

OUR NEWS LETTER



Survey: Most uninsured may not be covered by Obamacare deadline



Betsi Fores 4:42 PM 06/03/2013 The Daily Caller News Foundation

A new survey found that nearly two-thirds of presently uninsured Americans may not seek health insurance by Obamacare's deadline

According to InsuranceQuotes.com, 64 percent of those without health insurance haven't decided whether they will purchase any by Jan. 1, as required by the Affordable Care Act.

Currently there are an estimated 48.1 million uninsured Americans. Some would be eligible for Medicaid coverage, others could purchase insurance through government-run exchanges.

For some, the penalty for not buying health insurance is a better deal than paying for a full policy. Ten percent say they will stay uninsured and pay the penalty, which in 2014 could be as little as \$95.

These uninsured Americans may be forced to comply as the penalty gradually increases in the coming years.

Only 19 percent of those surveyed said they would get coverage by the Jan. 1 deadline.

"Many people are taking a wait-and-see attitude," Amy Bach, executive director of the insurance consumer advocacy group United Policyholders, said in a statement accompanying the survey. "People are still in the dark about what their options are going to be — and they're skeptical that the penalty for not buying insurance is going to be enforced, at least in the first couple of years."

Sixty-one percent of respondents said that they cannot afford health insurance and are unsure that will change after the law goes into effect next year. Most people are unaware of the subsidies they may be eligible for and some may live in states that are not participating in the Medicaid expansion.

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Similarly, 61 percent think that health care costs will rise because of the new law.

“There’s definitely going to be some pain with this change,” Bach said.

A recent report by the Society of Actuaries found that individual claim costs will increase by 32 percent. This has led to conflicts between congressional Republicans and Health and Human Services Secretary Kathleen Sebelius over funding Obamacare implementation and making people aware of the law’s benefits.

FEDERAL DATA SHOWS ONE IN FIVE FAMILIES STRUGGLES WITH MEDICAL BILLS

1 in 5 struggle to pay medical bills, but it's getting better

By Maggie Fox, Senior Writer, NBC News

Just about one in five U.S. families struggle to pay medical bills, a number that's come down just a little bit over the past year, federal researchers have found.

They found that 20.3 percent of people aged under 65 are in families that had trouble paying a medical bill during the first half of 2012. That's down from 21.7 percent in the first half of 2011, the team at the National Center for Health Statistics found.

The numbers are important as the United States moves through health care reform. The 2010 Affordable Care Act, widely known as Obamacare, is designed to get more people covered by health insurance and, in theory, to take away some of the burdens of paying for health care.

Robin Cohen and colleagues looked at data from large national surveys for their report. People 65 and older are excluded because they all have the right to coverage by Medicare, the federal health insurance plan for the elderly.

But a full quarter of those who had public health insurance such as Medicare or Medicaid struggled with medical bills, the survey found.

“In the first 6 months of 2012, among persons under age 65, 36.3 percent of those who were uninsured, 14 percent of those who had private coverage, and 25.6 percent of those who had public coverage were in families having problems paying medical bills in the past 12 months,” they wrote in the report, available here.

Just last month, researchers found that having cancer raises people's risk of bankruptcy, even if they have insurance.

States' Hospital Data for Sale Puts Privacy in Jeopardy

By Jordan Robertson - Jun 4, 2013 11:01 PM CT

Hospitals in the U.S. pledge to keep a patient's health background confidential. Yet states from Washington to New York are putting privacy at risk by selling records that can be used to link a person's identity to medical conditions using public information.



[Enlarge image](#)

Joshua Roberts/Bloomberg

DivyaShroff, associate chief of staff at the Veterans Administration Hospital, left, shows medical students the facility's electronic medical records system in Washington, D.C.

DivyaShroff, associate chief of staff at the Veterans Administration Hospital, left, shows medical students the facility's electronic medical records system in Washington, D.C. Photographer: Joshua Roberts/Bloomberg



[Enlarge image](#)

Rich Clement/Bloomberg

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Photographer: Rich Clement/Bloomberg

Graphic: Your Not-So-Anonymous Medical Records

Consider Ray Boylston, who went into diabetic shock while riding his motorcycle in rural Washington in 2011. He careened off the road and was thrown into the woods, an accident that was covered only briefly, in the local

newspaper. Boylston disclosed his medical condition and history to a handful of loved ones and the hospital that treated him.

After Boylston's discharge, Washington collected the paperwork of his week-long stay from Providence Sacred Heart Medical Center in Spokane and added it to a database of 650,000 hospitalizations for 2011 available for sale to researchers, companies and other members of the public. The data was supposed to remain anonymous. Yet because of state exemption from federal regulations governing discharge information, Boylston could be identified and his medical background exposed using only publicly available information.

"I don't really feel that the public has a right to read up on my medical history," said Boylston, who is 62 and a veteran. "I feel I've been violated."

He agreed to share his story when contacted by Bloomberg News.

The potential for a patient's hospital record to be made public by anyone buying data compiled by states adds to ways privacy is vulnerable in an age of digitized health record keeping and increasingly sophisticated hacking.

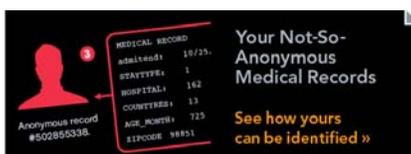
China, Twitter

Security concerns have been heightened recently by the breach of the Associated Press Twitter Inc. account, which resulted in a temporary stock-market decline, U.S. accusations that the Chinese military is engaged in a cyber espionage campaign and attacks on financial institutions that have led to losses of tens of millions of dollars in the past year.

Laws governing medical-information sharing were intended to protect the privacy of patients like Boylston. People can lose out on jobs, pay more for insurance, fare poorly in custody battles and suffer personal embarrassment. The trouble is that state public-health agencies received an exemption from the federal law, formally the Health Insurance Portability and Accountability Act, or HIPAA, enacted in 1996. The privacy rules took effect in 2003, though they apply only to health-care providers, insurers, billing and claims processors and their contractors.

Potential Compromise

Some states voluntarily follow the law's strict privacy guidelines, which require that discharge data be shorn of details -- such as age, ZIP codes or admission and discharge dates -- that could be used to connect it to a specific person.



Washington and at least 25 other states release some combination of these identifying markers, increasing the likelihood that patient privacy can be compromised, according to records reviewed by Bloomberg News and Latanya Sweeney, director of Harvard University's Data Privacy Lab.

"All I have to know is a little bit about a person and when they went to a hospital, and I can find their medical record in this kind of data," Sweeney said. "The real takeaway is we can do better than this."

Some of the states, including New York, require purchasers to sign affidavits saying that they won't use information to identify individuals. Washington has no such requirement.

\$2.7 Trillion

The medical-data industry is projected to surpass \$10 billion by 2020, according to McKinsey & Co., driven largely by President Obama's health-care overhaul, which mandates the maintenance of electronic medical records and data sharing to rein in growth of U.S. health care costs, estimated at \$2.7 trillion in 2011.

Companies that benefit from buying states' hospital records include IMS Health Inc., the provider of prescription data that was taken private by TPG Capital and Canada Pension Plan Investment Board for \$5.1 billion in 2010. Other buyers are OptumInsight, a division of UnitedHealth Group Inc. (UNH), the biggest U.S. health insurer, and WebMD Health Corp. (WBMD), which supplements its consumer website with services advising companies and insurers.

Buyers can use the information to better understand hospital costs, analyze prescription-drug use and help recruiters identify top-performing physicians. A major target is helping the pharmaceutical industry tailor ads to doctors and potential patients. Drug companies spent \$10.5 billion on advertising last year, according to IMS.

'Nuclear Energy'

"Electronic health information is like nuclear energy," said Jim Pyles, principal of Powers Pyles Sutter & Verville PC in Washington, who specializes in health law and policy. "If it's harnessed and kept under tight control, it has potential for good. But if it gets out of control, the damage is incalculable."

Using only public record searches, Bloomberg News collected information about how hospital data is distributed from the most populous states and, with Sweeney's help, analyzed it. Her research will be presented today at the International Summit on the Future of Health Privacy in Washington.

Along with Washington, records in New York, New Jersey, Tennessee and Arizona were particularly vulnerable. Those states also include some combination of age, ZIP codes and admission and discharge dates.

No breaches of personal privacy were uncovered. Still, the information would have enormous value in the wrong hands, said Jim Adler, former chief privacy officer of Intelius Inc., an online background-check provider.

Data ‘Leverage’

“People will use that information if they can move the needle with it,” Adler said. “It’s all about leverage, and medical data is leverage.”

Health information obtained through other means, such as computer hacking or insider theft, is already abused for insurance fraud and identity theft. Data breaches have also exposed millions of patient records. The ability to find a person’s medical file in public data represents a new danger.

Boylston is one of several dozen people who could be identified by reference to public records, which were purchased by Harvard’s Sweeney in a bundle for \$50.

Many other identified patients requested anonymity.

An executive treated for assault was found to have a painkiller addiction. A businessman who had gone missing was shown to have poisoned himself in a suicide attempt and had been diagnosed with pancreatic cancer. A retiree who crashed his motorcycle was described as arthritic and morbidly obese.

Blood Clotting

Dick Zais, 63, a former city manager of Yakima, Washington, was in there too -- for a blood-clotting emergency. He said he wasn’t concerned that details of that incident were disclosed, since he himself revealed the condition to the press. He did ask that an older condition included in his record remain private.

“It’s come to the point where we need to think long and hard about whether we can actually expect privacy anymore,” he said.

The people identified had only two things in common: there were news briefs written about their incidents, usually involving auto accidents or assaults, and they were treated in Washington. A total of 35 patients were identified from 81 subjects of news stories that contain the word “hospitalization.”

Ordinarily, the information patients divulge to health-care providers remains confidential. Doctors, hospitals, insurers and their contractors are tightly restricted in what they can provide third parties under the privacy law.

Strict Guidelines

Patient information that is shared typically has 18 key identifiers removed under a standard known as Safe Harbor.



When applied properly, the standard makes it difficult to link a patient's name with a health record, said Dan Barth-Jones, an infectious-disease epidemiologist at the Columbia University Mailman School of Public Health who researches health privacy.

A 2011 study by University of Chicago researchers found that of 15,000 hospital records stripped to the Safe Harbor standard, only two could be matched to a marketing list obtained from a third party.

Before HIPAA, there were no federal restrictions on the sale of health records, and only half the states had any rules, according to Peter Swire, who led the creation of the privacy protections under President Bill Clinton.

Weld's Records

Sweeney, the Harvard researcher, exposed flaws in the system in 1997 by finding the medical records of former Massachusetts Governor William Weld in a redacted dataset. Her finding served as a catalyst for tighter rules.

States were deliberately exempted from the rules when additional privacy protections were being hammered out more than a decade ago. While the medical establishment wanted states to have consistent rules, consumer advocates pushed for an exemption, said Janlori Goldman, co-founder of the Center for Democracy and Technology who was involved in the process.

The argument: states were likely to impose stronger restrictions to protect vulnerable populations, such as people with AIDS, she said.

Boylston's record contains every diagnosis and medical procedure following his accident, from a broken pelvis that forces him to use a walker to a ruptured spleen, kidney failure and conditions that led to the removal of his bladder. His doctors, ethnicity and payment information are all there.

Snooping Strangers

A two-tour veteran of the Vietnam War, Boylston said he isn't concerned about insurance or employment discrimination because he has health-care coverage and is retired. But he said he is worried about pharmaceutical and medical-device marketers and snooping strangers obtaining the information.

Boylston was one of nine patients from Providence Sacred Heart Medical Center whose records were identified.

“Providence has significant safeguards in place to protect our patients’ information,” said Brenda Gramling, privacy officer for Eastern Washington and Montana with Providence Health & Services, which owns the hospital. “We are talking to the Washington State Department of Health to determine if additional safeguards are needed.”

Washington chose to release more data because it is not bound by HIPAA and wanted to make its Comprehensive Hospital Abstract Reporting System, or CHARS, more useful than the federal standard allows, said Donn Moyer, spokesman for the Washington State Department of Health.

Washington Reconsiders

Knowing patients’ ages helps researchers study health trends affecting infants, while ZIP codes and hospitalization dates help track seasonal patterns, such as the flu, Moyer said. Removing all the identifiers required under Safe Harbor would render the data “useless,” Moyer said.

After learning from Bloomberg that data could be traced to individuals, Washington State Secretary of Health John Wiesman said the state is considering limits on the information it discloses and may stop releasing data until a decision is made.

“Patient confidentiality and privacy are priorities for us, and I take it very seriously,” Wiesman said in a statement. “We’re re-looking at the information included in the public data set to determine if changes can legally be made.”

Peter Constantakes, spokesman for the New York State Department of Health, said he could not immediately comment.

Washington and other states don’t make much money selling hospital records. They started collecting the records decades ago to facilitate public health research, and costs were intentionally kept low.

Scant Revenue

Twelve of the most populous states generated \$1.91 million from 1,698 requests for data from 2011, the latest year for which figures are available, according to state records reviewed by Bloomberg News. Washington sold its database 95 times in 2011 and generated just \$15,950.

One company that purchased Boylston’s record was IMS Health, owner of one of the world’s deepest pools of medical information. IMS, based in Danbury, Connecticut, has prescription-drug dossiers on 260 million people, said Jody Fisher, U.S. marketing director for IMS.

The data is all anonymous, and IMS doesn't try to re-identify patients, Fisher said. IMS's revenue was \$2.19 billion in 2009, the year before the company was taken private. About 85 percent of the total came from pharmaceutical companies, which use the data to design sales pitches for doctors and craft direct-mail and online-ad campaigns for consumers.

Boylston's record also wound up with iVantage Health Analytics, a Portland, Maine-based firm that measures hospital performance.

'Risky' ZIP

While precise geographic data about patients is useful, disclosing ZIP codes in public records creates unnecessary risk, said John Morrow, executive vice president at iVantage. The company routinely scrubs such information from its files, he said.

"You might as well have the patient's electronic medical record number," he said. "We think it's potentially as risky to have a patient's ZIP code."

The U.S. Department of Health and Human Services Office for Civil Rights, which investigates HIPAA violations, has not received complaints about companies identifying patients, said Rachel Seeger, a spokeswoman for the agency.

Boylston, who lives in the tiny town of Soap Lake in central Washington, has a suggestion for organizations that want to release his health data in an insecure way: ask first.

"If they're going to release that kind of information, they should consult with the patient," he said. "That's personal information about me. It's just not right."

Tech Tips: Ways to improve online life, save money

Tech Tips: Review your digital life regularly to improve experience, save money

AP *By AnickJesdanun, AP Technology Writer / Associated Press – 2 hours 42 minutes ago*

NEW YORK (AP) -- As the year began, I decided I would get serious about digital cleanup — to save money and improve my online life.

For a while, I had been putting off tasks such as backing up computer files and canceling the premium cable channels I never watch. Usually, I'd remember to do something while riding the bus, then soon forget. It took some discipline over a few months to get my digital life in order. As a result, I'm due to save more than \$2,000 a year, money I can spend on a nice vacation.

You can do many of these things, too.

— Review your subscriptions and recurring payments.

Are you still paying for an AOL account even though you can get most of its services for free? If so, you're one of about 2.6 million people who pay AOL an average of \$19 a month. But, unless you need dial-up access, you likely can cancel the charges. You won't lose access to your email and other services, which have been free since 2006.

If you have a Netflix, Hulu or other video accounts, think of how you use them. Perhaps you can drop the DVD portion of Netflix if you're mostly watching TV shows and movies over the Internet. Or if you still want the occasional DVD, you might not need a three-disc plan if the discs are continually collecting dust on a bookshelf. If you are paying for a Hulu Plus subscription, are you actually using it for viewing shows on mobile devices and other features you can't get with the free version of Hulu?

As for your cable or satellite TV service, are you paying for premium channels you don't watch? I had been.

As I started researching what I'd save by dropping Encore and Cinemax, I realized I wasn't watching most of the other channels either. I ended up suspending my entire cable TV service for a few months to see whether I'd miss it. So far, I haven't missed much and am looking at savings of more than \$1,300 a year. I figure I could watch much of what I need on Netflix or Hulu and buy the occasional show from Amazon or Apple's iTunes.

I also reduced my Internet charges by buying my own cable modem on eBay for about \$20. Rental charges would have run \$3.95 a month, or more than that one-time purchase after five months. After that, it's nearly \$50 in annual savings.

Still have a landline phone? Perhaps you can get rid of it if you're satisfied with having just a cellphone. I was paying more than \$55 a month for landline service I hadn't used in years. Keep in mind that landline phones are typically more reliable during power outages and other emergencies. My cellphone had some difficulties in the wake of Superstorm Sandy last fall, but I didn't even have a phone to connect to my landline service, so continuing to pay those charges was plain silly. Annual savings: more than \$650.

Before you finish, check your credit card bills for any recurring charges. Perhaps there's a gym membership you never use. In my case, there was a credit-monitoring service that I signed up for years ago. I can get a free credit report each year anyway, so I decided to drop the \$11-a-month service, saving \$132 a year.

My total savings from all this: more than \$2,000 a year, even after budgeting about \$150 a year to buy TV shows online.

One final tip: If you take advantage of a free trial, such as with Hulu Plus, leave a reminder in your online calendar to check back a few days before the trial is up. That way, you can remember to cancel it if you don't want recurring charges on your credit card.

— Go paperless.

Check the bills you get by mail each month and see which ones you can get electronically. In most cases, you can get PDF versions that resemble what you would have received on paper. It reduces clutter in my apartment, and it saves trees.

Now consider the reverse: What do you still send out by mail? Checks for rent, credit card payments and phone bills? Banks typically offer online bill-payment services for free. You save on postage and unnecessary paper, as your bank fulfills your payment requests electronically. In the rare cases where my bank can't do that, it prints out a check and mails it to the recipient.

I haven't written a single check in more than four years. In fact, I never ordered any when I opened my bank account in 2009. If you need to attach a check to an order form or physically hand it to someone, you can simply have the check sent to you, as long as you plan ahead. That's how I got a check to submit with a passport renewal. I had it made out to "Department of State" and wrote down my address rather than the government's. It got delivered. Not sketchy at all.

If you now pay six bills a month by check, you'd save more than \$33 a year in postage, plus at least \$7 in the cost of checks, at \$20 for a box of 200. On top of that, my cable provider knocks off \$1 a month, or \$12 for the year, for receiving bills electronically.

While you're on a paper-free mission, you can stop some of your junk mail. Here's a government website that explains your options: <http://1.usa.gov/QXIAli>.

— Back up your files.

Like flossing, it's something we all know we should do, but often put off until it's too late. With more and more memories and important documents stored digitally, don't wait any longer.

If you have a Mac, turn on its Time Machine function for automatic backups. For Windows computers, you often get backup-management software for free when you buy an external storage drive. That's something you'd want anyway. It doesn't make sense to back up to the same computer, as both the original and the backup would disappear if your drive breaks down.

But what if there's a fire or flooding, as many victims of Superstorm Sandy learned the hard way? Your external storage drive would likely perish as well.

You can sign up for an online storage service, such as Dropbox, in which copies of files get transferred over the Internet and stored at a remote location. However, many Internet providers offer relatively low speeds for

uploads, or sending files, so I limit that to the files that change most frequently. You might consider buying a second external storage drive, making regular backups on that and storing it at a friend's place or at work.

In fact, the drive from my 2006 iMac died just a month ago. Although that Mac was too old to have Time Machine, I had just moved the last bits of my day-to-day documents to a Dropbox account, meaning I had copies online. That saved me from at least \$300 in charges for the repair shop to attempt data recovery, a process that came with no guarantee.

I'll add the savings to my vacation fund.

BCBSIL Achieves “Highest Member Satisfaction among Commercial Health Plans in Illinois/Indiana Region, Six Years in a Row”

Blue Cross and Blue Shield of Illinois (BCBSIL) ranks highest in member satisfaction* among commercial health plans in the Illinois-Indiana region for a sixth consecutive year, according to a J.D. Power and Associates study.

The J.D. Power 2013 Member Health Plan StudySM measured satisfaction among 33,000 members of 136 commercial health plans in 17 regions throughout the United States by examining seven key factors: coverage and benefits, provider choice, information and communication, claims processing, statements, customer service and approval process.

In 2013, BCBSIL achieved a score of 712 – eight points higher than the average satisfaction index score of 704 in the Illinois-Indiana region. BCBSIL has achieved the highest satisfaction ranking for six consecutive years.

While so much in the health care industry is changing, BCBSIL has strived to maintain its commitment to stand with its members in sickness and health. The J.D. Power recognition comes as BCBSIL prepares to reach out to thousands of potential members shopping for health insurance on the new exchanges (also referred to as the health insurance marketplace) this year.

J.D. Power and Associates is a global marketing information services company providing forecasting, performance improvement, social media and customer satisfaction insights and solutions.

*Blue Cross and Blue Shield of Illinois received the highest numerical score among commercial health plans in the Illinois/Indiana region in the proprietary J.D. Power and Associates 2008-2013 U.S. Member Health Plan StudiesSM. 2013 study based on 33,533 total member responses, measuring seven plans in the Illinois/Indiana region (excludes Medicare and Medicaid). Proprietary study results are based on experiences and perceptions of members surveyed December 2012-January 2013. Your experiences may vary. Visit jdpower.com.

Share the Wellness: Squeeze the Most Out of Your Time to Exercise

The *Physical Activity Guidelines for Americans* recommends 30 minutes of physical activity a day for adults, 60 minutes for children, at least five days a week. About half of all adults get enough aerobic physical activity to improve their health. Which half are you in? The good news is that there are plenty of ways to get moving.

Busy people can take advantage of these exercise secrets:

- Many chores count as exercise, including washing windows and scrubbing floors.
- Shorter, intense workouts provide similar health benefits as longer, moderate workouts. For example, 15 minutes of climbing stairs at an intense pace offers many of the health benefits that you get with 30 minutes of brisk walking.
- You don't have to exercise for 30 minutes straight. Three 10-minute brisk walks will earn you the same health benefits.
- Twenty minutes two-to-three times a week is all it takes to gain many of the benefits of strength training. You only need to perform one set – or 8-to-12 repetitions – of each exercise. Studies show that you'll gain few additional benefits from lifting more than one set.
- Many stretching exercises can be done just about anywhere – for instance, when waiting in line or sitting at your desk.

Be on the lookout for more exercise opportunities:

- Play actively with your children.
- Walk on a treadmill while watching your favorite TV show.
- Schedule active chores, such as vacuuming, washing windows or cleaning closets.
- Climb stairs as often as you can.
- Walk the dog.
- Stow a pair of walking shoes in your desk for a lunchtime walk. Grab a coworker and you can have a walking and talking lunch break.
- Get off the train or bus a stop early and walk the rest of the way to or from work.
- Make it a family habit to take a walk after dinner.

Physical activity helps control weight, but it has other benefits. People who are physically active live longer, and have a lower risk for heart disease, stroke, type 2 diabetes, depression and some cancers. Ready to get moving?

Talk to your physician before starting a new fitness program.

Sources: Centers for Disease Control and Prevention, President's Council on Fitness, Sports & Nutrition

Restaurant Franchises Are Hiring. Are They Dodging Obamacare?

By Patrick Clark June 20, 2013

The International Franchise Expo kicked off in New York today. On the occasion, ADP (ADP) and Moody's Analytics (MCO) published a report on franchise hiring for the first time. Among the findings: Franchises created just over 19,000 jobs in May, with about 14,000 of those positions coming in the restaurant industry. (To put the number in context, ADP found that companies added a total of 135,000 jobs in May, fewer than economists forecast, while the U.S. Labor Department found that private employers added 175,000 jobs in May, more than was forecast.)

Why did food service account for three out of four new franchise jobs in ADP's report? One reason is simply that restaurants make up a big part of the franchise job market, employing about half of America's 8 million franchise workers. (That's according to the report, which includes historical data going back through April 2011.)

Another possibility: Obamacare. In a research note published on June 7, SouthBay Research economist Andrew Zatlin speculated that the Affordable Care Act could be driving job growth in the leisure and hospitality sector as businesses seek to avoid new health-care costs.

That may sound counterintuitive to those who predict that the health reform bill will curtail growth because companies will seek to keep staff sizes below 50 full-time workers to avoid having to offer health coverage or pay penalties. But the ACA also lets businesses off the hook from having to provide insurance if their average employee works less than 30 hours a week.

"It's all conjecture," says Zatlin over the telephone. "Spending on dining is slowing down, but leisure hiring is strong. It's really easy to bring in another bartender or waiter and instead of one guy, have two guys working half as much."

Zatlin, who based the idea on U.S. Bureau of Labor Statistics data, not the ADP franchise report released today, isn't the first person to suggest that restaurants could adopt a part-time strategy to avoid ACA requirements. Reports surfaced as far back as January that franchises were cutting staff hours to skirt the law.

Mark Zandi, chief economist at Moody's Analytics, doesn't rule out the hypothesis, but prefers to direct his conjecture at franchise hiring in the business services sector, which includes such personal care services as spas, health clubs, and funeral homes. "It's being driven by demand from baby boomers," who are trying to live better, he says, jokingly. "Some fail and end up in the funeral home."

Blue Cross-Blue Shield Bets Big On Obamacare Exchanges

By Jay Hancock | Kaiser Health News, Published: June 21

At a closed White House meeting in April, President Barack Obama told corporate insurance bosses “we’re all in this together” on implementing his signature health law. But some insurance companies seem to be more in than others.

At least five Blue Cross and Blue Shield executives sat at the table of about a dozen CEOs with the president, according to those knowledgeable about the session, first reported by the New York Times. Just as significant is who wasn’t there: chiefs of the country’s biggest and third-biggest health insurers, UnitedHealth Group and Aetna.

Those two and most other non-Blue insurers “seem to be proceeding cautiously” in the online marketplaces expected to cover to millions, said David Windley, who follows the industry for Jefferies & Co., an investment firm. “They are evaluating markets state by state and in some cases region by region within the state to assess the viability of all the different pieces.”

Not the Blues. They’re expected to offer health-exchange plans nearly everywhere, ensuring at least a minimum choice for individuals seeking subsidized coverage when the marketplaces open Oct. 1. It also makes them an undeclared Obama ally in implementing the health law.

“The Blues will definitely participate,” said Ana Gupte, an insurance stock analyst for Dowling & Partners. “If there is an exchange I’m sure there will be the Blues.”

The exchanges are online marketplaces that will operate in all 50 states, offering insurance plans for individuals and small businesses. The individual market has long been a high-risk, unstable business that some insurers never sought. The health law – with its mandate that could bring younger, healthier people into the pool and its subsidies – seeks to stabilize the individual market. But if few other insurers follow the Blues into those markets, consumers in those states may not see the same kind of competitive pricing of premiums that states like Oregon have reported.

Still, it’s not just that Blues will offer coverage in places other carriers may avoid. In states where Republican governors oppose the health law, Blues may be the single biggest factor in educating consumers and recruiting them into Obamacare.

In Louisiana, where Gov. Bobby Jindal has flatly said “we are not implementing the exchange,” the local Blues plan has organized community nonprofits, churches, chambers of commerce and food banks to get out the word on what will be a federally run marketplace there.

BlueCross BlueShield of Louisiana “is the driving force” behind the Louisiana Healthcare Education Coalition, launched in March, said NebeyouAbebe, who works on consumer engagement at the Louisiana Public Health Institute. “I can’t think of any other entity in Louisiana that’s developing a massive campaign to educate people.”

Founded by hospitals and doctors before World War II, the Blues are a loose federation of nonprofit and for-profit plans with a history of selling coverage directly to individuals and families.

The Concerns Of Insurers

The Affordable Care Act requires exchange plans to cover anybody, no matter how sick, at regulated prices and often with large government subsidies.

Despite the prospect of millions of new customers and measures to cushion insurers with disproportionately high claims in the early years, carriers worry that the sick will be first to sign up while the healthy stay away. Fears grew after claims came in far higher than expected for temporary “high risk pools” that had been established by the law to cover the chronically ill until the full law took effect in 2014. The shortfall prompted the plans to close enrollment early.

“Insurance companies, very suddenly in my estimation, are getting very conservative and hesitant about being in the exchanges,” said Robert Laszewski, a Virginia-based consultant and former insurance executive. “All along everybody, including the companies, assumed they would be in a lot of exchanges.”

Carriers also fear Democrats will blame them if government-run online marketplaces suffer technical failures or run into other problems, Laszewski said.

UnitedHealth Group’s recent disclosure that it would offer plans in only a dozen state exchanges marked new disappointment for those hoping the exchanges will generate vigorous competition and new insurance for millions. Previously United had said it would sell on as many as 25 exchanges.

The company will “watch and see” how exchanges work, “approaching them with some degree of caution,” UnitedHealth Group CEO Stephen Hemsley told analysts last month.

Aetna plans to offer individual exchange policies in 14 states and may reduce that if some states look unprofitable or unprepared, CEO Mark Bertolini said on a conference call in late April. On June 17 Aetna disclosed it would stop selling individual insurance in California, the most populous state.

For its part, Cigna will focus on making exchange plans work well in five states rather than spreading efforts more thinly, said Ray Smithberger, who’s in charge of the company’s individual business.

“What you see in the general market is just a hesitancy” over whether states will be technologically ready, he said in an interview. “With condensed time frames, it’s important that we provide the right connectivity to ensure we’re providing the best experience for the customer.”

Although not every state has announced online marketplace participants, the Blues characterize their approach very differently. “We expect Blue Cross Blue Shield plans will have a strong, reliable presence in the new exchanges,” said Alissa Fox, a senior vice president at the Blue Cross and Blue Shield Association. “We’ve been in this market for more than 80 years and we’ve been providing coverage in every zip code to everybody. We imagine we will continue to do that.”

Five Blues executives attended the meeting with Obama on April 12 to coordinate exchange implementation: Scott Serota, CEO of the Blue Cross and Blue Shield Association; Florida Blue CEO Patrick Geraghty; Chet Burrell, CEO of CareFirst BlueCross BlueShield, with plans in Maryland and D.C.; Patricia Hemingway Hall, CEO of Health Care Service Corp., with Blues plans in four states; and WellPoint CEO Joseph Swedish. WellPoint is the No. 2 health insurer and operates Blues plans in 14 states.

The White House declined to release the full list of attendees. Nor does it comment “on the role of one company or provider” in implementing the health act, a spokeswoman said.

Protecting Their Business

Blues aren’t the only alternative to national commercial insurers. In many states there are regional nonprofits such as Group Health Cooperative in the Northwest or Presbyterian Health Plan in New Mexico. But for health

coverage sold directly to consumers -- the kind that will be offered on the exchanges — Blues have the most members in a large majority of states.

Protecting that business is why Blues have little choice but to offer plans in the online marketplaces, analysts said. If they abstain, they risk losing those members. Once in the game, they need to recruit as many customers as possible to avoid signing a disproportionate share of the sick.

Florida Blue, which owns about half the market in that state for individual insurance, intends to use its 11 recently opened retail centers to get out the word and will rent temporary storefronts in key neighborhoods, said Jon Urbanek, senior vice president of commercial markets for the company. Florida Blue will double the size of its call center to 200 employees as October approaches, he said.

“In campaign terms, it’s a get-out-the-vote type of approach,” said Michelle Riddell, vice president of community investment for BlueCross BlueShield of Texas.

Like the Louisiana Blues, the Texas Blues are educating and recruiting exchange customers with little cooperation from the state. Texas and Louisiana are among 33 states leaving exchange implementation to the federal government amid questions about whether it has the resources to educate a broadly ignorant public.

The Texas insurer’s Be Covered Texas team includes Habitat for Humanity, diabetes groups, churches, social services nonprofits, the NAACP and community clinics — all putting out the Obamacare word in the state with the highest percentage of uninsured people in the country.

The campaign includes a Web site, a texting campaign and community events planned through the rest of the year. A Blues official recently spoke to the Houston congregation of Windsor Village United Methodist Church, which has more than 16,000 members. Food bank grocery bags bear printed information about health insurance. Barber shops are seen as health information hubs.

Be Covered Texas doesn’t mention Blue Cross, presenting itself as a grass-roots program. Health Care Services Corp., the parent of the Texas Blues, hasn’t disclosed how much it is spending on the Texas effort and similar outreach by its Blues plans in New Mexico, Illinois and Oklahoma, a spokesman said.

“I view this as a three-year project,” said Bert Marshall, president of BlueCross BlueShield of Texas. “I think the education piece is going to last well beyond this enrollment and well beyond the next.”

With his company holding more than half of the Texas individual insurance market, Marshall believes an early and extended campaign is a good investment. His competitors seem to have a different view.

“The Blue Cross plans... are going to be in the exchanges because it’s part of their DNA,” said Laszewski. “But the rest of the marketplace, if you go look at their block of individual business, it’s small, and it’s probably losing money.”

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Health insurance education blitz begins

By Kelly Kennedy, @KellySKennedy, USA TODAY

WASHINGTON — A week after a Government Accountability Office report said new health insurance exchanges may not be ready to launch in October, the government today began a 100-day public education blitz by unveiling an updated website, call center and publicity campaign.

The campaign is designed to educate those who do not have insurance about how the marketplaces will work and how to obtain health insurance. Most Americans who do not have insurance now will need to purchase insurance to avoid paying a fine. The health exchanges, or marketplaces, are meant to provide less expensive insurance options that are easy to understand.

Consumers will go to either a state or federal website, compare and contrast plans from several insurers based on benefits and costs, and purchase insurance. Those making less than 400% of the federal poverty level of \$23,550 for a family of four will receive financial help with the insurance, which will automatically be applied when they sign up online.

"We're ready," Marilyn Tavenner, director of the Centers for Medicare and Medicaid Services (CMS), told USA TODAY last week. "In our minds, with the launch on Monday, it really moves us to the next step." Last week, the Government Accountability Office released a report saying the federal government has missed deadlines for the exchanges and is behind schedule on making sure consumers can get their federal subsidies, making sure health insurance plans are eligible to be sold through the marketplaces and hiring people to help consumers enroll in the exchanges.

Over the past several months, the administration has repeatedly asked for more funds to set up and promote the Affordable Care Act, and, each time, Congress has refused the requests. Health and Human Services Secretary Kathleen Sebelius then went to industry officials and asked for help. Members of Congress objected to her asking the people who stood to benefit -- or to lose money, should the exchanges fail -- saying that those asked don't have any choice but to give.

Starting today, visitors to healthcare.gov will be asked questions about their age, sex, disability status and income. How they answer could provide them with detailed information, such as:

- Whether a participant is eligible for help paying for insurance.
- What would be covered if a woman becomes pregnant.
- What plans are available with benefits that fit a person's needs.
- Whether insurance would come through a federal or state exchange.

The site also contains features that allow visitors to sign up for Internet updates or instant chats with a call-center operator to answer questions.

"There are lots of visual cues," said Julie Bataille, director of CMS's office of communications.

The data can be shared through social media, e-mail or by printing it out so people can sit down and study it. During open enrollment Oct. 1 to March 31, they'll be able to choose and sign up for insurance plans online. The website for Spanish-speaking Americans is cuidadodesalud.gov.

The call center number is 800-318-2596.

How To Jumpstart A New Career In As Little As Two Years



Ready to give your career a little push? One of these two-year degrees might be all you need to move forward.

By Diana Bocco

You're well aware that to jump-start your career, you'll likely need to spend some time in school. But if the thought of spending the next four or more years in the classroom sounds unappealing, perhaps you should turn your attention to a program that you could complete in as little as two years.

In fact, more and more people are jumpstarting their careers by pursuing two-year degrees, says Alan Corey, a career consultant and the author of the book "The Subversive Job Search." The reason is that many students are choosing shorter degrees to avoid the debt that often accompanies recent college graduates with four-year degrees, according to Corey. Plus, shorter degrees allow you to jump into a career much quicker, Corey says.

Ready to learn how you might get started? One of these seven degrees could give you the skills you need to go after a new career in as little as two years.

Degree #1: Associate's in Diagnostic Medical Sonography



If you want to pursue a health career with a world of employment opportunities, an associate's in diagnostic medical sonography might be what you're looking for. The best part is this health degree could be completed in as little as two years.

What You'll Learn: Diagnostic medical sonography students will learn about using ultrasound equipment and creating images that doctors use when making a diagnosis, says the College Board, a nonprofit research organization that promotes higher education. This program might include classes in human anatomy, microbiology, abdominal sonography, and ultrasound physics, the College Board says.

Why It's A Good Choice: According to Shannon Ydoyaga, interim director of the Health Careers Resource Center for the Dallas County Community College District, sonography is becoming a highly sought-after degree. Why is that? Ydoyaga says that "there's a high demand right now for hands-on medical work to assist in the treatment of

patients and work in a number of job settings, including hospitals, clinics, doctors' offices, and even geriatric health-care services." As a result, the demand for sonography graduates has never been higher, Ydogaya adds.

Career Options: According to Ydogaya, graduates from a sonography program can work in a number of fields, from gynecology to obstetrics to vascular sonography or neuro-sonography.

Degree #2: Associate's in Computer Science



If you thought the only way to get started in the computer field is with a four-year degree, think again. An associate's degree in computer science can be a smart, quick choice to get your foot in the door.

What You'll Learn: In a computer science program, students might acquire experience debugging programs and writing code, says the U. S. Department of Labor. They will also get the skills needed to learn computer languages.

Why It's A Good Choice: Corey believes a two-year computer science degree might even be more competitive in the workplace than degrees that may take longer to obtain, like a bachelor's.

Why? An associate's degree in computer science will not only cover technology basics, but most likely will also present the hot new programming languages and technological advancements and methodologies at the moment, Corey says. "In a two-year program it's easier to change course material quickly to cover the most recent in-demand skills needed to enter the labor market," he explains.

Career Options: Graduates of a computer science program can work as technical support specialists, programmers, and more, according to Corey. "Acquiring an associate's degree in computer science will give you just enough balance of the basics to be able to get up to speed in pretty much any work environment," Corey says.

Degree #3: Master's in Business Administration



Have you always been interested in business management and have prior real-world business experience to bring to the table? If so, an MBA, or master's in business administration, can be just what you need to take your career to the next level. Plus, an MBA can take as little as two years to earn.

What You'll Learn: In an MBA program, you'll take courses in economics and accounting, decision sciences, finance, marketing, and organizational behavior, says the Princeton Review, an organization that offers test preparation services.

Why It's A Good Choice: "People with an MBA have a far less chance of becoming part of the unemployment statistic," says Lee Weiss, director of pre-business and graduate programs at Kaplan Test Prep. That's because more and more employers are now seeking MBA graduates, says Weiss. In fact, a large percentage of business-related jobs today could not be secured without an MBA or graduate management education degree, Weiss adds.

Career Options: Graduates from an MBA program can find employment in human resources management, business management offices, operations management, and even real estate management, according to Weiss.

Degree #4: Associate's in Paralegal Studies



If you're interested in working in the legal field and want a way to get started as quickly as possible, going to law school to work as an attorney is probably out of the question. However, an associate's in paralegal studies could get you ready to work in the field in as little as two years.

What You'll Learn: Students enrolled in an associate's in paralegal studies might take classes in legal research and writing, civil procedure, criminal law and procedure, ethics, and litigation, according to College Board.

Why It's A Good Choice: While law can be an engaging and rewarding career, many people may be unable to commit to the seven years of higher education necessary to become an attorney, according to John Ammerman, paralegal studies program coordinator at Suffolk County Community College. A paralegal degree can be a great alternative career to get your foot in the field of law, Ammerman says.

Career Options: Ammerman adds that a paralegal degree is a great option if you want a career with many employment opportunities. "Upon graduating with an associate's degree in paralegal studies, your options are many and varied," Ammerman says. Not only will you be able to work alongside lawyers, but Ammerman says paralegals have great employment opportunities in corporate legal departments, insurance companies, estate and trust departments of large banks, and title insurance companies.

Degree #5: Master's in Human Resources



If you're interested in a career in HR with a chance for advancement, a two-year master's degree in human resources management might be just what you need.

What You'll Learn: In a human resources management program, you'll take courses on labor economics, business law, leadership, communication and negotiation, and more, says the Princeton Review. You'll also learn how to design effective management structures, compensation schemes, and training programs.

Why It's A Good Choice: Master's degrees in human resources have become especially popular in the past few years because they broaden the career potential for graduates, according to Tatum Soo Kim, who serves as the director of academic services for the division of programs in business at New York University's School of Continuing and Professional Studies. In the past, Kim says human resource professionals were seen as only recruiters or trainers, while the labor market now looks at graduates from a master's in human resources program as people who understand both HR and business management.

Career Options: Graduates of this degree program can expect career opportunities in many areas, from the private sector to government agencies, says Kim. Potential careers include everything from executive recruiter to human resources administrator to job placement specialist, Kim explains.

Degree #6: Associate's in Nursing



If you want to combine your compassionate side with your interest in the health care field, a career as a registered nurse might be a good fit for you. And you don't have to spend years in school earning a bachelor's degree to prepare for this career either.

What You'll Learn: A degree in nursing offers classes in anatomy and physiology, health assessment, adult nursing, mental-health nursing, pharmacology, and psychology, according to the College Board.

Why It's A Good Choice: A nurse only needs two years to acquire an associate's degree and then earn almost as much pay as a nurse who has a bachelor's, according to Nick Angelis, a certified registered nurse anesthetist and the author of "How to Succeed in Anesthesia School (And RN, PA, or Med School)."

Career Options: Graduates with an associate's degree in nursing can work as general care nurses, or they can change specialties in the future, switching from cardiac nursing to mental health to emergency care and more, says Angelis.

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