

THE BUSINESS OF HEALTHCARE

Feel like no insurer's on your side?

This company specializes in helping

By JENNIFER GOLDBLATT

It's not unusual for Dale Brewer to hear his staff grumbling about medical bills they didn't anticipate and insurance coverage they can't figure out.

"Everyone has dealt with that frustration," said Brewer, president of New Castle-based Bayshore Ford, "so it always strikes a nerve when you hear someone talking about it."

Brewer considers insurance a key part of keeping and wooing good workers. But there's only so much he can do with costs rising and coverage options shrinking. So nearly a year ago, Brewer hired Health Advocate, a Blue Bell, Pa. based firm to help his 90 employees wade through the dizzying health-care finance process. He hopes that it can help cut the aggravation out of the bill paying process. "It's really just a feel good thing," he said.

Brewer's company is one of about 400 across the nation and eight in Delaware that have hired Health Advocate to serve as a go-between for workers and insurers. The company helps workers get access to the health care they need, get the coverage to which they are entitled and understand why certain treatments aren't covered. Health Advocate also helps ferret out administrative errors, which can put

huge bills in consumers' laps.

The company's local clients include industrial supplier Briggs & Co., of New Castle, Newark-based Atlantic Coast Laboratories, Milford-based Caulk, Greenville-based Christiana Bank and Wilmington-based McCafferty Printing. Health Advocate works with many more local workers through its contracts with national chains like Home Depot which have locations here.

Health Advocate charges employers from \$1.50 to \$3.95 per employee per month depending on the company's size. The workers pay nothing for the service unless employers pass the cost directly on to them. Brewer picks up the cost for employees. "When you figure what you pay anyways for health insurance, a couple more dollars per person really wasn't hard to do," he said.

The company is tapping into a fertile market. A recent study by the Kaiser Family Foundation found that about half of all insured adults reported some sort of problem with their coverage. Of those, nearly 40 percent said the problem was a financial issue, and 21 percent said they lost time from work because they were dealing with these issues.

"The average consumer isn't prepared to understand the administration of health benefits," said Dr. Abbie Leibowitz, chief medical

officer for Health Advocate and former chief medical officer at Aetna.

With the drive toward consumer-directed health care – the shifting of more health care costs and decisions to consumers – more doctors, insurers and others are trying to shed light on the claims-processing part of the health care process.

"By necessity, you must also give them access to more information so that they can make more informed health care decisions," said Walt Cherniak, a spokesman for Aetna. To that end, Aetna has added online tools that let customers find pricing information about prescription drugs and surgeries and find hospitals and doctors in their networks. Cherniak wouldn't comment on Health Advocate.

Of course, not every claim is going to be resolved exactly as the worker would like. And there are cases in which insurers correctly deny claims. But often a denial is easier to swallow after it's been evaluated by an objective third party, said Marty Rosen, executive vice president of marketing for Health Advocate. And in cases in which the insurer won't pay for treatments, Health Advocate searches for alternative treatments and options in the consumer's community. And sometimes, it can negotiate with the doctors and hospitals to reduce the out-of-pocket payment, or at least explain why consumers have to pay.