

NEWS

Blumenthal, Anwar speak out against Medicare Advantage



by Brandon Whiting
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Earlier today, Connecticut's U.S. Senator Richard Blumenthal (D), State Senator Saud Anwar (D- South Windsor) and State Representative Susan Johnson (D-Windham) held a press conference calling for greater consumer awareness surrounding Medicare Advantage, and greater accountability for insurance companies' administration of the program.

"What we have found is, essentially, there is no advantage for patients in Medicare Advantage all too often," said Blumenthal. "There's a distinct disadvantage too often, and taxpayers, there is definitely a waste of money that borders on scandal."

The two were joined by a group of other speakers, who were either healthcare reform advocates, healthcare providers, or state residents that had been negatively impacted by Medicare Advantage. The group argued that the plan, which is required under state law to provide coverage equal to traditional Medicare plans, more often than not ends up costing policyholders more while providing them with less coverage, greater numbers of denials to care and requirements to preauthorize treatments, and a smaller network of providers that accept their insurance than traditional Medicare.

The conference is only the latest opportunity that Blumenthal has taken to speak out about Medicare Advantage, which replaced traditional Medicare as the sole health plan of retired state employees in 2017. In [April](#), Blumenthal joined state disability advocates in criticizing the deceptive and misleading advertising of in-state insurance providers, particularly UnitedHealthcare, which made false or misleading claims in promotion of Medicare Advantage. Blumenthal said that the blame for Medicare Advantage's inadequacy falls at the feet of private insurance providers.

"Quite simply, the insurance companies [are profiteering](#)," said Blumenthal. "They are taking advantage of excuses to deny or delay coverage, and the victims of those practices are patients and their families, like Gary Bent."

Bent's widow, Gloria, was present at the conference to share her own difficulties dealing with Medicare Advantage when her husband, a retired state employee, was battling melanoma in spring of 2022.

"Gary was a scientist, a teacher, an advocate," said Bent. "He was a firm advocate for issues of social justice. He was a loving father. He was my spouse and my best friend for over 56 years."

Bent said that after undergoing surgery to remove a bleeding brain lesion, he suffered from severe cognitive and mobility issues. She said that he could not use the left side of his body, rendering him incapable of standing or walking. He had issues doing simple tasks such as telling the time, reading, or using his phone. He was "frequently confused about where he was and why he was there," recalled Bent.

Both Gary's neurosurgeon and physical therapist told Bent that her husband would require intensive rehabilitation. Bent recalled there being only three facilities in the state that could provide the type of rehabilitation necessary, and that one accepted him, but that Medicare Advantage stipulated that his stay would require preauthorization.

“Medicare issued a denial, saying that he couldn’t handle that level of treatment, and he wasn’t going to improve quickly enough,” said Bent. “It boggles my mind that the physician and the physical therapist who are at his side everyday say that he needs this care and someone, somewhere in the Medicare Advantage plan, who’s never even seen or met my husband, says no.”

She said that Medicare Advantage instead approved a stay at a short-term rehabilitation center, but that the reduction in care did not stop her providers from attempting to nix his care entirely. She said that throughout his 49 day stay, she had to appeal three separate attempts by her provider at ending his stay prematurely. She won the first two appeals, but lost the third, leading to Gary having to leave care and return home. She said that upon discharge, Gary came home with a headache, fever and neck pain.

“He had been discharged with bacterial meningitis,” said Bent. “He was home 11 hours, and then immediately returned to Dempsey Hospital, where he was in treatment for three weeks in critical condition.”

Upon his discharge from Dempsey, Gary was cared for by Bent and her daughters full-time, until he eventually passed on March 3, 2022.

“We are one family in an ocean of families who have been struggling under a barrage of denials, or are learning at the worst possible time in their lives that while they’ve been told that they can see any position or service that accepts traditional Medicare, what they haven’t been told is that, in increasing numbers, physicians and those services that accept traditional Medicare are no longer accepting Medicare Advantage,” said Bent.

Speakers shared several alarming statistics to show the increased proliferation of Medicare Advantage across the state and country, as well as to highlight the difference in quality of care provided by Medicare Advantage in comparison to traditional Medicare plans.

Dr. Phillip Brewer, an emergency medicine physician, said that Medicaid Advantage has increased its market share to over 50% of the Medicare eligible population. He also said that it has almost tripled its income from 2011 to 2021, from \$124 billion to \$361 billion. Lastly, he stated that Medicare Advantage, on average, only pays out \$87 in healthcare for every \$100 it collects, in comparison to traditional Medicaid, which pays out \$98.

Anwar said that Medicare Advantage, which was originally approved by SEBAC and the state legislature for its supposed ability to reduce taxpayer spending on healthcare while

providing an equal level of coverage, has been found to have cost the federal government over **\$30 billion** in overcharges.

“Behind these dollar amounts are lives lost, medications denied, timely tests denied,” said Anwar. “This country, which has been at the peak of scientific discovery, who has treatments for all illnesses, cannot provide care to their own citizens because of the malignant greed that the industry has.”

Furthermore, Anwar said that, in 2022 alone, **3.4 million prior authorizations** for care had been denied by Medicare Advantage. That number represented 7.4% of all service and care requests made by Medicare Advantage policyholders. Anwar noted that 83% of appeals were successful, ascertaining that this statistic showed how many of those denials were wrong.

“This is the cause of significant burden in the healthcare system, to have people fight on the phones in this archaic manner, to wait and listen to music for hours, to be able to get their medications” said Anwar.

Speakers attributed the exceptionally high number of denials to preauthorizations and services to the usage of artificial intelligence by insurance providers in their claims approval processes. Instead of the traditional method of having staff review claims to determine eligibility, insurers are now increasingly turning to algorithms to review claims. Anwar argued that the battle between healthcare providers and insurance companies over the increasingly high number of denied claims and preauthorizations has slowed down timely service and added unnecessary costs to healthcare providers and clients.

“No patient and family in this kind of medical crisis should have to fight artificial intelligence for the care that would have been provided to them under traditional Medicare,” said Bent. “But that is exactly what is happening again and again, all across the country.”

Ultimately, the group advised those eligible for Medicare to be wary of increased advertising by insurance providers attempting to lure them into Medicare Advantage plans as the yearly open enrollment period looms closer.

“You must look before you leap, because Medicare Advantage will not provide the care that your family member or you need as well as traditional Medicare,” said Judith Stein, Founder of the Center for Medicare Advocacy.

