



HEALTHCARE ROUND-UP



May 18, 2017

[Trump Administration to End SHOP ACA Marketplaces](#)

The Washington Post

The Trump administration announced that it will [end](#) the online marketplace known as the Small Business Health Options Program (SHOP), which allowed qualifying small businesses to receive tax credits for health insurance purchased on the ACA exchanges. In its place, the Trump Administration is proposing to narrow, but not eliminate, the federal website for small-business insurance so that companies could still go online to apply for government tax credits under the law. However, they no longer would use that website to select health plans. The site instead would show the names of available insurers and tell companies to deal directly with brokers of the health plans.

[SHOP Plan Tax Credit Eliminated in the AHCA](#)

Employee Benefits News

The legislation passed by the House (The American Health Care Act) to repeal and replace the ACA, would in 2020 eliminate the small business tax credit provided to qualifying businesses that purchase health insurance on the exchange. This tax credit was the ACA's inducement for entrepreneurs to participate in the SHOP Program.

[Secretary of HHS Pushes 'waivers' for States from Obamacare Rules, as HHS Says Program in 'death spiral'](#)

CNBC

The Department of Health and Human Services - which oversees the ACA - released a new [tool](#) Tuesday to help states seek waivers from certain Obamacare rules, as the department continued the Trump administration's push to undercut the ACA. The new tool is meant to help states complete [applications](#) that could allow them to set up high-risk pools for sicker residents and establish state-operated reinsurance programs.

[Preexisting Conditions and Continuous Coverage: Key Elements of the AHCA](#)

Kaiser Health News

The AHCA would still require insurers to offer coverage to everyone, including people who have preexisting medical conditions. But it would allow states to opt out of the federal health law's prohibition against charging sick people more than healthy ones. In those states, if people



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have a break in coverage of more than 63 days, insurers could charge them any price for coverage for approximately a year, effectively putting coverage out of reach for many sick people, analysts say. After a year, they would be charged a regular rate again.

Employers Struggling to Keep Up with Changing Compliance Issues

Employee Benefits News

Between efforts to repeal and replace the ACA to a hodgepodge of federal, state and local laws, most employers are preparing for big changes that will influence their benefits policies going forward. That's according to an annual [survey](#) from law firm Littler Mendelson, which found that the shifting, fragmented patchwork of state and local labor and employment requirements has created some compliance challenges for the majority of employers.

2018 HSA Limits Set

BenefitsPro

The IRS has set new limits in [Revenue Procedure 2017-37](#) for [health savings accounts](#) (HSAs) for 2018. The contribution limits for individual accounts rise to \$3,450 (from 2017's \$3,400); and for family coverage - \$6,900 (from 2017's from \$6,700). Maximum out-of-pocket figures are also up: for single coverage to \$6,650 (from 2017's \$6,550) and for family coverage to \$13,300 (from 2017's \$13,100).

HSA Enrollment Up

BenefitsPro

The use of health savings accounts is on the rise, while the use of health reimbursement arrangements is holding steady, according to United Benefit Advisors' [Special Report: How Health Savings Accounts Measure Up](#). Enrollment in HSAs in 2016 more than doubled from five years ago, to 17 percent, based on data reported in the 2016 UBA Health Plan Survey. The accounts are offered in 24.6 percent of plans, a 21.8 percent increase from 2012. On the other hand, the prevalence of HRAs has remained flat over the last five years at 10.5 percent, with HRA enrollment at 10.7 percent, up 23 percent from five years ago.

Employers Taking Various Steps to Manage Healthcare Costs

Plansponsors

Recognizing that no single change will radically transform the cost structure of healthcare programs, U.S. employers are instead following a strategy of taking many concurrent steps to manage costs, according to a survey by [Willis Towers Watson](#).