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Medicaid and Health Care Reform Ryan Crowley 2011 "In 2005, the American College of Physicians (ACP) published Redesigning Medicaid During a Time of Budget Deficits. The paper was released at a time when the Bush Administration and Congress were seeking new ways to limit the accelerated growth of the Medicaid program by permitting states to have more discretion regarding cost-sharing and delivery system reform. Medicaid continues to be an enormous part of states' budgets, and when combined with the Medicare program, makes up 4% of the nation's gross domestic product. The Medicaid system provides vital health services to vulnerable populations, such as the poor and disabled, but like the health care system as a whole, Medicaid needs to be improved to emphasize preventive and primary care. Some of this is occurring now, as states like Vermont experiment with a medical home pilot project and others heighten attention to determining best practices. The need for the program is even more elevated as the country emerges from an economic recession and more people have turned to the Medicaid system for coverage. On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (PPACA) and a companion bill that provided further changes. Among other things, the landmark health care reform legislation would expand access to the Medicaid program regardless of categorical eligibility, potentially increasing program enrollment by over 16-18 million by 2019. Ten states may see Medicaid enrollment increase by 50%. The law will dramatically alter the landscape of health care coverage and delivery; while more uninsured Americans will have access to coverage under Medicaid, private insurance, and other means, the health care system will probably continue to face challenges involving financing, delivery system reform, and the provider workforce. ACP will continue to focus on analyzing and encouraging effective models to redesign how care is delivered, financed, and reimbursed under Medicaid to 1) provide more value for the services provided; 2) ensure access to physicians; 3) create a more viable long-term financing mechanism; and 4) address how long-term care should be improved and financed. The influx of Medicaid-covered patients into the health care system heightens the need for fundamental changes in health care delivery, financing, and payment policies to sustain the program. Expanding Medicaid will be a daunting task as the program is poised to become one of the largest -- if not the largest -- payer of health care services. However, this daunting task provides an opportunity to reform the program to emphasize primary care and prevention; transform the delivery system to strengthen evidence-based, patient-centered care; ensure physician participation; reform the long-term care system to allow people to live in their homes and communities; and reduce administrative barriers by promoting health information technology. This paper provides a brief update on changes to the program over the last 3-4 years and makes recommendations on how the Medicaid program can be improved to ensure access and sustainability in the future."--Executive summary.

Health-Care Utilization as a Proxy in Disability Determination National Academies of Sciences, Engineering, and Medicine 2018-04-02 The Social Security Administration (SSA) administers two programs that provide benefits based on disability: the Social Security Disability Insurance (SSDI) program and the Supplemental Security Income (SSI) program. This report analyzes health care utilizations as they relate to impairment severity and SSA's definition of disability. Health Care Utilization as a Proxy in Disability Determination identifies types of utilizations that might be good proxies for "listing-level" severity; that is, what represents an impairment, or combination of impairments, that are severe enough to prevent a person from doing any gainful activity, regardless of age, education, or work experience.

The Affordable Care Act Tamara Thompson 2014-12-02 The Patient Protection and Affordable Care Act (ACA) was designed to increase health insurance quality and affordability, lower the uninsured rate by expanding insurance coverage, and reduce the costs of healthcare overall. Along with sweeping change came sweeping criticisms and issues. This book explores the pros and cons of the Affordable Care Act, and explains who benefits from the ACA. Readers will learn how the economy is affected by the ACA, and the impact of the ACA rollout.

The Future of Nursing Institute of Medicine 2011-02-08 The Future of Nursing explores how nurses' roles, responsibilities, and education should change significantly to meet the increased demand for care that will be created by health care reform and to advance improvements in America's increasingly complex health system. At more than 3 million in number, nurses make up the single largest segment of the health care work force. They also spend the greatest amount of time in delivering patient care as a profession. Nurses therefore have valuable insights and unique abilities to contribute as partners with other health care professionals in improving the quality and safety of care as envisioned in the Affordable Care Act (ACA) enacted this year. Nurses should be fully engaged with other health professionals and assume leadership roles in redesigning care in the United States. To ensure its members are well-prepared, the profession should institute residency training for nurses, increase the percentage of nurses who attain a bachelor's degree to 80 percent by 2020, and double the number who pursue doctorates. Furthermore, regulatory and institutional obstacles -- including limits on nurses' scope of practice -- should be removed so that the health system can reap the full benefit of nurses' training, skills, and knowledge in patient care. In this book, the Institute of Medicine makes recommendations for an action-oriented blueprint for the future of nursing.

Health Reform Melissa Calderwood 2012 This briefing paper outlines the insurance marketplace reforms included in the Affordable Care Act, related changes in Kansas law, and the interaction of the market and Exchange and available options following the June 2012 U.S. Supreme Court decision. This paper also highlights the remaining implementation time line and policy considerations for state policy makers, as established by the Act.

Lack of National Health Insurance in the United States Prior to the Affordable Care Act Patrick Kimuyu 2018-06-19 Seminar paper from the year 2018 in the subject Medicine - Public Health, grade: 1, Egerton University, language: English, abstract: The United States seems to be experiencing enormous challenges in public healthcare despite the numerous healthcare reforms, which have been enforced to enhance healthcare sustainability. For instance, the current burden of disease caused by obesity and its related health conditions appear to have become a potential healthcare problem because; the U.S Government has been spending colossal amounts of revenue to the healthcare sector to mitigate the issue. Recent healthcare reports indicate that, obesity consumes the highest percentage of healthcare expenditure and, this probably so because; obesity and its related health conditions such as cardiovascular disease, the heart disease and diabetes have been ranked among the top-five leading causes of mortality, in the U.S. In addition, other Non-communicable diseases such as cancer and arthritis are also exerting intense pressure on the U.S healthcare system. Secondly, the lack of national health insurance has emerged to be another significant challenge to the U.S healthcare, leading to the unprecedented surge of healthcare cost and inaccessibility to healthcare services. Healthpac (2013) states, “75% of all health care dollars are spent on patients with one or more chronic conditions, many of which can be prevented, including diabetes, obesity, heart disease, lung disease, high blood pressure, and cancer”. Currently, there are about 48 million uninsured people, in the United States, which translates to 16.3% of the total U.S population (DeNavas-Walt et.al. 2012). It is surprising that the U.S is one of the wealthy industrialized nations in the world but, it does not have a universal healthcare system, which involves national health insurance and, this has led numerous healthcare consequences (Healthpac, 2013). Therefore, this research will give an overview on the lack of national health insurance, in the United States.

Dix ans après 1876

Health Benefits Coverage Under Federal Law--. 2007

Appendix for the Effect of Health Insurance on Mortality Bernard S. Black 2019 This Appendix contains additional methods details and results for Black, Hollingsworth, Nunes, and Simon, The Effect of Health Insurance on Mortality: Power Analysis and What Can We Learn from the Affordable Care Act Coverage Expansions? (working paper 2018), at "https://ssrn.com/abstract=3368187" https://ssrn.com/abstract=3368187.

Affordable Care Act Turmoil Brian Blase 2018 The Affordable Care Act (ACA) placed numerous requirements on insurance offered in both the individual and small group markets. This study presents data from the 174 insurers that offered qualified health plans (QHPs)őplans that satisfy the ACA requirements and are certified to be sold on exchangesőin both the individual and small group markets in 2014. QHPs in both markets are essentially the same and are governed by nearly identical regulations, making possible a better-controlled analysis of the performance of insurers participating in the two markets. Average medical claims for individual QHP enrollees were 24 percent higher than average medical claims for group QHP enrollees. Moreover, average medical claims for individual QHP enrollees were 93 percent higher than average medical claims for individual non-QHP enrollees. As a result, insurers made large losses on individual QHPs despite receiving premium income that was 45 percent higher for individual QHP enrollees than for individual non-QHP enrollees. These higher medical claims resulted in loss ratios for individual QHPs nearly 30 percentage points higher than loss ratios in other markets. Given that insurer performance selling individual QHPs worsened in 2015, these findings suggest that the ACA rules and regulations governing QHPs may be incompatible with a well-functioning insurance market even with subsidies to insurers and incentives for individuals to enroll in QHPs.

A Conspiracy Against Obamacare R. Barnett 2013-11-12 The Affordable Care Act debate was one of the most important and most public examinations of the Constitution in our history. At the forefront of that debate were the bloggers of the Volokh Conspiracy who, from before the law was even passed, engaged in a spirited, erudite, and accessible discussion of the legal issues involved in the case.

The Effects of the Affordable Care Act on Health Insurance Coverage and Labor Market Outcomes Mark Gregory Duggan 2017 The Affordable Care Act (ACA) includes several provisions designed to expand insurance coverage that also alter the tie between employment and health insurance. In this paper, we exploit variation across geographic areas in the potential impact of the ACA to estimate its effect on health insurance coverage and labor market outcomes in the first two years after the implementation of its main features. Our measures of potential ACA impact come from pre-existing population shares of uninsured individuals within income groups that were targeted by Medicaid expansions and federal subsidies for private health insurance, interacted with each state's Medicaid expansion status. Our findings indicate that the majority of the increase in health insurance coverage since 2013 is due to the ACA and that areas in which the potential Medicaid and exchange enrollments were higher saw substantially larger increases in coverage. While labor market outcomes in the aggregate were not significantly affected, our results indicate that labor force participation reductions in areas with higher potential exchange enrollment were offset by increases in labor force participation in areas with higher potential Medicaid enrollment

Health Insurance Coverage and Health Care Utilization Baris Yoruk 2017 This paper investigates the impact of the Affordable Care Act's (ACA's) dependent coverage mandate on health insurance coverage rates and health care utilization among young adults. Using data from the Medical Panel Expenditure Survey, I exploit the discontinuity in health insurance coverage rates at age 26, the new dependent coverage age cutoff enforced by the ACA. Under alternative regression discontinuity design models, I find that 2.5% to 5.3% of young adults lose their health insurance coverage once they turn 26. This effect is mainly driven by those who lose their private health insurance plan coverage and those who lose their health insurance plan coverage, whose main holder resides outside of the household. I also find that the discrete change in health insurance coverage rates at age 26 is associated with significant changes in office-based physician and dental visits, but does not have a significant impact on the utilization of outpatient or emergency department services. Furthermore, the effects of the ACA's dependent coverage mandate on health care spending and out-of-pocket costs are insignificant. These results are robust under alternative model specifications.

The Impact of the ACA Medicaid Expansion on Disability Program Applications Lucie Schmidt 2019 The Affordable Care Act (ACA) expanded the availability of public health insurance, decreasing the relative benefit of participating in disability programs but also lowering the cost of exiting the labor market to apply for disability program benefits. In this paper, we explore the impact of expanded access to Medicaid through the ACA on applications to the Supplemental Security Income (SSI) and Social Security Disability Income (SSDI) programs. Using the fact that the Supreme Court decision of June 2012 made the Medicaid expansion optional for the states, we compare changes in county-level SSI and SSDI caseloads in contiguous county pairs across a state border. We find no significant effects of the Medicaid expansion on applications or awards to either SSI or SSDI, and can reject economically meaningful impacts of Medicaid expansions on applications to disability programs.

The Affordable Health Care Act (ObamaCare) and the Concept of Universal Healthcare Patrick Kimuyu 2017-11-28 Research Paper (postgraduate) from the year 2016 in the subject Medicine - Public Health, grade: 1, Egerton University, language: English, abstract: Healthcare reforms in the United States have always been faced with challenges, ranging from the drafting of the concerned policies to their implementation. This is probably the reason as to why the U.S healthcare system has never attained remarkable sustainability, especially through the elimination of health inequalities with the population. However, ObamaCare has attracted unprecedented political criticism, owing to its cost consequences. Therefore, this paper will provide an overview of the U.S context, in which the Affordable Care Act has attracted political criticism. It will also present the methods used to analyze different perspectives of the issue in regard to political narrative strategies, in which the dominant perspective will discuss the concept on universal healthcare as a reliable public policy.

The Effect of Affordable Care Act Medicaid Expansion on Post-Displacement Labor Supply Among the Near-Elderly Chichun Fang 2018 Expanded health insurance coverage under the Affordable Care Act (ACA) provides alternative channels to obtain health insurance coverage outside employment, which in theory may affect whether people want to work, how much they work, and the sorting of individuals into jobs. Although health insurance exchanges are available in all states, ACA Medicaid expansion is only available in states that chose to expand Medicaid coverage. The state-level variation in timing of Medicaid expansion provides a quasi-experiment setting that can be used to examine how health insurance coverage affected labor supply. In this paper, I study how Medicaid expansion affects the labor supply and re-employment outcomes of displaced (involuntarily unemployed) workers who are near-elderly, low-income, non-married, childless, and non-disabled. Data from 2011-2016 waves of monthly Current Population Survey (CPS) as well as 2010-2016 waves of Displaced Workers Survey (DWS) are used. Results from a discrete-choice model using the CPS suggest that, some displaced workers in expansion states became less likely to exit unemployment to employment while some other became more likely to exit unemployment to not-in-labor-force immediately following Medicaid expansion. While robustness tests suggest this may partly be attributed to state-level idiosyncrasies, my results reject large and persistent effect of Medicaid expansion on unemployment exits. The DWS does not have enough statistical power to identify the difference in reemployment outcomes between displaced workers in expansion and non-expansion states.

Ready, Set, Enroll 2013 The intent of this paper is to provide practical guidance to community health centers as they embark on the critical task of supporting their patients and communities in enrolling in Medi-Cal and subsidized Covered California insurance programs.

Affordable Care Act Katherine Erickson 2020 This paper intends to analyze the Affordable Care Act using the Family Impact Analysis (FIA) lens to answer the following question: Under the ACA, are women able to access preventative health services without out-of-pocket costs. By using the FIA it will examine the policy focusing on what the impact of this policy has on families. Under the ACA the contraceptive provisions, plans in the Health Insurance Marketplace must cover FDA- approved contraceptive methods and counseling for all women, as prescribed by a health care provider. Since the implementation of the ACA, it has eliminated cost as a barrier and women can access these highly effective long-acting reversable contraceptives. Studies have shown by removing the cost of contraceptives and access to other preventative care services has decreased the number of unintended pregnancies.

Online Applications for Medicaid And/or CHIP 2011 One key component of the Affordable Care Act is the creation of integrated and coordinated eligibility processes for Medicaid, CHIP, and Exchange coverage that are supported by technology. As part of these processes, states will be required to provide a single application that individuals can use to apply for these programs that is available in multiple formats, including online. Online applications offer a number of potential advantages relative to paper applications. They can minimize burdens on individuals and lead to increased enrollment by making the application available on a 24/7 basis, enabling faster or real-time eligibility determinations, and streamlining and simplifying the application process. States can also benefit from online applications through reduced administrative burdens and increased accuracy and efficiency. However, the extent to which an online application realizes these advantages depends on its structure and capabilities. This analysis provides an overview of current online applications for Medicaid and/or CHIP and examines the extent to which they incorporate features that streamline and simplify the enrollment process for individuals.

The Future of Nursing as Envisaged by the Institute of Medicine Patrick Kimuyu 2018-07-04 Seminar paper from the year 2018 in the subject Nursing Science, grade: 1.4, Egerton University, language: English, abstract: In the recent years, nursing education and practice appear to have been influenced by the current healthcare reforms. The Affordable Care Act has introduced cross-sectional changes in the US healthcare system. For instance, it has led to an increase in the number of uninsured people by introducing universal healthcare under the reviewed health insurance plans. It is predicted that “expanding the reach of insurance coverage will place greater demands on the primary care system, as witnessed in Massachusetts” (IOM, 2010a). Consequently, the scope of healthcare services has experienced immense changes ranging from patient’s privacy protection as it is defined by HIPAA to the treatment of degenerative diseases. IOM observes “primary care medical homes and accountable care organizations (ACOs)—rely on interventions that fall squarely within the scope of practice of RNs (e.g., care coordination, transitional care)” (p.375). Owing to these changes in the US healthcare system, transient reforms in the nursing profession are deemed necessary for addressing the vast needs of the US population, and this explains the importance of the 2010 Institute of Medicine’s recommendations. Evidence indicates that, the nursing profession plays the pivotal role in the healthcare system because it accounts for the largest percentage of the healthcare workforce. As such, introducing transformations in the nursing profession appear to be as significant as the Affordable Care Act, especially regarding the improvement of healthcare service delivery. Therefore, this research paper will provide a comprehensive overview on the impact of IOM recommendations on the nursing profession including the key messages.

Health Insurance and Labor Supply Daeho Kim 2016 This paper examines how health insurance affects labor supply by exploiting a quasi-experimental change in health insurance provision under the Affordable Care Act (ACA) early Medicaid expansion in Connecticut implemented in 2010. Applying an instrumental variables approach to a difference-in-differences-in-differences strategy, I find remarkable labor supply impacts of the ACA early Medicaid expansion in Connecticut. I show evidence that Connecticut's Medicaid expansion increased Medicaid coverage for low-income childless adults by 5.9 percentage points, and as a result reduced the employment rate by 3.8 to 4.5 percentage points among those low-income childless adults.

Wedges, Labor Market Behavior, and Health Insurance Coverage Under the Affordable Care Act T.S. Gallen 2018 The Affordable Care Act's taxes, subsidies, and regulations significantly alter terms of trade in both goods and factor markets. The authors use an extended version of the classic Harberger model to predict and quantify consequences of the Affordable Care Act for the incidence of health insurance coverage and patterns of labour usage. If and when the new exchange plans are competitive with employer-sponsored insurance (ESI), their model predicts that more than 22 million people will leave ESI as a consequence of the law. Behavioural changes are expected to add two million participants to the new exchange plans: beyond those that would participate solely as the result of employer decisions to stop offering coverage and beyond those who would have been uninsured. They find large differences in coverage-pattern impacts based on the benefit (including tax incentives) of joining exchange plans and degree to which statutory penalties on individuals and firms are implemented. If exchange plans were not valued while the individual mandate were fully enforced, ESI could potentially even expand.

Care Without Coverage Institute of Medicine 2002-06-20 Many Americans believe that people who lack health insurance somehow get the care they really need. Care Without Coverage examines the real consequences for adults who lack health insurance. The study presents findings in the areas of prevention and screening, cancer, chronic illness, hospital--based care, and general health status. The committee looked at the consequences of being uninsured for people suffering from cancer, diabetes, HIV infection and AIDS, heart and kidney disease, mental illness, traumatic injuries, and heart attacks. It focused on the roughly 30 million -- one in seven--working--age Americans without health insurance. This group does not include the population over 65 that is covered by Medicare or the nearly 10 million children who are uninsured in this country. The main findings of the report are that working-age Americans without health insurance are more likely to receive too little medical care and receive it too late; be sicker and die sooner; and receive poorer care when they are in the hospital, even for acute situations like a motor vehicle crash.

U.S. Healthcare: A Story of Rising Market Power, Barriers to Entry, and Supply Constraints Ms. Li Lin 2021-07-06 Healthcare in the United States is the most expensive in the world, with real per capita spending growth averaging 4 percent since 1980. This paper examines the role of market power of U.S. healthcare providers and pharmaceutical companies. It finds that markups (the ability to charge prices above marginal costs) for publicly listed firms in the U.S. healthcare sector have almost doubled since the early 1980s and that they explain up to a quarter of average annual real per capita healthcare spending growth. The paper also finds evidence that the Affordable Care Act and Medicaid expansion were successful in raising coverage and expanding care, but may have had the undesirable side-effect of leading to labor cost increases: Hourly wages for healthcare practitioners are estimated to have increased by 2 to 3 percent more in Medicaid expansion states over a five-year period, which could be an indication that the supply of medical services is relatively inelastic, even over a long time horizon, to the boost to demand created by the Medicaid expansion. These findings suggest that promoting more competition in healthcare markets and reducing barriers to entry can help contain healthcare costs.

The Affordable Care Act and the New Economics of Part-Time Work Casey B. Mulligan 2018 The Affordable Care Act (ACA) imposes several types of incentives that will affect work schedules. The largest of them are (1) an explicit penalty on employers who do not offer coverage to their full-time employees; (2) an implicit tax on full-time employment, stemming from the fact that full-time employees at employers that offer affordable coverage are ineligible to receive subsidies on the law's new health insurance exchanges; and (3) an implicit tax on earnings, stemming from the provisions of the law that give lower subsidies to those with higher incomes. The labor market will likely adjust to the various new costs by reducing weekly employment per person by about 3%. The tax incentives will push some workers to work more hours per week (for the weeks that they are on a payroll), and others to work fewer. According to the model presented in this paper, the ACA's incentives and ultimately its behavioral effects will vary substantially across groups, with the elderly experiencing hardly any new incentives and female workers being most likely to cut their work schedules to 29 hours per week.

Medicaid Eligibility, Enrollment Simplification, and Coordination Under the Affordable Care Act 2011 The Affordable Care Act (ACA) increases access to health insurance beginning in 2014 through a coordinated system of "insurance affordability programs," including Medicaid, the Children's Health Insurance Program (CHIP), premium tax credits for coverage provided through new Affordable Insurance Exchanges (Exchanges), and optional state-established Basic Health Programs. On August 17, 2011, the Centers for Medicare and Medicaid Services (CMS) issued a proposed rule to implement the ACA provisions relating to Medicaid eligibility, enrollment simplification, and coordination. This brief summarizes the major provisions of CMS's proposed rule.

An Employee's Guide to Health Benefits Under COBRA 2010

The Affordable Care Act's Effects on Patients, Providers and the Economy Jonathan Gruber 2019 As we approach the tenth anniversary of the passage of the Affordable Care Act, it is important to reflect on what has been learned about the impacts of this major reform. In this paper we review the literature on the impacts of the ACA on patients, providers and the economy. We find strong evidence that the ACA's provisions have increased insurance coverage. There is also a clearly positive effect on access to and consumption of health care, with suggestive but more limited evidence on improved health outcomes. There is no evidence of significant reductions in provider access, changes in labor supply, or increased budgetary pressures on state governments, and the law's total federal cost through 2018 has been less than predicted. We conclude by describing key policy implications and future areas for research.

Early Effects of the Affordable Care Act on Health Care Access, Risky Health Behaviors, and Self-Assessed Health Charles Joseph Courtemanche 2017 The goal of the Affordable Care Act (ACA) was to achieve nearly universal health insurance coverage through a combination of mandates, subsidies, marketplaces, and Medicaid expansions, most of which took effect in 2014. We use data from the Behavioral Risk Factor Surveillance System to examine the impacts of the ACA on health care access, risky health behaviors, and self-assessed health after two years. We estimate difference-in-difference-in-differences models that exploit variation in treatment intensity from state participation in the Medicaid expansion and pre-ACA uninsured rates. Results suggest that the ACA led to sizeable improvements in access to health care in both Medicaid expansion and non-expansion states, with the gains being larger in expansion states along some dimensions. No statistically significant effects on risky behaviors or self-assessed health emerge for the full sample. However, we find some evidence that the ACA improved self-assessed health among older non-elderly adults, particularly in expansion states.

Impacts of the Affordable Care Act on Health Insurance Coverage in Medicaid Expansion and Non-expansion States Charles Courtemanche 2016 The Affordable Care Act (ACA) aimed to achieve nearly universal health insurance coverage in the United States through a combination of insurance market reforms, mandates, subsidies, health insurance exchanges, and Medicaid expansions, most of which took effect in 2014. This paper estimates the causal effects of the ACA on health insurance coverage using data from the American Community Survey. We utilize difference-in-difference-in-differences models that exploit cross-sectional variation in the intensity of treatment arising from state participation in the Medicaid expansion and local area pre-ACA uninsured rates. This strategy allows us to identify the effects of the ACA in both Medicaid expansion and non-expansion states. Our preferred specification suggests that, at the average pre-treatment uninsured rate, the full ACA increased the proportion of residents with insurance by 5.9 percentage points compared to 3.0 percentage points in states that did not expand Medicaid. Private insurance expansions from the ACA were due to increases in both employer-provided and non-group coverage. The coverage gains from the full ACA were largest for those with incomes below the Medicaid eligibility threshold, non-whites, young adults, and unmarried individuals. We find some evidence that the Medicaid expansion partially crowded out private coverage among low-income individuals.

Federal Register 2014

Affordable Care Act Kayla Murdock 2012-11-13 Research Paper (undergraduate) from the year 2012 in the subject Politics

- International Politics - Region: USA, grade: 98.00, , language: English, abstract: The following report explains how Hispanic families, mainly the children, are affected by being uninsured and how the Patient Protection and Affordable Health Care Act will affect them. The Hispanic population has consistently grown in the United States for the past several decades. With the unexpected rapid growth of the minority, several issues have risen including Hispanic families and children being uninsured or underinsured for healthcare. Statistics show millions of children are underinsured, an alarming 31 percent of those being Hispanic (Flores, Olson, Tomany-Korman, 2004). To correct the problem, along with many other concerns, President Obama signed the Patient Protection and Affordable Care Act of 2010. The law was put into place to correct the health care system that the United States previously had. It is a health care reform that requires every individual to carry some form of insurance by 2014. The report will list my recommendations on how to make the Patient Protection and Affordable Health Care Act a perfect fit for Hispanic families and children that are below the poverty line in America. The recommendations will have a description, rationale, information on how to implement the program, and an evaluation of the Affordable Care Act as a whole. Some of the recommendations include: building a community based agency to ensure that Hispanics understand and utilize every service available to them to obtain insurance, to provide a program for individuals with pre-existing conditions that were denied medical coverage before the Affordable Care Act passed, and an emergency room visit cap for those who tend to abuse the system. The final evaluation will sum up the entire paper, and mention why I feel the Patient Protection and Affordable Care Act is a suitable choice for the United States healthcare system reform.

Affordable Care Act Mariana Voskerchyan 2019 This paper examines, directly with the health care system. Many Americans deal with debt issues directly associated with the healthcare system. For many years, the health care system has changed multiple times; the cost and coverage have always been the issue. However, in 2010 President Obama implemented a new policy change, the Affordable Care Act to help those who are in need of health care coverage. Based on my review of the literature it has been found that there is a need to investigate the following question; As a result of Obama Care, has health care been conveyed in a positive or negative way in the low-income communities?

The Effects of the Affordable Care Act on Health Insurance Coverage and Labor Market Outcomes M. Duggan 2019 The Affordable Care Act (ACA) includes several provisions designed to expand health insurance coverage that also alter the tie between employment and health insurance. In this paper, the authors exploit variation across geographic areas in the potential impact of the ACA to estimate its effect on health insurance and labour market outcomes in its first four years. The authors' findings indicate that approximately 70 percent of the increase in health insurance coverage since 2013 is due to the ACA. The authors also find that these increases in health insurance coverage did not result in statistically significant changes in labour market outcomes.

Health Insurance Today - E-Book Janet I. Beik 2014-08-06 With an emphasis on preparing and filing claims electronically, Health Insurance Today, 4th Edition features completely updated content on ICD-10 coding, ARRA, HI-TECH, Version 5010, electronic health records, the Health Insurance Reform Act, and more. The friendly writing style and clear learning objectives help you understand and retain important information, with review questions and activities that encourage critical thinking and practical application of key concepts. Clear, attainable learning objectives help you focus on the most important information. What Did You Learn? review questions allow you to ensure you understand the material already presented before moving on to the next section. Direct, conversational writing style makes reading fun and concepts easier to understand. Imagine This! scenarios help you understand how information in the book applies to real-life situations. Stop and Think exercises challenge you to use your critical thinking skills to solve a problem or answer a question. HIPAA Tips emphasize the importance of privacy and following government rules and regulations. Chapter summaries relate to learning objectives, provide a thorough review of key content, and allow you to quickly find information for further review. Key coverage of new topics includes medical identity theft and prevention, National Quality Forum (NQF) patient safety measures, ACSX12 Version 5010 HIPAA transaction standards, EMS rule on mandatory electronic claims submission, and standards and implementation specifications for electronic health record technology. Increased emphasis on producing and submitting claims electronically gives you an edge in today’s competitive job market. UPDATED! Additional ICD-10 coding content prepares you for the upcoming switch to the new coding system. NEW! Content on ARRA, HI-TECH, and the Health Insurance Reform Act ensures you are familiar with the latest health care legislation and how it impacts what you do on the job.

Understanding Consumer Health Insurance Decision-Making Under the Affordable Care Act Petra Willis Rasmussen 2020 Following the implementation of the Affordable Care Act (ACA), millions of Americans have gained coverage, many for the first time in their lives. The law has created more options for affordable coverage and put millions into the driver seat when it comes to selecting their coverage and enrolling in a health plan. The individual health insurance market has undergone significant changes under the ACA, including the creation of state-based and federally facilitated marketplaces where individuals in all states can go to shop for and enroll in potentially subsidized individual market coverage. This dissertation seeks to improve our understanding of consumer decision-making in this new health insurance landscape. Through three sets of analyses of consumer behavior during the insurance decision-making process, this dissertation will provide needed updates to the literature on this topic. It also highlights key considerations for policymakers and agencies to weigh when evaluating how consumers might respond to policies that change their available coverage options. The first paper examines two key components of health plans that individuals weigh when making enrollment decisions - cost and quality. The ACA requires both federally facilitated and state-based marketplaces to provide easy to understand plan quality information to customers shopping for coverage. Through two hypothetical choice experiments, this paper examines how consumers weighed health plan costs and quality in different choice environments and explored the consumer characteristics associated with a preference for high quality plans as well as with the selection of inferior plans. In each experiment, participants responded to a series of choice scenarios that asked them to choose between five health plans that differed only in their costs and quality ratings, represented by stars. Overall, between scenarios individuals were willing to pay more for higher quality plans when the quality ratings of all available plans were lower, when the higher quality plan's rating was two stars higher rather than one star higher than other plans, and when the price differential was lower. More risk averse participants had higher predicted probabilities of consistently choosing the higher quality, more expensive plan. However, a significant portion of the study population made poor decisions: more than a third of participants chose a dominated plan at least once. The less numerate, those with higher risk-seeking tendencies, and those with low health insurance literacy had the highest predicted probabilities of choosing poorly. The second experiment also found that individuals are more likely to choose a dominated plan when the quality star ratings are similar across plans. The second and third papers use data from California's health insurance marketplace, Covered California, to examine consumer behavior following the implementation of silver loading in 2018. Silver loading is a policy California and other states put into place after the cancellation of federal funding for a set of subsidies included in the ACA that reduce the amount of cost-sharing required by low-income enrollees in silver tier marketplace plans, known as cost-sharing reductions (CSRs). Silver loading placed the cost of providing CSRs in the absence of federal funding onto the premiums of silver plans, subsequently raising premium subsidies which are tied to the cost of silver coverage. The second paper focuses on enrollment in silver plans that became dominated because of silver loading. This paper looks at enrollment in these plans over time (both before and after they became dominated) and by enrollees' prior year enrollment decisions to examine differences in enrollment by pre-existing biases regarding metal tier labeling and the potential role of status quo bias. Overall, more than 60,000 Californians enrolled in a dominated plan in 2018 and, on average, households enrolled in dominated plans in 2018 spent an additional $38.87 per month in premiums. Households that were enrolled in silver coverage in the year before the examined silver plans became dominated had the highest predicted probability of enrolling in a dominated plan in 2018. The third paper examines Covered California consumers' decisions to switch health plans during open enrollment over the first four open enrollment periods where individuals could renew their coverage (2015-2018). Under the ACA, switching rates in the individual market have been much higher than those previously seen in other markets. Looking at re-enrollees in Covered California, this paper provides data on consumer switching behavior over time and identifies the consumer, plan, and choice environment characteristics associated with consumers' decisions to change their coverage during open enrollment. The percentage of re-enrollees in Covered California who made changes to their coverage steadily increased between the 2014-15 and 2017-18 open enrollment periods. Following the implementation of silver loading the proportion of consumers who moved into gold plans during the 2017-18 open enrollment period drastically increased, compared to previous years. Among bronze or silver plan enrollees who switched metal tiers during open enrollment, those who could enroll in gold plans that were no more than $49 per month more expensive than their initial bronze or silver plan had a significantly higher probability of switching into gold coverage than those who faced larger premium differences. The results of this dissertation identify several consumer, health plan, and choice environment characteristics that can influence consumer health insurance decision-making. Policymakers and marketplace regulators can use this work to help inform the decisions they make around marketplace choice architecture, policies aimed at retaining enrollees and recruiting new consumers, and decisions about re-enrollment for consumers who do not actively renew their coverage during annual re-enrollment periods.

The Affordable Care Act 2014 This paper is designed to provide those interested in the role of health in promoting opportunity for vulnerable families with the information necessary to pursue a two-generation approach to health and well-being. This paper is divided into two sections. The first section focuses on changes in health care coverage effected by the ACA and explores the unfinished business of developing coverage and enrollment systems that support two- generation approaches. The second section addresses changes in the organization and delivery of health care services and identifies areas of opportunity within the ACA to support vulnerable families.

Effects of the Affordable Care Act on Health Behaviors After Three Years Charles Courtemanche 2018 This paper examines the impacts of the Affordable Care Act (ACA) - which substantially increased insurance coverage through regulations, mandates, subsidies, and Medicaid expansions - on behaviors related to future health risks after three years. Using data from the Behavioral Risk Factor Surveillance System and an identification strategy that leverages variation in pre-ACA uninsured rates and state Medicaid expansion decisions, we show that the ACA increased preventive care utilization along several dimensions, but also increased risky drinking. These results are driven by the private portions of the law, as opposed to the Medicaid expansion. We also conduct subsample analyses by income and age.

The Effect of the Affordable Care Act on the Labor Supply, Savings, and Social Security of Older Americans Eric French 2017 This paper assesses the effect of the Affordable Care Act (ACA) on the labor supply of Americans ages 50 and older. Using data from the Health and Retirement Study and the Medical Expenditure Panel Survey, we estimate a dynamic programming model of retirement that accounts for both saving and uncertain medical expenses. Importantly, we model the two key channels by which health insurance rates are predicted to change: the Medicaid expansion and the subsidized private exchanges.

Health Literacy Implications of the Affordable Care Act 2010 Although low health literacy is certainly not a featured concern of the health care reform legislation passed in early 2010, there are those who would argue that the law cannot be successful without a redoubling of national efforts to address the issue. Nearly 36 percent of America's adult population - 87 million adults - is considered functionally illiterate. As the Patient Protection and Affordable Care Act (ACA) extends health insurance coverage to some 32 million lower-income adults and promotes greater attention to the barriers faced by individual patients, those implementing the law should consider how to incorporate health literacy into strategies for enrolling beneficiaries and delivering care.