



Fighting the Medicare Advantage scourge

"They sign up for Medicare Advantage and most of them don't realize that they're giving up their choice of doctor. They don't realize they're taking a gamble on their future health." Dr. Ed Weisbart

911. What's your emergency?

America's healthcare system is broken and people are dying.

Welcome to **Code WACK!**, where we shine a light on America's callous healthcare system, how it hurts us and what we can do about it. I'm your host Brenda Gazzar.

(music)

This time on **Code WACK!** What can be done in light of **Medicare Advantage** overcharging taxpayers to the tune of \$140 billion a year? And what's the Medigap Trap and why should you worry about it? Should we improve traditional Medicare or pursue Medicare for All as a solution? To find out, we spoke to **Dr. Ed Weisbart**, the national board secretary for **Physicians for a National Health Program** and president of the Consumers Council of Missouri.

Welcome back to Code WACK!, Dr. Weisbart.

Weisbart: Thanks Brenda.

Q: Last time we spoke about how Medicare Advantage companies are overcharging the government as much as \$140 billion dollars through various

ways, including upcoding or adding diagnoses so that people appear less healthy than they are. You also mentioned the No Upcode Act which would fight fraud and upcoding by restricting the use of old or unrelated medical conditions to determine the cost of care. I think that's great and I hope the bill passes. What else can be done to fight these Medicare Advantage overcharges?

Weisbart: It's tough. There aren't any other legislative initiatives that I know of that would actually start to address this. So I think it's incredibly important that as we expose problems with Medicare Advantage, we need to get people aware of this, but we need to simultaneously be fighting at least as hard to improve traditional Medicare. We need to eliminate or greatly reduce the out-of-pocket expense so that people can afford to go into traditional Medicare. We need to add those extra benefits so that you don't have to give up your choice of doctors so that you can get a gym club membership. We need to level the playing field so that it's fair. So we need to be working at the same time. If you just got rid of Medicare Advantage today, there's a lot of people who wouldn't have a place to land. I mean, because it is a lower premium. We need to do these two things in tandem.

Q: Yeah. So what do you think about single-payer Medicare for All and where does that fit into the differences between Medicare Advantage and Traditional Medicare?

Weisbart: What does single payer mean? It means one payer instead of a multitude of payers. So today we have a multi-payer model where we have all these dozens or I don't know how many insurance companies and all these employers and all these, there's a whole bunch of people that pay for insurance that's called a multi-payer model and it fragments us and it makes it kind of crazy. It locks you into your job because you don't want to give up your insurance because that means giving up your doctor.

It's a crazy system having it the way it is today. So one payer instead of hundreds of payers would be great and we should all be in it. So what should that one payer be? And to me the most sensible one would be to build it on Medicare. You know, Medicare's got decades of a track record showing that it rescues seniors from poverty, that it improves life expectancy, that it lowers death rates, you know, and that it gives you a peace of mind and gives you choice. You can pick almost any doctor in the country or any hospital. So if you live in Boise, Idaho, and you have your Medicare there, but you spend four months in the winter in Florida, if you have Medicare, regular Medicare, you can spend four months of the year in Florida and go to get any health care you need. If you have Medicare Advantage or

any other insurance and you go to Florida, you wind up only being able to get emergency care paid for if you're lucky.

Whoah, talk about taking a risk.

Weisart: Yeah. A one single payer based on Medicare, fix the things that are wrong with Medicare and give that to everybody in the country and we would save money, the country would spend less on health care. We would stop having to, you know, every year rethink, 'well, do I want Blue Cross? Do I want Humana? Do I want Cigna?' You know, we just, you know, stop that <laugh>.

What's their one job? Their one job? The one thing the insurance companies get is they're tasked with telling us which doctors and hospitals we can't use <laugh>. Who would do that? Who would set up a system like this? It's nuts. So yeah, I think single payer Medicare for All, improved Medicare in the ways we were talking about is really the right way to go.

Right, because under a Medicare for All system, we could all go where we want for care because everyone would have the same coverage.

Weisbart: So there's a bill in the House (of Representatives) and a bill in the Senate that would accomplish that. Hooray – and they're actually increasing in popularity. They have more co-sponsors than they've ever had when they were brand new. So it's huge and they're growing, but I know that they're not going to pass next week. They're not going to pass in probably in the next two years. So instead, you know, to get there, let's work on the things that we know we need. We need to improve traditional Medicare. We need to eliminate those copays and deductibles, or at least greatly reduce them. We need to add the missing benefits, improve traditional Medicare and that and a few other ways, and at least expose what's going on with Medicare Advantage.

So think about it. You brought up that they're now in the majority, you brought up that most people in Medicare are in Medicare Advantage, which is terrifying to me. But it's true. This year we crossed the Rubicon and now 51% of people in Medicare this year are in Medicare Advantage. So they're on track to keep on growing....Let's say they're on track to get to 60% in three years. I don't know that, but let's say they're on track to get to 60% in three years. Well, if we could do things to keep them at 50% instead of 60% three years from now, that would be huge. I mean, these are usually for profit, publicly traded companies. They want to see growth. If we can stop their growth...

Q: How could we do that?

Weisbart: Well, you can't get them from 60% down to zero unless you get Medicare itself improved. But you can get them to stop growing or maybe even shrink a little bit. If the people that could afford Medigap learned this. They don't realize what's happening. They sign up for Medicare Advantage and they, most of them don't realize that they're giving up their choice of doctor.

Q: Yes, and that's usually what people care most about.

Weisbart: They don't realize they're taking a gamble on their future health. They don't realize that their hospital may no longer be in-network. 'cause Hospitals are leaving Medicare Advantage left and right nowadays. So they don't know this. They don't know if they sign off for Medicare Advantage that they may have to start traveling 30 miles to get to the nearest hospital instead of going to the one that's 10 miles away if you're rural. They don't know this stuff and they don't know that once you're in Medicare Advantage, there's a really good chance that you're trapped there.

Q: Oh? How so?

Weisbart: Yes, you can always get out of Medicare Advantage and go back to traditional Medicare. Absolutely you can do that. But there's no guarantee that you can still buy Medigap, so the first six months that you're in Medicare, or the first 12 months that you're in Medicare Advantage, if you apply for that Medigap policy, the Medigap insurers are legally required to say yes. They're legally required to sell you a policy and they're legally prevented from asking you if you have cancer or diabetes or any of that stuff. They can't send you a survey about your health.

They can't ask you that stuff. They can't look at your medical claims history. So for the first 6-12 months that you're in Medicare, if you want to buy Medigap, and almost everybody does, 'cause otherwise you're risking bankruptcy the first 6-12 months that you're in Medicare, yeah, you can buy Medigap. But after that, there's no guarantee about that. There's I think four states that do guarantee it, but you know, 46 states don't. So pretty much you can't count on that.

So you go into traditional Medicare for a year, for two years, for five years, and then you get one of the cancers that I was talking about a few minutes ago. You get something bad and you try to go to the cancer center, the National Cancer Institute approved Cancer center, and you didn't think to look that up when you signed up for Medicare Advantage cause you know you didn't have cancer. You can't look up everything. You didn't think to look that up. So you didn't know you signed up for Medicare Advantage. You didn't realize you were taking a gamble.

You like the health club, you like having this, you know, you pick your six favorite teeth and you got the dental care for those. I'm overstating that. But you know, you got that stuff but then five years in, you get cancer and you want to go to the National Cancer Institute approved Cancer center and they say you can't. And the Medicare Advantage company says, 'sure, go there, but we're not going to pay a penny for it.' And then you're in trouble, then you're in trouble and your gamble isn't paying off anymore.

And you can go back to traditional Medicare, but you've got to pay \$1,600 every time they put you in the hospital for that cancer. Or you got to pay 20% for every office visit to your oncologist – 20% for every, every, every chemotherapy infusion and you are gonna go bankrupt.

Q: Yeah. So let's say I'm in Medicare Advantage and want to switch to traditional Medicare. Did you say that in the first six months to a year I can buy supplemental policy?

Weisbart: Yes. The first six months that you're in Medicare Part B or the first 12 months that you're in Medicare Advantage, the federal law requires every Medigap insurance company to sell you a policy at the same price they would sell it to anybody else in your community. They have to say yes. They can't ask you why you want to buy the policy. They can't exclude you for preexisting conditions. None of that stuff....But after that, that protection against preexisting conditions disappears. Disappears.

Q: So after 12 months, I won't be able to get the Medigap policy, which protects people against medical bankruptcy?

Weisbart: You might be able to, but there's no guarantee. And the sicker you are, the less likely they would sell it to you. It's insurance that disappears when you need it. Well, that's not insurance, that's theft <laugh>. I'm paying my premium and not getting what I'm paying for. That's a really inferior way to set up a healthcare system. Which goes back to your question. Yeah. Single payer Medicare for All is absolutely the smart way to do this.

Q: Got it, And it sounds like it would solve the affordability problem that so many people in Medicare Advantage have because they won't have to worry about paying premiums or deductibles under Medicare for All.

Weisbart: No, like I said, there's a bill in the house and a bill in the Senate that, a state that is called the Medicare for All Act of 2023, each one. They're not identical, but they're very, very similar and both of them say exactly what you just said. The proposed bills eliminate copays, eliminate deductibles, eliminate co-insurance,

don't charge a premium at all. They're publicly funded in the same way we publicly fund everything else that's important for the whole country to have. They're publicly funded through a progressive tax model the same way we do for clean drinking water and for the clean air and for the military and for most schools and the roads and sewage and the handful of things for which, you know, everybody left and right, you know, the most progressive to the most libertarian or the most conservative everybody thinks yeah sewage collection, you know, that should be tax funded. The military.

Yeah. We don't want to each have our own military and maybe we don't like everything the military does, count me into that camp, but we all think there needs to be a military. Not too many people don't want that. So there is a handful of things that across the political spectrum, people agree, yeah, this is what progressive tax model should fund. And I submit to you that health care should be one of those things. It's to my advantage to have you be healthy. I want you to have health insurance because if you're here in this country, you know, I don't want you coughing up an infectious disease on the bus, you're not able to go to work 'cause your diabetes is out of control. You know, I want you healthy if you're here. I think everybody that's living in this country should have access to health care without financial barriers and then fund it the way we fund other things that are necessary for the public good, like a progressive income tax.

And it turns out that that increase in your tax is smaller than what we would save by not having to pay premiums or copays or co-insurance or any of that stuff.... So yeah, most of us would save a lot of money.

Q: That would be wonderful. Is there anything else you wanted to say, Dr. Weisbart?

Weisbart: Yeah, take action <laugh>. Go to our website which we built called ProtectMedicare.net and there's a bunch more resources. Our report is going to be up there by the time the podcast airs. There's a petition there that you can sign to say that you don't like this and you want to stop these overpayments, you want to fix this, you want to stop, you know, letting our Medicare program be so drained. We have a survey that we'd like you to fill out talking about your experience with Medicare or Medicare Advantage. And if you're a physician, there's a physician centric survey about what's, what it's like treating patients. So we'd like you to fill that. And there's tools (at) ProtectMedicare.net that can help you write letters to the editor and help you be more articulate about this.... So go to ProtectMedicare.net for all this stuff and more.

Thank you Dr. Ed Weisbart of Physicians for a National Health Program.

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