Health & Retirement Services of Illinois

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Boomers Need to Talk About Long-Term Care

Holiday gatherings may be a good time for families to broach this delicate issue

By CASEY QUINLAN November 27, 2013

No one wants to talk about death, illness or divorce. Unfortunately, you may have to raise some unpleasant issues when you speak with family members over the holidays if you want to ensure a successful retirement. Family issues are just about the only thing investors don't plan for, and it could hurt them in retirement, a new Bank of America Merrill Lynch and Age Wave study shows.

The study, "Family and Retirement: The Elephant in the Room," conducted in August 2013, surveyed more than 5,400 respondents and asked about family dynamics and long-term financial planning. The survey found that respondents were generous when it came to assisting family members but unrealistic in assessing some of their own needs later in life, especially long-term care.

In the survey, half of pre-retirees age 50 and older said they would make major financial sacrifices for family members, and 36 percent said they were willing to endure a less comfortable post-retirement lifestyle to aid family members. The baby boomers, also known as the "sandwich generation," are in a tough spot, with one in five parents seeing their children return home to live with them as they also attempt to care for their own aging parents. Those boomers surveyed said they would not be prepared if an aging parent or older relative needed long-term care.

But what about the boomers' own long-term care? The majority don't think they'll need it, with only 37 percent of survey respondents age 50 and older saying they may need long-term care in their lifetime. But according to 2013 U.S. Department of Health and Human Services data, 70 percent of retirees will eventually require it.

That's a big problem, according to Matt Curfman, senior vice president of Richmond Brothers, a money management firm. He says his clients in Jackson, Miss., may spend anywhere from $2,000 to $7,000 a month on long-term care. Paying for such care is an even bigger concern when someone is married, as they have to worry about how much will be left for the healthy spouse to live on once the ill spouse passes.

One option is long-term care insurance, but Curfman doesn't advise it. "The average rise of health care costs compared with what a long-term care policy offers is not great. There is an average increase of 15 percent a year and even if it's a great policy, there could be an inflation cap of 3 to 5 percent."

Curfman suggests that people planning for long-term care also consider trying to use the death benefit in their life insurance policy while they're still living. "Life insurance is becoming more unique. Some policies allow access to the death benefit while alive," Curfman says.

If a person can't perform two activities of daily living – feeding and clothing yourself, for instance – he or she can talk to a doctor, have the doctor write a note explaining their inability to succeed at those tasks and receive substantial access to the death benefit, Curfman explains. You can also receive an accelerated death benefit if you are terminally ill or have a life-threatening diagnosis such as AIDS, according to the U.S. Department of Health and Human Services. There are also hybrid life insurance policies that allow chronic illness riders, which may be helpful to boomers in their 50s and 60s.

Curfman says some financial advisors are beginning to factor long-term care and assistance to family members into clients' financial plans. "I think what's happening is that a lot of advisors only deal with retirement planning through asset allocation, and that's shortsighted to help with those goals but not deal with long-term care issues. It's not so much that advisors are proactive, it's that these issues are being brought to them and now they're reacting."

David Tyrie, head of retirement and personal wealth solutions for Bank of America Merrill Lynch, says the study makes it apparent that people are not having real discussions about their financial needs in retirement or how family issues complicate those goals. According to the survey, as much as 70 percent of adult children age 25 and older haven't discussed important financial issues with their parents, such as their parents' retirement, possible illnesses or anything related to aging. The survey also shows that more than half of parents age 50 or older haven't discussed inheritance, a will or where they want to live in retirement with their adult children.

"It's very clear people are not talking about this. People are only reactive, doing this after an illness or death of a family member. But there is fear of conflict or what might happen as a result," Tyrie says.

If families don't discuss important financial issues, debt could easily spiral out of control. Curfman gave the example of a couple he worked with who did everything right to plan for their retirement – only they didn't account for the financial help they would need to give their children and parents.

"They eventually had $100,000 in debt. They were embarrassed, but they weren't blowing money. They were helping out with kids and parents. They were two years away from retirement and did the planning, but didn't have a plan when it came to the parents and kids," Curfman says.

10 Surprising Ways to Look Younger

By Details Magazine

DETAILS

Getty

Honestly, a person can only repeat the exfoliate-moisturize-SPF routine so many times. If you want to look younger (and your grooming arsenal is already stocked), follow these 10 simple strategies to turn back the clock-no medicine-cabinet space required.

1. Eat Your Antioxidants

Two weeks to noticeably fewer wrinkles? Even the best moisturizers can't promise that. But in a new study from Unilever, participants who took fish-oil supplements and drank four antioxidants for 14 days straight significantly improved the depth of their wrinkles. Check out these antiaging foods to get started as soon as your next meal.

2. Crack a Smile

Sure, smiles fend off future frown lines, but they also make you look younger right now. When German researchers had men and women look at multiple photos of 171 people's faces, they were most likely to underestimate the age of people when they were shown smiling.

3. Lower Your Blood Pressure

One 2013 study found that people who look younger than their years tend to have lower blood pressure, while another new study in Molecular Psychiatry shows that depression, which researchers find compromises your immunity, may actually speed up the biological aging process.

4. Get Your Eyes Checked

Stop squinting! Every time you furrow your brows, a groove forms under your skin. As you age and your skin loses flexibility, these grooves become fine lines and flat-out wrinkles, says Boston dermatologist Ranella Hirsch, M.D. In fact, Hirsch sends 90 percent of her thirtysomething Botox patients to the ophthalmologist for a stronger prescription.

5. Have More Sex

In one study, a panel of judges perceived people who had regular sex (four times a week, on average) to look 7 to 12 years younger than their actual age, according to Superyoung: The Proven Way to Stay Young Forever. Researchers say that sex spurs the release of human growth hormone, which may help timeproof your skin by promoting elasticity.

6. Hit the Gym for Better Genes

Sure, the fewer your chins, the younger your look, but a new study from UC San Francisco shows that exercise can also influence your DNA. Researchers found that twins who exercise for 30 minutes a day have DNA markers that look 10 years younger than those of their sedentary counterparts.

7. Get More Sleep

Beauty sleep prevents more than baggy eyes. One 2013 study found that the skin of bad sleepers has difficulty recovering from environmental stressors, UV radiation included. The result: increased signs of aging. Luckily, we know seven ways to get a better night's sleep.

8. Brush Up
Enamel darkens over time, and the darker your teeth, the older you look. So get brushing. Per a 2010 study in PLoS One, people who brush twice a day look approximately five years younger than those who brush just once. Of course, you can always make up for lost time with a good teeth-whitening system.

9. Grow Facial Hair
Guys used to grow whiskers to look older. But according to recent University of Southern Queensland research, beards and mustaches can help guys look younger by blocking up to 95 percent of the sun's UV rays. Plus, facial hair secretes natural oils that help keep skin moisturized and wrinkle-free. See more weird-yet-true health benefits of beards.

10. Skip the Cigs
It's no surprise that smoking ages you. What is surprising is just how much: Every 10 years of smoking resulted in a perceived extra 2.5 years of age, according to new research published in Plastic and Reconstructive Surgery. Researchers say that smoking is associated with more wrinkles between the nose and the mouth, lip wrinkles, sagging jowls, under-eye bags, and sagging eyelids-meaning pretty much your entire face.

Popular Antacids Could Cause Vitamin Deficiency

By Kristen Fischer Tue, Dec 10, 2013

People taking acid-inhibiting medications, such as Prilosec, Zantac, Pepcid, or Nexium, could be short on Vitamin B12.

According to a new study in the *Journal of the American Medical Association*, proton pump inhibitors (PPIs) and histamine 2 receptor antagonists (H2RAs) suppress gastric acid production, which can mean that the Vitamin B12 in food is not properly absorbed into the body. Vitamin B12 deficiency is linked to serious health complications, such as anemia, nerve damage, and dementia.

“Vitamin B12 deficiency is relatively common, especially among older adults; it has potentially serious medical complications if undiagnosed," the authors wrote.

Scientists from Kaiser Permanente in Oakland, Calif. examined data from 25,956 patients with a new Vitamin B12 deficiency diagnosis between January 1997 and June 2011, and 184,199 patients without Vitamin B12 deficiency. They compared the two groups based on exposure to acid-inhibiting medications.

Among those who were newly diagnosed with a Vitamin B12 deficiency, 12 percent had been on PPIs for more than two years and 4.2 percent had been on H2RAs for more than two years; 83.8 percent were not on any of the medications. In the control group, 7.2 percent had been on PPIs for two years or more and 3.2 percent had been on H2RAs for more than two years; 89.6 percent were not taking acid-suppressors.

The researchers concluded that those on PPIs and H2RAs ran a higher risk of Vitamin B12 deficiency. And the higher the dose, the greater the risk.

They also discovered that the deficiency was more common in women and younger people. Once people stopped taking the medications, their risk went down.

“We cannot completely exclude residual confounding [factors besides the drugs] as an explanation for these findings, but, at minimum, the use of these medications identifies a population at higher risk of B12 deficiency, independent of additional risk factors,” the authors wrote.

Should Patients Stop Taking Acid-Inhibitors?

While their findings do not indicate that people should stop taking these medications, the researchers encourage physicians to be aware of the findings.

The strength of the association between acid-suppressors and vitamin deficiency increased with the medication dose, but not with the total length of time a person takes the medication, noted Dr. Douglas A. Corley, a research scientist at the Kaiser Permanente Northern California Division of Research.

Knowing that Vitamin B12 deficiency is a possibility, should patients taking acid-suppressors ask for screenings? Talk to your doctor, Corley said.

“These results raise the question of whether patients on long-term acid suppressing medications should be screened at least once for vitamin B12 deficiency,” Corley said, noting that his statements refer to those who've been on the medications for more than two years.

The most commonly used PPIs are Prilosec, Prevacid, Nexium, Protonix, and Aciphex. The most popular H2RAs include Zantac, Pepcid, and Tagamet.

Obamacare's next threat: Inertia among the uninsured

Published: Tuesday, 10 Dec 2013

By: Dan Mangan | Health Care Reporter

Miguel S. Salmeron | Stockbyte | Getty Images

There's knowing what you have to do and then there's actually doing it. And the results of a new survey suggest the health-care reform law may be falling short on both accounts among the uninsured—the group Obamacare is designed to help the most.

The findings of the survey by the Transamerica Center for Health Studies suggest that Obamacare's goal of providing affordable health insurance to millions of Americans faces widespread inertia.

Although more of the survey's respondents knew about components of the law compared with a prior survey over the summer, not many of those polled are enrolling for coverage via the Obamacare exchanges even if they know that the law mandates nearly all people must have insurance by 2014.

"More Americans are informed and prepared for the March 31, 2014, mandatory health coverage date, but a significant number have yet to actually sign up for health insurance in the exchanges or the traditional insurance market," said Hector De La Torre, executive director of the center, whose online poll of 1,000 adults under the age of 64 was conducted last month by **Harris Interactive**.

"The uninsured continue to be the least active, which could be because they feel the least prepared and also are the least satisfied with the health-care system," said De La Torre, whose center is a division of the Transamerica Institute, a nonprofit foundation focused on research and education about health and retirement issues facing the public. "With the deadline to purchase coverage approaching, the great unknown is what the uninsured will do."

The questions surrounding what uninsured people will do are crucial because that is the group the new, government-run Obamacare exchanges were specifically designed to target. And those exchanges are the only place that tax subsidies are available to offset the cost of coverage for people whose incomes qualify them.

Most Americans are unlikely to use the exchanges, since they already have insurance through either their employer, Medicare, Medicaid or military health coverage.

Despite that, the uninsured on average were much less aware of the exchanges such as federally run HealthCare.gov and the state marketplaces than the overall population, the survey found. A total of 31 percent of the uninsured survey participants said they hadn't even heard about the Obamacare exchanges. That compares to just 15 percent of the general population who were in the dark about them.

And a mere 10 percent of the uninsured plan to buy health coverage through one of the exchanges, the survey found.

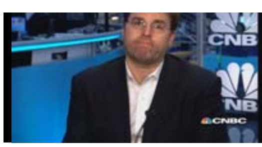
More prepared

Still, there is growing awareness about other elements of the Affordable Care Act. The general population has, in recent months, described themselves as better prepared for the potential impact of the new law, the poll found, with about 72 percent saying they are "very" or "somewhat" prepared to deal with the ACA's requirement that nearly all people have some form of health insurance by 2014 for face a tax penalty, the so-called individual mandate.

Those numbers represent statistically significant improvements from when the same survey was first conducted in July. In that earlier poll, 63 percent said they were "very" or "somewhat" ready to comply with the individual mandate.

Among respondents who are currently uninsured, there was also an increased level of preparedness for the ACA—but far below the levels seen in the general population.

In July, just 30 percent of the uninsured said they were "very" or "somewhat" prepared to comply with Obamacare's individual mandate. That number jumped slightly to 35 percent in the new poll—but was still nearly 40 percentage points below the level of preparedness seen in the general population.



Obamacare data errors could delay coverage

CNBC's Dan Mangan talks about a surprisingly large percentage of Obamacare enrollments that contain data problems that could delay the delivery of health coverage.

And 55 percent of the uninsured said they are "not sure" what they will do in the face of the individual mandate obligating them to obtain health insurance.

Just 6 percent of the general population said they plan to buy health insurance through the Obamacare exchange, but only 2 percent had actually enrolled.

That relatively low level of sign-ups among survey respondents mirrors what the Obamacare exchanges have seen to date since their Oct. 1 launch. So far, more than 330,000 are believed to be enrolled nationally on the exchanges, but that is well below the 1.2 million people federal officials originally projected would be enrolled by the end of November.

Officials now are hoping that enrollment dramatically increase in December, when a key deadline will occur. To have coverage that begins by Jan. 1, people will have to pick a plan on the exchanges by Dec. 23, and make a premium payment for that plan by Dec. 31.

Health insurance experts have repeatedly warned of the potential negative fallout of so-called adverse selection in plans sold through the Obamacare exchanges.

If too many older people, and those with pre-existing medical conditions sign up after years of being denied affordable coverage because of their health status, they could swamp the insurers with demands for benefits payouts, if those insurers don't get younger, healthier people who currently lack health insurance to enroll in their plans.

HEALTHCARE.GOV WORKING BETTER BUT PROBLEMS PERSIST

Back-End Errors at U.S. Health Website Jeopardize Sign-Up

By Alex Wayne and Alex NussbaumDec 9, 2013

Photographer: Joe Raedle/Getty Images

Mercy Cabrera, left, an insurance agent with Sunshine Life and Health Advisors, helps Amparo Gonzalez purchase an insurance policy under the Affordable Care Act at the store setup in the Westland Mall on Nov. 14, 2013 in Hialeah, Florida.

Photographer: Joe Raedle/Getty Images
Mercy Cabrera, left, an insurance agent with Sunshine Life and Health Advisors, helps Amparo Gonzalez purchase an insurance policy under the Affordable Care Act at the store setup in the Westland Mall on Nov. 14, 2013 in Hialeah, Florida.

There's no way to tell how many people who think they enrolled for health insurance through the U.S. Obamacare exchange actually have, after about 1 in 4 files sent to insurers had garbled and incomplete information.

The data transmission errors have been reduced to 1 in 10 since Nov. 30, the government said on Dec. 6. Still, the acknowledgment suggests consumers need to be vigilant about their health plan purchases. Letters from insurers confirming coverage can take a week or more, and the Obama administration now says people should call their companies if they aren't contacted within that time.

With repairs to the front end of **healthcare.gov** producing a spurt of 29,000 new enrollments in the first two days of December, U.S. officials are now focusing on what happens after customers select a plan on the website. Enrollment is incomplete until consumers make their first payment, which is due Dec. 31 for insurance that will begin on Jan. 1.

"It's time for people to move toward locking in coverage and paying for it," said **Joel Ario**, a consultant with Manatt Health Solutions, in a telephone interview. Insurers will face "a tall challenge" trying to resolve enrollment errors as the time shortens before coverage begins Jan. 1, he said.

The Centers For Medicaid & Medicare Services, which runs the federal health website, doesn't have "precise numbers" on how many of the enrollment forms, called 834s, have been sent to insurers or how many have errors, **Julie Bataille**, an agency spokeswoman, said during a Dec. 6 conference call.

Data Improving

Insurers say the data they are receiving from the government is improving, though the process remains "a work in progress," according to **Cynthia Michener**, a spokeswoman for Hartford, Connecticut-based **Aetna Inc**.

"We are working closely with the marketplace technical team and other carriers to help identify, prioritize and test additional issues," Michener said in an e-mail. "We continue to receive enrollment files with some of the initial issues we saw," including duplicated records.

The files contain basic information about insurers' new customers, including names, addresses, birth dates, gender and Social Security numbers for people who sign up and their families. While one bug causing Social Security numbers to be omitted from the enrollment forms has been fixed, offsetting about 80 percent of the errors, work on the back-end link with insurers is continuing, Bataille said on Dec. 2.

Law's Goal

The federal health website covers 36 states while 14 states have created their own online marketplaces for people to shop for insurance with the help of government subsidies. The exchanges are at the core of the Patient Protection and Affordable Care Act of 2010 known as Obamacare that seeks to provide access to health coverage for many of the country's estimated 48 million uninsured. The law requires most Americans to sign up for a health plan by March 31 or pay a fine of as much as 1 percent of income.

A project the government began two weeks ago with 16 insurance companies to allow people to enroll directly with health plans, bypassing healthcare.gov, has improved the working relationship among government's technicians and those at the companies, said a person familiar with the work who asked not to be identified because the information is private. The new cooperation has helped to resolve issues with the data transfers, the person said.

Complicated System

The back end of the healthcare.gov system is "actually more complicated than the front end," **John Engates**, the chief technology officer of San Antonio, Texas-based **Rackspace Hosting Inc**., said in a telephone interview. "The back end is where a lot of the heavy billing and transaction processing and batch processing need to go on. It's easier to build a public website than it is to build a very large-scale billing engine and transaction engine like that."

Michener said that when **Aetna** receives files with missing data, the company contacts CMS to get the information and complete the enrollment. If people call Aetna to confirm their enrollment and the company has no information on them, “they may fall into a category of missing records,” she said.

“We contact CMS for assistance and reconcile with the member as soon as we have closed the gap with CMS,” she said.

Insurers “have a lot of checks on their end,” said **Sanjay Singh**, CEO at HCentive Inc., a Reston, Virgina-based software company that works with insurers. “It is not that the person completes a transaction on the exchange and that’s the end of the story. The loop is not left open on the other end.”

‘Pretty Good’

Errors with the forms aren’t uniform, and some insurers report few problems.

“In general our 834 files have been pretty good,” said Kathleen Oestreich, CEO of Meritus, a Tempe, Arizona, startup insurer funded by government loans. The company has seen only one “orphan” member, she said -- a person who called and said they hadn’t received an enrollment notice even though they had picked Meritus as their insurer.

More troubling are “ghosts” -- people whose files never reach their insurers, **Robert Laszewski**, an insurance industry consultant, said. It’s unclear how many people may fall into that category or how companies will identify or reach them.

“If they enroll 500,000 people and 25,000 of them walk into the doctor’s office and nobody knows who they are, that’s a problem,” he said in a phone interview.

Direct Enrollment

People may soon have the option of bypassing healthcare.gov and enrolling through the websites of the insurance companies or online insurance brokers. The results of the government’s test project in Florida, Texas and Ohio have been positive so far, companies said.

Blue Cross and Blue Shield of Florida said last week that it would start enrolling people online, through agents and brokers and at retail centers it operates in the state. The process has gotten smoother over the past week, said Mark Wright, a spokesman for the carrier.

Health Care Service Corp., owner of Blue Cross plans in Texas, Illinois and three more states, has “seen some successes” with direct enrollment, said Greg Thompson, a spokesman for the Chicago-based company. “There have been some problems, too, but we expect to see improvement.”

For consumers, enrolling directly through an insurer means they may miss out on a chief benefit of the government's exchange -- the ability to compare competing policies side by side, said **Betsy Imholz**, a special projects director for Consumers Union, the Yonkers, New York-based advocacy group. Still, consumer groups are warming to the idea given healthcare.gov's limitations, she said in an interview.

Where the Jobs Will (and Won't) Be in 2014

Forbes *By Susan Adams*

If you hope to land a job in the next three months, where in the country will you find the most vibrant job market? According to the just-released Employment Outlook Survey from staffing giant ManpowerGroup, the No. 1 spot is the Deltona, FL metropolitan region, which includes Daytona Beach and Ormond Beach on the state's east coast.

Each quarter, Manpower surveys employers about whether they plan to add or cut jobs, keep employment levels the same, or haven't yet decided. In the Deltona area, a net 24% of companies plan to hire new staff in the first quarter of next year.

That compares with a net 13% of U.S. employers who expect to add to their workforces next quarter. According to Manpower president Jonas Prising, that's the strongest nationwide number since the first quarter of 2008, before the recession hit. At that point a net 16% of U.S. employers expected to add jobs. The number is up one point from the same period last year and significantly up from the weakest in the history of the survey, 4% in the first quarter of 2010. "If you look back over the last four years, employers have gradually but consistently and doggedly improved their outlook," says Prising. "It's been slow and steady and as we look into the first quarter of 2014, we see no change."

[More from Forbes: The Easiest And Hardest Cities For Finding A Job Right Now]

To gauge companies' hiring plans, Manpower surveyed more than 18,000 employers in the U.S., gathering data in the top 100 metro areas. It used a research firm that quizzed hiring managers and human resource professionals by phone and email over the first two weeks of October. The firm asked one multiple-choice question about companies' plans for the first quarter of 2014: How do you anticipate total employment at your location to change in the next three months to the end of March 2014, as compared to the current quarter? Companies could choose four answers: Increase staff. Reduce staff. Keep staff levels the same. Unsure. Then Manpower crunched the numbers and came up with a "net employment outlook." The survey is a rough measure, since it doesn't count the number of jobs employers plan to add or subtract, but simply asks whether they plan to hire or fire.

Lisa Hancock, Manpower's central Florida executive vice president, says the Deltona area is producing new jobs in both the hospitality business and in professional and business services, with a big player in the professional services set to open a call center (the plans aren't yet official so she couldn't name the company). Another boon to the area: the new SunRail commuter train, set to open early next year.

After Deltona, the second-strongest hiring outlook is in McAllen, TX, near the southernmost tip of the state. A net 23% of employers expect to add jobs there early next year. According to Kelli Stanton, Manpower's regional director for south Texas, two segments of the economy are growing fast. One is what she calls "twin maquiladoras." Auto plants in Reynoso, Mexico, produce cars and then companies in McAllen inspect the vehicles and ship them out. Retail businesses like Walmart, Costco, Dillard's and Macy's also benefit from McAllen's proximity to Mexico as people cross the border to shop. In addition, the young bilingual population has spurred a growth in call centers for companies like T-Mobile and Ticketmaster. Construction is also healthy as retirees, or "winter Texans," have moved to the area. That has spurred the expansion of health care services, producing hospital, residential care and home health care jobs.

[More from Forbes: The 10 Cities Where People Earn The Biggest Paychecks]

Third place on the list is shared by Austin, TX and Cape Coral, FL. In both cities, a net 20% of employers expect to hire in Q1. Cesiah Kessler, Manpower's regional director in Austin, says a slew of high tech companies are hiring, including Apple and Samsung. Austin-based National Instruments and Dell, based in nearby Round Rock. HID Global, a security company that makes key cards, keys and cyber-security systems, announced in late 2012 that it was building its North American operations center in Austin, and it is still hiring. Another company with hiring plans that's based in Austin: the Liquidation Channel, a QVC-like cable channel and website that sells jewelry and other discounted goods. The Cape Coral-Fort Myers area was No. 1 on the list last year, boosted by the recovering housing market and a low density rate, which leaves it plenty of room to grow. The housing recovery has fueled restaurants and retail businesses, including new Walmart and Sam's Club stores. In Fort Myers, a new waterfront development has also produced jobs.

At the other end of the spectrum is Buffalo, NY, where a net of -3% of employers plans to hire in Q1. But the hiring picture there is not all negative, insists Manpower's upstate New York and Vermont regional director, Deena Perro. Though high-paying manufacturing jobs have died out, and the Niagara Falls-related retail and hospitality economy has contracted, there has been growth in green and high tech manufacturing and also in health care and education. M&T Bank, a regional financial chain, has also added a new call center, which is hiring. The next-weakest metro areas, tied with a 0% hiring outlook: Chicago, Hartford, CT, and Memphis.

What does Manpower's Prising predict beyond the first quarter of 2014? "Despite everything we read about volatility, employers in the U.S. are seeing a gradually and steadily improving economy and they are hiring accordingly."

Where The Jobs Will Be In 2014

1. Deltona, FL
Net employment outlook: 24%

2. McAllen TX
Net employment outlook: 23%

3. (tie) Austin
Net employment outlook: 20%

3. (tie) Cape Coral, FL
Net employment outlook: 20%

4. Dallas
Net employment outlook: 19%

See more of The Places Jobs Will Be In 2014.

Where The Jobs Won't Be In 2014

1. Buffalo
Net employment outlook: -3%

2. (tie) Chicago
Net employment outlook: 0%

2. (tie) Hartford
Net employment outlook: 0%

2. (tie) Memphis
Net employment outlook: 0%

3. (tie) Boise, ID
Net employment outlook: 3%

Columnist Ellen Goodman wants families to have end-of-life talks before a crisis hits

FROM ALAN OLASIN/INSTITUTE FOR HEALTHCARE IMPROVEMENT - Writer Ellen Goodman wants adult children to talk to their parents about end-of-life issues.

By Richard Harris, Published: December 16

It was only as her mother lay dying nearly seven years ago that Ellen Goodman began to realize she had never had a real conversation with her about her end-of-life wishes. By then, it was too late. Her mother was already suffering from dementia.

“She wasn’t really able to say what she wanted for her lunch, let alone what she wanted for health care,” the Pulitzer Prize-winning columnist says. “The only conversation I had had with my mother — and this is often true of people — is when she would see someone and say, ‘If I’m ever like that, pull the plug.’ But there was no plug to pull.”

Caregiving is a pressing issue for adult children such as 29-year-old Katie Halloran, whose father has early onset Alzheimer's disease.

Juliet Eilperin DEC 16

Goodman felt so unprepared for all the decisions she was forced to make for her mother that she is now preaching one message to anyone who will listen: Have “The Conversation,” and have it early. For those who say they’re too uncomfortable to talk about end of life or say, “It’s too soon,” Goodman’s answer, born out of her own experience: “It’s too soon until it’s too late.”

And so last year she co-founded The Conversation Project with the nonprofit Institute for Healthcare Improvement to provide families with the tools to broach these often emotional and gulp-inducing discussions. Goodman says we need to treat these conversation like death itself — something that you simply can't avoid, much as we'd like. And she hopes the tool kit makes these often difficult family discussions easier.

In a survey it commissioned, The Conversation Project found that more than nine in 10 Americans think it's important to talk about their own and their loved one's wishes for end-of-life care, but fewer than three in 10 actually engage in these conversations.

Goodman urges families to have the discussion around a kitchen table, not in an intensive care unit where emotions and the pressure of a health crisis can cloud decision-making. To help people initiate the conversation, there is a "starter kit" and guide on the group's Web site. The kit, on how to talk with your family, suggests, among other things, icebreaker lines for an adult child or a parent ("I need your help with something" or "Even though I'm okay now, I'm worried and want to be prepared"). The guide offers advice on how to talk with your doctor about end-of-life care.

So far, more than 62,000 people have downloaded the information, among them Nicole Boissiere, an elementary school teacher in Woodbridge.

Boissiere's mother received a diagnosis of breast cancer five years ago, and in 2011 she learned that she had late-stage ovarian cancer. At the same time, Boissiere's mother-in-law was fighting the deadliest form of lung cancer. Boissiere said her father didn't want to acknowledge what was happening to his wife. He was in such denial that he didn't even want to go to the hospital an hour before his wife died, but Boissiere says he is glad his brother insisted on taking him to say goodbye.

Boissiere has one regret — that she couldn't grant one of her mother's wishes: to die at home. So she is determined to make sure she can fulfill her dad's vision for the end of his life. It used to be that he would ask, "What are you bringing that up for?" anytime Boissiere would raise end-of-life issues. But by using the starter kit to engage her dad in short conversations — asking him a question or two during breaks in football broadcasts — Boissiere thinks she and her 73-year-old father have been brought closer together.

'Conspiracy of silence'

Goodman says every family has a difficult end-of-life story and is hopeful that the "conspiracy of silence" — parents reluctant to worry their adult kids, and kids uncomfortable bringing up the idea of death and final wishes with their parents — is beginning to break down.

Medical technology increasingly is forcing the issue, confronting families with what can be excruciating end-of-life choices. Even though polls show that about 70 percent of people want to die at home, nearly half of all Americans die in the hospital, often wired to machinery in the intensive care unit.

One-quarter of Medicare's budget is spent on treatment in the last year of life. Of that, 40 percent is spent on the final 30 days. And given the coming tsunami of aging baby boomers, experts say such levels of health-care spending may become unsustainable.

Slowly, an increasing number of people are opting for palliative care and a more natural death at home or in hospice. A 2010 New England Journal of Medicine study showed that patients with newly diagnosed metastatic lung cancer who received palliative care along with their cancer treatment suffered less depression, enjoyed better quality of life and lived three months longer than those who received standard care alone.

Until we reach immortality — and Google has a new life science start-up, Calico, focused on trying to fight off aging and associated disease — Goodman remains convinced there will always be a need for The Conversation. One reason she helped launch her project, she says with a chuckle, can be summed up in the classic headline from the satirical publication The Onion: “Death rate holds steady at 100 percent.”

Goodman has taken her own advice, talking to an aunt and uncle, both in their 90s. She has also talked with her daughter and stepdaughter, both in their 40s, about her own end-of-life wishes. Her comedienne daughter’s first reaction: “Can’t we have lunch instead?”

How will Goodman know The Conversation Project has had the impact she hopes for? “Probably when the phrase ‘Have you had The Conversation?’ is so much a part of the national dialogue that everyone knows what it means.” In fact, Goodman says, her group is planning an annual day to have folks turn to each other at work, at worship, at dinner and at book groups and ask ‘Have you had the conversation?”

Insurers extend O-Care payment deadline

By Elise Viebeck December 18, 2013

Health insurance companies are giving ObamaCare policyholders more time to pay their first premiums after the Obama administration urged the move as a way to mitigate problems and confusion with the new exchanges.

Consumers who select their health plans by Dec. 23 will now have coverage effective Jan. 1 as long as they pay their premiums by Jan. 10.

The 10-day extension will allow policyholders to bill insurance companies for medical services incurred before they paid their first premium, technically the threshold for gaining coverage.

Trade association America's Health Insurance Plans (AHIP) said the voluntary move responds to problems at HealthCare.gov — the troubled federal enrollment website — and helps to ensure consumers do not experience a gap in coverage.

"Our community is taking an important step to give consumers greater peace of mind about their healthcare coverage," AHIP President Karen Ignagni said in a statement.

AHIP represents the vast majority of U.S. health insurers, including most national carriers.

Continued problems with HealthCare.gov threaten to derail consumers who want coverage that takes effect on New Year's Day.

For months, the enrollment site has sent incorrect or garbled information to insurers on behalf of people who selected health plans.

The issue has been largely fixed, according to federal health officials, but still requires the administration to reconcile enrollments with insurance companies to ensure consumers don't encounter trouble using their plans.

Insurers say the paperwork, called "834" forms, is still arriving with problems.

The Obama administration has repeatedly extended deadlines related to the Jan. 1 effective date for some ObamaCare plans as consumers and insurers report complications with enrollment.

In an announcement last week, federal health officials stated that insurers would be required to accept payments made through Dec. 31 for plans set to begin Jan. 1.

Health and Human Services Secretary Kathleen Sebelius noted that insurance companies had discretion to extend the deadline further into the month of January, heralding Wednesday's announcement by AHIP.

Consumers will still have to select policies by Dec. 23 in order for them to take effect Jan. 1.

While reaction to AHIP's move was initially muted, Republicans criticized last week's deadline extension by HHS as an indication of major problems with ObamaCare's rollout.

"It's clear the administration knows ObamaCare's problems are only going to get worse, and patients will be the ones who suffer," said Rory Cooper, a spokesman for House Majority Leader Eric Cantor (R-Va.).

"What's not clear is whether they understand the confusion and chaos they continue to cause."

Kurt DelBene, former Microsoft executive, will take over HealthCare.gov

Paul Sakuma/AP - Kurt DelBene will serve as an unpaid adviser on HealthCare.gov at least through June.

By Juliet Eilperin, Published: December 17

The Obama administration tapped former Microsoft executive Kurt DelBene to take over managing HealthCare.gov on Tuesday, as President Obama sought the advice of high-tech executives on how to improve the federal government's online health insurance enrollment system.

DelBene, who recently retired from Microsoft and is married to Rep. Suzan DelBene (D-Wash.), will serve as an unpaid senior adviser. He will succeed Jeffrey Zients, who is scheduled to head the National Economic Council beginning in February.

"Kurt has proven expertise in heading large, complex technology teams and in product development," Health and Human Services Secretary Kathleen Sebelius wrote in an official blog post Tuesday. She said he will serve in the role at least until the end of June.

Several lawmakers, concerned about the Web site's rocky rollout, had pressed the administration to install an outside expert to oversee its operations once Zients left. Zients, who was appointed in late October and oversaw major improvements in the system, had requested a month's time to prepare for his next West Wing assignment.

DelBene spent two decades managing large technical teams at Microsoft and recently served as president of its Microsoft Office division; he announced in July that he would retire by the end of the year. Sebelius said that he will work with Health and Human Services officials and the site's general contractor, QSSI.

Microsoft founder Bill Gates said in a statement that DelBene "brings deep expertise as a manager and engineer to his new responsibilities."

Kirk Koenigsbauer, corporate vice president in Microsoft Office's engineering group, said in a phone interview that in working with DelBene over the past decade, he's been struck by his ability to combine a broad vision with a practical approach.

"He can see the big problems that we're trying to solve but is also able to wallow into the details of the code itself. That's a pretty unique thing," Koenigsbauer said. Software offers engineers endless possibilities, he said, "but at the end of the day you have to ship something, you have to deliver something and get it done."

DelBene oversaw more than 6,000 engineers as president of the Microsoft Office division and helped transition the long-standing software package to a cloud-based format.

Sebelius wrote that “the President and I believe strongly in having one person, with strong experience and expertise in management and execution, who is thinking 24/7 about HealthCare.gov.”

DelBene also will work on the site’s performance to ensure that it functions well throughout the open enrollment period, which ends March 31, Sebelius added.

Her department announced DelBene’s appointment as he and other administration officials were meeting with 15 executives from high-tech firms about the Web site, federal IT contracting and the government’s national security surveillance program. Zients attended the session, along with White House senior adviser Valerie Jarrett and several top national security and economic officials.

After the meeting, the White House issued a statement saying that the group discussed “issues of shared importance to the federal government and the tech sector, including the progress being made to improve performance and capacity issues with HeathCare.Gov.”

“The President made clear his continued focus on improving the way we deliver technology to maximize innovation, efficiency and customer service, and encouraged the CEOs to continue to share their ideas on how to do so,” the statement added.

During a West Coast fundraising swing last month, Obama told several high-tech donors that HealthCare.gov’s botched launch had convinced him that he needed to overhaul the way the federal government issues contracts for technology projects. But Silicon Valley firms have had only limited involvement in the Web site’s overhaul, with a handful of experts from Google, Red Hat and Salesforce.com volunteering their time on the project.

Some of the Silicon Valley officials who met with the president Tuesday were generous donors to his 2012 reelection bid: Yahoo chief executive Marissa Mayer raised between $100,000 and $200,000, according to the Center for Responsive Politics, while ShervinPishevar, co-founder and co-CEO of Sherpa Global, raised more than $500,000. And Mark Pincus, Zynga’s chief product officer and chairman,gave $1 million to Priorities USA Action, the super PAC affiliated with Obama.

More broadly, the employees and family members of the 15 firms represented at the meeting gave an average of $356,000 per company to Obama, according to the Sunlight Foundation.

Producers vindicated as House slams navigators

by Insurance Business | Dec 18, 2013

After months of feeling ignored in favor of government-funded navigators, producers are finally enjoying their time in the spotlight. They're also enjoying a bit of sweet vindication as a Republican-led House panel releases a report accusing navigators of committing significant errors and risking privacy.

Navigators, which were appointed in the Affordable Care Act rollout to help consumers enroll in health plans, have been giving enrollees bad information and haven't done enough to protect privacy, the report said.

"Documents call into question the effectiveness of the Navigator program and the Obama administration's ability to safeguard consumer information," the House Oversight Committee concluded.

Will McDonald of Reno-based MacLean Financial Group said producers at his firm felt navigators' foul-ups had been the "saving grace" for the brokerage.

"A lot of the people we talk to don't believe what the government says about healthcare, and they're turning to the professionals for advice," McDonald said. "When they turn to us, they get a way better experience. The ones we have been able to help are greatly appreciative for the services we offer."

Democrats ripped the House report, calling it biased and uninspired, and detracting from issues that deserve real attention.

"This partisan and recycled staff report is another attempt by Republicans to block the Affordable Care Act and impugn the integrity of individuals working diligently to help millions of Americans get quality, affordable healthcare," Rep. Elijah Cummings told UPI. "The focus of today's field hearing is on a handful of people who everyone agrees have no place in the navigator program, instead of the much more significant problem that Texas has refused to expand its Medicaid program."

'Tis the season for health and taxes

Tax-preparation firms will now offer insurance eligibility reports for customers. | AP Photo

By PAIGE WINFIELD CUNNINGHAM | 12/19/13

People walking into the big commercial tax-preparation companies this winter may come out with more than a tax refund.

They may get health insurance.

Firms like Jackson Hewitt and H&R Block are offering health insurance checkups during the 2014 tax preparation season to explain Obamacare options to their customers, many of whom will qualify for federal tax credits to help afford health coverage but may not know it. The firms are partnering with web insurance brokers who will help people sign up as they're filing their taxes — which in turn gives them cash on hand from tax refunds to help them pay their share of the premiums.

Even TurboTax has gotten into the health coverage act. The do-it-yourself tax program now generates health insurance eligibility reports for its customers. TurboTax directs them to its web broker partner for enrollment help, and more than 250,000 people already have checked out an online health insurance guide in tandem with the tax software, a company official said.

The way tax firms see it, they're already doing business with the very folks the Obama administration has been striving to reach — the subsidy-eligible working and middle class. Obamacare enrollment got off to a dismally slow start in October with all the online sign-up problems amid ongoing political controversy. The administration has a lot of catching up to do to get millions of people covered by March 31, the deadline for avoiding a tax penalty.

The tax firms were planning their insurance assistance program even before the website rollout flopped. Now they see their efforts as even more necessary.

"The government doesn't have all the good ideas. This is a place where we can complement what the government is doing," said Brian Haile, vice president for health policy at Jackson Hewitt, who has worked on health insurance exchanges in the past and expects his firm to help "hundreds of thousands" get covered or find a good deal in the exchange. Dangling that tax refund is an extra incentive to get people to take care of both health and taxes.

Government-funded health law "navigators" and advocacy groups helping people sign up are emphasizing the health benefits of getting covered, while tax preparation firms are hammering home the economic benefits. Tax firms can help people understand the penalties for not being covered, new choices for coverage and how changes in family income can affect subsidy eligibility. And the context is family finance, not the highly charged political debate over the health law.

"As part of our tax preparation process, we know it's important for people to understand their options," said Meg Sutton, senior adviser for tax and health care services for H&R Block. "If I choose to obtain coverage, how much will I pay out of my budget versus what is the tax penalty I will see."

The tax preparers won't do the actual enrollment in the new insurance exchanges or Medicaid. They do an assessment for clients who want it, and then connect them to web-based insurance brokers they've partnered with: GoHealth for H&R Block, and GetInsured for Jackson Hewitt.

TurboTax, which is working with eHealth, has traditionally served mostly middle- to upper-income earners but has broadened its customer base, which now includes those eligible for Medicaid or federal insurance subsidies, said Mitch Fox, who's leading TurboTax's health law efforts.

There's still a technical barrier. The e-brokers have to interact with HealthCare.gov and the state exchanges, and they've faced many of the same technology problems that have hampered enrollment for others. They've faced particular obstacles and delays in doing direct enrollment for consumers who qualify for subsidies, despite earlier promises by the Obama administration. The websites have been getting better, so the brokers hope those problems are cleared up in time for the tax-related rush that will start soon.

For the tax industry, getting people enrolled is all about the bottom line for customers: maximizing subsidies and ducking penalties. And it's easy to get them in the door, because most of the people who use these commercial tax preparers get a refund. They tend to come in early during the tax season because they want that refund to replenish the family bank account after the holidays.

"What kind of tangible incentive can you offer someone to complete the process? The answer was pretty simple — tax refunds; that's the best one," said Jackson Hewitt's Haile. A tax refund is often the largest check people will pocket all year. Since many are uninsured, that's the best time to persuade them to get coverage, firms say.

"It's the single largest transaction they have all year long, and so I think there is no better moment to do it," Haile said. "We need to sell insurance when people have the cash to buy it." Subsidies are on a sliding scale so lower income people won't face steep costs.

Having the tax preparers take on this role makes a lot of sense, says Stan Dorn, who specializes in low-income populations and health coverage at the liberal-leaning Urban Institute.

"There is no other place in America where you will find this number of uninsured people, so it's a very promising venue for enrolling people," Dorn said. He said that tax preparers can become an "army of navigators" — even if they don't have an official government navigator designation.

The Affordable Care Act relies on tax records for several income-related provisions: determining who faces a fine for not having coverage under the individual mandate, who gets an income-related affordability exemption from the mandate, and who qualifies for subsidies, via those tax credits. If a person's income rises in midyear, and the person gets too big a subsidy, he or she may have to pay all or part of it back.

Even the mandate penalty is tax related — it's $95 or 1 percent of taxable income the first year and rises later.

About 90 percent of uninsured Americans get a tax refund, compared with 75 percent of the general public, according to Jackson Hewitt. That includes some of the low-income people who qualify for the EITC (Earned Income Tax Credit), many of whom will qualify for Medicaid if they live in states that expanded the program under the health law.

People in these lower-income brackets disproportionately use brick-and-mortar firms like Jackson Hewitt and H&R Block to file, and they do so in a time frame that overlaps with the final three months of the Obamacare enrollment period this first year. More than eight in ten of those eligible for the EITC file before the end of March, Dorn said. Obamacare open enrollment ends March 31 this year; in future years, it will be earlier.

Liberty Tax Service, another tax prep firm, has held enrollment training for its franchises in Houston, New York and other parts of the country. Chuck Lovelace, who is directing the firm's Affordable Care Act activities, said it will announce a national enrollment partner soon.

The tax preparers also say they've been frustrated that the Obama administration hasn't used them for outreach, generally favoring nonprofit groups instead.

Of the 105 organizations awarded federal money to help enroll people around the country, none are tax filing companies. Instead, the navigators consist mainly of health clinics, other community service providers or business groups.

Liberty Tax Service applied for a navigator grant but was rejected, said Lovelace. To him, that doesn't make sense, given that Liberty has offices in communities all over the country, unlike the groups that were awarded navigator grants.

"Obviously, they don't see the importance of having an organization like the tax industry be assisters in helping people understand the law," he said. "We're not only able, we're ready."

Tax firms say they’ve asked to play a major role, too, but didn’t get the response they hoped for even as the administration hit them up for donations to help with enrollment efforts. Last spring, Health and Human Services Secretary Kathleen Sebelius asked H&R Block Inc., among other groups, to donate to Enroll America, a nonprofit with ties to the administration that has been doing health law outreach.

Jackson Hewitt met in April with Gary Cohen, head of the insurance exchanges office for the Department of Health and Human Services, according to Haile. Haile said that since then, the company has written HHS “a number of heartfelt, sincere emails and letters” but didn’t receive a response.

In the end, he still expects his firm to play an outsize role in Obamacare enrollment, even without navigator status.

“Jackson Hewitt will probably be the largest single contributor for enrollment of any organization in the United States,” Haile predicted confidently. “We think we can make an important contribution.”