



# Enhancing Patient Advocacy and Care through Medicare Fluency

Written by: Al Kushner

In the rapidly shifting healthcare landscape, nurses stand at the forefront, not just as caregivers but as vital advocates for patient welfare. For Nebraska nurses, proficiency in Medicare can significantly amplify their ability to serve and support the diverse needs of patients navigating the complexities of healthcare coverage. This article aims to shed light on the importance of Medicare fluency among nurses and provide actionable insights to elevate patient care in New Jersey.

## THE CRITICAL ROLE OF MEDICARE KNOWLEDGE

Medicare, the U.S. federal health insurance program, primarily serves

individuals over 65 and younger people with specific disabilities. With many of Nebraska's population relying on Medicare for healthcare, the program's rules, benefits, and options become crucial knowledge areas for nurses nationwide.

Understanding Medicare is not merely about knowing the difference between Part A (Hospital Insurance) and Part B (Medical Insurance) or navigating the nuances of Medicare Advantage Plans (Part C) and Prescription Drug Coverage (Part D). It's about empowering nurses to confidently and competently guide their patients through the healthcare system.

## BRIDGING GAPS IN PATIENT CARE

Nurses often need to bridge the gap between medical advice and patient action. This gap can be vast when patients are unaware of the Medicare benefits available or do not understand how to access these benefits effectively. Nurses with a solid understanding of Medicare can:

- Educate patients on the importance of preventive services covered by Medicare, leading to early detection and better outcomes.
- Assist in navigating the enrollment process, helping patients avoid penalties, and ensuring timely access to the necessary benefits.
- Advocate for patients' rights and

services within the Medicare system, ensuring that care is accessible and equitable.

## STRATEGIES FOR MEDICARE FLUENCY

Achieving Medicare fluency requires ongoing education and engagement with current policy changes, healthcare reforms, and patient advocacy opportunities. Here are several strategies for Texas nurses to enhance their Medicare knowledge:

**Leverage Resources:** Utilize resources from the Centers for Medicare & Medicaid Services (CMS) and state-specific information from the Nebraska Department of Human Services.

**Continuing Education:** Participate in workshops, seminars, and healthcare policy and Medicare courses. Many professional nursing associations offer these as part of their continuing education programs.

**Engage with Patients:** Use patient encounters to discuss Medicare benefits and options, tailoring advice to their specific healthcare needs and situations.

**Collaborate with Experts:** Establish connections with Medicare experts, social workers, and insurance navigators who can provide up-to-date information and assistance.

## A CALL TO ACTION

The relationship between patient care and understanding Medicare is undeniable. As nurses, our commitment to patient advocacy extends beyond the bedside to include navigating the intricacies of healthcare coverage. By becoming fluent in Medicare, nurses in Nebraska can ensure their patients receive the full spectrum of care and services they deserve, ultimately improving healthcare outcomes across the state. 🌟

Al Kushner is an award-winning Medicare expert with a prosperous career spanning nearly four decades in the medical insurance industry. Kushner has been recognized by peers for his contributions to the field. His work focuses on demystifying Medicare for healthcare providers and patients alike, emphasizing the management of patient expectations and the importance of staff education on Medicare nuances. A committed advocate and educator, Al Kushner is a valuable resource for anyone looking to navigate the intricate world of Medicare and can be reached at 888-810-9725 or by email at [media@virtualmedi.care](mailto:media@virtualmedi.care) for insights grounded in extensive hands-on experience.

## FROM THE NNA PRESIDENT

Linda Hardy, PhD, RN, CNE, CTNA

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Nurses Organization of Veterans Affairs (NOVA) Willa Fuller, CEO, Florida Nurses Association

Dialogue Forum #3: Enhancing Ethical Practice Through the Voice of Nursing: 2025 Code of Ethics Revision Description: The ANA's commitment to maintaining a Code of Ethics for Nurses is enshrined in its Certificate of Incorporation, which mandates the establishment and upkeep of ethical standards within the nursing profession. The Code of Ethics for Nurses with Interpretive Statements (the Code or Code) is subject to periodic updates, with revisions occurring approximately every ten years in accordance with ANA policy. The purpose of revising the Code is to uphold the longstanding tradition of nursing ethics rooted in relational values while addressing contemporary challenges. This Dialogue Forum provides an opportunity to learn about the evolution of the Code, the approach used to revise the document, and provide feedback on the proposed changes for the 2025 version. Speakers: Jennifer L. Bartlett, ANA Ethics Advisory Board Daniela

Vargas, Code of Ethics Revision Committee

Of note regarding #3, the Code of Ethics is updated every 5 years to be sure that it is current with nursing practice. This work has been ongoing for the past year or more.

Another issue before the Assembly is the question of dues escalation. Our NNA members received a survey regarding this issue in May. This is a tough question! If the dues escalation 'stands', the monthly fee for ANA/NNA standard membership would go from \$15 to \$15.75 per month. This would bring much needed revenue into the NNA. Having said that, all of us are feeling the effects of inflation and a tight budget at home. I will let you know the outcome in our monthly newsletter since the deadline for the Nebraska Nurse publication is before I will have the results.

Thank you, Nebraska Nurses, for all that you do for your patients, their families, our communities, and our nursing profession! 🌟

*Linda Hardy, PhD, RN, CNE, CTN-A*