

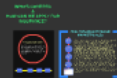


LifeSpring Hospitals: Delivering Affordable, High-quality Maternal Health Care in India

Group 5
HCAD 620

Natha Bakayoko
Akia Harrison
Damilola Ishola
Madeline Royston

Thecasesolutions.com



Thank You!

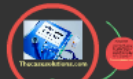
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The Patient Protection and Affordable Care Act, commonly known as the Affordable Care Act (ACA) or Obamacare, is a landmark health care law signed by President Barack Obama in 2010. It aims to increase the number of Americans with health insurance, regulate the health insurance industry, and control costs. The law has been a subject of significant political debate since its passage.

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Introduction

The Patient Protection and Affordable Care Act, often shortened to the Affordable Care Act (ACA), or nicknamed Obamacare, is a United States federal statute enacted by the 111th United States Congress and signed into law by President Barack Obama on March 23, 2010. Before the ACA, millions of individuals could not afford nor had access to health insurance coverage. By 2016 at least 28 million American citizens had gained access to healthcare insurance (Kaiser Family Foundation, 2017). American citizens can now qualify for health insurance via Medicaid or Medicare, and they can also purchase insurance via state regulated Marketplaces. The expansion and the availability of health insurance coverage has greatly impacted health insurance premiums. Thus, generating a great political debate as to how to conserve cost, while also improving access to health insurance and quality of care.

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Under the Affordable Care Act, nearly 20 million Americans gained access to health insurance. Before the enactment of the Affordable Care Act, at least 44 million American citizens were uninsured (Kaiser Family Foundation, 2017). However, after the passing of the Affordable Care Act the number of uninsured Americans significantly decreased. As of 2016, at least 28 million American citizens still remained uninsured (Kaiser Family Foundation, 2017). The majority of the individuals who are uninsured or who can't afford health insurance coverage come from single income households. In order to qualify for the Medicaid you have to meet a certain income poverty level, which determine if you have free health insurance, insurance premiums, or if you pay out-of-pocket.

State-based Marketplace- Federal Platform (SBM-FP)

This form of marketplace is still ran and operated by the state government, however it utilizes a Federally-Facilitated IT platform.

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State-Partnership Marketplace (SPM)

Allows for individuals and companies to have face-to-face assistance when selecting an insurance via the marketplace, and Health and Human Services continue to handle the remaining marketplace functions.

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Federally-Facilitated Marketplace (FFM)

The department of Health and Human Services controls all of the operations of the marketplace. Individuals and companies apply for and enroll in insurance via healthcare.gov.

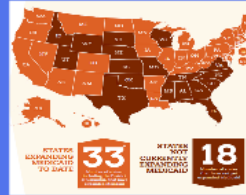
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Medicaid & The Affordable Care Act

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When the Affordable Care Act was passed, a main purpose was to expand Medicaid. In doing so, every U.S. state was given the optional choice to decide whether Medicaid expansion would happen within the state (Courtemanche, C., et al., 2016).

Medicaid Expansion in the U.S.



Short Term Results

- Less Americans uninsured
- Medicaid also expanded to non-elderly adults
- In 2014, those who were uninsured dropped by (Buchmueller, et al., 2016):
 - 7.1% for Hispanics
 - 5.1% for African Americans
 - 3% for Caucasians

Long Term Results

- Greater medical coverage
 - Improved access to care
 - Economic improvements (Antonisse, et al., 2016)
- Coverage—significant gains in coverage and a reduction in those who are uninsured
Access to care—more access to care, greater utilization of services, affordability of care, financial security among those with low-income, improved self-reported health
Economic—reduction in uncompensated care costs for hospitals/clinics and improved employment in labor market

Criticism

- Provider shortages (Antonisse, et al., 2016)
- Increases in Medicaid spending for government (Antonisse, et al., 2016)

