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Confidentiality and Insurance Billing Practices in Title X Health Centers

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Introduction

***Confidential & Covered* Overview**

- Goals:
  - To identify policies and practices to mitigate revenue loss at Title X health centers due to the provision of confidential health services
  - To improve health centers' sustainability while preserving Title X's commitment to provision of confidential services

Project Overview

- 3-year collaborative project
- Funded by Office of Population Affairs
- Collaborators
  - Milken Institute School of Public Health (George Washington University)
  - National Family Planning & Reproductive Health Association
  - Center for Adolescent Health & the Law
  - Bixby Center for Global Reproductive Health (UC San Francisco)

Study Design

- Survey and focus groups with Title X health center staff members
  - Factors influencing Title X health centers' insurance billing practices when patients request confidential services
  - Needs for additional Title X health center staff training on confidentiality and insurance billing
  - Emerging practices to increase patient use of insurance while protecting confidentiality that can be tested by Title X health centers

Methods: Survey

- Surveyed front desk, billing & finance staff, clinicians, managers & program administrators (N = 1967)
- Collected data between December 2014 and February 2015
- Conducted analyses in Stata 13:
  - Calculated descriptive statistics
  - Tested for differences across job categories

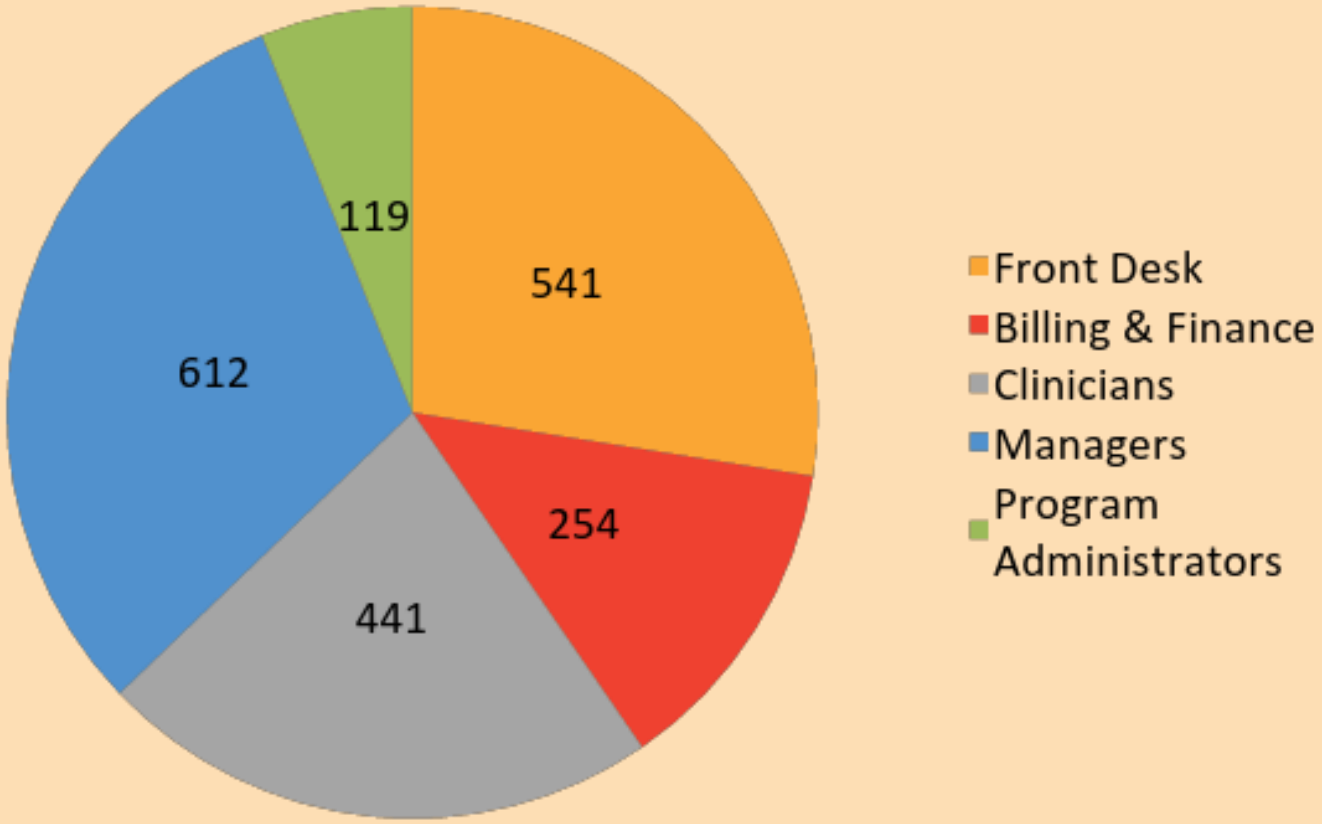
Methods: Focus Groups (1)

- Conducted 8 focus groups at two NFPRHA meetings in January and April 2015
- Participants (N=54):
  - Health center managers
  - Billing & finance staff members
  - Community outreach staff members

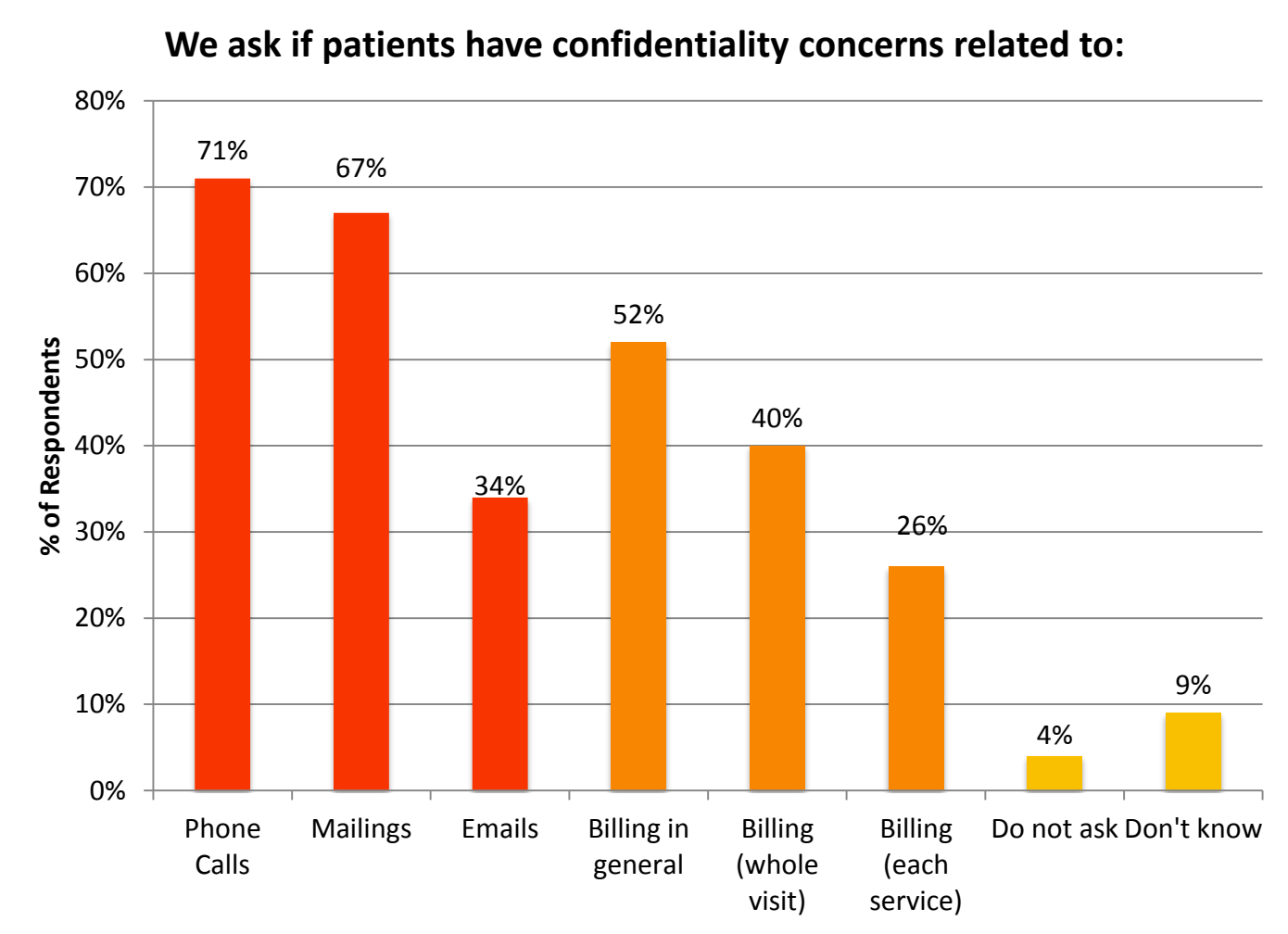
Methods: Focus Groups (2)

- Topics:
  - Health center confidentiality & insurance billing practices
  - Barriers & challenges to protecting confidentiality in insurance billing
  - Training needs
- Recorded discussions, transcribed recordings
- Conducted coding & thematic analysis in ATLAS.ti

Survey Respondents by Job Role



Findings: Screening



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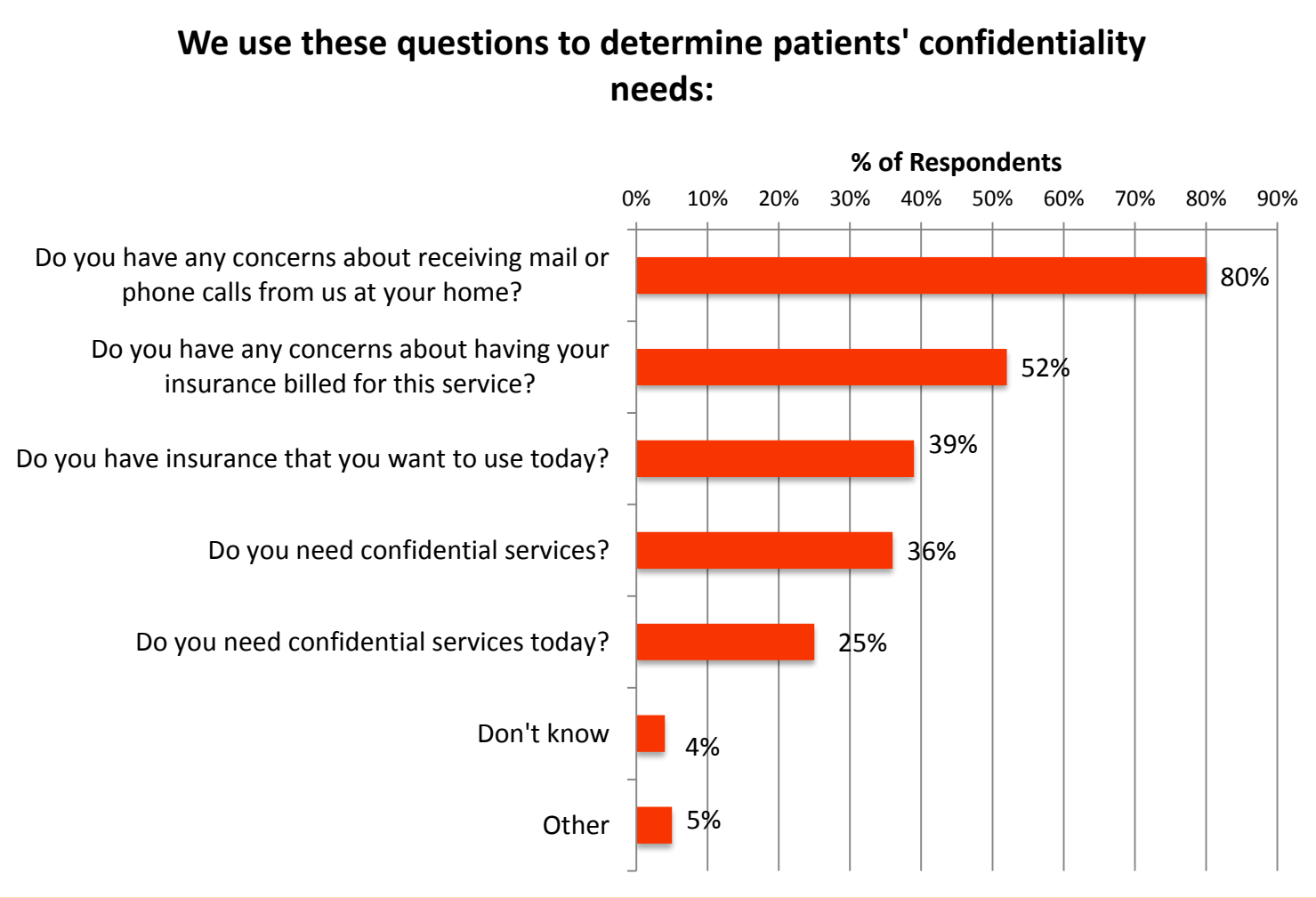


Findings: Screening

Recommended Insurance & Confidentiality Screening Questions:

Do we need to keep your family planning services confidential from your partner, spouse or parent?

If we use your insurance, your parents might be able to see which clinic you used and what you were seen for. Do you want to use your insurance or not? Either way is fine.

It looks like you have ____ insurance, with ___ as a policyholder. Would you feel comfortable billing this insurance for your visit today and in the future?

Findings: Protecting Confidentiality

- Health centers have well-developed practices for protecting confidentiality of care-related communications (e.g. test results, prescription renewals, appointment reminders)
  - 90% of survey respondents said they check for confidentiality protections before sending mailings to patients
- Practices for protecting confidentiality of insurance billing-related communications (e.g. EOBs, patient portal postings) are more limited
- Most respondents reported that their health centers avoid billing for patients requesting confidential services

Findings: Protecting Confidentiality

- Decisions about billing insurance for minors depend on:
  - Parents' awareness that the minor is receiving services
  - Eligibility for other sources of payment (e.g. Medicaid family planning expansion)
  - Conversations with social workers and/or nurses
- Decisions about billing insurance for young adults depend on:
  - Specific concerns or fears—parents' awareness or other?
  - Eligibility for other sources of payment
  - Financial concerns
- Decisions about billing insurance for adults depend on:
  - Specific concerns or fears—history of abuse?
  - Eligibility for other sources of payment
  - Financial concerns

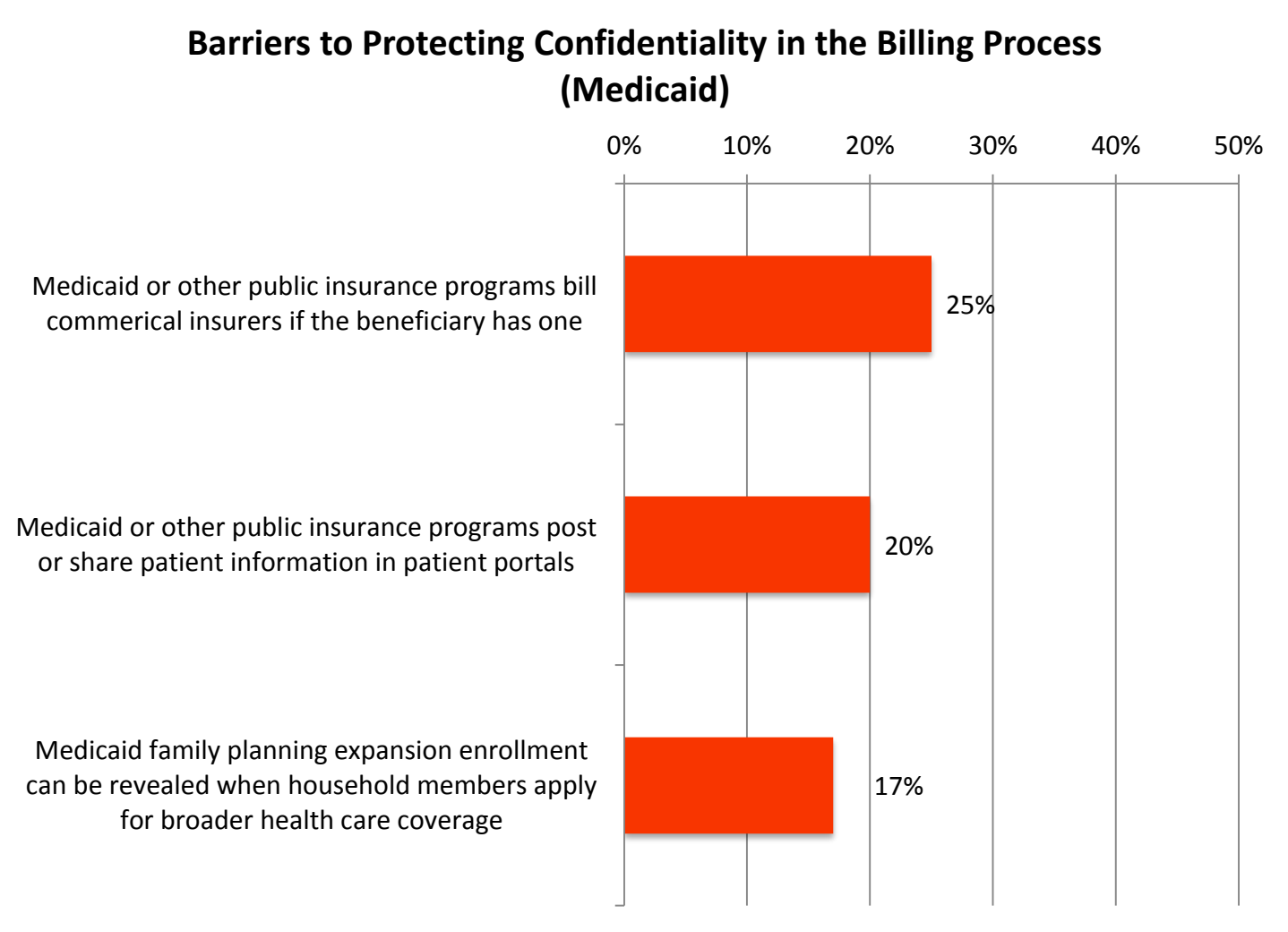
Findings: Protecting Confidentiality

Community outreach worker:

"…We have to find a way to prevent our billing company from going back. They double check everybody and make sure that they didn't have insurance that they didn't tell us about. Even if we don't put it in there, it could still get billed later on.

We use fake codes. A code that is not billable, so that we're documenting the encounter and what happened, but it's not possible for it to be billed…It's got like a CONF at the beginning or end that will bounce back to our billing company contractor people and show up as an error, or it doesn't work. **Then they know they're not supposed to be billing for that person**."

Findings:
Working with Medicaid



Findings:
Working with Medicaid

Nurse manager:

"Where people that used to be on Medicaid—Medicaid never sent EOBs—you were safe to just bill Medicaid when they came in, and nobody ever knew, and it was fine. But now we're not sure...right now **it's a big fat question mark**, really.

If there's a question about somebody's coverage, [**we're] going to have to do them as self pay right now and put them on the sliding scale**. We're letting them in and we're giving them services, but then we could potentially be getting more, but until we know for sure that it's really protected, then how can we in good conscience do this without breaking our own policies?"

Findings:

Working with Medicaid Family Planning Expansions

Program Administrator:

"A minor comes and enrolls in our family planning [expansion]. The family member doesn't know for confidential reasons that their minor son or daughter has enrolled. They then go on their own to enroll right on the portal, and although it was not intended to happen, it inadvertently shows up, **'Oh, but your daughter already has Medicaid family planning program.'**

Again, this was not a malicious intent, but it is the complex nature of what's happening with just all the enrollment in our crazy healthcare system."

Findings:
Working with Medicaid Managed Care

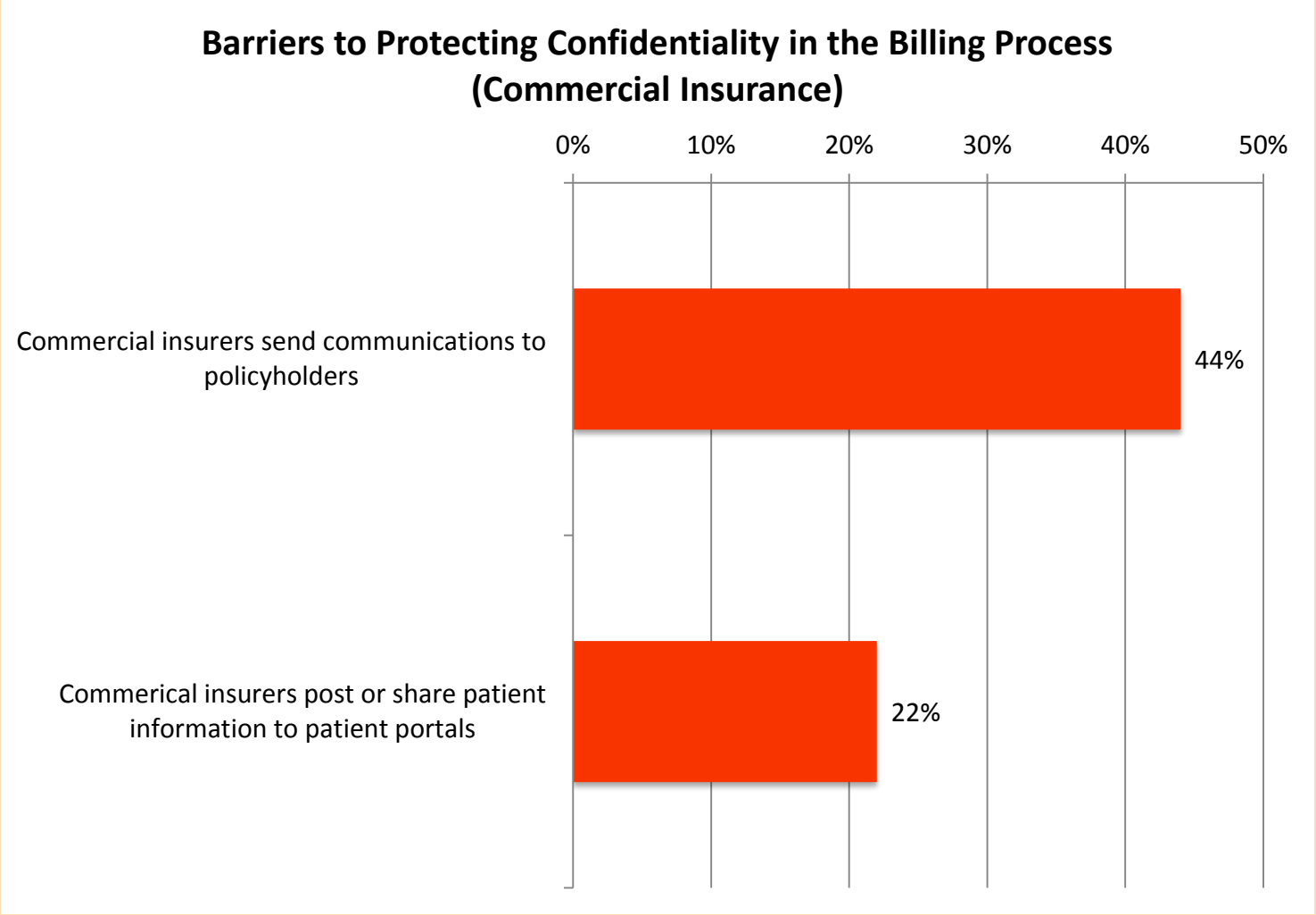
Billing/Finance Staff Member:

"The patient education piece has been really daunting as well because lots of [patients are] newly insured or differently insured or just off their parents' insurance, or even Medicaid expansion. **People [don't] understand that Medicaid has certain managed care groups** that they can't come here.

We're getting all these denials of 'Well, they have this Medicaid, they have this Medicaid.' The patients are [saying], 'I don't even know what I have'. You check eligibility and it's like the tiniest, finest print at the bottom of page six of the eligibility of Medicaid...

It's the education piece, and that's really impacted our ability to create a refined effective revenue cycle process. **No one knows what we're doing**."

Findings:
Working with Commercial Insurers



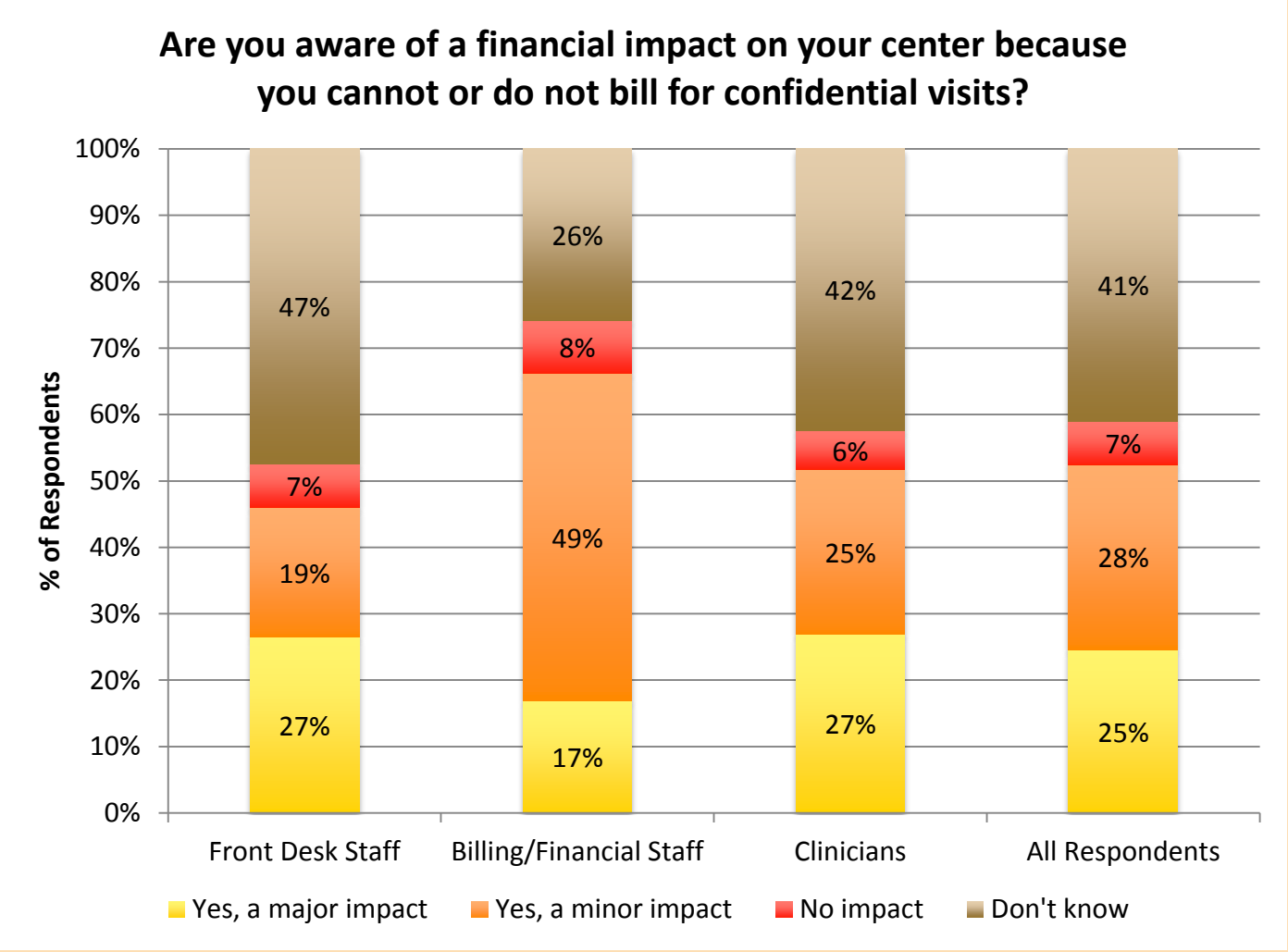
Findings:
Working with Commercial Insurers

Program Administrator:

"**The private payers…truly do not and cannot fathom why someone would truly need for someone not to know what kind of care they have.** They [think], we send EOBs home, you come in for care, that's what insurance is. You come for care, you get your bill, it goes home, that's how the process is.

It is very hard for them to truly understand all those nuances of patients that fall within our network because we are so specialized. I don't think they really think that out. It's a business to them."

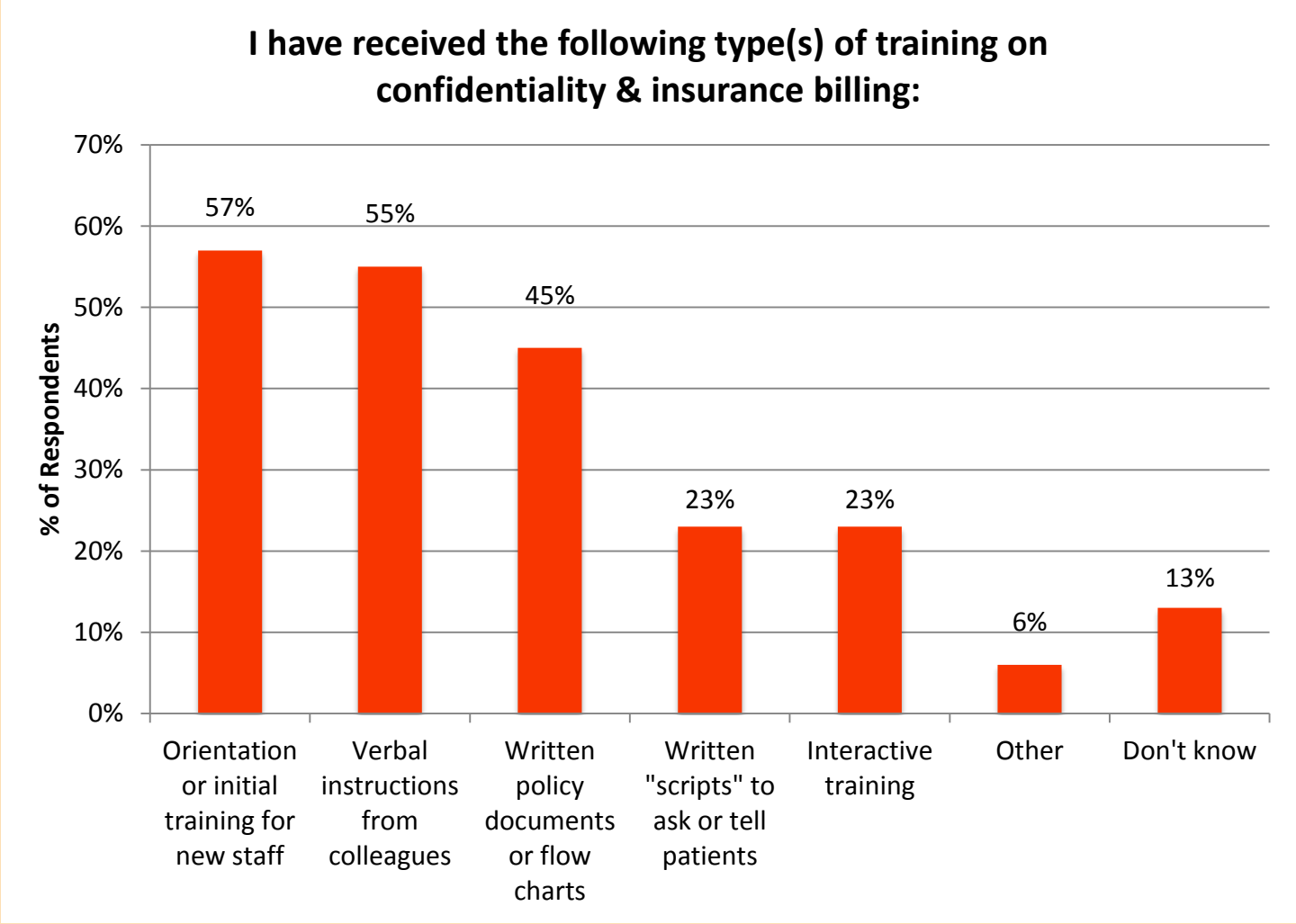
Findings: Financial Impact



Findings: Training

- Most frequent types of training:
  - Orientation
  - Verbal instructions
  - Written policy documents
- Clinicians were significantly less likely than front desk & billing/financial staff to report:
  - Receiving sufficient information about confidentiality & billing in training
  - Feeling confident in their skills to protect patient confidentiality in the insurance billing process

Findings: Training



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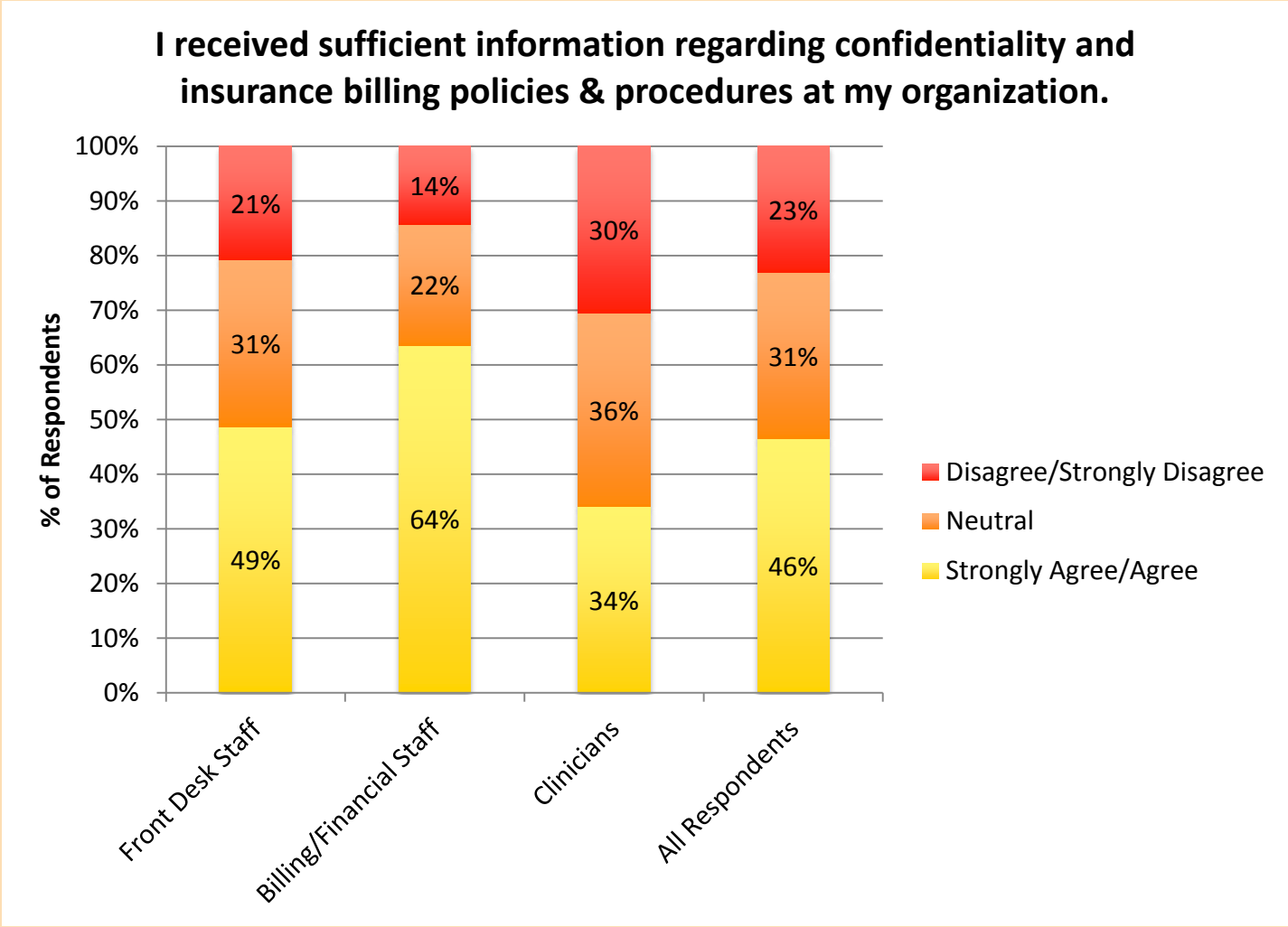
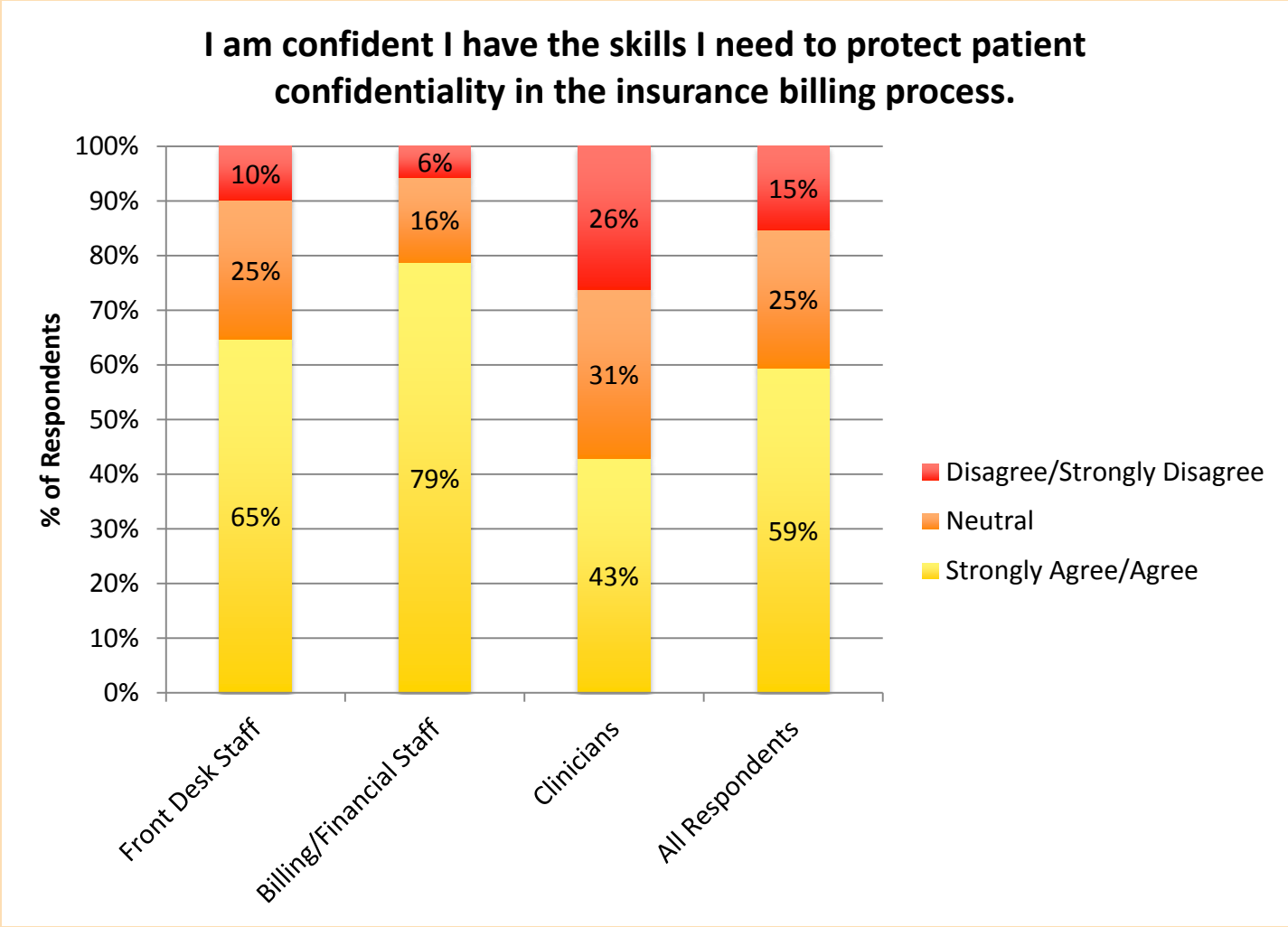


Findings: Training



Discussion

- Differentiating confidentiality of care-related communications (e.g., test results, mailings, calls) from insurance billing-related communications is challenging for many front-line staff members
- Title X health centers have well-developed strategies for protecting confidentiality of communications, but most use Title X funds rather than attempting to bill insurance for patients with confidentiality concerns
- Rapidly changing insurance landscapes in some states make it difficult for Title X health centers to have confidence in confidentiality protections for both Medicaid and commercial insurance

Recommendations (1)

- Screen for specific confidentiality concerns at each appointment
- Clarify needs for confidential payment for all patients
  - e.g. Do not assume that all teens need confidential payment
- Screen for and track patients' requests for confidential billing in addition to confidential communications
  - By service or visit (vs. entire record)
- Teach health insurance literacy as part of outreach and enrollment activities
- Collect outstanding balances at other visits, use alternative methods to send statements (e.g. email)

Recommendations (2)

- Determine how your state Medicaid agency implements third-party payer liability requirements
- Determine how health insurers (Medicaid, Medicaid managed care & commercial) send consumer communications
- Clarify eligibility requirements for Medicaid family planning expansion programs in your state
- Remind patients of option to redirect private health information
- Train staff to understand differences between confidential services, payment that does not breach privacy, and HIPAA requirements

Limitations

- May not be representative of all Title X health centers
- Difficult to calculate survey response rate
- Comparisons between staff look at overall job roles, not within organizations

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Confidentiality, Insurance, & 3rd Party Billing:

A Preview of 3 State Profiles

C&C Policy Work

- Year 1
  - White Paper: Confidentiality, Third Party Billing, & the Health Insurance Claims Process: Implications for Title X (2015)
  - Policy Guide: Proactive Policies to Protect Patients in the Health Insurance Claims Process (2015)
- Year 2
  - Site Visits & State Profiles
    - California, Colorado, & Washington

State Profiles: Site Visits

- Site Visits: CA, CO, WA
  - October & November 2015
  - Key informant interviews
    - Title X
    - Health care providers
    - Advocates & coalitions
    - Insurers
    - Insurance commissioners

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California

CA: The Law

- Confidential Health Information Act (CHIA)
  - S.B. 138, enacted 2013, implemented 2015
  - Explicit incorporation of HIPAA standards into state law
  - Clarify protection of confidentiality of medical information in insurance transactions
- Requests for confidential communications
  - Sensitive services – broadly defined
  - Endangerment – includes harassment or abuse
  - Insurers required to accommodate requests
    - Strict time limits

CA: Implementation

- 1 year lead time
- Active leadership: Title X, ACLU, NCYL
- Website for public education
- Widespread trainings
- Pilot efforts to test system
- Alternative options for confidential care
    - Medi-Cal Minor Consent
    - Family PACT
    - SF Health Plan

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Colorado

CO: The Law

- 3 Colo. Code Reg. §702-4, Sec. 6
  - Insurers "must take reasonable steps to ensure that the protected health information (PHI) of any adult child or dependent who is covered under the policy is protected … [including but not limited to] developing a means of communicating exclusively with the covered adult child or adult dependent such that PHI would not be sent to the policyholder without prior consent of the covered adult child or adult dependent."

CO: Implementation

- Broad coalition of allies
- Adults vs minors
- Implementation **options**
  - Regulatory vs legislative approach
  - Suppression of EOB for preventive services with no copay
  - Carrier pool of funds for sensitive services
- Implementation barriers
  - Scope of DOI authority
  - Carrier concerns re transparency
  - Documentation of deductibles
  - Pushback re minors
- Alternative confidentiality approaches

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Washington

WA: The Law

- WAC 284-04-510 (2001): Right to Limit Disclosure of Health Information
  - Predated HIPAA Privacy Rule
- Requests
  - Endangerment (e.g., domestic violence)
  - Sensitive services
- Minor's authorization required for disclosure
  - Minor consent laws

WA: Implementation

- Unclear status for many years
  - Varied implementation by insurers
  - Confusion with HIPAA
- Recent advocacy
  - Role of SBHCs
  - Broad coalition
  - Increased billing in Title X
  - Receptive insurance commissioner
  - Regulatory approach

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What Comes Next?

State Profiles: Big Themes

- Patient burden
  - Patients required to "opt-in" or initiate protections
  - More difficult for some patients: young, newly insured, endangered
- Deductibles
  - Insurers concerned about transparency
  - No clear path for protecting confidentiality & providing policyholders with financial information
- State-regulated vs ERISA plans

Paths Forward

- No complete solutions
  - No “Cadillac” plan!
  - Work on & implement partial solutions
- States’ laws & policies vary
  - Broad vs. limited protections
  - Minor consent laws
  - Medicaid & family planning expansions
  - State funded confidential services
- Patients’ privacy needs vary
  - Absolute protection
  - Ok as long as EOB does not go home
  - Some young adults not endangered

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Thank you!

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