



ACA Today

EMPLOYERS STILL SHIFTING HEALTH BENEFIT COSTS TO WORKERS, REPORT FINDS

The number of health plans with out-of-pocket limits of more than \$5,000 increased to 32 percent last year, up from 20 percent in 2012, as more employers continued to shift costs to employees, according to a report released Thursday by Zywave, a company that develops software for insurance brokers. The report is based on the company's database that includes almost 50,000 employers and 70,000 health plans. The increase in health plans with high out-of-pocket expenses could indicate that employers are moving to the caps set by the Affordable Care Act. ([The Milwaukee Journal Sentinel](#))

EMPLOYER INSURANCE INCREASING AS OBAMACARE ROLLS OUT, STUDY FINDS

In addition to gains in insurance coverage as a direct result of the Affordable Care Act, the number of Americans covered by employer-provided insurance also has increased in the last year, according to newly released data from the Rand Corporation. As previously reported, Rand estimated that the number of Americans with health insurance rose by about 9.3 million as of mid-March [2014]. ([Los Angeles Times](#))

HEALTH PLANS EXPECTED TO EXPAND ACA EXCHANGE OFFERINGS IN 2015

Evidence suggests that more health insurers will offer plans through the Affordable Care Act's health insurance

exchanges during the next open enrollment period, which is set to begin November 15, [2014]. Insurers in most states have until May or June to submit their health plan options to be offered on the exchanges and have until September to withdraw any such offerings. ([CaliforniaHealthline](#))

STATES WANT OBAMA TO FILL REGULATOR VACUUM

State insurance regulators want the Obama administration to get more people who understand them into top posts at the U.S. Department of Health and Human Services. The lack of regulatory expertise at HHS was one of the topics that came up in Washington, when 44 members of the NAIC met with President Obama and other administration officials in the White House. ([BenefitsPro](#))

IRS BARS EMPLOYERS FROM DUMPING WORKERS INTO HEALTH EXCHANGES

Many employers had thought they could shift health costs to the government by sending their employees to a health insurance exchange with a tax-free contribution of cash to help pay premiums, but the Obama administration has squelched the idea in a new ruling. Such arrangements do not satisfy the healthcare law, the administration said, and employers may be subject to a tax penalty of \$100 a day, or \$36,500 a year, for each employee who goes into the individual marketplace. The ruling this month [May] by the IRS, blocks any wholesale move by employers to dump employees into the exchanges. ([The New York Times](#))

**REPORT: 1 MILLION
AMERICANS GETTING WRONG
OBAMACARE SUBSIDIES**

... And the government has not been able to solve the issue yet - meaning people who inadvertently got too much money could face crippling tax bills in upcoming years. Normally, customers are notified if there is a problem with their applications and told to upload or mail in their proof of income. But only a few have done that, say IRS documents, and even for those who have, the federal computer system for the marketplace isn't able to match the proof with the application because the capability to do that hasn't yet been built.

[\(NewsMax\)](#)

**SENATE BILL WOULD REQUIRE
STATES TO PAY BACK FEDS FOR
FAILED OBAMACARE EXCHANGES**

Two of the Senate's top Republicans plan to introduce a bill to require states with failing Obamacare exchanges to refund the money spent on those systems to the federal government. The measure would require states that initially operate their own exchanges but later chose to use the federal exchange to repay their establishment and early innovator grants over a 10-year period. [\(FoxNews\)](#)

**D.C. COUNCIL APPROVES
BROAD NEW TAX ON HEALTH INSURANCE
TO COVER CITY'S EXCHANGE**

The D.C. Council unanimously approved a broad tax on all health-related insurance products sold in the nation's capital to solve a big money problem faced by its online health insurance exchange. Under the measure, which will take effect on an emergency basis but eventually face congressional review, the exchange will fund its operating costs through a 1 percent tax on more than \$250 million in insurance premiums paid annually by those who live and work in the District. [\(The Washington Post\)](#)

**COLORADO HEALTH
EXCHANGE CONSIDERS ADDING LIFE
INSURANCE TO PRODUCTS**

The state health exchange is considering adding new products to its line, such as life insurance, to generate more cash... "As our small group (insurance) becomes more robust, often businesses purchase their group life when they purchase their group health," Exchange Director Patty Fontneau said. [\(The Denver Post\)](#)

**MARYLAND TO OVERHAUL
HEALTHCARE EXCHANGE WITH
HELP FROM CONNECTICUT**

The board of the Maryland Health Benefit Exchange voted to overhaul its troubled healthcare website by adopting the smooth-running technology platform developed by Connecticut. [\(Los Angeles Times\)](#)

**OREGON DROPPING HEALTH
EXCHANGE IN FAVOR OF FEDERAL
MARKETPLACE**

Oregon is abandoning its troubled online health exchange in favor of the federal website, becoming the first state to do so. Cover Oregon's board approved Friday a recommendation that the state switch. The vote came after it was determined that fixing the state's current system would cost \$78 million, while switching to the federal system will cost between \$6 million and \$8 million. [\(Time\)](#)

**NEVADA LATEST STATE TO SCRAP ITS
OBAMACARE EXCHANGE**

Nevada has become the latest state to scrap its crippled Obamacare exchange and join the federal HealthCare.gov for at least a year. The Silver State is the only state with a Republican governor that ran its own health insurance exchange in 2014. [\(Politico\)](#)

ACA Tomorrow

Updates on upcoming regulatory deadlines, amendments and delays related to the ACA - Current as of June 6, 2014

HIGH-RISK POOLS EXTENDED

Known as the Pre-Existing Condition Insurance Program (PCIP), the ACA established a temporary national high-risk pool in 2010 to provide health coverage to individuals with pre-existing medical conditions. *The deadline for patient transition from the PCIP to the public exchanges was extended three times. The final cut-off date was set for April 30, 2014. At this time, the program closed, and participants who did not have coverage through the exchanges, had to access it from an alternative source – or go without.*

FEDERAL SUBSIDIES POLICY CHANGE

Administration indicated it would allow consumers to get federal subsidies if they purchase policies (with benefits substantially similar to a Qualified Health Plan) outside of state or federal exchanges due to technical difficulties in enrolling. Also requires retroactive coverage and subsidies for individuals from the date they applied rather than the date they actually enrolled in a plan. *Announced on February 27, 2014.*

EMPLOYEE CHOICE OPTIONAL IN 2015

Under the ACA, every state was supposed to allow small employers to offer employees a choice of multiple plans on the insurance marketplaces. The Department of Health and Human Services has finalized rules allowing state insurance commissioners to opt out of this feature and limit employees to only one plan selected by their employer, if the state has reason to believe it will prompt insurers to raise rates for 2015. *Feature was originally to be in effect for 2014 and was delayed to 2015.*

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