

INNOVATOR Q&A

R.I. startup helps patients fight gigantic medical bills

Patient advocate Emily Bernstein founded Navigate Health, which helps patients and their caregivers challenge the medical bills she says they shouldn't have to pay for.

By [Alexa Gagosz](#) Globe Staff, Updated December 26, 2022, 6:00 a.m.



Emily Bernstein, of Warwick, Rhode Island, is a patient advocate and founder of Navigate Health. MARK STOCKWELL FOR THE BOSTON GLOBE

After her mother was diagnosed with brain cancer in 2019, Emily Bernstein became a caregiver, was inundated with doctor's appointments and medical bills, and was forced to make some tough calls.

She quickly found that the very systems that billed patients for the care they provided often made mistakes. But fighting the cost of those gigantic, and sometimes unnecessary, medical bills could take several months to do.

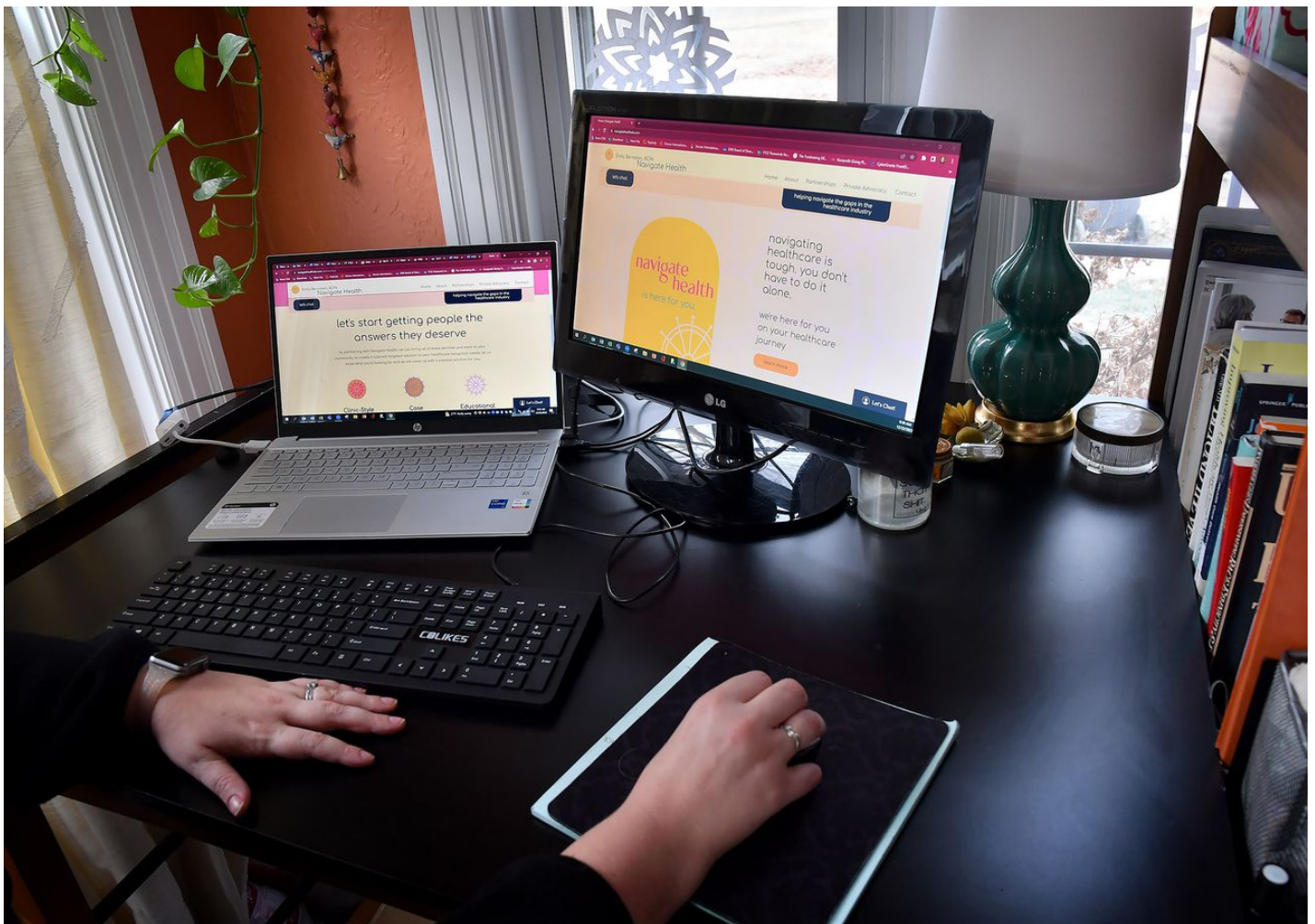
Bernstein went on to become a certified patient advocate, and recently founded [Navigate Health](#) in Rhode Island, which helps patients and caregivers challenge the medical bills she says they shouldn't have to pay for.

**There are patient advocates that help ensure they get the care they need.
What do you do as a medical billing patient advocate?**

Bernstein: I learned a lot about navigating the health care system after my mom was diagnosed with cancer. I realized I pretty good at it and started interning and volunteering as an advocate while finishing my certificate program. Medical billing is messy and can be very confusing. Everyone has a story about getting a medical bill and either being denied for coverage by their insurance company or they've received a bill about care they didn't receive.



I've been specializing in helping people examine their medical bills, appeal any [insurance] denials, and file for financial assistance. At Navigate Health, I want to bring all of that work I've been doing to the immigrant and refugee population in Rhode Island.



Emily Bernstein's sunroom serves as her office. MARK STOCKWELL FOR THE BOSTON GLOBE

Why not start working for an insurance company or hospital as a patient advocate instead of starting your own company?

Some of the major health systems in the US have patient advocates in-house. But they are employed by the systems and hospitals, so how independent can they really be when you should be seeing a better doctor? Or if they are a patient navigator with an insurance company, and you were just denied coverage, will they truly help you appeal the denial and fight that? You need someone from outside the system who is independent.

I intentionally didn't want to do that. I wanted to be able to advocate for the care of patients across the spectrum, ensuring doctors are actually providing the care to live up to their name and making sure the financial side of care is fair.

Do patients really have a shot when they are fighting massive medical bills?

Actually, yes. Many are surprised, but [around 80 percent of medical bills have some sort of error](#) on them. You need someone who knows how to look at bills and analyze them to hold these companies accountable. In some cases, it can be a massive uphill battle that takes months on your own to do. In other cases, it's just holding companies accountable for doing what they've already said you're eligible for.

What kinds of mistakes do you often see?

Medical codes for various services change all the time. If the wrong code gets put on a patient's account, it could mean hundreds — if not more — dollars more they owe. Other times, patients are accidentally billed for duplicate changes.

I also see hospitals [or other billing departments] not running a patient's insurance correctly if it's actually applied at all. If a patient has a secondary insurance, I have to make sure both are applied.

How much does it cost for patients to obtain your services?

I'm charging by the hour, which can depend on the patient and ranges from about \$70 to \$150 per hour. But that rate changes if I'm working with nonprofits [to reach the immigrant and refugee populations in Rhode Island].

While a \$700 medical bill is nothing to an insurance company or hospital, it means everything to the patient being asked to pay for it. If there's a small error that caused this massive bill, and there's a chance that patient doesn't have to pay \$700 back, it could make a huge difference in their lives. Fighting that \$700 bill is absolutely worth it.

In the long run, having a patient advocate is absolutely worth the cost savings.

How long does it take to look at your bills and realize there's an issue?

If you're doing this yourself, sometimes it's as simple as calling and saying you were accidentally billed twice. But other times, if you're not a patient advocate and don't understand the codes or the systems, it could take months. About six years, well before I became a patient advocate, I took too long between a doctor's appointment and having routine blood work done. I randomly received a bill for \$800 and it was only because the medical codes changed. I was trying to fight it over the phone during my 30-minute lunch breaks and it took months to do. It felt like another job.

The Boston Globe's weekly Ocean State Innovators column features a Q&A with Rhode Island innovators who are starting new businesses and nonprofits, conducting groundbreaking research, and reshaping the state's economy. Send tips and suggestions to reporter Alexa Gagosz at alexa.gagosz@globe.com.

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