



ACA Today

CLASHING RULINGS ON EXCHANGE SUBSIDIES RAISE FEAR OF INSTABILITY

Healthcare providers and insurers fear that conflicting appellate court rulings on the legality of Obamacare premium subsidies offered through the federal insurance exchange could have a destabilizing effect on the newly expanded insurance market. ([Modern Healthcare](#))

WHY THE ACA HAS OPENED A SALES DOOR FOR VISION INSURANCE

The ACA designates pediatric vision services as one of the 10 essential health benefits that all qualified health plans need to offer if they intend to sell on the public health insurance exchanges available for individuals and small-group employers to shop for coverage. The ACA's requirement has exposed a gap in coverage for adults that some benefit industry insiders say is prompting an uptick in voluntary vision benefit sales and creating an opportunity for benefit advisers to have a dialogue with employers about how these voluntary benefits can help employers ease some of the shifting burden of health care costs employees are experiencing. ([Employee Benefit Advisor](#))

OBAMACARE INSURERS HIT HIGH-COST PATIENTS WITH HIGH DRUG PRICES

Some insurance companies are finding ways to get around one of Obamacare's most popular provisions that requires everyone to be covered equally - regardless of any pre-existing condition. The anti-discrimination rule was meant to guard against insurers who historically charged higher premiums to sick people. But some insurers are still charging certain patients more by passing the extra costs on in the form of higher drug prices. ([The Fiscal Times](#))

FINES CAPPED FOR INDIVIDUAL MANDATE

Federal officials have capped the penalties on individuals for not buying insurance: \$2,448 per person, \$12,240 for a family of five. The amount is equal to the national average annual premium for a bronze level plan. Consumers who haven't purchased insurance but meet the ACA's minimum standards will be fined 1 percent if their household annual income is above \$19,650. If its income is lower, the fine is \$95. ([AP](#))

16% OF LARGE EMPLOYERS PLAN TO OFFER LOW-BENEFIT 'SKINNY' PLANS DESPITE ACA: SURVEY

Nearly one company in six in a new survey from a major employer group plans to offer health coverage that doesn't meet the ACA's requirements for value and affordability. Many thought such low-benefit "skinny plans" would be history once the health law was fully implemented this year. Instead, 16 percent of large employers in a survey released Wednesday [August 13] by the National Business Group on Health said they will offer in 2015 lower-benefit coverage along with at least one health plan that does qualify under ACA standards. ([Kaiser Health News](#))

IT'S A DATE: HHS FINAL RULE SETS ICD-10 SWITCH FOR OCTOBER 1, 2015

HHS has formally set an October 1, 2015, compliance date for conversion to ICD-10 diagnostic and procedure codes, incorporating the absolute minimum delay imposed by Congress. ([Modern Healthcare](#))

REPORT: COMPANIES DESPERATE TO AVOID OBAMACARE ‘CADILLAC TAX’ SHIFTING COSTS TO WORKERS

A national business group representing the nation’s large employers reported Wednesday [August 13] that companies desperate to avoid a 40 percent Obamacare “Cadillac tax” are finding ways to shift the costs to workers. ([Fox News](#))

CAPSULES: BUSINESS GROUPS, CONSUMER ADVOCATES DRAW LINES IN THE SAND ABOUT ESSENTIAL BENEFITS

During a July 21 Capitol Hill briefing, members of the Affordable Health Benefits Coalition, a business interest group including the U.S. Chamber of Commerce and the National Retail Federation, said they would push to reshape essential benefits, arguing that current regulations have led to unaffordable hikes in insurance premiums. ([Kaiser Health News](#))

HEALTHCARE.GOV NOT FULLY READY FOR ROUND TWO

...After nearly a year of significant repair efforts pushing the website’s price tag to roughly \$840 million, HealthCare.gov still “won’t be perfect” and isn’t “fully ready” for next year’s open enrollment, officials said Thursday [July 31]. During a House Energy and Commerce Committee hearing lawmakers grilled officials from CMS about the website, the costs it has incurred over the last year, and its readiness for next year’s enrollment process. ([The Fiscal Times](#))

ANTHEM BLUE CROSS SUED AGAIN OVER NARROW-NETWORK HEALTH PLANS

Health insurance giant Anthem Blue Cross faces another lawsuit over switching consumers to narrow-network health plans — with limited selections of doctors — during the rollout of Obamacare. These types of complaints have already sparked an ongoing investigation by California regulators and other lawsuits seeking class-action status against Anthem and rival Blue Shield of California. ([Los Angeles Times](#))

MASSACHUSETTS WILL KEEP STATE-BASED HEALTH WEBSITE

Massachusetts officials overseeing the state’s hobbled health care exchange decided Friday [August 15] to stick with new software designed to upgrade the website rather than switching over to the federal government’s health insurance market. ([Boston Herald](#))

FTJ BENEFIT SOLUTIONS

FTJ has the proven ability to provide efficient and sustainable employee benefit and retirement savings programs through our work with over 200 employer clients—including assistance with pertinent ACA issues and strategies. For additional information on our services, please contact your Regional FTJ Representative or Dale Johnson at 800-821-7303, ext. 1440, or email djohnson@ftj.com.

This publication contains information in summary form and is therefore intended for general guidance only. FTJ is not, by means of this publication, rendering business, legal, or other professional advice or services. This publication is intended to be viewed only by FTJ’s business associates and appointed agents. Distribution to anyone else is strictly prohibited. If you have any questions regarding the information provided in this publication, please consult your legal counsel for advice.