

Medicare... The Troubling Realities Drowned by The “Fake” Healthcare News.

Healthcare reform...

Affordable Care Act *repeal* and *replace*.

The GOP is *damned* determined to pass a healthcare bill..

So far, the loudest rumblings have been about that part of the GOP’s bill that would rollback Medicaid, the “single-payer” program for low income individuals, with Democrats claiming it will result in 22 million people losing their healthcare coverage.

But what about Medicare?

If you rely on Medicare, you may think all this hoopla about repealing and replacing Obamacare is not so relevant to *your* healthcare concerns.

Unfortunately, there are many dots that the pundits are not connecting for you to see the full story about Medicare – and why the GOP’s bill definitely *will* affect you.

Allow me to begin with the biggest picture and then zoom in from there.

According to Fidelity’s Retirement Health, “A couple retiring today can expect to spend \$245,000 on health care, assuming they’re both 65 now and have average life expectancies in retirement.”

If that number sounds larger than what you had in memory, you’re not wrong – that’s because it’s up 11% from the \$220,000 that was estimated last year.

BCRA On Medicare

Now let’s consider the latest version of the GOP’s healthcare plan for Medicare, the *Better Care Reconciliation Act of 2017 (BCRA)*. Keep in mind that this is a minute-by-minute moving target. Even the best policy wonks on K Street have trouble keeping up with the changes and additions.

Here’s what you need to know...

1. **Tax reductions in GOP’s plan will shorten life-span of Medicare solvency.** The GOP is calling for the repeal of the Medicare payroll surtax on high-income earners by 2023. According to the Kaiser Family Foundation, this surtax “added revenue for Part A trust fund which pays for **hospital, skilled nursing facility, home health and hospice benefits.**” This reduction in the payroll surtax would “weaken Medicare’s financial status by depleting the Part A trust fund two years earlier than under current law, moving up the projected insolvency date from 2028 to 2026, according to Medicare’s actuaries.”
2. **Congress is broken.** Prior to President Obama, congressmen and women were able to cross party lines to craft legislation that patched huge gaping holes. Bush delivered Medicare Part D. Clinton brought Welfare Reform. Yet Obamacare was passed strictly on single party line vote. Not one Republican voted for it. Today Obamacare has entered the death spiral, crushing millions of middle class families with skyrocketing premiums. Yet not a single Democrat or Republican can come together to help these struggling families.

Saving Medicare by increasing age requirements and/or adjusting premiums will not happen without good 'ol congressional teamwork. Will Congress let Medicare implode into oblivion like they are doing with Obamacare, votes be damned?

3. **A little detail that can cost you thousands.** When you visit the hospital, the administration can either admit you *or* place you under "observation status." The reason for observation status is due to the fact that hospitals are penalized for readmission within 30 days after being released. Rather than admit you for 2 to 3 days, they simply list you under "observation status." No admission, no penalty if you have to come back within the 30 day window. So suppose you suffer a nasty fall or have an auto accident and go to the emergency room, which is quite common. They see that your injury requires close attention for a couple of days, so they list you under observation status.

Problem is, Medicare doesn't cover rehab stays in skilled nursing facilities unless you are first admitted to the hospital and spend at least three days' inpatient. For goodness sakes, don't ever stay overnight in hospital under observation status.

Now, chances are the GOP won't muster the votes to repeal and replace the Obamacare monstrosity, as they have promised their constituents for the past seven years.

This doesn't mean that you are off the hook and you can ignore all the healthcare chaos in the news. It's time to connect all the dots and bring a bit of clarity to the future of Medicare.

To properly frame this Medicare conundrum, it boils down to numbers.

Medicare was launched by President Johnson in 1965. It seemed like a smart idea at the time since the average life span was 67 years of age.

Fast forward to today, and the fastest growing population segment is over 100. Add this to current demographic trends, and you can see the coming storm...

- "Since 2011 approximately 10,000 Baby Boomers turned 65 every single day, and will continue for the next 15 years." **Pew Research**
- The "U.S. population over the age of 62 will increase from about 46 million today to about 83 million by 2030." **Census Bureau**

But, here's the kicker to this.

Just as the Baby Boomers population is exploding, we are facing a severe doctor shortage, especially primary care doctors... the gate keepers to your entire health care diagnostic pathway.

- "U.S. will be short more than 90,000 total physicians by 2020 and 130,000 physicians by 2025." **AAMC**
- "1 in 3 practicing physicians in the U.S. is over the age of 55 and close to retirement." **Becker's Hospital Review**
- "400 new doctors commit suicide every year due to depression." **Time**

Numbers problem... I told you so!

The simple formula is...

The fastest growing population segment is over 100 + an explosion in the Baby Boomers population + a severe doctors' shortage + a broken congress = *a real recipe for disaster!*

Unless you begin preparing now, you could find yourself without access to medical care when you need it most.

To properly prepare for the Medicare conundrum on the horizon, you should take the following steps.

1. Enroll in a Medical Cost *Sharing* Program

Did you know that if Medicare denies your claim, your supplement or Medigap plan won't pay either? They're Medicare dependent.

That's why you should strongly consider enrolling in a medical cost sharing program. It's not insurance. But, by enrolling in a medical cost sharing program you'll be connected to a community of like-minded, caring, health-conscious individuals... who simply **share** each others medical bills.

The benefits of medical cost sharing programs are excellent. They are ACA compliant... no fines. You can see any provider you want – no network restrictions. Affordable monthly sharing programs. Naturopathic treatment programs are often eligible for sharing.

You should know up-front that medical cost sharing programs require Medicare recipients to use their Medicare dollars first. Also, you will have to apply for membership. However, once accepted you'll be a part of a community that will offer real healthcare freedom and security during the chaotic transformations on the horizon.

To learn more about medical cost sharing programs, **click here** for your free report.

2. Enroll in the Patient Advocate Partners' Access Discount Healthcare Card

A strong discount program can give you big savings on a wide variety of treatment protocols. And one of the best programs is the one offered by the Patient Advocate Partners of America.

It comes jam packed with deep discounts on everything from doctor visits, prescription meds, dental treatment, vision, hearing exams, chiropractic treatment, diabetic supplies, imaging studies and blood work.

Perhaps the biggest benefit, though, is it also comes with *free, unlimited telemedicine*, after a small monthly fee. By calling their toll-free number, then, you'll get to speak to a real doctor who can diagnose your condition and can prescribe you the appropriate medication.

This telemedicine feature will come in handy with increasing doctor shortages.

To review plans and enroll, **click here**.

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