

Thursday, Sep 13, 2007 HealthTalk

## **The Not-for-Profit HealthWell Foundation Assists Those with Health Insurance Who Still Can't Afford Their Medical Care**

Pre-existing condition clauses that limit care...the high cost of biologic drugs...the ongoing cost of treating chronic conditions. Even if you have health insurance, it can be hard to pay your medical bills in the U.S. healthcare system. That's why unpaid medical bills are the leading cause of personal bankruptcy in the U.S.

The HealthWell Foundation is a not-for-profit organization established in 2003 to help Americans who have health insurance and still are struggling to pay out-of-pocket healthcare costs such as co-pays, premiums and co-insurance. Many of the people that HealthWell assists have chronic conditions and simply cannot afford the ongoing expenses not covered by their health insurance.

"In 2006, we allocated more than \$47 million to more than 16,000 patients, but we're already exceeding that now this year," said David Knowlton, a member of the HealthWell Foundation board of directors.

Knowlton discussed how to fight for the treatment you need on the HealthTalk webcast, [RA: Covering the Cost of Pain](#).

One key factor to be aware of when evaluating an insurance company is its medical loss ratio: how much of your premium goes to medical care as opposed to administration, marketing and other overhead.

"The higher the ratio," said Knowlton, "generally, the better the company."

Another factor is the policy's pre-existing condition clause. Depending on state laws, if you have a lapse in coverage of more than 60 days, insurance companies can deny coverage for a pre-existing condition for up to a year.

"People who do have a pre-existing condition should work hard to keep their insurance in force," said Knowlton.

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers who lose their jobs the right to continue health benefits provided by their group health plan for a limited period of time under certain circumstances. Knowlton said HealthWell often pays COBRA premiums to continue coverage for such people so they can avoid coverage lapses.

Each type of medical insurance plan – preferred provider organizations, point-of-service plans, health maintenance organizations – has different regulations regarding out-of-pocket expenses, referrals and appeals. Governmental programs like Medicare, Medicaid and Social Security Disability can be even more difficult to navigate. It pays to know the ins and outs of your particular plan.

"The Hartford Insurance Company puts out an insurance jargon translator that's actually pretty good," said Knowlton.

If your insurance company denies coverage of your treatment, you can appeal their decision. Sometimes your doctor can help by explaining exactly why the treatment is necessary. However, be sure to precisely follow the rules concerning the appeals process. Many appeals are denied simply because the rules aren't followed.

"Some states have advocacy programs where people will help you in that process," said Knowlton, "and many legal services agencies have health appeal advocates that will help."

To learn more, read or listen to the HealthTalk webcast, [RA: Covering the Cost of Pain](#).