Medicare and Medicaid

Name

University Name

Abstract

In the United States, Medicare and Medicaid are federally sponsored programs that offer health insurance coverage for older adults (Medicare) and lower income individuals and families (Medicaid). Medicare is governed at the federal level and Medicaid is governed by each state. Many changes have transpired in recent years with the Affordable Care Act and the development of Medicaid expansion which is currently implemented by 36 states. Most importantly, Medicare and Medicaid are designed to address many of the unmet healthcare needs of individuals and families who require care and treatment for a variety of needs. Reimbursement structures for Medicare and Medicaid are complex but they are used broadly to accommodate different population groups who may not have access to provide insurance options and require supplemental public health insurance. Each program continues to evolve and expand in a variety of areas while limiting their scope in other ways and will have a lasting impact on children and adults for the foreseeable future.

Medicare and Medicaid

Medicare and Medicaid are federally sponsored programs that provide health insurance benefits to older adults with Medicare and lower-income or the uninsured with Medicaid. Both programs provide access to care and treatment for patients who have unique health challenges or seek preventive methods to combat disease risk. These programs are complex relative to their cost reimbursement structures but they provide support and serve as a conduit to care for millions of Americans in a variety of financial situations. The importance of Medicare and Medicaid in the United States is significant because it impacts millions of Americans who require at least some form of supplemental health insurance depending on their age group and income status.

History of Medicare and Medicaid

Medicare was created by the federal government in 1965 to ensure that older adults over the age of 65 years could access healthcare services in a variety of settings and originally included two components: Part A for payments to hospitals and Part B for payments to providers and physicians (Clement, Bhat, Clement, & Krieg, 2017). Medicare Part C, known as "Medicare Advantage" was created in 1997 to support supplemental insurance through Health Maintenance Organizations (HMOs) with capitation payments by Medicare to the private insurer (Clement et al., 2017). Medicare Part D was created in 2006 to enable older adults to obtain optional coverage to access prescription drugs at discounted rates (Clement et al., 2017). Medicaid was also signed into law in 1965 and serves as a primary means of insurance for persons who have lower incomes and cannot afford private health insurance (Clement et al., 2017). In some cases, individuals may qualify for dual coverage through Medicare and Medicaid if they meet the income levels and are of the required age.

Populations Intended to Serve

Medicare is designed to provide health insurance in primary or supplemental form to older adults over the age of 65 years. Originally, Medicaid was designed to support the beneficiaries who received social security benefits among older adults and could obtain access to care and treatment to meet their unique challenges as they reach their older years (Piatak, 2017). For many older adults, obtaining proper care and treatment for illness or disease has been historically difficult; therefore, the benefits of Medicare are substantial in that this vulnerable population group can obtain access to care that is instrumental in improving their health and quality of life (Piatak, 2017). In contrast, Medicaid was designed to provide access to healthcare services for lower income individuals and was subsequently labeled as a program for the poor; however, unlike its counterpart, leadership and oversight regarding Medicaid was left to each state to govern (Piatak, 2017). Furthermore, Medicaid has been observed as a primary safety net and social service program for lower income individuals and families, often at the community level where care is provided to those who may not have access to transportation or other needs (Alley, Asomugha, Conway, & Sanghavi, 2016). In this context, Medicaid is designed for lower-income individuals as well as others who may lack other forms of private health insurance for one reason or another.

Has State Expanded Medicaid?

In the state of California, Medicaid was expanded with the implementation of the Affordable Care Act under the Obama administration. With this expansion, additional individuals who might not have qualified under earlier rules have qualified for the provisions of Medicaid and may seek different types of care and treatment under this expansion effort.

Currently, 36 states have expanded or partially expanded Medicaid with the remaining 14 states refusing to expand the program despite its benefits for many Americans within these states.

Reasons that States do not Participate in Medicaid Expansion

Among states that have elected not to expand Medicaid to date which include Texas, Florida, North and South Carolina, Missouri, Wisconsin, Georgia, and others (Norris, 2019), much of the conflict is due to opposition to the Affordable Care Act and the costs of expansion across each state (Arguelles & Sabharwal, 2018). It was perceived by the governors and other legislators in some of these states that Medicaid expansion would not improve health outcomes for many lower-income children and adults yet would lead toa significant cost burden among providers as well as patients (Arguelles & Sabharwal, 2018). In addition, the expansion was viewed as a social program above all else and some political leaders argued against a form of socialized medicine for the United States (Arguelles & Sabharwal, 2018). Finally, it was observed that under a mandatory expansion mandate, states' rights were infringed upon and the requirement was deemed unconstitutional (Arguelles & Sabharwal, 2018). The risk factors for each state in accepting Medicaid expansion were too great to bear and it was not in their best interests to pursue this option.

Role in Nursing Practice in Working with Medicare and Medicaid Recipients

Nurses have a duty and obligation to work with all patients regardless of their health insurance coverage or need because the sick require care and treatment under all circumstances. All nurses must work with their assigned patients and provide the best possible care that is cost-effective and is based upon available evidence to support each option. For instance, nurse practitioners often work with Medicare patients in a variety of settings and may be effective in improving patient outcomes and in preventing future hospitalizations (Desroches, Clarke,

Perloff, & O'Reilly-Jacob, 2017). The actions of nurses for patients who rely on Medicare and Medicaid should not be dictated by the type of insurance that they have as all patients deserve equal treatment as best as possible. It is important for nurses at all experience levels to work with Medicare and Medicaid patients and to minimize the costs of care within the parameters provided without minimizing the quality of care that they administer. It is likely that Medicare and Medicaid patients will continue to benefit from the actions that nurses take to address their needs and provide treatments that are based upon knowledge, experience, and evidence to improve health outcomes (Perloff, Desroches, & Buerhaus, 2016). In many cases, the care of experts such as nurse practitioners will reduce the costs of care for Medicare and Medicaid patients in contrast to the care provided by physicians but will be similar in quality and value for patients (Perloff et al., 2016).

Conclusion

Medicare and Medicaid have been in existence in the United States for over five decades and continue to support the complex healthcare needs of older adults as well as lower income individuals and families. It is important for Medicare and Medicaid providers to offer high-quality care and treatment in a consistent manner to recipients of this coverage while also promoting positive health outcomes including the reduced risk of future hospitalizations and the transfer of care to different providers, such as nursing homes, who have similar priorities. Healthcare organizations must work collaboratively with patients to provide treatment options and preventive care as needed to bridge gaps and improve quality of life for children and adults across different population groups. Medicare and Medicaid are difficult programs to navigate and the reimbursement structures are complex but they offer many benefits to patients that not

only improve outcomes but also connect patients to providers to promote continuous care and treatment.

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