

## HHS: 2M Americans will be insured on Jan. 1

Kelly Kennedy, USA TODAY 3:49 p.m. EST December 31, 2013



(Photo: Susan Walsh, AP)

### Story Highlights

- Enrollment surged as Dec. 24 deadline approached
- Numerous problems held enrollment back in October and November
- Congressional Budget Office says 7 million new customers needed by end of 2014

WASHINGTON — More than 2 million Americans will start the new year with private health insurance they didn't have before, Health and Human Services Secretary Kathleen Sebelius said Tuesday. "Tomorrow, Jan. 1, will be a new day in health care for millions of Americans," Sebelius said. "More than 2.1 million people have enrolled in an insurance plan through the marketplace."

More than 4 million people have also enrolled in Medicaid, Sebelius said, adding that "we expect those numbers will continue to grow over time."

The announcement capped three months of frustration, finger-pointing and scrambling for the Obama administration and its political opponents following the Oct. 1 opening of the federal and state health insurance exchanges at the heart of the 2010 Affordable Care Act. Despite assurances from Sebelius

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and other officials, the federal exchange was plagued by numerous outages and glitches and only a "tech surge" of consultants and industry experts got the website working as advertised by Nov. 30. Those problems have left HHS far behind the projection by the Congressional Budget Office that the exchanges need to enroll 7 million new private insurance customers by the end of 2014 if the market is to work.

Despite those problems, Sebelius emphasized the positives Tuesday and touted changes that will start Wednesday.

For example, she said, beginning Jan. 1, insurers may no longer preclude people from buying insurance because of pre-existing conditions; they may not charge older people much-higher premiums than younger people; they may not charge women more than men; and they must share pricing and benefits information to their consumers in a meaningful way. People have until March 31 to buy private insurance and avoid paying a penalty for not having health insurance.

Sebelius said the administration is committed to making sure people realize they need to do more than enroll in health insurance to be covered: They also have to pay their insurance premiums. Drugstore chains CVS and Walgreen's have said they'll provide transitional prescription coverage if a person can show proof they have enrolled, Sebelius said.

Still, Sebelius made several recommendations for people to make sure they had, in fact, enrolled in a plan:

- Call the insurer and ask.
- Get a copy of an insurance card with the new plan's information. Or, call and ask for that information.
- Pay the first premium by the day it's due. Depending on the state in which a person lives, some deadlines for paying the first premium have been extended.
- Make sure necessary doctors and pharmacies are within your network before trying to fill a prescription or make an appointment.
- If you don't know if you're enrolled or have information for your insurer, call HHS's call center at (800) 318-2596.

Phil Schiliro, senior adviser to the White House, said officials have been working with pharmacies and providers to make sure there's as little problem in the Jan. 1 transition as possible.

Enrollment in both the state and federal exchanges surged the last week of December to meet a Dec. 24 deadline to gain coverage beginning Jan. 1. Enrollments started at fewer than 1,000 a day in October, rose to 3,800 a day in November and rose again to about 40,000 a day in December. As the deadline approached, as many as 100,000 people signed up a day.

About 83,000 people were able to use the site at a time Dec. 23, much more than the 25,000 officials said it could handle after announcing it had been fixed at the end of November.

New York and Washington also announced their numbers this week. As of Dec. 24, 168,999 New Yorkers had enrolled in private plans through the exchange, and 61,625 had signed up for Medicaid. Since then, enrollment has continued to go up, with 175,146 in private plans and 66,376 in Medicaid as of Monday.

As of Dec. 23, more than 65,000 Washington residents had enrolled in a private plan.

# Medicare to Cover More Mental Health Costs

By JUDITH GRAHAM December 27, 2013

For decades, older adults with depression, anxiety and other psychological conditions have received unequal treatment under Medicare. The program paid a smaller share of the bill for therapy from psychiatrists, psychologists or clinical social workers than it did for medical services. And Medicare imposed strict lifetime limits on stays in psychiatric hospitals, although no such limits applied to medical care received in inpatient facilities.

There was never a good rationale for this disparity, and in 2008 Congress passed the Medicare Improvements for Patients and Providers Act. The law required Medicare to begin covering a larger share of the cost of outpatient mental health services in 2010 and to phase in additional increases over time.

On Jan. 1, that process will be complete, and for the first time since Medicare's creation seniors who seek psychological therapy will be responsible for 20 percent of the bill while Medicare will pay 80 percent, the same percentage it covers for most medical services. (Payment kicks in once someone exhausts an annual deductible — \$147 next year.)

In 2008, Medicare covered 50 percent of the cost of psychological treatment. Last year, it covered 65 percent.

The Medicare change follows new regulations issued last month by the administration for the Mental Health Parity and Addiction Equity Act, which expanded the principle of equal treatment for psychological illnesses to all forms health insurance. But that law does not apply to Medicare.

"Hopefully, older adults who previously were unable to afford to see a therapist will now be more likely to do so," said Andrea Callow, a policy lawyer with the Center for Medicare Advocacy.

But parity under Medicare remains incomplete, and hurdles still stand in the way of older adults receiving services. A 190-day lifetime limit on inpatient services at psychiatric hospitals is the most notable example. There is no similar cap on any other inpatient medical services provided through Medicare.

"It's just an arbitrary cap that targets people with serious mental illnesses who need care," Ms. Callow said.

Are mental health services covered under Medicare otherwise on equal footing with medical and surgical services? And do Medicare Advantage plans — private, managed-care-style arrangements that serve more than 14 million elderly people — apply the same sort of controls to mental health that they do to medical and surgical services?

Sadly, no one knows. "There are no analyses of this issue that I'm aware of," said Ron Manderscheid, a leading expert on mental health care and the executive director of the National Association of County Behavioral Health and Developmental Disability Directors.

By far the largest group of Medicare beneficiaries needing mental care have psychological conditions such as minor depression that, while painful, can be treated successfully and are not permanently disabling. But the move toward parity may not help many of them, because the law does little to remedy a lack of access to appropriately trained professionals.

“There are a lot of mental health providers out there, but very few have training to work with older adults,” said Dr. Gary Kennedy, director of the division of geriatric psychiatry at Montefiore Medical Center in New York City. And there is little incentive for that to change, because Medicare reimbursement rates are relatively low, given the amount of time providers spend with patients.

A study published this month in JAMA Psychiatry reported an alarming trend: a nearly 20 percent decline in the number of psychiatrists willing to accept new patients covered by Medicare between 2005 and 2010. Just over half of psychiatrists (54.8 percent) reported being willing to take payments from Medicare in 2010, potentially compromising care for the elderly.

What is needed to bring adequate mental health care to more older adults? Kimberly Williams, director of the Geriatric Mental Health Alliance in New York City, suggests that Medicare should pay more to providers who care for psychologically troubled homebound seniors. A wider range of therapists with varying levels of training should be approved to deliver services, she said.

And Medicare should pay for much-needed coordination between primary care doctors and psychiatrists, psychologists or social workers – something that rarely happens at present.

What problems have you observed with Medicare’s coverage of mental health? And what kinds of changes do you think are necessary?

# Health law may hit midsize businesses hardest

Jayne O'Donnell, USA TODAY December 31, 2013

***A key tax hits firms that are fully insured, making self insurance look more attractive***



(Photo: Handout)

## Story Highlights

- New tax and fee hits small and midsize employers in 2014
- Some say premiums are spiking unnecessarily; insurers disagree
- More companies likely to move to self insurance

The new year will bring tough new health care decisions for many businesses, especially those that are too small to easily absorb new costs and too big to think about dropping coverage, experts say. These midsize businesses, particularly those with 50 to 200 workers, are having the toughest time affording escalating health care costs, says Nancy Taylor, a health care lawyer with Greenberg Traurig.

"I'm most worried about them," she says.

Federal regulators define small businesses for the purposes of the Affordable Care Act as those with 50 or fewer employees, so a midsize company by some definitions could be one 51 or 1,000 or more workers. A mandate for businesses with 50 or more employees to provide insurance to all full-time employees was delayed for a year. But businesses are already bracing for 2015.

Three ways midsize employers are feeling it:

**•Taxes and fees.** Most of the largest employers are self-insured, which means the companies cover employees' claims, while insurance companies help administer the plans. Starting in 2014, businesses that are fully insured -- as opposed to self-insured -- will be hit with an \$8 billion tax that is estimated to add 2%-3% to premiums for each covered employee. This tax is expected to increase every year for the next several years. By 2018, it's expected to be about 4%. A so-called reinsurance fee of \$63 for every person covered by a plan also kicks in for the new year.

These additional costs have prompted employers to add restrictions such as dropping coverage for working spouses who can get benefits at their own companies.

**•Premium increases.** A November survey of more than 2,800 employers by consulting firm Mercer showed health cost growth slowed among employers of all sizes. For those with 10-499 employees it rose by about 1%, while among very large employers -- those with 5,000 or more employees -- it rose 3.7%. Most employers expected costs to go up more in 2014, in part because fewer employees will waive coverage due to the new mandate that everyone have insurance.

But some midsize employers saw 20%-30% premium increases this year, says Russ Carpentieri, an insurance broker with Opus Advisory Group in Rye Brook, N.Y. He acknowledged many large increases can be negotiated down.

Insurers "are so super conservative right now that they're exploiting the opportunity and pricing up dramatically," Carpentieri says. "There's no rhyme or reason; it's not like there is such increased risk in healthcare."

But Robert Zirkelbach, spokesman for trade group America's Health Insurance Plans, say "premiums are not set arbitrarily" and are closely regulated by state and now federal officials. "Health care costs continue to increase every year," Zirkelbach says. "Premiums reflect those underlying cost increases."



Sam Smith, president of the California Association of Health Underwriters, speaks at a news conference in Los Angeles Dec 2, 2013. California has opened an online insurance exchange for small businesses, with questions looming about how many employers will sign up and whether rates could climb.(Photo: Nick Ut,AP)

•**Challenges getting insurance.** It's becoming increasingly hard for some midsize businesses to even find insurance carriers willing to cover them. As insurance premiums and deductibles rise, many lower-paid employees are opting out of insurance and insurers often require a certain level of employee participation to take on companies, Taylor says.

These and other factors may combine to persuade more smaller- and medium-size employers to turn to self-insurance, says Sandy Ageloff, health and group benefits leader for the Southwest with benefit consulting firm Towers Watson. Companies see it as a way to "mitigate the cost impact of the Affordable Care Act," Ageloff says.

In a fully insured marketplace, insurers dictate price and companies have little control over the design of their plans, Carpentieri says. A midsize company might pay a major insurer \$1 million a year, have low claims and still face a 15% increase the following year, he says.

Self insurance can save money for employers and employees, but it adds a lot more risk and potentially a lot more cost, especially if several employees at smaller firms develop costly health conditions. That could lead the companies to shift more costs onto the workers in the form of higher premiums and cost sharing.

"While a new year comes with promise, 2014 may prove to be a challenging one for midsize employers as they continue to navigate health care reform, exchange options and health care cost increases, which often impact them the most," says Craig Maloney president of health care services company Univeris. "The confusion will require innovation on multiple levels to enable employers to help employees and their families."



# New Year's Resolutions: 7 Surefire Ways to Keep Them

By Sarah B. Weir, Shine Senior Writer



You made some resolutions. Now what? (Getty Images) It's easy to make New Year's resolutions. And it's even easier to break them. According to research published in the *Journal of Clinical Psychology*, nearly half of all Americans set goals for the upcoming year, but only 8 percent achieve them. However, there are lots of ways to increase your odds of success.

**Hang tough for two months.** It's commonly believed that it takes 21 days to form a habit, but there is no hard evidence to back up that number. Instead, researchers found that it can take between 18 and 254 days to make a new behavior become automatic. The average time, however, was 66 days. Counting from January 1, aim to consciously stick with a routine until at least March 7.

**Organize yourself for success.** If you didn't think about your resolutions until late on Dec. 31 after quaffing a few glasses of Champagne, chances are you didn't prepare in advance to implement them. A 2012 study found that people who stuck with their goals organized themselves to face fewer temptations on a daily basis. For example, before you embark on your diet, clear out the holiday leftovers, stock the kitchen with healthy food, and devise a reasonable eating plan.

**Set specific goals.** Aiming to put \$50 a week in your savings account or lose one pound a week is more effective than endeavoring to "save money" or "lose weight." Being focused on a specific aim helps you develop a clear road map.

**Make your goals realistic.** According to John Norcross, PhD, a professor of psychology at the University of Scranton and a behavior change expert, "Grandiose goals beget resignation and early failure." Instead of overreaching, revise your target upward as you make progress.

**Use the buddy system.** Enlist friend or family member to support you. Being accountable and having someone to encourage you can make all the difference in your ability to stick with your plan when your willpower starts to wane, usually around the end of January, according to Norcross. If you can afford it, you can outsource your support system by hiring a personal trainer, nutritionist, or other expert to help you achieve your goals. There are also plenty of cheap and free apps to keep you motivated.

**Go public.** Like using the buddy system, making your goals public keeps you accountable. Whether it's quitting smoking or writing a poem a week, you can state your goals to friends or find a wider group through social media or Internet forums.

**Track your progress regularly.** Research shows that people who weigh in daily are more likely to lose weight and keep it off, and the same principle is true for the benefits of keeping track of other types of progress. In a column for the *New York Times*, John Tierney, co-author of "Willpower: Rediscovering the Greatest Human

Strength" writes, "Self-monitoring is vital to any kind of resolution," and points out that fitness-focused tools, such as Fitbit wristbands or the personal-finance tracker Mint.com make it easier than ever to do so.

And if you fall off the wagon? Don't give up. Research has shown that skipping a day of your desired behavior won't reduce your overall chances of achieving your goals. In fact, according to Norcross, about 70 percent of people who experience a slip-up become more resolved to succeed.



## Ask a veteran about government health insurance: Column

Pete Hegseth December 23, 2013

***The way benefits are handled by the Department of Veterans Affairs can tell us something about government health care.***



(Photo: Matt Detrich, The Indianapolis Star)

### Story Highlights

- Hundreds of thousands of America's veterans have suffered at the hands of VA's bureaucracy.
- A third of vets in need of mental health services wait more than two weeks for exams.
- Most VA health claims are still handled on paper.

Charles Skipper is an American hero. A retired member of the Army, he served in Vietnam from 1967 to 1968. A battlefield injury cut short his tour of duty, which earned him two Purple Hearts, a Bronze Star and a lifelong battle with post-traumatic stress disorder.

But you wouldn't know that he's a hero by the way he has been treated by the Department of Veterans Affairs. Six years after filing a disability claim, he's still waiting for resolution. Those years have been filled with paperwork, unfulfilled promises and a bureaucratic mess.

Skipper's experience is not unique. Many veterans have suffered at the hands of the VA, where the federal government is both the middleman and the manager of their care.

Now he has a warning for America: "If you really want to know what Obamacare is going to be like, just look at the VA system."

### A larger role

True, the government owns the VA hospitals while Obamacare gives the federal government a larger role in overseeing the private health care system. But anytime the government gets involved, patients can expect delays, technological shortcomings and unreliable service.

The VA's biggest problem is its inability to process disability claim payments. There are roughly 700,000 claims pending. Of that number, a half-million have been backlogged for more than 125 days. Some have been backlogged for over two years.

The VA's attempts to fix this problem have not worked. While the backlog of first-time claims has slightly declined since April, the number of appealed claims has shot up. Rep. Jeff Miller, R-Fla., the chairman of the House Committee on Veterans' Affairs, fears that the department is "simply moving

some backlogged cases from one queue to another" to artificially depress the backlog. Overall, the agency has processed 100,000 fewer claims than it promised for fiscal year 2013.

The VA suffers from the same problem as HealthCare.gov: technological ineptitude.

The VA still handles the majority of its claims process via paper, leading to inefficiency and delays. Attempts to modernize its system have also faced the bureaucracy's steadfast opposition to change. The VA's dysfunction can even mean the difference between life and death. More than a third of veterans in need of mental health services wait more than two weeks for exams, while 22 veterans commit suicide every day. Even scheduling a mental health appointment by phone can be a hassle. This summer, the VA hospital in Portland, Ore., had queues of 50 people and hour-long holds.

### **Promises, promises**

Every year, too many veterans die of cancer and other diseases because VA waited too long to diagnose or treat them.

It's important to note that the VA, for all its faults, serves a necessary purpose. Many veterans praise the care they receive, even if it can be inconsistent. But as any veteran will tell you, the government's promises are empty until they're fulfilled.

Now veterans aren't alone. Under Obamacare, 5 million Americans have had their health insurance canceled despite President Obama's promises to the contrary.

Washington should take note. Attempts to give the federal government more control of the nation's health care system are a fool's errand. Veterans know this all too well.

*Pete Hegseth is the CEO of Concerned Veterans for America and an Army veteran of Afghanistan, Iraq, and Guantanamo Bay.*

## Senior caregivers help other seniors

Aging baby boomers create need for services



**Caregiver Warren Manchess, left, laughs with Paul Gregoline and Paul's wife, Mary, as they work on a puzzle in Noblesville Ind. Burgeoning demand for senior services like home health aides is being met by a surprising segment of the workforce: other seniors. Darron Cummings/AP**

By **Matt Sedensky** Associated Press Mon Jan 6, 2014

NOBLESVILLE, Ind. — Paul Gregoline lies in bed, awaiting the helper who will get him up, bathed and groomed. He is 92, has Alzheimer's disease and needs a hand with nearly every task the day brings. When the aide arrives, though, he doesn't look so different from the client himself — bald and bespectacled.

"Just a couple of old geezers," jokes Warren Manchess, 74, the caregiver.

As demand for senior services provided by nurses' aides, home health aides and other such workers grows with the aging of baby boomers, so are those professions' employment of other seniors. The new face of America's network of caregivers is increasingly wrinkled.

Among the overall population of direct-care workers, 29 percent are projected to be 55 or older by 2018, up from 22 percent a decade earlier, according to an analysis by the Paraprofessional Healthcare Institute, a New York nonprofit advocating for workers caring for the country's elderly and disabled. In some segments of the workforce, including personal and home care aides, those 55 and older are the largest single age demographic.

### Tough jobs

"I think people are surprised that this workforce is as old as it is," said Abby Marquand, a researcher at PHI. "There's often people who have chronic disease themselves who have to muster up the energy to perform these really physically taxing caregiving needs."

Manchess came out of retirement to work for Home Instead Senior Care after caring for his mother-in-law, who, too, had Alzheimer's and whom he regarded as his hero. The experience, though taxing, inspired his new career.

Three days a week, he arrives at Gregoline's house, giving the retired electrician's wife a needed break. He carefully shaves and dresses his client, prepares breakfast and lunch, cleans the house and quickly remedies any accidents. He does the laundry and swaddles Gregoline in a warm towel from the dryer, reads him the sports page and sometimes pulls out dominoes or puzzles to pass the time.

Manchess has worked for Gregoline for about a year, and the men are at ease around each other. Past aides to Gregoline have been in their 20s, but Manchess says he thinks his age is an asset.

"Age can be an advantage," he said, pointing to the common conversation points and life experience, including his own health troubles and aches and pains that can come with age. "We hit it off pretty well. Maybe I didn't seem to be too much out of the ordinary."

## Source of income

Around the country, senior service agencies are seeing a burgeoning share of older workers. About one-third of Home Instead's 65,000 caregivers are over 60. Visiting Angels, another in-home care provider, says about 30 percent of its workers are over 50. And at least one network, Seniors Helping Seniors, is built entirely on the model of hiring older caregivers.

Like most occupations, some of the growth in older caregivers is driven by the overall aging of the population and the trend of people working later in life. But with incredibly high rates of turnover and a constant need for more workers, home care agencies have also shown a willingness to hire older people new to the field who have found a tough job market as they try to supplement their retirement income.

The jobs are among the fastest-growing positions in the U.S., but are also notoriously physically demanding, with low pay and high rates of injury. Manchess has had spinal surgery and says he's especially careful when vacuuming. He's not sure how many years he'll be able to continue this work, and he acknowledges it can be tough.

## 'Takes its toll'

"Halfway through my shift, I'm a little weary myself," he said. "It takes its toll."

Manchess had worked as an Air Force pilot, then in real estate, then as a school bus driver, before becoming a professional caregiver. As Gregoline contentedly nibbles on his ham sandwich, Manchess wraps up his shift, turning reflective when considering his life's careers.

"I think this is about as rewarding, if not more rewarding, than any of them," he said.

## SOME FIND HEALTH INSURERS HAVE NO RECORD OF THEM

BY TOM MURPHY AND RICARDO ALONSO-ZALDIVAR ASSOCIATED PRESS JAN 9



AP Photo/John Miller

INDIANAPOLIS (AP) -- Record-keeping snags could complicate the start of insurance coverage this month as people begin using policies they purchased under President Barack Obama's health care overhaul.

Insurance companies are still trying to sort out cases of so-called health insurance orphans, customers for whom the government has a record that they enrolled, but the insurer does not.

Government officials say the problem is real but under control, with orphan records being among the roughly 13,000 problem cases they are trying to resolve with insurers. But insurance companies are worried the process will grow more cumbersome as they deal with the flood of new customers who signed up in December as enrollment deadlines neared.

More than 1 million people have signed up through the federal insurance market that serves 36 states. Officials contend the error rate for new signups is close to zero.

Insurers, however, are less enthusiastic about the pace of the fixes. The companies also are seeing cases in which the government has assigned the same identification number to more than one person, as well as so-called "ghost" files in which the insurer has an enrollment record but the government does not.

But orphaned files - when the insurer has no record of enrollment - are particularly concerning because the companies have no automated way to identify the presumed policyholder. They say they have to manually compare the lists of enrollees the government sends them with their own records because the government never built an automated system that would do the work much faster.

"It's an ongoing concern," said Robert Zirkelbach, a spokesman for the industry trade group America's Health Insurance Plans. "Health plans can't process enrollments they haven't received from the exchange."

Julie Bataille, communications director for the federal health care rollout, disputes the industry's view.

"We have fixed the issues that we knew were a problem, and we are now seeing nearly zero errors in the work moving forward," she said.

A federal "reconciliation" team, including technicians, deals directly with more than 300 insurers to resolve signup problems, she said, while the government's call center has caseworkers to help consumers directly.

Insurers use the term "orphan" for the problematic files because they are referring to customers who have yet to find a home with the carrier they selected. The files have cropped up since enrollment began last fall through HealthCare.gov. The site was down an estimated 60 percent of the time in October.

Since then, the front-end interaction between customers and the website has largely been fixed.

But insurers worry that the back-end problems will grow more acute as they process the wave of customers who signed up at the end of 2013. More than 2 million people had enrolled by the end of the year, either through HealthCare.gov or state-run websites.

Aetna spokeswoman Susan Millerick said orphaned files were "manageable over the short term." But she added that manually comparing enrollment files will not work over the long term and that the federal website needs a permanent fix to eliminate the possibility of orphaned files.

Bataille said the administration is working the issue with every tool at its disposal, from software fixes to picking up the phone and calling insurers.

Among those who got lost in the paperwork confusion was cancer survivor Sharon Van Daele of Tucson, Ariz., who went back and forth between her insurer and the federal government for more than a week after her confirmation failed to arrive. Unable to get answers, she said it felt as if she had fallen into a black hole.

She started the year worried she was uninsured even though the HealthCare.gov website told her on Dec. 22 that she had successfully enrolled.

"I made all the deadlines, and then I tried to make my payment, but they wouldn't take it," said Van Daele.

Her case was finally resolved after an official from the federal Centers for Medicare and Medicaid Services contacted Van Daele directly, following an Associated Press inquiry to the agency's Washington press office.

Van Daele is in remission following treatment for a type of blood cancer. Her previous coverage lapsed Dec. 31, and she started getting nervous when nothing for her new coverage arrived in the mail.

"My husband told me I shouldn't leave the house," she said.

Insurance industry consultant Bob Laszewski said he expects to hear more reports about orphaned files as patients begin to seek health care or start worrying about insurance cards that have not arrived.

"As we go through the month, you bet this is going to be a problem," he said.

Improving weather also could turn up more orphaned enrollees. The year started with a blast of freezing weather that settled over much of the U.S. Those conditions usually keep people indoors and out of the health care system unless they absolutely have to use it.

Laszewski and other insurer representatives say orphaned files exist largely because the government allowed people to sign up without first guaranteeing the technology would work.

Insurers say it usually takes a few days for a customer's file to reach them after they enroll through the exchange. People who still do not receive their insurance cards and introductory packet after that should call insurers first for help.

If the insurer has no record of them, they must contact the government for help.



# That Thing You Do All Day May Cut Your Life Short

By Elise Solé, Shine Staff | Love Your Body



photo: CorbisAnyone with an office job can attest to that achy, crampy, stir-crazy feeling of being stuck sitting at your desk all day. What you may not know is that sitting all day can also be deadly, even if you work out regularly, according to the results of a forthcoming study conducted by Cornell University.

The study of 93,000 women found that those who are sedentary the longest during waking hours die earlier than those who are more active. In fact, women who logged 11 hours of sitting time had a 12 percent increase in premature mortality from causes such as cardiovascular disease, coronary heart disease, and cancer by 13, 27, and 21 percent, respectively.

Sitting wreaks havoc on your health because, when your body stops moving, that causes a decline in metabolic activity and chips away muscle mass, increases insulin resistance (which can lead to diabetes), and, over time, can lead to obesity. Not to mention, it wrecks your posture.

"Even if you don't sit for 11 straight hours, brief periods of inactivity can add up," lead study author Rebecca Seguin, assistant professor of nutritional sciences at Cornell University, tells Yahoo Shine. "Let's say you sit at a desk for eight hours — bathroom and lunch breaks included — then sit on the subway for 20 minutes, sit to eat dinner, and lie on the couch for a few hours. That can easily amount to 11 hours of sedentary time."

The study also found that the effects of constant sitting weren't that different for super-active people. Even those who hit the gym for an hour (even two!) a day faced almost the same odds of premature death as those who didn't work out.

And while the research was conducted on post-menopausal women, Seguin says the results are applicable to women of all ages, especially since muscle mass begins to decrease at age 35.

Of course, there's not much you can do about a job that requires you to talk on the phone, type away at your keyboard, or stay hunched over spreadsheets all day, but making small adjustments in your day can add up to big changes.

For starters, request a stand-up desk at work, specifically one that comes with a higher chair, so you can sit periodically and be at eye level with your computer. If your office doesn't allow it, you could always make your own — stack books on your desk and rest your computer on top.

Or, indulge in more breaks, a notion people tend to resist in our 24/7 connected world. But simply taking five can actually boost productivity. One recent study published in the journal *Cognition* found that people who took two brief breaks within a 50-minute period were more focused and stimulated by their tasks at hand. "One way to stop feeling guilty about taking breaks is to stop thinking of them as 'breaks' think of them as being and as crucial as any other task," suggests Seguin.

Another idea: If you have a private office or a semi-private cube (or even if you don't!), try pacing, marching in place, or — if you use a wireless headset — lifting dumbbells during phone calls. And use a bathroom on a different floor of the office and take the stairs to get there. "It sounds like a pain, but how much longer will it take you — two extra minutes?" says Seguin.

It's worth it!

# Moody's downgrades health insurers, citing Obamacare

## Warns of 'unstable and evolving regulatory environment'

By Tom Howell Jr. The Washington Times Thursday, January 23, 2014



Rep. Fred Upton, Michigan Republican (Associated Press)

### VIDEO:



Runtime: 01:26 Young People Sign Up for Obamacare in DC

<http://www.washingtontimes.com/video/staff-exclusives/young-people-sign-up-for-obamacare-in-dc/>

### Story Topics

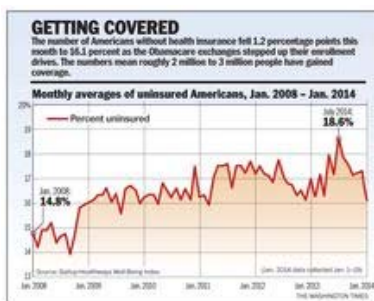
The nation's health insurers have been damaged by the shaky Obamacare rollout, a top credit-rating agency said as it downgraded the industry's outlook Thursday — even as new numbers suggested President Obama's health law is showing some successes.

Moody's Investors Service analysts said Thursday that the administration's repeated changes to the rules and problems with getting younger Americans to sign up for the new insurance "exchanges" make it difficult to know if health insurers will end up with the customer base they need to make the economics of Obamacare work out.

But at least in the immediate term, the law does appear to be helping more people gain coverage, according to the Gallup-Healthways Well-Being Index, which showed the rate of uninsured dropped 1.2 percentage points in January, falling to 16.1 percent of the U.S. population overall.

Private insurance options and Medicaid coverage kicked in for millions of people on Jan. 1, the same day the "individual mandate" requiring almost all Americans to hold insurance took effect.

The new numbers "show that the law is working," White House adviser David Simas said.



But excitement over the numbers was dampened by Moody's, which downgraded its outlook for U.S. health care insurers from "stable" to "negative," citing uncertainty stemming from Obamacare.

The White House has changed the playing field on the fly in recent weeks to ameliorate the consequences of the law, after an estimated 4 million to 5 million Americans lost existing plans that did not comply with Obamacare standards. The move came on top of other last-minute changes, such as a decision in July to delay the so-called employer mandate from 2014 to 2015, or after the midterm elections.

Moody's said those changes have unsettled the marketplace.

"While all of these issues had been on our radar screen as we approached 2014, a new development and a key factor for the change in outlook is the unstable and evolving regulatory environment under which the sector is operating," Moody's said. "Notably, new regulations and presidential announcements over the last several months with respect to the [Affordable Care Act] have imposed operational changes well after product and pricing decisions had been finalized."

Republicans opposed to the new national health care law seized on the report.

"Moody's latest downgrade is further evidence that the president's health law is not the right prescription for reform," said House Energy and Commerce Committee Chairman Rep. Fred Upton, Michigan Republican.

"Health care should be about providing peace of mind, not generating costly rules and regulations that foster an environment of tremendous uncertainty and confusion."

Vice President Joseph R. Biden singled out "peace of mind" as one of Obamacare's top advantages in a speech Thursday to health care advocates in Washington.

He said part of the White House's objective "is not only to make sure you have adequate health care, it's to give people peace of mind, for a mom or a dad to be able to turn around and say with confidence when they look in their child's eye when they're sick and say, 'Honey, it's going to be OK.'" But doubts about the law linger, even as Moody's survey noted.

"In 2015, insurers will need to deal with the implications of the employer mandate and the second year of the individual mandate," Moody's said. "Both require substantial lead time with respect to product development and pricing. Ad hoc changes to these provisions, as experienced at the end of 2013, would add additional risks and financial uncertainty."

# No Obamacare penalty for few in some niche government plans: IRS

WASHINGTON Thu Jan 23, 2014



A man looks over the Affordable Care Act (commonly known as Obamacare) signup page on the HealthCare.gov website in New York in this October 2, 2013 photo illustration.

(Reuters) - The Obama administration on Thursday said people enrolled in some small, government-sponsored healthcare plans will not face a penalty under Obamacare in 2014, even though their coverage does not meet the healthcare reform law's minimum requirements.

In proposed rules released by the Internal Revenue Service, the administration said narrowly defined government coverage including programs limited to family planning or tuberculosis-related services through Medicaid do not meet minimum essential coverage standards.

Ordinarily, President Barack Obama's Patient Protection and Affordable Care Act would require someone who lacks minimum coverage to pay a penalty.

But the IRS is proposing that individuals in certain plans pay no penalty for failing to have minimum essential healthcare for this year. These individuals may be eligible for a premium tax credit to get healthcare coverage on a state or federal health insurance marketplace, the proposed rules said.

The exemption includes people deemed medically needy due to crippling healthcare costs, enrollees in special Medicaid demonstrations and military personnel enrolled in programs with limited eligibility.

The announcement comes on the heels of an administration decision to offer hardship exemptions to people who had their individual policies canceled last year because they fail to meet Obamacare's standards for minimum coverage. That decision was part of the administration's response to a public outcry that devastated Obama's poll numbers and worried Democratic lawmakers.

But Thursday's proposed rules, which would affect a small but undetermined number of people, have been in the works since at least last August, when the IRS published regulations on the individual mandate.

Obamacare requires most Americans to be enrolled in health coverage by March 31 or pay a 2014 penalty of \$95 or 1 percent of annual household income, whichever is higher. The penalty is scheduled to rise in subsequent years.



## TAXPAYER ADVOCATE: AVOID HEALTH-CARE TAX SURPRISES

BY CAROLE FELDMAN ASSOCIATED PRESS JAN 26,



AP Photo/Susan Walsh

WASHINGTON (AP) -- It's not too early to start thinking about the tax implications of health care reform.

Did you buy health insurance through one of the exchanges? You might be eligible for a refundable tax credit. Taxpayers had the option of estimating their 2014 income to see if they qualified for the credit and then having it applied in advance to the cost of the premiums.

"We have an opportunity in the 2014 filing season to educate taxpayers about what they need to do during the year to avoid problems during the 2015 filing season," National Taxpayer Advocate Nina Olson said.

Her advice to those taxpayers: keep the exchanges advised if there are changes in your circumstances that could affect the subsidy.

"It could increase if you have another child and you want to be able to get the benefit of that," she said in a wide-ranging interview with The Associated Press. "It could decrease if you have a significant pay increase, if your spouse gets a job, if a child is no longer covered on your plan."

As a result, some taxpayers could end up owing the U.S. Treasury money when they file their 2014 taxes next year.

"It may mean that they would have a reduced refund, and many taxpayers depend on their refunds for various things," Olson said. "They've used them for planning. They use them like savings, so that will be a rude surprise for these taxpayers. And we can avoid it by having them go into the exchanges throughout the year."

But what about those taxpayers who don't get refunds - between 75 percent and 85 percent do, she said - or those whose refunds aren't big enough to cover what is owed if the subsidy is reduced?

In that case, "the easiest thing is you'll have a refund the next year, and we'll take it out of the refund the next year," Olson said. "It's a debt on the books. It's an assessed tax, and we can collect it for 10 years and it's just a computer offset."

While her job is to take on the Internal Revenue Service where necessary, Olson said the agency's role in verifying income for people applying for the health-care subsidy has been working well. "They have lessened the time in which they are able to give the answer to the exchange," she said.

But she said there needs to be more outreach and education does need to be done about the Affordable Care Act. She called on the IRS to make its website more informative by offering more examples "so taxpayers can recognize themselves if you direct them to a page," she said.

As for her own role, Olson said she speaks for taxpayers, interceding in individual disputes with the IRS and pushing for tax reform. She said she understands the agency's constraints and won't propose changes that are unrealistic. "But," she said, "I'm not going to take as an answer, 'Oh, this is too heavy of a lift.'"

There are 74 taxpayer advocates around the country - at least one in each state - who work with her, she said.

To qualify for taxpayer advocate assistance, you must show that you face a significant hardship - that the IRS is causing you economic harm, that its systems are not working or that your rights have been violated. "That gets you through the door," Olson said.

Ask her what challenges taxpayers face and she answers emphatically, "Getting assistance from the IRS, getting service from the IRS."

In fiscal year 2013, she said, nearly four out of 10 calls to the IRS did not get through to a live person who could help. The average wait time was 17.5 minutes.

Getting IRS assistance is particularly an issue, she said, when it comes to identity theft, which remains a major issue, although the number of cases has declined since the IRS put "significant screens" in place. When identify theft occurs, Olson said, the IRS needs to act more quickly and consistently to help victims.

"The taxpayer has already gone through an enormous amount of angst and huge inconvenience ... and we do not recognize that in our customer service to them," Olson said. Victims of identity theft typically speak to a different person each time they call the IRS, she complained, and "have to explain their situation over again."

She said the agency should assign each case to one person who can see it all the way through.

As for electronic filing, Olson suggested that taxpayers look into the IRS' Free File program, which allows people whose adjusted gross income is under \$58,000 to file their taxes for free through the IRS site. For people whose income is higher, the IRS has Free Fillable Forms, which do the basic math but don't walk you through filling out your returns.

"I don't think I should have to pay to file electronically with the IRS," said Olson, who uses the Free Fillable Forms. "That's my duty as a taxpayer, and the IRS in the 21st century should make it available to me for free. It's crazy."

She urged taxpayers to check out tax preparers carefully before hiring one, and not to fall for promises of huge refunds. "It really becomes a 'consumer, beware' world," she said.

In dealing with tax preparers, she offered these tips:

-Get a copy of your return. "If the preparer then alters the return after you've signed off on it, that's proof that it was a false return that was filed."

-Make sure the preparer's name, registration number and address are on the return.

-Check with the Better Business Bureau or state consumer affairs agency to see if there are any complaints against the preparation firm or preparer.

"Even though that seems like some work upfront, if you get sucked into one of these preparer issues it can take over a year to get it resolved, and that's just pain that nobody needs to go through," she said.

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