Death Panel Presents: Medicare for All Week

M4AW Episode 03: Vivian Negron on 37 Years of Billing Private Insurance

[Episode Transcript]

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We speak with Vivian Negron about how medical billing has changed over her 37 years working as a medical receptionist, and the absurd hoops private insurance companies make her jump through on a daily basis.

This episode is part of Medicare for All Week, a limited event series running Feb 3 - 11. Every day between Iowa and New Hampshire, we're bringing you fresh interviews from some of our favorite voices on single payer and the fight for health justice, plus some special surprises. Death Panel is entirely listener supported, so if you enjoy this series please help us out by subscribing, leaving us a rating, or becoming a patron at patreon.com/deathpanelpod.

Beatrice Adler-Bolton 00:00
Welcome back to Medicare For All Week. I'm really excited because- I'm a little biased- but today I am sitting down with one of my very favorite guests from this entire series. I am here with the one and only Vivian Negron who's been a medical receptionist for 37 years, is a close friend and has unfortunately experienced the entire development of our current system of horrific billing. Vivian thank you so much for joining us. Do you want to say hi to everybody, all the listeners?

Vivian Negron 00:33
Hi everybody, thank you, Bea, for having me.

Beatrice Adler-Bolton 00:36
No, we're so glad that we get a chance to sit down and talk to you because you have so much experience with this stuff. And every time that we see each other you know, we talk about life and and other stuff like that. But we also we tend to get into the latest fuckery, as we were saying off mic, that insurance companies are putting you through just to keep the office running. Do you want to tell everyone a little bit about you? You know what I mean, and how you got started?

Vivian Negron 01:05
Well, I started as working as a summer intern in a podiatry office, and this was all before HIPAA and OSHA. So they taught me how to do X-rays, physical therapy, and also billing. Years later, just watching how the insurance companies have developed their protocol, basically making it harder for physicians to get paid for testing that is absolutely necessary. Before you used to pick up the phone and get a human being. Now you have to push buttons and you'll never get the right button and then when you finally get the right person, "oh, you're in the wrong location. Here, let me transfer you". Click, phone disconnected. And that's where I start dropping my F-bombs.

Beatrice Adler-Bolton 01:53
Yeah, I mean, I think if anyone has any familiarity on my end of the situation, On the patient side, it's pretty clear how much more time the administrative staff has spent over the years on these things. When I first got sick about 10 years ago, approvals took maybe one appeal. Most recently, and this past January, it took me five appeals. So the entire thing is just sort of amplified and they've gotten very creative and very good at figuring out ways to create systems that will cut people out at every moment, right?

Vivian Negron 02:34
Absolutely. Absolutely. But they're interested in getting their premiums. Please be sure you pay their premiums!

Beatrice Adler-Bolton 02:40
Of course. Yeah, well, don't forget that. So when you get started, let's say maybe pre ACA, maybe that's a better time to start. Right. So pre ACA, what was it like to manage the day to day operations of a private practice? Or one where you worked a small practice, maybe?

Vivian Negron 03:03
Most of the small practices that I worked at didn't really take insurance, but when they started taking insurance, that's when all the problems came in, where one of the main offenders initially for me, was in the 80s, when Oxford healthcare came out. And they decided that a pregnant woman who just had a cesarean section needed to get out of the hospital in 24 hours. - and so my physician got on the phone with Oxford and asked for supervisor, after supervisor, after supervisor, finally got the head person and did a very graphic description of a cesarean section and said, "Now tell me you want me to let your wife go home tomorrow." and the policy was changed and instead of one day, they upped it to three days, but it used to be five days.

Beatrice Adler-Bolton 03:29
Oh my God! Right. So basically, in the 80s you saw the sort of, not a retraction, but that they got smart! Right? They started seeing- testing what they could get away with.

Vivian Negron 04:04
Absolutely.

Beatrice Adler-Bolton 04:05
So what are some of the other things other than denials, maybe the more subtle stuff that you started noticing as we go through the 80s and 90s?

Vivian Negron 04:13
Well, automation came in. And supposedly automation was going to make your life easier. Push a button, and you'll get the right person! And fortunately, that doesn't work that way. Because the way the automation is set up, they don't really give you the option to speak to a human being until you've gone through six times keying in the same information. "Okay, so you're calling for Aetna. what's the patient's insurance plan? Aetna. Okay, what state? What's the patient's name and date of birth?" You give them all of this information, and then you still have to push another button and repeat the same information because, "oh, I'm sorry, you're in the wrong site. Let me transfer you to the correct location." Right. And as you get transferred, you get hung up on. So trying to speak to a human being could take anywhere from 15 to 20 frustrating minutes- pushing buttons and repeating the same thing.

Beatrice Adler-Bolton 05:10
Wow, no, I'm very, very familiar. In the 80s, when you're saying when the doctor was able to call and intervene for this patient of theirs- sorry, this might be a stupid question- but could you just call and get a person right away? or...?

Vivian Negron 05:27
Back then, yes.

Beatrice Adler-Bolton 05:28
Wow.

Vivian Negron 05:28
You can speak to a supervisor and then, he just kept saying, "give me the next supervisor. Give me your supervisor. I want the person in charge." I mean, the insurance companies are just- nowadays, it's geared more towards making money. There's a pattern that goes on, starting at about September where insurance companies are either pending claims, or just denying claims, or just holding claims. And I found out that it's because they're holding onto the money so that they can get the interest. After the first of the year, we start getting our checks, but they've already gotten interest on the money that's been sitting in their coffers.

Beatrice Adler-Bolton 06:09
Like in escrow?

Vivian Negron 06:10
Yes.

Beatrice Adler-Bolton 06:11
Oh my god! Let's talk about that a little more. Yeah.

Vivian Negron 06:16
Well, this is one of the reasons why now it's automated. Because they don't want you to speak to a human being who's going to tell you the truth. Back in the day, they had a person with a book, and it was a script, and you can hear them turning the pages to give you the answers to whatever questions you're asking. My favorite one was, "Yes, I'm calling about a denied claim-" "Well the computer denied the claim." My answer to them was, "Wow, that's a really smart computer. Can you let me talk to the computer then? Because this is ridiculous."

Beatrice Adler-Bolton 06:51
Yeah, I know. Exactly. Why September? Do you know?

Vivian Negron 06:56
I have no idea.

Beatrice Adler-Bolton 06:57
So when did that start? When did you start noticing something like that?

Vivian Negron 07:01
I started noticing it about maybe, 15, 20 years ago.

Beatrice Adler-Bolton 07:05
So they would be on time through the summer, and then they'd sort of slow to a glacial pace.

Vivian Negron 07:13
Exactly.

Beatrice Adler-Bolton 07:14
Which makes sense that they would do it September because people tend to be so preoccupied. And if you're working your way through dealing with a bunch of medical bills from earlier in the year, because you have a complex medical condition or a chronic condition, or you just had a baby, you might be disincentivized to deal with it. Right?

Vivian Negron 07:34

Exactly. And, in my opinion, that's what they count on. The frustration of the person who's dealing with them. Before you used to have a year to file a claim. Then they cut it down to six months. Then they cut it down to three months. And now it's like, if your claim is not in within 60 days, it's automatically denied. Knowing that a lot of offices are under-staffed and don't have the staff to keep following every single claim for every single patient.

Beatrice Adler-Bolton 08:05
Right. Totally. I mean, it's obvious, I think, from your and my perspective that the system is so intentionally, intelligently designed to pay as few claims as possible.

Vivian Negron 08:22
Absolutely.

Beatrice Adler-Bolton 08:22
But what are some of the other things that started happening more gradually? Things like delaying till September, or the fact that I feel like so many insurance companies have gone this weird, decentralization route where each department has its own set of forms and own phone numbers, like they're relying on the dual tactics of delay and confusion working together to work against the patient, and the provider, and the admin staff.

Vivian Negron 08:52
Well, that's where the confusion started in. Were back in the day you had individual insurance plans. And then it's United Oxford, you know, GHI EmblemHealth but HIP Emblem. And it's like, okay, patient calls the office. "I have HIP." "Which HIP?" is the question I now have to ask. And "I have Blue Cross Blue Shield". "Which Blue Cross Blue Shield? Give me the first three letters of the ID so I can identify if it's a Medicaid product, or an indemnity product. Because before you can identify an insurance by the card. Now, it's impossible.

Beatrice Adler-Bolton 09:29
Do you want to explain what the two different types of plans are? Maybe for people who might not know indemnity plans.

Vivian Negron 09:37
Indemnity plans are basically a lot of the big corporations, the Fortune 500's, they've got these great plans, and the patient has minimal out of pocket. And then they now have these new Medicaid or community plans. So it's for the people who can't afford an indemnity plan. You get on, it's kind of like a public assistance plan.

Beatrice Adler-Bolton 09:58
Right, but it's managed by a private company for the most part.

Vivian Negron 10:01
Yes.

Beatrice Adler-Bolton 10:02
And the cards look identical, now.

Vivian Negron 10:05
The cards look identical. The only thing that differentiates them is the first three prefix. And then now they're making the prefixes even more difficult. Because it used to be, for Blue Cross initially was YLD, YLA, and YLN. Now it's BQX, YUB, BYC. You don't know, if it's an indemnity or another plant.

Beatrice Adler-Bolton 10:28
That seems to me like a really good tactic, or it would be a good tactic for making it much easier for patients to be hit with surprise medical bills.

Vivian Negron 10:38
Exactly. Which is why I try to ask them upfront, "What is your insurance?" So they won't be surprised. I don't want them coming into the office, and then I go, "I'm sorry, but we don't take your insurance." You know, and I ask the patients, "What's the first three letters of your ID?" And they're like, "Why?" Well, because we don't take every single Blue Cross Blue Shield. And then that's the other thing, they list us on all of these. Insurance websites. And so the patient will now argue, "Well, you're on the Blue Cross website!" Well, yes, we are, but not for -

Beatrice Adler-Bolton 11:11
This specific one, like your individual plan. Because a lot of the exchange plans are different company per zip code, or regional area of the state.

Vivian Negron 11:21
Yes, yes, exactly. And so it's just, it's just that much difficult for the patient to get any kind of care, knowing, you know, you're afraid, "What if this doctor doesn't take my insurance?" So you have to give them the information up front. Patients call, "I have GHI." "Well, I'm sorry, but we don't take that." "Well, you're listed on the website." Yeah, well, surprisingly enough, GHI will pay us as a secondary but they won't pay us as a primary. Meaning if the patient has Medicare and GHI, when Medicare pays, then GHI pays. But if the patient just has GHI, we don't get paid.

Beatrice Adler-Bolton 11:57
That's wild. So they can have conditional- Yeah, I guess because they're totally separate plan types. One's a supplemental plan-

Vivian Negron 12:06
And the other one is not, but we're listed on the website. So that's the patient's frustration, and I feel for them because, you know, what are you going to do? And then the patients are constantly getting unenrolled or their coverage lapsed, and then it turns out that their coverage never lapsed.

Beatrice Adler-Bolton 12:24

Right. How often do you feel like you get patients particularly through stuff like, what's that website where you can- Zocdoc. Who have put in their insurance wrong somehow, and that ends up into a whole mess that you then have to follow up over the phone and disentangle in order to make sure that-

Vivian Negron 12:48
Well, we actually joined Zocdoc for a little while. And it became too problematic, because with that particular group it was the patient would make an appointment but because it was made on Zocdoc, "Hey, I'm not going to show up." So I book six Zocdoc patients and two of them would show. And we can't bill them for a canceled visit because they never showed. They're new to the office. And well, the the website says you take every single insurance and the website says that he's a neurologist, no he's a neuro ophthalmologist, brain and eyes, we don't deal with shoulders. So my line to them is always, we do checkups from the neck up.

Beatrice Adler-Bolton 13:30
I like that.

Vivian Negron 13:31
That's the easiest way to explain to them how it's going to work. If you have shoulder pain, back pain, leg pain, we can't help you.

Beatrice Adler-Bolton 13:40
So now that you don't have Zocdoc to help with some of the booking- because the idea behind Zocdoc was that billing had gotten so complicated and so bloated, that private practices really needed help with booking, right? That was sort of the the pitch of it. It was easier for patients to- you spend the 45 minutes putting in your insurance information, right? The actual way which was very difficult to do. And very confusing. So if you were like me, and you're really sick and you're trying to actually look for doctors, often, Zocdoc was kind of a better way to search for a doctor, because often it was a more updated list of insurances. But then if, ultimately, the ROI of participating in Zocdoc doesn't actually really, one, either, eliminate a bunch of like clerical responsibility for the admin staff or generate good patient leads. So that tool of automation that was supposed to be so helpful seems useless. And so now you have complex billing with not even a sustainable, automated service that can help you with the other parts of your job, while both continue to just get more complex.

Vivian Negron 15:01
Yeah, and they would call them, "Oh, it's great, you're gonna love it, your patients are going to love it," it turned out to be more trouble than it was worth. Because, well, number one it wasn't integrated with our scheduling software. So I would literally have to go into Zocdoc every single day and block the spots that were already taken on my computer, so that I wouldn't get double books from Zocdoc. And it was just too much. I told the doctor I said most of the time we get people who just did not show, and you're taking time away from people, and you'll make an appointment and you'll cancel the same day. And it's not fair to the physician who's basically trying to run a practice.

Beatrice Adler-Bolton 15:42

or to patients like who-

Vivian Negron 15:44
who need the doctor.

Beatrice Adler-Bolton 15:45
Right, exactly. It seems like there is an unsustainable amount of workload that's being put on admin staff in terms of paperwork right now. You also see it on providers, but as providers' time becomes more valuable because billing is so expensive to do now, it's just more and more on the admin staff without any extra money to hire new people, either.

Vivian Negron 16:12
Well, that's one of the things that I feel in my heart that the insurance companies count on. That doctors don't have this capable staff or enough staff to sit on the phone literally 24/7 and fight every single claim. You know, currently, we're losing $500 a day because the insurance companies don't want to pay for an eye exam that is crucial and vital to the patient's treatment. Without this eye exam, he can't tell if the patient has a tumor. He can't tell if the patient had a stroke. And what they say is "not eligible for this specialty."

Beatrice Adler-Bolton 16:48
Right, because they're reason reading neurology and not the second- their certification.

Vivian Negron 16:53
Exactly. So it's- I would have to write five letters of appeal, and then also to the New York State insurance department. Proving, you know, I have cases. I have a 31 year old girl whose life was saved because he found a massive tumor in her brain, she had glioblastoma. And without that picture, the girl would have never known. And so they did not want to pay for her exam. And I had to literally send an operative report to show them that she had a valid reason for having this exam. He's not doing it because he wants to, he's doing it because he needs to.

Beatrice Adler-Bolton 17:30
Yeah, if anything, that his MO is to not do too many.

Vivian Negron 17:35
Yeah, he does not like doing testing.

Beatrice Adler-Bolton 17:36
He doesn't do unnecessary testing because the all of these tests take time. And you know, it's shining light in the patient's eyes. And for those of us who can't see too well, we're there for brain and eyeball things, these pictures can be disruptive for the next couple of hours. So he's never one to be like, "Okay, you're here. You're here. Go take your picture." This is not a fee-for-service, up-charge, point of sale thing that he's doing just to make money or hit the bottom line. This is a very crucial diagnostic procedure that they have found a technicality they can exploit. Seems more like what the situation is.

Vivian Negron 18:14
Well, because they're not looking in the correct file. When you actually get on the phone and speak to a person, and you tell them to look in a specific file, you'll see that his credentialing says he's board certified as a neuro-ophthalmologist. You have his licenses. You have letters from the North American Neurological and Opthamological society, stating the need and the necessity for this exam.

Beatrice Adler-Bolton 18:38
So in the past, did this kind of stuff happen every once in a while? As a mistake, maybe?

Vivian Negron 18:46
It did. But then, to me, I like looking for patterns. And I did medical reception for a long time, I also did billing for a long time. And it was constant. If an MRI was done, pended, initially, we're missing something. Deny it. Not medically necessary. Okay, now you need to send the report, that the patient has a brain tumor so they can pay the MRI. But if you don't submit it within a timely fashion- and that's what they count on- We're being inundated with paperwork. Now everything is on- but you can't speak to a human to get it corrected. Back in the day, you picked up the phone, you called, "Hi, Mary, what's the first initial of your last name? This is what's going on. Give me a reference number. Okay, we'll get paid in three to seven days? Thank you." And in three to seven days, you got the check. And if you didn't get the check, you made a second call.

Beatrice Adler-Bolton 19:40
Wow. What's it like now?

Vivian Negron 19:42
You can't do that now, now everything is in writing. You have to submit proof. You have to get the patient to sign a piece of paper that says, "I give you permission to fight for my claim." Now, how many times are you going to send a patient a piece of paper from a doctor's office? They don't open it right away. They forget about it. And then it's too late now, you've passed the timely filing limit. And it's frustrating. It's absolutely frustrating.

Beatrice Adler-Bolton 20:09
Yeah, I mean, in terms of the sustainability of a private practice now, it seems to be really effective at forcing doctors to close their offices, which gives them flexibility. You know, this is the elusive small business owner that the AMA is trying to protect. This is what the AMA said they wanted to protect by fighting against eliminating private insurance. They said, "Oh, it's physician freedom that we need to preserve," you know?

Vivian Negron 20:44
but physicians are not free if they have to worry about how they're going to pay next month's rent or their employees, because they're waiting on the checks from the insurance company.

Beatrice Adler-Bolton 20:53

Exactly. We sat down with Dr. Victoria Dooley for the series as well, who's based in Michigan. And she was saying, "I've got all these student loans, and I would really love to hire a nurse practitioner so that I could, you know, give my patients a little bit more." She's a family medicine doctor. So it would go a long way towards practice. Maybe another nurse, maybe a physician's assistant, but between the cost of billing, and the high amount of debt that doctors are coming out of residency, fellowship, and medical school, and undergrad with, it's just impossible. because, she's got kids, she's got to make sure she's paying the employees she has, that they've got to pay the utilities, put food on the table and pay the benefits of the set, and it becomes this game where you've got all these plates up in the air spinning and not a single one of them can fall. Because if it falls, that's it, and you need to join faculty practice and all those people lost their jobs, and all those patients are going to have to be relocated or often it's even very hard to retain people when you move, you know?

Vivian Negron 22:11
And then the sad part about joining the faculty practice, from what I've seen, is it's more quantity rather than quality work. You know, a physician is supposed to see 50 patients a day.

Beatrice Adler-Bolton 22:23
Wow, that's a lot!

Vivian Negron 22:24
How can you expect a physician to properly treat 50 patients between a certain frame?

Beatrice Adler-Bolton 22:31
I mean, if you're doing 50 flu shots? Sure. If you're doing 50 neurological exams, no fucking way. No, no! It's an hour and a half. If it's a complex case, it can run an hour and a half to two hours. And so, how is it fair to- after the doctor has spent two hours with the patient diagnosing a critical condition- we submit to the insurance and they're like, "oh, we're not going to pay for this because that's not his specialty." You're wrong. But now I have to fight it, and I'm a single employee in that office. I literally work nine to five with no lunch break. When am I supposed to sit down and call insurance companies? Right, yeah. When am I supposed to call insurance companies? And then, now with the electronic billing, for whatever reason, all of a sudden, 1199, we've been billing for five years to 1199. Same way, all of a sudden, now, they can't identify the patient. You've paid this patient four years prior! Now, all of a sudden, I missing something? I haven't changed anything. How is it that I'm missing something? And then when you call the insurance company, they say, "we have no record of your claim." Oh, yeah? I have an explanation of benefits that's telling me that you don't know who this person is. So you must have gotten something. "But we have no record of this claim. I'm sorry, you're going to need to resubmit." And if you resubmit it electronically, it's going to get denied as a duplicate claim. So what are you even supposed to do at that point? I mean, how much of your day are you spending? How much more of your day compared to 10 years ago? Are you spending- the beginning of the ACA, 2009- are you spending doing billing?

Vivian Negron 24:16
Well, I'm a multitasker. So while I'm answering the phones and taking patients-

Beatrice Adler-Bolton 24:20
Yes. You are, you're very good at it.

Vivian Negron 24:21
-I'm also writing letters to insurance companies.

Beatrice Adler-Bolton 24:24
And on hold, too! All at once!

Vivian Negron 24:28
Sometimes I wish I had four arms.

Beatrice Adler-Bolton 24:30
Right, and half the time your computer isn't even working. But where's the money to upgrade the computer if all of the energy is going into just getting the bare minimum of billing to keep the lights on and like make sure payroll goes through?

Vivian Negron 24:42
Exactly, exactly. It's frustrating. It's like I can't get a raise because the insurance companies don't want to pay claims that are supposed to be payable.

Beatrice Adler-Bolton 24:51
Yeah. I mean, that's one of the things that we talk about a lot, is that beyond anything, that health justice, health equity, racial justice issue of Medicare for all. If you want to talk about it in pure evil capitalist business terms, this is a labor issue. This is a quality of life issue for elite talented people who are told that when you become a doctor, you achieve some sort of status in society, right? It's considered to be a noble profession, a respected one. But the job satisfaction is down-

Vivian Negron 25:31
Completely down.

Beatrice Adler-Bolton 25:33
-And the private insurance industry is sucking the life out of practitioner labor, and sucking the life out of admin and support staff, and everyone in the industry, from an orderly, or a chef in a hospital, to a nurse, to the chief of neurology.

Vivian Negron 25:53
Yes, exactly. Dr. [unclear] used to do hospital consults. He doesn't anymore because they don't pay.

Beatrice Adler-Bolton 26:01
Interesting.

Vivian Negron 26:02
You know, it's, I'm sorry, I'm taking the time out of leaving my office. Going over to the hospital to see you, and they don't pay. We just had a situation where a patient came to our office, and the insurance company denied the claim stating that the patient was in the facility. How could we be billing? Yes. And it's been three weeks now and I still can't get a straight answer from anybody about why they're not paying this particular claim.

Beatrice Adler-Bolton 26:30
They said that they didn't want to pay it because the patient was inpatient?

Vivian Negron 26:34
Yes, the patient was in our office-

Beatrice Adler-Bolton 26:36
there was everything on the documentation-

Vivian Negron 26:38
Everything documented that she was discharged and allowed to come to the office. She's in a rehab facility currently, and she was discharged from the facility. The facility made the appointment!

Beatrice Adler-Bolton 26:50
Right, because that's what rehab facilities do, because they usually only have doctors there to make sure you don't just die.

Vivian Negron 26:55
Exactly. So they made the appointment for the patient, and it was a very long visit. Very strenuous for me. The patient was in a wheelchair so I had to help her up four steps, because unfortunately the building so old they don't have a ramp.

Beatrice Adler-Bolton 27:14
right so the fact that it's like visually impaired patients are coming into a building with all the steps and, oh my god, there's a rheumatologist up the four steps, and you at the end of the hall- Ah God, Manhattan. But you know, the other boroughs aren't much better.

Vivian Negron 27:31
Yeah, no, not at all. Not at all. I started working originally in the Bronx. And I started working in Manhattan. And I got very lucky I worked for an OBGYN on Madison Avenue-

Beatrice Adler-Bolton 27:42
Oh, fancy!

Vivian Negron 27:43
-and he did not take any insurance.

Beatrice Adler-Bolton 27:45
It sounds like it, Madison boys tend to not do that.

Vivian Negron 27:49
But, when managed care popped up, he ended up having to.

Beatrice Adler-Bolton 27:53
Yeah, let's explain what managed care is real quick.

Vivian Negron 27:57
Yes. Okay. It was the late 80s, where a patient no longer can go to any doctor they wanted.

Beatrice Adler-Bolton 28:03
So it's sort of like if you hear abou an HMO, right? Or the ACA term for it is the, what is it? The PCP assigned plans.

Vivian Negron 28:13
It's called the Gatekeeper Plans.

Beatrice Adler-Bolton 28:15
Oh, I love that name for it. I was just about to say, it's like a gatekeeping mechanism, to slow down how you use the insurance, right. And the whole idea- and this is one of the things tha we've been talking about a lot- is that this is sort of part of the school of thinking of medical overuse.

Vivian Negron 28:33
Mm hmm. And with some of them when they came out, if you join what's called a capitated plan, the insurance company would pay the doctor X amount of dollars a month per patient. So the patient can come in 17 times but the doctor is only going to get $250.

Beatrice Adler-Bolton 28:50
Wow. I haven't even heard of that one

Vivian Negron 28:53
That was the original one. It was US Healthcare.

Beatrice Adler-Bolton 28:56
Interesting. Was it on a monthly basis or a quarterly?

Vivian Negron 28:59
I think it was on a monthly basis, I'm not sure. But you got paid a lump sum, and it didn't matter how many times the patients came. So then the doctor started getting a little annoyed because now the

patients like, "Well, my insurance is going to pay for it. So I don't care," But what the patient doesn't know is that the doctors not getting paid.

Beatrice Adler-Bolton 29:19
Right.

Vivian Negron 29:20
Because the doctor just got one lump sum for you. And that's it. And so now the patient is, "Okay, I have this problem," and the doctor tries to fix it as best he can. And then if not, he's going to refer you to someone else. You can't go to someone else on your own, the doctor has to refer. And if you don't have a referral, you're not going to be seen. And again, if you're seen without a referral, the doctor doesn't get paid.

Beatrice Adler-Bolton 29:45
Right. And sometimes plans don't tell you you need a referral. And then don't pick up the phone when you try and follow up. And it just creates another opportunity to let that window- let that clock tick out. And, stamp.Boom! That's another one. Throw it in the bucket. Three pointer! Yeah, we saved ourselves how much money because this didn't happen. Or 250 bucks towards a shareholder dividend, right? Yeah. Gotta create that value.

Vivian Negron 30:14
In the end, my mind is just completely boggled over the way the system has been set up. Where if a patient has a headache, migraines, constant, and I'm calling the insurance companies to do authorizations, and now they do it online. So it's supposed to be easier. But guess what, you put it in online and, "Oh, it's going to go for medical review." The patient had a stroke! What medical review is there we need to find out if there's a bleed or anything. What medical review is there?

Beatrice Adler-Bolton 30:48
Right, And that's usually just a nurse who's never seen the patient.Or a nurse who's like looking at it for like, the 32 minutes, I think? Is the maximum allotted time for some insurance companies.

Vivian Negron 31:01
We had constant, what's called, peer reviews. So my doctor would literally have to get on the phone. And he would get so frustrated because they would put a nurse on the phone who didn't know what the fuck he was talking about.

Beatrice Adler-Bolton 31:13
I've been in the room for some of those calls before. Because my doctors have been like, "You should hear this. You should hear what they're saying about you. Because they talk about you like you are a sinkhole of money. Your insurance company hates me for keeping you alive, and trying to help you be able to see, and I just want you to know how hard we're working, and I want you to hear how they're talking about you. Because they don't see you as a human being.

Vivian Negron 31:41
Of course not. You know, if you don't give them the right diagnosis code and the right number they're not going to approve. I had a little lady who may have had a stroke and I needed to get an MRI and they were like,"well, it went to appeal." On her way to the hospital for blood work, the patient fell and fractured her skull. I immediately called them back and said, "Okay, you dumb fucks. Are you going to approve it now? She's in the emergency room with a fractured skull."

Beatrice Adler-Bolton 32:07
Did they?

Vivian Negron 32:08
I don't know. I honestly don't know because I had to move on to the next problem.

Beatrice Adler-Bolton 32:15
Right, nad that's the thing is, at NYU, in the faculty practice, there used to be- like five years ago, when all of a sudden I only had one doctor not in faculty practice- there was one woman, Karen, who did the appeals for pretty much any doctor that I was dealing with. Within seven months, though, there were six Karens. Within two years, there was a Karen for every single different type of plan. You've got Aetna, you get Karen One. You get Cigna, you get Karen seven. You get Blue Cross Blue Shield Down-State Brooklyn, you get Karen Nine. You got Blue Cross Blue Shield Midstate, you got Karen Fourteen.

Vivian Negron 33:07
It's ridiculous.

Beatrice Adler-Bolton 33:08
Right! And the information that's lost, right? When you when you are a patient who- very few people have the fucking "choice," scare quotes here, to be able to maintain and stay on one consistent health plan. So you have these people who are frequent jumpers between insurances because maybe they are sick like me, they are chronically ill and people discriminate against chronically ill people. They find out that we're sick and they're like, "Oh, a burden and a drain the on the group. Our premiums might rise. Ooh, we're so sorry. Our company has less than 50 employees. So you technically can't sue us for employment discrimination, buh bye!" and I don't know how you feel about this, because as we've said, You've been doing this for 37 years. Is this sustainable, where we are at right now?

Vivian Negron 34:11
No, I don't think so. I don't think so, because the quality of care has gone down. Doctors are frustrated, because they know that as much as I'm spending all my time, I'm getting paid squat. And every year, the prices, the reimbursement fees, they go down.

Beatrice Adler-Bolton 34:32
Right. And how long does it take to process a claim with Medicare versus private insurance right now?

Vivian Negron 34:38

Medicare is actually faster, because Medicare is kind of like the leader. Medicare sets the guidelines, everybody else follows what Medicare does. So Medicare, usually they will pay electronic submissions, Medicare will pay within maybe two to three weeks. Before it used to be 30 days. 60 days, 90 days. Now it's two to three weeks.

Beatrice Adler-Bolton 35:01
That's pretty good. It's good that they're paying you faster, but they're paying you less! Every year the doctors get less money.

Vivian Negron 35:09
Right. But what private insurance- If you're working for a Fortune 500 company, you got great insurance. they will pay,

Beatrice Adler-Bolton 35:18
But, how long do they take to pay?

Vivian Negron 35:21
Either 30 days? It depends on, you know-

Beatrice Adler-Bolton 35:26
if you can get the claim through.

Vivian Negron 35:27
if I can get the claim through, you know, I missed a period where a period is not supposed to be, or "we can't identify this patient."

Beatrice Adler-Bolton 35:36
So one of the things we were talking about with Adam Gaffney, who's head of PHP, is he said, Medicare pays less than these, Cadillac, private Fortune 500 plans, but you cannot count on the Fortune 500 plan paying you and you cannot get a person on the phone. So, between that and the increased overhead of actually fulfilling these claims, if you sit down and look at it the money that is wasted on admin spending can be sometimes up to 40% of the payment that's returned. And then if you look at what's left over, you're doing way worse than if you only saw Medicare, or only even saw Medicaid patients in some places. Because when you have patients who are on sort of medium plans, let's say, and Dr. Dooley was talking about this, that physicians who have patients with bad medication compliance are punished for that. But oftentimes, the reason why medication compliance is bad is because patients cannot afford the medications that are being prescribed for medically necessary chronic conditions, like COPD where it's a simple inhaler. Or diabetes, type one diabetes in particular where you need not synthetic, not Walmart insulin, but legitimate insulin. The oldest biologic that we have in this country that was developed with public funds, and given away for $1 to be mass produced because it is necessary. One of my drugs, Rituxan, it's on the WHO Essential Medicines List. It's also the second largest grossing drug in the world. And there aren't that many of us on it, but it is like $300,000 per visit. That's how much at the MS center. Before I switched to Medicare in June, we could

barely get anyone to agree to continue Rituxan. We'd had two doses and they were ready to give up. The CDC doesn't have any control. It would be a huge waste of the $600,000 we've done. The FDA can't step in, the CDC can't step, in the hospital can step in! The alternative is what, eating the entire cost.

Vivian Negron 37:38
What?! Right.

Beatrice Adler-Bolton 38:16
And that's also dependent on the patient qualifying for charity care in the first place, too. It's almost as if, regardless of whether these plans actually pay more, at the end of the day, it's like buying a car. The price on the sticker is not what is being paid. And that's fundamentally the problem with private practices is, how could you budget? How could you say that you know you could hire another person because the insurance company can just, invent a new way. And at least if we had one payer, what would your job be like, even if we had someone like Seema Verma, current head of CMS, who is doing her very best to means test, privatize, and gut provider payments. Right? She is trying to kick as many people off of Medicaid as possible, kick as many people on to Medicare Advantage plans as possible-

Vivian Negron 39:16
And meanwhile there are not that many physicians on those plans because they pay so poorly! So basically-

Beatrice Adler-Bolton 39:22
and there are not many patients who are sick that stay on those plans because they don't pay anything!

Vivian Negron 39:27
Well, one of their one of their scams because that's what I call it-

Beatrice Adler-Bolton 39:31
It is a scam. Hell yeah. Let's go into that.

Vivian Negron 39:33
So they target Eric [unclear], rest in peace- he was one of them. He would stand at a table in the Bronx catching people as they're walking by, and screwing them out of Medicare and getting them onto Healthfirst or Heath Plus.

Beatrice Adler-Bolton 39:51
For Medicare Advantage plans.

Vivian Negron 39:52
For Medicare Advantage plans. "Get off of Medicare, oh, this plan will help you better! this plan will help you better!"

Beatrice Adler-Bolton 39:57
"This one gives you a Fitbit! You'll get a gym membership out of this one!"

Vivian Negron 40:01
Yeah, Exactly! So the patients- because unfortunately, in the Bronx they're elderly, uneducated- they see a great deal: "I'm going to take it." Now they go back to their doctor and their doctor says "We don't take this insurance."

Beatrice Adler-Bolton 40:14
Because they won't pay for anything.

Vivian Negron 40:14
Because they won't pay for anything.

Beatrice Adler-Bolton 40:16
They're cherry pickers.

Vivian Negron 40:18
Exactly. So you're putting people on plans that nobody wants, nobody takes, because they know that they don't pay. I think that it's disgusting, how you're taking advantage of the old people, knowing that they don't really understand insurance and what's going on.

Beatrice Adler-Bolton 40:33
Well, because who could unless you're spending four hours a week talking about it on your podcast?

Vivian Negron 40:38
Listen, I'm grateful that I've been in the business because my mother has been approached, "oh, we can get you on this plan. We can get you on that plan." I said, "Mommy, stick to the plan you have, okay?" So she has now Medicare, and because my dad worked for Rockefeller University, he's got a great secondary insurance. Which is so important. I can't even get my insurance- I have a Medigap policy. I got it in May in preparation for starting in June right on Medicare. And I still don't have a card, and it's January and their phone was off the hook for two months. And I was trying to chase them down to pay them, and they still haven't let me So, every time I call them they're like, "It's in force." I'm like, "I'd love a card." It's almost like, "the check is in the mail!"

Beatrice Adler-Bolton 41:33
Mmm hmm. Except for, I'm trying to pay y'all. And you can tell that premium is not expensive. It's 126 a month. They don't give a shit about collecting that. They don't want to collect that from me. No, because why there's one person in that office. You know, there's one full time person and one part time person.

Vivian Negron 41:57
That's ridiculous.

Beatrice Adler-Bolton 41:58
They run an entire state of a supplementary Medicare plan. Wow. These are the people that will cover-Medicare Part B does not cover athe full percentage of your hospital payments, and-

Vivian Negron 42:19
Yeah, they'll only cover 80%.

Beatrice Adler-Bolton 42:20
Exactly. So that other 20%, if you're going in for a $300,000 inpatient infusion is pretty big.

Vivian Negron 42:27
Yeah. And if you don't have a secondary, hello!

Beatrice Adler-Bolton 42:29
Yeah, especially if you're an SSDI, or retired, or anyone practically! Who the fuck- I can't even do that math off the top of my head. But still, it's untenable. For everyone except for Jeff Bezos.

Vivian Negron 42:42
It is completely. My thing is, I personally cannot afford insurance, because I don't get paid enough money. I'm literally living paycheck to paycheck, so as you live paycheck to paycheck, here's my reasoning and my logic, "oh you can get a really good plan. It's not going to be that much. It's only $200 a month." Okay? So I'm going to give you $200 a month for a plan that nobody takes, and then when I finally see a doctor, I have to pay the first $3,000 out of pocket. So I've paid you $200 for two years never having to use the insurance, and then when I finally do use it, "oh, here's the bill, because you have a $3,000 deductible." What's the point? And that's one of the reasons why so many people don't have insurance.

Beatrice Adler-Bolton 43:33
Right, cruelty is the point.

Vivian Negron 43:34
Because literally, if I pay $200 a month, then, okay, let's say I don't pay my cable this month. Or I don't pay my phone this month, or I don't eat this month!

Beatrice Adler-Bolton 43:44
Or I don't pay my electricity-

Vivian Negron 43:45
Or I don't pay my electricity, because I need to pay this insurance.

Beatrice Adler-Bolton 43:48
or my child support-

Vivian Negron 43:50
And, God forbid, I end up in an emergency, and I go see the doctor and it's "Oh, I'm sorry, but we don't take that you have to pay out of pocket." And so you pay out of pocket, and they submit a claim for you, and then it's "Oh, by the way, you still have to pay this much more."

Beatrice Adler-Bolton 44:05
Right. Because it's it's not about care anymore.

Vivian Negron 44:08
No. And my biggest issue with the Obamacare is I haven't gotten an income tax check in five years because I'm being penalized for not having insurance! How does that make sense?

Beatrice Adler-Bolton 44:24
Right. Well, you know what they do in Denmark, if you fall behind on your insurance payments? There was this Vox piece, they were like, "Oh, you can do almost universal coverage or universal coverage with private companies. Look, Denmark's doing it." And you go and they start talking about Denmark and they're like, "Yeah, so, if people fall behind on their plans, their wages are garnished. The government takes money directly out of your paycheck, and pays it to the private insurance company, as if the private insurance company is is the Internal Revenue Service of Denmark."

Vivian Negron 45:02
I keep hearing a phrase in my head, I'm sorry. It's called culling the herd! I literally keep- every time I have to deal with something like this. It's called culling the herd. You know, the poor who can't afford, let them die! Literally, let him die.

Beatrice Adler-Bolton 45:19
Yeah! Any of the doctors that you've worked with, is that something that they've gotten into medicine to be able to facilitate?

Vivian Negron 45:26
Mmm, what do you mean?

Beatrice Adler-Bolton 45:28
Has anyone ever gotten in being like, "I only care about treating rich patients because poor people don't deserve medical care?"

Vivian Negron 45:34
No, thankfully, no. The doctors that I've worked for, that I've worked for a year- because my thought process is- this is my father's work ethic. You work for three months, you're on probation, the other till the year, the office is on probation. And if they don't do right by me, if I don't see that they're treating their patients correctly, I'm gone.

Beatrice Adler-Bolton 45:59

Hell yeah, I like that. I really like that!

Vivian Negron 46:00
And I've literally walked out of interviews because someone accused me of being frivolous for only working in an office for a year. Damn it, I gave you a year! To prove that you were worthy of me.

Beatrice Adler-Bolton 46:12
From the patient perspective, you go above and beyond for people. Out of your own time, too.

Vivian Negron 46:20
Exactly. And in my office, I love my patients, I care about my patients. I don't like when my doctor is late, I let him know. I told him, "if you want this, this is how it's got to work." Patients remember good quality care, which is one of the reasons why a lot of the patients still come back to our office. Because they get good quality care. It doesn't matter what the insurance is going to pay, we're going to take care of you.

Beatrice Adler-Bolton 46:46
Right. And that's something that is so hard to find. And you don't have the flexibility of that in a faculty practice. I mean, I always think about all the times that, before, when my doctors were all basically apartment buildings, which is the New York way of doing it. Everywhere else, it's a strip mall, in New York City, it's on the first floor or in the basement level- The super, the doorman, the porter, anyone on staff at the apartment building, anyone in the apartment building who was on Medicare and Medicaid or had no money, didn't have insurance or had young kids, it was always like, "Oh, yeah, yeah, this is like somebody to see their kid, has strep throat. So, they don't have insurance. So I borrowed a kit from across the hall and we're running it," you know, what I mean? And it's that kind of on the ground intervention. You have doctors who are agreeing to see pharma reps only for their samples.

Vivian Negron 47:09
-of an apartment building. Exactly. Right. We don't see any.

Beatrice Adler-Bolton 47:47
Right exactly, but fortunately, for the kind of stuff that Dr. Mo treats, pharma reps can't hand out samples of that shit so you don't have to put up with it. The only reason to put up with it at this point is to collect the expensive samples that you know there's no generic for, that you can't finagle for the most critical chronic conditions that are not receiving it. And my internist always says, if anyone is like, Oh, you know, the problem is pharma taking doctors out to dinner, they're wrong. That that's a situation where pharma is taking advantage of a doctor. In 90% of the cases they're wrong. In the opioid situation, maybe not, but in the rheumatological space, for primary care physicians, they go to those dinners, as work. To make sure that they can get medications for their patients, which they are then distributing on their own time. Their staff are doing wellness checks on their own time.

Vivian Negron 48:53

I worked for an internist who, we had regular, we call them Rep Lunches on Wednesday. And the rep would come in with a great spread of food and tons of kidney medication, crest or anything. We would get so much. High blood pressure medicine, kidney medication, blood thinners- Everything! And my doctor literally always gave out. He gave the patient a prescription, but here is a month to get you started to see how well you do. Because if your body doesn't react, it doesn't make sense for you to keep buying it. So try this first, and if it doesn't work, we'll try something else. But at least the patient had the option of getting the samples. We had patients would walk into the office, "Hey, you got any so and so left over? Any so and so?" And depending on the severity of the case, we gave them out.

Beatrice Adler-Bolton 49:40
before I had Medicare I had to do that for my Rasuvo. They were way too expensive. They were so expensive, and I had just learned to start doing an injectable medication, and because I have like this little tiny thing called, I Can't Fucking See. Who was it yesterday? I saw you yesterday. What was my acuity? 20/250 in the right eye, and I think 2100 in the left eye for distance. And close was a little better but not amazing. So you know a first time injection at-home injection medication user-

Vivian Negron 50:18
A partially blind person-

Beatrice Adler-Bolton 50:19
Yeah, who's never done it before, is- It's daunting, it's scary! It's daunting and the only problem is the difference in price between the auto injector once a week, and the do-it-yourself vial once a week is $750. for a spring. A spring and a shit ton of plastic. So, we have all these other problems with the medical field, right? We have all these other barriers to care. So in my mind, it's like, why are we even allowing the biggest gatekeepers to get in the way when we have a bunch of other other shit to fix? We needed Medicare for all in 2009! We were like 10 years, 11 years behind this point.

Vivian Negron 51:11
I don't know what their thought processes is that it's going to cost more money. How is it going to cost more money?

Beatrice Adler-Bolton 51:18
It's not, it's going to save it!

Vivian Negron 51:19
If a patient doesn't have insurance, and they get sick, and it gets critical, there's where it's more money. There's where it's more money. because now you have to spend more money to take care of the patient.

Beatrice Adler-Bolton 51:32
Right! So at the end of the day, we can't afford not to do Medicare For All as quickly as possible, too. Like this, Kamala Harris 10 year glide plan? We don't need another 10 years to figure out the problem.

Vivian Negron 51:47
We know what the problem is, fix it!

Beatrice Adler-Bolton 51:49
We've known since the 40s what the problem is. This is the fourth time in almost 100 years that we've tried to do this. every other country in the world, every other "developed nation", quote-unquote in the world does this. We've got a bunch of shit we have to fix in Puerto Rico. We need to stop wasting time-

Vivian Negron 52:07
Hey, there's there's towns that have no hospitals, right? There are people that are still sleeping outside after Hurricane Maria!

Beatrice Adler-Bolton 52:15
right. Which was what-?

Vivian Negron 52:17
Two years ago!

Beatrice Adler-Bolton 52:18
Yeah, I was gonna say it's like 26 months ago now. Yeah.

Vivian Negron 52:21
And nobody's talking about what's happening now with the the earthquakes. There have been over 1500 earthquakes since December 28th. I have a young cousin who lives in Puerto Rico, she has a pacemaker. She's had a pacemaker since she was nine years old. And when she first had to have the battery changed, the insurance company wanted to know medical necessity. For a battery!

Beatrice Adler-Bolton 52:21
On a pacemaker installed in a juvenile patient.

Vivian Negron 52:50
Yes. So she's had her battery changed now, three times. And in one instance, unfortunately, during the pregnancy, literally the battery drained during the pregnancy.

Beatrice Adler-Bolton 53:01
Right, which is actually apparently quite common.

Vivian Negron 53:03
Yes. So she had to be helicoptered-

Beatrice Adler-Bolton 53:06
Cause you're, pumping for two!

Vivian Negron 53:07
-45 minutes from the town to to San Juan, and the insurance company did not want to pay it. So you're going to- literally two lives-

Beatrice Adler-Bolton 53:19
A pregnant woman!

Vivian Negron 53:20
-because you don't want to pay a 45 minute helicopter ride. The doctor, who has been her doctor forever, he absorbed the cost. $4,000. He absorbed the cost, because the insurance company would not approve right away a pacemaker battery, or a helicopter ride for a woman who was about to give birth.

Beatrice Adler-Bolton 53:38
Oh my god. I hear these stories almost every day. And I still hear new, crueler, innovative ways to do this and deny care, and I'm left wondering at the end of the day, for what? For what are we preserving this industry?

Vivian Negron 54:03
Matt Damon did a movie years ago, which basically highlighted this entire situation. And it's a true story! Young man needed a kidney transplant, and the insurance company kept denying the claim, denying the claim, denying the claim. He ended up dying. But when Matt Damon, in the movie when he took them to court, well, they have two special books and initially it's deny anything over $500. And then there's a special file in the books- there were two sets of books at the insurance companies- for pat answers, okay? And the movie stuck with me because literally, this is what it is. And then the woman ends up getting a letter from the insurance company, "Are you stupid we're not gonna pay this." It was an actual case, and it's literally showcasing how insurance companies play people.

Beatrice Adler-Bolton 54:55
Right. I know we say this often here at Death Panel, but if you didn't support free at the point of service, comprehensive, universal Medicare Fo All- which pays providers a living wage, and supports staff and has a job program- You just want more disabled and poor people to die. And that is the end of the day. That's the simplest way I think you could even say, because your experience for 37 years doing this-

Vivian Negron 55:28
It's getting more and more frustrating. It's completely aggravating.

Beatrice Adler-Bolton 55:32
And I can't even imagine how someone new coming into the industry, into your industry, your profession could- you almost need the 30 years of experience just to deal with the past seven of pure hell.

Vivian Negron 55:45

Yah. Well, when I started working there, one of the patients was leaving and I said, "Would you like to make your six months appointment?" And he said, "Am I going to see you here in six months?" And I said, "Yeah, why?" And he says, "Well, because every six months I come, there's a new girl."

Beatrice Adler-Bolton 55:58
Mm hmm. It was like that a lot. There was a lot of turnover.

Vivian Negron 56:00
Because it's hard. It's hard. And because I care so much about the patients, I stick with it. I don't want to deal with the bureaucracy, I want to deal with my patient, I want to deal with the doctor. And I'm going to fight the insurance companies!

Beatrice Adler-Bolton 56:15
Right, and you should be given every tool to be able to do your job as best you can. Because, Lord knows, we are working an uphill battle against health. Health is a fantasy, the idea of health, right? It's a constant negotiation. And as it stands right now, there are very few tools that you even have. How much of your week are you spending on this stuff?

Vivian Negron 56:42
It's every day.

Beatrice Adler-Bolton 56:44
Every day, all day. In and around every activity.

Vivian Negron 56:46
Every day all day. When you come to my office and you see my desk filled with papers, it's because while I'm answering the phone, and scheduling patients, and doing the billing also because I also post the charges, I have to pull aside and do one or two claims. And one or two appeals, and make copies, and put it away, and make sure I keep track of everything. And that's the thing that the insurance companies count on, is that because so many doctors are working with these huge groups, they have billing companies that take care of this.

Beatrice Adler-Bolton 57:15
So they have to get smarter in order to thwart all of those Karens at NYU, And all the Vivians get fucked over! And all the private practices, who cares? You guys are considered to be just as invaluable waste, fraud and abuse as I am, at this point, you know what I mean? It's one of the cruelest and most counterintuitive things, I think, that we've done in this country.

Vivian Negron 57:41
It absolutely is.

Beatrice Adler-Bolton 57:45

I really appreciate you coming on. You have so much experience with this stuff, and you're an incredibly intelligent and compassionate person, who has figured out some really good tricks over the years for manipulating these people and figuring out the patterns, etc. But you know, it's it's unconscionable to me that there's nothing backing you up on this. It's so unfair.

Vivian Negron 58:10
Well, thank you for letting me vent, because- I've been holding on to this for a very long time. I wanted somebody to know that these insurance companies are playing games with people's lives. But they're collecting the money! They make sure they collect their money, and if God forbid, you needed that extra $200 for insulin and didn't pay your premium, Boop. You're off.

Beatrice Adler-Bolton 58:13
Oh, any time. Buh bye!

Vivian Negron 58:30
Buh bye! Sorry.

Beatrice Adler-Bolton 58:31
Too bad, so sad. So sad. "Yeah, but wait a minute. I needed my insulin". "Sorry, you didn't pay your premium." "What's more important, my premium or my insulin?" Especially if we're working and living paycheck to paycheck. Yeah, no, it's it comes down to we need a fundamental reevaluation of the value of a human life. And, you know, we're the richest country in the history of the world, at this point.

Vivian Negron 59:00
Mm hmm, yeah, okay.

Beatrice Adler-Bolton 59:03
Well, there are parts of this country as that are the richest in the history of the world. And I think there's no way we can get towards any other type of wealth redistribution, or expansion of the social safety net, or socializing, or spending like towards transportation. It would be great if the city could step in and make sure that every apartment building that has a doctor's office had a goddamn ramp to get in. Because a lot of times people with mobility issues gotta go to the doctor.

Vivian Negron 59:34
Uh huh. And now unfortunately, I have to ask the patients, "Are you in a wheelchair?" I don't like to ask that of my patients. It's not a question that is the first thing out of my mouth, but now it's, "Hi, who referred you? What's your insurance?" Because I can't do anything without knowing what your insurance is. And it's sad! It's really, really sad. I tell some of my patients, I would like to go back to the days where if you didn't have any money, bring me a chicken and some eggs, and we're okay.

Beatrice Adler-Bolton 60:06
Right. Exactly. Yeah.

Vivian Negron 60:08
A barter system!

Beatrice Adler-Bolton 60:09
Or even better, why don't-

Vivian Negron 60:10
you need plumbing done?

Beatrice Adler-Bolton 60:12
Right, right. In the 1890s, so, physicians were banding together and creating community practices because they realized that through interdisciplinary knowledge sharing, that they were able to treat their patients better and learn more about the practice of diagnostics. Because this is sort of the beginning of the professionalization of western medicine. Family practices, these community practices where you know your community, basically all these doctors would share like a Victorian mansion together. First floor would be the rheumatologist, second floor was the dentist, third floor was the neurologist. And they all work together and they would pool resources from their patients, and they knew their communities, because these are literally just, your neighbor is the doctor, right? So they know who can pay, they make it work. So the AMA steps and they said, "Listen, that interferes with physician freedom. We need to accredit who can be a doctor, and we need to regulate where and how you can practice, and how you must charge for your expertise." And they went ahead, and they accredited every school across the United States that trained white doctors, and they refuse to accredit any schools that treated minority people of color. They said, "You know, there are enough black doctors to treat the black population, and this is 1890. So we don't need more."

Vivian Negron 61:47
Well, that's like what it is now. When, if a physician wants to open a practice in our neighborhood, he would have a tough time because the insurance companies decide how many of that specialty is allowed within that zip code.

Beatrice Adler-Bolton 62:02
What?!

Vivian Negron 62:03
Yeah. There are too many there are too many OBGYN within a four block radius, so the doctor can't become a participating provider.

Beatrice Adler-Bolton 62:11
Oh, really?

Vivian Negron 62:14
And this I heard from a woman who worked in Medicare and explained to me.

Beatrice Adler-Bolton 62:20
So they used to be allowed to do zoning, too?

Vivian Negron 62:22
Yes!

Beatrice Adler-Bolton 62:23
Oh my god.

Vivian Negron 62:24
And then, the doctors get paid based on their zip code.

Beatrice Adler-Bolton 62:27
Oh my god.

Vivian Negron 62:28
Literally, that's how it works.

Beatrice Adler-Bolton 62:31
So, yeah, you are incentivized to treat richer patients.

Vivian Negron 62:34
Yes. Now there's concierge service, where, pay the Doctor $20,000 and he is at your beck and call.

Beatrice Adler-Bolton 62:43
Which I'm sure will still possibly exist.

Vivian Negron 62:45
Yeah, listen, if you got it, it's okay, but what about us poor people who can't?

Beatrice Adler-Bolton 62:50
Right. And what about doctors that maybe want to practice in the community where they came from? Maybe they come to New Yor, to go to NYU, which is one of the best medical schools in the country. Which fortunately, NYU has taken it upon themselves to remove physician tuition. But the nursing department still has tuition.

Vivian Negron 63:13
Why?

Beatrice Adler-Bolton 63:14
Because, you know, I don't know-

Vivian Negron 63:17

They're not physicians!

Beatrice Adler-Bolton 63:18
You deal with the largest loudest constituency first in order to try and put a bandaid on something. And every fix to health care over the years since the 1890s, when the AMA really interfered with the development of a community oriented care prioritized system, everything that's happened since then has been a band aid. Between the advent of private insurance, the explosion of it during World War II, which was supposed to be because people couldn't raise the wages. There was a wage freeze, so how do you hire people? How do you convince them to take these dangerous jobs? You add other things, right? Like health insurance, like dental, like vision. And since World War Two, since they started giving that, the bosses and the managers have been working to undermine union membership and take those benefits away. And all the while, cost of living has gone up like, 60%, and wages have remained stagnant, and the poor are getting poorer, and we're being told that if you're not rich, forget it. Best of luck!

Vivian Negron 64:28
I'm sorry. And again, and that has always been. The rich will get richer. It's like I've always said to myself, "Why does a CEO who makes half a million dollars on a regular salary, why when Christmas bonus time comes up, Why the fuck does he need $36 million? Why don't you divide that between your employees? There's a company that actually did that. Whatever bonuses they got, they literally split it between the employees, and gave, really, I think was he $18 million split between all of the employees. But again you you work a Fortune 500, you're filthy, disgustingly, stinking fucking rich, and you're looking forward to Christmas because you're getting another $36 million. Screw your employees, they don't need health care, let's cut it off.

Beatrice Adler-Bolton 65:19
And meanwhile, the doctors, because it's getting around the holidays, the insurance companies- as you were saying- are slowing their roll on those payments. Exactly. Forget Christmas for the doctors family, orthe employees of the doctors family, you know?

Vivian Negron 65:35
And it's funny because it's five years and it's the same question. Right around September, October, November, "How can we know getting that many checks?" They're holding on to it. Wait till after December something, and watch. And boom, the money starts coming in. Trickling, but it starts coming in

Beatrice Adler-Bolton 65:52
God. So, we've gotten to this point. What are your thoughts professionally? Are you pro Medicare For All?

Vivian Negron 66:01
Absolutely. I'm really glad to hear that. After this whole conversation, it would be funny if you were like, "No, fuck that." No, listen. Everybody needs help. Everybody, it doesn't matter who you are. And for

the simple fact that the rich are basically culling the herd, and "let's screw the little people because you know what, we don't like them. We want this to be a different world, and if we let them die, then we don't have to pay for anything." That's the bottom line.

Beatrice Adler-Bolton 66:29
Yeah, we need to fundamentally reorganize our value system here. There's nothing else that we can do. There's no temporary quick fixes. there's no Medicare for America, or Medicare for All Who Want It, that will give people like you the leverage that that you need. To force Medicare to get better, right? Medicare for All is not Medicare as it is now, expanded to every American. Medicare for All is a huge expansion in the types of things that Medicare covers. Everything from long term care, to dental, to standardizing payer rates to make things like more equitable with practitioners, you know?

Vivian Negron 67:20
Perfect example. I have a twin brother who's had multiple strokes, and every time he goes into the rehab center, as soon as Medicare says "we're not paying anymore," they send him home. And so, he's had another stroke. And they will keep him for the three months that the insurance company will pay and then, okay, they're not paying anymore. Go home. He's still not better, he's still paralyzed, but the insurance company won't pay so get out.

Beatrice Adler-Bolton 67:46
Right, and it's not like you guys can afford to pay out of pocket for any long term care for him when he's sent home from post acute rehab. So you're, what? Supposed to quit your job and take care of your brother full time? Or your mom is supposed to move to New York to take care? Your mom is retired.

Vivian Negron 68:09
Yeah, Mom's 86 years old living the good life in Puerto Rico. She doesn't want to come back to New York. She says the people in New York are not nice.

Beatrice Adler-Bolton 68:17
We're not. But that's okay.

Vivian Negron 68:19
She's had some experiences where, even at the rehab facility where he was at, people were just, you know, "Let's get him out of here." Why? Because the insurance companies now paying? But he's not better. "I don't care. Get him out."

Beatrice Adler-Bolton 68:32
Right. "Because we can't afford to keep the lights on if we do this type of charity." Yeah, I think a lot of people have these issues with the healthcare system not caring, and I wish more people realize that that stuff is so clearly a direct result of the environment that healthcare is put into by private insurance. You could like point the finger at hospitals charging too much. Sure. Point the finger at pharma costs being too high. Sure. Objectively true. NYU neurology has 70 inch televisions. I was in there for six days. I couldn't sit up, needed a blood patch, couldn't see. Don't need a 70 inch TV screen. Absolutely

not. But what comes as a result, is then the nurses contracts are like, they weren't getting a raise. They went on strike.

Vivian Negron 69:26
Yeah, because they got a nice fancy little robot bringing you your meals!

Beatrice Adler-Bolton 69:30
And pills. Yeah. And the orderly had 15 minutes to change a room over. Oh, and the HVAC had but it had been put in wrong, so it was blowing dust into the room.

Vivian Negron 69:39
Instead of sucking out the dirt. Nice.

Beatrice Adler-Bolton 69:41
Mm hmm. 15 minutes. So do you get an extra amount of time if the patient dies? And she said "No, but they let me come in while they're removing the body."

Vivian Negron 69:49
Holy shit. "They let me come in while they were moving the body."

Beatrice Adler-Bolton 69:53
"And I can get a head start."

Vivian Negron 69:54
Oh...

Beatrice Adler-Bolton 69:55
She came in, I was waiting for discharge and she said, "I'm leaving for vacation. My first vacation in a year, or two years or something in an hour. Do you mind if I get started on your room early during my break?"

Vivian Negron 70:08
Oh my god. Yes. Because they are so greedy. People who work- doctors, receptionists- we get angry. And who suffers? The patient. Ultimately, whoever suffers, it doesn't matter how angry we all get, it's always the patient who's going to suffer. And it's not fair!

Beatrice Adler-Bolton 70:28
Right, and you shouldn't have to suffer too, and nor should doctors, or nurses, or orderlies. This whole system, we have a lot of work to do. And I think Medicare for All is a very good step.

Vivian Negron 70:38
Absolutely. 100% agree. Thank you so much for coming today, and talking to me- Thank you for having me, Bea!

Beatrice Adler-Bolton 70:45
It has been such a pleasure to be able to platform your voice, because you are one of Artie and I's favorite people in the whole world.

Vivian Negron 70:53
Oh my God, thank you so much.

Beatrice Adler-Bolton 70:54
And, I obviously really appreciate all the help that you've personally done to keep me alive these past couple years. I owe you one.

Vivian Negron 71:03
Listen, I do whatever I can. My father always said, "Be kind just to be kind."

Beatrice Adler-Bolton 71:08
Yeah. Words to live by. And I think that's a great note. We can end it there, on a positive.

Vivian Negron 71:15
Yes, be kind just to be kind.

Beatrice Adler-Bolton 71:18
Love it.

Vivian Negron 71:19
Love you. Thank you. Thank you so much for joining us, and do you have public social media you want people to follow if they want to reach out to you? Maybe, talk to you? Or- So, my best friend's nine year old daughter told me, "You're old. You only have Facebook."

Beatrice Adler-Bolton 71:36
Well, maybe we'll have to make you a Twitter or something.

Vivian Negron 71:39
I you know, I-

Beatrice Adler-Bolton 71:40
I don't know, I think he could become a very attractive candidate for a national campaign surrogate for that one guy who happens to be running on that thing we've been talking about for a while, Medicare for All, you know. So we might have to make you a Twitter so you can start.

Vivian Negron 71:55
Okay. Yeah, well, I'm a I'm a partial Luddite. So you're gonna have to show me how that works.

Beatrice Adler-Bolton 71:59
Oh, you would love Twitter. It's made for your it's made for your takes, for sure. Anyways, thank you so much for joining us, and hopefully we can not see each other in the office until I'm supposed to be there in two weeks. And I'll get through the steroids situation without a surprise visit.

Vivian Negron 72:21
Whenever you call, you come on in.

Beatrice Adler-Bolton 72:23
Well, I appreciate that. Alright, and that wraps another episode of Medicare for All week.

Vivian Negron 72:29
Thank you.

Beatrice Adler-Bolton 72:29
Bye!

Vivian Negron 72:30
Bye!

Beatrice Adler-Bolton 72:30
Do your best to stay alive another week.