

NEWS FROM THE DALLAS ASSOCIATION OF HEALTH UNDERWRITERS

IN CASE YOU MISSED IT...

Your 2022-2023 DAHU Board has been hard at work.

- We added **metallic sponsorship levels**, based on a rolling 12-months, payable in full or installments. See the details for this and other sponsorship opportunities [here](#).
- Our Monthly Membership Luncheons are booked through March 2023. If you purchased the lunch pass, please be sure to register for the luncheon so we can get a headcount. **Also, please remember that the Lunch Pass is good for the regularly scheduled eight (8) membership luncheons. The special events are not included.**
- We started planning the 2023 Medicare Summit. **Save the Date for July 19, 2023 for a full day of Medicare CE.** We will have a program for the regular lunch portion geared toward non-Medicare members who find themselves in the cross-hairs of group health plans and Medicare eligibility.
- We are likely **moving venues** beginning January 2023. We've looked at several Country Clubs and a couple of other venues. When all said and done, per head comes out to ~ \$55-\$65. So, if you have a connection somewhere, let us know if it's worth pursuing – ASAP.
- Join our [Facebook](#) and/or [LinkedIn](#) pages.
- Our [website](#) is the talk of the country – at least in the AHU world. Thank you, RBG, for sponsoring our website and its refresh.
- The **2nd Carolyn Goodwin Legislative Forum** had a good turnout with a couple of politicians dropping in at the end. Thank you, Paula Harrington, Rita Rolf, Karen Pausman, and Peter Young for calling on our legislators. Thank you to our sponsors, and thank you, Michelle McLaren, for gifting us with humor and enlightenment with the take-home book.



Cheers! Jen Stanley, President



Legislation and Advocacy

LONE STAR STATE UPDATES

Texas House of Representatives Committee on Insurance: September 6, 2022

Hearing on Health Sharing Ministries, Anti-Rebating Laws, Freestanding ERs

Gold Card Legislation

As reported previously, the Texas Department of Insurance (TDI) adopted a final rule regarding exemptions from preauthorization (PA), pursuant to gold card legislation ([HB 3459](#)) from 2021. The law requires insurers to grant PA exemptions to providers who have 90% approval for a particular service over a 6-month evaluation period. The rule was [published](#) in the August 26 Texas Register.

In May, stakeholders were invited to submit [comments](#) on TDI's [proposed rule](#) (28 TAC §19.1710) and many did. Those are available for review as well as TDI's responses to them on TDI's website. Most industry concerns focused around the importance of PA and utilization management and concerns over applying the rule to prescription drugs.

Highlights of the [adopted rule](#) (pursuant to Texas Insurance Code [§4201](#)) include the following:

- **Peer-to-peer review** – The language for peer-to-peer review prior to an adverse determination follows the language of HB 3459, requiring physicians be licensed in the state, and the same or similar specialty as the physician. In the Reasoned Justification section of the rule adoption order, TDI states that physicians holding Texas Administrative Medicine Licenses under the Medical Practice Act and Texas Medical Board rule (22 TAC §172.17) can meet this requirement.
- **Evaluation Period** – The initial evaluation period is from January 1 through June 30, 2022, with issuers required to provide notices granting or denying PA exemptions by October 1, 2022.
- **Exemption Threshold** – Requires issuers to review at least five eligible PA requests for a particular service in a given evaluation period and determine whether the provider qualifies for an exemption. Notice is required only if the issuer was able to complete an evaluation of at least five eligible PA requests.
- **Health Care Service** – The rule defines “particular health care service” as a health care service, including a prescription drug, that is subject to PA as listed on the issuer's website.
- **Eligible PA Request** – the adopted rule includes the newly defined term "eligible preauthorization request" to clarify which PA requests qualify for an evaluation whether to grant or deny a PA exemption. A PA request is eligible for an evaluation if it is submitted by the provider and finalized by the health plan during the evaluation period, is not pending appeal, and has an outcome of either approving or issuing an adverse determination for the health care service. A PA request that is modified with the acceptance of the provider and approved by the plan as modified is eligible for an evaluation. If a PA request includes more than one health care service, the outcome for each service must be counted separately for the purposes of an evaluation.
- **PA Exemption** – defined as a privilege obtained under [§4201](#) in which a provider is not subject to a PA requirement that otherwise applies with respect to a particular health care service. The PA exemption applies both to care rendered by a treating provider and to care ordered by a provider acting as a treating provider. The National Provider Identifier for the ordering provider with the PA exemption must be included on the claim.
- **Appeals and Complaints** - When denying a PA exemption, an issuer must notify the provider and include a description of how to appeal the denial using the issuer's complaints and appeals processes, and information on how to file a complaint with TDI.
- **Rescissions** – The evaluation period may be the six-month period an issuer determines.
- **IRO Review** – Provides for review of rescissions by Independent Review Organizations (IRO). The IRO reviews the same random sample of claims on which the issuer's rescission was based, and the provider may request another random sample.

Legislation and Advocacy

ACROSS THE NATION

Operation Shouts!

COBRA as Creditable Coverage

On September 9, 2022, bipartisan legislation that would create a one-time special enrollment period (SEP) for seniors enrolled in COBRA coverage to enroll in Medicare Part B without a penalty was introduced, effectively treating COBRA as creditable coverage, the same as seniors who remain on similar employer-sponsored coverage and then enroll in Medicare. The SEP would only apply for this scenario and is unrelated to Marketplace SEPs.

Medicare Marketing Rule Harms Beneficiaries.

NAHU sent out an Operation Shout for all members (over 15,000 impressions) to inform their legislators of this rule's problems and our industry's concerns. However, the rule is not going to be delayed.

HUPAC Dollars at Work During the Primaries

HUPAC has supported several non-incumbent candidates who successfully won their primary elections and are in a good position to win the general election in November. These candidates were approved by the HUPAC Board after filling out a candidate survey.

In **California's 47th District**, Republican Scott Baugh was recommended to us by a former HUPAC Board member. HUPAC supported Baugh and he won the crowded primary. Now, Rep. Katie Porter, vice chairwoman of the Congressional Progressive Caucus, will face Baugh in November's general election.

Immediate Past HUPAC Chairman Bill Hepscher recently asked for HUPAC to support candidate Laurel Lee in **Florida's new 15th District**. The Board approved and Lee beat out a highly competitive field for the open seat, winning just over 41% of votes. Lee will face broadcast journalist Alan Cohn, who won the Democratic Party primary with 33% of the vote, in the November general election.

NAHU members asked HUPAC to support former Congressman and Interior Secretary Ryan Zinke in **Montana's 1st District primary**. The Board approved and Zinke narrowly won the Republican primary in the inaugural race to represent Montana's Western Congressional district. Zinke will face off against Democrat Monica Tranel on the November ballot.

HUPAC has also played a critical role in supporting our legislative champions on important employer-sponsored health insurance issues. Our PAC dollars are indispensable in educating members of Congress about employer-sponsored health insurance agents and the key role they have in a complicated market. We are also engaged in individual-market and Medicare issues, including the new CMS recording requirement.

The election is just around the corner and many of our allies across the country need our support in the final fundraising quarter. Challengers and incumbents who are in our corner, fighting for our issues, are in danger of losing to candidates who don't believe in the role that benefits specialists play in our healthcare system. There will be more new members of Congress than at any other time so having friends of our industry and NAHU will be critical to our success over the next two years with the 118th Congress in January.

Will you help support HUPAC today?

John C. Greene
Vice President of Congressional Affairs
NAHU

Medicare Minutes

NAHU is the only trade organization representing professional agents and brokers who work with Medicare beneficiaries and Medicare products. You can find a host of resources by logging into NAHU.org >> Membership Resources >> Medicare Portal.

Medicare Marketing Final Rule

A recently-enacted final rule requires Medicare agents to record telephonic conversations with beneficiaries **beginning October 1**. The recording requirement applies to all agents who enroll beneficiaries into new plans, whether they are current or new clients. The wording of the rule references “marketing” calls, but NAHU confirmed that CMS interprets “enrollment” as “marketing.” Agents/brokers included in CMS definition of “third-party marketing organization.”

Online applications that agents walk through with their clients are also subject to recording. SHIPS are exempt from the rule.

On the Medicare Portal, you will find:

- A webinar providing a detailed overview of the requirements with answers to FAQs
- CMS clarification on recording requirements
- Healthcare Happy Hour podcast episodes with detailed discussion about the rule and CMS guidance
- NAHU’s comment letters to CMS in response to the marketing rule
- Relevant Washington Update articles that provide greater detail
- The final rule itself

Medicare Observation Status

Currently, Medicare beneficiaries who are not officially admitted to a hospital may be classified under “Observation Status,” which is treated as an outpatient procedure for billing purposes. This may lead patients, many who are extremely sick and spend many days in the hospital, to be charged for services that Medicare would have otherwise paid had they been admitted.

H.R. 3650, Improving Access to Medicare Coverage Act. (Rep. Suzan DelBene (D-WA), Ron Estes (R-KS), Joe Courtney (D-CT) and Glenn Thompson (R-PA)) and S. 2048, Improving Access to Medicare Coverage Act (Senators Sherrod Brown (D-OH), Susan Collins (R-ME), Sheldon Whitehouse (D-RI), and Shelley Moore Capito (R-WV)) would allow observation stays to be counted toward the 3-day mandatory inpatient stay for Medicare coverage of a skilled nursing facility.

Mark Your Calendars!

Monthly Meeting Line-Up

3RD WEDNESDAY OF EACH MONTH

Member Luncheon sponsored by



Addison Marriott Quorum by the Galleria, 14901 Dallas Parkway

Lunch service starts at 11:30 AM | Meeting begins around 11:45 AM | Meeting concludes around 1:05 PM

If you purchased the 2022-2023 Lunch Pass, please be sure to register so we have an accurate headcount.

October 19th - Being Transparent and the Covid Emergencies

The Consolidated Appropriations Act of 2021 (CAA) and the Transparency in Coverage (TiC) rules brought about legislation that attempts to pull back the curtain on the costs of healthcare, including pharmacy data collection (RxDC), posting machine readable files (MRFs), and creating consumer-friendly tools. Meanwhile, Covid continues to dictate plan design and administration. Join us as Jennifer Stanley, Compliance Consultant, reviews the old and the new.



Sponsored by:



November 16th – Understanding the Value of Auditing Health Care Claims and Dependent Eligibility, 1 CE, 11012



Randy Light, BMI Audit Services, instructs benefits advisors how employers can achieve the following through auditing: satisfying fiduciary responsibilities, reduce regulatory compliance risks, maximize claims and eligibility data, and realize meaningful plan savings.

January 18th – Education Revolution, featuring 3 hours of ethics!

Krista Palmer, Ethics Jeopardy | CE 130113

Rusty Rice, Vision Benefits Basics | CE 130401

Haynes Benefits Law, *Dobbs'* Considerations for (Texas) Employer | CE possible

1ST THURSDAY OF EACH MONTH – DAHU BOARD MEETING

Open to all members. See the log-in information from our [Calendar](#).

In a CE Crunch?

Not all DAHU's meetings feature Continuing Education credit. That's ok! The Lonestar Virtual AHU offers CE – FOR FREE – from the comfort of your own home. On **October 11**, Lisa Rehburg will be presenting a one-hour CE entitled "Life Insurance Settlements: Benefitting Your Client and You." Course – 130281 | Provider - TAHU 32408 | Register at www.lonestarahu.org.

New Members & Membership Benefits

Ann Headlee The Enrollment Store
Robb Rothrock Rothrock Insurance Solutions

As a new member, you get your next lunch on the house. Email dahu.org@gmail.com to confirm your registration.

NAHU Relaunches the Mentorship Program

The NAHU Leadership & Development Committee is dedicated to mentoring and educating health insurance professionals so that they can in turn, educate the consumers that insurance agents represent. We coach the coaches. If you are an experienced agent and would love to be a part of our efforts to help agents grow, we are looking for mentors. If that's you, please click [HERE](#) to apply to be a mentor.

If you are new in the insurance world or NAHU, or perhaps you've been in the insurance world a long time but are interested in learning about other lines of insurance, like Medicare, individual or small or large group benefits, or NAHU leadership opportunities and you would like help and support from one of our mentors. Please click [HERE](#) to learn from a mentor.

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972-960-8718 phone

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