



THE TAX INSTITUTE™
AT H&R BLOCK

Understanding the Implications of the Affordable Care Act:

Enrollment, Education and Taxes

Summer 2013

ABOUT THE TAX INSTITUTE AT H&R BLOCK

The Tax Institute at H&R Block is the go-to source for objective insights on federal and state tax laws affecting the individual. It provides nonpartisan information and analysis on the real world implications of tax policies and proposals to policymakers, journalists, experts and tax preparers. The Institute's experts include CPAs, Enrolled Agents, tax attorneys and former IRS agents. Building off more than 10 years of research and analysis from a specialized tax research group at H&R Block, the company launched The Tax Institute in 2007.

ABOUT THIS REPORT

From February through April of 2013, The Tax Institute at H&R Block conducted nationwide panel discussions on the implications of the Patient Protection and Affordable Care Act (ACA). Focused on the intersection of taxes and health care created by the ACA, as well as on education, enrollment and outreach issues, we visited Washington, D.C., Tallahassee, Florida, Sacramento, California and Springfield, Illinois. At each stop, a diverse panel of experts spoke on their areas of expertise, and on the unique challenges they foresaw for each state. Each panel was moderated by an expert from Bloomberg Government, and questions were encouraged from audiences of local government officials, medical professionals, business leaders, non-profits and other associations, and other relevant stakeholders. This report presents the findings and conclusions from the tour, from each stop individually as well as collectively.

ACKNOWLEDGEMENTS

This report, and the tour it has drawn from, would not have been possible without the support and participation of a wide range of groups and individuals. First thanks go to all who attended the panel discussions. Whether as a panelist or audience member, the expertise, insights and questions you brought were truly the lifeblood of the tour and this report. We also thank all of the media organizations that promoted each event and amplified the conversations that came from them. Finally, we thank our partner Bloomberg Government, including all the analysts and staff who contributed to the production of these programs. This report would not have been possible without the help of each of these groups, and again we thank you.

Letter to our readers:

The Patient Protection and Affordable Care Act (ACA) not only contains the most significant reforms the American health care system has seen in decades, but also some of the largest changes to the tax code.

At H&R Block our purpose is to look at life through tax and find ways to help. This groundbreaking law, and the new, inextricable link between health care and the tax code, has created many unique and unprecedented issues for taxpayers and the uninsured. As a result we began to look ahead to the 2014 implementation and asked, "How is this going to affect taxpayers" and, "How can we help?" This is something H&R Block has done for our clients since 1955 – helping to navigate complicated federal laws in a practical way.

With an eye to the fall 2013 open enrollment season when some of the more broad-reaching parts of the ACA will be enacted, The Tax Institute at H&R Block conducted a wide-ranging consumer opinion survey in September 2012. The survey, conducted by ORC International, found that three out of four taxpayers don't know what it takes to become eligible for health insurance tax subsidies under the new law, including that their 2012 tax return could be used as a baseline for the credit. The study also found that while most people are familiar with the requirement to obtain insurance, 44 percent of respondents age 18-34 were not aware that they may face a tax penalty if they fail to obtain insurance.

While many of the current conversations about the ACA are focused on setting up the insurance marketplaces for open enrollment in October, the survey told us that there's also a real need to educate consumers on the tax implications of this monumental law.

This is why we launched a series of panel discussions. The nationwide conversations, which were conducted in partnership with and moderated by Bloomberg Government, brought together thought leaders from the government, the private sector, non-profit groups and academia to talk about challenges and opportunities facing those who will navigate the new system.

After the last discussion, The Tax Institute at H&R Block commissioned another ORC survey in April 2013, which asked the same questions that were asked in September 2012 and tested for questions raised during the discussions. The discussions and survey confirmed that individual awareness remains a challenge, outreach and enrollment efforts are still being developed and refined, and small businesses are eager for information and support.

The bottom line? Implementing the landmark ACA is still a work in progress and strong partnerships among government officials, nonprofit groups, private industry and other key stakeholders will be essential in helping consumers navigate the system.

We hope this report helps to draw attention to the key issues and challenges that consumers must navigate. We at H&R Block look forward to continuing to be part of this important conversation, and working with all stakeholders moving forward.



Kathy Pickering
Executive Director
The Tax Institute at H&R Block



THE TAX INSTITUTE
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TABLE OF CONTENTS

1. Executive Summary	1
2. The Intersection of Health Care & Taxes	3
3. Awareness	4
4. Outreach & Enrollment	7
5. Small Businesses	11
6. Technology	13
7. Conclusion	15
8. Appendix	16
a. Tour Locations and Participants	16
b. Health Care Reform: What it Means for Your Taxes Infographic & Scenarios	26
a. Endnotes	27

EXECUTIVE SUMMARY

More than three years after the passage of the landmark Patient Protection and Affordable Care Act (ACA) aimed at overhauling the \$2.7 trillion¹ U.S. health care system, implementation has begun in earnest to provide 30 million uninsured² Americans with coverage. As the federal government and states work to expand the health care system, there no doubt will be confusion, uncertainty and the occasional setback along the way.

Since implementation relies in part on the U.S. tax code, The Tax Institute at H&R Block partnered with Bloomberg Government to host panels around the country to discuss the challenges, opportunities and potential solutions related to ACA implementation. In early 2013, we traveled to Washington, D.C., Tallahassee, Fla., Sacramento, Calif. and Springfield, Ill. to better understand the road ahead for implementing the ACA and how these key states' differing approaches will affect the uninsured.

The discussions focused on topics such as how to best make large and diverse populations aware of the coming changes; innovative ways to reach audiences and drive enrollment; how these changes affect the way companies provide health care to their employees; and how states are preparing to assist the uninsured in the enrollment process. We found that:

- **Awareness of the implications of the ACA remains low.** People have received information that is inaccurate, incomplete or haven't received any information at all. Frustrations are already elevated, and the appetite for knowledge is low.
- **Outreach and enrollment efforts are still being developed and refined.** The people who will guide consumers through this process have not been fully identified, the scope of their roles has not been solidified, and the tools and techniques they will use have not been finalized.
- **Small businesses are eager for information and support.** Most of these companies lack the capability or resources to manage all their options and responsibilities, and are looking for assistance from the government and the private sector.
- **Technology is an open question.** Whether or not requisite data will be seamlessly and sufficiently integrated will be a critical factor in preventing confusion and delays.

To understand what's ahead for consumers, it is essential to learn what they do or do not know. Despite all the media attention, political discourse and public debate about the forthcoming changes and deadlines for implementing the law, many remain unaware of its benefits and their responsibilities going forward.

- A survey conducted by The Tax Institute at H&R Block and ORC International in September 2012 found that 77 percent of Americans were unaware that their 2012 tax return may be used as a baseline for their income if they choose to take advantage of a tax credit to help subsidize the cost of health insurance. That number remained consistent, at about 73 percent, based on a similar survey conducted in April 2013.
- Approximately 44 percent of 18-34-year-olds were also unaware that they could face a tax penalty if they do not have insurance, which would be imposed in April 2015. On a positive note, the April 2013 survey showed a shift for these respondents. Unawareness among 18-34-year-olds was at 35 percent, some 9 points below the September survey.

The September figures added urgency during our panel discussions. Collectively, the discussions showed the great obstacles that the government, health care providers, insurers, tax preparers and other organizations must overcome in the approaching months and years to educate a large cross-section of the country on their obligations to secure health care coverage and the tax consequences of remaining uninsured. They also highlighted the level of collaboration that will be necessary between the public and private sectors to successfully launch and sustain the new health care system.

In addition to the critical issue of how to raise awareness, participants discussed the challenges of reaching a diverse American population and potential solutions, including lessons learned from the implementation of the federal prescription drug program known as Medicare Part D and the State Children's Health Insurance Program (SCHIP). Questions were also raised about who is best suited to provide that information to consumers and what will happen to one of the largest segments affected by the new law – small business owners and their employees.

Participants in the forums universally agreed that despite the inevitable setbacks, public and private entities must work together to create innovative ways to educate taxpayers and the uninsured about their obligations and opportunities under the ACA. Unique solutions proposed included the use of emerging technology as a way to assist enrollment and provide information, guidance and assistance to small businesses and their employees who are expected to face the most challenges when trying to explain and implement the changes.

Sister Carol Keehan, President and CEO of the Catholic Health Association of the United States and a panelist at the Washington, D.C. panel discussion, put it best: In order to make the system work, we must all "have faith, go forward, fix problems."

The Intersection of Health Care & Taxes

The Requirement to Obtain Insurance

Perhaps the ACA's most widely known feature is the requirement to obtain health insurance coverage. Beginning in 2014, almost all Americans will be required to enroll in a qualified health plan, or be forced to pay a tax penalty. The amount of the tax penalty will be phased in between 2013 and 2016, and will vary based on filing status and income.

Traditionally, the majority of Americans have secured health insurance coverage through their employer³. The ACA seeks to maintain the primacy of that system by requiring businesses to provide insurance if they employ more than 50 full-time equivalent workers. Companies at this size that do not offer coverage could face a penalty of up to \$2,000 per employee. Some companies will be eligible for tax credits to help buy employee insurance, which again vary based on workforce size and average wages.

Exemptions from the Requirement

Individuals who earn less than \$9,750 per year are not subject to the requirement to obtain insurance and the penalty. In addition, recent regulations list the individuals who are exempt from the requirement to obtain insurance and therefore the tax penalty and how such exemptions are to be claimed. In sum, there are eight exemptions, divisible into three categories: those which require an individual to obtain a certificate from an exchange, those which an exchange certificate is available but not required, and those which may only be claimed when filing a tax return. The following is a list of exempt individuals.

- Exchange certificate required
 - A member of a recognized religious sect
 - An individual experiencing hardship
- Exchange certificate or claim when filing tax return
 - A member of a health care sharing ministry
 - An incarcerated individual
 - A member of a federally recognized Indian tribe
- Claim only when filing tax return
 - An individual not lawfully present
 - An individual offered coverage by an employer that is unaffordable
 - An individual experiencing the first short-term coverage gap of the calendar year

Tax Credits to Obtain Insurance

The Congressional Budget Office estimates that 22 million Americans will receive tax credits, also known as premium subsidies, to purchase insurance through the exchanges by 2017⁴. Those credits move along a sliding scale depending on a variety of factors.

Families and individuals with incomes ranging between 133 percent and 400 percent of the federal poverty level may be eligible for advance tax credits to help them purchase health insurance. However, these tax credits are only available if the insurance is purchased through one of the new insurance marketplaces, also known as exchanges.

Insurance Marketplaces (Exchanges)

At the time of this report, 17 states and the District of Columbia are planning to open their own state-controlled health insurance marketplaces this October. Just over half the states, 26, will rely on the federal health exchange. Another seven states will offer a hybrid model, working in partnership with the federal program. Each of these approaches provides unique opportunities and challenges for their residents. The states examined in this report are as follows:

	California	Florida	Illinois	National
Type of Exchange	State	Federal	Hybrid	
Uninsured	7,326,500	3,825,100	1,885,800	48,611,600
Total Medicaid Enrollment (FY 2009) ⁵	11,027,600	3,420,858	2,698,787	62,692,693
Eligible for the tax credit	2.6 million	1.7 million	957,000	26 million (Families USA) 22 million by 2017 (CBO)
Small businesses (2010)	571,200	307,100	203,600	4,798,300
Small businesses eligible for subsidy ⁶	456,500 (79.9%)	246,000 (80.1%)	159,900 (78.5%)	4,015,300 (83.7%)

AWARENESS

By far, the most talked about issue during the discussions was the level of awareness about the forthcoming changes to health care insurance and what stakeholders are doing, and must do, to help educate Americans about their obligations to have coverage and dispel any confusion or misinformation.

The numbers paint a vivid picture about just how much Americans know about the ACA, according to two surveys conducted by The Tax Institute at H&R Block and ORC International. The surveys found that many knew about the risk of a tax penalty for not having insurance coverage: 71 percent in April 2013 (up from 68 percent in September 2012). Yet, in April 2013 an even greater number of respondents, 73 percent, did not know that their 2012 tax return could be used as the baseline for determining their eligibility to receive financial support to pay for health care coverage.

The surveys also reinforced the fact that Americans do not plan to change the way that they do their taxes, despite knowing now that their income will dictate how much of a tax credit they could be eligible to receive as a result of the ACA. Some 84 percent said in April that they would prepare their taxes the same way, up from 78 percent who said the same last year.

"I think the issue of awareness is the single most important issue right now facing this law. And one of the dangers of everybody being responsible is that nobody is responsible," Peter Gosselin, an analyst at Bloomberg Government, said during the Tallahassee, Fla. event.

"I just think it's really critical that we all know that we have a tremendous amount to gain if we get it right as we come through these changes, and that's going to take every one of us to deploy that information."

*Former Sen. Blanche Lincoln
(D-Ark.)
February 15, 2013,
Washington, D.C. discussion*

That could have significant implications for the millions of uninsured Americans who will be affected by the ACA. The population of uninsured in just the three states that The Tax Institute and Bloomberg Government visited – California, Florida and Illinois – is more than 13 million, nearly 3 million of whom are expected to join the health care marketplaces during the first year of open enrollment⁷, which begins in October 2013.

The surveys conducted by The Tax Institute at H&R Block and ORC International found that there was high awareness of the tax penalty associated with failing to obtain health coverage by 2014. The largest increase in awareness during this seven-month period was in young Americans (age 18-34) whose awareness levels increased by 21 percent.

	April 2013	September 2012
Yes (Nationwide)	71%	68%
No (Nationwide)	29%	32%
Age 18-34	65%	44%

“Communication is going to be, as it normally is, the biggest challenge,” former Sen. Blanche Lincoln (D-Ark.), who was a key player during negotiations for the ACA, said during the Washington, D.C. forum. “There is so much misinformation that people may not even seek out information because they’re so angry or upset or so confused by the misinformation that they’ve already gotten.”

And of course the central question is: where will consumers get this information?

According to the April and September surveys, 54 percent of respondents said that they were most likely to ask friends and family. That was followed by 49 percent who said that they would ask an insurance company, 45 percent who said a doctor and 44 percent who said their employer.

“There is no average American family when it comes to health reform because what the program means is very different for different people, depending on their circumstances,” Professor Mark Paul, of University of Pennsylvania Wharton School of Health Care Management Department, said during the forum in Washington, D.C.

Panelists discussed the awareness gap of some Americans, noting that sometimes it is hard for the information to penetrate.

“I think we all share responsibility in that [awareness and education], and I think starting with the federal government, moving down to the health plans, moving over to the tax professionals, we’re all going to play a part in this”

*Dr. Michael W. Garner,
President and CEO, Florida
Association of Health Plans
February 28, 2013,
Tallahassee, Fla. discussion*

“They’re either in low-wage jobs or the cost of health care greatly exceeds the price of employment or they have a preexisting condition where the cost of health care is just much too great for them to be able to afford it or it isn’t even offered because it’s too expensive,” Allan Zaremborg, president and CEO of the California Chamber of Commerce, said at the forum in Sacramento.

“For many of the people who don't have access today, it isn't just about: Now you have insurance. It is to be able to show them that this is going to result in better health care for them, that there are clinics available, that there are physicians available, there are nurse practitioners available, there's a health care system that's available for you if you sign up here,” he said.

Panelists also highlighted that some of those without existing insurance coverage are not the easiest to reach. Furthermore, the message is not a simple one and needs to be communicated more than just once, as noted by Kathy Chan, associate director and director of policy and advocacy for the Illinois Maternal and Child Health Coalition during the forum in Springfield, Ill.

“One of the marketing things that we keep hearing is that it takes about seven times for somebody to hear a message or hear a name before it really resonates with them. And it takes over 30 times for them to hear either the same or a similar message for them to actually take action,” she said.

The surveys found a general lack of awareness on the tax implications of health care reform. More specifically, they found that an average of 75 percent of respondents were unaware that their 2012 tax return may be used as a baseline for their income if they choose to use the premium tax credit offered to help pay for health care insurance premiums. Awareness levels showed only marginal increases in the seven-month period between the fall and spring surveys.

	April 2013	September 2012
Yes (Nationwide)	27%	23%
No (Nationwide)	73%	77%

OUTREACH & ENROLLMENT

While it is relatively easy to draw attention to an issue or raise concerns, the surveys and panel discussions sparked lively debates about how best to conduct the necessary outreach to get Americans to enroll in the health care insurance marketplaces and educate them about the potential tax implications.

Panelists expressed concerns that there are long ways to go to identify the people who will guide Americans through the insurance enrollment process and that the scope of their roles coupled with the tools to accomplish the goal have yet to be finalized. They also noted that enrollment is further complicated by the fact that some states are hosting their own insurance marketplaces and other states are allowing residents to enroll in the federal marketplace.

To succeed, outreach and enrollment would have to go far beyond using communications tools such as advertising and traditional and social media. Additional efforts and support would have to come from community organizations, local and state officials and authorities, health care providers, among many others. The consensus that emerged during the forums was that it must be an “all of the above” implementation plan.

“I think that awareness never ends,” said Rose Naff, CEO of Florida Health Choices, one of that state’s insurance marketplaces. “The marketplaces will have to do a much broader awareness campaign. And in Florida, that program will be grants given by the federal agency to navigators and other persons.”

While each state’s circumstances are unique based on its population and its approach to implementing the ACA, the overall message is largely the same: enroll to ensure better health, receive information about financial assistance available to help pay for insurance and help slow soaring health care costs.

California provided a snapshot of one aggressive effort focused on overcoming the challenges. The state has the seventh largest uninsured population in the country with more than 7.3 million without coverage⁸, and nearly 60 percent of that population is Hispanic⁹.

“We are fortunate here in California that the state did choose to create their own exchange, Covered California” said Larry Levitt, vice president of special projects at the Kaiser Family Foundation. “I’ve been in discussions with Covered California here about their plans for outreach, and they’re appropriately worried about the task ahead of them but have done a tremendous job of thinking about how to tailor these messages to the diversity of the state.”

“The challenge goes back to making sure that these individuals and families know what their options are and making sure that systems are built in a way [specific to] the marketplace to ensure that there is a transparency, that there are ways for them to really compare the options that they have available to them in an easy to understand way.”

***Kathy Chan, Associate Director & Director of Policy and Advocacy, Illinois Maternal Child Health Coalition
April 10, 2013,
Springfield, Ill. discussion***

He noted that the state was working with community groups and various types of media including outlets that focus on certain ethnic communities and radio. “Radio often is a very effective source for some communities,” Levitt said during the Sacramento forum.

Another panelist pointed to other recent examples to help foreshadow what the ACA’s first year of open enrollment will look like in California. “It took California four years before its own State Children’s Health Insurance Program reached maximum enrollment back in the late 1990s,” said Dylan Roby, director of Health Economics and Evaluation Research Programs at the UCLA Center for Health Policy Research.

To date, the state’s Medicaid program currently only has about 61 percent enrollment of those eligible, according to Roby. “So there is concern in California about making sure that people are actually using the services that they’re entitled to, taking advantage of those subsidies, enrolling in Medi-Cal.”

On the other coast, Florida also has a high population of uninsured (20 percent¹⁰). Unlike California, the state chose not to create its own health insurance marketplace which means residents can enroll through the federal government marketplace. Millions are expected to enroll and many are expected to be eligible for the tax credits. The state has had experience with reaching out to its communities to enroll them in health programs before, such as Florida Healthy Kids, a public-private partnership that provides young children health care.

Other more recent programs also offer insight into best practices on how to inform a hard-to-reach population. For example, Medicare Part D was launched in 2006 to help seniors lower the cost of the medicine they needed through federal subsidies.

“If you look at the educational efforts that have been directed to older people regarding Medicare Advantage options and Medicare Part D, the prescription drug plan, when that was first introduced, everybody said, ‘Oh, older people will never be able to understand their options, never be able to make rational choices,’” said Professor Marshall Kapp, Director, Center for Innovative Collaboration in Medicine & Law, Florida State University. “The educational effort has worked pretty well in those areas. So we do have some models to emulate perhaps.”

The Tax Institute at H&R Block found that a national average of approximately 14 percent of respondents surveyed in September 2012 and April 2013 would have sought additional help with their tax preparation knowing that their tax return may help determine how much of a credit they may be eligible for in the future to pay for health insurance premiums.

Those numbers increased for young (25 percent), Hispanic (33 percent) and low-income (22 percent) respondents.

	Yes
September 2012	16%
April 2013	13%
Age 18-34	25%
Hispanic	34%
Low Income (earning less than \$35,000 annually)	22%

Today, just a few years after Medicare Part D began, there has been a significant proliferation of new technologies that will aid enrollment. Mobile technology will help the uninsured sign up on the spot with a portable electronic device such as a tablet or smartphone, whether it is at a hospital, doctor's office, pharmacy, or clinic – virtually anywhere.

“We believe mobile apps touch a substantial number in this population. When we've gone out and tested, we've been amazed at how many folks at various income strata have access to cell phones and have use of various social media,” said Paul Keckley, executive director for the Deloitte Center for Health Solutions. “So what we're trying to work through is the right method of pushing to them information and teachable moments, when their decisions about where they get care from clinic or [emergency department] or somewhere can be influenced and they can be enrolled and at least begin that enrollment process through a mobile app.”

One additional place they could enroll might be at their tax preparer's office, which panelists suggested would be a natural fit because millions of Americans use their services each year and the new health care law is closely tied to their annual tax returns.

Illinois Deputy Governor Cristal Thomas recognized that, “There will be a lot of assisters out there who may not be grantees but will be interacting with a population and will want to help them, help get them information or help them apply and that will include employers. That will include providers, hospitals. It will include tax preparers.”

“That effort is already well underway. Even now our professionals are educating clients across the country about these issues,” said Kathy Pickering, Executive Director of The Tax Institute at H&R Block.

Small businesses may also have a role to play in educating their employees. Some employees who do not interact with the health care system – largely because they are healthy – could still need basic information, such as what is a deductible, premium and tax credit, Laura Minzer, executive director for the Health Care Council at the Illinois Chamber of Commerce said during

The surveys found that of all the resources currently available to help consumers find out more information about enrolling in state health insurance marketplaces, more than half of respondents would turn to friends or family and more than a one-third would go to a tax preparer or financial advisor.

April 2013	Total
Friends or family	53%
General Internet search	51%
An insurance company	48%
Your doctor's office	40%
Your employer	40%
Financial advisor	39%
A tax preparer's office	35%
Colleagues	34%
Legal counselor	30%
Your state legislator, such as your Congressman or woman, a state-level senator or alderman	23%
An urgent care center, such as an emergency room	18%
Mobile app	15%
Social networks, such as Facebook or Twitter	14%
Blogs	10%
Other	2%
Don't know	7%

the Springfield, Ill. event. “I think many small employers see that they can be the go-to entity for that.”

Minzer was not alone in advocating the concept of using small business employers as the conduit for information about the coming changes because that is where the bulk of Americans spend most days.

“It’s really important that the government have the consistent, friendly message that an employer can deliver to the employee because that’s where they are on a regular basis,” said Allan Zaremberg, president and CEO of the California Chamber of Commerce.



SMALL BUSINESSES

The small business community has received significant attention as the ACA takes effect, with some policymakers and commentators expressing concerns about the costs to small businesses that may not have the necessary resources or capital to make healthcare available.

The April and September surveys found that employers are a significant resource for employees to receive information about health care, and 40 percent of those polled said that they would trust their employer to help them enroll for health insurance. That would suggest that small businesses will still need to communicate how their workers can receive health care coverage through the federal or state health insurance marketplaces.

But one of the biggest concerns will be the risk for further bureaucracy that could leave small businesses drowning in confusion and paperwork. Many small businesses operate on slim margins, and to create additional red tape related to offering health insurance coverage could have significant effects on their bottom lines. As one forum participant put it, many business owners are not just the chief executive officer, they're also responsible for many additional roles, leaving little time for sorting out complications.

"I always say to my own members, 'the guy who is changing your oil is the CEO, the director of HR, he's got six employees.' You just can't make this so complex," said Sister Carol Keehan, president and CEO of the Catholic Health Association of the United States.

"That person who has 49 employees and says 'I don't have a penalty, so I'm going to drop my health care,' we don't want that to happen. I think that's really clear. We want to do everything we can to continue to make sure that that employer is responsible."

**Allan Zaremborg, President and CEO, California Chamber of Commerce
March 21, 2013,
Sacramento, Calif. discussion**

Others strongly echoed the call for simplicity. "The more simplified we can make it from a government's perspective in dealing with small business, certainly from the incentives to provide health care, the more successful we'll be," Zaremborg said.

Some also expressed concern that small businesses that do offer health insurance may decide to drop that benefit and send their employees to the health insurance marketplaces. Putting aside the public policy debates associated with such a shift, the system must be ready for an influx of these workers. During such a transition the businesses would need to provide comprehensive information to employees who will then have the responsibility to go enroll in the new marketplaces.

"Especially when you are talking to those mid-level employers, mid-size employers that are kind of on that bubble, it's causing a lot of anxiety and

"It's important that they get a consistent message... [employees] can't get two different messages from two different employers. So we have to make sure that the message is consistent."

**Allan Zaremborg, President and CEO, California Chamber of Commerce
March 21, 2013,
Sacramento, Calif. discussion**

angst,” said Minzer. “But I think the good news is there are options that are opening up when we talk about the exchange and the benefit to, value to, employers.”

“I think it’s important to think of these small business owners not just as carriers of the message but, in fact, as targets of the messages as well,” said Larry Levitt, vice president of special projects at Kaiser Family Foundation.

TECHNOLOGY

While health care uses some of the most sophisticated technology to evaluate and diagnose patients, other parts of the system, such as making patient medical records electronic and allowing the seamless transfer of information between providers, have been racing to catch up. When policymakers adopted the new health care law, technology was seen as a major factor to help speed and improve care as well as lead to increased efficiencies and cost savings.

During the panel discussions, questions arose about whether the new enrollment systems will be sufficiently robust and interconnected. Other questions included:

- Can the enrollment forms be filled out electronically and continue to be accurate?
- Will the individual's income reported on their tax returns populate the forms?
- Will that information be accurate and will the formulas properly calculate the tax credit or tax penalty owed by the taxpayer for coverage?

"When you think about the incredible interoperability and connectivity you're going to have to have, the IT functionality of all of this is enormous," said Minzer, executive director of the Health Care Council for the Illinois Chamber of Commerce.

Specifically, the system faces the question of whether the requisite data will be seamlessly and sufficiently integrated to support the individual enrollee and his or her family. For example, state marketplaces will need federal income tax information, via queries sent to the Internal Revenue Service to determine eligibility for tax subsidies to help pay for health coverage.

"Even if California puts all this energy into getting the system up, if on October 1, 2013, they send a query to the federal government, to the IRS and say: 'What's line 40 of your 1040 form for this person and nothing comes back or the wrong number comes back and it doesn't calculate it appropriately, then people will start to get disenfranchised,'" said Dr. Roby of UCLA's Center for Health Policy Research.

Dr. Roby also noted that there were technology-related issues early during the Medicare Part D prescription drug program enrollment period a few years ago, which led to confusion and delays for some seniors who were unable to get their medications on time. On top of that, the ongoing political duels in Washington related to the budget sequestration efforts could further undermine connecting states and the IRS to help enrollment. That could leave consumers "between a rock and a hard place," Dr. Roby said.

Additionally, this greater connectivity between tax returns and the health insurance business raises questions about ensuring that information provided, such as Social Security numbers and income details, remain secure.

"It's also not only a good business opportunity, but it's a great opportunity to modernize our government ...which has been much needed for quite some time in terms of the information and the new technology that exists that's taken us forever to get into place."

*Former Sen. Blanche Lincoln
(D-Ark.)
February 15, 2013,
Washington, D.C. discussion*

There are safeguards already in place to protect such sensitive information and that will have to extend to the new systems. That will open opportunities for entrepreneurship, but in the meantime could cause some angst as the health care infrastructure races to catch up to the rest of the business world in the technology field.

“The irony is there are almost 4,000 HIT [health information technology] vendors in the U.S. system with all kinds of apps... So it's a market that's being consolidated fast. It's a market where its standards – not just privacy and security, but technical standards – are very much a work in process,” said Keckley of Deloitte.



CONCLUSION

The nationwide panels hosted by The Tax Institute at H&R Block and Bloomberg Government led to a robust discussion about awareness, outreach, enrollment, small businesses and technology as the federal and state governments work to implement the Patient Protection and Affordable Care Act.

New surveys and the discussions during the tour showed that there is still significant work to be done during the coming months and years, particularly with raising awareness and conducting outreach to ensure enrollment in the health insurance marketplaces is a success. While awareness is relatively high on the need to enroll, numbers are low for people who know that their tax return could be a key piece of information necessary to help them receive financial support to help pay for coverage.

That knowledge will be crucial as organizations work to reach out to those uninsured Americans and explain to them their obligations and how to sign up for coverage. Complicating that process is the fact that those who will guide them through that process have not yet been fully identified and their roles have not been completely worked out. Further, the discussions also highlighted the challenges of reaching certain constituencies and the lengths it will require to educate them.

It is not just uninsured Americans who need assistance: small businesses are one constituency that is also vital to support because many of them lack the capacity or resources to navigate the new health care options. Some are looking to the marketplaces to assist during this time of uncertainty. That's particularly important because employees think of their bosses as a primary and trusted resource for information about their health care options.

Some of these issues can and likely will be solved by technology, whether it's a mobile application on a tablet computer or smartphone, or integrated systems that help uninsured Americans obtain a tax credit to pay for insurance coverage. This can improve and speed coverage, and ultimately help to stem costs and improve efficiencies.

As new parts of the landmark health law take effect, there are still many questions to answer. The forums around the country highlighted just how much active and ongoing engagement from all types of stakeholders – private, public and traditional ones in the health care industry and other, newer faces – will be necessary to help ensure success. We look forward to continuing to foster and participate in these discussions that engage policymakers, state administrators, businesses and taxpayers as we all face the road head toward full implementation of health care reform.

APPENDIX

Tour Locations and Participants

February 15, 2013, Washington, D.C.

Moderator: Megan Hughes, Bloomberg TV

Megan Hughes is a Washington D.C.-based correspondent for Bloomberg Television. Hughes covers all aspects of government including regulatory reform, lobbying, tax policy and healthcare legislation. Hughes is also a reporter for Bloomberg Government, or BGOV, Bloomberg's data, research and news product offering exclusive insight into the intersection of business and government policy.

Hughes has reported extensively from the campaign trail of the 2012 presidential election. She provided live coverage of the Super Tuesday primary from the battleground state of Ohio and was stationed in Iowa for the state's caucus in January. Hughes also covered the U.S. Supreme Court hearing of the Affordable Care Act, state labor disputes and the showdowns over collective bargaining rights in Wisconsin and Ohio. In 2011, she interviewed governors from around the country at the National Governors Association meeting in Salt Lake City, Utah.

Prior to joining Bloomberg in 2011, Hughes covered politics in Washington D.C. for CNN Newsource, Hearst and Bloomberg. Prior to that, Hughes served as a Washington correspondent for Cox Media Group, where she covered the 2008 Presidential election, President Obama's inauguration, the Virginia Tech shootings and other stories for Cox television affiliates around the country. Hughes has also reported internationally, covering world events and feature stories from South Africa, Thailand, South Korea and more. Earlier in her career, Hughes reported for WRAL-TV in Raleigh and WIS-TV in Columbia, South Carolina.

A native of Cleveland, Ohio, Hughes earned both her bachelor's and master's degrees from Northwestern University, majoring in journalism with a concentration in political science

Panelist Biographies

Former Sen. Blanche Lincoln, (D-Ark.)

On November 3, 1998, Senator Blanche L. Lincoln made history when she became the youngest woman ever elected to the United States Senate at the age of 38 – a milestone that still exists today. Lincoln made history again on September 9, 2009, when she became the first female to serve as chairman of the Senate Agriculture, Nutrition and Forestry Committee in its 184-year history.

During her 16-year career in the U.S. Congress, first as a two-term member of the House of Representatives and then as a two-term member of the U.S. Senate, she built a reputation as a results-oriented, bipartisan legislator. She served on several committees in Congress, including the House Committee on Agriculture, House Energy and Commerce Committee, Senate

Committee on Agriculture, Nutrition and Forestry, Senate Committee on Energy and Natural Resources, Senate Special Committee on Aging and the Senate Finance Committee, and is widely recognized as a national leader in the areas of agriculture, anti-hunger, aging, healthcare, international trade, taxes and energy policy.

As one of the Finance Committee's top-ranking Democrats, Lincoln was named the first woman Democratic Senator to lead a Finance Committee subcommittee. During her time on the Finance Committee, she went on to chair two subcommittees and helped develop and pass legislation reducing taxes, improving healthcare and expanding international trade.

A senior member of the Energy and Natural Resources Committee, Senator Lincoln worked to produce bipartisan legislation improving energy efficiency and enhancing domestic energy supplies including nuclear and renewable sources.

In her fight against hunger, she founded the Senate Hunger Caucus and used her chairmanship of the Senate Agriculture, Nutrition and Forestry Committee to author and enact the largest investment in child nutrition programs ever. The new law was deficit-neutral, established nutritional standards for school lunches for the first time, received strong bipartisan support and was signed into law by President Obama.

As a farmer's daughter, she became known as a champion of production agriculture who fought to ensure that producers were able to continue to provide the safest, most abundant and affordable supply of food and fiber to meet the global needs of the 21st century.

Senator Lincoln is a Helena, Ark. native and received a bachelor's degree from Randolph-Macon Woman's College in Lynchburg, Va.

Professor Mark Pauly, Professor of Health Care Management, University of Pennsylvania, Wharton

Mark V. Pauly holds the position of Bendheim Professor in the Department of Health Care Systems at the Wharton School of the University of Pennsylvania. He received a Ph.D. in economics from the University of Virginia. He is a professor of health care systems, insurance and risk management, and business and public policy at the Wharton School and professor of economics in the School of Arts and Sciences at the University of Pennsylvania. Dr. Pauly is a former commissioner on the Physician Payment Review Commission and an active member of the Institute of Medicine.

One of the nation's leading health economists, Dr. Pauly has made significant contributions to the fields of medical economics and health insurance. His classic study on the economics of moral hazard was the first to point out how health insurance coverage may affect patients' use of medical services. Subsequent work, both theoretical and empirical, has explored the effect of conventional insurance coverage on preventative care, on outpatient care and on prescription drug use in managed care. In addition, he has explored the influences that determine whether insurance coverage is available and, through several cost-effectiveness studies, the influence of medical care and health practices on health outcomes and cost. His work in health policy deals with the appropriate design for Medicare in a budget-constrained environment and the ways to reduce the number of uninsured through tax credits for public and private insurance.

Dr. Pauly is co-editor-in-chief of the International Journal of Health Care, Finance and Economics and associate editor of the Journal of Risk and Uncertainty. He has served on the Institute of Medicine panels on improving the financing of vaccines and on public accountability for health insurers under Medicare. He is an appointed member of the U.S. Department of Health and

Human Services National Advisory Committee to the Agency for Healthcare Research and Quality (AHRQ).

Sister Carol Keehan, President and CEO of the Catholic Health Association of the United States

Sister Carol Keehan, DC, RN, MS, is the ninth president and chief executive officer of the Catholic Health Association of the United States (CHA). She assumed her duties as of October 2005. She is responsible for all association operations and leads CHA's staff at offices in Washington, DC, where she is based, and in St. Louis.

Sister Carol worked in administrative and governance positions at hospitals sponsored by the Daughters of Charity for more than 35 years. Most recently, she was the board chair of Ascension Health's Sacred Heart Health System, Pensacola, Fla. Previously, she served for 15 years as president and chief executive officer of Providence Hospital, which includes Carroll Manor Nursing and Rehabilitation Center, in Washington, DC. In the early 1980s, she served as Providence Hospital's vice president for nursing, ambulatory care, and education and training. In addition, she has served in leadership positions at Sacred Heart Hospital, Cumberland, Md. and Sacred Heart Children's Hospital and Regional Perinatal Intensive Care Center, Pensacola, Fla.

Sister Carol has held influential roles in the governance of a variety of health care, insurance and educational organizations. She had been a representative to the International Federation of Catholic Health Care Associations of the Pontifical Council for Pastoral Health Care. She serves on the board of Catholic Relief Services, Baltimore. In addition, she has been a member of several health, labor and domestic policy committees of the United States Conference of Catholic Bishops, Washington, DC, and serves on the finance committee of the Archdiocese of Washington.

Currently, Sister Carol serves on the boards of St. John's University, Queens, N.Y., and the University of St. Thomas, St. Paul, Minn. She has served on the boards of the District of Columbia Hospital Association, of which she is a past chair; Care First/Blue Cross of Maryland and the National Capital Area, Owings Mills, Md., and its affiliate, Group Hospitalization and Medical Services, Inc. In addition, she has previously served on the nominating committee of the American Hospital Association, the finance committee of the Maryland Hospital Association and is a past chair of the Florida State Human Rights Advocacy Commission.

Her numerous awards and honors include the American Hospital Association's Trustee Award; the Pro Ecclesia et Pontifice (Cross for the Church and Pontiff), bestowed by Pope Benedict XVI; the American Cardinals' Encouragement Award; the Medal of Honor and the Monsignor George C. Higgins Labor Advocacy Award from the Archdiocese of Washington; the Seton Legacy of Charity Medal awarded by The Daughters of Charity Emmitsburg Province; LCWR 2011 Outstanding Leadership Award, Leadership Conference of Women Religious, Silver Spring, Md.; the Elizabeth Ann Seton Award, given by SOAR!, Silver Spring, Md.; the Cardinal Joseph Bernardin Award from Catholic Common Ground Initiative, New York; the 2009 Vision Award from Catholic Charities USA; and the Friend of Children Award from Children's National Medical Center, Washington, D.C. Sister Carol was named in 2010 one of TIME magazine's "100 Most Influential People in the World" and has been on Modern Healthcare's list of "100 Most Influential People in Healthcare" several years, having topped the list as number one in 2007.

Sister Carol received honorary doctorates from Niagara University, N.Y.; the College of the Holy Cross, Worcester, Mass.; St. John's University, Queens, N.Y.; The Catholic University of America, Washington, D.C.; Marymount University, Arlington, Va.; and from DePaul University, Chicago. She earned a bachelor of science degree in nursing from St. Joseph's College, Emmitsburg, Md., where she graduated magna cum laude, and a master of science degree in

business administration from the University of South Carolina, Columbia, from which she received the School of Business Distinguished Alumna Award in 2000 and was honored in 2009 as "an outstanding alumna who has served others in a manner that goes beyond what is required by the individual's job or profession."

Paul Keckley, Executive Director for the Deloitte Center for Health Solutions

Paul H. Keckley, Ph.D., is executive director for the Deloitte Center for Health Solutions, a research center within Deloitte LLP. He brings a distinguished 35-year career in health services research and policy analysis in the private sector and academic medicine.

Dr. Keckley is a health economist and a leading expert on U.S. health industry trends and reform. He has testified before Congress and advised policymakers in Republican and Democratic administrations. As executive director of the Deloitte Center for Health Solutions, he leads a team of policy analysts and health services researchers who investigate health care industry business trends and regulatory issues pertinent to state and federal government, health systems, health insurance, device and drug manufacturers and information technology companies.

He is an adjunct professor in the School of Health Systems Administration at Georgetown University, author of the Monday Health Reform Memo and a regular contributor to CNN, Fox News, New York Times, Wall Street Journal, CNBC, Bloomberg, Forbes and the Financial Times among others.

Prior to joining Deloitte, Dr. Keckley served in leadership roles at Vanderbilt Medical Center including international joint ventures, the Vanderbilt Center for Integrative Health, the healthcare MBA program launch and as executive director of the Vanderbilt Center for Evidence-based Medicine (VCEBM).

He completed his B.A. at Lipscomb University, M.A. and Ph.D degrees from The Ohio State University and a fellowship in economic policy at Oxford University.

February 28, 2013, Tallahassee, Florida

Moderator: Christopher Flavelle, Bloomberg Government Senior Health Care Analyst

Christopher Flavelle is a health care policy analyst for Bloomberg Government.

He holds a master's degree from Columbia University's School of International and Public Affairs and a bachelor's degree from McGill University.

Before joining Bloomberg Government, he covered the 2009 U.S. stimulus package for ProPublica, the investigative news group in New York.

Panelist Biographies

Dr. Michael W. Garner, President and CEO, Florida Association of Health Plans

Dr. Michael W. Garner serves as president and CEO of the Florida Association of Health Plans (FAHP), the state trade association for HMOs and PPOs in Florida. The association represents 20 health plans serving every health care market in the state, including Commercial, Medicaid, Medicare, Children's Health Insurance and the Federal Employee Health Plan.

Garner received his bachelor's, master's and doctorate degrees from the University of Florida in political science with specialties in health and environmental policy. During this time, he conducted research on the effects of persistent impoverishment on health status and the effects of maternal and child health programs on reducing low weight births and infant mortality.

He has worked for both the private and public sectors and started his career as a health planner with the North Central Florida Health Planning Council in Gainesville, Fla., conducting community needs assessments and implementing Florida's Healthy Start program, a program providing screening and services for pregnant women and infants. After the Health Council, Garner worked for Blue Cross and Blue Shield of Florida (BCBSFL) as a senior policy analyst, focusing on state and federal health policies including mandates (e.g., mental health parity and any willing provider), civil remedy, and the implementation of the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996. From BCBSFL, he worked for a period with the Mayo Clinic in Jacksonville establishing a Medicare outpatient reimbursement system before moving to Tallahassee in 2000, to work for the Florida Legislature. His career with the Florida Legislature included working as a senior analyst with the Legislature's evaluation office, the Office of Program Policy Analysis and Government Accountability (OPPAGA). Garner worked on a wide range of policy issues while with OPPAGA including Medicaid efficiencies, Medicaid fraud and abuse prevention and detection, environmental assessment methodologies and administrative structures in school districts in Florida.

Garner moved to the Florida House of Representatives' Committee on Health Care in 2004 where he served as a senior legislative analyst, with primary focus on Medicaid, KidCare and private health insurance reform. In 2005, he joined the Florida Senate Health Committee where he focused on Medicaid, KidCare, long-term health care, private health insurance and environmental health. During this time, he served as the lead staff on the Senate Select Committee on Medicaid Reform. Garner left the Florida Senate as a chief legislative analyst.

Peter Gosselin, Senior Health-care Analyst, Bloomberg Government

Peter Gosselin is a senior health-care analyst with Bloomberg Government. He was a special economic adviser for health reform at the Department of Health and Human Services and chief speechwriter to Treasury Secretary Timothy Geithner.

Gosselin spent 35 years at newspapers, most recently as chief economics correspondent for the Los Angeles Times.

He has a bachelor's degree from Brown University and an MBA in economics from Columbia Business School.

Professor Marshall Kapp, Director, Center for Innovative Collaboration in Medicine & Law, Florida State University

Marshall Kapp is the director of the Florida State University Center for Innovative Collaboration in Medicine & Law and a faculty member in the FSU College of Medicine and FSU College of Law. Formerly, he served as the Garwin Distinguished Professor of Law and Medicine at Southern Illinois University Schools of Law and Medicine. He also is professor emeritus from Wright State University School of Medicine and served for more than 20 years as a member of the adjunct faculty at the University of Dayton School of Law.

He served from 2004-2010 as the editor of the Journal of Legal Medicine, the official scholarly publication of the American College of Legal Medicine, and was named as an editor emeritus of JLM in 2010. He currently serves as the editor of the Social Science Research Network (SSRN) e-Journal Medical-Legal Studies and serves on the editorial boards of several other major journals in the health law field. He has published and spoken extensively on topics in health law, medical ethics, and law and aging.

Rose Naff, Chief Executive Officer, Florida Health Choices

Rose Naff began her service-driven career in state government at the Florida Department of Insurance. She is a proven leader and innovator in the area of child health policy, outreach, insurance and health care finance. In 1990, Naff joined the Florida Healthy Kids Corporation. Over the course of 18 years, she developed the Corporation into a national model, assisted in implementing state and national health care policies, established fiscal guidelines for programs throughout the country and worked closely with both state and federal legislators. In 2009, she was appointed chief executive officer of Florida Health Choices, Inc. by the Board of Directors.

During her tenure with Florida Healthy Kids, Naff was recognized on numerous occasions for her efforts on behalf of Florida's uninsured children. In 1996, she accepted an Innovation in American Government Award from the Ford Foundation and the Kennedy School of Government at Harvard University. The program was again recognized by Harvard in 2002 as a sustaining model of public-sector innovation of national significance. In addition, Naff received the 2005 Jack Hardy Health Care Communicator of the Year award from the Florida Hospital Association.

March 21, 2013, Sacramento, California

Moderator: Christopher Flavelle, Bloomberg Government Senior Health Care Analyst

Panelist Biographies

Larry Levitt, Vice President of Special Projects, Kaiser Family Foundation

Larry Levitt is vice president of special projects for the Kaiser Family Foundation. He previously served as editor-in-chief of kaisernetwork, the Foundation's online health policy news and information service, vice president of communications and director of the Foundation's Changing Health Care Marketplace Project. Before joining the Foundation, Levitt was a senior manager with The Lewin Group, where he advised public and private sector clients on health policy and financing issues. He previously served as a senior health policy advisor to the White House and Department of Health and Human Services, working on the development of President Clinton's Health Security Act and other health policy initiatives. He co-chaired the working group on cost containment in conjunction with the President's Task Force on Health Care reform.

Prior to that, he served as the special assistant for health policy with California Insurance Commissioner John Garamendi, where he co-authored Commissioner Garamendi's "California Health Care in the 21st Century" proposal. Before joining Insurance Commissioner Garamendi's office, Levitt was a medical economist with Kaiser Permanente, where he worked on insurance reform and other public policy issues. He previously managed new program development for the Massachusetts Department of Medical Security, the agency charged with implementing the universal health care plan in Massachusetts. He was responsible for the design of new health programs under the plan and for management of the fund used to reimburse hospitals for uncompensated care. He also served as a senior analyst with the governor's budget office in Massachusetts, where he helped develop that state's universal health care legislation.

He holds a bachelor's degree in economics from the University of California at Berkeley, and a master's degree in public policy from Harvard University's Kennedy School of Government.

Dr. Dylan Roby, Director of Health Economics and Evaluation Research Programs, UCLA Center for Health Policy Research

Dylan H. Roby, Ph.D, is the director of the Health Economics and Evaluation Research Program at the UCLA Center for Health Policy Research. He is also an assistant professor in the Department of Health Policy and Management in the UCLA Fielding School of Public Health.

Roby is currently working on a study of limited English proficient HMO enrollees for the Office of the Patient Advocate, as well as a study predicting the impact of health reform on California's population with the UC Berkeley Center for Labor Research and Education. He is also working on several projects evaluating state programs, including a long-term evaluation of California's Low Income Health Program. He also conducts data analyses and policy research related to hospital financing, health insurance affordability, workers' compensation, chronic care management, managed care and provision of care to the uninsured. In addition to his research, Roby teaches American Political Institutions and Health Policy (HPM 286) and Introduction to Health Services (HPM 100) in the UCLA Fielding School of Public Health.

Roby served as the associate director of the MPH Program from 2010-2012. Prior to becoming the director of Health Economics and Evaluation Research, he was a senior researcher at the Center from 2003 to 2011. Before returning to UCLA, Roby worked for four years as a senior research associate at The George Washington University Center for Health Services Research and Policy. He worked on safety net issues, including data analysis and research on community health centers and public hospitals. During his time in Washington, D.C., he also worked for the National Association of Community Health Centers, the National Governors' Association's Center for Best Practices and the Progressive Policy Institute. Roby was also an instructor at The George Washington University Department of Health Policy. Prior to that, he was a research assistant at the UCLA Center for Health Policy Research.

Roby graduated from UCLA with a bachelor's degree in geography and a minor in public policy. He earned his doctoral degree in public policy from The George Washington University.

Allan Zaremborg, President and CEO, California Chamber of Commerce

Allan Zaremborg is president and chief executive officer of the CalChamber. He took over the top staff position in 1998 after six years as executive vice president and head of CalChamber's legislative advocacy program.

Enhancing the state's economic growth has been the goal of Zaremborg's activities. He has headed statewide ballot campaigns to close the legal loophole that permitted shakedown lawsuits, to assure adequate funding for transportation infrastructure and to oppose anti-business proposals that would have raised the cost of health care, electricity and public works. He led negotiations culminating in comprehensive reforms of workers' compensation, endangered species laws and other key issues.

Before joining CalChamber, Zaremborg served as chief legislative advisor to and advocate for Governors George Deukmejian and Pete Wilson. Zaremborg served as a captain and flight navigator on a KC-135 jet air refueling tanker while in the U.S. Air Force from 1970 to 1975.

He received a B.S. in economics from Penn State University and a J.D. from the McGeorge School of Law, University of the Pacific, where he was a member of the Law Journal.

April, 10, 2013, Springfield, Illinois

Moderator: Peter Gosselin, Bloomberg Government Senior Health Care Analyst

Panelist Biographies

Illinois Deputy Governor Cristal Thomas, Deputy Governor of Public Policy, Office of the Governor

Cristal Thomas, MPP was appointed deputy governor by Illinois Governor Pat Quinn in February 2011. In this capacity, Thomas is responsible for overseeing development and implementation of Governor Quinn's public policy agenda.

Before joining the Quinn Administration, she served as regional director for the U.S. Department of Health and Human Services, Region V. Prior to her appointment to the HHS Regional Director's Office, Thomas was executive director of the Ohio Executive Medicaid Management Administration (EMMA), where she provided strategic direction, policy coordination and guided business process improvement projects across six state agencies responsible for service delivery in health care, aging, public health, mental health and developmental disability systems. She also served during the Strickland administration as Ohio Medicaid Director, responsible for administering the Medicaid and State Children's Health Insurance Programs in Ohio, as well as implementing many of the governor's health care initiatives.

Thomas was assistant director of the Illinois Department of Healthcare and Family Services (HFS), the state agency responsible for the Illinois Medicaid and child support enforcement programs. She began her career as a policy and regulatory analyst in the White House Office of Management and Budget, where she focused on federal health care policy.

She is a graduate of Ohio State University and received a master's degree in public policy from the University of Chicago.

Laura Minzer, Executive Director, Health Care Council, Illinois Chamber of Commerce

Laura Minzer currently serves as the executive director of the Illinois Chamber of Commerce's Healthcare Council, one of six business issue councils that serve as the Chamber's primary resource for responding to and influencing healthcare policy. In that role, she serves as the Chamber's lead on health reform, interpreting and responding to state and federal legislation and regulatory issues regarding implementation of the Affordable Care Act and other issues that impact the health insurance market and the broader healthcare system in Illinois. She has also served as a member of the Illinois State Health Improvement Planning Team 2009-2010 and is currently a member of the Illinois Department of Public Health's Leadership Team with their Community Transformation Grant/We Choose Health initiative that supports public health efforts to reduce chronic diseases, promote healthier lifestyles, reduce health disparities and help control healthcare spending.

In addition to her role as executive director, she also serves as the associate vice president of Government Affairs for the Chamber, assisting in the management and lobbying of state legislative issues of interest to the Illinois Chamber and its diverse membership, including issues related to healthcare, the budget, taxes, civil law, environment and energy, workforce development and employment law, infrastructure and procurement.

Minzer joined the Chamber in 2007 after spending seven years as a legislative analyst for the Illinois House Republican Caucus, handling policy and budget issues for health and human services and K-12 education.

She has a B.A. in political science and international relations from Boston University.

Michael Koetting, Deputy Director for Planning & Reform Implementation, Illinois Department of Health Care and Human Services (HFS)

Michael Koetting is deputy director for Planning & Reform Implementation at the Illinois Department of Healthcare and Family Services. He oversees implementation of health reform in the Illinois Medicaid program, ensuring that 700,000 new clients can be correctly enrolled by the end of 2013, and will also spearhead substantial changes in the program's delivery system. Prior to joining the department, Koetting was vice president of planning for the University of Chicago Medical Center for 23 years.

He holds an M.A. and Ph.D. in sociology from Harvard University and a B.A. in English from Saint Louis University.

Kathy Chan, Associate Director & Director of Policy and Advocacy, Illinois Maternal and Child Health Coalition

Kathy Chan currently serves as the associate director and provides leadership on advocacy efforts, as well as policy analysis for IMCHC and its four projects. From 2002-2006, Kathy worked at IMCHC on Covering Kids and Families where she built statewide and local coalitions and created and implemented strategies to help families more easily access public health insurance programs. Her efforts helped Illinois gain recognition as a national leader in enrollment. To date, over 2.8 million parents and children in Illinois have public insurance coverage.

Kathy worked briefly in state government with the Illinois Department of Healthcare and Family Services, where she assisted with strategic enrollment efforts and the implementation of All Kids. She currently serves as board chair of IFLOSS, a statewide organization working to improve the oral health status of residents and remains an active volunteer with the Young Nonprofit Professionals Network of Chicago.

Kathy graduated with a bachelor's degree in English from Northwestern University and began her career as an organizer with Green Corps, a field school for environmental organizing.

THE TAX INSTITUTE AT H&R BLOCK HEALTH CARE SCENARIOS

Health Care Reform: What it Means for Your Taxes

Released February 15, 2013

HEALTH CARE REFORM: WHAT IT MEANS FOR YOUR TAXES				APPROXIMATE MONTHLY PREMIUM COST IN 2014	POTENTIAL TAX PENALTY
HOUSEHOLD INCOME	FAMILY SIZE	EMPLOYER INSURANCE			
RICK&BARBARA  Rick is a fast food shift manager who makes \$35,000 per year. His wife Barbara is a sales clerk at a local store where she makes \$10,000. Their household income for the year is \$45,000. They have 3 children who are between the ages of 8-15. Rick, Barbara, and their children do not currently have access to insurance.	\$ \$45,000 3 NO		\$172.50	2014 \$285 2015 \$975 2016 \$2,085	
JOE  Joe recently took his first job out of college as a graphic designer. He makes \$41,000 per year. He is not married and does not have children. Joe currently does not have insurance.	\$ \$41,000 1 NO		\$324.58	2014 \$310 2015 \$620 2016 \$775	
KEVIN&ANGIE  Kevin drives a dump truck and makes \$20,000 per year. His wife Angie is a waitress and makes \$10,000. Their annual income is \$30,000. They have one child. Kevin, Angie and their child do not currently have health insurance.	\$ \$30,000 2 NO		\$104.50	2014 \$238 2015 \$813 2016 \$1,738	
SARAH&JOSÉ  Sarah is a yoga teacher making \$31,000 per year. She lives with her boyfriend José who works at a local sandwich shop while he is in school. He makes \$12,000 per year. Neither Sarah nor José currently have insurance.	\$ SARA - \$31,000 JOSÉ - \$12,000 2 NO		SARA: \$222.94 JOSÉ: N/A MEDICAID ELIGIBLE	2014 SARA: \$210 JOSÉ: \$95 2015 SARA: \$420 JOSÉ: \$325 2016 SARA: \$695 JOSÉ: \$695	
JOHN&THERESA  John works in technology at a local company. He earns \$57,000 per year. His wife Theresa is a teacher and earns \$36,000 per year. Their annual income is \$93,000. They have 4 children ages 2 to 12. John and Theresa have insurance, but are unable to enroll their children in their plans. The children are currently uninsured.	\$ \$93,000 4 PARENTS - YES CHILDREN - NO		\$723.08 FOR CHILDREN ONLY	FOR NOT COVERING CHILDREN 2014 \$730 2015 \$1,460 2016 \$1,825	

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The information provided herein is only an estimate and does not constitute tax or legal advice or an official calculation of share of the premium payment, and/or tax penalty. This estimate is for informational purposes only.



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ENDNOTES

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⁸ Kaiser Family Foundation, “Health Insurance Coverage of the Total Population,” <http://kff.org/other/state-indicator/total-population/>, (retrieved May 24, 2013).

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