



News You Can Use

June 2003: Volume 2, Number 6

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June Annual Meeting
Friday, June 13th
Andrea's Restaurant
[Click for info or to RSVP!](#)

**Welcome to our new
members!**

Glenn Golemi
Advanced Healthcare Solutions

Jerry Jacobs, CLU
Jacobs Company

Frank Milazzo, Jr.
UnitedHealthcare

Ray Murphy
Murphy & Associates

Important Note:

There will not be a meeting in July or August. We'll see you again on September 12th. Enjoy your summer!



President's Message Christine Buras, REBC, RHU, LTCIS

In this, my last President's message, I want to thank each of you for your support over the years.

It was my desire to get to know the people in this profession that prompted me to volunteer for a Board position; but it has been my respect for all of you that has kept me here and that has driven me to give my personal best on our behalves.

These years of service to the Health Underwriters have enriched my life. In many ways, I feel I have received more than I have given. I have formed life-long friendships and have grown personally and professionally through the education and the experiences the Association affords.

I am very proud of my own efforts in service to the organization, but I want to be clear on this point... any new paths that have been forged, all great and small accomplishments are expressly due to the combined efforts of your Officers and Board of Directors. No service organization functions effectively without a dedicated "team!" I want to thank the Officers and Board of Directors, past and present, for their unending support of the NOAHU. I sincerely appreciate their tireless endeavors and want them to know they have made a positive and lasting impression on my life.

It is with pride and humility that I say, "Thank You," to each of you for your support of my efforts and for the

many kindnesses you have shown me. From the bottom of my heart, representing the NOAHU has been a highlight in my life.

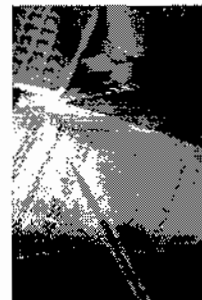
Lastly, I would encourage you to consider volunteering where and when you can. You will enrich your life in ways you did not know were possible. As I look back on it all, I would have denied myself many wonderful opportunities if I had not volunteered in the first place!

Best Regards,
Chris Buras, REBC, RHU, LTCIS

US Department of Health & Human Services News

HHS APPROVES UTAH PLAN TO HELP LOW-INCOME WORKERS PURCHASE EMPLOYER-SPONSORED HEALTH COVERAGE

HHS Secretary Tommy G. Thompson today announced the approval of a Utah Medicaid waiver amendment that will help as many as 6,000 uninsured, low-income residents to purchase health care coverage through employer-sponsored insurance.



The Medicaid Section 1115 waiver amendment approved today will grant monthly subsidies to low-income workers who have access to employer-sponsored insurance but cannot afford to buy it.

"With this change, Utah is helping hard-working residents to afford the health coverage offered through their employer," Secretary Thompson said. "By helping cover the costs of these insurance premiums, the state is taking the kind of creative approach to helping the uninsured that we are encouraging across the country."

To qualify for help with employer-sponsored insurance premiums, workers must have incomes of less than 150 percent of the federal poverty level. The federal poverty level is \$8,980 for an individual.

HHS also approved Utah's plan to lower costs of enrollment in its waiver, the Primary Care Network. Those individuals on the state's general assistance program whose income is at 54 percent of the FPL or lower will have their annual \$50 enrollment fee reduced.

"By far most uninsured Americans are low-wage workers whose employers don't offer coverage, or that coverage is too expensive," said Tom Scully, administrator of the Centers for Medicare & Medicaid Services. "Utah is setting a fine example of how states can address the needs of the uninsured without increasing the burden on an overtaxed Medicaid system."

Today's approval is an amendment to an 1115 waiver granted to the state in February 2002. That waiver expanded primary and preventive services to up to 25,000 state residents who otherwise would not have access to health care.

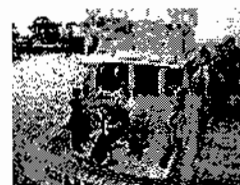
The Bush Administration has pursued a broad strategy to expand access to health care for the uninsured. The President's fiscal year 2004 budget proposal would continue to expand community health centers that care for the uninsured, strengthen and modernize the Medicaid program, offer health tax credits to help individuals obtain insurance, and extend Medicaid and State Children's Health Insurance Program (SCHIP) coverage to more Americans who otherwise would go without coverage.

More information about the President's initiatives to help the uninsured is available at <http://www.hhs.gov/news/press/2003pres/20030211.html>.

Chapter News

Spring Fling!

Thanks to everyone who attended the Spring Fling at Joe's Crabshack. It was a lot of fun! We're looking forward to another great event next year! [Click here to see more pictures from the party!](#)



Region VI Wins Big!

Congratulations to Denny Ebersole, our past chapter president, who currently serves as HUPAC Chair for Region VI. At Capitol Conference in February, NAHU awarded Region VI the banner for Gross HUPAC Contributions. Region VI leads the nation in this area. At the June luncheon, at the request of Region VI Vice President, Beth Ashmore, we presented the banner to Denny! We're lucky to have him at our chapter! Congrats Denny!



San Diego, Here We Come!

At the end of the month, nine members of the New Orleans chapter will be heading to the NAHU National Conference in San Diego. We are proud to represent the New Orleans chapter and we look forward to bringing back great information to improve our association!

Region VI Leadership Conference

New Orleans will be hosting the Region VI Leadership Conference at the W Hotel downtown August 22-23, 2003. We are looking forward to hosting over 100 insurance professionals from Louisiana, Arkansas, Missouri, Kansas, Oklahoma and Texas. The event focuses on leadership and problem solving skills and chapter development. It's going to be tons of fun! If you are interested in attending, let us know! [Click here for more information.](#)

We are proud to have Premier sponsor, United Healthcare and Partner Sponsors, PPOplus and American Lifecare.

Limited advertising and sponsorship opportunities are still available. Email info@noahu.org if you are interested.



Making Your Membership Work For You

By David L. Fear, NAHU Board of Trustees Secretary, 2002-2003

You don't often find articles written by a NAHU national officer being published in State and Local chapter newsletters or posted on their websites, but I wanted to make sure that our State and Local membership get this message.

All of us in NAHU pay our dues in one form or another. Nearly all of us pay our monetary dues personally or corporately in either monthly or annual payments. Quite a few of us pay our dues in another way – we serve in the

association as a volunteer to try and promote our industry and our role as agents.

I'm writing this message because we face a number of obstacles in both the legislative and regulatory arenas throughout our country. While NAHU works hard in Washington DC to bring some sense to the various discussions taking place about insurance and its value, our State and Local chapters have to do this work locally in order to share this message with State and local government entities. We live in uncertain times that pose both threats and opportunities to our businesses.

On the one hand the volume of the public discussion about the private sector insurance system is beginning to get much louder. Parties from both sides of the aisle are quick to point out the flaws of the current system and then propose solutions which, in many cases, are poorly thought out. Enter the Association of Health Underwriters, who has the unique position of seeing things from multiple perspectives that others can only dream of. We work with both large and small business owners and certainly can "feel their pain" as they struggle to finance insurance both for their business as well as for the benefit of their employees. We understand the difficulty that employees and their dependents have in being able to afford group or individual insurance costs and the complex enrollment and benefit payment systems they must deal with. We work with providers of care who want their bills for service paid quickly and fairly. We work with the carrier community who want to make a profit (or at least break even) and at the same time feel that consumers appreciate what they sell.

In short AHU members are many times in the middle of a very complex system of public and private insurance coverage.

Fortunately, some agents belong to this association and can not only upgrade their knowledge about complex insurance, employee benefit and other issues, but can end up being respected and acknowledged as a professional in their field. NAHU and its State and Local chapter affiliates has vastly improved our communication skills, legislative and regulatory representation and overall member benefits. Our meetings are fairly well attended and carrier partners recognize the value that we bring to the agent/broker community.

So what's my point?

Quite simply, it's time for us as members of NAHU to step up to the next level and bring more members into the fold. That's why I'm asking each local and state chapter member to do something in the next few days: Call one of your competitors and ask him/her to join the association. Send them a copy of your current State or Local newsletter and/or a copy of the Health Insurance Underwriter magazine along with a membership application. Tell them that it will be one of the best business investments they'll ever make. Then invite him/her to attend the next local or state chapter meeting of the association as your guest. It's really that simple.

Why am I asking you to do this?

Because there is strength in numbers and more than ever, our association needs those numbers. While other agent/broker associations have seen serious declines in their membership, NAHU has bucked the trend and grown steadily over the last decade. But we can do better. While our lobbyists and other representatives can go before legislators, regulators and the public and speak about our membership of 18,000 in positive ways, the fact is that we should have better than 100,000 members in the fold. That number still only represents a fraction of licensed agents/brokers in the U.S. If each member of NAHU were to recruit one more member in 2003, we'd double our membership. That same group in 2004 could do the same and again in 2005. By 2006 we'd be over 100,000 members strong and capable of so much more politically and legislatively. At the same time, a general public would come to realize who we are, what we do and why we do it. That certainly can't help our business.

I appeal to all members – agents, brokers, representatives, service specialists, etc.. to each do their part to do one little thing and gain one more member in 2003 and begin the ball rolling. Membership costs very little in comparison to our incomes and like insurance protection, membership does so much to preserve and improve our professional condition.

If you have ideas about how you can improve our membership growth, please share them with me directly. I can be reached via email at dfear@cmsga.com or via telephone at 1-800-562-2467, extension 16. Like most of you I sell insurance for a living and have limited time, but I can make good use of the time I have to do a small part to contribute to the growth of our association. Join with me in making that happen so we reach 100,000 members in the next few years and truly improve and enhance the public image of the professionals who associate with the Association of Health Underwriters – America's Benefit Specialists!

Become a Better Sales Person

You must develop and work on these, and if you don't have a trainer, do it yourself.

OBJECTIVE SELF AWARENESS - the ability to know yourself, have knowledge that you are objective and can tap into that SELF-REGULATION and how to use it to create flexibility, self control, changes and emotional control, be able to pace yourself, control positive emotions. Parents and those who work with different generations understand this very well.

EMPATHY - and not sympathy. Where you understand others, recognize their communication, culture and style differences. Key concept is to develop your antenna, which will give you the ability to learn how to read people as opposed to getting caught up in your own emotions.

INTERPERSONAL COMMUNICATION SKILLS - how to elegantly influence and persuade people, learn how to read, match and mirror them. Manage your change as well as the change of the organization and build very strong, positive relationships.

INTERDEVELOPMENTAL SKILLS - developing and growing through positive exchange and relationship with your staff and clients.

How we sold, marketed and prospected in the past are old, obsolete, and don't work.

Industry Updates

OVERHAUL OF CHARITY HOSPITALS APPROVED IN SENATE

A major overhaul of the state's unique, Huey Long-era system for providing medical treatment to the poor has been approved by the state Senate.

Louisiana treats the medical problems of its poor, whether or not they can pay, and no one is turned away at charity hospitals. LSU administers the program. In other states, it's usually counties or cities providing health care for the indigent.

But the modern realities of out-of-control medical costs have impinged on one of the most significant legacies of Louisiana's populist heritage. Under the bill approved today, those with incomes above 200 percent of the federal poverty level would have to pay something for their care, based on a sliding scale.

A patient refusing to pay could be turned down, except in an emergency.

The bill passed 36 to 2.

NEW JERSEY'S PREFERRED DRUG LIST INITIATIVE STUMBLES

In a bold move, New Jersey Gov. James McGreevey in February proposed creating a preferred drug list to win better prescription drug prices for the state, but now advocates of the plan say pressure from the influential pharmaceutical industry threatens to kill it.

As the July 1 fiscal year approaches and budget talks heat up, the fate of McGreevey's PDL proposal remains unclear.

Defenders of the PDL proposal say establishing a list of preferred drugs will help contain rising drug costs and preserve state programs that help residents get affordable prescription drugs. Similar initiatives have saved millions of dollars for Michigan and Florida.

HINJ, the voice of New Jersey's brandname drug manufacturers, warns: "A PDL would jeopardize the health of patients, threaten the autonomy of doctors, and put state taxpayers at risk."

As more states begin to weigh PDL proposals of their own, New Jersey is seen as a crucial battleground. Many of the world's pharmaceutical giants maintain corporate headquarters and research facilities there, contributing more than \$22 billion to the state's economy in 2002, according to a recent HINJ study. (See Reuters Health report, April 15, 2003.)

A PDL in New Jersey would "send a clear signal -- if it can happen here, it can pretty much happen anywhere," Gilroy said.

MORE TROUBLE FOR "THE OATH"

Louisiana officials have publicly acknowledged that The Oath of Louisiana is being investigated for possible criminal wrongdoing.

U.S. Attorney Jim Letten of New Orleans confirms that a grand jury has issued subpoenas in the case. He would not elaborate on the nature of the subpoenas, the focus of the investigation or even when the subpoenas were issued.

Last year, the state Department of Insurance declared The Oath insolvent and placed it in receivership. Since then, department officials have calculated The Oath still owes doctors and other health care providers more than \$50-million in medical claims.

New Orleans attorney Shaun Clarke, who represents the consulting firm that ran The Oath, acknowledged yesterday that a criminal probe of the company. But he says they're confident when the review is concluded federal prosecutors are going to find no wrongdoing.

The Oath began in 1999, when a group of investors formed by Boston health care consultant Barry Scheur bought and renamed a languishing New Orleans health plan.

Regulators have said the first signs of financial trouble began in late 2001. Though regulators and the company worked to salvage it, the HMO was formally taken over in April 2002. In the process, some 82,000 enrollees were forced to find other coverage.

Scheur blamed the failure on a string of factors, including lingering claims from the previous owners. He says The Oath's takeover in 2001 of Gulf South Health Plans played a role as well.

INSURANCE TYPE AFFECTS SPEED OF TRANSPLANT IN US

People with private health insurance get on kidney transplant waiting lists faster than those with Medicare or Medicaid, but Medicare recipients seem to receive some kinds of transplants the fastest, according to two studies presented Monday.

Both were conducted by a handful of transplant centers and organ procurement organizations -- the groups responsible for carrying out waitlist and transplant rules. They presented their data at the American Transplant Congress, the biggest gathering of transplant surgeons and researchers in the U.S.

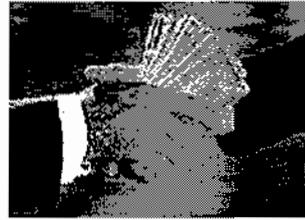
Robert Wolfe of the University of Michigan examined data on 258,391 patients who started on dialysis between 1995 and 2001, and analyzed the time it took them to get on the waitlist, adjusting for age, gender, disease diagnosis, race, ethnicity, state, co-existing illnesses, type of dialysis facility, and insurance type.

Patients who had Medicare, Medicaid, or received benefits from both programs got on waiting lists significantly less often than patients with private insurance. Their rate of being waitlisted was 34 percent lower than people with group or other private insurance, and was even lower than people without insurance, said Wolfe.

He said it was not clear from his data why those with government-provided health benefits were not added to the waitlist as often.

Both authors said more studies were needed to determine why insurance status made a difference.

Develop the concept of a client base, working with four categories:



1. **Platinum clients** - top 4% of the people you do business with (they come from the gold clients). They are unconditional givers. Take very good care of them and let them take care of you too. If you don't ask for help, a referral, advice, counsel, information, they may stay a client but if a stranger asks for help, they'll give that info to them.
2. **Gold clients** - top 20% - they bring in 80% revenues, referrals and introduction. Stay in contact on a regular basis. Build relationships with them to get and sell and to be a resource person for them.
3. **Silver** 60% - They will bring in 15% of your business.
4. **Bronze** - 20% that may bring in 5 percent of your business. These have been around for a while, are not your favorites, want more service for less money. The others are brand-new who have just signed up. It's your job to build and grow them the silver, gold and bronze, and either convert bronzes to the other categories or give them to someone who needs the business.

Because of intensity or competition, in order to keep clients you must set up gold and silvers and know who platinums are, and I strongly suggest you get rid of bronzes. To grow your business, you will have to drop off 5 - 10% of the bottom.

When you bring in clients, ask yourself how much you like them as people, not just for the business or buying and selling. If you don't like most of your clients, if they are not respectful of your values, think hard about what you are selling and who you are selling to.

The bottom line is YOU, regardless of the product or service. How good a resource person are you? If you work for a company that isn't providing YOU with the training, resources or quality product to make you a significant resource for your clients, then you have to find way to make a difference. Those days when you kept one job for 20 years and were perceived as loyal and hard working are gone. Today if you are with one company for 20 years, people think something may be wrong with you.

Today, YOU, INC. has to be the first company you work for.

Tell Us What You Think!

We'd love to hear from you with comments, story ideas or newsworthy items. Just fill in the form below and click send. Thanks!

The opinions in this newsletter are not necessarily endorsed by NOAHU nor does the newsletter assume responsibility for statements made in advertisements or published articles.

First Name:

Last Name:

E-Mail:

Comments: