Obamacare: Where we’ve been, where we’re going and what it all means

Sarah Kliff
Vox.com
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A story from McDonald’s...
The health care law is big. Really big.
And it’s not well understood

Last spring, 4 in 10 Americans weren't sure if Obamacare was standing

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is the law of the land and being implemented</td>
<td>59</td>
</tr>
<tr>
<td>Unaware of status</td>
<td>23</td>
</tr>
<tr>
<td>It has been repealed by Congress</td>
<td>12</td>
</tr>
<tr>
<td>It has been overturned by the Supreme Court</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: Kaiser Family Foundation, Get the data
Really not well understood
And it’s still really controversial

Click here for more details on the monthly Kaiser Health Tracking Poll, including the survey findings and methodology.
What isn’t Obamacare?

Obamacare is not a government takeover of the American health care system.

It’s not universal coverage, either.
ObamaCare will cover a small fraction of Americans

- Employer insurance: 154
- Medicare: 46
- Medicaid: 42
- Uninsured: 30
- Other insurance: 26
- Using the exchanges: 23

Source: Congressional Budget Office, [Get the data](#)
So what is Obamacare?

Obamacare is a three-pronged approach to increasing insurance coverage in the United States.
So what *is* Obamacare?

• Pre-existing conditions get covered

• Everyone has to buy insurance – or pay a fine

• Subsidies to purchase coverage
The history

• Signed into law on March 23, 2010
• Uncertainty reigned for three years
• Two really important things happened
  • The Supreme Court decision in summer 2012
  • The 2012 Presidential election
The current state of play

People In Healthcare.gov Stock Photos Now Visibly Panicking

NEWS IN PHOTOS · Government · Healthcare · News · ISSUE 49-43 · Oct 22, 2013

Healthcare.gov’s rollout was a disaster...
The current state of play

...But lots of people signed up for insurance—more than expected.
Lessons from open enrollment

1. Building a health care program to cover millions of people is insanely hard.
Lessons from open enrollment

2. About 8 million People **really, really** want health insurance.

"We made enrollment so much harder than it needed to be. There was a knowledge gap, there were glitches, most people didn't know about financial assistance or navigators. We had so many hurdles and yet they persevered.” – Mike Perry, PerryUndem
Lessons from open enrollment

3. The biggest barrier to getting people covered is cost.

39 percent of the uninsured say they didn’t get coverage because it’s too expensive.

-Kaiser Family Foundation April 2014 tracking poll
Where do things go from here?

Obamacare probably isn’t getting repealed.

But it still faces big challenges.
Challenge 1: Expanding Medicaid
Challenge 1: Expanding Medicaid

This leaves 4.8 million people in a coverage gap.

*Figure 3*

In states that do not expand Medicaid under the ACA, there will be large gaps in coverage available for adults.

0% FPL State Medicaid Eligibility Limit for Parents as of Jan. 2014 (Median: 46%)

100% FPL ($11,490 for an individual)

400% FPL ($45,960 for an individual)

NOTE: Applies to states that do not expand Medicaid. In most states not moving forward with the expansion, adults without children are ineligible for Medicaid.
Challenge 1: Expanding Medicaid

• Obstacles to the Medicaid expansion
  • Politics: Obamacare is still controversial, and the 2014 midterms are right around the corner
  • Policy: States are worried about getting stuck spending more on their Medicaid programs
Challenge 2: Increasing reach

Percent of exchange eligible population enrolled

<table>
<thead>
<tr>
<th>State</th>
<th>Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vermont</td>
<td>85</td>
</tr>
<tr>
<td>California</td>
<td>42</td>
</tr>
<tr>
<td>Florida</td>
<td>38</td>
</tr>
<tr>
<td>US Average</td>
<td>28</td>
</tr>
<tr>
<td>Montana</td>
<td>24</td>
</tr>
<tr>
<td>Ohio</td>
<td>19</td>
</tr>
<tr>
<td>Iowa</td>
<td>11</td>
</tr>
</tbody>
</table>

Source: Kaiser Family Foundation
Challenge 2: Increasing reach

• State exchanges do the best at outreach and enrollment

• The botched rollout of Healthcare.gov underscored how hard it is to build an exchange
Challenge 3: Increasing popularity

If Obamacare works, will people notice?

Lots of people know 8 million signed up for Obamacare

Source: Kaiser Family Foundation, Get the data
Challenge 3: Increasing popularity

If Obamacare works, will people notice?

Most people think Obamacare didn't meet its goal

- Fell short of expectations: 57
- Met expectations: 21
- Exceeded expectations: 14
- Don't know: 8

Source: Kaiser Family Foundation, Get the data
Challenge 4: Measuring success

• How do we know if Obamacare is working?
  • Coverage levels
  • Access to care
  • Population health
  • Health costs
If past is prologue...
Medicare Braces For M-Day

By NONA BROWN

Special to The New York Times

WASHINGTON, April 23 — "Don't buy this scare talk about Medicare—with visions of the elderly lining up to get into hospitals free on July 1. But then, I can't say the hospitals will be prepared for Medicare, either... we don't really know yet what the demand will be."

This sentiment was voiced recently by William M. Bucher, a hospital administrator here in Washington. But he might have been speaking for the country as a whole. As the trigger date of July 1, when the hospital element of the Medicare program goes into operation, approaches, many of the people intimately concerned with the program are unsure whether they face chaos, or just bureaucratic confusion.
Medicare Takes Over Easily
By Dan Morgan and Martin Welt
Washington Post Staff Writer

It was a smooth transfusion, undramatic as a bed change.
At 12:31 a.m. yesterday, these 60 and over
were beginning to pay the hospital bills of close to 1000 pa-
tients over 60 in area hospitals.
The transition to Medicare, the Federally
financed health plan, was as uneventful as
it was historic.
The influx of card-carrying Medicare pa-
tients was a trickle, not the torrent that had
been predicted by some.
By late afternoon, about 30 new patients
collected in the city area under the program.

Extra Coverage for Some
For the majority of elderly patients already
covered by private health plans, it meant
extra coverage—with the private plans sup-
plementing the Government benefits.
For those unable to afford private cover-
age, it meant an end to charity—or a chance
to get care without dipping into life savings.
For Group Hospitalization, Inc., bookkeep-
er for the local hospitals participating in
"the great experiment," it meant "paperwork
by the carload—the likes of which you've
never seen."

For hospital officials, it meant serious worry
that local facilities, now about 83 percent occupied,
would be overstressed in the months
ahead by patients over 65. Their fears were
undisillusioned on the first day, at least.
All but 504 of the country's 678 hospitals
opened their doors for the treatment of older
persons under the program—having guaran-
teed that they would not discriminate in their
medical service.

Surgeon General William Stewart, hailed
the start of the program as auspicious. He
said the willingness of most hospitals to
comply with non-discriminatory provisions of
the Civil Rights Act "effectively demonstrates
the desire of the American people to
eliminate discrimination because of race,
from hospital and medical practice."

Of the 4335 certified hospitals, 327 have not
been cleared because of failure to comply
with the Act, he said.

Locally, only Doctors Hospital, the only
facility operated here by doctors, is yet to
be certified.

One of the first persons to sign up here was
Arthur Adams, 81, of 4802 Hayes St. N.W.,
who entered George Washington University
Hospital emergency room at 4:15 a.m. complai-
ing of shortness of breath.
In Orlando, Fla., Medicare took its old-
est participant when Sara Edwards, 112, a
former slave, was admitted to a hospital for
treatment of the "infirmities of age."

As of midnight yesterday, thousands of
patients already in hospitals across the Na-
tion were transferred into the new health
care program. For some, the transfer was de-
layed because they had forgotten to take
their Medicare eligibility cards to the hos-
pitals.

Usually a Light Day

Though admissions of older patients was
not above average here or in most parts of
the country, hospital officials here noted that
Friday is usually a light admission day.

Collective surgery is not performed on week-
ends. And some prospective patients prob-
able prefer to spend July 4 at home.
In Washington, Frank Carbo said the vast
majority of private insurance companies were
not altering their coverage with Medicare, not
cancelling it.

Carbo, chairman of the Health Insurance
Council, and most firms are adhering to their
policies to individual policy holders, to cover items not covered by Medicare.

These plans offer either a flat monthly pay-
ment to the patient while hospitalized, or
payment for specific items on the patient's
bill not covered by the Federal program.

Savings in GHI Costs
Donald Parver, senior assistant to the di-
rector of Group Hospitalization, Inc., the
local Blue Cross program, said the advent of
Medicare will mean savings in GHI costs,
as the Federal program picks up the high-
risk older bracket.

But he said the savings will not mean lower
rates for subscribers, because GHI's costs
are rising with steadily increasing hospital
bills. Some Blue Cross rates that might have
increased this year will not go up because
of the Medicare program, he said.

The big concern among local hospital of-
icials was whether they could provide the
space and personnel to cope with expected

See MEDICARE, B7, Col. 1
MEDICARE'S START HAS BEEN SMOOTH

Civil Rights in Parts of South the Only Major Problem—No Trend Yet in Billing

By HAROLD M. SCHMECK Jr.
Special to The New York Times

WASHINGTON, July 24—At the end of its third week, the Medicare program was reported going smoothly with civil rights difficulties in some areas of the South still the only major problems.

Hospital crowding, one of the major fears voiced by opponents of Medicare, did not develop at the start on July 1. It still has not materialized as a result of the nationwide health insurance program for 19 million Americans over 65 years of age.
Thank you!