

Henry C GrosJean

Have you been noticing how your health insurance premiums are getting higher and higher and are covering less and less?

Employers are passing off more of the costs to employees through higher deductibles, co-payments, and premium sharing.

Consumers of health care are, obviously, not in the “drivers seat” as it would appear that the “third-party” payers are “running the show.”

The providers and hospitals continue to financially “bleed” while having to deal with more restrictive payment contracts with insurers, and more uninsured residents experiencing primary care in an emergency room.

In fact, some health care providers are staying afloat on investment income, which is in line with one of the many symptoms of a health care system out of sync with resources.

And, this financial crunch is pitting patients against health plans, health plans against physicians and hospitals, and all three against the federal government.

One increasingly popular avenue for the physicians and hospitals to stop the “bleeding” is a trend towards a return to a fee-for-service practice.

Instead of taking up more and more time on administrative work, declining income, being a part of an independent practice that is the opposite of independent, providers are starting a “rebirth” of the patient-physician relationship.

The future of health care may be, perhaps, a return to accessing the treatment(s) of choice by way of a fee-for-service(s).

There are an increasing prevalence of “discount” scenarios that offer savings on doctor visits, prescription drugs, vision care, chiropractic, and even long term care.

These “buying clubs” or arrangements with network provider groups, which only charge a modest monthly or annual fee, advertise savings of between 10 to 70% off for medical services at participating providers.

More health care professionals are accepting the discount cards as a way of, not only attracting patients who are willing to pay at the “point-of-service,” but also prefer the prompt reimbursement for their services.

This is because the “third-party” payers, and we know who they are, usually reimburse their providers 60 to 90 or more days after the medical service was provided.

As a result, more doctors are willing to charge less for an office visit, for example, in exchange for prompt payment.

And, rather than paying retail for prescriptions the discounts can range anywhere from 10% to 40% off depending on the drug.

These “discount clubs” even have the capacity of negotiating with physicians and hospitals for scheduled surgeries.

In view of the ever-increasing growth in our “uninsured” population having access to healthcare paying a modest cost of, for example, \$40 per month allows the self-employed and those in rural communities access to basic health care.

Also, we all are aware of the countless numbers of those covered by employer health plans who have dependents that are not covered due to cost. These “discount plans” would help to promote at least preventive care.

Rising health care costs are a constant. Consumers will always want the latest and greatest, and they want it yesterday.

Health insurance is supposed to guard against the catastrophic loss, but the current system is based, unfortunately, on first dollar coverage.

Technology will continue to provide new and unique ways to cure/treat all manners of diseases and injuries and none of us want that innovation to stop.

Especially since being “sedentary” in America is so much in vogue we’ll need all the technology and prescription drugs we can finance.

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