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Future of Long-Term Care: Medicare & Medicaid

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Medicare and Medicaid are two publicly funded health care programs. Both cover populations in need of long-term care. They are unsuccessfully connected, and holes often occur in some services while overlap in others. Because of this, there is uncertainty among program beneficiaries and providers as well. The arrangement between Medicare and Medicaid causes inconsistent incentives concerning dually eligible beneficiaries. This is not including managing their care. Both Medicare and Medicaid have a concern in restraining their costs, and neither has a reason to take liability for managing of the system or quality of care. A few examples of uneven incentives are Medicare’s cost-sharing rules, and cost shifting. Long-term care in the United States is required by 10.9 million people, half of them nonelderly, and 1.8 million nursing home residents, which are mostly elderly. Approximately 92% of community residents obtain unpaid help, and 13% are given paid help. Paid long-term care services are mostly funded by Medicaid or Medicare, nursing homes are mostly paid by Medicaid and out of pocket copayments. Within a nursing home, per person expenses are five times higher and national expenditures are three times higher for nursing home residents then ordinary society populace. Rearrangement of expenses across care settings may expand services. Capitation may also potentially be a solution, but will it be enough? Long-term care in the United States has gone through five cycles of improvement, about twenty years in each. Future guidelines must get an enhanced mixture of methods from the past, while giving thought to their unintentional costs. Guaranteeing access to vital care, delivery of first-class services, and a decrease in social and economic discrepancy should be the focus of reform in the coming years. With increasing elder populations especially among the baby boomer generation, improvement is not only essential but it is required in order to assure the care of our aging population.

Keywords: Medicare, Medicaid, long-term care, reform