

Proposed policies for medicaid research paper

[Business](#), [Marketing](#)



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Introduction

Medicaid, a program that is endowed with providing insured health care services to the poor, the old and the disabled in the United States can be debated as one of the most successful health care systems in the USA. The program is purely funded by the federal and central governments and is mainly aimed at providing medical funds to people with inadequate funds. Medicare programs in all the states are managed and controlled by the Centers for Medicare and Medicaid Services (CMS) which is responsible for overseeing that quality, accountability, funding and service provision is achieved to all Americans. New York's State (NYS's) Medicaid program actually offers health coverage for over 4 million individuals who are low-income earners in New York. In addition to the funding provided by the state and federal government, local councils or governments or counties also provide funding towards the program. Moreover, the NYS's Medicaid program provides health care insurance funds to the pregnant, children, persons with

chronic conditions, physically disabled and most importantly to the poor (Ward, 2006, pp. 309-311).

Thesis

This paper explicitly establishes some of the hindrances and setbacks faced by the NYS's Medicaid program in providing its services to the poor, old, and most importantly disabled New Yorkers. The paper explores whether the problem might have been intrigued by the stakeholders or other external forces arising from legal, ethical, political or economic aspects. The paper finally proposes policies that could help restrain Medicaid spending and endeavor maintain and sustain the quality of life for the elderly.

Discussion

About three quarters of the expenses of NYS's Medicare is devoted to care of the elderly while the other one quarter suffices the needs of the poor, disabled and very needy children who maybe homeless. This is currently not the case since the expenses have explicitly been cut and reduced and also home based care has been replaced by institutional care. In addition, the health care providers have greatly been demoralized because of pay cuts and reduction in wages while the mental and dental benefits have been scrapped off for the elderly who actually are in more need of these insurances. The problem generally can be debated to have stemmed up and originated from the administrative structure whose responsibility is to inform, influence and occasionally determine the distribution and allocation of capital and resources within the health care system. The administration also defines and determines the type of service to be provided, the type and

the qualification of health care providers to be employed hence it is actually responsible to hire and fire health care providers. Most importantly, the administration determines the wages and salaries of health care providers (Sparer, 1996, pp. 10-13). To sum up, all these problems may be directed to the main governing body of the whole health care program in the United States; Centers for Medicare and Medicaid Services (CMS) which operates under the Department of Health. Laws and policies are enacted both at state and federal levels which are then promulgated by the CMS which sets universal and general parameters for all the states. The Department of health (DOH) which is a single state bureaucratic organization can also be debated as the most influential in terms of policy making and implementation of the policies. It collaborates with other state agencies, private service providers and local governments in ensuring that actually health care services are efficiently provided (Pecorella & Stonecash, 2006, pp. 344-346).

The issue is currently very much essential since a solution will help in providing efficient health care services to the elderly who arguably are in dire need of the services because of their deteriorating health. This issue is also very much important since it will determine the future of nurses and other health care providers whose responsibilities, licensing and authenticity are greatly defined by law makers and other stakeholders responsible in the formulation of health care policies. Therefore, a quick solution to the problem determines the future of the elderly who arguably are more vulnerable and need much care. Also, a solution to the problem may be very much

significant to nurses and other health care providers whose performance will greatly be defined by the policies in place (Bachrach et al., 2006).

Additionally, some other factors have also influenced and shaped the occurrence of this issue. These factors are either politically, socially, ethically or legally shaped and play a very significant role in controlling policy formulation. In the political perspective, governors, lawmakers and other politicians play a very significant role in endorsing new laws and policies regarding which policies to embrace and enact and which ones to reject. For example, the Social Security Act enacted in 1965 paved way for the provision of the Medicare services in the constitution.

Additionally, several departments of both the federal and state governments also influence the laws and policies enacted for example; the Department of Health (DOH) is responsible for the organization, management and supervision of all health care services provided hence can influence greatly the policies regarding the administration of Medicaid. Socially, the increase in demand of the Medicaid funds in tackling other social problems has actually resulted to the decrease in funding towards the elderly. For example, the high increase of low-income earners has actually led to more funds being directed towards helping them hence leading to a reduction in funding towards the elderly (Liebschutz & Bailey, 1998, pp. 174-176). Also the rise of child care programs and other programs to manage pregnant mothers has greatly led to shortages and scarcity of funds hence the elderly are actually subjected to receiving little funds. This also has lead to overpopulation and overcrowding in institutions such as clinics and hospitals

and as a result, the elderly have been forced to receive home based care which is perceived as being cheaper and convenient than the overcrowded institutions. On the ethical point of view, research has shown that New York has actually the highest number of incidences related to drug abuse and other sexual cases resulting to unwanted pregnancies.

Consequently, the increase in rate necessitates more medical health care since these drug-abusers actually end up with mental problems which need rehabilitation while the pregnant young mothers need more antenatal care. Economically, most New Yorkers earn very little to sustain their social needs hence a majority of them are forced to receive medical funding from Medicaid. These and other reasons contribute largely to the issue of neglect towards the elderly clients and the introduction of home based care to replace institutional care.

The chief stakeholder in the NYS Medicaid program is the Department of Health (DOH) which is blueprinted as “ a single state agency” and is accountable under the federal law to supervise the program. It performs its duties ensuring that there is compliance in implementation of federal policies and also designates and formulates rates of payments to its workers or health care providers. Generally, it can be debated that the Medicaid program is jointly owned by the state and the federal government whose mandate of management has been entrusted with the department of Health. Apart from the state and the federal government, the New York Counties which is the local government also contribute greatly in the cost of the Medicaid program. Moreover, there are more parties interested in actually

participating in the management of the Medicaid program for example; the National Alliance of Medicare Set-Aside Professionals (NAMSAP) which is a non-profit organization is strictly interested in addressing current matters and confrontations of Medicare Set- Aside Arrangements. This organization encompasses nurses and other professionals who are directly affected by the formulated policies (Bachrach, 2006, pp. 1-4).

Conclusion

In conclusion, it can be debated that several factors have actually led to the decline in the efficiency of NYS's Medicaid program in managing the elderly ranging from the political, social, and legal to economic aspects. All these factors have greatly influenced policy formulation which is the main regulatory factor in determining and defining which policy do be adopted and which to be rejected. Finally, several policies actually need be proposed that will restrain Medicaid spending in an attempt to maintain the quality of life for the elderly. First, strict policies should be introduced which clearly stipulate who should be responsible to allocate Medicaid funds and what criteria should be followed. Also, separate Acts should be enacted by parliament to control and regulate several emerging programs like the programs for needy children and pregnant women whose financially needs should be catered for separately. Finally, strict laws should be enacted which ensure that the payment of healthcare providers is not tempered with and should be fixed with other incentives on top. These policies may greatly curb the mismanagement of Medicaid funds and may increase funding towards the elderly.

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