**Medicare**

**Q 1**

Medicare is health insurance program for people who are (or older than) 65 years, younger people with disabilities and people with the late-stage renal condition. Therefore, the different parts of Medicare help cover specific services.

1. Part A (hospital insurance) covers inpatient care for hospital care, especially in the most skilled nursing facilities. The type of Medicare also covers hospice care and home care (Medicare interactive, 2017).
2. Part B (medical insurance) covers regular hospital visits and health care needs. It also includes specific services given by doctors, outpatient services, preventive services, and medical supplies.
3. Part C (Medicare advantage plus)

Private companies offer the coverage to their employees with both hospital and medical insurance benefits, which include an individual fee for service, special needs plan, medical saving plan and health maintenance organizations. For those enrolled in in this type of insurance, the coverage is not paid under original Medicare but offer drug prescription coverage.

1. Part D (Prescription drug coverage) joins with original Medicare, Medicare cost plans, private fee for service plans and medical savings plan, and private companies that have received approval by Medicare and help cover the cost of prescribed drugs, help lower the costs of medicines and prevent increase on the cost of drug Prescription(Medicare interactive, 2017).

**Q 2**

President Lyndon B Johnson signed Medicare into law on July 30, 1965, and offered original Medicare program. However, Medicare has stretched to provide diversified type of care for older people, the disability, and those with renal illness. Medicare has become an element of public policy. The program has helped fund health care for the population. The role had earlier been controversial. However, the initiative has spared vulnerable citizens to economic anxiety, pain, and premature death.

**Q 3**

Medicare faces challenges that relate to affordability and fraud. Similarly, financing mechanism for Medicare lacks sustainability. These problems make the program unable to keep pace with health care system changes. However, Medicare addresses fraud by educating its beneficiaries on ways of avoiding being victims. The issue of affordability remains insufficiently addresses as most of the beneficiaries suffer the high costs associated with the program (Jacobson, 2015).

**Q 4**

The program took 45 years to be implemented due to opposition by various institutions to prevent the passage to the Congress. The law was upheld many times due to challenges relating to numbers.

**Q 5**

The finance mechanisms in care of vulnerable population promote two-class care system because of the disparities regarding access and availability of care. The two-class care system is the poor and the wealthy class. The affluent individuals have the opportunity and privilege to access Healthcare services easily due to the availability of proper facilities. Access to care depends on whether an individual has the resources to utilize health care services adequately. The poor who mostly are insured receives less medical and timely care contributing to worse health outcomes. The outcome presents a fiscal burden to their families and themselves.

**Q 6**

The ACA helps build a better quality life for people by reducing costs associated to care, providing more favorable choices, enhancing the quality of care, and ensuring care for all initiative. Similarly, the ACA is expanding resources for building hospitals for the ease of access to care.

**Q 7**

The low-income families are the most uninsured population due to the high cost of insurance coverage. The problem is because their earnings cannot fulfill other demands and acquire insurance coverage (Rowland & Lyons, 2016).

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