



Growing old in America? This pod's for you!

Hey, it's Brenda from Code WACK! Before we get started, we'd like to set the record straight on a comment our guest made in last week's episode suggesting that Restless Legs Syndrome is not a real condition. It is in fact a recognized movement disorder known as Willis-Ekbom disease, and over 3 million cases are diagnosed each year in the United States.

Dispatcher: 911, what's your emergency?

Caller: America's healthcare system is broken and people are dying! (ambulance siren)

Welcome to **Code WACK!**, where we shine a light on our callous healthcare system, how it hurts us and what we can do about it. I'm your host **Brenda Gazzar**. This time on **Code WACK!** Why are some elderly patients struggling to get the health care they need? What are some of the dangers of Medicare Advantage? To find out, we spoke to **Casey Hobbs**, who has spent the last four decades in various nursing and nursing management roles. She's currently the

director of nursing for a large healthcare organization in Northern California. In 2009, Casey, along with entertainment producer **Pattie Lockard**, created a national radio and podcast program called **Nurse Talk** which ran for 10 years. She's also a public speaker and a fierce advocate for patients and Medicare for All.

(5-second music stinger)

Q: Welcome back to Code WACK! Casey! It's great to have you again. Let's talk about retirement home options and what expenses Medicare does (and doesn't) cover. I know this is something that confuses a lot of people.

Hobbs: That's a good question. So in a CCRC, which is a Continuing Care Retirement Community, we have independent living, so think of that as living in your own home and there are about 300 residents in independent living. Then we have an assisted living, which means you need help with some of your activities of daily living, and then we have a memory care unit, which is for people who have dementia and then we have a skilled nursing facility for people who have an acute illness or long term, and, you know, need help with all of their activities of daily living and now they're in skilled nursing for the rest of their life.

In a CCRC, you buy your apartment and you pay dues and the dues allow you to go through all the levels of care and it's the same dues. Okay? So a huge benefit to that.

Now let's talk (about) Medicare. Most people think Medicare pays for assisted living – (it) does not – memory care – (it) does not. Medicare pays for acute hospitalization, skilled nursing and outpatient services. So physical therapy, occupational therapy, speech therapy, blood draw, X-rays, MRIs, all of that's outpatient. All of that's paid for by Medicare. Okay? Medicare does not ever pay for housing so being in a skilled nursing facility for the rest of your life, Medicare does not pay. You pay.

Wow.

Hobbs: If you have Medicare D, it will help you with some of the medications, but otherwise those are yours to pay for. If you have any kind of a procedure, again, Medicare B pays for a lot of procedures, but again, if you're signed over to an HMO, they don't, 'oh, you need physical therapy? Yes. Well, we don't think you really need it. We're not paying, but you're free to pay out of your pocket!'

If I hear pay out of pocket one more time, I'm going to slap somebody. Everybody thinks... The misnomer for most Americans is they think skilled nursing is paid for, assisted living is paid for by Medicare. It is not. Medicare covers again, acute hospitalizations, skilled nursing facility for a hundred days if you have a three-day qualifying stay at an acute care hospital and Medicare B pays for outpatient services. Okay? So the bulk of your old age is paid for by you – by the money you have,

Q: Wow and about 60 percent of Medicare Advantage enrollees are in HMOs. How do people even manage? How do people pay for this?

Hobbs: So they don't. So how people manage is they don't pay for their medications, is they don't have the procedures. is they don't have home care because they can't afford it. They don't...How people do is that they don't, you know. People die every day in despicable situations because our health care is a business. It isn't about taking care of anybody.

Q: Wow. So sad. There are different Medicare programs, traditional Medicare, which is administered by the government and Medicare Advantage, which is managed by commercial health insurers. How do these different programs respond differently to the care needs of your patients?

Hobbs: First thing I want to say because I can't say it enough (is) Medicare Advantage is an advantage for the corporation. It is not for the patient. Okay. So Medicare Advantage reminds me of a peacekeeping missile – same G-d dang thing. Okay. A peacekeeping missile. We actually term a missile “peacekeeping.” Now, how is that? It blows something up. That cannot be peacekeeping! Okay? Medicare Advantage – not not not for the person. So here's how Medicare Advantage works...They have your Medicare dollars. They get paid every month. Now what's the incentive to have you have care and take some of your Medicare dollars? So if you're a corporation and your mission is to make money for your stockholders, then when it comes to...There's two things that Medicare A pays for.

These are the most expensive outlays under Medicare – hospitalization and skilled nursing care. Okay? That's Medicare A. Medicare B is all outpatient services. Okay? Now you've signed over your Medicare dollars to somebody and you go to them and

you need a knee replacement and that's what, you know, a big ticket item. Okay? Well, what if I said to you, 'well, I don't think you need the knee surgery. I think if we gave you some anti-inflammatories and physical therapy, you'd do better. So let's do that. Okay?'

So I'm 66. So I get a daily barrage – I'm not using my Medicare because I'm still working – I get a daily barrage from Kaiser and every other damn HMO "Hey, Casey, we'll pay for your glasses. We'll take you to your appointment. We'll pay for a dentist." Okay? All things that don't cost a lot of money. Listen you little bastards. I know exactly what you want. You want my Medicare dollars so that you can deny me services. That's what it's about.

So be clear that Medicare Advantage is an insurance company insinuating themselves into a Medicare system. Don't let people tell you Medicare is in trouble. It's not in trouble. Here's what they want. They want that chunk, that billions of dollars so they can do what? Oh, that's right, put it in the stock market, play with it and take the money and if the stock market tanks, 'oh well, that's yours, that's your problem. You pay it.' So Medicare Advantage absolutely chaps my hide.

And I fight tooth and nail every single day to get services for seniors that are automatically covered by Medicare, that their Medicare entity is telling me, 'Uh-uh not covered' and I have no recourse. I'll tell you a story cuz this one just chaps my hide and this is pre-pandemic so this is pre them being so brutal. I had an 87-year old Asian male who had a stroke and had what we call "left neglect," which means he doesn't know his left side exists. Okay? So when he gets up, he thinks his left side works. You cannot convince him that his left side doesn't work. So he's falling, falling, falling.

So I call the HMO and I say, 'so, you know, you get, per Medicare, a hundred days of skilled nursing services as long as you are progressing, that's an automatic covered benefit. Okay?' I say, 'okay, he's going to need two weeks in.' They say to me, 'No, he has to go home.' And I said, 'well, he can't go home. He has left neglect and he's literally fallen five times since he's been here. He almost fractured once. He's really thin' and she says to me and I kid you not 'He's Asian.' 'Yes, he is Asian.' 'Well, then he has a big family and they can take care of him.'

Uhhh. That's terrible.

Hobbs: She said 'he's married.' I said, 'his wife is 90.' 'Well, she can take care of him.' I said, 'so let me get this straight? The 87-year-old with the left neglect (condition) should have his 90-some year old wife care for him and their family who all work because you don't want to use the Medicare dollars to get him better?' So is that and she goes, 'well, if you're going to put it that way.' And I said, 'well, but that is the way that it is.' And she says, 'listen, I just work here' and I said, 'I want you to be very clear. I am so sick of

hearing people like you say I just work here. It's not me. It's not me. You're getting a paycheck. You better own what they're doing because it's on you. So if at the end of the day, you think, hmm, mmm, mmm, 'I'm just doing what they tell me to do.' Ok, so don't tell me you're innocent, cuz you're not because you know the rules change. I know that some bean counter came down and had a discussion with all of you and said from here forward, hip replacement and knee replacements do not automatically get an overnight stay in a hospital and they do not get skilled nursing. If they can walk 100 feet and the physical therapist says they can, they have to go home.

Unbelievable.

Hobbs: So we took a woman home who had had a stroke during the procedure who literally didn't know where she was and they sent her back to us. I argued, argued, argued. They sent her back. They didn't even tell me. She came to the building downstairs. They let her out of the ambulance with a walker. She walked into the building, had no idea where she was or where she was going and they expected me to put her back in her independent apartment.

I had to put her in skilled nursing and then I had to argue with them forever to get them to provide outpatient services. They wouldn't provide the skilled nursing. Great – at least give me outpatient, at least pay for the PT, OT, ST – you know, physical therapy, occupational therapy, speech therapy – and you know, the answer was no, so Medicare Advantage is a sin and a sacrilege and it hurts people when they most need it.

Q: Got it. Thank you. How does Medi-Cal, California's income-based Medicaid program, fit in? Are any of your patients on Medi-Cal or on both Medicare and Medi-Cal?

Hobbs: So for seniors living in a retirement community, it's all Medicare they bought in. These people are wealthy and so Medi-Cal is for people who are poor. Medi-Cal usually comes into play before 65 for people who can't afford (health) insurance and have such a low rate of income that they qualify for Medi-Cal. Do we take Medi-Cal in our building? No we do not. Do skilled nursings take Medi-Cal patients? Yes. Some. And here's the dealio about that. You'll be in a four-to-six bed ward. Okay. So in our facility, we do not have four-bed wards. The most is two.

Now, interestingly enough and that's a whole other conversation cuz there is something to be said for the big wards and certainly I have different stories about that, but suffice it

to say that's the difference and so most people don't have Medicare and Medi-Cal, it's either or, and Medi-Cal, there are lots of doctors who won't take it. There are lots of hospitals who don't want it. There are lots of facilities who won't take it and is your care as good? No it's not because the reimbursement isn't as good, so, okay so you're a young doctor and you've got a ton of debt. Who are you going to treat? You're going to treat Medi-Cal where you get less reimbursement? You're going to treat Medicare. You're going to treat Medicare. Are you going to treat private insurance? Yeah, you're going to take that.

Q: Right. Only about 1 1/2 million Californians are eligible for both Medicare and Medi-Cal. You've already spoken about the dangers of Medicare Advantage. There seems to be a huge push to get people into Medicare Advantage plans. The commercials with older celebrities like Joe Namath seem to run nonstop in November, December and January. Since you have patients with both types of Medicare, could you talk about the differences?

Hobbs: I want people to be clear that the reason they're doing this is cuz they want to kill Medicare. So not that I'm biased, but Republicans have been trying to kill Medicare since they've been in power, even as the minority. And so Medicare Advantage is insurance because what they want to do is rob Medicare. They want that billions of dollars because they want to make money off it. Okay? They don't care about you and they don't care about you certainly when you're older. So please be clear. So remember when we had Obamacare, so Obamacare would've been so much better, but he had to put in insurance companies.

Okay. They have billions of dollars and they want billions more and they lobby every senator and congressperson [who] knows everything about Medicare Advantage, except that it's a freaking steal. Here's what I'd like to say to every Senator. If you vote for Medicare Advantage, then you have to have it. Whatever you pass, you have to use it. That's what I'd like to see. Boy, laws would be different if every law they passed, they had to live under that law.

Q: That's a great point. What else do you want us to know?

Hobbs: I talk about a lot of what we might call negative things. I do want to say that we need the balance more than anything else. So understand that the sun comes up every day and there's a gorgeous sunset every night and life is a miracle and it is a treasure and a blessing to be able to connect with people without pretense, which is what I get to do every day, is so rewarding and stimulating and invigorating and powerful. So understand your gift is your human beingness and please understand the beauty of life

and the beauty of connection. When people are dying, nobody ever says to me, 'oh, I wish I had got that Beamer. Oh, I wish I had gotten that Rolex.' Nobody ever says that. Everybody always says, 'I wish I had spent more time with my kids. I wish I had been nicer to my spouse. I wish I hadn't been so mean. I wish I had had more kindness.' It's all about relationship. Please don't wait until you're dying to understand the importance of relationship in your life every day.

Wow. That's beautiful. Thank you so much Casey for being with us today.

Hobbs: Thank you for doing what you do and for getting these voices out there because we just can't get this information out enough.

(5-second music stinger)

Thank you, **Casey Hobbs**. Do you have a personal story you'd like to share about our 'wack' healthcare system? Contact us through our website at heal-ca.org.

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