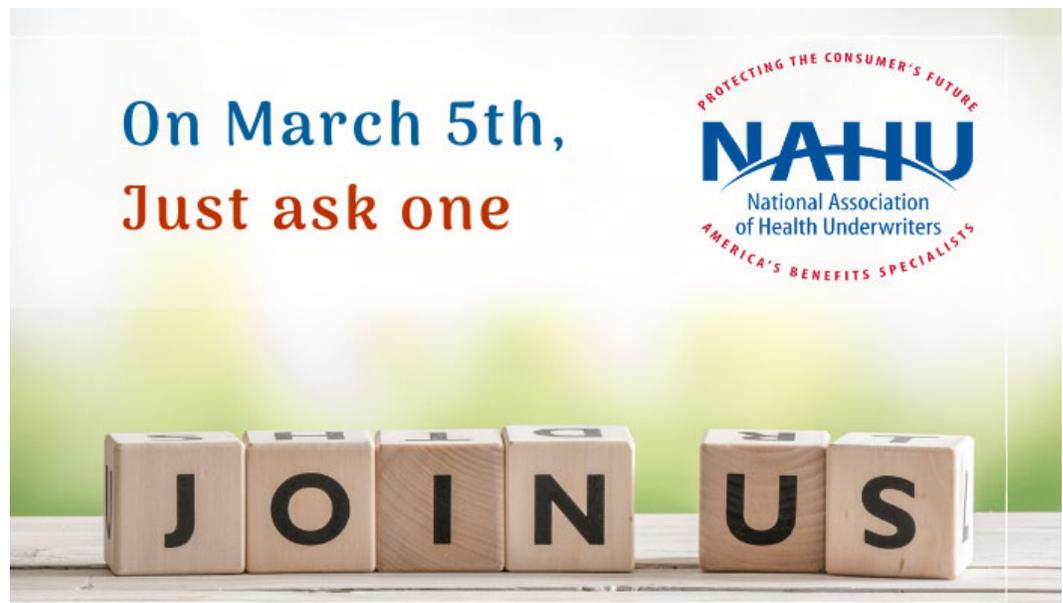
Medical Mutual
PrimePay
Skyway Health Solutions
True Rx

If you are interested in donating an item for our Chinese Raffle, please email neohiohua@gmail.com. All proceeds from the Raffle will go to Habitat for Humanity.

Did You Know... NAHU Dues are Tax Deductible?

75% of NAHU annual dues are tax deductible on your federal tax return. This applies only to the NAHU portion of your dues, not state or local chapters.

Members also receive many discounts including UPS, Hertz, Dell, InfinityHR. Learn more at <https://nahu.org/resources/member-benefits>



NAHU Is At The Forefront In The Fight Against Surprise Billings

Republicans, Democrats and even the president can all agree on one thing – everyone hates Surprise Billings. This confluence of political and societal need has generated bipartisan action in Washington and state capitals around the country.

First, a definition. According to the [Kaiser Family Foundation](#): *“Surprise medical bill” is a term commonly used to describe charges arising when an insured individual inadvertently receives care from an out-of-network provider. This situation could arise in an emergency when the patient has no ability to select the emergency room, treating physicians, or ambulance providers. Surprise medical bills might also arise when a patient receives planned care from an in-network provider (often, a hospital or ambulatory care facility), but other treating providers brought in to participate in the patient’s care are not in the same network. These can include anesthesiologists, radiologists, pathologists, surgical assistants, and others. In some cases, entire departments within an in-network facility may be operated by subcontractors who don’t participate in the same network. In these non-emergency situations, too, the in-network provider or facility generally arranges for the other treating providers, not the patient.”*

This is actually a real issue. Back in 2016, before my little health adventure, I spent several hours trying to verify that every doctor I was about to encounter was in my health insurance network. I couldn’t do it. I called both the insurer (Anthem) and the hospital (University Hospital). I was completely at their mercy. Luckily, everyone involved was in network.

Emergency care is even more concerning. The patient normally has no choice where care is provided nor which doctors are seen. 20% of hospital admissions in 2014 that originated in the emergency room resulted in surprise billings. (Source – [Health Affairs](#)). You may have the ambulance take you to a hospital in your network only to learn, after the fact, that the Emergency Room physician isn’t in your, or any, network.

There are several bills under consideration in Congress. Most are bipartisan. The Trump administration has been supportive. With this opening, the stakeholders are starting to get more vocal and present possible solutions. One coalition includes the National Association of Health Underwriters, the National Retail Federation, American’s Physician Groups, America’s Health Insurance Plans, American Benefits Council, Blue Cross Blue Shield Association, ERISA Industry Committee, and the HR Policy Association. This group understands the nuts and bolts of medical billing and how Surprise Billing directly impacts clients, employees, and average Americans. It is reasonable to expect that more consumer, business, and labor groups will sign on as action becomes more likely.

The group is organizing around the following principals:

- Banning balance billing in situations where patients are involuntarily treated by an out-of-network provider. This includes: (a) emergency health care services provided at any hospital; (b) ambulatory transportation to any health care facility in an emergency; and (c) any health care services or treatment performed at an in-network facility by an out-of-network provider not selected by the patient.
- Requiring health insurance providers to reimburse non-participating doctors or clinicians based on a federal standard in the above scenarios. All health plans should be required to reimburse a non-contracted hospital or health care provider in the above scenarios an amount equal to the negotiated rate for the same service under the patient’s health plan contract. If no such rate is ascertainable, then the plan should be obligated to pay the amount required for Medicare Parts A or B or a median contracted rate. These requirements should be applied to all ERISA self-funded health plans, and non-ERISA and insured plans, with the option for states to establish similar standards, so long as the state methodology would not increase patient cost-sharing or premiums.
- Mandating hospitals and providers disclose the network status for attending physicians and clinicians prior to patients receiving care. For non-emergency situations, hospitals should be required to notify patients at their first point of contact, including by a provider on a patient’s behalf (e.g., scheduling surgeon), that some providers assigned to them may be out-of-network and inform them of their right to select in-network providers or decline care. This notice should be for informational purposes only and not constitute a

waiver of patient rights, nor should it act as a statement of consent by the patient to pay for services provided.

This is a great first step. There is a real possibility that Congress will pass legislation this term and that the president will sign it.

- Dave Cunix

Save The Date

The NEOHUA Annual Golf Outing will be Friday, August 14 at Shale Creek Golf Club in Medina, Ohio. Keep an eye out for more details!

Membership

Thinking of Joining NAHU? [Click here](#) to see what you can expect once you join.

Northeast Ohio Health Underwriters Association
www.neohua.com
330.273.5756

