

Medicare Ready to Roll

The need for increased hospital beds in some areas and greater efficiency in others is foreseen as Medicare goes into effect—By Faye Marley

► THE HARD-FOUGHT battle for Medicare under Social Security has ended with general agreement between the Administration, the American Hospital Association, the medical profession and the chief “intermediary,” Blue Cross.

Blue Cross, which has signed a contract with the Government as an administrative intermediary, expects to be the go-between for more than 90% of the country's voluntary system hospitals.

The Fourth of July holiday will give a long weekend for appraisal of the first day's business on July 1, but Walter J. McNerney, Blue Cross Association president, told a news conference in Washington, D.C., that he does not expect any “extraordinary press” on hospital facilities at the beginning of Medicare's operation.

An increase of hospital beds will be needed in a few areas, Mr. McNerney said, but he emphasized that there is “a greater need to use more efficiently what we've got.” Nursing homes are admittedly in short supply and home-care establishments are needed.

With some 15% or 20% of the country's hospitals holding back on the civil rights requirements, and the Government deadly serious about withholding funds from those who do not cooperate in admitting all races, the greatest deterrent to adequate facilities will be the racial problem.

The largest number of noncomplying hospitals are in the South, but Mr. McNerney told SCIENCE SERVICE that not all were below the Mason-Dixon line.

A peculiar secrecy shrouds the names of the segregated hospitals. The only means of detecting them is to read the list of institutions cooperating and rule out the others in a community.

Subscribers in New Orleans, Baton Rouge and some other cities known to be on a segregated basis have been advised by Blue Cross to hold onto their present health insurance policies until they are sure of coverage.

Mr. McNerney said he called Commissioner Robert M. Ball of the Social Security Administration to be sure that Blue Cross was not upsetting his strategy in making this recommendation.

“Our concern was in the protection of the old people,” said the Blue Cross president.

Warnings are sounded in Medical World News, 7:53, 1966, on overly optimistic expectations by old people

who believe nearly all their hospital and medical bills will be covered by Medicare.

How Medicare affects present health insurance is covered in a six-page report in Consumer Reports, 31:288, 1966, which discusses the doctor's options on billing, drug costs, what is covered and not covered, how Medicare will affect U.S. medicine and other practical topics.

Mr. McNerney said the complementary coverage plans of Blue Cross should offset the cancellations of ordinary policies for those persons over 65 years old. A number of other plans to fill the monetary gap will be worth looking into.

Many physicians are expected to refuse to accept Federal money in direct payment for treatment of their patients, but this problem has been worked out satisfactorily through an itemized receipt plan. The patient pays the doctor for his services, either in installments or *in toto*, then submits the receipt with his claim form to receive Medicare reimbursement.

Hospital costs are expected to rise because of additional personnel and minimum wage requirements, as well as the improved treatment made possible by new medical discoveries.

• Science News, 90:4 July 2, 1966

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SCIENCE NEWS

SCIENCE NEWS LETTER

VOL. 90 July 2, 1966 No. 1

The Weekly Summary of Current Science, published every Saturday by SCIENCE SERVICE, Inc., 1719 N St., N.W., Washington, D. C. 20036. NOrth 7-2255. Cable Address: SCIENSERV.

Subscription rate: 1 yr., \$5.50; 2 yrs., \$10.00; 3 yrs., \$14.50. Special trial offer for new subscribers only: 41 weeks, \$3.13. Ten or more copies in one package to one address, 7½ cents per copy per week; single copy, 15 cents, more than six months old, 25 cents. No charge for foreign postage. Change of address: Three weeks notice is required. Please state exactly how magazine is addressed. Include zip code.

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Printed in U.S.A. Second class postage paid at Washington, D. C. Established in mimeograph form March 13, 1922. Title registered as trademark U. S. and Canadian Patent offices. Indexed in Reader's Guide to Periodical Literature, Abridged Guide, and the Engineering Index. Member of Audit Bureau of Circulation.

SCIENCE SERVICE

E. G. SHERBURNE JR., Director

Watson Davis, Director Emeritus
Editor, 1922-66

The Institution for the Popularization of Science organized 1921 as a non-profit corporation.

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Louis D. Young, Advertising Director SCIENCE NEWS, 1719 N St., N.W., Washington, D. C. 20036. Telephone 202-667-8945.

Advertising Representatives: SCRIPPS-HOWARD NEWSPAPERS. General Advertising Department: 200 Park Ave., New York, N.Y., TN 7-5000; 400 N. Michigan Ave., Chicago, Ill., SU 7-3355; 800 Broadway, Suite 1100, Cincinnati, Ohio, 721-1254; Suite 211, Braniff Building, Dallas, Texas, FL 7-3847; 5-258 General Motors Building; Detroit, Mich., TR 5-8727; 6363 Wilshire Blvd., Los Angeles, Calif., OL 3-0026; Room 1522, Philadelphia National Bank Building, Philadelphia, Pa., LO 3-6275; Central Tower Building, 703 Market St., San Francisco, Calif., GA 1-5187.

