

# A Moving Experience: The Disappearance of Can Do



Image by Eliane Meyer from Pixabay

Italians have always admired American logic, rationality, organization, and ability to Get Things Done. They may see in the US a culture and lifestyle inferior to their own, but they respect the Can Do attitude across the ocean. Italians often find excuses not to do things; Yankees do them and, more often than not, do them well.

Or did. I don't see that Can Do pragmatism anymore, after 20 months back in the USA. The reliability of the tax system, the effectiveness of the so-called health care "system," the quality of service—all are wanting.

Yes, the IRS did reimburse me for some \$450 they had erroneously charged me in October 2021. But it took 15 months and at least 30 phone calls to make that happen. They subsequently charged me about six times that amount for an alleged error on last year's return, but they are unreachable when I ask for clarification. The Big Four accountant who did our taxes and is supposedly responsible for their accuracy advised us to pay and then he would take care of reimbursement. He has since gone MIA. Hiring a tax lawyer to sort

out the problem would cost more than what we owe because US legal fees are an obscenity. So we either pay and protest or protest without paying and risk penalties that increase daily.

The latest health care mind-boggle? The Black-Hole-that-is-Medicare states clearly that diabetics should not pay more than \$35 per type of insulin per month. Since my diabetic husband uses two types of insulin, he should not be paying more than \$70 per month total. So why was he charged the equivalent of \$103.11 last month from a “preferred pharmacy?” The pharmacy told him to call Medicare about the discrepancy. Medicare told him to call his Part D insurer. His Part D insurer earnestly insisted that the \$35 cap did not apply to his particular policy, never mind that it is THE LAW. By the time we go through a round robin again (pharmacy-Medicare-insurer), my husband will need next month’s supply of insulin.

This three-way finger pointing isn’t restricted to Medicare. A medical firm hired me for a project for which I am paid monthly. My payment comes as value on a credit card issued to me for that purpose. I went to use this card at the supermarket and was told the value was 1.3% less than promised. I called the medical firm. They said they had issued the full promised amount and I should ask the card issuer. The card issuer said the supermarket had charged me 1.3% to use that card. The supermarket said, “No, not possible. We NEVER impose a surcharge for the use of these cards.” So somebody has pocketed 1.3% of my compensation and someone is lying, but I have no way of knowing who.

More medical craziness? I take two daily meds, the first a prescription designated “Tier One” by Medicare and the other a “Tier Three.” The former is common, available as a low-cost generic, requiring the lowest co-payment. The latter category is either a brand-name drug or (in my case) a higher-cost generic equivalent. At nearby pharmacies listed on Good RX, the out-of-pocket for my Tier One ranges in price from \$1.13 to \$11.16 for a 30-day supply, and the alleged retail price is quoted as \$12 to \$37. The OOP for my Tier Three ranges from \$4.58 to \$48.75 for 30 days, and the alleged retail price careens from \$57 to \$438. Even crazier, the out-of-pocket price and the retail price are not in synch for any pharmacy. One might have a high retail and low OOP, another a low retail and high OOP. Craziest of all? None of these prices is Medicare plus Part D, for which I pay a handsome premium each

month. Why not? Because Part D, for which I pay, costs MORE than most GoodRX quotes, which are free.

Now Italy is not the land of Cartesian logic (that is France's bailiwick) but Italian drug prices are not insane like they are in the US. My prescribed meds in Italy cost the same at any pharmacy in my town, and my co-pay was always the same—€ 2. My husband's insulin was free, and so was every prescription or diabetes-related device he needed. Compare that to the US, and which country has the more proactive, Can Do approach to the health of its population?

Dentistry used to be a profession of excellence in the US, and I struggled to find qualified dentists after moving to Europe decades ago. Eventually I relied on a referral, which worked out well until my longtime Italian dentist wanted to charge me € 8,000 for crown work that in the US at the time was below € 4,000. I found a new dentist immediately, never mind that Longtimer had been my dentist for 25 years.

When I moved back to the US, I relied on a local referral for a US dentist. That was fine until my fourth visit, when the dentist advised me that I needed a “deep cleaning” instead of my regular \$135 cleaning. His quoted price for said cleaning was \$1,800. I turned to my family referral for an alternative; he suggested a Harvard-trained dentist whose quoted price for a deep cleaning was half that of my “regular” dentist. When I visited Dr. Harvard, he told me that I didn't need a deep cleaning at all and he would be happy to do a regular cleaning for \$130.

Which he did. But he said I had other issues that he, a periodontist, would not handle; a regular dentist was needed. So back to the drawing board. I found a local well-reviewed professional and booked an appointment. The fellow seemed thorough and conscientious, but cautioned me that extensive work was needed—crowns and cavities and implants. (Especially implants: they seem to be the flavor of the month for US dentists.)

“Please send me a proposed list of interventions with costs and a timetable,” I asked. That was more than two weeks ago, and I have received nothing. Sigh. Maybe I have to start my search all over again. But when you can't trust the system, what good is the search? No Can Do.

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