

Medicare Open Enrollment: The Ideal Time to Shop for New Coverage

Medicare open enrollment this year starts Oct. 15 and ends Dec. 7. Even if you're happy with your current plan, open enrollment is the ideal time to make sure the plan you're enrolled in is really the right plan for your needs.

Insurance plans unveil new pricing and benefits during open enrollment; it's best not to assume that drug coverage and other co-payments will remain the same during the new plan year.

Medicare beneficiaries have the right to change their health and drug coverage without restriction during open enrollment.

[Anna Moorman](#), Allen Insurance and Financial's Medicare Specialist, is based at our office at 31 Chestnut Street in Camden. She can be reached at 236-4311.

Healthcare.gov Gets an Overhaul

We're reading about the updates being made to the Health Insurance Marketplace, [healthcare.gov](#).

[The NYTimes is reporting](#) that according to an internal memo at

the U.S. Department of Health and Human Services, the federal health insurance marketplace website will have a “new look and feel” and will provide “a shorter, smoother, simpler user experience.”

Most consumers will be able to use an updated (and shorter) application, the DHHS says.

Open enrollment for insurance under the Affordable Care Act opens Nov. 15 and closes Feb. 15, 2015.

Allen Insurance and Financial has a special toll-free phone number to direct health insurance inquiries directly to our health insurance team: (855) 710-5700. We’re here to help, at no additional cost to the consumer.

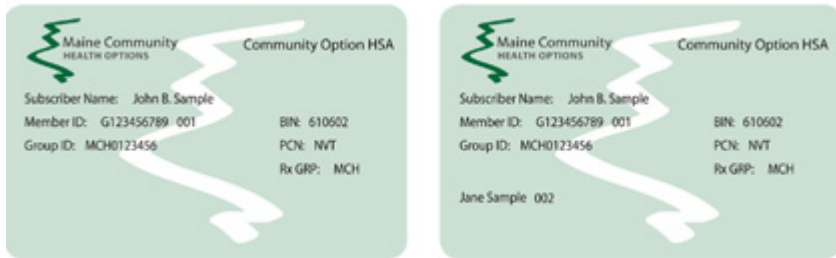
[Find more information at our Affordable Care Act Resource Center.](#)

Maine Community Health Options to Issue New ID Cards

Maine Community Health Options, the leading insurer serving Maine people under the Affordable Care Act, announced Wednesday, Aug. 20 that they are issuing all members new ID cards as part of a transition to a new ID card vendor.

MCHO says the new vendor will mean faster turnaround times for members.

Here is an image of the new cards:



Anyone with questions can contact [Anna Moorman](#) at Allen Insurance and Financial.

The Impact of the Affordable Care Act on Workers' Compensation

□The Affordable Care Act does not directly address workers' compensation issues, but some aspects of the health care reform law will most likely have an impact on workers' compensation costs and practices.

Benefits for Workers' Compensation

One of the main goals of the ACA is to provide citizens greater access to health care. Greater access for more people potentially creates two benefits for workers' compensation.

One benefit of greater access to health care is that overall, employees will be healthier, likely leading to a reduction in workers' compensation claims. And if employees are healthier, they will be less likely to remain reliant on workers' compensation with a combination of work-related and other medical conditions, allowing claims to be closed sooner.

Greater access to health care will allow diseases or conditions, such as high blood pressure, to be diagnosed at an appointment with a primary physician rather than in the emergency room after a workplace accident. Diagnosing existing conditions before a workplace accident will help a physician treat injuries more thoroughly, since he or she will know that the patient has it earlier on.

Another benefit of the ACA on workers' compensation is that increased access to health care will help injured employees recover more quickly from workplace injuries, since employees will be healthier from the start. The sooner an injured employee recovers and is back to work, the less you will have to pay for workers' compensation costs.

Effects of a Potential Physician Shortage

The ACA has the potential to increase the costs of some aspects of workers' compensation. Perhaps the biggest potential aspect is the increased demand for physicians.

Because more people will have health insurance, more people will be going to the doctor, straining the current supply of physicians. This could delay initial treatment for an injured employee, cause more time for the employee to be away from work and result in your company paying more in lost wages.

To avoid delayed treatment, your company should enroll in a quality care network and keep those relationships strong. Your medical providers should be carefully selected to ensure that your employees receive quality care in a timely manner

Impact of ACA on Workers Comp

It is still too soon to determine the true effects of the ACA on workers' compensation. However, some things can be predicted.

The shift to electronic health records (EHRs) from paper records is a key feature of the ACA. There are benefits, such as reduced paperwork and paperwork errors, but also risks, such as the

ever-present threat of a data breach and loss of patient information. But overall, the use of EHRs is expected to improve health care and help keep track of a patient's health history. The ACA also provides employers with incentives to implement a workplace wellness program. Employers can pay a reduced rate for health insurance by introducing a wellness program. An increased focus on wellness would help employees improve their health and lifestyles and avoid workplace injuries.

We Are Your Workers' Compensation Resource

Workers' compensation combined with the ACA is a difficult landscape to navigate. Allen Insurance|Financial is here to guide you and help you understand this new terrain, so contact us today to learn more about the ACA.

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Marketplace Checks on Health Insurance Subsidy Eligibility

Individuals who have signed up for health insurance under the Affordable Care Act (via healthcare.gov) may have heard from the

federal government in recent days as inquiries are being made to verify information provided for subsidized health insurance.

According to [an article in the NYTimes](#) June 15, of the eight million people who signed up for health insurance through insurance exchanges under the ACA, two million reported information that differed from data already in government records.

The government has hired a company to resolve these inconsistencies and consumers are being asked for additional documents to verify their income, citizenship, immigration status, Social Security numbers and information about health insurance coverage they may have via their employer.

People who do not provide the information requested risk losing their health insurance subsidy and may have to repay subsidies next April, via their income tax return.

[7 things to know if the Marketplace asks for more information](#)

(click for article)

Contact Anna Moorman for more information at 236-4311.

Reporting Changes to the Health Insurance Marketplace

Once you have coverage through the health insurance marketplace, it's important to remember that there are some changes that

should be reported before the next plan year. Some of the key life changes that you should report include:

- Getting married or divorced
- Having a child, adopting a child, or placing a child for adoption
- Having a change in income
- Moving
- Gaining or losing a dependent

You should report these changes to the marketplace as soon as possible. If these changes qualify you for a special enrollment period to change plans, in most cases you'll have 60 days from the life event to enroll in new coverage. If the changes qualify you for more or less savings, it's important to make adjustments as soon as possible.

You can report these changes in two ways:

- Online: Log in to your account, under applications, select "report a life change."
- By phone: Call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

After you report a change, the marketplace will send you a new eligibility notice explaining whether or not you qualify for a special enrollment period that allows you to change plans. You will also receive information telling you whether you're eligible for lower costs based on your new income, household size, etc.

[Click to visit HealthCare.gov for more information.](#)

Seasonal Income and The Affordable Care Act

Under the Affordable Care Act, if your eligibility for cost-sharing subsidies changes – if you earn money from a seasonal job, for example – you have 60 days to switch from one marketplace plan to another.

A similar though broader rule applies to eligibility for premium tax credits, enabling people to switch plans or enroll for the first time if they aren't already on the exchange.

It's important to keep track of your income and how it tracks with requirements for cost-sharing subsidies.

[Kaiser Health News \(click here\)](#) has answers to many questions about the complexities of the Affordable Care Act. Please feel free to call us, too.

HealthCare.gov Resets All Consumers' Passwords

The Internet security weakness called Heartbleed has prompted HealthCare.gov to reset every consumer's password on the health insurance exchange website.

According to a Health Insurance Marketplace email sent Wednesday, April 23:

“HealthCare.gov uses many layers of protections to secure your information and we've recently enhanced our systems to add

additional protections. While there's no indication that the Heartbleed vulnerability has been used against HealthCare.gov or that any personal information has ever been at risk, we have reset consumers' passwords out of abundance of caution.

"This means the next time you visit the website, you'll need to create a new password. We strongly recommend you create a unique password – not one that you've already used on other websites.

How to reset your password

1. Use the online Forgot Password feature
2. Enter your username and click "Send email"
3. Wait for the "Forgot Marketplace Password" email we'll send you to create a new password for your account

Report: Harvard Pilgrim Health Care Likely to Join Maine Health Insurance Marketplace

A report in the Portland Press Herald Friday, April 4 says Harvard Pilgrim Health Care is likely to join Maine Community Health Options and Anthem Blue Cross in the Maine health insurance marketplace (as required by the Affordable Care Act). The deadline is May 31 for companies to file paperwork for marketplace participation in 2015.

[Click here for the article.](#)

All Employers Must Provide Written Notice on Health Insurance Exchange

Employers are required to provide each current employee a written notice with information about the new Health Insurance Exchanges on or before Oct. 1, 2013.

Employers **MUST** provide the notice to each employee, regardless of plan enrollment status (if applicable) or of part-time or full-time status. Notice is not required for dependents or other individuals who are or may become eligible for coverage under the plan but who are not employees.

Two model notices are available from the U.S. Department of Labor to help employers satisfy the notice requirement. One for those that do offer a health plan – <http://www.dol.gov/ebsa/pdf/FLSAwithplans.pdf>

and one for those who do not – <http://www.dol.gov/ebsa/pdf/FLSAwithoutplans.pdf>

When should the notice be provided? Employers are required to provide the written notice to each current employee not later than Oct. 1, 2013, and to each new employee at the time of hiring beginning October 1, 2013. In general, a notice will be considered provided “at the time of hiring” if it is provided within 14 days of an employee’s start date.

The notice may be provided by first-class mail, or, alternatively, it may be provided electronically if certain

requirements are met. More info is available here.
<http://www.dol.gov/ebsa/newsroom/tr13-02.html>

All Allen Insurance and Financial clients have been emailed this notice.