

New Orleans Association of Health Underwriters



Home

Board Info

Members

Legislation

Events

News You Can Use

Education

Awards

Public Service

Important Links

June Issue

May Issue

April Issue

March Issue

February Issue



News You Can Use

APRIL 2004 Volume 3, Number 4

Welcome to Our New Members!

IN THIS ISSUE:

- 2004 Health Care Expo
- Membership Recruiting Contest
- Blanco Names Health Care Reform Panel
- Legislative Report
- How to Recover "Almost" Customers
- Privacy Law a Bitter Pill

Jacqueline Biles
OHP/Humana

John Bryan
Innovative Benefit Solutions

Joni James
OHP/Humana

Astrid Orr
The Hartford

Casey Roussel
The Besselman Agency

Betty Tucker
OHP/Humana

Ed Vicknair, Jr.
Vicknair Benefit Services

Cheryl Watts
OHP/Humana

**Thanks to the members
that recruited them!**

Frank Campo, Jr.
Kelly T. Marcus
Tee McCoy
Rachel Thrash

We Need Your Nominations!

It's that time of year again where we recognize the contributions of our members. At the June Luncheon, we will award our most prestigious honor- the **Health Underwriter of the Year**. This award honors the member who has contributed in many different areas over the past year and has had the most impact on the association. Any member in good standing is eligible to be nominated. Please email your nominations to info@noahu.org. Include a name and a brief reason why your are nominating this person. All nominations will be kept strictly confidential and will be reviewed only by the Awards Committee.

In addition, we are looking for your nominations for the **New Member of the Year Award**. This award is given to the New Member who has made the most

Don't forget- recruiting a member between now and May 31st could earn you \$10.

contribution over the last year. [Click here to view the list of eligible members.](#) Email the name and reason for nomination to info@noahu.org.

You could earn up to \$300 just by bringing the great benefits of membership to your colleagues!

All nominations must be submitted no later than Monday, May 17th at noon to be considered by the awards committee.

At the June Annual luncheon, we will also be honoring Top Recruiters, New RHUs, HUPAC Contributors and we will be holding elections. We will also hopefully be giving away \$300 to new member recruiters! It's going to be a great meeting you won't want to miss! Mark your calendar for Friday, June 11th at 11:30 am at Andrea's!

Health Care EXPO May 19th 2004

2004 New Orleans Health Care Expo

Wednesday, May 19th

7:30 am – 12:00 pm

Best Western Landmark

Metairie, LA

- ***2 Hours of L&H Continuing Education (applied for)***
- ***Meet with 30 exhibitors from all areas of the industry***
- ***Breakfast, Registration, Meet With Exhibitors: 7:30 – 8:30 am; Program begins promptly at 8:30am***
- ***Win great door prizes, including a \$100 gift certificate to dinner, a DVD player & more!***

Topics:

**The Outlook on Health Care:
Finding Solutions to Louisiana's Problems**

SPEAKERS:

Governor Kathleen Babineaux Blanco (Invited)
Joe Kopsa, Louisiana Department of Health & Hospitals
Dickie Patterson, Deputy Commissioner &
Director, Officer of Health Louisiana Department of Insurance

Surviving Underwriting:

**A panel discussion on making your case,
overcoming challenges & advice from the source**

SPEAKERS

Representatives from Blue Cross Blue Shield of LA,
Ochsner Health Plan & FARA Benefits.

Registration Fees:

Postmarked by May 4:

NAHU Members:

\$25

Non-Members:

\$35

Postmarked after May 4:

NAHU Members:

\$35

Non-Members:

\$45

**Don't miss out on the great
early bird pricing! Register today!
[Download a registration form by clicking here!](#)**



New Members Wanted!

Earn up to \$300!

Earn \$10 per new member you recruit from 4/15/04 - 5/31/04! Whoever recruits the first 30 members into the New Orleans Chapter will earn a \$10 gift card for each member they recruited. **Recruit 5 new members- get \$50 of gift cards! It's easy!!!!** Recruit 15 new members- get \$150 of gift cards! Not only that, but for each member you recruit, the national office will send you \$5 in NAHU bucks that you can use at any NOAHU function- such as the monthly luncheons or CE seminars! So you are really getting \$15 just for bringing the great benefits of membership in NOAHU to your colleagues!

It's up to you how much you want to earn! Gift cards will be distributed at the June 11th NOAHU Annual Meeting at Andrea's. You do not need to be present to get your gift cards- we will get them to you!

Only NOAHU members are eligible and to receive credit you must be listed as the sponsor on the new member's application. No exceptions! A listing will be printed on June 4th from NAHU's membership tracking system (YODA) and the winners will be determined by the date entered into the system. The first 30 recruiters will win. Please note that a new member cannot be paid on their own application, but is eligible once they have joined, to recruit other members.

In addition, new members who join between 4/15 and 5/19 can attend the Health Care Expo for just \$15!!! Everybody wins!!!

Don't miss out! Start recruiting your new members today!

Blanco Names Health Care Reform Panel

Gov. Kathleen Babineaux Blanco has announced the make up of a 29-member panel that will design short-term and long-term solutions to the state's health care problems. The panel is an outgrowth of a health care summit held earlier this year, and is comprised of national health care experts and regional representatives. Blanco announced the panel at the Public Affairs Research Council's annual conference on health care.

"Many of these national experts at the Health Care Summit said we could call on them for help, so, I did," Blanco said. The Department of Health and Hospitals (DHH) is preparing a preliminary report for the panel to use as guidance on issues raised during pre-summit meetings and the two-day summit. More than 3,000 citizens participated in the meetings.

After receiving the preliminary report, the panel will convene in June and then meet on a quarterly basis for the next two-years. It is expected that the panel will offer guidance on proposed initiatives and solutions, using national trend data, best practices and models, and issue-specific research.

Since the summit, DHH has pursued many short-terms improvements including enrolling thousands of eligible children into the Louisiana Children's Health Insurance Program (LaCHIP), increasing the number of federal qualified health care centers, improving information technology in medical centers, and applying for a federal waiver to provide insurance to the working poor.

Within the two years that have been designated for continued meetings by the panel, it is anticipated that all of the short-term initiatives will be implemented, and a strong foundation will be established for long-term solutions.

"The long-term challenge, of course, is to develop a model of care that ensures that everyone has access to timely and high-quality medical services while we also work to embrace health lifestyles and fitness," Blanco said.

Panel members are:

- 1) Chairman: Secretary of Department of Health and Hospitals Dr. Frederick P. Cerise
- 2) Commissioner of Administration Jerry Luke LeBlanc
- 3) President of the Senate Dr. Donald E. Hines
- 4) President Pro Tempore of the Senate, Diana E. Bajoie
- 5) Speaker of the House, Joe R. Salter
- 6) Speaker Pro Tempore of the House, Sharon Weston Broome
- 7) Chairman of Senate Health and Welfare Committee, Joe McPherson
- 8) Chairman of House Health and Welfare Committee, Sydnie Mae Durand
- 9) Chairman of the Joint Committee on the Budget, Sen. Francis Heitmeier
- 10) Vice Chairman of the Joint Committee on the Budget, Rep. John Alario
- 11) *Academy Health Representative, Alice Burton
- 12) *United Health Foundation Representative, Reed Tuckson, M.D.
- 13) *Kaiser Family Foundation Representative, Diane Rowland, Sc.D.
- 14) *Center for Studying Health System Change Representative, Len M. Nichols, Ph.D.
- 15) *George Washington University School of Public Health, Jeanne M. Lambrew, Ph.D.
- 16) U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) Representative
- 17) *Emory University School of Public Health, Kenneth E. Thorpe, Ph.D.
- 18) *Congressional Research Service Representative, Carol O'Shaughnessy, M.A.
- 19) *Public Affairs Research Council (PAR), Jim Brandt
- 20) *Council for a Better Louisiana (CABL), Barry Erwin

Non-legislative representatives will also be named from Regions 1 through 9.

* Verbally accepted invitation to serve on panel.



LEGISLATIVE REPORT

Good Old Fashion Mandate Legislation is STILL Alive a

Well in Louisiana!! Please contact your state Senator or Representative and remind them that mandated coverage increases everyone's premiums! Of urgent concern is House Bill # 1211—Please do contact your Senator before he passes this bill from the Senate committee. It mandates immunization without subject to a deductible. On Wednesday, I attended

House Insurance Committee meetings and observed while our representatives passed favorably on a bill sponsored by the Insurance Committee Chairman mandating coverage for contraceptives in both group and individual coverages. Ronnell Nolan, our incoming LAHU State Legislative Chairman has attended a number of day's sessions. Here is my report on this Wednesday, and her report of Wednesday and Thursday of last week.

Wednesday, April 28th, Room 3 House Insurance Committee--Bills of particular interest that were PASSED presented included the following:

1. HC344-Hebert- Passed Favorably- This bill authorizes establishment of LAChoice, a state run pilot program to subsidize premiums for a certain numl of small employers to provide group medical insurance.
 2. HB706- Hebert- Passed Favorably- Deletes the requirement that directors domestic insurance corporation must be shareholders in the company.
 3. HB732- Karen Carter (committee chair)- This bill MANDATES coverage fo contraceptives and contraceptive services. Incredibly, despite testimony from Blue Cross, Employers and Religious groups, this mandate, sponsored by th chairman of the committee, passed. Blue Cross testified that the additional administrative costs for individual and group policies would be significant.
 4. HB1060- Winston- This billed further regulates the premiums charged for individual health coverage and small groups.
- Other bills of interest that were deferred for a later committee date include HB1514- Karen Carter- This bill provides for a file and use system of rating fc commercial lines of property and casualty insurance. Several committee members stated that they wanted to defer the bill because there were no employers or commercial customers who were present to speak or filed comment cards. This is a very important bill to watch and was encouraged b the DOI as one that will make it more attractive for insurers to enter the state create more competition. HB996- Fauchex- is a bill that prohibits third party administrators from selling insurance products or receiving commissions. Th bill is in the process of being re-written and will be discussed on a later date. 1449- Marchand- would prohibit the use of credit information in establishing r for personal insurance and was deferred to at later date.

The following is the report from last week's activity by Kelli Nolan, staff of incoming legislative chair, Ronnell Nolan. To view review action taken on bills committee, [click here](#).

More legislative resources:

[1st Quarter Legislative report](#)

Bills in Committee: [Louisiana House](#) [Louisiana Senate](#)

How To Recover Your "Almost Customers"

You'll always need to find new prospects for your business. But don't overlook the prospects you already attracted. Many are close to buying. Use these four simple procedures to convert those "almost customers" into paying customers.

1. Make A Memorable Impression

Create a reason for prospects and customers to notice you... and to think of you when they encounter a competitor. Many prospects who do not buy from you the first time will come back to buy later. Existing customers will also remember you. They'll come back to buy again - and they'll send pre-sold referrals to you. One easy way to establish a memorable identity is to create an important reason for customers to do business with you instead of with your competitors.

The advantage you offer doesn't have to be dramatic to be memorable IF you promote it aggressively. It can be as simple as delivering faster results, more personalized attention or a better guarantee than your competitors.

Tip: Combine several small advantages like those described above to create a big (and more memorable) advantage over your competitors.

2. Follow Up Consistently

Most prospects do not buy the first time they see or hear about you. But they will if you follow up with them. Your follow up can be as simple as contacting them occasionally with a new offer. Or it can be more complex such as publishing a weekly newsletter with useful information and articles.

If you don't already have a way to collect their address, you can get it by offering a valuable gift that you deliver only by email or postal mail. For example, offer a special report, a list of sources or some other valuable information they cannot get anywhere else. These are valuable to customers and prospects - but they won't cost you much to provide.

3. Make Sure You Answer These 7 Buyer's Questions

Prospective customers will not buy from you until all 7 of the following questions are answered. Customers may not consciously think about these questions. But they will not buy until all 7 are answered in their minds:

- 1) Exactly what are you offering?
- 2) Why do I need (or want) it?
- 3) How can I believe your claims?
- 4) Why should I get it from you?
- 5) How fast can I get it?
- 6) What if I don't like it after I get it?
- 7) What do I need to do to get it?

Make sure you answer all 7 of these buyer's questions in your web site, sales letters and other selling tools.

Tip: Present everything in term of the benefit it provides to customers. For example, don't just list testimonials from satisfied customers (your answer to question 3). Point out that those testimonials prove you really do deliver what you promise.

4. Keep Your Ordering Procedure Simple

Use an uncomplicated and fast ordering procedure. Every additional action you ask customers to perform and every additional decision you ask them to make after they already decided to buy can cause them to reverse their decision. For example, many online marketers use a shopping cart to process their orders when they could use a simple online order form. Each unnecessary step in the shopping cart process is an opportunity for customers to abandon their order ...a sale lost needlessly.

Tip: Don't ask for unnecessary information during the ordering process. Instead, send a personalized "thank you" message after the sale and include a brief request for the additional information.

Don't overlook the easy sales you can get from old prospects that are almost ready to buy? Use these 4 simple procedures to cultivate your "almost customers" and turn them into paying customers.

Privacy Law a Bitter Pill

When a close friend was released from a hospital here recently, Barry Fey brought him to his high-rise apartment to recuperate. Within a week the friend was dead, after jumping off a balcony and plunging onto a rooftop 16 floors below.

That's when Fey learned something doctors hadn't told him: His friend had been admitted to the hospital after trying to take his own life. The hospital withheld the information because of federal medical privacy regulations enacted a year ago this week under the Health Insurance Portability and Accountability Act.



"They discharge a suicidal person into my care . . . and they don't tell me to monitor him?" Fey asks with incredulity. "They don't tell me he could be dangerous? I ask and I ask [what's wrong with him], but they don't tell me anything because of this crazy privacy thing?"

Although few cases are as extreme as this, the act known as HIPAA has spawned a host of unintended consequences over the last year as doctors, hospitals and public health officials have struggled to understand its complicated rules.

Misunderstandings are common, in some cases leading physicians to refrain from sharing vital information about patients and compromising care. And people are adjusting to new, sometimes inconvenient regimens, such as doctors who now insist patients come to their offices to receive test results, rather than providing them over the phone.

HIPAA is the first comprehensive federal law to create protections for Americans' medical records and to impose substantial civil and criminal sanctions when they are violated. Most consumers learn of the law at doctors' offices, when they are handed forms informing them of their privacy rights.

Experts consider HIPAA's safeguards necessary. They cite examples of past privacy violations the law is now preventing, from pharmacies that supplied patient information to drug companies for marketing purposes, to employers that went into sensitive medical information without workers' permission, to patient records that were posted on the Internet.

'Vast improvement'

"HIPAA is a vast improvement" over the patchwork of state laws that existed previously, said Janlori Goldman, director of the Health Privacy Project, a non-profit organization in Washington, D.C.

Most people strongly believe their medical records should be kept private, she and others say. But implementing the law--which required training hundreds of thousands of medical workers--hasn't been

easy, and large gaps persist between what HIPAA requires in principle and how medical providers interpret the law.

Physicians are being excessively cautious out of fear they'll be slapped with fines, said Dr. William Kobler, president of the Illinois State Medical Society.

Consider cases described by doctors, hospitals, clinics and other medical experts in more than two dozen interviews:

A Phoenix emergency room doctor received a call about a young man brought in after a car accident. A brother from New York wanted to know how the patient was doing. The doctor would only say the patient was stable. "This happened recently, and it happens all the time. Do I think it's reasonable? No," said Dr. Todd Taylor, a Phoenix physician and vice speaker of the American College of Emergency Physicians.

Judgment call

"It's a judgment call how much information you give out, and families do get very upset with us," said Judith Miller, chief privacy officer for Advocate Health Care, Chicago's largest hospital system.

A doctor treating a patient in his 80s, who recently went to a hospital emergency room with severe chest pain, could not get information about his patient. The doctor wanted to find out if the man had had a heart attack so she could determine what follow-up care was appropriate. But the hospital refused to give the information, citing HIPAA.

"We had to make the best decisions we could about what was right for the patient, based on incomplete information," said Dr. Bree Johnston, a geriatrician at a San Francisco Department of Veterans Affairs hospital.

A patient with heart problems was transferred to Carle Foundation Hospital's emergency room from another hospital. When a Carle physician who planned to do heart surgery called to learn what earlier lab results were, the other hospital's staff wouldn't tell him. "We were left to do whatever we could on our own," said Carol Znaniecki, government program compliance specialist for Carle, based in Urbana.

A recent survey by the Council of State and Territorial Epidemiologists indicated that more than one-third of public health officers were experiencing "major obstruction" in getting information about publicly reportable diseases because of HIPAA, according to a March 5 letter to federal officials from the National Committee on Vital and Health Statistics.

In fact, these cases don't reflect the letter or the intent of the law, said Rick Campanelli, director of the Office of Civil Rights for the Department of Health and Human Services.

HIPAA explicitly permits communication between doctors, nurses, hospitals and other medical personnel concerning medical treatment, even without signed authorization by a patient, he said. Also, doctors, nurses and hospital or clinic staff can disclose limited information about a patient to family and friends if they are convinced this is in the best interest of a patient, Campanelli said. And reporting medical

information to public health agencies is specifically allowed.

Providers catching on

"Some providers are confused about the rule or deciding to take a more restrictive stand than the rule requires as a matter of [their] convenience," said Campanelli. "But we are seeing more and more that providers are getting [what this rule really requires]."

His office received 5,300 HIPAA-related complaints over the last year. There are no plans to rewrite the law; if anything, what's really needed is expanded outreach and education activities, with a special focus on public health reporting, according to the National Committee on Vital and Health Statistics' March 5 letter.

Still, the health-care industry continues to grapple with HIPAA.

In New York City, hospitals are trying to figure out how to raise funds for cancer or heart programs without aiming fundraising appeals at patients who have had these conditions, said Susan Stuard, director of regulatory affairs for the Greater New York Hospital Association. Under HIPAA, fundraisers can't get access to clinical information about hospital patients unless they have the patients' authorization.

In Rockford, the Crusader Clinic now asks patients to come in to get lab results rather than phoning them. "How do you know who you're really talking to when you make a call?" said Dr. Bechara Chouckir, the clinic's medical director, acknowledging this procedure is an inconvenience. "At least if they come in, we know who we're dealing with."

Advocate changes

At Advocate Health Care hospital system, adaptation to HIPAA's new requirements have included keeping patient sign-in sheets behind a counter where they can't easily be seen. When charts are put in a holder outside an examination room, they're now turned so the patient's name doesn't show. Computers require new sign-ons after three minutes if they aren't being used, so that if a doctor or nurse walks away to do something else, sensitive information can't be readily accessed, said Miller, the privacy officer.

In Denver, Exempla St. Joseph Hospital had a hard call to make when it released Charlie Blumberg into Barry Fey's care a month ago. Blumberg, 66, a retired bookie, did not tell Fey about his suicidal inclinations, nor did he authorize anyone else to do so, it appears.

Exempla St. Joseph won't comment on the case. "Because of HIPAA, we weren't allowed to share information with Barry Fey or to talk about this," said hospital spokeswoman Ashley Robinson. "If this patient had said I want this information shared with my family and friends, we would have been happy to do so."

from the Chicago Tribune

