
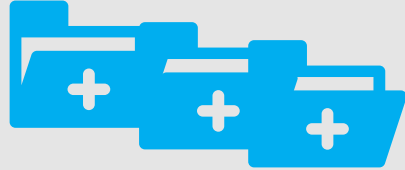



The Affordable Care Act

	Patients	Providers (Hospitals, Physicians, etc.)	Payers (Insurance companies, etc.)
Access	 <p>20 million more patients insured since 2010</p>	<p>+ Uninsured rate decreased from 14.5% to 9.5%</p> <p>- 33 million still uninsured including undocumented individuals</p>	 <p>Increased membership in new product segments</p>
Quality	<p>H</p> <p>Increased quality standards Lower rates of infection Fewer hospital readmissions</p>	<p>+ New care-coordination programs and quality incentives</p> <p>- No accounting for socioeconomic impact, or impact of non-health factors</p>	 <p>Increased standardization of quality reporting Access to CMS quality data</p>
Cost	<p>+ More affordable insurance</p> <p>- Some plans are still expensive and patients often have to pay out of pocket</p>	<p>+ Long term shift to value</p> <p>- Decreased federal reimbursement for hospitals Hospitals have absorbed nearly \$136 billion in new cuts since 2010</p>	<p>- Some insurers are leaving the exchanges due to high cost</p> <p>Limits on ability to manage risk pools (guaranteed issue and underwriting restrictions) and Medical Loss Ratio floors</p>