

SUCCESS

GROUP RESOURCES

MEDICARE MARKETING PLANNING

# CALIFORNIA BROKER

SERVING CALIFORNIA'S ANNUITY, LIFE & HEALTH INSURANCE PROFESSIONALS ■ JANUARY 2025

## Planning For The New Year Make **2025** Sparkle



### InMemory

Cal Broker remembers Patrick Rodriguez & all his contributions to the Medicare field



### TechTips

Agency Bloc's Kelsey Rosauer applies technology as a strategic investment to Grow an Agency



### Predict25

Let's unpack the emerging trends that will evolve the TeleHealth sector in 2025 and beyond



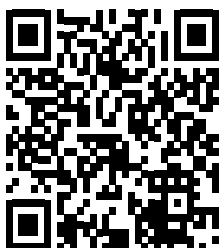
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## CAHIP INNOVATION EXPO

**The Queen Mary  
Long Beach, CA  
Monday,  
February 3, 2025**

### FEATURED OPENING PANEL:

Who's the Captain of Your Ship? Join the conversation with the national organizations fighting for the role of the agent as the number one consumer advocate for access to affordable healthcare! NABIP, NAIFA, HAFA and WIFS leadership will discuss what they do and why it matters to you and the communities we serve.

### AGENDA:

9:30 am	Welcome!
10:00 am	Who's the Captain of Your Ship: Trends and Transformations <ul style="list-style-type: none"><li>▶ National Association of Benefits &amp; Insurance Professionals (NABIP) President Alycia Riedl</li><li>▶ National Association of Benefits &amp; Insurance Professionals (NABIP) CEO Jessica Brooks-Woods</li><li>▶ Health Agents for America (HAFA) President &amp; CEO B. Ronnell Nolan</li><li>▶ National Association of Insurance &amp; Financial Advisors (NAIFA) CEO Kevin Mayeux</li><li>▶ Women in Insurance &amp; Financial Services (WIFS) President Toni Sova-Corfee</li></ul>
11:30 am	Speed-exhibiting
12:30 pm	Lunch
1:15 pm	Breakout Session 1 <ul style="list-style-type: none"><li>• Sick and Tired of Being Sick and Tired: Redefining Healthy</li><li>• Medicare AEP Wrap-up</li><li>• Exhibitor Demos</li></ul>
2:30 pm	The State of Health in California
3:30 pm	Breakout Session 2 <ul style="list-style-type: none"><li>• Sick and Tired of Being Sick and Tired: Redefining Healthy</li><li>• Employee Benefits + Tech = Doing More With Less</li><li>• Exhibitor Demos</li></ul>
4:30 pm	Closing
5:00 pm	Guest Book Signing, Happy Hour and Group Tours



# EAT WELL. LIVE WELL. INSURE WELL.

## Annual Sales Symposium

It's time for Orange County's most popular and attended event for insurance agents and associated industry professionals!

## Registration

Member: \$50 | Non-Member: \$70  
Register online at [CAHIPOC.org](http://CAHIPOC.org)



### Bridging The Gap

Uncover innovative strategies for integrating food wellness into healthcare practices and insurance models.



### Keynote Speakers

**Dr. Robert Lustig:** World renowned endocrinologist

**Dr. Sean Hashmi:** Kaiser Permanente - Obesity Medicine Specialist

**Devin Hughes:** Award winning motivational speaker

**Phil Calhoun:** Owner/Publisher of California Broker Magazine



### Networking Opportunities

Opportunities to network with insurance and technology exhibitors

TUESDAY | 8AM - 3PM  
**FEBRUARY 11, 2025**



Lake Forest Community Center  
100 Civic Center Drive, Lake Forest, CA 92630

**Sponsorship Opportunities Available:** Contact [Admin@CAHIPOC.org](mailto:Admin@CAHIPOC.org)

# Publisher's Note

# 2025



**The month of January is the time to start the work to build your plan that will lead to your success in 2025.**

We have added new Cal Broker team members. Zulma and I welcome our newest members, Peter, and Gabriela, to the team. Peter has significant graphic design expertise and continues to enhance our media, including the monthly magazine. We appreciate the graphic design work Randy performed for us and wish him well. Gabriela is a recent college graduate with skills in communication and concentration in digital media as well as video. She will help to cover some of the work Emma performed before leaving us to pursue graduate school studies.

As we are launching our 2025 Cal Broker Media plan, we want you to know that our focus is to step it up to provide you with more value in the content in all our media. As one of our 255,000 life and health insurance professionals licensed in California, we take our role as the industry's leading provider of education and resources to our subscribers.

Our digital media format continues to evolve to meet the needs of busy insurance professionals who want rich content but prefer to have access both while on the go and when taking time to review articles that impact their work. We plan to address reader preferences in 2025 and will provide short take videos with timely actionable topics and continue our effort to build a solid library of articles topics that are timeless and accessible as favorites for your 2025 planning needs.

We plan to keep our **four Special Issues** including **January** as our **Planning for Success issue**; **July** as our **Medicare issue**; **September** as our **Group Benefits issue**; and wind up the year with our **Long-Term Care insurance** and plans to include **Annuities and Life Insurance** is this **November** theme.

For the other months we will provide a range of Professional Develop topics, Industry News, and of course more tips to *Plan for Success and Protect and Grow* your book of business.

Please look for events and share your events as we make a bigger push in 2025 to place the more events brokers can attend in our eCalendar which we send to all subscribers once a month and posted on our website.

If you want to learn more about providing an article, an event for our eCalendar, or advertise with us to reach our subscribers, please email me [publisher@calbrokermag.com](mailto:publisher@calbrokermag.com)

May 2025 bring you health and profitability with your work in our industry.

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It is not how much a Seller is paid for their book of business, It is about how much they keep after taxes.

**By Phil Calhoun**



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# Industry News

CURATED NEWS FROM THE INDUSTRY

## Farewell to a Legend: Honoring the Legacy of Patrick Rodriguez



In honor of Patrick Rodriguez and his commitment to our industry, and especially on behalf of all of the California licensed life and health agents working in the Medicare field, we share our deep appreciation for your work and caring compassion for helping so many build their book of business, for staying in the fight for a broker's right to work in the industry, and for helping to improve the marketplace we all enjoy. Few people have had the impact Patrick provided to open the door earn the income to pay our bills, pay our mortgages, and cover the expenses to raise our families and send our children to college.

For all of this and the many Merry Christmas' we have enjoyed due to your support, we thank you Patrick and we wish you much joy in Christ and with His love and blessings.



### AGA Family,

It's with a heavy heart that I share the news of my father, Patrick Rodriguez's, passing on December 5th. He was surrounded by his loving family after a five-month battle with cancer.

Those who knew Patrick also knew he was a fighter. During the past five months, he confronted his diagnosis with the same strength, determination, and dignity that defined his life.

In 1993, Patrick founded AGA with a vision to provide unparalleled value to independent agents. His relentless pursuit of excellence and innovation positioned AGA as a leader in the Medicare industry, and his unwavering commitment to his partners inspired us all.

Patrick was the heart of AGA. To so many, he was not only a beloved leader but also a mentor, an innovator, a partner, and a dear friend. Throughout his life he touched so many hearts. His kindness and spirit of generosity is part of what made him special and built a legacy that will never be forgotten.

As you know, we have a remarkable leadership team that has ensured AGA's continued success while my father focused on his health. Together, we are committed to honoring Patrick's legacy by continuing to support and empower our agents. Our dedication to his vision remains unwavering, even during these challenging times.

Together as we move forward, we want you all to remember the core values AGA was built on and will continue to uphold:

- \* Generosity
- \* Service
- \* Support
- \* Empowerment
- \* Determination
- \* Integrity

To this list, we have added one more: "Make Patrick proud." Everything we do moving forward will reflect these values and honor his incredible legacy.

I deeply appreciate your love and support, which have been a source of strength and comfort for our family during this time. Thank you for standing with us as we navigate this loss and continue the work Patrick dedicated his life to.

### Natalie Birchard

Chief Operating Officer and Daughter of Patrick Rodriguez

## Kaiser Permanente breaks ground on new California hospital

Kelly Gooch-

Kaiser Permanente broke ground Nov. 21 on a new hospital in San Jose, Calif., the Oakland, Calif.-based health system confirmed to Becker's.

To meet current seismic standards, Kaiser is replacing its existing San Jose Medical Center, which was built in 1974, with a new facility. The San Jose Planning Commission approved the plans in September.

The new hospital will span about 650,000 square feet, more than double the size of the existing hospital, according to a media advisory Kaiser shared with Becker's.

It will feature up to 300 private patient rooms when fully operational and include pedestrian- and bike-friendly paths, a healing garden, outdoor seating, and dining areas.

Additionally, the surrounding campus will include an energy center and a five-level parking garage, according to Kaiser.

The health system expects to open the new hospital in fall 2029.

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## California system CEO to retire

Kristin Kuchno -

Craig Castro, president and CEO of Fresno, Calif.-based Community Health System, will retire in early 2025 after nearly 40 years in healthcare.

Mr. Castro has led the system for almost five years, according to a Nov. 20 news release. He previously served as its chief information officer from 2002 to 2012, spearheading the early adoption of electronic medical records.

In 2006, he became CEO of Clovis (Calif.) Community Medical Center, where he oversaw a multiphased expansion that tripled the hospital's inpatient capacity.

Community Health System includes four inpatient hospitals as well as long-term care and outpatient facilities.

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## California Sets 15% Target for Primary Care Spending Over Next Decade

Vanessa G. Sánchez -

California Sets 15% Target for Primary Care Spending Over Next Decade

By Vanessa G. Sánchez

A California agency charged with slowing health costs has set a lofty goal for insurers to direct 15% of their spending to primary care by 2034, part of the state's effort to expand the primary care workforce and give more people access to preventive care services.

This story also ran on San Francisco Chronicle. It can be republished for free.

The board of the state Office of Health Care Affordability in October set its benchmark well above the industry's current 7% primary care spending rate, in hopes of improving Californians' health and reducing the need for costlier care down the road.

"It's ambitious but achievable," said Elizabeth Landsberg, director of the state's Department of Health Care Access and Information, which oversees the affordability agency. "Plans and health systems need time to build the infrastructure to really change the way they're providing care."

**[READ FULL ARTICLE »](https://bit.ly/3ZzgIKg)** <https://bit.ly/3ZzgIKg>

# INDUSTRY/NEWS

## LIMRA: Retail Life Insurance New Premium Surges 8% in Third Quarter 2024

Total new annualized premium jumped 8% to \$3.9 billion in the third quarter 2024, according to preliminary results from LIMRA's retail individual life insurance sales survey. The number of policies sold rose 3% year over year in the third quarter.

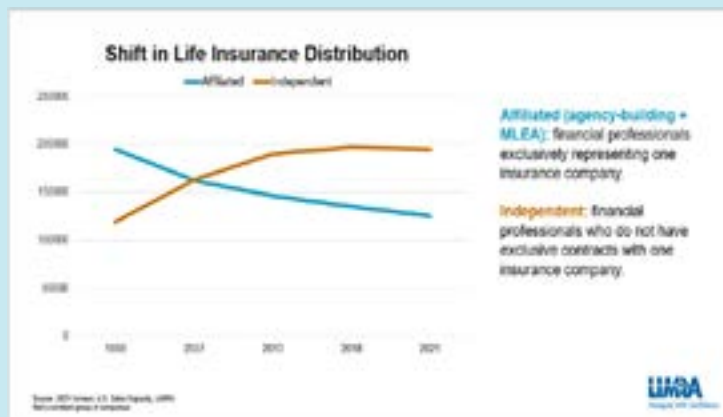
A close-up of a report

Description automatically generated Year to date (YTD), new premium topped \$11.6 billion, up 2% over the prior year's results. In the first nine months of 2024, policy count is up 1%.

### Preliminary Third Quarter 2024 Retail Life Insurance Sales Results:

- Total new annualized premium jumped 8% to \$3.9 billion.
- All product lines except whole life posted new premium growth.
- Variable universal life new premium skyrocketed 41% to \$665 million.

[READ FULL ARTICLE »](https://bit.ly/3BHhixY) <https://bit.ly/3BHhixY>



## LIMRA:

### As Life Insurance Coverage Gap Grows, Carriers Look to Improve Distribution Productivity

As the country comes out of the COVID-19 pandemic, new research by LIMRA and Boston Consulting Group (BCG) finds growth is the top priority for C-Suite life insurance executives. In light of relatively slow growth in the U.S. retail life insurance market over the past few decades and more than 100 million Americans living with a life insurance coverage gap, improving distribution productivity is widely recognized as a significant driver of market growth and fulfilling the mission of the industry.

In a recent LIMRA LinkedIn Live event, Bryan Hodgens, senior vice president and head of LIMRA research, and David Cockerill, managing director and partner, BCG, discussed how life insurers are measuring distribution productivity and the investments being made to advance its growth.

[READ FULL ARTICLE »](https://bit.ly/3W1kBqp) <https://bit.ly/3W1kBqp>

## 2024's Top Annuity Providers Ranked by J.D. Power

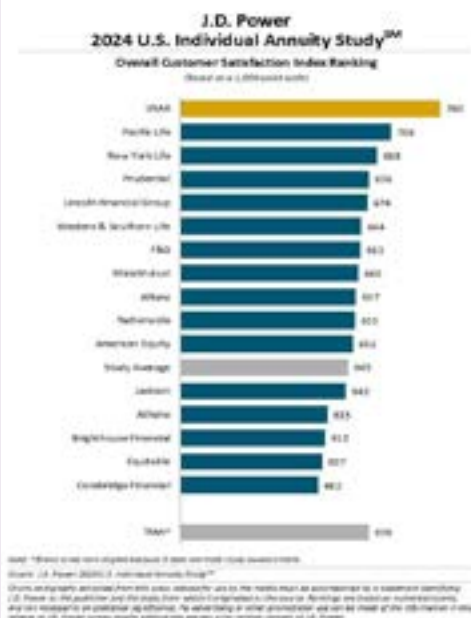
Insurance Forums Staff

USAA ranks highest among individual annuity providers for customer satisfaction with a score of 780, according to the recently released J.D. Power 2024 U.S. Individual Annuity Study.

Pacific Life (708) ranks second and New York Life (688) ranks third, with Prudential (676) and Lincoln Financial (674) rounding out the top five. The study average score was 645, based on a 1,000-point scale.

The U.S. Individual Annuity Study was redesigned for 2024, making scores not comparable year over year with previous studies. The updated study measures the experiences of customers of the largest individual annuity companies in the United States across eight core dimensions (in order of importance): trust, value for price, ability to get service, ease of doing business, people, product offerings, digital channels, and problem resolution.

[READ FULL ARTICLE »](https://bit.ly/3BIY40I) <https://bit.ly/3BIY40I>



## The project putting Stanford nurses into development roles

Naomi Diaz

Stanford (Calif.) Health Care is collaborating with Microsoft and Epic to develop an AI tool for ambient listening in clinical settings to streamline nursing documentation.

“When Microsoft approached us for the opportunity to partner with Epic to improve the work of nursing, we jumped right in,” Gretchen Brown, MSN, RN, chief nursing information officer at Stanford Health Care, told Becker’s. “As a Magnet facility, that’s what we should be doing. We should be leaning in and helping to develop with the resources that we have to better the experience for nurses.”

The initiative aims to reduce the time nurses spend on documentation and, according to Ms. Brown, enable clinicians to reconnect with why they entered healthcare: focusing on meaningful connections with patients.

The project is in its early stages and is set to go live in two units at Stanford.

“We’re going live with a smaller subset of users, really making sure we’ve sorted out all the glitches, the workflow implications and the patient impacts,” Ms. Brown said.

In the project, Stanford nurses will take on a new role in development, an opportunity Ms. Brown said is rare for many nurses.

“It’s a nice opportunity for the staff; not a lot of nurses get to do development,” she said. “Our broader population of nurses really loves to hear from their internal experts, so from a change management and adoption perspective, it’s a win.”

Stanford will monitor data capture and track key performance indicators before rolling out the tool more broadly.

“We have our nursing efficiency data, which we will use as a benchmark,” Ms. Brown said. “We also do extensive internal surveying and time-and-motion studies to make sure we understand its application and impact on our environment. We will survey patients involved to capture their perspectives.”

The goal is to improve efficiency and patient care without adding to the nursing burden, ensuring AI tools complement rather than replace human expertise.

According to Ms. Brown, Stanford is taking a thoughtful, methodical approach to implementing AI tools, prioritizing safety and collaboration across clinical disciplines. The process includes a “human-in-the-loop” system, ensuring that AI functions as a supportive tool rather than an autonomous one. For instance, when AI captures ambient information to input into electronic health records, a clinician is always present to confirm the data’s accuracy and intent before finalization.

“You’ve seen in the media some nurses’ reactions at different organizations about AI, but as a Magnet facility, we have a robust shared leadership structure, including councils where we bring nurses together every month to discuss improvements, changes and opportunities,” Ms. Brown said. “Having a venue where nurses can share their experiences, both positive and negative, is key. That’s the beauty of shared leadership. We have AI and algorithms in our environment now, and we make sure that we give nurses a voice and an opportunity to discuss them.”

## Providence’s \$712M California hospital expansion: 5 updates

Kristin Kuchno -

The \$712 million expansion of Providence Mission Hospital in Mission Viejo, Calif., is underway.

Here are five key updates:

1. The new tower is expected to be completed by 2030, with additional campus improvements planned through 2032, a spokesperson confirmed to Becker’s.
2. Current plans include 12 operating rooms and a total of 76 beds, along with an expanded emergency department, the spokesperson said.
3. The tower will replace the pavilion building, which houses operating rooms and an acute rehab facility, The Orange County Register reported Dec. 2. A new loading dock will be added to reduce traffic for patients and staff, according to the report.
4. Announced in 2022, the project also calls for two multi-specialty health centers, one in Rancho Mission Viejo and one in San Clemente, Calif.
5. Additional campus upgrades include a three-acre park, which will be constructed after the tower is finalized, the Register reported.

## Sutter Health Update on Payer Contracting in Northern California

An Update on Anthem Blue Cross

As we shared previously, Sutter Health's systemwide agreement with Anthem Blue Cross (Anthem) expires on Dec. 31, 2024. For the past several months, we have actively engaged in good faith negotiations to renew this agreement under fair and reasonable terms, but we have not yet been able to reach agreement because we cannot accept the terms they have offered — including inadequate increases that do not support the inflationary trends in wages and supplies, and unreasonable contract terms that would only lead to more claims denials for our patients.

Unfortunately, Anthem sent their HMO members letters informing them that they will be reassigned to non-Sutter doctors effective Jan. 1, 2025. This action is concerning, as the agreement with Anthem includes a transition period that would allow HMO, EPO and PPO patients to continue seeing their Sutter doctors after the expiration date for up to six months (June 30, 2025). This transition period is designed to avoid disruption in care while the parties continue to negotiate mutually acceptable rates and terms, and it's unfortunate that Anthem opted not to use this provision. Because of this decision, if an agreement is not met by December 31, 2024 Anthem HMO members will not be able to access their Sutter physician network.

Note: Anthem EPO and PPO members may continue accessing their Sutter providers for up to six months (through June 30, 2025) as part of their in-network benefits, if the Sutter provider was a participating provider of the member's plan on Dec. 31, 2024.

We sincerely hope that Anthem will engage in good faith negotiations and present Sutter with a fair and reasonable offer for a contract renewal by the end of the year to avoid any further member or patient disruption in care.

Payer Agreements Renewed in 2025

Please note, the following Northern California payer agreements are renewed for 2025:

- Aetna – through June 30, 2025
- Alignment Health Plan, including Sutter Advantage HMO (Medicare Advantage)
- Blue Shield of California (Commercial and Medicare Advantage)
- Cigna Healthcare
- Health Net/Wellcare (Commercial and Medicare Advantage)
- Humana (Medicare Advantage)
- UnitedHealthcare (Commercial and Medicare Advantage)

If you'd like more information about any of the content in this update or have questions about Sutter Health, email us at [brokers@sutterhealth.org](mailto:brokers@sutterhealth.org).

For a complete list of the specific products that include Sutter Health's doctors, hospitals and other healthcare services, please check with the health plan directly or visit [sutterhealth.org/health-plan](http://sutterhealth.org/health-plan).

Please note: This notice is not applicable to Sansum Clinic serving the Greater Central Coast community.

### About Sutter Health

Sutter Health's integrated, not-for-profit system of aligned doctors and clinicians, employees and volunteers support approximately 3.5 million patients in communities across 22 counties. Headquartered in Northern California, Sutter Health provides access to high-quality, affordable care through its network of hospitals, medical foundations, ambulatory surgery centers, urgent and walk-in care centers, telehealth, home health and hospice services. You can learn more by visiting us online.

## Kaiser Permanente breaks ground on new California hospital

Kelly Gooch -

Kaiser Permanente broke ground Nov. 21 on a new hospital in San Jose, Calif., the Oakland, Calif.-based health system confirmed to Becker's.

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It will feature up to 300 private patient rooms when fully operational and include pedestrian- and bike-friendly paths, a healing garden, outdoor seating, and dining areas.

Additionally, the surrounding campus will include an energy center and a five-level parking garage, according to Kaiser.

The health system expects to open the new hospital in fall 2029.



## HUMANA: Notice of Updates to Producer Compensation Announcing Updates to the 2025 Individual Products PPP

We are writing to inform you of updates to the 2025 Producer Partnership Plan (PPP) for Individual Medicare, Medicare Supplement, Dental and Vision Products. This update includes changes to the Standard Core and Value Products Medicare Supplement Commission Schedule, applicable to policies with an effective date on or after March 1, 2025.

We've added a new Commission Schedule titled "Medicare Supplement Commission Schedule - Applicable to Standard Core and Value Products Only - For policies with effective dates on or after March 1, 2025" (see pages 22-26). Please take the time to review these updates by visiting the 2025 PPP online at [www.Humana.com/SellHumana](http://www.Humana.com/SellHumana).

Thank you for all that you do for Humana. We appreciate your dedication to serving our members and look forward to a productive and successful year in 2025.

Sincerely,

Doug Teff, Vice President

### Industries Expected to Thrive in 2025

These industries are poised for growth in 2025. Check out some strategies that you can consider now to prep your business for what's next.

As economic tides ebb and flow, some industry sectors thrive while others struggle to keep up with the evolving environment. Expect more of the same in 2025 as new market trends, business challenges, and opportunities emerge.

The industry sectors that are poised for growth in 2025 include:

Cybersecurity providers. In 2023, U.S. companies lost \$12.5 billion to cybercriminals—up from \$4.2 billion in 2020—according to the FBI's Internet Crime Complaint Center.[1] Demand for robust cybersecurity tools is accelerating along with rising cybercrimes. This creates opportunities for companies that develop and/or sell protection against cyberthreats like phishing, ransomware, and supply chain attacks.

**[READ FULL ARTICLE »](https://search.app/pig16aKvCVKvmz298)** <https://search.app/pig16aKvCVKvmz298>

### 50 things to know about hospital consolidation

Alan Condon -

As financial pressures mount and competition intensifies, hospitals and health systems are increasingly pursuing mergers and acquisitions to diversify their portfolios, strengthen bargaining power and pursue economies of scale.

From rural communities to major metropolitan areas, hospital consolidation is expected to gather momentum in the coming quarters. Yet as consolidation accelerates, so too does the debate over its effects on pricing, competition and patient outcomes.

Here are 50 things to know about hospital consolidation and what it means for the future of healthcare:

1. Hospital mergers and acquisitions have increased steadily over the last two decades, and at an accelerated pace since 2010. While the COVID-19 pandemic temporarily slowed hospital consolidation, the trend has rebounded this year and is expected to continue to gather momentum.
2. Consolidation can occur vertically (hospitals acquiring outpatient clinics, pharmacies, provider groups) or horizontally (hospital systems merging with other hospitals).
3. Rising healthcare costs, reimbursement cuts and the continued shift to value-based care are driving hospitals to consolidate.

**[READ FULL ARTICLE »](https://bit.ly/4gr15vv)** <https://bit.ly/4gr15vv>

## Another year, higher healthcare prices: Are employers ready for 2025?

Deanna Cuadra-

It shouldn't come as a shock that healthcare costs are expected to increase in 2025 — but that doesn't mean employers aren't prepared to mitigate the damage.

After surveying 1,800 employers, financial services company Mercer estimates that employees will have to cover an additional 5.8% of their healthcare benefit costs in 2025, making it the third consecutive year of cost increases over the 5% mark. In other words, employers are already planning on pushing added healthcare costs to employees, potentially dissuading workers from seeking care.

"We're in this vicious cycle where costs are rising, [employers] are shifting them to the worker, which prevents them from getting care or accessing the system, which leads to longer-term, worse healthcare needs," says Ashok Subramanian, co-founder and CEO of Centivo, a health plan provider for self-funded employers. "You're catching cancer later, diabetes is going unchecked, and then costs go up. Employers need to look for solutions they haven't considered in the past."

**READ FULL ARTICLE »** <https://bit.ly/3ZWUXW9>

## 40 largest health systems in the US | 2024

Some large health systems grew while others shrunk over the last year, and more consolidation could be ahead.

But changes were minimal in either direction, and the largest health systems this year remain relatively similar to previous years. Becker's compiled a list of the largest health systems in the U.S. based on the number of hospitals reported on the system's website.

Contact Anna Falvey at [afalvey@beckershealthcare.com](mailto:afalvey@beckershealthcare.com) to update information on this list.

Note: The list below is not a ranking. Data includes all hospitals within the system.

1. HCA Healthcare (Nashville, Tenn.): 187 hospitals
2. Veterans Health Administration: 170 hospitals
3. CommonSpirit Health (Chicago): 137 hospitals
4. Ascension (St. Louis): 136 hospitals
5. LifePoint Health (Brentwood, Tenn.): 120+ hospitals
6. Trinity Health (Livonia, Mich.): 93 hospitals
7. ScionHealth (Louisville, Ky.): 92 hospitals
8. Community Health Systems (Franklin, Tenn.): 69 hospitals
9. Advocate Health (Charlotte, N.C.): 69 hospitals
10. Christus Health (Irving, Texas): 61 hospitals
11. Tenet Healthcare (Dallas): 52 hospitals
12. Baylor Scott & White Health (Dallas): 52 hospitals
13. AdventHealth (Altamonte Springs, Fla.): 51 hospitals
14. Providence (Renton, Wash.): 51 hospitals
15. Bon Secours Mercy Health (Cincinnati): 49 hospitals
16. Mercy (St. Louis): 49 hospitals
17. Sanford Health (Sioux Falls, S.D.): 48 hospitals
18. Indian Health Service (Rockville, Md.): 46 [22 Federal and 24 Tribal] hospitals
19. Prime Healthcare (Ontario, Calif.): 44 hospitals
20. UPMC (Pittsburgh): 40 hospitals
21. Kaiser Permanente (Oakland, Calif.): 40 hospitals
22. UnityPoint Health (West Des Moines, Iowa): 36 hospitals
23. Avera Health (Sioux Falls, S.D.): 36 hospitals
24. Intermountain Healthcare (Salt Lake City): 34 hospitals
25. Banner Health (Phoenix): 33 hospitals
26. Ardent Health Services (Nashville, Tenn.): 30 hospitals
27. Texas Health Resources (Arlington): 29 hospitals
28. Universal Health Services (King of Prussia, Pa.): 28 hospitals
29. Adventist Health (Roseville, Calif.): 28 hospitals
30. Great Plains Health Alliance (Wichita, Kan.): 26 hospitals
31. Piedmont Healthcare (Atlanta): 25 hospitals
32. West Virginia University Health System (Morgantown): 25 hospitals
33. Orlando (Fla.) Health: 25 hospitals
34. Community Hospital Corp. (Plano, Texas): 24 hospitals
35. SSM Health (St. Louis): 23 hospitals
36. Baptist (Memphis, Tenn.): 23 hospitals
37. Cleveland Clinic: 23 hospitals
38. Sutter Health (Sacramento, Calif.): 22 hospitals
39. Northwell Health (New Hyde Park, N.Y.): 22 hospitals
40. Corewell Health (Grand Rapids, Mich.): 22 hospitals

## UnitedHealth Group CEO: 'We understand people's frustrations'

Rylee Wilson -

UnitedHealth Group CEO Andrew Witty expressed sympathy with the public's frustrations over the healthcare system in a Dec. 13 op-ed published in The New York Times.

UnitedHealthcare, and the broader health insurance industry, have been the subject of public scrutiny and vitriol in the aftermath of the murder of UnitedHealthcare CEO Brian Thompson.

Mr. Thompson had led UnitedHealthcare, UnitedHealth Group's insurance arm, since 2021. He was fatally shot Dec. 4 outside of the New York Hilton Midtown in New York City, where UnitedHealth Group was hosting its annual investor day conference. In the days following the attack, individuals took to social media to share their experiences with delayed and denied care by UnitedHealthcare and other insurers. Some reacted with what the Times described as "morbid glee" over Mr. Thompson's death.

In the op-ed, the CEO of the nation's largest healthcare company addressed the backlash against the industry for the first time publicly.

"We know the health system does not work as well as it should, and we understand people's frustrations with it," Mr. Witty wrote. He called for a broader effort from insurers, employers, governments and others who pay for care to explain how and why coverage decisions are made.

"Healthcare is both intensely personal and very complicated, and the reasons behind coverage decisions are not well understood. We share some of the responsibility for that," he wrote.

UnitedHealth Group's purpose is to "build a healthcare system that works better for everyone," according to Mr. Witty.

Mr. Witty's comments echo other insurer CEOs who have spoken out since the attack.

Sachin Jain, MD, CEO of SCAN Group, a nonprofit insurer, told The Wall Street Journal Dec. 10 that a "broader reckoning" with the insurance industry is taking place.

"Most people who work in health plans believe they are supporting action for patients, but it's clearer than ever that the American public doesn't necessarily see it that way," Dr. Jain said.

While Luigi Mangione, the alleged suspect in Mr. Thompson's killing, was not insured by UnitedHealthcare, a top official for the New York City Police Department said he may have chosen to target UnitedHealthcare because of its size, according to NBC News. UnitedHealth Group is the largest healthcare company in the world, and the fourth largest company in the U.S., behind only Walmart, Amazon and Apple. Mr. Mangione was found with a manifesto condemning the healthcare industry for putting profits over patient care when he was arrested, police said.

In the aftermath of the shooting, insurers have ramped up security around their executives. The New York City Police Department has warned other health insurance executives that their safety could also be at risk.

UnitedHealth Group employees have been "barraged by threats" in the days since the attack, Mr. Witty wrote.

"No employees — be they the people who answer customer calls or nurses who visit patients in their homes — should have to fear for their and their loved ones' safety," he wrote.

Mr. Thompson, 50, first joined Minnetonka, Minn.-based UnitedHealth Group in 2004 and held numerous leadership positions across the company. Before UnitedHealth, he held management roles at PricewaterhouseCoopers in Minnesota. He graduated with a bachelors of business administration and accounting from the University of Iowa in 1997.

Mr. Thompson was "never content with the status quo," Mr. Witty wrote, and was dedicated to improving healthcare.

"The ideas he advocated were aimed at making healthcare more affordable, more transparent, more intuitive, more compassionate — and more human," Mr. Witty wrote.

"That's Brian's legacy, one that we will carry forward by continuing our work to make the health system work better for everyone."

## 10 Most-Read Blog Posts of 2024

Our scholars' research examined AI in healthcare, law, and mental health, and highlighted the need for better oversight and regulation.

Shana Lynch

This year's most-read blog posts focus on the impact of AI across fields like healthcare, law, and democracy, underscoring both AI's potential and its challenges. As detailed in the AI Index, AI is becoming more open-source and integrated into industries, with investment surging, particularly in generative AI. Yet as studies on legal, medical, and mental health applications reveal, these models often produce errors, "hallucinate" false information, and raise concerns about privacy, transparency, and safety. In their work, our scholars also called for stronger oversight, ethical frameworks, rigorous evaluation, and a human-centered approach to AI's expansion.

**READ FULL ARTICLE »** <https://bit.ly/3ZXdQZ4>

## INDUSTRY/NEWS

### Washington Power Has Shifted. Here's How the ACA May Shift, Too.

Stephanie Armour , Sam Whitehead and Julie Rovner

President-elect Donald Trump's return to the White House could embolden Republicans who want to weaken or repeal the Affordable Care Act, but implementing such sweeping changes would still require overcoming procedural and political hurdles.

Trump, long an ACA opponent, expressed interest during the campaign in retooling the health law. In addition, some high-ranking Republican lawmakers — who will now have control over both the House and the Senate — have said revamping the landmark 2010 legislation known as Obamacare would be a priority. They say the law is too expensive and represents government overreach.

**READ FULL ARTICLE »** <https://bit.ly/4gBxnUz>



## CMS UPDATES:

### Medicare Advantage in the headlines: 7 recent updates

Rylee Wilson

An insurer reached a nearly \$100 million settlement over allegations of overpayments, and CMS plans to sunset a value-based model over “unprecedented” costs.

Here are seven Medicare Advantage updates Becker's has reported since Dec. 10:

UnitedHealth Group has optimized its ability to increase Medicare Advantage members' sickness scores and corresponding government payments by directly employing thousands of physicians at Optum and integrating sophisticated software tools into clinical workflows, according to an investigation from The Wall Street Journal.

Independent Health will pay up to \$98 million to settle allegations a now-defunct subsidiary knowingly submitted invalid diagnoses to boost Medicare Advantage payments.

New York City must pay for the cost of any plan it offers to its retired employees, the state's appeals court ruled, complicating its path to implementing a Medicare Advantage plan.

CMS will sunset the Medicare Advantage Value-Based Insurance Design Model at the end of 2026, citing “unprecedented” costs to the Medicare trust fund.

Sanford Health Plan and Lincoln, Neb.-based Bryan Health will launch a joint Medicare Advantage plan in 2026. Tommy Ibrahim, MD, CEO of Sanford Health Plan, told Becker's the insurer could pursue similar models in the future.

HHS' Office of Inspector General issued a special fraud alert about the risks of fraud and abuse in certain marketing and compensation arrangements related to Medicare Advantage.

A group of senators questioned prospective CMS administrator Mehmet Oz, MD, over his stance on Medicare Advantage and his financial ties to MA insurers. Led by Sen. Elizabeth Warren, seven Senate Democrats penned a letter to Dr. Oz, expressing concerns that Dr. Oz would push to eliminate traditional Medicare if confirmed as CMS administrator.

### [Updated] CMS Finalizes 0.5% Home Health Payment Increase For 2025, More Permanent Cuts

The U.S. Centers for Medicare & Medicaid Services (CMS) released its CY 2025 home health final payment rule Friday.

It comes with an estimated aggregate increase to 2025 home health payments of 0.5%, or \$85 million, compared to 2024 aggregate payments. But another permanent cut will be implemented in the new year.

“CMS estimates that Medicare payments to HHAs in CY 2025 would increase in the aggregate by 0.5%, or \$85 million, compared to CY 2024,” the agency wrote in its fact sheet. “This rule finalizes a permanent prospective adjustment of -1.975% (half of the calculated permanent adjustment of -3.95%) to the CY 2025 home health payment rate to account for the impact of implementing the Patient-Driven Groupings Model (PDGM). ... For CY 2023 and CY 2024, CMS previously applied a 3.925% reduction and a 2.890% reduction, respectively, which were half of the estimated required permanent adjustments.”

**READ FULL ARTICLE »** <https://bit.ly/4iEaYaZ>

# JANUARY 2025 Industry Calendar

## 2025 CONFERENCES

[Feb 3, 2025 @9am-5pm CAHIP 2025 Innovation Expo @Long Beach, CA](#)

[Feb 11, 2025 @ 8am-5pm CAHIP - Orange County Annual Sales Symposium, Lake Forest Community Center](#)

## JANUARY

[Jan 7 @10-11am CAHIP Industry Happenings – Medicare, Where It’s Going... Zoom](#)

[Jan 8 @8-9am CAHIP 2025 Goal Setting and Business Planning Zoom](#)

[Jan 9 @1-2pm CAHIP -NABIP Happenings – Legislation 101 Zoom](#)

[Jan 14 @11am-1pm CAHIP Orange County Legal Update: Are You Ready for 2025? @Brea, CA](#)

[Jan 14 @9am-12:30pm CalChamber 2025 Employment Law Updates @Long Beach, CA](#)

[Jan 14 @8-10am CAHIP -Ventura: 2025 Employment Law Update @Thousand Oaks, CA](#)

[Jan 16 @9am-12:30pm CalChamber 2025 Employment Law Updates @Sacramento, CA](#)

[Jan 19 @10am-1pm California Positive Pistons & Brunch Car Show @Anaheim, CA](#)

[Jan 22 @2:30-4:30pm CEPA Protecting Family Businesses @LA, CA](#)

[Jan 23 @9-11:30am CAHIP 2025 Legislative Updates @Lafayette, CA](#)

[Jan 23 @10am-2:30pm CAHIP-IE’s CE Day in the Desert @Palm Desert, CA](#)

[Jan 23 @10-11:30pm Employee Discipline and Termination @BBSI Long Beach, CA](#)

## VIRTUAL EVENTS

[Jan 7 CalChamber 2025 Employment Law Updates](#)

[Jan 9 @8-9am CAHIP-LA Breakfast Bites CAHIP-LA \( LAAHU\)](#)

[Jan 9 @11-12:30pm BBSI Master the Art of Interviewing Reserve Your Spot](#)

[Jan 9 @10:15-11:15am BBSI Elevate Your Recruiting Process](#)

[Jan 9 @9-10am BBSI Creating Clear and Accurate Job Descriptions](#)

[Jan 9 CalChamber 2025 Employment Law Updates](#)

[Jan 10 CalChamber 2025 Employment Law Updates](#)

[Jan 14 @8-9am BBSI Employee Harassment Prevention Training](#)

[Jan 15 @10-11am CAHIP NorCal Shaping Sacramento’s Future: A Community-Driven Action Plan for Aging and Disability](#)

[Jan 16 @8-9am BBSI Employee Harassment Prevention Training in Spanish](#)

[Jan 16 CalChamber 2025 Employment Law Updates](#)

[Jan 23 CalChamber 2025 Employment Law Updates](#)

[Jan 23 @10-11:30am NAIFA-California Greater Bay Area Webinar – Estate Planning in 2025](#)

## RECORDED WEBINARS

[BenefitMall November Compliance Webinar w/ Misty Baker](#)

[BenefitMall October Compliance Webinar w/ Misty Baker](#)

[BenefitMall September Compliance Webinar](#)

[Benefit Mall August Compliance Webinar](#)

## SAVE THE DATE

[Feb 6 @ 8am-5pm NAIFA-California San Diego Business Owner Planning Summit @San Diego, CA](#)

[Mar 9 – 12 The ILTCI Conference @Philadelphia, PA](#)

[Apr 24 NAIFA Pathway To Excellence Awards Ceremony @ 11am-1:30pm @Granada Hills, CA](#)

**[Click here to DOWNLOAD interactive eCalendar PDF](#)**

# Bird Watching & Feeding in California

By CalBroker Magazine

"Whatever your birding goals; these California locations present rich opportunities to learn more about birds that live throughout the state."



**B**

ird watching is a popular activity for people who enjoy the outdoors and love seeing animals in their natural habitats. Whether you are a casual birdwatcher who enjoys attracting songbirds to your

yard or a dedicated birder with an ambitious list of bird types you want to encounter, California offers plentiful areas to indulge in all things avian.

The National Audubon Society notes that over 660 species of birds have been recorded in California, including two species that are unique to the state: the yellow-billed magpie and the island scrub jay. The Golden State boasts diverse habitats, including mountains, seashores, deserts, and marshlands that are home to native birds and play host to migratory species as they pass through.

Whatever your birding goals, these California locations present rich opportunities to learn more about birds that live throughout the state.



## Point Reyes National Seashore

The Point Reyes National Seashore is over 100 square miles of coastal habitat, located about an hour from San Francisco. Migratory birds stop over at Point Reyes, so birders can see different species throughout the year.

Visitors find that the coastal sections of the park are ideal for spotting shorebirds, including black-shouldered kites, Caspian terns, Pacific loons, Brandt's cormorant, and black oystercatchers.

If you visit the inland areas of the park, you can spot birds that favor marshlands, forests, and meadows, including California quail, Nuttall's woodpeckers, Pacific wrens, California towhees, varied thrush, and golden-crowned sparrows.

## Salton Sea

The Sonny Bono Salton Sea National Wildlife Refuge is a unique birding area just north of the border with Mexico. It features a salty lake that was formed in 1905 when water from the Colorado River overwhelmed an agricultural canal system and filled a natural basin at the edge of the Sonoran Desert. The protected lands feature cattail marshes, shorelines, open water wetlands, grass fields, and desert uplands that act as sanctuary to over 400 species of birds.

In summer, the Salton Sea is the only place in the U.S. to see the yellow-footed gull. Winter birders can spot the snow goose and Ross's goose, along with multiple species of ducks and the sandhill crane.

## Arcata Marsh & Wildlife Sanctuary

The Arcata Marsh & Wildlife Sanctuary sits on the north end of Humboldt Bay. It's situated along the Pacific Flyway, the migratory route used by thousands of birds that spend the summer breeding season in the far north, then travel to California, Mexico and Central and South America for the winter. The marsh hosts 300 species throughout the year, and it's become a popular birding destination, with weekly organized bird walks year-round.

Visitors may spot rarely seen species like bar-tailed godwits, sharp-tailed sandpipers, and little stints. Raptors like the peregrine falcon and short-eared owl can be seen in the air over the marshland. In the winter months, birders can see fox sparrows, golden-crowned sparrows, Lincoln's sparrows, and swamp sparrows.

## Anacapa Island State Marine Reserve

The Anacapa Island State Marine Reserve is part of a section of protected lands and waters on the northern side of Anacapa Island, part of Channel Islands National Park off the coast near Santa Barbara. Anacapa Island is a nesting site for thousands of seabirds who flock to the island due to its lack of natural predators.

Anacapa Island boasts the world's largest breeding colonies of California brown pelicans and western gulls. It's also home to island scrub jays and San Miguel Island song sparrows.

## San Gabriel Mountains National Monument

Angeles National Forest and the San Gabriel Mountains National Monument areas are located just 30 miles from Los Angeles. This high-country area in the San Gabriel Mountains is home to dozens of bird species that live in the forest habitats. The many trails and picnic locations offer opportunities to see birds, including mountain quail, Anna's hummingbird, acorn woodpecker, western scrub jay, California towhee, western bluebird, dusky flycatcher, and Clark's nutcracker.

## Yosemite National Park

Yosemite National Park is one of the most popular destinations in California. Covering over 1200 acres in the Sierra Nevada mountains, its forested areas are home to iconic giant sequoia groves. Birds are plentiful throughout the park, particularly in the mild spring and early summer months. Yosemite is home to over 200 species of birds, and experts lead bird-watching outings to the best birding spots in the park.

At lower elevations, lucky birders might spot the elusive black swift, which nests in Yosemite Valley. Other species in the area include acorn woodpecker, red-breasted sapsucker, western wood-pewee, Pacific-slope flycatcher, Cassin's vireo, American dipper, golden-crowned kinglet, and western tanager.

At higher elevations, you may see species such as mountain quail, great gray owl, Williamson's sapsucker, black-backed woodpecker, white-headed woodpecker, dusky flycatcher, mountain bluebird, pine grosbeak, and Cassin's finch.

## Tips for Feeding Birds

If you don't want to venture out to find birds, you can still spot them in your own neighborhood. Many species of birds make their homes in populated areas, and you can safely attract them to your backyard. Birds like Cassin's finches, golden-crowned sparrows, California towhees, and dark-eye juncos can all be found in California yards.

One of the best ways to encourage birds to visit you is by adding native plants to your yard. Visit a local nursery or check the California Native Plant Society website to learn which plants are native to your region of California. Adding local plants to your yard or in containers on your balcony or patio is beneficial to birds, as well as pollinators like bees.

Bird feeders and bird baths are another good way to attract birds when used responsibly. Sources of bird food and bird baths can become a risk of disease transmission between birds. Be sure to clean feeders and bird baths regularly to reduce the risk of spreading avian diseases.

When you put out feeders, choose bird seed types that appeal to the birds in your area. The Cornell Lab of Ornithology's Project Feeder Watch website offers a wealth of information about regional bird populations and which foods to give them.



Sources:

National Audubon Society:  
"Birding in California."

California Native Plant Society:  
"Why native plants?"


National Fish and Wildlife Service:  
"To Feed or Not to Feed Wild Birds."

Project Feeder Watch: "Feeding Birds."

# Cybersecurity Trends in Healthcare

*As technology advances, the way insurance agencies, healthcare providers, and other organizations collect and store data changes. Much of this data is stored in the cloud, which is convenient but creates new opportunities for misuse or unauthorized access.*

**By Cal Broker Mag**



**H**ealthcare organizations are attractive targets for cyberattacks. Over the last few years, these attacks have become more aggressive, causing massive data leaks and staggering ransom payments. Staying on top of legal requirements for data management, emerging trends, and best practices can help you remain compliant and avoid an attack.

## The Cybersecurity Legal Landscape in California

As technology advances, the way agencies, healthcare providers, and other organizations collect and store data changes. Much of this data is stored in the cloud, which is convenient but creates new opportunities for misuse or unauthorized access. The California government aims to protect consumers and establish privacy rights through various laws and initiatives.

### Cybersecurity Laws

California has several cybersecurity laws, but a new one of note aims to protect data on devices that connect wirelessly and transmit information. These devices are often easy targets, so the new law requires manufacturers to enhance their protection. Devices must be equipped with security features that:

- Are appropriate for the device's functions
- Are suitable for the information the device collects
- Protect against unauthorized access and use

Manufacturers can no longer use default passwords, which means they must ship devices with unique passwords or require users to create one before first use.

### California Consumer Privacy Act

The California Consumer Privacy Act (*CCPA*), which came into effect in 2020, establishes consumers' rights to know about the information businesses collect and to request its deletion. The Act covers any information that can be linked to a consumer, including:

- Geolocation data from a cell phone
- IP addresses
- Online identifiers
- Services and products purchased

A more recent law called the California Delete Act gives consumers the right to request that data brokers delete their personal data and information without charge. It also directs the Privacy Protection Agency to create an accessible app or tool that allows consumers to submit these requests.

Consumers can begin making requests on January 1, 2026. By August 1, 2026, data brokers must access the request tool every 45 days to process these requests. Starting January 1, 2028, data brokers must also audit their data every three years to ensure compliance with the requests.

### Data brokers must also:

- Disclose during their annual registration whether they use:
- Personal information of minors
- Consumer geolocation data
- Consumer reproductive health data
- Provide a link on their website with instructions on how consumers can access their information
- Disclose whether they have undergone a data audit

### Governor's Cybersecurity Task Force (CCTF)

The California Cybersecurity Task Force was launched in 2013 as a partnership between the Office of Emergency Services and the Department of Technology. The CCTF advises the state on cybersecurity issues and helps identify, respond to, and prevent cyberattacks within California. The task force also runs a grant program that enables government agencies to invest in security updates.

### Trends in Healthcare Cybersecurity

As laws and technologies continue to evolve, several trends have emerged. Unfortunately, the healthcare industry has experienced an increase in cyberattacks. However, this has also spurred innovations in threat detection and the repurposing of existing technologies to enhance security.

### Increase in Ransomware and Extortion Attacks

Ransomware is an old tactic first seen in the 1980s in the form of floppy disks infected with Trojan malware. Today's attacks are highly sophisticated in comparison and steadily increasing. Several large-scale breaches have occurred in recent years, with reports indicating that up to two-thirds of healthcare organizations have been hit by a ransomware attack within a single year. In addition, ransom payments have increased by 33%, with some organizations paying as much as \$1 million to retrieve their data.

### Focus on AI Threat Detection

These attacks and the fallouts push organizations to find and invest in new or advanced tools. One such tool is AI threat detection, which analyzes mountains of data to identify unusual patterns or activities that may indicate a threat. With AI and machine learning, organizations can sift through data and detect threats much more quickly.

### Use of Blockchain Tech

Another innovative tool is blockchain technology. Mostly known for its use in cryptocurrency, blockchain is also attractive for security because it stores data differently than traditional databases. It distributes information across multiple network nodes, copying and storing it in blocks.

Each new block connects to the one before it, making it difficult to tamper with the data. In addition, a consensus mechanism validates the data or transactions shared across the network.

A single user can't change the record because all the data must match to be considered valid. The information and data history are permanent or irreversible, increasing transparency and security within the system.

## Best Practices for Avoiding a Cyberattack

Managing cybersecurity risks is essential for any healthcare organization or third party handling sensitive health information. These four strategies can help improve your overall security.

### Engage in Active Monitoring

The best way to avoid a cyberattack is to prevent it from happening. Healthcare organizations should engage in continuous and active monitoring to detect unusual patterns and respond quickly. Identifying and stopping an attack or breach early can minimize the potential damage to your organization.

### Use Proven Technologies

Outdated technologies and systems without the latest updates are weak points in your system that hackers can easily exploit. Consider upgrading your technologies and always installing the most recent updates. These updates address known vulnerabilities and reduce security risks. A continuous monitoring system can help you keep an eye on weak points in your security infrastructure.

### Control Access

A few techniques can help you better manage and control access to information. As best practices, consider:

- Enforcing multifactor authentication
- Using unique usernames and passwords
- Deploying a firewall around a virtual private network (VPN) for remote work
- Assigning permissions based on a need-to-know policy
- Monitoring for compromised credentials
- Maintaining a digital log of access activity

With better access control, you can prevent bad actors from gaining entry to and usurping essential data without authorization.

### Provide Cybersecurity Training

Security breaches and attacks are increasingly complex and challenging to recognize, but better awareness can help keep your team alert. Train your staff on how to spot phishing attacks and prevent unauthorized access to sensitive areas or programs. Make sure they are also well-versed in your internal policies and procedures.

### Protecting Patient Data

Whether you access or share data as a healthcare provider, insurance advisor, or other third-party healthcare entity, protecting patient data is essential. Staying abreast of emerging trends, technologies, and best practices will help protect your clients' interests and your business.

Health and life insurance professionals need to be aware of these trends and employ recommended protection and prevention when storing client information, emailing quotes and policies.

Cybersecurity is critical for health and life insurance professionals due to the sensitive nature of the data they handle, including personal, financial, and health information. Here's an overview of key practices and strategies:

## 1. IMPORTANCE OF CYBERSECURITY IN INSURANCE

- **Compliance with Laws:** Regulations like HIPAA (Health Insurance Portability and Accountability Act) and GDPR (General Data Protection Regulation) mandate strict data protection measures.
- **Data Sensitivity:** Health and life insurance involves Personally Identifiable Information (PII) and Protected Health Information (PHI), making it a prime target for cyberattacks
- **Trust Maintenance:** Protecting customer data enhances trust and prevents reputational damage.

## 2. CALIFORNIA PRIVACY RIGHTS ACT (CPRA)

- **Update to CCPA:** Strengthens consumer rights and expands on CCPA provisions.
- **Key Provisions:**
  - ◇ Creation of the California Privacy Protection Agency (CPPA) to enforce privacy laws.
  - ◇ Higher emphasis on securing sensitive personal information (e.g., health data).

### Action Items:

- Update policies to classify and secure sensitive data as per CPRA definitions
- Conduct regular risk assessments and implement advanced protections.

## 3. CALIFORNIA DATA BREACH NOTIFICATION LAW

- **Scope:** Requires businesses to notify California residents if their unencrypted personal information is breached.
- **Details:**
  - ◇ Notification must be prompt and include the type of data compromised.
  - ◇ If more than 500 Californians are affected, a notice must also be sent to the California Attorney General.
- **Impact for Insurance Professionals:** Develop a robust incident response plan and a notification protocol.

## 4. CALIFORNIA INSURANCE DATA SECURITY LAW

- **Scope:** Based on the NAIC Insurance Data Security Model Law; applies to insurers, brokers, and other licensees in California.

### Requirements:

- ◇ Maintain an information security program with risk assessments.
- ◇ Investigate and report cybersecurity events to the California Department of Insurance within 72 hours.

**Impact:** Develop and test comprehensive cybersecurity policies, especially for risk assessment and reporting.

## 5. CALIFORNIA ONLINE PRIVACY PROTECTION ACT (CALOPPA)

- **Scope:** Applies to websites and online services collecting personal data from Californians.
- **Requirements:**
  - ◇ Provide a clear privacy policy.
  - ◇ Notify users of updates to the privacy policy
  - ◇ Disclose how data is collected and shared.
- **Relevance:** Health and life insurance providers with an online presence must comply.

## OTHER CALIFORNIA-SPECIFIC MEASURES

### Encryption and Data Protection

California law mandates the use of encryption for sensitive data at rest and during transmission. Non-compliance can lead to stricter penalties in case of breaches.

### Employee Training Requirements

California laws emphasize training employees on recognizing phishing attacks and protecting sensitive data.

### Vendor Management

Ensure third-party vendors adhere to California cybersecurity standards.

Include security clauses in vendor contracts, ensuring alignment with CCPA and CPRA requirements.

### Penalties for Non-Compliance

- **CCPA/CPRA:** Fines up to \$7,500 per intentional violation and \$2,500 for unintentional violations.
- **Data Breach:** Civil penalties and lawsuits for failure to notify consumers adequately.
- **Regulatory Fines:** Insurance-specific penalties for failing to meet the California Insurance Data Security Law standards.

### Best Practices for Compliance

- » **Data Mapping:** Understand where consumer data is stored, accessed, and shared.
- » **Privacy by Design:** Incorporate security and privacy measures in all systems and processes.
- » **Regular Audits:** Conduct internal audits to ensure compliance with California's laws.
- » **Cyber Insurance:** Consider policies that cover regulatory fines and breach costs.

By understanding and adhering to California's stringent cybersecurity laws, health and life insurance professionals can safeguard their operations and maintain consumer trust.

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# Set Standards

## Transform Your Health: Your New Year's Guide to Healthier Living

By Megan Wroe

MS, RD, CNE, CLEC

**A**s we enter the new year, many of us feel the pull to set ambitious goals for our health – losing weight, hitting the gym, ditching sugar may come to mind. However, statistics show that lofty or unspecific goals set in January are often discarded or forgotten by March each year by majority of Americans. This year, consider a slightly different approach to your resolution setting: set standards instead. Standards are unchanging principles that reflect the personal values you want to exhibit this year. Standards are more like our personal mission statements that guide our everyday decisions. Once we have set standards, we can come up with a list of small, very realistic ways to achieve those standards so that every day you are successful in living your mission statement for the year.

You might be reading this with a big old question mark on your face. What on earth does this wellness lady mean? Here's an example that has nothing to do with health or wellness. Your standard to live by could be "I am a reliable person that others can depend on." This is not a goal you check off a box, but rather a value you encompass in your daily interactions. You follow up on promises, you are on time to appointments, you tell the truth...there are so many ways to meet this personal standard for yourself.

Let's practice this concept with the topic of eating. Resolutions I hear often are "I will stop eating sugar" or "I will eat healthy this year." These are not specific or realistic. Instead, a standard might be "I prioritize nourishing foods." The list of ways to work toward this are endless: eat a salad before dinner, choose veggies for a snack instead of chips, cook more during the week than eating out, eat 5 cups of produce daily, etc. You let your standard of prioritizing nourishment guide your food decisions, which will look different at every meal and snack all year long. Unlike goals and resolutions, standards are not pass/fail and they don't shift based on seasons or setbacks. Rather, standards provide a steady framework for making intentional, consistent choices that align with the life you want to lead this year.

In this article we will explore some standards in three key areas of healthier living and discuss simple, actionable ideas for living those standards throughout the year.

### Nourishing Food Standards

#### Standard 1:

**"I choose nutrient-dense meals most of the time."**

#### Actionable Steps:

- Add a colorful vegetable to every meal or order a side vegetable when out.
- Read labels and choose mostly foods with ingredients you would find in your kitchen.
- Choose a fruit or vegetable for snacks instead of packaged foods.
- 

#### Standard 2:

**"I prioritize mindful eating and savor my meals."**

#### Actionable Steps:

- I turn off the TV/tablet/phone when I eat.
- I express gratitude for my meal before eating.
- I take 5-10 chews of each bite before swallowing.



**“This year, consider a slightly different approach to your resolution setting:  
set standards instead.”**

**Standard 3:**  
“I am intentional about choosing meals that prevent huge blood sugar spikes.”

**Actionable Steps:**

- I plan my meals for the week ahead to prevent last minute choices that don't meet my standard.
- I choose drinks without added sugar.
- I add a protein source to my meals and snacks.

### Movement & Exercise Standards

**Standard 1:**  
“I move my body daily without exception.”

**Actionable Steps:**

- Take a 10 minute walk after meals.
- Stand up and move for 5 minutes every hour.
- Plan ahead for how to incorporate movement on irregular days, such as travel or long meetings.

**Standard 2:**  
“I prioritize my own strength.”

**Actionable Steps:**

- Join a strength training class that meets twice a week.
- Hire a personal trainer to create a no-weights-required strength program for when you cannot make it to the gym.
- Take stairs whenever they are available.

### Mental Health & Stress Resilience

**Standard 1:**  
“I practice gratitude and focus on the positive.”

**Actionable Steps:**

- ◇ Journal what you are grateful for.
- ◇ Express gratitude or say a prayer before meals or before stressful situations.
- ◇ Verbally tell people you are grateful for them or write them a letter.

**Standard 2:**  
“I practice habits that help me to manage stress effectively.”

**Actionable Steps:**

- Dedicate 5 minutes of my morning or evening to breath work.
- Practice visualization exercises when you know there is a stressful event happening.
- Turn off the TV/screens an hour before bed.

**Standard 3:**  
“I prioritize my mental health.”

**Actionable Steps:**

- Stay connected with your friend/family/church community each week.
- Hire a therapist.
- Uphold boundaries and say no when something does not meet your standards.

*Here's the key: life standards are not achieved through drastic measures. They are achieved through small, sustainable changes and decisions that you make every day. I challenge you this year to let your standards guide you because all of the tiny actions add up to create a truly meaningful outcome that you can be proud of. If you need some inspiration for healthier living standards or actions to live by them, I invite you to attend any of our programs or free workshops at St. Jude Wellness Center and learn all the ways that you can encompass a healthier lifestyle. Before leaving this article, close your eyes and envision one health lifestyle standard you would like to live by this year. Now start living it.*



**Megan Wroe** manages St. Jude Wellness Center, an integrative wellness department of St. Jude Medical Center. St. Jude Wellness Center is located in Brea, CA and offers a variety of nutrition, fitness and restorative programs and services for both prevention and condition management.

*Visit their website for more information and for their schedule of classes and program:*

[www.stjudewellnesscenter.org](http://www.stjudewellnesscenter.org)

# New Mammography Bill



## An Important Shift in Preventive Care

By Madison Dearie

Every year, roughly 42,000 women die from breast cancer in the United States. This sobering statistic underscores the importance of early detection, a focus that a new bill introduced in the U.S. House of Representatives seeks to support by lowering the mandated starting age for mammograms from 40 to 30. With October being Breast Cancer Awareness Month, the push for earlier mammogram screenings takes on added significance. This month serves as a reminder of the vital role early detection plays in improving survival rates and health outcomes for women. If passed, this bill could reshape healthcare plans and redefine the role brokers play in client guidance.

Last month, we shared a link to an article in our Tools + Intel newsletter about this very topic, which generated substantial engagement from our readers. Given the interest, we felt it was essential to provide further insights on how this bill could impact our clients and the industry at large.

### Why This Change Matters

Lowering the screening age for mammograms is not just a policy adjustment; it's a critical step in the fight against breast cancer. Recent studies show that younger populations are increasingly affected, with significant cases being diagnosed in women in their 30s.<sup>1</sup> While most breast cancer diagnoses occur in women over 40, early detection through routine screenings can be life-saving. The 5-year survival rate for localized breast cancer is an impressive 99%, underscoring the importance of identifying the disease in its earliest stages.<sup>2</sup> Early detection is key to improving health outcomes, and advocating for this legislative change is essential for the well-being of countless women.

**“ LOWERING THE SCREENING AGE FOR MAMMOGRAMS IS NOT JUST A POLICY ADJUSTMENT; IT'S A CRITICAL STEP IN THE FIGHT AGAINST BREAST CANCER. ”**

## Implications for Health Plans

You might wonder how this proposed change will impact health plans. Simply put, the bill would necessitate adjustments to coverage policies across various health plans, and insurers would need to carefully evaluate how these changes could influence premiums and benefits, particularly as employers reassess their health offerings. Investing in early detection not only saves lives but can also significantly reduce healthcare costs. For example, according to estimates from the National Cancer Institute, early detection through screening could reduce treatment costs by as much as 40%, alleviating the financial burden on both patients and healthcare systems<sup>3</sup>.

The implications of this new bill are further complicated by the ongoing case of *Braidwood v. Becerra*, which is currently making its way through the federal courts. This closely watched case raises significant concerns regarding the constitutionality of the Affordable Care Act's (ACA) requirement for preventive services coverage<sup>4</sup>. A ruling from the Supreme Court on this matter could potentially dismantle federal mandates for cancer screenings and other preventive services tied to the ACA.

For employers and their benefits advisors, the elimination of ACA-mandated screening requirements may provide greater flexibility in plan design. However, this could also force plan administrators into challenging and potentially contentious decisions regarding screening benefits. For instance, offering breast cancer screenings with no out-of-pocket costs could become more complicated, especially for employers with fewer than 50 employees.

## Understanding Health Plan Flexibility

Employers typically have some flexibility regarding their health plan designs, but certain aspects are determined by federal and state regulations, as well as the specific health insurance plan they choose. Under the ACA, health plans are required to cover certain preventive services at no cost to the patient, including mammograms for women over a certain age. If the proposed bill to lower the mandated starting age for mammograms becomes law, insurers would need to adjust their plans accordingly to comply.

The extent to which an employer can narrow or eliminate screening benefits depends on their specific health plan and its structure:

**Self-Insured Plans:** Employers who self-insure have more control over the benefits they provide, including the option to limit or change screening benefits. This flexibility allows them to tailor their offerings to the specific needs of their workforce, but it also places the onus on them to ensure compliance with federal regulations.

**Fully Insured Plans:** Employers that purchase fully insured plans are generally subject to the terms set by the insurance carrier, which may include certain mandated benefits. Changes in federal mandates could lead these insurers to adjust their offerings, potentially limiting an employer's ability to unilaterally narrow or eliminate screening benefits.

**Implications of Legal Changes:** The outcome of cases like *Braidwood v. Becerra* could significantly impact how plans are structured. If the Supreme Court rules against the ACA's preventive service mandates, it could grant employers more leeway in deciding which benefits to offer, potentially leading some to eliminate certain preventive services like mammograms.

**Cost Considerations:** If some employers choose to narrow screening benefits while others maintain them, it could create a disparity in costs and coverage. Employers that continue to offer comprehensive screening benefits might face higher

premiums or costs, particularly if fewer employers choose to provide those services. This scenario emphasizes the need for brokers to stay informed about regulatory changes and help clients navigate these complexities.

## The Role of AI in Mammography

As we consider these adjustments, it's essential to also examine how new technologies are transforming mammograms, particularly through the use of artificial intelligence (AI). With AI making significant strides in healthcare, especially in mammography, algorithms are now assisting radiologists in detecting breast cancer earlier and more accurately. Research shows that AI can reduce false positives and negatives, which not only enhances diagnostic accuracy but also improves patient outcomes<sup>5</sup>.

A study published in *Nature* highlighted that AI could identify cancers in mammograms with comparable accuracy to human radiologists and, in some cases, even surpass them<sup>6</sup>. The integration of AI tools helps in analyzing vast amounts of imaging data quickly, identifying patterns that may be missed by the human eye. This means that not only are women receiving faster diagnoses, but healthcare providers are also able to allocate their time more effectively.

The implications of these advancements are profound, especially in light of the proposed changes to mammogram guidelines. As advocacy for lowering the mandated screening age continues, it's important to consider how AI can enhance these screenings for younger populations. With the capacity to process and analyze images more effectively, AI could lead to earlier detections, thereby improving the overall survival rates for breast cancer.

## Bottom Line

In conclusion, understanding the implications of this new mammography bill, and the benefits of the latest technology is essential for brokers who want to maintain their competitive edge. By leveraging this knowledge, we can empower our clients to adopt innovative healthcare strategies that prioritize prevention and compliance. This proactive approach not only positions us as leaders in the industry but also enhances our clients' ability to provide comprehensive benefits that meet their employees' needs.

Stay informed, engage with your clients about these developments, and help them adapt their healthcare strategies accordingly. For personalized guidance and support, don't hesitate to contact your local BenefitMall sales team.



**Madison K. Dearie** is a Benefit Sales Executive at BenefitMall with over a decade of international experience. Based in San Diego, California, she is a bilingual sales professional with a proven ability to solve problems creatively and drive results. Madison holds permanent EU residency, enabling her to work seamlessly across global markets. Her expertise includes project management, sales, business development, and start-ups, with endorsements reflecting her skills in these areas. A graduate of IE Business School, she combines strong work ethic, adaptability, and innovative approaches to excel in dynamic, challenge-driven environments.

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# Inspecting 7 Regulatory Changes in Health Insurance for 2025

By Jói Sigurdsson  
CEO and founder of CrankWheel



The Centers for Medicare & Medicaid Services (CMS) and the Department of the Treasury proposed changes in healthcare regulations in November 2023. The public then had an opportunity to comment on their proposals. After considering feedback, CMS issued the final rules for 2025 in April 2024, with additional updates to telehealth regulations in November.

Here's an overview of the changes in 2025 to help you keep your clients informed.

## 1. Network Adequacy Standards

CMS requires plans in state-based marketplaces to meet network adequacy standards at least as stringent as those for the federally facilitated marketplace. This rule will be in effect for plan years that begin on January 1, 2026.

## 2. Start and End Dates for Open Enrollment

Previously, states running their own exchanges could set different open enrollment periods, as long as they ended on or after December 5.

Starting in 2025, all state-run exchanges must align their open enrollment dates with the federal exchange, running from November 1 to January 15 of the following year. Idaho is the sole exception, with its enrollment period running from early October to December 5.

The new regulations also carry a "first-of-the-following-month" rule for coverage start dates.

## 3. Essential Health Benefits (EHB) Changes

States must define essential health benefits (EHB) standards for individual and small group ACA-compliant plans. While they are not required to modify their EHB Benchmark plans, changes are now less costly and easier to implement.

Previously, pediatric dental coverage was mandatory, but adult dental was excluded. Starting in 2027, states can add adult dental coverage to EHB, a change not allowed before. This prevents plans from removing adult dental coverage on the assumption patients could purchase stand-alone plans.

Initially, EHB packages excluded adult dental to align with employer-sponsored plans, which typically lack it. The new rule reflects the broader employer benefit model, which often includes dental as an option.

## 4. Special Enrollment Period for Low-Income Applicants Is Permanent

Under the American Rescue Plan Act of 2021, people who qualify for premium tax credit advance payments and have expected incomes at or below 150% of the Federal Poverty Level are eligible for a special enrollment period. This provision made it possible for low-income individuals and families to enroll in a health plan all year long.

The special enrollment period rule was set to expire on December 31, 2025, but the new 2025 health insurance regulations will make the special enrollment period for this population permanent.

## 5. Terminate Marketplace Plans Retroactively

Currently, Marketplace health plans can only be canceled on the same day or a future date, not retroactively. This creates issues for people approved for Social Security Disability or Medicare with backdated coverage, as they could end up paying for overlapping plans.

New rules would allow HHS to enable retroactive cancellations for federal exchange plans in such cases. State-run exchanges will have the option to adopt this rule. Cancellations could be backdated by up to six months but won't apply to stand-alone dental plans.

Advising customers to cancel Marketplace coverage when Medicare starts remains important. If HHS implements the retroactive option, customers may get refunds, and the government could reduce costs. Watch for updates as the rules are finalized.

## 6. Part D Benefit Changes

CMS has announced changes to Medicare Part D prescription drug coverage for 2025, significantly reducing out-of-pocket costs. The new cap is \$2,000, down from \$8,000. The coverage gap phase ("donut hole") requiring 25% cost-sharing will be eliminated. It will be replaced with the Manufacturer Discount Program, ensuring consistent cost-sharing as drugs move through coverage phases.

Drug manufacturers must provide a 10% discount on brand-name drugs during the initial phase and 20% during the catastrophic phase. Enrollees can also spread out-of-pocket costs across the year instead of facing large bills at once.

## 7. Telehealth Regulations

Telemedicine gained popularity during the pandemic and remains critical. The latest statistics from Techreport<sup>2</sup> show that medical professionals held virtual appointments between 10% and 49% of the time. The report also showed that patients preferred telehealth appointments 47% of the time for follow-up appointments.

CMS finalized updates for 2025 in the Physician Fee Schedule, effective January 1. Key changes include:

- » Ending audio-only CPT® codes 99441-99443 and recognizing only code 98016 for brief check-ins.
- » Permanently adding certain behavioral health services to telehealth coverage.
- » Retaining location-based telehealth designations (POS 02 for non-home locations, POS 10 for home-based services). Physicians will continue to be allowed to list their practice address rather than their home address even when performing Medicare services via telehealth from their home.
- » Restoring pre-pandemic geographic and location restrictions for Medicare patients unless in rural or underserved areas, meaning that unless a Medicare patient lives or is located in a health professional shortage area, a rural census tract, or a county outside of the metropolitan statistical area at the time of service, they will not be covered for telehealth services
- » Allowing teaching physicians to virtually supervise residents through 2025.

*The Telehealth Modernization Act of 2024<sup>3</sup>*

is awaiting Congressional action. If passed, it would make Medicare telehealth flexibilities permanent, addressing geographic restrictions and allowing further expansions. Until then, most telehealth services for Medicare patients outside approved areas won't be covered after January 1, 2025. Practices and patients should prepare for this possibility.

"Starting in 2025, all state-run exchanges must align their open enrollment dates with the federal exchange, standardizing the enrollment period from November 1 to January 15, with Idaho as the sole exception."

## What Do the 2025 Healthcare Regulations Mean for Consumers?

The health insurance regulations are inherently complex, so your clients need your help explaining them. Being able to present the changes in a virtual consultation<sup>4</sup> using visual aids like slides and comparison tables, as well as simply letting your client see your trustworthy face, can make all the difference

Virtual consultations using a screen sharing tool such as Crank Wheel can replace in-person meetings a lot of the time, especially now that you can have your clients sign ACA marketplace forms<sup>5</sup> and Medicare SOA forms<sup>6</sup> on their phone during consultations.

**CrankWheel has a special extended trial for California Broker Magazine readers.**



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**Jói Sigurdsson** is the CEO and founder of CrankWheel, a company specializing in simplifying screen sharing for sales teams. With a mission to

make remote presentations effortless and accessible, CrankWheel enables seamless connections on any sales call, regardless of the prospect's technical setup. Jói is a visionary entrepreneur with a passion for streamlining communication and enhancing productivity in the sales process. His leadership has driven CrankWheel to become a trusted tool for businesses worldwide, delivering reliable and user-friendly solutions that bridge the gap between sales professionals and their clients.

Sources:

1. American Rescue Plan Act
2. Techreport
3. Telehealth Modernization Act of 2024
4. Virtual consultation
5. ACA marketplace forms
6. Medicare SOA forms

# What Do Your Employer Clients Need to Know in the New Year?

By **Nicole Kamm, Alyssa Graf and Luke Brambrick**

at Fisher Phillips

**S**tarting January 1, 2025, California employers face a new set of employment laws that could significantly impact their businesses. Staying informed of these changes is critical to ensuring compliance, reducing risk, and minimizing costly and time-consuming claims. As trusted advisors, understanding these laws is equally important to you, as it enables you to issue spot and alert clients, providing priceless added value.

The 2024 legislative session in California was the busiest in state history, with a more than 10% increase in activity. Many new bills passed, including enhanced protections for independent contractors, updates to Paid Family Leave requirements, and much more. Below is a brief summary of the relevant new legislation in 2025:

## **Increase in California Minimum Wage**

California's statewide minimum wage will increase to \$16.50 per hour for most employers. This also impacts the minimum salary requirement for most exempt employees, which will be going up to \$68,640.

It's important to note that industry-specific and local minimum wages will still control. For a list of applicable local minimum wages, please contact us at the emails listed below.

## **SB 988 – Freelance Worker Protection Act**

This law provides increased protection to independent contractors hired to provide professional services for \$250 or more. Companies that hire independent contractors should be aware of several key provisions, as violations can lead to significant penalties. In particular, the law requires that contracts with freelancers be in writing and requires the hiring party to retain the contract for no less than four years. If a freelancer is not timely paid, they are entitled to damages equal to twice the amount of their unpaid services at the time the payment was due. Additionally, if a freelancer requests a written contract and is denied, there is a potential \$1,000 penalty and prevailing plaintiffs may be entitled to recover attorney's fees.

## **SB 399 – “Captive Audience” Law**

California has joined a growing number of states that prohibit employers from holding “captive audience meetings” -mandatory, employer-sponsored meetings that discuss religious or political matters. The law defines political matters as those related to elections, political parties, legislation, regulations, and the decision to join or support any political or labor organization. SB 399 makes it illegal for employers to threaten termination or take any retaliatory actions against employees who choose not to participate in these meetings. Certain types of employers are exempt from the new law (i.e., religious, or political organizations), and the law also does not apply to an employer requiring employees to undergo training to comply with the employer's legal obligations, including civil rights and occupational safety and health laws.

This law will notably affect employers who seek to oppose union campaigns within their organizations. Like similar laws in other states, it is expected to face challenges on the grounds that it violates the First Amendment and may be preempted by the National Labor Relations Act.

## **AB 2123 – Paid Family Leave**

Starting in 2025, employers will be prohibited from requiring employees to exhaust all earned unused vacation time before accessing benefits under California's Paid Family Leave program. Employers should be aware that they will likely need to update their Paid Family Leave policies in employee handbooks to reflect this change.

## **AB 2499 – Victims of Violence**

This law strengthens protection of victims of crimes as a protected category under the Fair Employment and Housing Act (FEHA) and extends the obligation to provide reasonable accommodation to employees whose family member is a victim of a “qualifying act of violence.”

In addition to the above, employers should be aware of the following additional new laws:

## **SB 1100 – Employment Discrimination - Driver's Licenses**

Prohibits employers from requiring job applicants to have driver's licenses unless driving is a function of the job and using an alternative form of transportation would not be comparable in travel time or cost to the employer.

“ **Starting January 1, 2025, California employers face a new set of employment laws that could significantly impact their businesses.** ”

**SB 1137 –  
Discrimination Protection**

Amends FEHA to prohibit discrimination based on the combination of two or more protected traits, not just individual traits (“intersectionality”)

**AB 1815 –  
CROWN Act Amendments**

Amends definition of “race” under FEHA, which includes “traits associated with race, including but not limited to hair texture and protective hairstyles.” “Protective hairstyles” “include but are not limited to such hairstyles as braids, locs, and twists.”

**AB 2299 –  
New Workplace Posting Requirements**

In addition to the other workplace posting requirements already in place, employers must also prominently post notice of rights and responsibilities under California’s whistleblower laws.

**AB 1976 –  
Narcan in First Aid Kits**

Requires Cal/OSHA to adopt new standards requiring Narcan to be included in first aid kits.

**AB 1870 –  
Workers’ Legal Resources**

Requires the workers’ compensation poster to inform employees of their right to consult with a licensed attorney.



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# 5 Telehealth Predictions for 2025

By **Andy Tyra**  
VP Engineering, Whereby

**T**his year has seen many ups and downs for the telehealth industry, with big names like United Health Group and Walmart announcing reductions or shut downs of their Telehealth services. However, this doesn't spell the end for telemedicine, simply a new beginning and a chance for the industry to re-asses, optimize and improve virtual offerings to better suit the needs of patients and practitioners. Kyle Zebley, SVP of public policy for the American Telemedicine Association (ATA) is optimistic; "I don't think there's any interest in yanking the US healthcare system back toward the pre-pandemic normalcy in terms of having very limited access to telehealth and virtual care services."

As we near the end of the year, we're unpacking some emerging (and continuing) trends in the sector and taking a look at how Telehealth could evolve into 2025.

## **AI will drastically improve efficiency**

Yawn, not another blog post about AI... It might be the buzzword of 2024, but we strongly believe that Artificial Intelligence is set to become a cornerstone of telehealth innovation. The rise in AI technology is impacting all areas of our daily lives, and healthcare is no exception. Specifically for telemedicine, there is huge potential for AI to improve efficiencies and workflows, for example by automating routine tasks and analyzing vast amounts of data. AI-driven tools will streamline administrative workflows, from scheduling appointments to managing patient records, to transcribing virtual consultations, reducing the burden on healthcare professionals.

AI algorithms can also assist in diagnostics by quickly analyzing patient data and providing decision support to clinicians. This increased efficiency will allow providers to focus more on patient care and less on administrative tasks, ultimately improving the overall patient experience.

## **Refinement of remote care models**

As telehealth continues to mature and become embedded into patient pathways, there will be increased refinement for when and how remote care is utilized. Not all healthcare services are suitable for virtual delivery, so identifying which types of care work best remotely will be crucial. According to a recent report, 47% of virtual video visits are follow-up appointments, followed by regular check-ups, prescription refills and mental health support.

Patients are increasingly becoming used to receiving certain types of care remotely and often prefer the flexibility and reduced travel times. To that end, 88% of Americans now prefer to use telemedicine (Tech Report). There will always be a need for in-person healthcare such as hands-on procedures and emergency care, and moving forward the industry will continue to refine the circumstances in which telehealth can be beneficial.

## **Improvements for underserved and remote communities**

One of the most promising aspects of telehealth is its potential to bridge the gap in healthcare access for underserved and remote communities. As telehealth technology becomes more advanced and accessible there will be huge benefits for those typically unable to access

certain types of care or reach specialists. There is ongoing debate around the future of federal health waivers in the US surrounding telehealth use, with a letter from the The Alliance for Connected Care to the White House stating, "The ongoing challenges in accessing mental health and substance use treatment services, particularly in rural and underserved areas, underscores the importance of maintaining these flexibilities".

Governments and official bodies must support and encourage the further development of virtual care to increase access and care quality. Additionally, further support for example through subsidized technology costs, enhanced internet connectivity and additional training for healthcare professionals can play a pivotal role in reducing healthcare disparities and improving outcomes for marginalized populations.

The WHO and ITU's recent release of an implementation toolkit for accessible telehealth services highlights a commitment to continued improvement and development of telehealth services globally.

## **Growth of virtual behavioral health services**

The behavioral health sector is poised for significant growth, driven by the expansion of telehealth services. Mental health and counseling services are particularly well-suited for virtual care, allowing patients to receive support from wherever suits them.

With 92% of people worldwide believing that mental health is as important or more important than physical health (Wellcome Trust), stigma is slowly reducing and people are more actively seeking behavioural health treatment and preventative support.

Employers and governments are increasingly supporting and encouraging behavioural health care which will only expand the need for easily accessible and convenient digital mental health services. For instance, the NHS recently introduced a new mental health support line making care as accessible as that for physical health. Telehealth platforms will continue to evolve to meet the increasing demand, offering innovative solutions such as virtual therapy sessions, mental health apps, and remote monitoring tools.

### **Sustainable Growth Through third-party solutions**

To achieve long-term success, telehealth providers will increasingly seek out and integrate third-party solutions that support sustainable growth. This includes adopting platforms and technologies that enhance service delivery, data security, and patient engagement. Providers will collaborate with technology partners to implement scalable solutions that address evolving needs and challenges. This can include anything from patient management systems, scheduling tools and video conferencing software. Through seamlessly integrated solutions such as the Whereby video call API, telehealth teams can focus on delivering world-class care experiences, while allowing trusted solutions to do the heavy lifting for certain areas of the tech stack.

These third-party solutions will help telehealth providers navigate regulatory requirements, ensure interoperability between different systems, and maintain high standards of care. By leveraging external expertise and resources, telehealth providers can focus on delivering high-quality care while driving sustainable growth for their business.

### **Conclusion**

With the telehealth market forecast to reach a value of \$286.22 billion by 2030, the future is certainly bright. Through advancements in AI, targeted remote care models, expanded access for underserved communities, and growth in behavioral health services there is incredible opportunity for healthcare platforms to grow rapidly. As telehealth continues to evolve, the focus on efficiency, accessibility, and sustainability will be key drivers of success. By embracing these trends and adapting to the changing landscape, telehealth has the potential to revolutionize healthcare delivery, making it more efficient, inclusive, and patient-centered.



**“Specifically for telemedicine, there is huge potential for AI to improve efficiencies and workflows, for example by automating routine tasks and analyzing vast amounts of data. AI-driven tools will streamline administrative workflows, from scheduling appointments to managing patient records, to transcribing virtual consultations, reducing the burden on healthcare professionals.”**



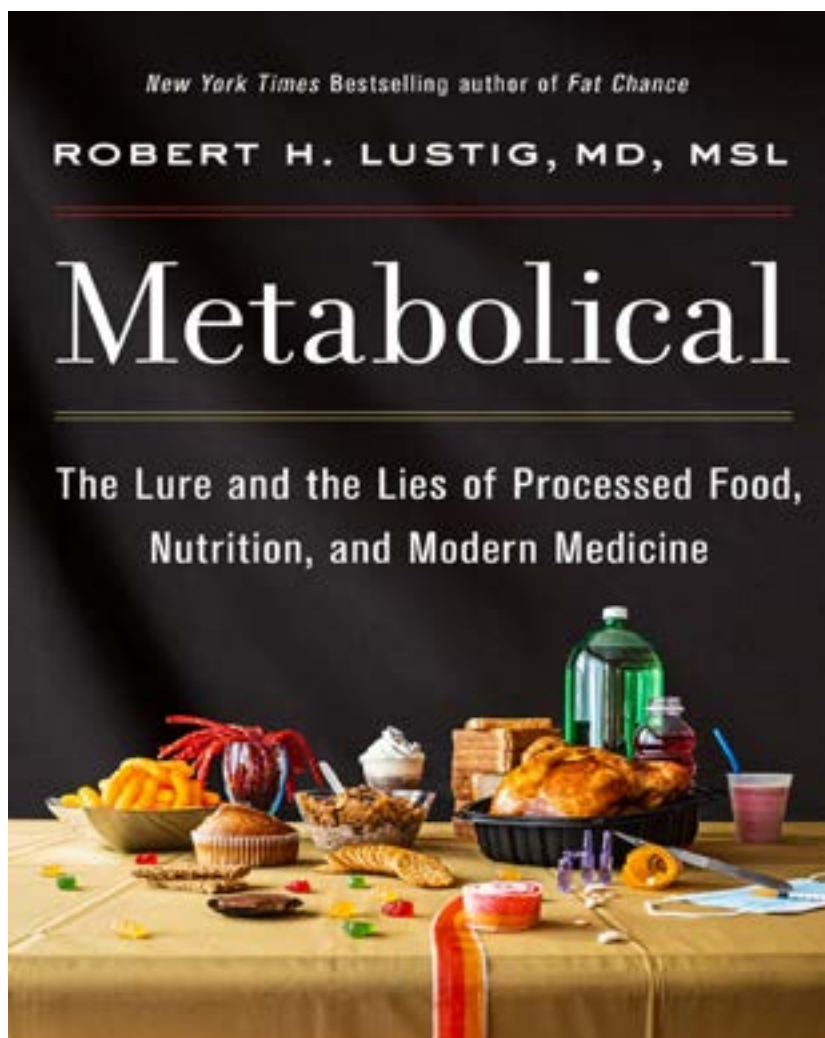
**Andy Tyra**  
**VP Engineering, Whereby**

*From a shortlist that included options across Europe as well as potential relocation options on the West Coast, Andy Tyra emerged as a fantastic fit for Whereby. Andy was Director for the Living Room App Platform at Amazon in London at the time where he led a sizable engineering and product management organization responsible for the Prime Video customer experience on all devices which aren't mobile, laptop or desktop. A seasoned Amazon veteran, Andy ticked the boxes from a technical perspective and had also demonstrated his ability as an exceptional people leader. After joining the company in mid-2021, Andy would go on to be promoted to CPTO within his first year at the business. between sales professionals and their clients.*

# Can RFK Fix Healthcare?

By Robert H. Lustig, MD, MSL

OPINION



**T**here's no denying it. The U.S. healthcare system is broken. We spend the most (as demonstrated by percent of GDP, at 17.3%), and get the least (lowest life expectancy, highest infant mortality, and 93% of Americans with some form of metabolic dysfunction) of any developed country. And let's be truthful – covering up symptoms of chronic disease with medications (e.g. statins, oral hypoglycemics, antihypertensives, GLP-1 agonists) does not treat the actual metabolic dysfunction, which is at the root causes of these diseases. Those diseases are still there, which continue to spiral the healthcare system out of control.

Who benefits from such a system? The food industry's gross profit margin was 17.3% in 2023, with \$1.5 trillion in sales. The pharma industry's gross profit margin for 2023 was 65%, with sales of \$318 billion. And now with the Biden administration greenlighting Medicare and Medicaid coverage of GLP-1's, who knows how high that might rise.

How about the health insurance industry? For decades, health insurance followed the casino model — 1) pay to play, and 2) set their own rates. In this model, the industry was glad when people were sick. As long as there was enough money in the till, and as long as the players anted up, the House couldn't lose. But then came Obamacare, and the industry had to take 32 million sick people onto the rolls, with a cap at 15% profit. Now the US healthcare industry's gross profit margin is 2.2% and falling every year. All of a sudden, insurers want their subscribers to be healthy. But they can't, because of chronic metabolic disease, which has only gotten worse, and they don't know how to fix it. Here's the inconvenient truth: you can't fix healthcare until you fix health, you can't fix health until you fix diet, and you can't fix diet until you know what's wrong.

Here's the rub: the U.S. healthcare system spends \$4.1T per year, of which 75% are diet-related chronic metabolic diseases, and of which 75% are preventable. That means \$2.3T per annum is wasted on preventable health care. Way more money wasted than both the food and pharma industries' gross profit together. Yet 52% of the U.S. population is afflicted with some form of chronic metabolic disease requiring chronic medication (driven by ultra processed food, and specifically sugar). And it's not their fault, because they didn't pay to play; the sugar was put there by the industry for its own purposes. And since the amount of money wasted on healthcare (\$13,500 per capita) is way above their food budget (\$5,235 per capita), this constitutes a policy crisis as well. And of course, it's the one subsidized by the U.S. government. So, we pay for it twice. We pay for the food subsidies, and we pay for the ER visits. No wonder health insurance is in trouble.

RFK is now HHS Secretary-Designate, and Trump said "I'm going to let him go wild on health. I'm going to let him go wild on the food. I'm going to let him go wild on the medicines." Will this help health insurance? Only if it helps health. Our group at UCSF modeled out what the savings from lowering U.S. consumption of sugar by 20% or 50%. A huge reduction in mortality and huge savings; but those improvements would only manifest after 3 years of sugar reduction. Even if RFK fixed the Farm Bill (which he can't, that's Congress), and even if he got soda out of SNAP (which he can't, USDA is a different Department), and even if he fixed the NIH, CDC, and FDA to align them with chronic disease prevention, those incremental gains will come painfully slowly, and not realized in this next administration. So, it's either draconian cuts or fixing the ultra-processed food epidemic now. The good news is that the health insurance industry wields a lot of clout in Washington. It's time to use it. It's time to "go wild" on healthcare.

**"Here's the inconvenient truth:**

**you can't fix healthcare until you fix health, you can't fix health until you fix diet, and you can't fix diet until you know what's wrong."**



# KEYNOTE SPEAKER

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**Dr. Robert Lustig** is

*Professor of Pediatric Endocrinology at the University of California, San Francisco. Dr. Lustig*

*has become a leading public health authority on the impact sugar has on fueling diabetes, obesity and metabolic syndrome epidemics, and on addressing changes in the food environment to reverse these chronic diseases.*

*In his New York Times best-selling books including **Metabolica**, **The Hacking of the American Mind**, and **Fat Chance: Beating the Odds Against Sugar, Processed Food, Obesity, and Disease**, Robert documents both the science and the politics that have led to the current pandemic of obesity and chronic disease. In the **Fat Chance Cookbook**, Robert provides practical examples for applying healthy eating principles with recipes by Cindy Gershen.*

*Dr. Lustig has authored 125 peer-reviewed articles and 73 reviews. He has mentored 20 pediatric endocrine fellows and trained numerous other allied health professionals. He provides endocrinologic support to several protocols of the Children's Oncology Group. He is the former Chairman of the Ad hoc Obesity Task Force of the Lawson Wilkins Pediatric Endocrine Society, a member of the Pediatric Obesity Practice Guidelines Subcommittee of The Endocrine Society, a member of the Obesity Task Force of the Endocrine Society, a member of the Pediatric Obesity Devices Committee of the U.S. Food and Drug Administration, a member of the Bay Area Board of Directors of the American Heart Association, and a member of the Steering Committee of Health Foods, Healthy Kids of the Culinary Institute of America. He also consults for several childhood obesity advocacy groups.*

# The Trusted Guide: Navigating Benefits with Confidence and Leadership

By Rob Edel

Regional Vice President for BenefitMall's Central Division

**W**hen it comes to being an insurance broker, there are two ways to approach your business. You can either follow your clients, letting them guide the way while you do your best to meet their needs. Or you can take the reins and lead—anticipating your client's needs before they even realize what they are. So, which strategy do you think works best?

Think of it like navigating through a dense forest. You can either let your clients wander through on their own, hoping they find the right path, or you can step up as their guide, using your expertise to lead them directly to where they need to go. When you take the lead, you clear the path, making the journey smoother, quicker, and more efficient. But when you're always following, you're just trying to keep up, often getting lost in the process.

We're firm believers that brokers should lead their clients whenever possible. Here's how you can do just that:

## 1 : Help Clients Set Priorities

Navigating employee benefits these days is no easy task. It's not just about picking a health insurance plan and calling it a day. Employees today are looking for more—they're interested in everything from emergency income protection to student loan repayment benefits. But let's face it, no employer can offer it all.

This is where you come in. Leading your clients is like helping them pack for a journey. They can't take everything, so you help them prioritize what's most essential. Sit down with them, discuss their options, and help them figure out what's most important.

By guiding them through this process, you're not just helping them choose benefits—you're helping them pack smart for the road ahead.

## 2 : Keep an Eye on Their Budgets

Once you've helped your clients set their priorities, the next step is making sure those priorities align with their budget. There's nothing worse than getting to enrollment time and realizing that last year's benefits blew the budget out of the water. When that happens, employers tend to pull back too much the following year, trying to make up for lost ground.

As a broker, you have a unique opportunity to help your clients avoid that pitfall. Think of it as being their financial GPS, ensuring they stay on course without overspending. You can't force them to stick to a budget, but you can certainly encourage them to do so.

Show them how the right products and services can meet their needs without breaking the bank. Help them see the bigger picture, and they'll be more likely to make balanced, budget-conscious decisions.

## 3 : Encourage Them to See Through the Employee's Eyes

Sometimes, employers struggle to choose the best benefits because they're not thinking like their employees. They're focused on the numbers, the costs, the logistics—but what about the people who will actually be using these benefits?

Here's where you can really make a difference. Encourage your clients to think like their employees. Imagine if you were planning a trip—wouldn't you want to know what your fellow travelers need and want? How will employees afford their portion of the health insurance? Are they likely to take advantage of all the benefits offered? What might be most important to them? This shift in perspective can make a world of difference when it comes to crafting a benefits package that really works.



## 4 : Proactively Seek Out Better Options

Don't let the end of open enrollment be the end of your engagement with clients. The real work begins afterward. Spend the next few months researching and staying on top of industry trends to see how you can make your clients' benefits packages even better.

By proactively searching for new and improved options, you keep your clients thinking ahead. Instead of panicking as the next enrollment season approaches, they'll be prepared and confident, knowing that they're getting the best possible value. Plus, you'll be solidifying your role as their go-to resource for all things benefits-related.

## 5 : Leverage Data to Make Informed Decisions

In today's data-driven world, information is power. Use it to your advantage. Dive into the data to understand what's working and what's not for your clients. Whether it's employee participation rates, cost trends, or satisfaction surveys, the insights you gather can help you refine and optimize their benefits packages.

For example, if the data shows that a particular benefit is underutilized, consider whether it's worth keeping. Or if you notice that employees are struggling with the cost of premiums, it might be time to explore alternative options. By leading with data, you're not just making educated guesses—you're making informed, strategic decisions that benefit everyone involved.

## 6 : Educate and Engage

Don't underestimate the power of education and engagement. Many employers and employees are still learning about the ever-evolving world of benefits. Be the one to guide them through it.

Offer to hold workshops or webinars to explain new benefits or changes to existing ones. Create easy-to-understand materials that break down complex concepts. The more informed your clients are, the more confident they'll feel in their decisions. The more engaged employees are, the more likely they are to appreciate and utilize the benefits offered.

## 7 : Foster a Culture of Innovation

Finally, don't be afraid to think outside the box. The benefits world is constantly changing, and staying ahead of the curve means being open to new ideas and approaches. Whether it's exploring new types of benefits, integrating technology to streamline processes, or finding creative ways to address challenges, fostering a culture of innovation will set you apart from the competition.

Share these ideas with your clients. Show them that you're not just following the trends—you're setting them. By embracing innovation, you'll help your clients stay competitive, attract top talent, and create a benefits package that truly stands out.

## Bottom Line

Stepping into a leadership role is more important than ever. Just like a skilled guide leading a group through uncharted territory, your expertise can help clients navigate the complexities of benefits management. By helping your clients set clear priorities, stay within their budgets, see benefits from their employees' perspectives, and explore innovative options, you position yourself as a trusted partner in their journey.

At BenefitMall, we're here to guide you through each step of this journey. Our team is dedicated to supporting you as you implement these strategies and tackle the challenges of benefits management. By partnering with us, you'll not only elevate your own practice but also set your clients up for long-term success.

### Ready to make a difference?



Connect with the BenefitMall team today, and let's lead the way.



**Rob Edel**  
**Regional Vice President, Central Region**

*Rob Edel joined BenefitMall in 2022 and serves as Regional Vice President, Benefits Central Region, which includes Iowa, Illinois, Ohio, North Carolina, South Carolina, North Dakota, South Dakota, Tennessee, and portions of Georgia and Texas.*

*Rob joined BenefitMall as part of the Mutual Med acquisition where he served as the COO/CFO and minority owner of Mutual Med, starting with the company in 2013. Prior roles at Mutual Med include VP Finance/IT and Controller. Rob took over the day-to-day leadership of Mutual Med in 2018 with a goal of expanding the company geographically. Mutual Med was successful at expanding into five new states from 2019-2021.*

*Before joining Mutual Med, Rob worked at Republic Services, a solid waste management company, in a Management Development Program. Rob is a graduate of Waldorf University with a Bachelor's degree in Business Finance/Banking & Management. He, his wife Miranda, and their two daughters reside in Davenport, Iowa with their yellow lab Wesley. Rob is a Board Member and Treasurer of Jordan's Joy, a local charity, as well as Vice President of the Scott County Catholic School Board. He currently coaches at CrossFit OC3 in Davenport and volunteers coaching his daughter's soccer and softball teams. Rob is an avid hunter and enjoys any time he can spend outdoors.*



# How to Use AI to Find New Business Prospects or Leads

By Cal Broker Mag

**A**s a health insurance broker, you may wonder if there is a way to use artificial intelligence (AI) tools to expand your client base. Learn how AI to use AI to your benefit for help connecting with clients who may have been previously unreachable.

AI can analyze data from multiple sources at once. While it may not be able to tell you which leads are perfect for you or follow up with the leads once you've found them, AI tools can help you do your job faster, more efficiently, and with fewer mistakes caused by human error.



## Reasons to Use AI for Lead Generation

Until now, you may have relied on traditional advertising, social media marketing, and word-of-mouth to grow your client base. Why use AI instead of compiling a database of leads on your own? Consider the following benefits:

### **It saves time and boosts productivity.**

This doesn't mean that these tools are perfect. For example, you wouldn't want to rely on AI to close a deal or enroll a customer in a plan without human input. However, it can decrease valuable time spent on administrative tasks during the initial information-gathering and analysis process.

### **It reduces unnecessary costs.**

Compiling leads may take up much of your time, and you may even assign one or more people in your office to help with the task. With AI, you can reduce the task to a simple search rather than a long, drawn-out process that involves multiple employees.

## How to Use AI to Find and Connect With Leads

Finding new clients is a multifaceted process that involves generating leads, nurturing relationships, and converting conversations into client decisions. You might consider using the following types of AI or integrating these tools into your existing marketing strategies:

**Chatbots:** AI chatbots can serve as helpful customer service agents for potential clients browsing your site. They can help potential clients begin a conversation with your company, direct them to the right person in your office, and even guide them through the preliminary stages of the insurance selection process.

**Email marketing:** Email marketing may sound old-fashioned, but it can be a very useful tool in your kit. Business-to-business sales experts recommend sending marketing emails during traditional business hours — but few insurance professionals have the time to manually send batches of emails. Save time and resources by using AI to draft personalized messages for potential clients. You can also create an automated schedule to deliver these emails at your preferred times.

**Targeted ads:** AI tools can help you create an ad campaign by analyzing your audience, brainstorming content for the ads, and using the data you've gathered to optimize the timing, placement, and cost of the ads.

**Data gathering:** Even if you're unsure how to use the data, AI can be a powerful assistant for data gathering and analysis. It can help you define your target audience, identify patterns, and use predictive analysis to find the best leads for your client base. Lead segmentation: Not all data is created equal. It can be difficult to read mountains of data to determine what the numbers and trends are telling you. Use AI tools to draft your ideal customer profile, including their likely location and whether they're interested in learning more about purchasing a new health insurance plan.

**Analytics:** By using AI to streamline your data, you can identify patterns from the past and make projections for the future. Which campaigns worked before, and which ones wasted time and money? AI can help you determine which leads to pursue and which to leave behind.

### AI & Employee Benefits: Where to Start

Using AI to help streamline a campaign or gather leads may sound great, but where should you begin? In the health insurance space, consider targeting the following groups:

#### Companies with 100 or fewer employees

Though health insurance is usually the top benefit employees seek from their employers, many small businesses are not legally required to offer it. In California, for example, only employers with more than 50 full-time employees have to provide health insurance that offers the minimum essential coverage (MEC).

Declining to offer health insurance to employees, even at an affordable cost, can naturally strain employee-employer relationships and drive employee loyalty downwards. To reach these employers, you might consider creating a targeted campaign with the help of AI tools to identify businesses with 1–100 employees, send personalized emails, and design a chatbot for your site to direct small business owners to appropriate plans based on company size.

## New startup businesses

Startups have gained a reputation for offering low pay, no benefits, and strenuous working conditions. Help responsible startup owners break this stereotype by giving them the opportunity to enroll their new employees in affordable, practical health insurance plans.

This can help these new companies attract and retain the talent they need to grow their business long-term. Start by using AI to search for new business licenses issued within the past year or six months.

### Company names and contact information

Use an analytics management system to aggregate data and find contact information so you don't have to do all the digging for a health benefits contact person at each organization. Platforms like Apollo.io can leverage AI to integrate with tools like Adobe Analytics, Google Analytics, or ZoomInfo.

### Employee Benefits Ranked by the Greatest Need

The benefits employees consider the most important may differ from what their employer's human resources department thinks. Surveys show that most employees prioritize these benefits:

1. Healthcare coverage
2. Life insurance
3. Retirement plans or pensions
4. Paid time off and flexible scheduling
5. Education benefits, such as tuition reimbursement

### Work With AI — Not Against It

If the past two years have provided any prediction about the future of business, it's that AI is here to stay. Acclimating to new technology comes with a steep learning curve, and it may take time, but the benefits of using AI to find new health insurance clients make the effort worthwhile. Take the next step today by leveraging AI tools to find new leads, build relationships, and ultimately connect with new clients.

**“Acclimating to new technology comes with a steep learning curve, and it may take time, but the benefits of using AI to find new health insurance clients make the effort worthwhile.”**

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# Taking On 2025: Healthcare Industry Top 10 Trends

By Blue Whale Apps

**A**s we approach 2025, the healthcare industry continues to evolve at a rapid pace. Having led Blue Whale Apps through numerous transformations in the healthcare tech landscape, I can confidently say that the future looks more innovative, patient-centered, and challenging than ever.

The year ahead will not just bring incremental improvements; it will redefine how care is delivered, how data is managed, and how technology enables more personalized, efficient solutions. For healthcare leaders, staying adaptable and proactive is critical to meet the growing demands of both patients and technology.

Here's a look at the top 10 trends that will shape healthcare in 2025, along with insights on how to navigate these shifts successfully.

**1. Personalized Medicine: Customizing Care for Individuals**  
In 2025, the move towards personalized medicine will accelerate. Thanks to ongoing advances in genetic profiling, artificial intelligence, and wearable tech, we're now closer to providing treatments specifically tailored to an individual's unique genetic makeup, lifestyle, and health data.

- » **Genomic Data:** Predicting patient responses to different treatments using genetic profiles will become more accurate and accessible
- » **Lifestyle Integration:** Using data from wearables and health apps, treatment plans will be fine-tuned for each patient.

**Why It Matters:** At Blue Whale Apps, we continue to develop solutions that enable healthcare providers to customize care at a granular level. Imagine a world where every patient receives treatment based on their unique genetic and lifestyle factors. This is the future of medicine—and it's closer than ever.

**2. Telehealth: Expanding Access and Capabilities**  
Telehealth has solidified its place in modern healthcare, but in 2025, it's set to go beyond virtual consultations. The focus will be on remote monitoring, specialty care, and ensuring healthcare is accessible to everyone, everywhere.

- » **Remote Monitoring:** Devices that track vital signs and chronic conditions will be standard for remote care.
- » **Specialist Reach:** Telehealth will expand into specialty areas like mental health and chronic disease management, increasing access to experts in underserved regions.
- » **Personal Insight:** Having seen the rise of telehealth firsthand, I can attest that it's no longer just a convenience—it's a necessity. We've helped clients incorporate these technologies, making care more flexible and accessible.

**3. AI-Driven Diagnostics: Smarter, Faster, More Precise**  
Artificial intelligence (AI) continues to reshape diagnostics, helping healthcare professionals make faster and more accurate decisions. In 2025, AI will increasingly drive diagnostics in radiology, pathology, and patient data analysis.

- » **AI in Medical Imaging:** Tools that analyze medical images more efficiently than traditional methods
- » **Predictive Analytics:** AI-driven insights to predict health outcomes and intervene before critical issues arise.

**From My Desk:** AI isn't about replacing the human element in healthcare but enhancing it. I've seen how AI can transform care delivery by taking over data-heavy tasks, leaving healthcare providers more time to focus on the patient experience.

**4. Digital Therapeutics: Redefining Treatment**  
The use of digital therapeutics and wellness apps will continue to expand. As these tools become integral to managing conditions like diabetes, mental health, and heart disease, healthcare providers will integrate them more seamlessly into patient care plans.

- » **Behavioral Health:** Digital apps providing therapies like CBT will gain wider adoption.
- » **Chronic Disease Management:** Platforms offering medication tracking and lifestyle tips will become a core part of chronic disease treatment.

**Why It's Exciting:** At Blue Whale Apps, we're creating digital platforms that help healthcare organizations incorporate these tools into their care plans, making it easier for patients to manage their health from anywhere.

**5. Value-Based Care: Focusing on Outcomes**  
The healthcare industry will see a continued push toward value-based care (VBC) in 2025, rewarding healthcare providers based on patient outcomes rather than services performed.

- » **Outcome-Based Payments:** Financial incentives for improved patient outcomes.
- » **Collaborative Care Models:** Healthcare providers working together to offer comprehensive, coordinated care.

**Why We're Involved:** At Blue Whale Apps, we focus on building technologies that enable organizations to track and improve patient outcomes. This shift is critical to ensuring quality care is consistently delivered.

**6. Data Security in Healthcare: Keeping Patient Information Safe**

With the rise of digital health solutions comes the pressing need to safeguard patient data. Cyberattacks on healthcare organizations have increased, and protecting sensitive information will be a top priority for 2025.

- » **Advanced Encryption:** Securing patient data using the latest encryption technologies.
- » **Compliance with Regulations:** Navigating HIPAA, GDPR, and other regulatory frameworks to maintain compliance.
- » **Our Commitment:** Data security is at the forefront of everything we do. At Blue Whale Apps, we've made it our mission to ensure patient information remains secure, implementing cutting-edge solutions that protect healthcare organizations from cyber threats.

**7. Supply Chain Resilience: Planning for the Unexpected**

After the lessons learned from recent global disruptions, 2025 will see an increased focus on building resilient healthcare supply chains. Technology will play a major role in ensuring that supplies are available when needed.

- » **Diversifying Suppliers:** Reducing reliance on single sources of critical supplies.
- » **Digital Tracking Systems:** Implementing blockchain and other technologies to provide end-to-end visibility.
- » **Our Experience:** We've helped healthcare clients implement flexible supply chain solutions that minimize disruptions and ensure patient care continues uninterrupted.

**8. Sustainability in Healthcare: Building a Greener Future**

The healthcare industry is taking sustainability more seriously. In 2025, hospitals and clinics will implement eco-friendly practices that not only reduce waste but also improve operational efficiency.

- » **Energy-Efficient Infrastructure:** New facilities built with sustainability in mind.
- » **Waste Reduction Programs:** Reducing medical waste and increasing recycling efforts.

**Why We're Involved:** Blue Whale Apps is committed to helping healthcare providers adopt technologies and processes that support a greener future, because sustainability isn't just good for the environment—it's good for business.

**9. Wearable Health Technology: Continuous Monitoring**  
Wearable health technology has already made significant strides, but 2025 will bring even more sophisticated devices that allow for continuous health monitoring and improved patient outcomes.

- » **Advanced Wearables:** Smartwatches and other devices that monitor critical health metrics 24/7.
- » **Seamless Integration:** Syncing wearable data with electronic health records (EHRs) for a complete view of patient health.

**From My Perspective:** We're on the verge of a healthcare revolution where wearables provide real-time insights into patient health, leading to faster, more effective interventions.

**10. Health Equity: Ensuring Healthcare Access for All**

The drive toward health equity will gain momentum in 2025. Healthcare organizations will use new technologies, such as telehealth and mobile clinics, to ensure everyone—regardless of location or income—has access to quality care.

- » **Telehealth for Underserved Communities:** Expanding access to remote care for populations with limited healthcare services.
- » **Community Health Programs:** Partnering with local organizations to deliver care to underserved populations.

**Our Vision:** At Blue Whale Apps, we're dedicated to removing barriers to healthcare, developing digital solutions that improve access and make healthcare more equitable for all.

**Conclusion:** Navigating the Healthcare Landscape of 2025

As we move into 2025, the healthcare landscape will continue to evolve, and staying ahead of these trends will be crucial. At Blue Whale Apps, we're committed to helping healthcare organizations adapt to these changes with innovative, patient-focused solutions.

Are you ready to transform your healthcare strategy for 2025 and beyond? Let's work together to navigate the future of healthcare. Contact Blue Whale Apps today to learn how we can help you leverage these trends and deliver better care for your patients and client.



**Pathik Jayani** is the CEO of Blue Whale Apps, a prominent mobile app development firm with clients ranging from Discovery Channel, NBC Universal and Jack Nicklaus to new startups. An Entrepreneur, Technology Strategist and an E-discovery industry consultant with over 15 years of combined experience, Pathik is passionate about designing/developing/implementing custom workflows, best practices and processes that integrate seamlessly and efficiently into client needs in a fully defensible and cost effective manner.



# Can Medicare Brokers Survive the Changing Healthcare Landscape?

By Elka Soussana

Simpler Horizons Insurance Solutions

**“The Medicare landscape is shifting rapidly, and both brokers and seniors are feeling the effects.”**

This has been a hot topic of discussion in our industry over the last quarter—and **who could blame us?** But before diving into why this is such a pressing issue, let's lay the groundwork with a clear understanding of **what we do** and why it matters.

## Agent vs. Broker: What's the Difference?

The distinction is simple:

- A **Medicare agent** works for a single carrier (a “*captive agent*”). They're required to sell only their employer's plans, even if it's not the best fit for the client.
- A **Medicare broker**, on the other hand, is **independent**. Brokers represent **multiple carriers** and tailor their recommendations to the client's needs, offering a much broader perspective.

For seniors overwhelmed by options, this distinction makes all the difference.

## The Work: What It Takes to Be a Medicare Broker

Being a broker is not just about holding a **Life & Health Insurance license**—it's about **commitment, education, and compliance**.

Here's what the job *really* looks like:

### 1. Continuous Training:

Every year, starting in June, brokers spend **hundreds of hours** re-certifying, passing exams, and learning the ins and outs of changing plans and benefits.

### 2. Market Tracking:

Brokers must monitor critical changes, like hospitals dropping plans, doctors leaving networks, and carriers exiting specific territories

### 3. Compliance Overload:

Brokers must maintain client records for **10 years**, record every call, obtain permission 48 hours in advance, and read required disclaimers before even discussing a plan.

### 4. Year-Round Service:

The work doesn't end with enrollment. Brokers assist client's year-round—explaining confusing bills, addressing medication changes, or helping them navigate unexpected coverage issues.

For new brokers, these demands can feel overwhelming. But for those who stay on the course, the rewards come through long-standing relationships and trust built over time.

## Why Medicare?

By 2030, the U.S. Census Bureau projects that the entire baby boomer generation—**73 million people**—will be 65 or older. This creates massive demand for Medicare services and a growing need for guidance.

Medicare brokers offer clarity, unbiased recommendations, and personalized support. Compensation for brokers—particularly in **Medicare Advantage** plans—is regulated and fixed, removing any financial incentive to “steer” clients into specific plans.

It’s not a get-rich-quick business. Success comes from a **slow, steady build** of renewals, trust, and service. Brokers who value the process thrive, while the “chasers”—those chasing passive income—usually exit the industry within a few years.

## The Problem: Work for No Pay?

This past quarter brought unexpected challenges:

### • Commissions Slashed:

Some carriers stopped paying commissions on stand-alone **Prescription Drug Plans (PDPs)**, while others eliminated **renewal commissions** entirely—costing brokers significant annual income.

### • Non-Commissionable Plans:

Brokers were blindsided by plans they could still enroll clients into—but wouldn’t be paid for.

### • Increased Hurdles:

Some plans stopped accepting **electronic applications**, forcing paper enrollments and creating unnecessary delays.

At the same time, seniors faced growing obstacles:

- Networks terminated contracts.
- Plans dropped providers.
- Concierge medicine models rose, further limiting access for seniors dependent on traditional Medicare.

## The Cause: What Changed?

Several factors have led to this disruption:

### • The Inflation Reduction Act (IRA):

The IRA shifted prescription costs beyond the **\$2,000 cap** onto insurance carriers, increasing their financial strain.

### • Lower Medicare Reimbursements:

Providers are receiving **lower payments** for Medicare-covered services.

### • Tough Decisions in Medicare Advantage:

Carriers have responded by reducing **extra benefits**, adding **prescription deductibles**, suppressing plans, or exiting markets entirely.

### • Prescription Drug Plan Shake-Up:

Premiums for stand-alone PDPs have increased an average of **261% year over year**, while some plans have been terminated

### • Medicare Star Ratings:

Lower-rated plans now receive fewer reimbursements, forcing insurers to cut costs or networks.

### • Administrative and Operational Burdens:

Rising costs, delayed payments, and growing prior authorization requirements have pushed hospitals and doctors to drop certain **Medicare Advantage networks** or stop accepting new patients altogether.

## Where Does This Leave Us Moving Forward?

The increasing regulations and compliance measures aim to ensure brokers don’t steer clients into plans based on financial incentives. However, when carriers remove commissions from certain products, brokers are forced into a tough position:

- **Steer clients toward commissionable plans**, even if they aren’t the best fit.

- **Enroll clients in non-commissionable plans**, knowing they won’t be compensated for their time and expertise.

If this trend continues, it’s not just brokers who will suffer—it’s the seniors who rely on us for guidance. Without brokers to help navigate Medicare’s complexities, beneficiaries face confusion, missed opportunities, and costly mistakes.

## So, what can we do to protect the future of our industry?

### 1. Advocate for Change:

Speak to your **local representatives** about the critical role brokers play in helping seniors access the care and coverage they need.

### 2. Support Professional Organizations:

Join groups like:

- **NABIP**  
(National Association of Benefits and Insurance Professionals)
- **NAIFA**  
(National Association of Insurance and Financial Advisors)
- **HAGA**  
(Health Agents for America)

These organizations actively advocate for brokers and the clients they serve.

### 3. Participate in Surveys:

NABIP has recently launched surveys to gather input from both brokers and beneficiaries. **Every voice matters.**

### 4. Raise Awareness:

Reach out to **media outlets** to highlight these challenges and their impact on seniors and the industry.

**Don’t sit on the sidelines.** If we want to protect this industry and the vital services it provides, we all need to take action. Your voice matters—and it **deserves to be heard.**

## The Bottom Line

The Medicare landscape is shifting rapidly, and both brokers and seniors are feeling the effects. For brokers, this means working harder amid uncertain pay and increasing compliance demands. For seniors, it means navigating a shrinking pool of providers and more confusing options without the trusted support they need.

While not every broker will continue to work without compensation, those of us who remain committed to the mission recognize the value we bring. The role of a **Medicare broker** is more essential than ever—to **provide guidance, advocate for seniors, and cut through the noise of a system that continues to evolve.**

Moving forward, protecting our industry and ensuring seniors have access to reliable support will require all of us to step up, speak out, and work together for change.



**Elka Soussana**, the driving force behind *Simpler Horizons Insurance Solutions*, a thriving senior general agency boasting over 100 independent agents. Currently serving as the Vice Chair for the CAHIP-LA Medicare board and as an advisor for the Foundation for Senior

Services, Elka is a respected figure in the insurance and senior services sectors. Since making her mark in the Medicare space in 2012, she has skillfully navigated its complexities, ensuring both her agents and the seniors they serve can make informed choices.



# The Key Technology Investments to Make at Each Stage of Agency Growth

By **Kelsey Rosauer**

Director of Marketing, AgencyBloc

**I**n today's digital landscape, embracing the right technology for your insurance agency is crucial for staying competitive and boosting profitability. This article from AgencyBloc explores the must-have technologies for insurance agencies of all sizes, from startups or 1-person operations to larger organizations, enabling you to make informed decisions that drive efficiency and success.

## The State of the Insurance Agency Technology Today

The health and benefits insurance industry is experiencing rapid growth and transformation, driven by technological advancements, changing customer expectations, and ever-evolving regulations. These demands are felt by organizations of all sizes.

Consider these insights:

- In 2022, the number of insurance agencies and brokers in the U.S. reached 927,600, up from 886,600 in 2021, indicating consistent industry growth. (CLARO INSURANCE)
- Modern customers demand personalized interactions, with 80% more likely to purchase from

insurers offering tailored advice. (CLARO INSURANCE)

- Medicare agents face heightened regulatory requirements, including stricter compliance standards for client interactions and documentation under CMS guidelines. This has amplified the need for robust tech solutions to manage workflows and maintain compliance.

These trends highlight the necessity for insurance agencies to invest in technology to remain competitive and meet evolving market demands. Today, the average insurance agency has *11 solutions* within its tech stack to:

- Automate processes
- Personalize client experiences
- Analyze data to drive revenue
- Manage business operations
- Track and process commissions

And often many more.

But a cluttered tech stack can create inefficiencies and data silos. The goal? Build a connected system that grows with your agency.

Let's take a look at the most impactful technologies agencies should adopt at each stage of growth.

## Insurance Agency Tech for Single Agents & Small Agencies

As a single agent or smaller insurance agency (or one that's just getting started), you're building the foundation for long-term success. Implementing the right technology can transform your operations, making processes more efficient and paving the way for sustainable growth. Impactful areas to invest in technology at this stage include:

- **CRM or AMS:** Manage leads, clients, and policies with an agency management system (AMS). Starting with an AMS sets you up with clean, scalable processes.
- **Automation:** Save time by automating repetitive tasks like onboarding, policy renewals, and client reminders.
- **Reporting:** Use dashboards and analytics to track performance and make data-driven decisions.

## CRM or AMS?

Investing in a system to help you manage leads, track client interactions, and maintain relationships is critical. Tools like AMS or CRMs (Customer Relationship Management) can help.

What's the difference between an AMS and a CRM? While similar to a CRM, an AMS goes further by tracking policies, carriers, commissions, and other insurance-specific data.

Unlike generic CRMs, AMS platforms are designed specifically for insurance agencies.

An AMS should be the backbone of any agency, regardless of size. Starting with an AMS early on ensures clean data practices and provides tools to drive growth effectively.

## Automation for Efficiency

Early-stage or single-person agencies often struggle to find time to focus on business growth due to client demands. Automation can solve this by handling repetitive tasks, freeing up time for activities like lead nurturing.

Clients expect quick responses—delays in responding to inquiries can hurt your reputation. Many AMS platforms, like AgencyBloc's AMS+, offer built-in automation tools to streamline workflows and boost efficiency. Key features include:

- **Workflow Automation:** Automate tasks like onboarding, renewals, and milestone communications.
- **Retention Tools:** Strengthen client relationships with automated messages for birthdays and other life events.
- **Policy Updates:** Notify clients about renewals, changes, or terminations.
- **Activity Dashboards:** Track and prioritize tasks efficiently.

Automation saves time, reduces errors, and enhances customer satisfaction, improving productivity and retention. With automation, you free up some time to actually work on your business versus just in it.

## Business Reporting

For small businesses, reporting is crucial to pinpoint growth opportunities, allocate resources wisely, and measure success effectively. By prioritizing business reporting, you create a solid foundation for growth.

However, single-person agencies and startup agencies don't have a lot of extra time to spend manipulating spreadsheets. To grow, these agents need tools like dashboards and custom reports that do the tracking for them so they can spot trends and make data-driven decisions.

## Mid-Sized Insurance Agency Technology

As your insurance business expands, the demand for advanced technology solutions increases. Mid-sized agencies encounter distinct challenges that call for an emphasis on more in-depth automation, tailored AMS or data access controls, and improved reporting tools to sustain efficiency and support continued growth.

## Automation for Scaling Operations

Robust automation tools are essential for mid-sized agencies to support growth. These agencies need to automate the same

tasks as smaller organizations but at a larger scale and with greater visibility. For example, sales managers may need to monitor communications between agents and prospects to evaluate their effectiveness, while customer service representatives may need access to agents' activity, workflows, and key client details to handle inquiries efficiently.

By implementing such tools, agencies can enhance collaboration while freeing up time for high-value activities. Adopting workflow automation software that integrates with existing systems helps streamline operations and minimize manual errors, paving the way for efficiency as your business grows.

## Customizable Data Access by Department or Team

As your team grows, managing access to sensitive client information and specific areas of your AMS or other tools becomes critical. Role-based access controls in your AMS ensure team members can only access the data and systems relevant to their roles. This boosts security without sacrificing operational efficiency.

By implementing these controls, your agency can also streamline workflows by creating teams within the AMS, assigning leads or tasks collectively, routing and assigning leads, and improving overall visibility.

## Advanced Reporting for Data-Driven Investment Decisions

One pain point of any business in the middle of its growth journey is identifying the right time to invest in more resources or technology. Reporting tools help mid-size agencies make these decisions. By tracking key metrics and analyzing trends, agencies can refine strategies and allocate resources effectively.

Invest in an AMS or CRM that provides real-time analytics and generates reports, utilizing the data already being tracked and worked on daily.

Ultimately, for mid-sized agencies, it's important to invest in technology that supports your growing team and helps you make informed decisions on how to continue to grow the business profitably.

## Large Insurance Agency Technology

As your insurance business expands and matures, investing in key technologies becomes essential to help your team collaborate effectively with the same data, onboard and manage new hires, meet growing customer demands, and achieve annual revenue goals.

## Large-Scale Automation

Automation is essential for agencies of all sizes, and larger agencies are no exception. Every department—marketing, sales, customer service, and beyond—should leverage automated workflows to handle daily repetitive tasks and support growth initiatives like prospect nurturing and customer renewals.

For larger agencies, maintaining an automation "log" is crucial to track all automated communications sent across departments.

This helps you monitor for list fatigue or information overload, ensuring a seamless and positive customer experience. Keeping the client journey in focus is vital for driving retention and long-term success.

Consider an AMS that provides the automation tools all of your departments need so that tracking the various automated communications and activities becomes easier.

## Integrations Between Systems

For agencies of all sizes, integrations between systems are important, especially when it comes to quoting tools and your AMS. Using technologies (like an AMS and quoting solutions) that integrate seamlessly is essential to ensuring efficiency, accuracy, and a cohesive workflow.

Integrations allow data to flow effortlessly between systems, eliminating redundant manual entries and reducing the risk of errors. It ensures all departments—from sales to customer service—have access to consistent, up-to-date information, making it easier to track interactions, manage policies, and address customer needs proactively.

## Processing Commissions for Complex Payout Structures

Advanced commission processing technology is essential for insurance agencies of all sizes, especially when managing multiple agents and complex payout scenarios. Quickly tracking revenue and identifying missed commissions becomes critical for agencies handling multiple carriers, coverage types, and agents.

Agencies using a solution like AgencyBloc's Commissions+ report a 75-95% reduction in processing time, making it an invaluable tool for streamlining operations, boosting accuracy, and driving profitability.

## The Ultimate Insurance Agency Tech Stack

And there you have it—a guide to driving your insurance agency's growth with strategic tech investments. Whether you're just starting out or managing a large operation, there's always an opportunity to enhance your technology.

It's not about chasing the latest trends but focusing on tools that truly impact your business. Start small, measure the results, and build from there. The insurance landscape is evolving rapidly, and adopting the right technology will keep you ahead of the curve.



**Kelsey Rosauer,**  
**Director of Marketing**  
**at AgencyBloc,** the #1  
Recommended Insurance  
Industry Growth Platform  
in the health, benefits, and  
senior insurance space.

As a Level C Certified Brand Strategist, Kelsey focuses on the strategic direction of the AgencyBloc's brand and marketing initiatives as the company evolves. Kelsey's passion lies in working with others to create powerful brand moments in the midst of marketing noise.

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# 15 Relationship Marketing Strategies for 2025

By Bill Cates, CSP, CPAE

Author of *The Language of Referrals & Radical Relevance*

Every study I've ever seen in the financial services industry demonstrates that the number one way a prospect would prefer to meet you is through a recommendation from someone they already trust. Build your business based on borrowed trust. Therefore, these strategies and tactics all fall under the umbrella of relationship marketing (arranged under five categories).

## Communicating Your Value

Your ability to communicate relevant and compelling value that's tailored to your ideal clients is fundamental to marketing success.

### 1. Narrow is almost always better.

From a marketing messaging standpoint, the narrower the market the better – the more relevant and compelling the message. If you have more than one market, segment your marketing.

### 2. Be clear on the bullseye(s) within your target.

Determine one, two, or three bullseyes within that market (often called "avatars" or personas). Develop your personas using demographic and psychographic descriptors. Clear intentions produce clear results. Vague intentions produce vague results.

### 3. Focus on clear and critical challenges.

Your message will always be more effective when you address problems, they know they have and that they deem critical.

### 4. Be clear on the aspirations and goals.

Your prospects' aspirations, goals, and opportunities are the flip side of the same coin. When you help them solve their concerns and challenges, they open up to the more positive side of things. While solving problems is a stronger driver for most prospects, helping them reach their goals is also important. Let your message address both.

### 5. Communicate benefits of your differentiation.

Never assume that a prospect will immediately see the benefit of what makes you different. Always draw a straight line between your differentiation (the feature) and how it will impact your clients (the benefit.)

### 6. Bring your value to life with case studies and anecdotes.

Without revealing the names of your clients, you can follow this story formula:

- » The client's concern or problem and how they felt about it.
- » The solution you provided.
- » The result of that solution and how the client now feels about it.

**Your success stories are your biggest marketing asset!**

## Networking

Business networking is not just about going to events.

Business networking involves building relationships with individuals, businesses, and organizations to gain exposure, expand knowledge, and create opportunities. This can be done by attending events, joining online platforms, and participating in professional organizations.

Effective networking focuses on providing value to others, such as sharing information, giving referrals, or offering support.

The goal is to create mutually beneficial connections that foster partnerships, collaborations, and professional growth.

### 7. Find the right networking groups for you.

There are many organizations designed to help the members provide each other with leads, referrals, and introductions to prospects. Some groups don't have the types of members who feel comfortable making recommendations to financial professionals.

You also need to be *super referable*. These potential influencers need to have a solid grasp of your full value. They need to be educated about who you serve the best, how to recognize those folks, and how to execute an effective introduction. Use case studies and anecdotes to foster referability.

## 8. Become productive at networking events.

- Work the registration table at events. You'll meet many of the members as they sign in. Chat with them a bit. It becomes easier for you to approach them later.
- Attend with a colleague or a friend. Encourage each other and brag about each other
- Find other ways to volunteer that will get you in front of people, such as distributing literature, helping with the food, and being helpful to the event's speaker.
- Join the Membership Committee. You'll meet all of the new members. Bring a giving nature and they'll never forget you.
- Join the Fundraising Committee. If the group has such a committee, now you are in front of people with money. Some of them will be curious about you and your work.
- Always follow up on your promises. Be the type of person that people like to do business with.
- Be patient. It can often take time for this activity to produce tangible results. On the other hand, don't waste your time with a group that isn't a good match.

## Presentation Opportunities

Presenting valuable content to a group of prospective clients is a tried-and-true business development strategy.

## 9. The 3 Goals of a Presentation

- **Educate** – Bring relevant and compelling information.
- **Entertain** – Don't tell jokes, just be lively and encourage some humor.
- **Embolden Action** – Always recommend the next action step. Never assume, direct.

## 10. Get Referred In

Whenever you engage your prospects, clients, and influencers in a conversation about possible introductions, don't forget about exploring presentation opportunities. This is often an easier introduction for this person to make because they're not dealing with personal financial matters.

## LinkedIn

I often joke that the only people making money using LinkedIn are the folks teaching others how to make money on LinkedIn. Slowly but surely, that's beginning to change. Some advisors/brokers are now able to draw a straight line from their activity on LinkedIn to tangible results.

## 11. Dos and Don'ts of Relationship Marketing with LinkedIn

- Don't use generic messages that you copy and paste without personalizing your message.
- **Do** look at their profile to find something in common or interesting.
- **Don't** come on too strong and offer yourself as a resource too soon.

- **Don't** ask stupid questions like, "How are you doing?" or "What keeps you up at night?"
- **Do** use LinkedIn in conjunction with your target market – your messaging will be more relevant and more compelling.
- **Do** look at your clients' and influencers' LinkedIn connections and identify candidates for potential introductions. Increase your odds by looking at who endorsed them or folks in the same company or same industry.
- **Do** let your clients and influencers know that you would like an introduction.
- **Don't** do the introduction through the LinkedIn platform; use email, 3-way calls, and/or in-person introductions. Getting this off of LinkedIn tends to produce better results.

## Referrals & Introductions

The fastest way to move from incremental growth to exponential growth is to multiply your best clients.

## 12. Become Super Referable

- There is a low correlation between *satisfied* clients and the giving of referrals. *Satisfied* clients are loyal, and they often give lip service to providing referrals. *Engaged Clients* provide referrals and make introductions.
- From the minute you meet a new prospect – and throughout the entire lifetime of the relationship – continue to reinforce and strengthen the *value connection* and the *personal connection*.

## 13. Promote Introductions

While promoting introductions should never be confused with actually asking for introductions, this activity does serve a purpose.

Things you might say:

- *I'm never too busy to see if I can be a resource for someone else you care about.*
- *I believe in the important work that I do and am always looking to bring my value to others, to help them make educated financial decisions.*
- *Don't keep me a secret.*
- *Teach others how you would handle their willingness to recommend you to others. Everything will always be confidential, and you will make sure you work together with them to create an introduction where everything feels comfortable every step along the way.*

## 14. Ask for Introductions

The good news is that you can ask for introductions without pushing, begging, or looking like that "creepy referral guy." I've been writing, teaching, and demonstrating this for 30 years. Here's the formula that works – meaning – it produces results and NEVER hurts a relationship.

## My V.I.P.S. Method™.

**V Value Discussion** – Check in to ensure expectations are in line and value is being recognized.

**I Importance** – Treat the request with importance through your confidence and not rushing.

**P Permission** to Explore / Discuss / Brainstorm – Make sure they are open to the conversation.

**S Suggest** (Specific) Names & Categories – Come prepared.

## 15. Secure Effective Introductions

Referrals are worthless unless you've been effectively connected to your new prospect. As you know, it's difficult to get through to prospects. An effective introduction is the best solution we have to address this challenge.

- You're not done with the "referral" until you've negotiated an introduction to the prospect.
- Have a favorite method but be flexible to what your introducer thinks will work the best.
- Discuss what they are going to say and how the prospect might react.
- Discuss a time frame so you know when to nudge the introducer if necessary.
- Gently remind the introducer. If they keep stalling, see if they've changed their mind.

*I sincerely hope that this brief guide has given you some specific action steps. And remember, ideas will not make you more successful. Only taking action on those ideas will bring you the success you desire.*



**Bill Cates, CSP, CPAE,** works with financial advisors to speed up their growth without increasing their marketing budget. Advisors tap into Bill's proven process to multiply their best clients through

introductions from advocates and Centers of Influence, communicate their value proposition more effectively, and create a reputation in a profitable target market. Bill helps advisors move from push prospecting to magnetic marketing – to attract more Right-Fit Clients™.

Bill is the author of 3 best-selling books, *Get More Referrals Now*, *Beyond Referrals*, and *Radical Relevance*. Bill's newest book, *The Language of Referrals* was released in March of 2024. He is the founder of *The Cates Academy for Relationship Marketing™*, was named the #1 *Financial Advisor Influencer* by Indigo Marketing, and is the host of the acclaimed *Top Advisor Podcast (www.TopAdvisorPodcast.com)* – now ranked in the Top 5% of podcasts worldwide

# Cal Broker Subscribers May Qualify for a Tax Credit

By GigWorker Solutions

*California Broker Media* stands with our subscribers in their effort to build and grow their businesses.

Our Mission is to provide subscribers to our media the resources and education our they can choose to use to become stronger advocates for their clients and grow their business.

With this in mind, we were approached by a loyal subscriber to bring an opportunity to our subscribers. This opportunity is outlined below and applies to all independent agents operating as solo agency owners, 1099s, and sole member LLCs, commonly referred to as Gig Workers.

The opportunity is for Calbroker subscribers to learn about the *Self-Employed Tax Credit (SETC)* program which, if they qualify, they receive a credit not a loan. So, this article serves to bring this information to subscribers to make them aware of the opportunity, see if they qualify, and discover what possible amount they would receive when they file.

**Be aware of the timeline to submit for the SETC as application deadline is coming in April 2025.**

The importance of this program is that it will likely impact over 50% of our subscribers. The impact is on the thousands of subscribers operating as licensed brokers as solo member LLCs, or the many subscribers paid as 1099 independent contractors by the insurance carriers. With so many doing business in this manner this program could be financially viable to a vast number of subscribers, so we hope you will be able to learn more.

## Background Information Provided By Gig Workers Solution

*Gig Worker Solutions (GWS)* has built the leading program to help individuals learn more and qualify for the SETC. *GWS* industries leading online pathway that makes it simple to access the SETC and see if one qualifies.

**In a few minutes of your time you can possibly unlock up to \$32,200 in Reserved Government Funds with the Self-Employed Tax Credit.**

If you were self-employed during 2020 and or 2021 and felt the impact of COVID-19 on your work and your ability to earn was impacted, you may be eligible for up to \$32,200 individually and up to \$64,400 for both self-employed couples and filing jointing for 2020 & 2021.

## [Learn More About Qualifying-](#)

The SETC Program provides a tax credit for self-employed individuals impacted by qualified COVID-19 disruptions as outlined in the **Families First Coronavirus Response Act (FFCRA)** and the **American Rescue Plan Act (ARPA)**.

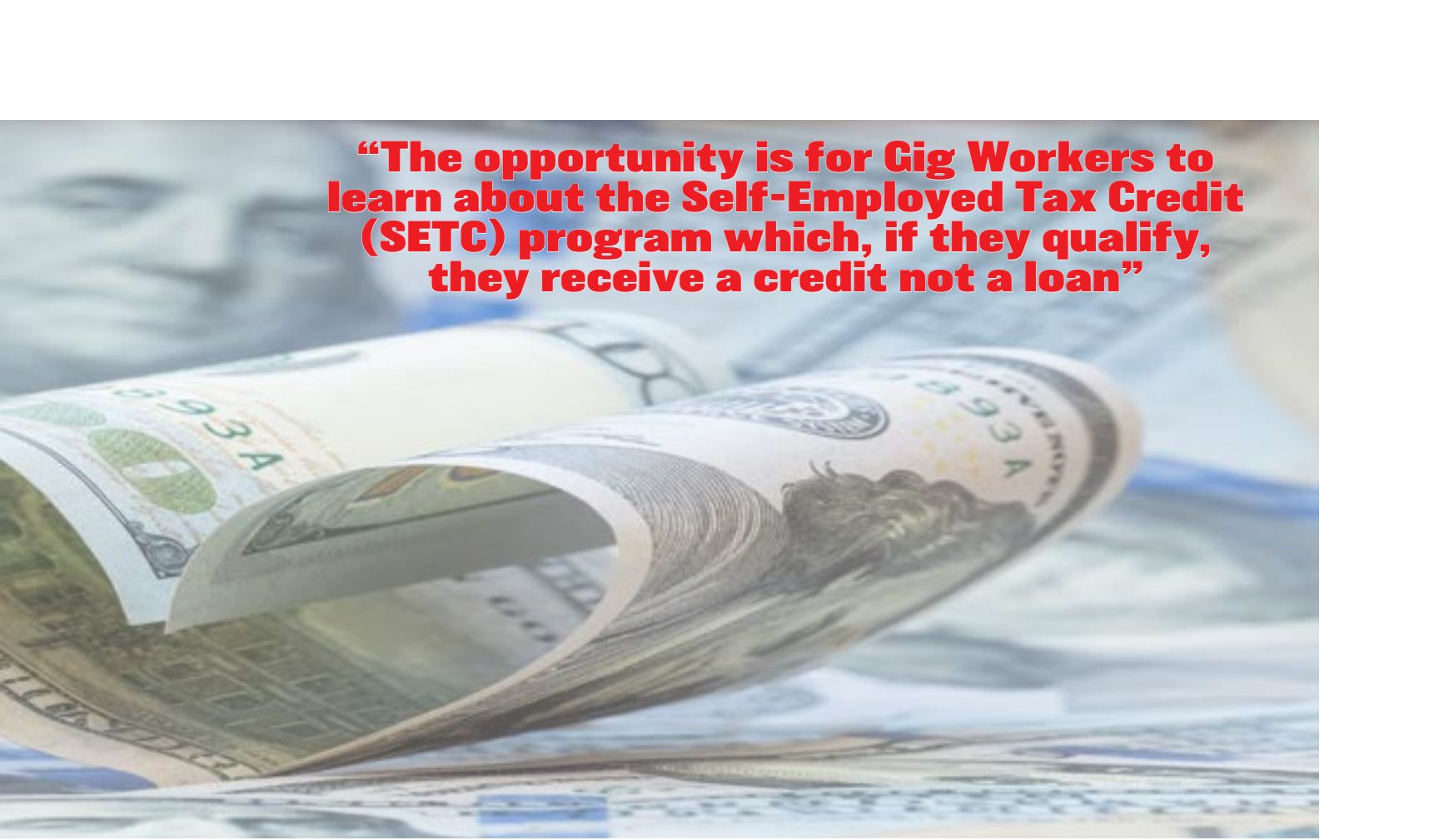
**This isn't just any credit; it's a credit designed specifically for the hard-working self-employed professionals that are the backbone of our economy! You and some of your clients may qualify too.**

When we learned about the SETC we wanted to make sure you would have the opportunity to see if you qualify. As a valued subscriber to California Broker Media, we want to make sure you don't leave this money on the table. This credit was created to support self-employed individuals like you during the COVID-19 pandemic and the funds are still available.

**For 2025 you can use this money to grow your business, pay down debt, or acquire the resources necessary to bring more service and support to your clients in 2025 and beyond.**

*Cal Broker Media* is collaborating with *GigWorker Solutions (GWS)*, the nation's leading SETC processor. GWS has processed over 90% of SETC claims to date helping self-employed workers get their refunds quickly and securely. GWS's exclusive partnership with financial institutions allows us to even issue advance payments on your refund—so you can get your money faster.

You only have until April 18th to claim your credit so please check to see if you qualify and for how much.



**“The opportunity is for Gig Workers to learn about the Self-Employed Tax Credit (SETC) program which, if they qualify, they receive a credit not a loan”**

### [Check My Eligibility Now](#)

#### **Unlock up to \$32,200 in Reserved Government Funds with the Self-Employed Tax Credit**

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You only have until April 18th to claim your credit. Check your eligibility in a few minutes!

### [Check My Eligibility Now](#)

**Claim Your Hidden Treasure:  
Join the thousands of other self-employed who claimed theirs!**

#### **HOW THIS WORKS**

The government has set aside millions in tax credits for self-employed individuals like you, affected by the COVID-19 pandemic. But here's the thing—they didn't make it easy to find out about it. To the point where most accountants did not (and still do not) know this exists! In 2023, we discovered this hidden treasure, and since then, we've partnered with Anchor Accounting Services to create a seamless experience to return over \$450 million to self-employed professionals.

Gig Workers (1099's) were the most impacted group of workers during the pandemic and were widely left out from other programs like PPP, ERC, & EIDL. We are proud to have created the leading resource to compliantly and securely determine your eligibility and submit your filing with the IRS. Over 40 million of the current 76 million plus gig workers are potentially eligible. We hear you, we see you, and we are here for you!

#### **Key Eligibility Criteria**

##### **1. Self-Employed Status:**

If you were self-employed in 2020 and/or 2021, you could potentially qualify for the SETC. This includes sole proprietors who run businesses with employees, 1099 subcontractors, and single-member LLCs. If you filed a "Schedule C" on your federal tax returns for 2020 and/or 2021, you're on the right track.

##### **2. COVID Impacts:**

Whether you battled COVID, experienced COVID-like symptoms, needed to quarantine, underwent testing, or cared for a family member affected by the virus, the SETC could be your financial relief. If the closure of your child's school or daycare due to COVID restrictions forced you to stay home and impacted your work, we're here to help.

**GigWorker**  
SOLUTIONS

[Questions, please click here!!](#)



# Mastering the Self-Funding Objection

By Jason Dutra

**"I have this conversation often, always with a similar mindset.**

**I'm not here to tell anyone that self-funding is not a solution.**

*I'm here to show why self-funding is an incomplete solution that should be part of a larger one."*

*“I have the assets to self-fund my long-term care.”*

*“My advisor has told me that I can self-fund my long-term care.”*

These are objections that even the most successful long-term care specialists fear. I can completely understand why.

The self-funding objection generally comes from affluent prospects and clients, who, in many cases, actually do have the means to self-fund a long-term care claim. Generally, they are planning to self-fund using market accounts. They usually have relationships with financial advisors that they trust implicitly, who are telling them the same thing. It's a hard objection to argue with- so don't!

I have this conversation often, always with a similar mindset. I'm not here to tell anyone that self-funding is not a solution. I'm here to show why self-funding is an incomplete solution that should be part of a larger one.

Here are some tips I have to offer should you encounter an objection to LTCi rooted in self-funding.

### **Avoid Confrontation and Inspire Collaboration**

The most powerful response to a prospect that says they have the means to self-fund is **“I believe you, and I agree.”** Arguing the point is going to cause a lot of frustration, because in many cases, they are technically right. They could *self-fund*.

Obviously, the conversation doesn't stop there, but you've immediately acknowledged the prospect's ability to self-fund rather than doubting or arguing with it. Once you're there, you can start to talk about how you can collaborate to find the most efficient solution.

### **Communicate Why Insurance Can Be a Better Deal**

Remember, your goal is not to tell the prospect that they shouldn't be doing some sort of self-funding, or that they can't self-fund. Your goal is to show the prospect that insurance is likely a better deal. You need to be able to explain why insurance should be part of the plan, and the possible risk involved with a plan that is fully self-funded using the market. Here are a few good talking points.

### **Compare the Leverage**

In any good financial plan, we want to make our financial contributions help us as much as possible toward our specific goal. It's a good idea to compare the performance of long-term care insurance to a market account at an assumed rate of return.

Show the same amount of money being contributed to the market account as the projected LTCi premium. Let the numbers do some of the talking for you.

### **Timing Risk**

Timing is a big risk that is presented when putting all of your LTC planning dollars into the market. Perfectly timing both when you will need care, and what shape the market will be in when you need it, is rather impossible. If an extended care event were to take place, and we were in a down market, we would still need that money for long-term care now. What that creates is a scenario where we would be forced to sell our assets low, breaking one of the simplest cardinal rules of investing.

Moreover, if we were in a situation where we had an extended care event early in life, in the first few years after we put our plan in place, our market account may not have had time to grow to an amount that would provide substantial value to us. Long-term care insurance is immediately leveraged and would oftentimes provide far more financial relief than 1-3 years of market growth.

### **Taxation Risk**

This is not the case for all self-funding vehicles, but it's still good to keep in mind. Many market accounts that a prospect could use for self-funding could be taxed when you draw money from them, eroding your overall value received when you need it most. Long-term care insurance benefits are received tax-free. If there's anything that is a thorn in the side of high net-worth individuals, it's taxes, and offering solutions that avoid them is always appreciated.

### **Summarize**

If you've done a good enough job laying out your talking points, you can confidently make the statement that fully self-funding your LTC costs in the market represents an overpay. High net-worth individuals generally get to the position they're in by efficiently earmarking their money for each individual purpose, and not overpaying to do so. The best statement I've ever heard to sum this up is, “I'm not sure what level of wealth it takes to become comfortable with intentionally overpaying for things.”

### **Why Not Use Both?**

Staying in line with a non-confrontational sales strategy, once you've done the job of showing why insurance can be a good deal for long-term care funding, you should recommend a strategy that combines your strategies together.

Insurance, though highly leveraged, can be costly. Communicate that most clients are not funding 100% of their long-term care risk with insurance, either. It's either not economically realistic for them, or they just plain don't want to.

Educate the client on the cost of care in their area. Once they have an idea of how much they might have to pay for an extended care event, ask them what percentage they would be comfortable funding using the insurance company's checkbook, and what percentage they would be comfortable funding using their own. Collaborate with them. This is their plan, after all.

### **In Short: Education and Collaboration Wins**

Hopefully, the approach that I've outlined for you will help you to win some of these difficult cases. This strategy provides benefit to the prospect, the advisor, and of course, to you as the specialist.

The prospect is empowered by their education and has a more efficient plan that they feel good about. They also now have a long-term care professional by their side should things go south.

The advisor protects themselves against large amounts of legacy AUMs being taken out of their control by an extended-care event.

You, if you've done a good job, may also have gained a new client, and potentially a new referral partner in the advisor.



**Jason Dutra**

*Jason is Director of Partner Success for BuddyIns. He shares the tools and processes that each partner needs to make their experience*

*with BuddyIns a positive one. As an LTC insurance specialist, Jason's experience and vital interaction with partners are often some of the first impressions of BuddyIns, so he approaches the hybrid role of tech innovator and onboarding advisor as a privilege.*

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# How to Sell Your Health Book of Business, And Never Run Out of Money in Retirement

By Phil Calhoun



**S**tart with the idea that you need to make sure you are ready to sell. “Too many times we collaborate with a broker who seems ready to sell. Then they report the reasons they are done with the business which often includes: No more AEP or no more Open enrollments for Groups, or BOTH!” states Danny Wexler.

But when brokers think deeper about the impact of the post-sale, they start considering two things.

First is how they will miss the enjoyment of helping clients find a health plan. This work as a client advocate is rewarding and post-sale these experiences will no longer occur and be missed.

Second, many active brokers considering their exit via a sale of their book of business are genuinely concerned about how to cover their expenses throughout retirement. We find that far too often many health brokers are not prepared to make their savings and “future” income work for them throughout retirement.

With proper planning solutions, brokers can move from a place of uncertainty to a place of confidence, making the concern about running out of money in their retirement a non-issue. Our team includes subject matter experts (SME) in tax and financial planning who are available to collaborate with the broker on their income plan in retirement.

This includes reviewing their assets, needs, and how to make use of the funds from the sale of health commissions to actually build a what we call a Complete Retirement Plan.

“*The Complete Retirement Plan* addresses the Seller’s assets, then we factor in advanced tax and financial solutions, and finally we help build a plan for the Seller to use the appropriate tools we know can address the legal, financial, and tax areas” states Tony Di Bernardo. SME are professionals who come together to assist the Seller to uncover and then apply opportunities that fit the Seller’s individual needs. The result makes a significant difference for Sellers as we address the sales proceeds and account for personal assets and retirement income needs for a personalized solution.

#### **So back to the *WHY* sell question.**

With a *Complete Retirement Plan* brokers have a solid financial plan, now the *WHY* Sell decision moves to the Seller to address their personal concerns. Sellers often focus on selling and need to consider how they will stay “busy” they can seek new opportunities either in the insurance industry or outside the industry. Of course, it is important to address health concerns and market conditions which may speed up or delay a sale.

**It is not how much a Seller is paid for their book of business, It is about how much they keep after taxes.**

*“What we want to help Sellers with next is to deal with the fact that more effort is needed on the variety of objectives the Seller has leading up to the sale.”*

Suggests Danny Wexler. The keys to most sales are how to maximize sale price, consider when or the timing and IF a quick exit is necessary or could be your friend, and is the Buyer willing to consider a tax efficient payout to the Seller over time. Some Sellers may desire ways to stay active and grow revenues that lead to enhancing their payout after a sale. “All of this work is really an afterthought as the **Complete Retirement Plan** needs to be built before the work is done to implement the Commission Purchase Agreement between Seller and Buyer. Then we execute our commission transfer plan, and finally, we launch the client relationship and retention plan.” Suggests Tony Di Bernardo.

## KNOWING YOUR OPTIONS

Education comes into play when health insurance brokers consider their future exit. From selling to staying active with a **Commission Protection Plan**, decisions come down to timing of the exit. Sellers need to know they have options to successfully address many concerns when working through the planning process. Once a broker is aware of the options, they can logically weigh their options to find the best solutions to fit their personal planning needs. A thoughtful review of options enables Sellers to move forward, address concerns, and settle in on the actual sale of the book of business. There is always stress when looking to plan for the future, however, the stress is manageable with proper planning for you, your clients, and your future Buyer when working with a team of SMEs.

## WHY PLANNING IS VITAL

Knowing that over 50% of all business exits are **NOT** Voluntary should lead to planning to protect commissions. Please do not be one of the colleagues we often hear about who have intentions to plan but did not get a comprehensive plan done and left significant money on the table when one of the Five D’s outlined below occurred.

- **Death**
- **Disability**
- **Divorce**
- **Distress**
- **Disagreement**

The **BIG FIVE** non-voluntary issues above, need to be addressed in the planning process. Note that 50% of the sales of businesses include closing down a business without any sale. This happens when health brokers pass away without a plan, their commissions usually go up in smoke. Unfortunately, 58% of all business owners do not have any planning work done.

Many of the health brokers we speak with are also in this category, with no exit plan yet. The next group only have an informal plan, this comprises 31% of all business owners. “Health brokers with an informal plan will lose their commissions and leave their survivors without the income they hoped to receive.” States Danny Wexler. This leaves 11% with a formal exit plan.

**Be part of the 11% who have a written exit plan.  
Protect your commission in all life events,  
congratulations!**

## STAYING ACTIVE? USE A COMMISSION PROTECTION PLAN

Much of our planning work focuses on collaborating with **Active Brokers** who want to stay active, this is viable and we use a **CPP** in these situations. “The key to staying active is to not only address the protection of commissions in all life events with a CPP, but to provide the planning assistance that SMEs can offer to support the Seller with solutions that will help the Seller design their **Complete Retirement Plan**. This plan will make their retirement income outlast their life and provide a legacy for loved ones.” Suggests Tony Di Bernardo.

The **CPP** allows an **Active Broker** to stay active, do business as usual, and address the concerns ALL broker face if one of the FIVE D’s happen.

Our **CPP** works to protect 100% of commissions in **ALL** life events.

## SUMMARY

We have outlined ideas to address concerns about selling a book of business or staying active. The Commission Protection Plan was introduced for brokers not ready to retire but in need of commission protection. In all cases, ready to sell or staying active, it is suggested to consider developing a plan to improve retirement income so you will not outlive your retirement savings. The key is to know your options to make wise choices ranging from when to sell to how to make use of your retirement time. We introduced two Subject Matter Experts (SME) and suggested how important it is to position current assets in a tax advantaged way and how advanced planning can combine the proceeds and personal assets into a Complete Retirement Plan that is designed to work tax efficiently and enhance the broker’s income in retirement.

*Special thanks to Tony and Danny for their contributions as subject matter experts in the legal and financial industries to address advanced planning with our clients and subscribers through this article.*



**To learn more about commission planning options go to  
[www.commission.solutions](http://www.commission.solutions)**

Call for a no obligation 15-minute call to get answers to your next step to build your plan. “Click Here”



**Phil Calhoun**, is owner and publisher of California Broker Magazine. Phil also is a leader in coaching health insurance professionals. He is an active member of several insurance associations including the California Association of Health Insurance Professionals (CAHIP) and local chapters in Orange County, Los Angeles, San Diego and Inland Empire Health Insurance Professionals. He attends many state and local California chapter meetings.

Phil’s book, “**The Health Broker’s Guide: To Protect Grow and Sell Commissions**” is available free at

[www.healthbrokersguide.com](http://www.healthbrokersguide.com)

He offers complementary 15-minute coaching sessions.

To schedule a phone call “Click Here”

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California Broker Media stands with Gig Worker Solutions, in our effort to build and grow their business.

We have been approached to help independent agents operating as solo agency owners, 1099s, and sole LLC members, commonly referred to as Gig Workers. The task is to make sure these individuals are aware of the Self Employed Tax Credit (SETC) program which may provide a benefit to qualifying solo agency owners who apply and are accepted. Problem is the timeline is coming for applications to expire for the SETC. With over 50% of our subscribers operating as licensed solo brokers it made sense to provide information about the SETC.

Gig Worker Solutions has built the pathway to access the SETC information, do a preliminary search to see if they qualify and learn the estimated credit based on their tax return, and pursue this credit without fees until they are paid. We want to bring you this opportunity if you qualify.

### WERE YOU SELF-EMPLOYED IN 2020 OR 2021?

The Self-Employment Tax Credit (SETC) could mean a refund of up to **\$32,220 for you**, and we can help you get it before the holidays!

California Broker has partnered with GigWorker Solutions, to bring you the nation's leading SETC processor, handling over 90% of claims with speed and security. They've helped thousands of self-employed individuals claim their refunds quickly, and even provide advance payouts so you don't have to wait for your money.

#### Here's why you should act now:

- 1 Holidays are expensive.
- 2 Time is running out. Filing deadline is April 18.
- 3 It only takes 5 minutes to check your eligibility.

Imagine starting the holidays with financial peace of mind. Let's get started today! [▶](#)



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