



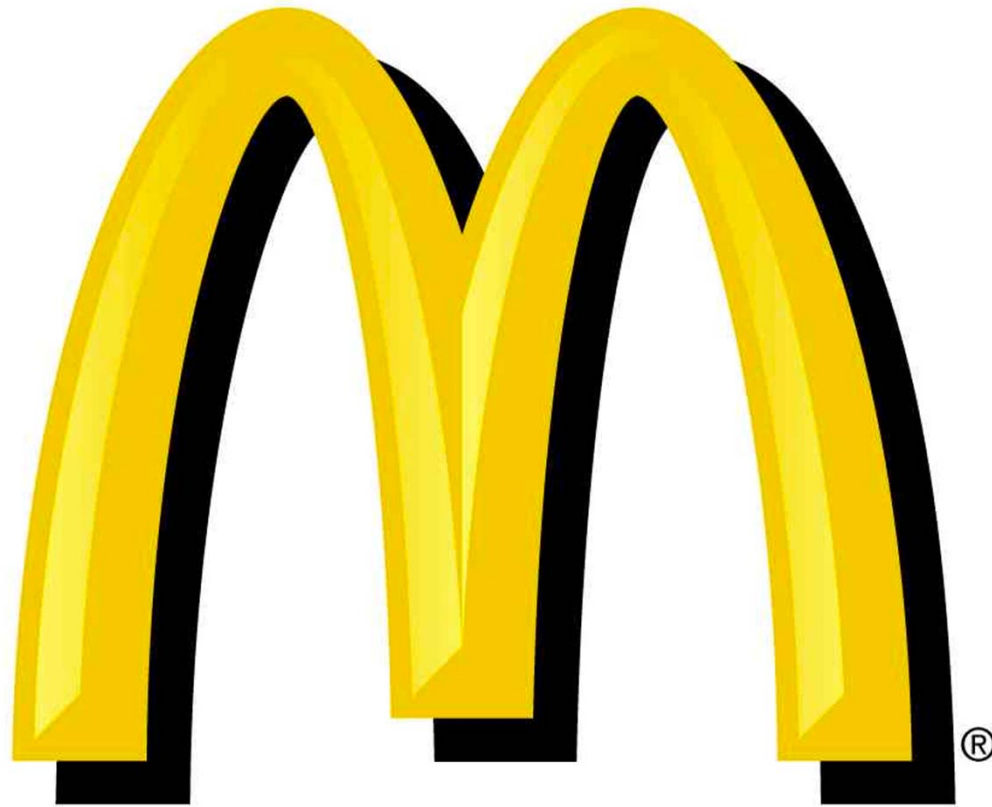
Obamacare: Where we've been, where we're going and what it all means

Sarah Kliff

Vox.com

October 14, 2014

A story from McDonald's...



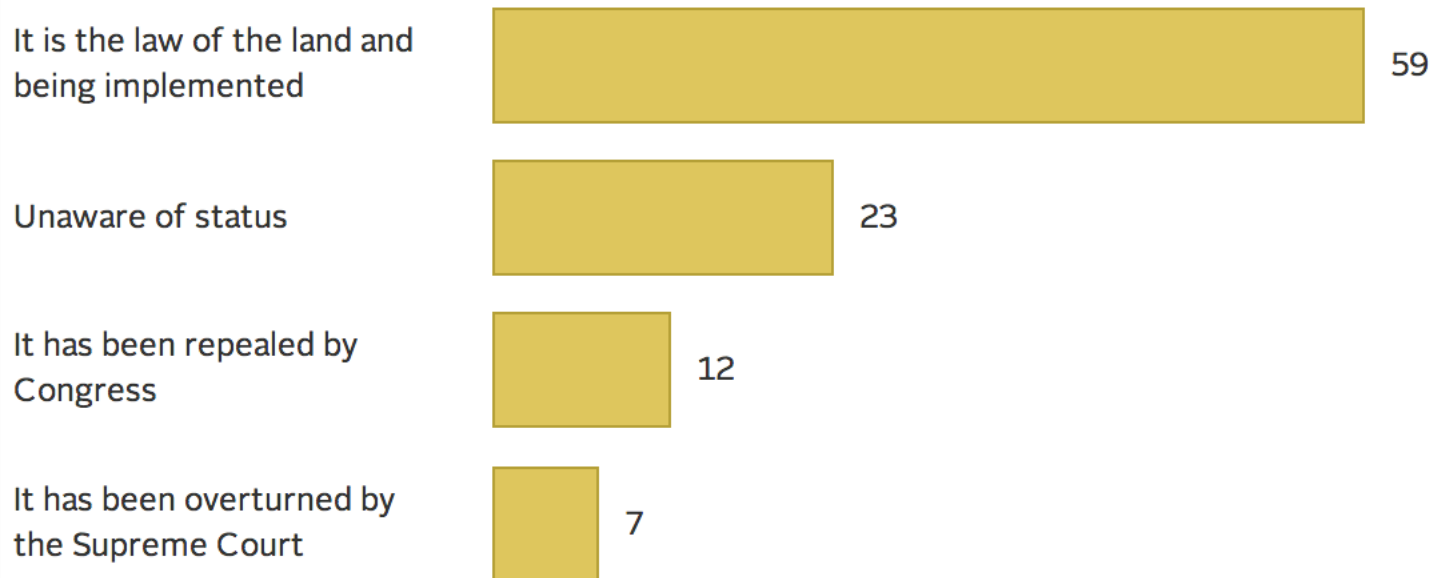
i'm lovin' it™

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



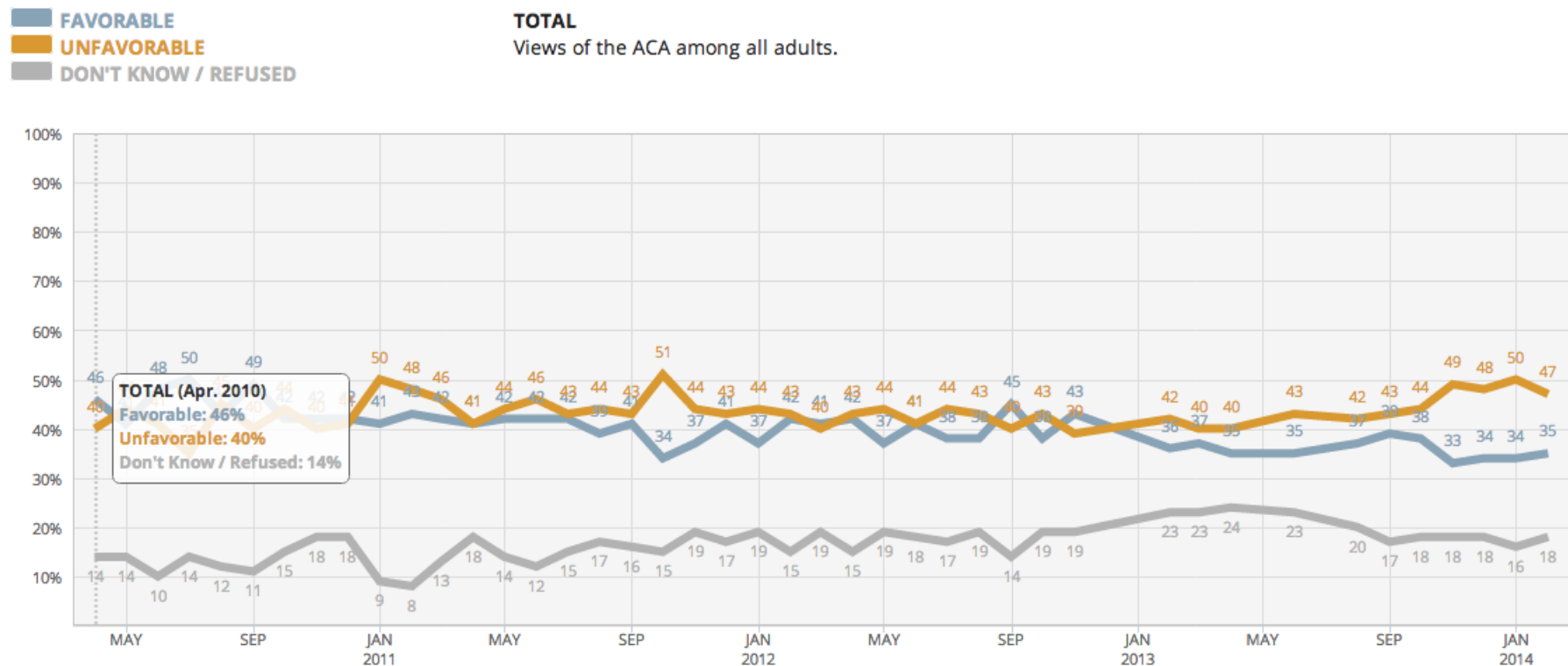
Source: [Kaiser Family Foundation](#), [Get the data](#)



Really not well understood



And it's still *really* controversial



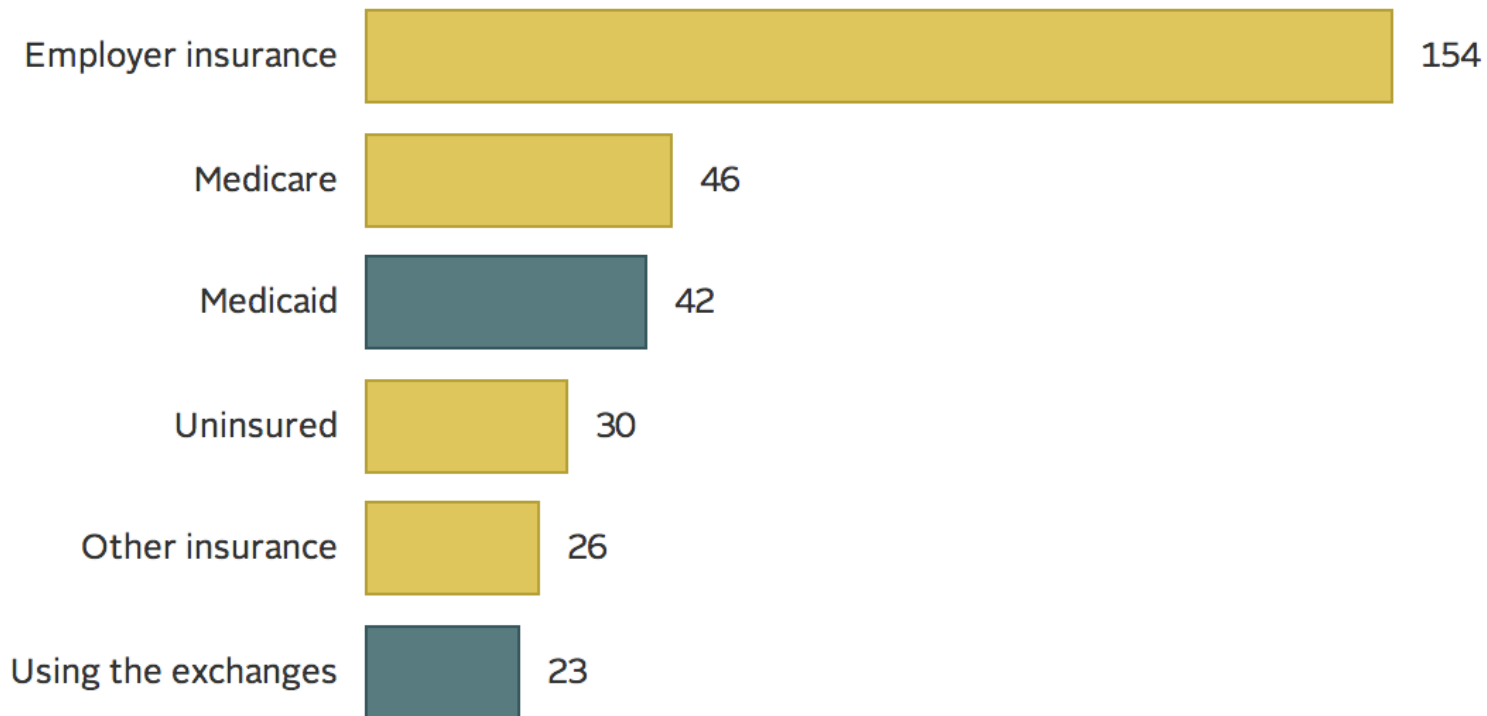
[Click here](#) for more details on the monthly Kaiser Health Tracking Poll, including the survey findings and methodology.

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



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

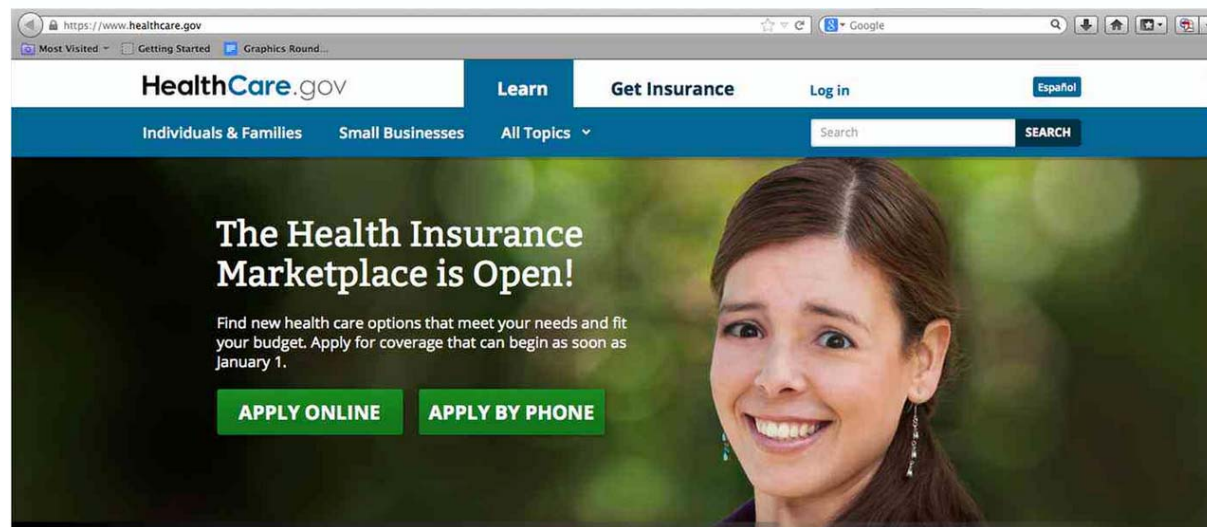
- Signed into law on March 23, 2010
- Uncertainty reigned for three years
- Two really important things happened
 - The Supreme Court decision in summer 2012
 - The 2012 Presidential election

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

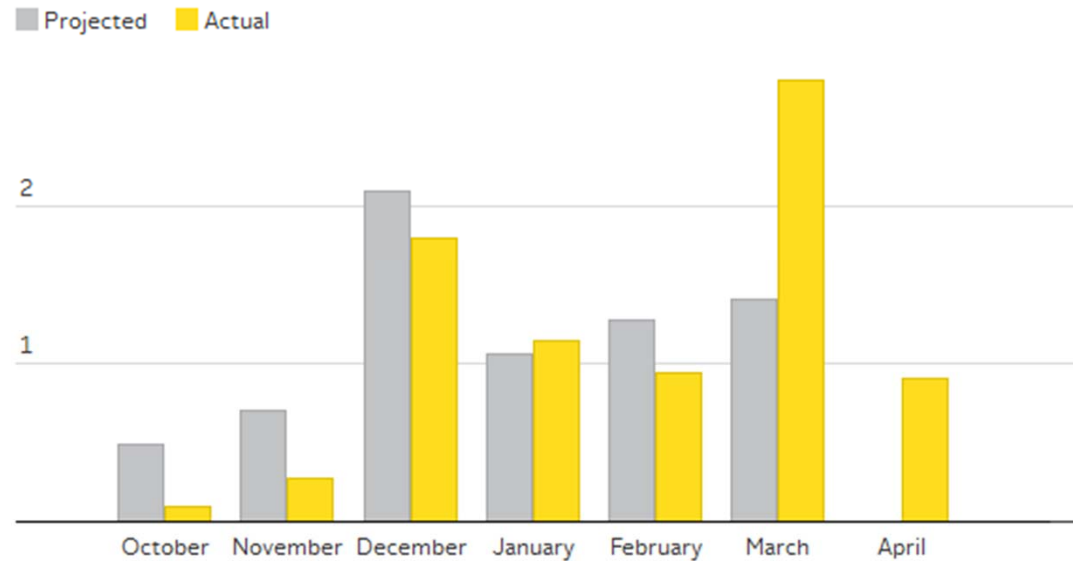
f 7.8K t 657 g+ 148



Healthcare.gov's rollout was a disaster...

The current state of play

Obamacare enrollment, projected versus actual (in millions)



Source: US Department of Health and Human Services



...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?

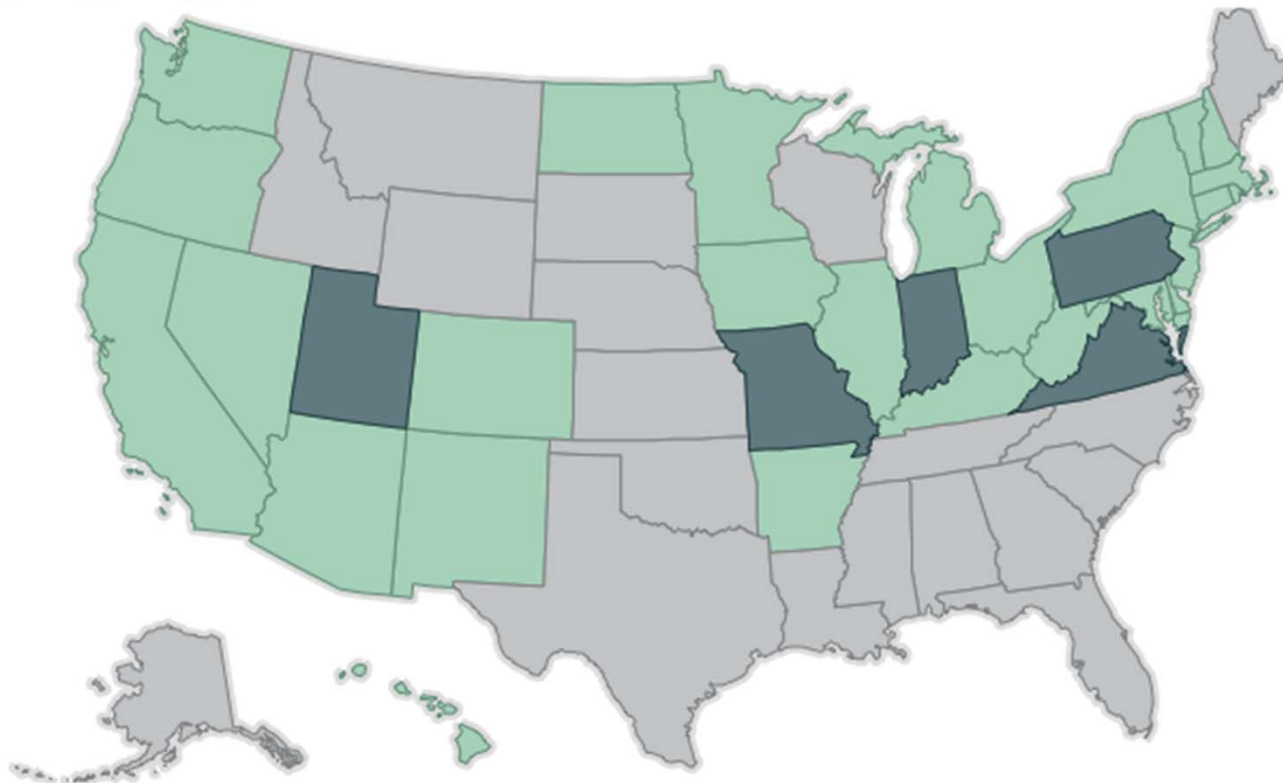
Obamacare probably isn't getting repealed.

But it still faces big challenges.

Challenge 1: Expanding Medicaid

Which states are expanding Medicaid?

■ No ■ Yes ■ Open debate



Created with [Datawrapper](#)

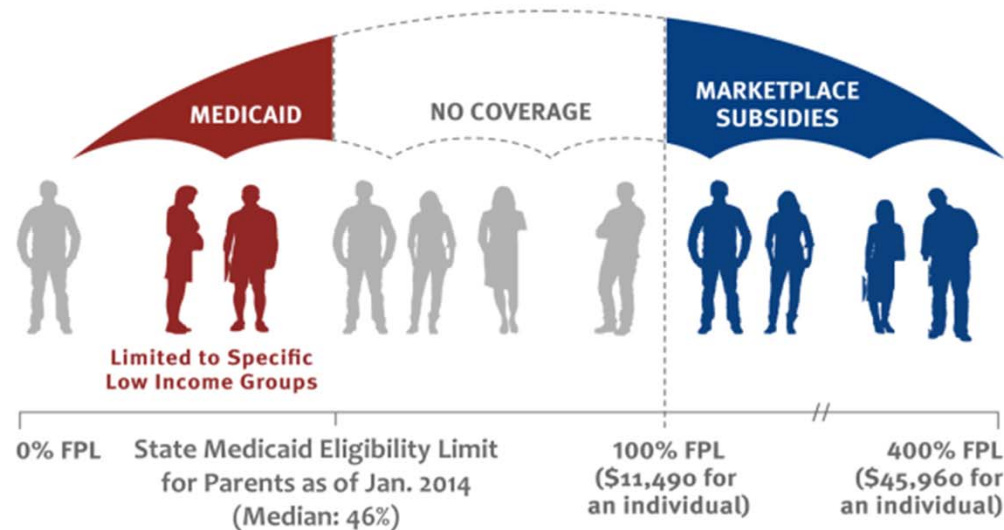
Source: Kaiser Family Foundation

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.



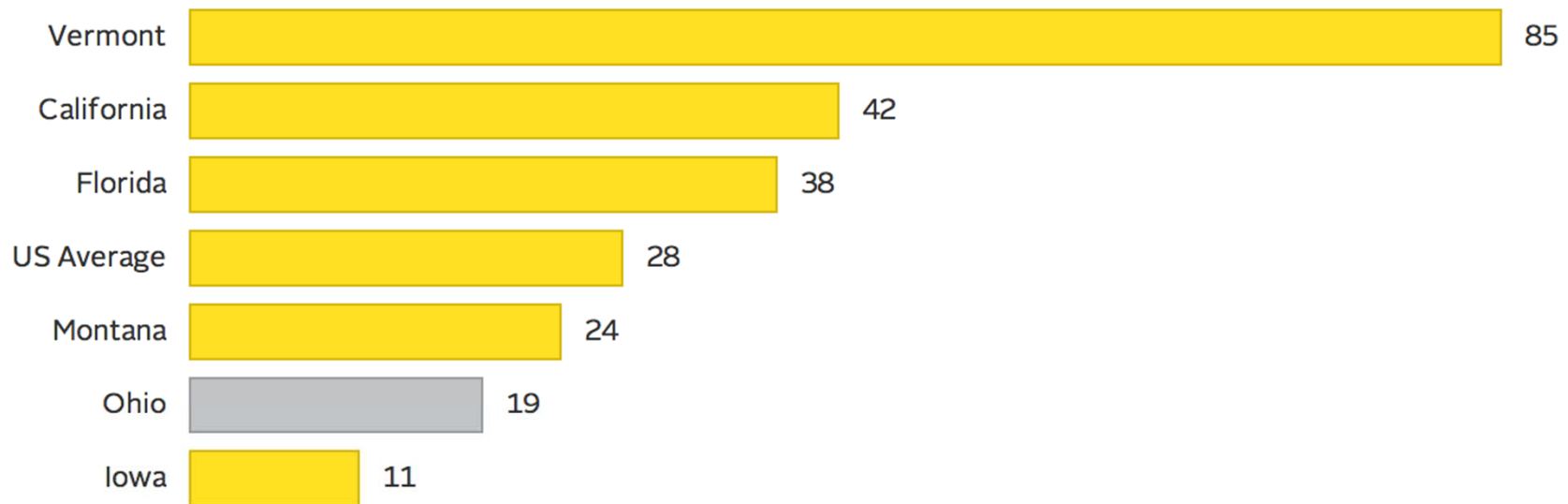
NOTE: Applies to states that do not expand Medicaid. In most states not moving forward with the expansion, adults without children are ineligible for Medicaid.

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



Source: Kaiser Family Foundation



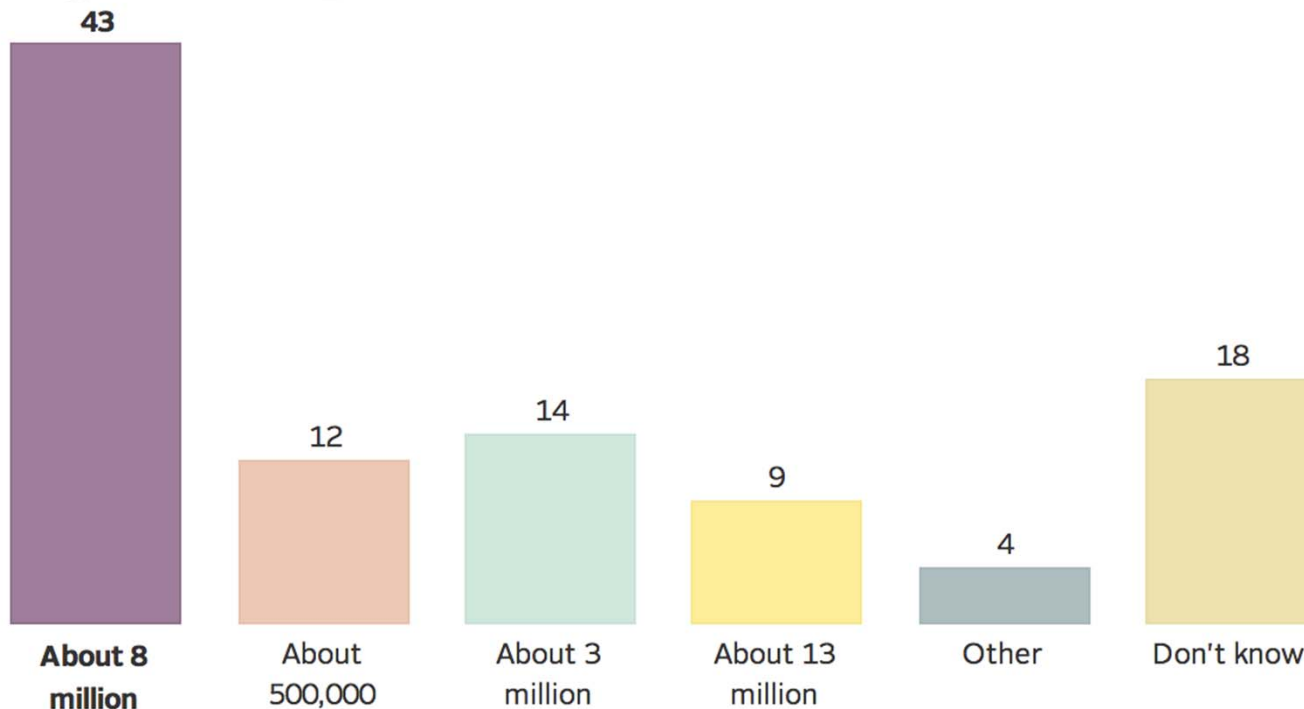
Challenge 2: Increasing reach

- 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

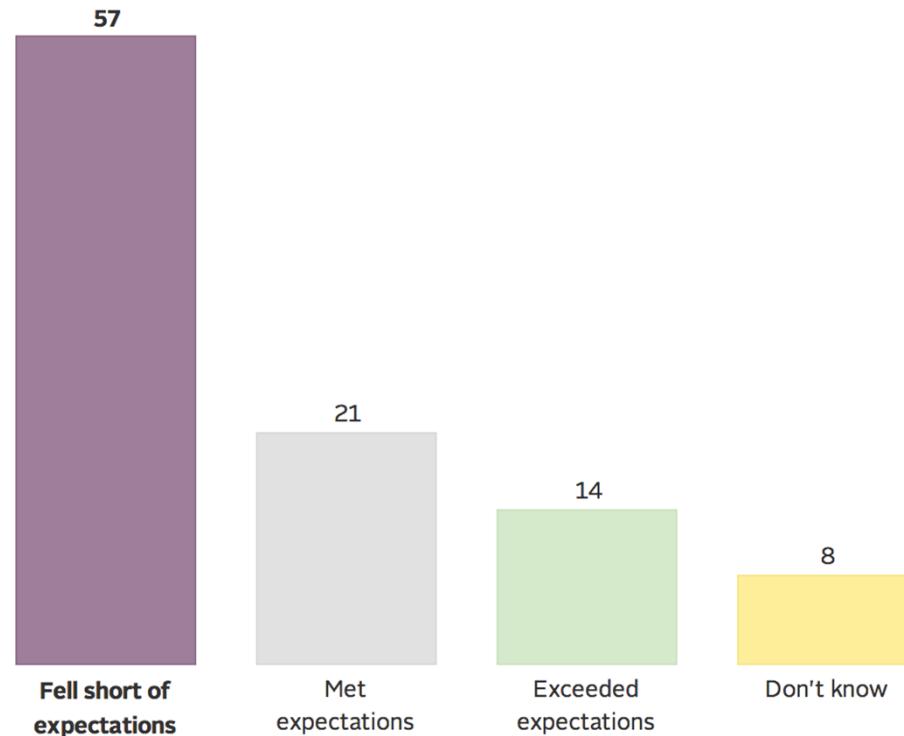


Source: Kaiser Family Foundation, [Get the data](#)

Challenge 3: Increasing popularity

If Obamacare works, will people notice?

Most people think Obamacare didn't meet its goal



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...

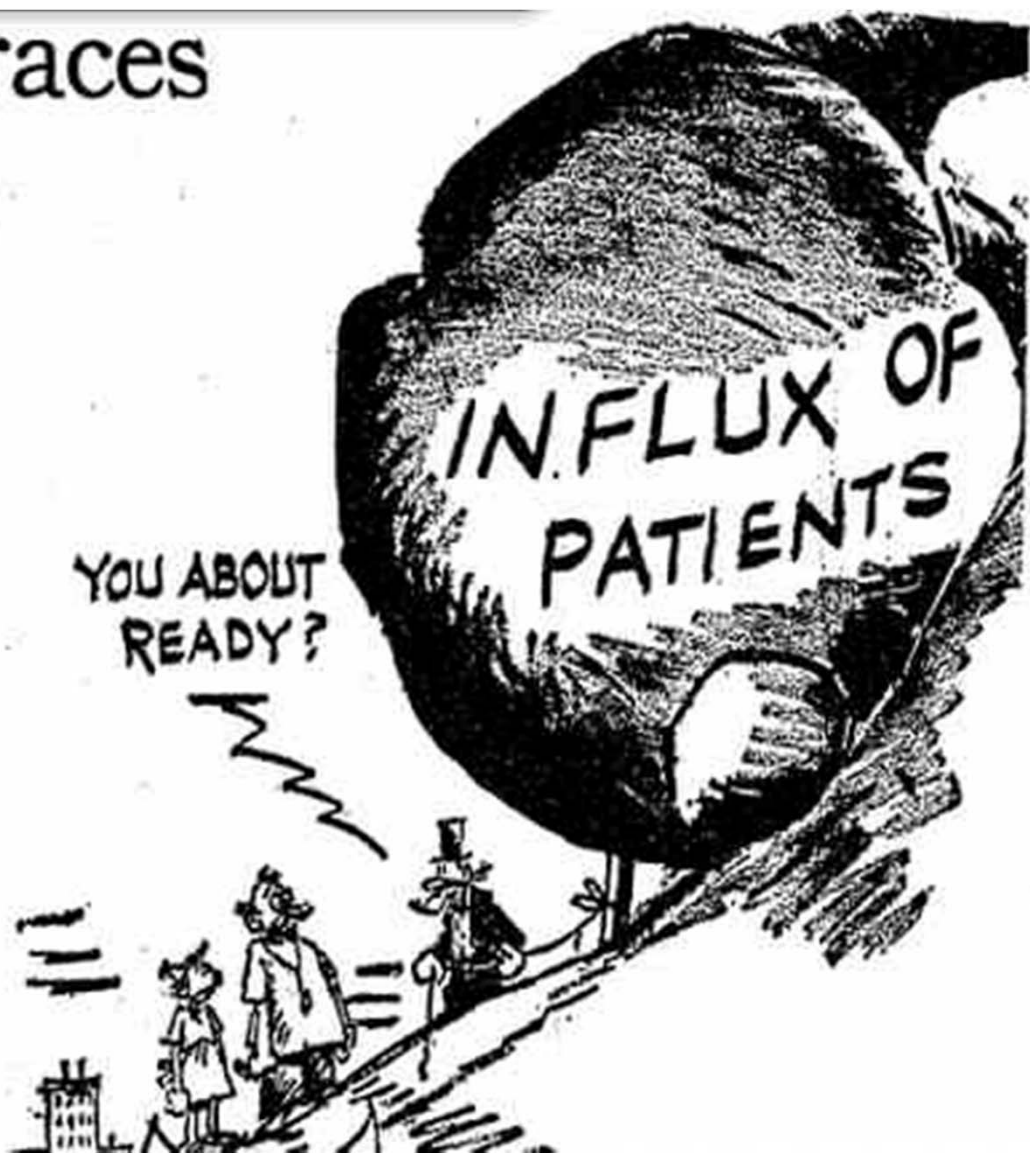
Medicare Braces For M-Day

By NONA BROWN

Special to The New York Times

WASHINGTON, April 23. — "Don't buy this scarce 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 Weil
Washington Post Staff Writer

It was a smooth transfusion, undramatic as a bed change.

At 12:01 a.m. yesterday, United Sam began paying the hospital bills of close to 1000 patients over 65 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 patients was a trickle, not the torrent that had been predicted by some.

By late afternoon, about 30 new patients entered hospitals in the Washington 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 supplementing the Government benefits.

For those unable to afford private coverage, it meant an end to charity—or a chance to get care without dipping into life savings.

For Group Hospitalization, Inc., bookkeeper 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 85 per cent occupied, would be overtaken in the months ahead by patients over 65. Their fears were unfounded on the first day, at least.

All but 504 of the country's 6078 hospitals opened their doors for the treatment of older persons under the program—having guaranteed 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 nondiscriminatory 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 noncertified 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.

Transition Is Smooth as U.S. Pays for Patients Over 65

One of the first persons to sign up here was Arthur Adams, 81, of 4802 Hayes st. ne., who entered George Washington University Hospital's emergency room at 4:15 a.m. complaining of shortness of breath.

In Orlando, Fla., Medicare took on its oldest participant when Sara Edwards, 112, a former slave, was admitted to a hospital for treatment of the "infirmities of old age."

As of midnight yesterday, thousands of patients already in hospitals across the Nation were transferred into the new health care program. For some the transfer was delayed because they had forgotten to take their Medicare eligibility cards to the hospitals.

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, since elective surgery is not performed on weekends. And some prospective patients probably prefer to spend July 4 at home.

In Washington, Frank Carbo said the vast majority of private insurance companies were

dovetailing their coverage with Medicare, not canceling it.

Carbo, chairman of the Health Insurance Council, said most firms are offering converted policies to individual policy holders, to cover items not covered by Medicare.

These plans offer either a flat monthly payment 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 Parvay, senior assistant to the director 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 do so because of the Medicare program, he said.

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

See MEDICARE, B1, 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.

Only three states—Alabama, Mississippi and Louisiana—



Thank you!