



ACA Today

DC APPEALS COURT AGREES TO REHEAR CASE THAT COULD CRIPPLE HEALTH LAW

The full District of Columbia Court of Appeals Thursday [September 4] agreed to rehear *Halbig v. Burwell*, a case charging that the federal government lacks the authority to provide consumers tax credits in health insurance exchanges not run by states. The order agreeing to hear the case technically cancels the three-judge ruling from July that found for the plaintiffs. That ruling, if upheld, could jeopardize the entire structure of the ACA by making insurance unaffordable for millions of consumers in the 36 states where the federal government operates the exchange. ([Kaiser Health News](#))

OKLAHOMA JUDGE RULES AGAINST OBAMACARE SUBSIDIES

In a legal setback for the Obama administration, a federal judge in Oklahoma ruled Tuesday [September 30] that people in states that rely on the federal insurance exchange are not eligible for Obamacare premium subsidies to help them pay for coverage. The Oklahoma court is the first U.S. District Court to rule that the language of the ACA does not allow subsidies in states that have not established their own marketplaces. Experts say the issue may go up to the U.S. Supreme Court, and the outcome will be critical to the fate of the healthcare reform law. Yet another ACA subsidy lawsuit is still pending in Indiana. ([Modern Healthcare](#))

OBAMACARE WEBSITE COSTS EXCEED \$2B, STUDY FINDS

The federal government's Obamacare enrollment system has cost about \$2.1 billion so far, according to a Bloomberg Government analysis of contracts related to the project. Spending for HealthCare.gov and related programs, exceeds cost estimates provided by the Obama administration, the analysis found. The government's most recent estimate, limited to spending on computer systems by the agency that runs the site, through February, is \$834 million. ([Bloomberg](#))

EMPLOYER HEALTH PLAN DEDUCTIBLES SEE BIG 5-YEAR JUMP

A report puts numbers behind what hit many workers when they signed up for health insurance during open enrollment last year: deductible shock. Premiums for employer-paid insurance are up 3 percent this year, but deductibles are up nearly 50 percent since 2009, the report by the Kaiser Family Foundation shows. ([USA Today](#))

HHS SAYS 700,000 HAVE LOST INSURANCE COVERAGE SINCE MAY

After enrolling more than 8 million people into marketplace health insurance this year, roughly 700,000 have lost their coverage, Medicare administrator Marilyn Tavenner testified Thursday [September 18] before Congress. Her surprise disclosure came during a House Oversight and Government Reform Committee hearing in which Republicans blasted Tavenner about a lack of transparency and ongoing data security problems with the HealthCare.gov website. ([McClatchy](#))

CMS GLITCH COULD COST DOCTORS MILLIONS

Physicians who just spent hundreds of millions of dollars to install new electronic health record systems will face millions in federal penalties due to a technical glitch that affects their compliance with a federal program, vendors and doctors say. The Catch-22 stems from the shifting rules that CMS has established in a \$30 billion program intended to incentivize physicians and hospitals to switch from paper to electronic health records. ([Politico](#))

BJC AGAIN EXCLUDED FROM ANTHEM'S NETWORK FOR ONLINE INDIVIDUAL MARKETPLACE

BJC HealthCare, St. Louis' largest employer, will once again be excluded from Anthem Blue Cross Blue Shield's provider network for individual health plans purchased on the online marketplace. Anthem spokeswoman Deb Wiethop said Tuesday the health system and its 12 hospitals will not be included in the carrier's network for plans that start in 2015. ([St. Louis Post-Dispatch](#))

CONSUMER GROUP SUES 2 MORE CALIFORNIA PLANS OVER NARROW NETWORKS

Both cases allege that the insurers offered inadequate networks of doctors and hospitals and that the companies advertised lists of participating providers that were incorrect. Consumers learned their doctors were not, in fact, participating in the plans too late to switch to other insurers, the suits allege, and patients had to spend hours on customer service lines trying to get answers. Both cases seek class action status. ([Kaiser Health News](#))

NEW ANTHEM BLUE CROSS PLAN TAKES ON KAISER

Taking aim at HMO giant Kaiser Permanente, insurer Anthem Blue Cross is joining forces with several big-name hospitals and their doctors to create an unusual health plan option for employers in Southern California. The joint venture being announced Wednesday [September 17] brings together seven rival hospital groups in Los Angeles and Orange counties, including well-known institutions Cedars-Sinai Medical Center and the UCLA Health System. The deal reflects the pressure insurers and hospitals alike are facing to hold down health care costs for employers and their workers. ([Los Angeles Times](#))

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