

Patient advocate: dropping out may not be the ultimate answer

Abbie Leibowitz, MD, doesn't think patients should have to navigate the murky waters of the vast health care system alone. Dr. Leibowitz, a pediatrician, helped build Health Advocate, a Philadelphia health services company that helps consumers navigate the health care system and assists patients with claims that are denied by their health insurance providers. The company sells its services to employers for prices ranging from \$1.50 to \$3 per employee per month and recently launched a direct-to-consumer product.

Dr. Leibowitz has extensive experience in the health care business. Before serving as Health Advocate's executive vice president and chief medical officer, he worked with New York-based Medscape Inc., to develop its health care data and information services group, and for more than 10 years he held a number of senior level medical positions with Aetna U.S. Healthcare, including chief medical officer. He began his career in a private pediatric practice in Pennsylvania.

Straight from the surgeon's mouth

On the other side of patient dealing with denied coverage, he says, is the patient's physician. In order to determine if coverage is appropriate, particularly for gray-area plastic surgery procedures, Dr. Leibowitz values a one-on-one, doctor-to-doctor conversation with the treating physician to figure out the science of the case. "We give the benefit of the doubt to the physician and the patient. In the investigation, I ask, 'How come when I look at this [claim], it appears to be a cosmetic procedure? Tell me why I'm wrong. If this is not a

covered procedure, show me why it should be.'"

Leaving the patient to deal with the managed care organization on their own is a misguided approach, he says. "The patient is the least able to make the case for coverage. Using an intermediary like ours takes the burden off the patient and physician, and puts an expert in between. It makes a lot more sense [to use a service like Health Advocate] than to drop out of all health insurance systems," Dr. Leibowitz says, addressing his concern with plastic surgeons giving up all managed care contracts.

Writing letters on patient's behalf

He recognizes, however, that many plastic surgeons are stepping up and acting as advocates for their patients, who are equally frustrated by health care troubles. For example, many physicians have written letters to the patient's insurance company to fix a mistake. "They are the patient's doctor in charge of that treating relationship and are the best advocate for their patient," he says. Health Advocate has the resources to increase that advocacy to high level. "Doctors don't always have time to do all the leg work. It's not because they don't want to do it; it's because they don't have the time."

Sometimes a patient will try to fight for coverage when it's clear the case falls out of the category of a covered procedure, Dr. Leibowitz says. In those cases, Health Advocate will explain to the patient why it may be unnecessary to continue the fight. "We don't feel that people are entitled to benefits that they shouldn't get," he says, emphasizing that patients need to be realistic in their expectations.

Physicians must 'be realistic'

In addition, Dr. Leibowitz recommends plastic surgeons be realistic in what they charge and what they expect as payment. Sometimes bundling five separate procedures is fair, he says, under Medicare's rules for payment. Plastic surgeons have a right to complain, however, if the payer is using a "freelance approach" – making its own arbitrary payment rules not based on an established system.

He reminds plastic surgeons that, ultimately, the Medicare fee schedule is to blame for many of their grievances, as it establishes the basis for many managed care organizations' payment amounts. "Our position has always been to raise the dispute with the Medicare fee schedule with CMS since they sit it, rather than with the insurance companies," Dr. Leibowitz says.

Simply dropping out of all insurance plans may not be the answer to the specialty's problems. "There's still a lot of insurance that pays a lot of money for plastic surgeons' procedures," Dr. Leibowitz says. Plastic surgeons shouldn't give up the fight for fair payment: "I've always thought that the best way is to try and work within the system rather than to leave the system entirely." He says, explaining that plastic surgeons have the ability to negotiate fairer fee schedules with providers.

"It's a shame when physicians just throw their hands up in frustration," Dr. Leibowitz says. However, he adds, "It's certainly understandable when they've tried everything else."

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