

Select a health care law topic from the assigned readings.
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Medicare Coverage Law al Affiliation Medicare Coverage Position ment and Background Medicare coverage provides health care services to the Medicare beneficiaries. It emerged so as to cater for, both prescription drug benefits and a private fee for service coverage. Medicare coverage law was established to care for the needs of individuals health insurance services, Initially individuals were insured through the job organization but today medical coverage can be attained by one whether they are employed or not. The controversy about this law was that despite individuals being covered by Medicare, people would still not benefit from it as there were no laws which governed the operation of this insurance cover as proposed by Jansen (2009). Applicable industry standards, statutes, federal laws and ethical guidelines Ethics and laws imply that physicians inform patients of the limit to which confidentiality protection of disclosure of personal information is allowed. This is because a patient requires privacy which should be respected by the physician. Federal statutes allow physicians to diagnose death which should be made in line with industry standards Statutes or federal laws may also require that a medical case be disclosed in fear of further spread. Applicable Industry Standards, Statutes, Federal Laws, Ethical Guidelines There are many ways of acquiring medical insurance benefits under the Medicare coverage program. The largest number of people are automatically eligible for this coverage at the age of 65 if they are entitled to monthly social security retirement benefits, survivor or transport retirement benefits. These individuals are entitled to Medicare coverage irrespective of whether they are eligible for other retirement benefits. Those persons not entitled tom these kinds of benefits will need to file an application for the

Medicare coverage. Since the Medicare coverage begins when the individual turns 65, the benefits usually begin on the first day of the month the individual celebrates his or her 65th birth day. Risk Management Summary: Systems Perspective According to Aronovitz (2005), application is only required for those individual who are not entitled to social security benefits. It can also be required for those who seek entitlement in terms of end-stage renal disease, Medicare qualified government employment and entitlement to disabled widow's or widower's benefits in particular situations. A health care insurance card is issued to each beneficiary as an evidence for Medicare benefits. Entitlement ends on the last day of the month of death or before the month which the beneficiary stops to meet the needs for entitlement to social security monthly retirement or life benefits. Any public or private organization can pay monthly premiums for the retired and active employees who are 65 and above in sets. After the group coverage is acquired, the group premiums are paid under a contract or any other forms of agreements between the organization and the secretary. In case the payments under the contract are not administratively visible the secretary may refuse to enter the contract as suggested by Partel and Rushefsky (2006) The number of care days a beneficiary is charged for inpatient hospital services is usually in units of full days whereby a day begins midnight and ends twenty four hours later. A portion of a day is counted as a full day but the day of discharge is not counted. In case a patient decides to continue occupying accommodation in the hospital after the check out day the beneficiary can be charged for continuous stay. References Aronovitz, L. (2005). Medicare Contracting Reform: CMS's Plan Has Gaps and Its Anticipated Saving Are Uncertain. New

York NY: DIANE Publishing. Jansen, M.(2009). Advanced practice nursing: Core Concepts for Professional Role Development. New York NY: Springer Publishing Company Partel, K. & Rushefsky, M. (2006). Health care politics and policy in America. New York NY: M. E. Sharpe.