

Opinions Letters

Competition is good

I think the article (“DNV setting new standard,” Oct. 27, p. 6) is good, and the concept of DNV Healthcare providing a different approach to accreditation is great. Usually competition forces all involved to get better or go away. I look forward to seeing how this will play out over the next few years. I have been consulting with healthcare facilities to use ISO 9001 for 10 to 12 years, and it finally seems to be getting some momentum.

Mickey Christensen
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cost of their healthcare and the continuing rise of their health insurance premiums. However, few insured people ever lose sleep worrying about the uninsured.

I continue to be amazed, in election after election, how the issue of the uninsured always seems to float to the top above costs. What makes the uninsured such a buoyant election issue? What makes it a more buoyant issue than the immediate need to manage rising costs of healthcare, an issue that affects us all, the insured and the uninsured? Healthcare costs, and its brethren insurance premiums, continue to increase, outpacing inflation and wage increases.

Policy experts have clearly stated that covering the 46 million uninsured will cost more, not less, driving our nation's healthcare costs well beyond the existing 17% of our gross national product.

We know that individuals without health insurance do not equate to the uninsured not receiving healthcare. The uninsured still receive about half of what the insured do—a significant amount, considering that U.S.

healthcare consumption is two to three times higher than other developed nations. So while not a perfect system, the existing one does deliver healthcare to the uninsured. More amazing, we also know that most all of the uninsured voters do not actually vote come election day. So why do politicians in critical election years expend so much political capital on the issue of the uninsured, when clearly they are not their voting constituents?

The primary argument I have heard is that it is our moral imperative to cover the uninsured. However, during these tumultuous times, we have many moral imperatives: Darfur, war, the deficit, foreclosures, Wall Street, retirement, education ... all arguably just as important as covering the uninsured.

No one minimizes the plight of the uninsured or underinsured. However, there are other areas that desperately need attention in healthcare—efficiency, safety, obesity and unhealthy lifestyle choices—in order to curb costs and make healthcare more affordable for everyone.

Steven Cosby
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Uninsured should not be focus

I have been in the healthcare industry for more than 22 years, working closely with healthcare providers, insurers, employers, their employees and family members. Many individuals may lose sleep worrying about the

Get off the cloud ...

Rep. Pete Stark (D-Calif.) must be right alongside Sen. Barack Obama in the tower above the crowd, hidden in the clouds.

Are they really so far removed from the financial benefits the Medicare Advantage plans provide the majority of seniors that they would jeopardize the distribution system that provides consultation to these beneficiaries by cutting commissions (“Stark calls for cap on Medicare Advantage sales commissions,” Modern Healthcare Online, Oct. 23)?

Is Stark even aware that most beneficiaries save \$700 to \$1,000 per year with private fee-for-service plans as opposed to the cost of supplemental premiums or original Medicare?

I have never sold or advised anyone to enroll in any plan because it paid more commission, and I would venture that most agents would never do that. Again, our Senate and Congress are trying to find a “fall guy” and the sales agents are at the bottom of the food chain, so why not pick on them? We earn our money from the carriers by spending a good deal of time to help beneficiaries determine which plan would be most beneficial to them. If he really wants to cut costs, how about one certification test for all companies, one compliance test for all companies, not separate testing requirements for each plan?

The restrictions from the CMS that have been put into place this year will accomplish the goal of reducing the sales commissions because it will force agents out of this line of business, even when the beneficiary roles are increasing. If Medicare or other government agencies could handle the influx of beneficiaries themselves, or if they could do it and still make money at it as the private companies have been able to do, I am sure they would be crowing right now. Instead, they have proven with Medicare and the Social Security Trust and many other areas that the federal government is less than fiscally responsible.

I have come to believe that the persons pointing fingers, making accusations of theft or mistrust are usually the persons that should, themselves, be mistrusted.

Sandra Hoy
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... still can't get act together ...

What Rep. Pete Stark is ignoring is that under the \$300/\$100 commission structure (which is more like \$400/\$100), there was an incentive to churn one's own book of business, not just other agents' clients, and no incentive to maintain and ser-

vice existing clients.

With a level compensation at \$400, the incentive is created to service, consult and maintain existing clients and no incentive to churn your own clients. That will create an environment where agents can service and consult seniors about health benefits and Medicare-related products.

Under the old method it was four times more profitable to get a new client than to keep an old. Under the new commission structure, it will pay to keep clients on the books and make sense to allocate resources to advise and maintain existing clients. This structure will reduce migration and resolve (in two years) the churn problem that it was intended to address.

The problem Rep. Stark should be addressing is insurance companies should be obligated to pay the new renewal level to existing clients—otherwise we will have one more year of significant churn. My fear, next year's churn will imply Rep. Stark was correct when clearly the proper factors were not all accounted for.

This will create another year of turmoil and another abomination where the CMS can't get its act together until days before the enrollment period.

Name withheld upon request.
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