



Precision Patient Advocacy

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A Subsidiary of



Precision Patient Advocacy



As a Public Interest Attorney who has worked to help people secure health care and coverage in Wisconsin for nearly 30 years, I empathize with people who must muster the energy to fight a health insurance company or government program denial without sophisticated help. Monolithic public and private health care coverage bureaucracies, grounded in statutory and regularity provisions, create intimidation—especially for disparity populations. Poverty makes a difficult job nearly impossible. The vast majority of disparity patients conduct a frustrating fight for health coverage with [often-mixed results](#); sometimes ending with mountains of [medical debt](#).

Today technology solutions that enhance patient advocacy strategies through promotion of access to health care and coverage offer a promising path forward. Precision Patient Advocacy™, an emerging patient interview, engagement, and advocacy strategy developed by [ABC for Health Inc.](#) and [My Coverage Plan Inc.](#), offers opportunities to promote health equity through improved access to health coverage and care for disparity patients. Similar to the emergence of Precision Medicine, Precision Patient Advocacy offers exciting possibilities through the use of carefully collected data. The comparison to the [Precision Medicine initiative](#)—that in part applies the use of genetic information to provide precise treatment services for patients—is intentional and by analogy.

Precision Patient Advocacy applies a myriad of unique health coverage eligibility markers such as: age, income, immigration status, medical status and employment, among others. Technology solutions offer the potential to promote improved alignment of variables unique to each person, then generate optimized health coverage opportunities. With an emphasis on assistance for disparity patients, My Coverage Plan, Inc. created and patented Advocus™, a software product to align, optimize, and record varied health care coverage information as a strategy to help prevent medical debt and uncompensated care.



A Solid Foundation

The origins of the Precision Patient Advocacy strategy begin with ABC for Health, Inc., a nonprofit law firm in Madison, WI, with a mission to combat the health coverage inequities that sharply tilt against health disparity populations. In 1994, I founded ABC for Health, Inc. to develop the practice of Health Benefits Counseling. Health Benefits Counseling soon emerged as a forceful and pro-active response to insurance red tape and other bureaucracies. Due to our efforts, medical bills went from collections and uncompensated care to paid! With ABC for Health and Health Benefits Counseling as a foundation of support and inspiration, I founded My Coverage Plan Inc. in 2010. With the catalyst of NIH Small Business Innovative Research (SBIR) funding, we started MCP to help research, develop, and promote technology solutions that improve access to health care and coverage for the same disparity populations.

Our research identified technology solutions that improve the Health Benefits Counseling process, by proper alignment of health care coverage that promotes health equity and reduces health disparities for patients. Navigating highly granular and frequently changing health care coverage rules across multiple program coverage silos requires Precision Patient Advocacy. Patients' coverage requires application of the ABC for Health Benefits Counseling approach, coupled with careful data gathering and an integrated review process.

Advocus

Advocus uses a [patented technology](#) developed by ABC for Health & My Coverage Plan Inc., to help disparity populations identify, secure, and maintain health care coverage. Advocus couples precise data collection from patients with an innovative rules engine in order to provide health benefits related decision support. At a high level, Advocus works like TurboTax®— but for health benefits—through application of current and correct rules that promote improved access to optimized health care coverage.

Optimized coverage for patients reduces medical debt, and helps health care providers reduce uncompensated care, which in turn helps everyone. Of course, the rules constantly change and staying abreast of these changes requires flexible technology that memorializes a record of system encounters with legal precision. Using Advocus, Health Benefits Counselors create a health care *coverage* record for patients and promote an important connection to past, current, future coverage opportunities, and other social services.

Medical Debt Prevention

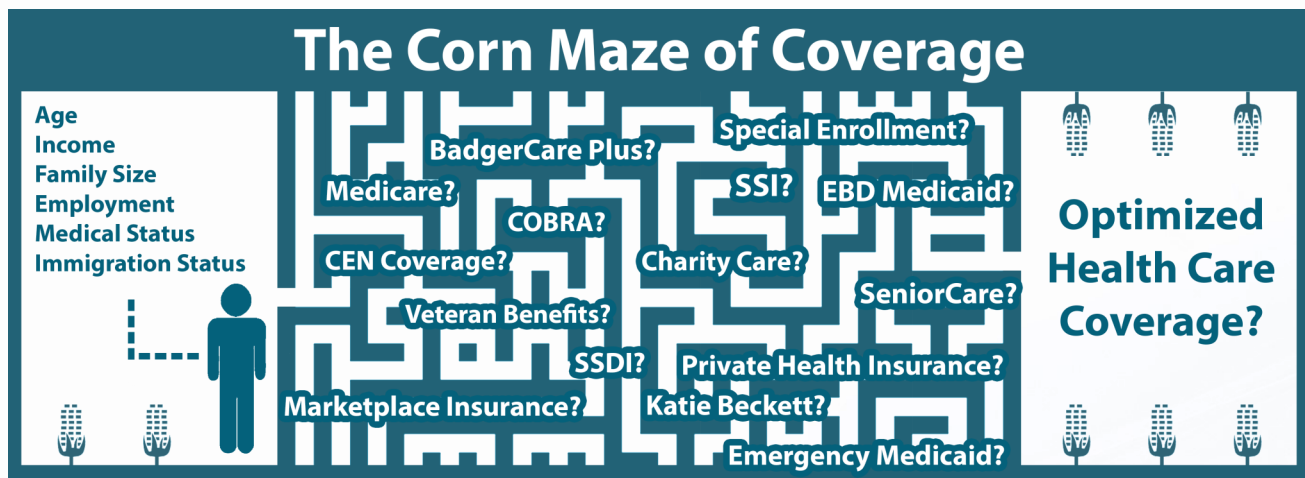
Health Benefit Counselors, acting as patient advocates and agents of medical debt prevention, reduce potential bills and out-of-pocket costs through technology solutions that monitor and adjust for changing rules. Moreover, these debt mitigation strategies can pay for the technology solutions and supportive staff positions. The tools and service also provide a highly enhanced level of customer services for patients and families.

But patients need more help. Patients also need advocacy, culturally relevant, and appropriate services to help promote equity, assert legal rights, and secure needed coverage and services. Advocus supports Health Benefits Counselors to identify coverage options that help patients with special circumstances secure coverage opportunities through the correct interpretation of sometimes obscure or forgotten rules. Remember—prevention of medical debt also lowers uncompensated care.

Nationwide, hospitals provided nearly \$35.7 billion in uncompensated care in 2015.

Using Advocus, Health Benefits Counselors can easily reduce uncompensated care by at least 10%. [Studies](#) suggest that the majority of uncompensated care cases are attributable to patients who have income below the federal poverty level and may qualify for public health care programs. By some [estimates](#), 18% of uninsured adults may currently be income eligible for Medicaid, as well as nearly 10% of uninsured children. Many more types of patients fall within lower income brackets that will make them eligible for a variety of health care assistance programs.

Medical debt, uncompensated care, and collection activities create a myriad of pain points for patients and providers. The specter of rising medical bills, collection activity, and compromised credit scores creates a virtual debtor's prison for disparity patients. Acquisition of jobs, housing, and credit become difficult or unattainable. Medical debt is a [leading cause](#) of personal bankruptcies, despite the fact that three quarters of medical debtors had health care coverage at the onset of illness. Through the maximization of available financial resources and helping patients advocate for their own health care coverage, patients can avoid medical debt, catastrophic bankruptcies, home foreclosures, and the collapse of families.



or



The Advantage of Precision Patient Advocacy

Precision Patient Advocacy—coupled with Advocus and Health Benefits Counseling—can tightly focus on identification of coverage options and interpretation of the health coverage system. Byzantine rules, prior authorizations, self-funded insurance, and public benefit requirements combine to form a labyrinth of health coverage and insurance programs. These programs transition across the human life span and warrant technology solutions which can guide and train staff to identify appropriate health care coverage with a high degree of expertise and commitment. Precision Patient Advocacy includes:

- Strong patient engagement and customer service
- Obtained timely and accurate information on public and private health care coverage programs
- Identification of precise data points that promote coverage and coverage transition opportunities
- Optimization of coverage options and empowered client decision making
- Facilitated applications for Medicaid, Disability, Social Security, or hospital charity care programs
- Assistance with grievances and appeals
- Avoided uncompensated care and the consequences of medical debt
- Accurate Health Care Coverage Records that identifies the emergence of coverage opportunities

Ultimately, obtaining health coverage is only part of the struggle for disparity patients. Health Benefits Counselors work to maintain continuous coverage through ongoing monitoring and support to reduce gaps in coverage. Complicated [renewal processes](#) in certain benefit programs cause many families to lose health care coverage. For children, research identifies health care coverage gaps with [unmet](#) health care [needs](#).

The Precision Patient Advocacy Difference Maker: Advocus

Precision Patient Advocacy combined with Health Benefits Counseling and Advocus is a “difference maker” that integrates aspects of social work, the law, medicine, and individual advocacy.

The technology and service package combine to help patients optimize health care coverage and access to needed care, services, pharmaceuticals, and equipment.

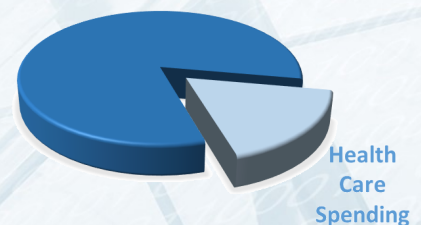
Health Benefits Counseling services decrease the out-of-pocket costs to patients, reduce medical debt, and alleviate family stress. Counselors contribute to a health care provider’s bottom line through identification of appropriate third party reimbursements—this reduces bad debt, unnecessary use of charity care, and collection actions. Health Benefits Counseling requires training and continuing education to perform the precision work and analysis. Many claim to provide these services, but few provide them competently across all public and private health coverage silos.

My Coverage Plan, Inc. and ABC for Health embarked on a mission of social entrepreneurship through promotion of Precision Patient Advocacy; ultimately, our array of tools can lead patients to care. We plan to apply technology with educational opportunities through Gurulz, an emerging Learning Management System; our system will assess knowledge and identify training and continuing education for the workforce of patient assisters. Such a trained workforce will promote equity through better access to services and help patients cut through the reams of red tape the system creates to contain costs of services.

With 17.8% of our country’s [GDP](#) consumed by health care, our braided health care financing system causes confusion. Payment of care requires credentialed professionals—with support of our training and tools—to help patients optimize the spectrum of health care coverage and payment programs!

The path to promote health care coverage connections for patients will require prevention-oriented Health Benefits Counseling services grounded with principles of Precision Patient Advocacy. We maintain that Precision Patient Advocacy is the prescription to promote health equity for disparity populations across Wisconsin and the country.

U.S. GDP - 2015



-Bobby Peterson



Health Benefits Counseling Service

Advocus



Admission

- ABC offers patient engagement that promotes access to available health care coverage options
- Patient and family-centered approach to services
- Screen for available benefit options

- Advocus uses a TurboTax® like process to align current and past patient coverage opportunities, which optimizes coverage and reduces uncompensated care.

Treatment

- ABC continues engagement with meetings and ABC case meeting review
- Application and document assistance
- Gather medical documentation where needed
- Contact with benefit determination agencies

- The Advocus rules engine uses precise data collection strategies and medical record information to identify past, present, and certain future coverage options.
- Advocus also links to a resources database to facilitate social service agency referrals.

Discharge

- ABC extends patient engagement to ensure application completion
- Follow up with third party payors or benefits approval agencies through determination
- Review eligibility for additional coverage

- Advocus aligns coverage probabilities and opportunities to facilitate proper discharge to home or other facilities
- Advocus generates reminders and alerts to rapidly identify health care coverage variables that result in program eligibility changes.

Post Discharge

- ABC promotes maintenance of coverage
- Promote accountability of third party payors

- Advocus creates a health care coverage record that analyzes demographic and medical information that helps patients maintain future health coverage.
- Advocus helps coordinate multiple funding streams.

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My Coverage Plan, Inc.

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