Impact of affordable care act on medicare

Law

Affordable Care Act makes Medicare stronger as well as assists the elderly with takingresponsibilityof theirhealthoutcomes.

The act will provide essential free assistances which include preventive services, yearly wellness appointments and a fifty percent price reduction towards prescription drugs for the individuals that are in the coverage gap called the donut hole. Medicare recipients can also work with their physicians to develop a personal prevention plan. Affordable Care Act impacts Medicare for the reasons that the elderly for no cost or little cost will receive more benefits than they have before.

The intention of the act is to encourage improvement, trial analysis for forms of payment models and enhancements to the ways payments are made for basic health services, the promotion of patient centered support given by health institutions, reducing unnecessary inpatient stays and developing an incentive plan for practitioners, hospitals and additional health facilities so that the delivery of care is provided in an efficient manner. Affordable Care Act does not necessarily eliminate every issue associated with Medicare, but it is definitely a start.

There are still changes that will have to be made in order to correct the continuing gaps amongst the amount of workforces that pay taxes into the Medicare and the amount of individuals that receive the assistance. There is also the issue of the increasing health care costs which will continue to jeopardize its purpose of being long term solution. Due to the ACA a lot more individuals will be able to afford health care benefits including safeguards which will assist them with keeping insurance at times when a critical health condition arises as well as managing ongoing health problems.

The Affordable Care Act demonstrates actual enhancements for Medicare recipients presently as well as in the upcoming years. What is the Impact of ACA on Medicare? Preventive Services Crucial preventive services can currently be obtained by individual's that are Medicare participates without a co-pay or deductible such as colonoscopies and breast exams. Enhancing availability to preventive services has the capability of improving detection of illnesses in the early stages and treatments which can possibly reduce the amount being spent and to improve the well-being of Medicare recipients for the long-term.

Medicare was beginning to pay for additional preventive care services that were in accordance with the typical United States health care insurances as a measure to decrease the necessity of costly health care treatments in the future. " The Medicare Prescription Drug, Improvement and Modernization Act of 2003 provided that in the first six months which was amended to the first year of a person's enrollment in Medicare Part B, that person is entitled to an initial preventive physical examination" (Bergthold 2012). The intention of the examination was to encourage healthy lifestyles and identify illnesses in advance to avoid them becoming worse.

The exam consists of information, therapy, support services amongst other types of screens for cancer and testing. (Adamopoulos 2012) The Affordable Care Act has now added yearly wellness visits along with the existing exam. The wellness visits consist of an all-inclusive risk evaluation as well as a personal prevention plan. The evaluations will take into account the individual's health history as well as theirfamily's history, different

observations which include weight, blood pressure, mental deficiencies and extensive list of screening exams that extend to five or ten years.

The benefits are covered by Medicare free of charge for participates of the plan and there also is no fee attached to the wellness visits. These services will also be available to participants of the traditional Medicare plan due to the Affordable Care Act. Due to the yearly wellness exams being available to every Medicare participate there should be an increased improvement in their medical status and it could possible decrease the Medicare's program costs in the future. (Adamopoulos 2012) What is the Impact of ACA on Medicare?

Prescription Drug Coverage Prescription drugs are a major category of health care costs for the majority of elderly people. In 2006, Medicare Part D began which covered prescription medication attached to it was a coverage gap called donut hole, but before this there was no coverage available for medications. Once the yearly deductible is paid the primary coverage part of the Medicare Part D program begins which obligated participates to contribute to twenty-five percent of the costs of their prescription medications.

When required amount prescription drug amount has been reached which includes the amount Medicare pays and the participate pays which is $2, 830 the participant enters the donut hole and then they are required to pay the full amount of the medication costs. A participate continues in the donut hole until they have reached medication costs of $6, 440. Once that occurs the catastrophic level of prescription drug coverage begins and participate does

not spend any more than five percent of the medication costs without any limitations. (Kaplan 2011)

The abnormal structure was not equivalent to any type of health care funding agreement whether unrestricted or private in America or any other country. The program was created due to a collaboration of multiple unconnected governmental obligations. The first obligation was that the Medicare prescription program was in need of a reasonably lower yearly deductible to make sure the majority of participants saw individual benefits for being enrolled in the plan. The reason for this was due to afailureof a 1988 regulation made to the Medicare drug program.

As a result an enrollee would have to volunteer for any new legislated Medicare prescription program which meant that if the enrollee had to volunteer for the program it was important for the majority of the recipients to be given some form of substantial assistance for participating in the program. (Kaplan 2011) The second obligation pertained to the circulation of the yearly prescription costs that followed the simple design for health costs which was normally the main part of the program’s expenses which were caused by a small number of the programs enrollees.

The costs from the small amount of enrollees have the ability to be an enormous amount. Therefore, in order for the Medicare prescription program to offer most support for the participants that required it more than the catastrophic coverage had to have a lower co-pay amount attached to it. The model’s ending fee level has a five percent co-insurance obligation without a limit of on coverage. (Kaplan 2011) The last obligation was due to the administration directed by President Bush which concluded they were going

to assign a specified amount that would go towards the new plan and nothing else.

With the combining lower yearly out-of pocket costs with the addition of added benefit once the deductibles are reached, the limitless catastrophic coverage level along with a lower co-insurance fee requirement and the secure worldwide financial plan it was inevitable that changes had to be made. The change that occurred was the diminishing of the donut hole which was located between the start of the coverage and the catastrophic level. (Kaplan 2011) The last part of the Affordable Care Act relates to the prescription drugs which increases the cost for the higher earning individuals that are enrolled in the Medicare program.

The Affordable Care Act has also increased the Part D payment the higher earning individuals have to pay in addition to the method of the raised payments that are required to pay for the Medicare Part B portion of the program. The modification has usually been labeled as a decrease in the payment funding given to the high earning enrollees, but its result on those elderly individuals that are part of this requirement is the identical increased once-a-month charges that are required for registration in the section of the plan. (Kaplan 2011) What is the Impact of ACA on Medicare?

SkilledNursingHome Initiatives Another impact made by the Affordable Care Act is to increase the information that is provided to enrollees pertaining to the long-term services provided in skilled nursing homes. There are additional proposals which support ethics courses for nursing homes staff members, but the primary objective of Affordable Care Act for the skilled nursing home initiative is to add main focus of the ACA’s nursing home

initiatives is to require that additional skilled nursing home data be added into the current Nursing Home Compare link located on the Medicare site.

The information is critical for individuals that are trying to consider placement in a nursing facility. Some of the information is currently available on Medicare's website, but at times there is insufficient standardization which allows a potential tenant without difficulty assess prospective nursing homes. There are times when an elderly person has limited reasonable options for long-term care as well as need a facility in a short timeframe. (Urban 2012)

The type of intentional shopping around for agencies which the new statute requirement seems to visualize is usually common for an assisted living facility rather than a nursing home. The obligation to have illegal violations as well as public fines to be openly revealed has the chance to put additional burden on restrictions which will enhance its defending ability. There are times when the information that is provided can cause incorrect understandings. Also, a suitable level of employee development that the facility requires will depend highly on how severe the occupants' conditions are.

The individuals that are highly informed will have the ability to comprehend the excellence of services being provided by a skilled nursing home based upon the added information the skilled nursing homes have to release. (Urban 2012) In conclusion, the Affordable Care Act health care reform has the ability to improve results as well as save additional revenue. Developing an enhanced Medicare plan and a health care Building an improved Medicare

program and an improved health care distribution structure needs to be a collective effort.

By allowing individuals to gain additional power with controlling their medical care as well as reinforcing the Medicare plan. The act gives extended coverage for services and an enhanced combination of services for individuals that are in need of care.

References

1. The Supreme Court Affordable Care Act Decision: Could it Mean Catastrophe for Medicare Advantage? Retrieved from http://medicarenewsgroup. com/context/understanding-medicare-blog/understanding-medicare-blog/2012/06/21/the-supreme-court-affordable-care-act-decision-could-it-mean-catastrophe-for-medicare-advantage-. Accessed on 13 October 2012. Bergthold, Linda. (2012).
2. Seniors Are Asking... What's Next for Medicare? Retrieved from http://www. huffingtonpost. com/linda-bergthold/seniors-are-asking---what_b_1666779. html. Accessed on 13 October 2012. Kaplan, Richard L. (2011).
3. Older Americans, Medicare, and the Affordable Care Act: What’s Really In It for Elders? Retrieved from http://www. asaging. org/blog/kaplan-older-americans-medicare. Accessed on 13 October 2012. Urban, Mike. (2012)
4. Many already feel impact of Affordable Care Act. Retrieved from http://readingeagle. com/article. aspx? id= 396360. Accessed on 13, October 2012.