



The tricks and traps of Medicare 'Disadvantage' plans

*Featuring
Diljeet K. Singh, MD, DrPH*

This time on Code WACK!

Why are seniors between a rock and a hard place when choosing between various Medicare options? **How do private Medicare plans, known as Medicare Advantage, limit patients' options and why are they considered riskier than traditional Medicare? And what's the 'Medigap Trap?'**

To find out, we spoke to **Dr. Diljeet Singh**, an integrative gynecologic oncologist and the incoming president of [Physicians for a National Health Program](#) [PNHP]. With more than 25,000 members across the United States, PNHP advocates for a universal, comprehensive, single-payer national health program.

SHOW NOTES

WE DISCUSS

You advocate for Improved Medicare for All. What are the pros and cons of Traditional Medicare vs. Medicare Advantage plans?

"No. 1, [with Traditional Medicare] people are going to have the widest range of access to hospitals and physicians and specialists, and they're less likely to have problems getting prior authorizations and we don't see those kinds of denials.

"But traditional Medicare is 80-20, 80% of outpatient things are covered, 20% is not. And so patients often have to get additional insurance, something called [Medigap](#) to cover the extra. And dental and vision and hearing is not covered.

"... [Due to the cost] many people have no choice. They have to go with Medicare Advantage plans. And a lot of people are calling them Medicare 'disadvantage' plans now because they have no choice, financially.

"The tricky part is so many of the things that these plans promise people are not accurate, so people will think that they're getting vision coverage, but it's a relatively often very small financial limitation. I want to say maybe around \$200 or something, which most people easily spend on a pair of glasses . . ." - **Dr. Diljeet K. Singh**

What else is problematic about Medicare Advantage plans?

"Most Medicare private plans have limited networks and I think about 50% of the physicians and the specialists in the area are not part of that network. And for me, when I worked in Virginia, it was so challenging trying to get people in to see a cardiologist and endocrinologist, hormone, diabetes specialist or to get them into certain kinds of surgeons, cardiothoracic surgery, neurosurgery, like these less common specialties..."

"And so if patients have something uncommon, if they have something rare, they don't have access and there is research showing that for uncommon cancers like stomach cancer or liver cancer, that actually patients are more likely to die around the time of surgery, mostly because they have surgery at a hospital that isn't used to doing these kinds of complex cancer surgeries....- **Dr. Diljeet K. Singh**

Can you tell us about an instance where a Medicare Advantage insurer wrongfully denied coverage?

"The radiation oncologist for my patient came up with a plan to treat her cervical cancer. [The insurer] denied it. *'We can't do that. We don't want to cover the internal radiation,'* or *'we don't want to cover this.'*"

"Now is [the denial] because there's a specialty oncologist sitting back there? No. Often it's some AI-driven algorithm that's just saying *'deny a certain percentage.'*

"And the problem with denials is most people don't push back on denials. When we push back on denials, the numbers are somewhere between 70% and 80% of the time. Denials get overturned. . . .

"Meanwhile, they did wrong by her. They denied something that she really needed . . ."

"Most of the time we're healthy. We just need to do our prevention, get our cholesterol check, get our mammograms, and we're okay.

"But we really find out how good our insurance plan is when we get sick. *'Oh, I got diagnosed with cancer and then I found out what was not good about my plan and what it didn't cover and what I really needed. And by then I was sick and I was in the middle of it and I couldn't change things.'*" - **Dr. Diljeet K. Singh**

Helpful Links

[Compare original Medicare & Medicare Advantage, Medicare](#)

[What's Medicare Supplement Insurance \(Medigap\), Medicare](#)

[Medicare Advantage: A Disadvantage for Complex Cancer Surgery Patients, Journal of Clinical Oncology](#)

[Use of Prior Authorization in Medicare Advantage Exceeded 46 Million Requests in 2022, KFF](#)

[Examining the factors that play into the high rate of insurance denials, KFF](#)

[Misleading Medicare Marketing: Don't Be Misled During Medicare Open Enrollment, National Council on Aging](#)

[Medicare Disadvantage & the Medigap Trap, Diane Archer, Founder of Just Care, on Code WACK! podcast.](#)

[Fighting the Medicare Advantage scourge, Dr. Ed Weisbart, PNHP, on Code WACK! podcast.](#)

Episode Transcript

Read the [full episode transcript.](#)

Biography: Diljeet K. Singh, MD, DrPH

My name is Diljeet K. Singh and I am a women's health advocate using she/her pronouns. I am an integrative gynecologic oncologist and I've been in practice since 1999. I work with women who have ovarian, endometrial, cervical, vulvar, or vaginal cancer or have symptoms or a test that suggests there's a possibility of one of these cancers or have a genetic risk for getting one of these cancers.

I love my calling which is fulfilling and inspiring; however, the work has shown me the catastrophic shortcomings of our healthcare system and the pernicious effects of racism, classism, sexism and misogyny in medicine and their harmful impact on the health of our society as individuals and collectively.

The innumerable stories of the people I have cared for compel me to give them voice and to use their experiences to advocate for equity and access to opportunities for best health for all.

I currently work with Virginia Oncology Associates in Norfolk, VA. I received my medical degree from Northwestern University and master's degree from the Harvard School of Public Health. I completed an obstetrics and gynecology residency at the Johns Hopkins Hospital and a gynecologic oncology fellowship at the MD Anderson Cancer Center.

I completed a doctoral degree in public health on cost analysis at the University of Texas School of Public Health and an associate fellowship in integrative medicine at the University of Arizona. I am the incoming president of [Physicians for a National Health Program](#) working to achieve universal health care.

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