The Impact of Health Systems Changes on the Title X Network

Key Findings, Lessons Learned, and Resources for the Field

Office of Population Affairs

August 2, 2017

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Objectives

By the end of the webinar, grantees will have an understanding of:

1. The purpose and background of the *ACA Collaborative* project
2. Key findings and lessons learned of each of the *ACA Collaborative* projects
3. New and existing resources available to the Title X network and where to locate them

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The ACA Collaborative
Purpose

The *ACA Collaborative* was formed because OPA wanted to better understand the impact of health systems changes on the Title X network, resulting from the implementation of the Affordable Care Act.

- *How do we set up the network for long-term sustainability?*

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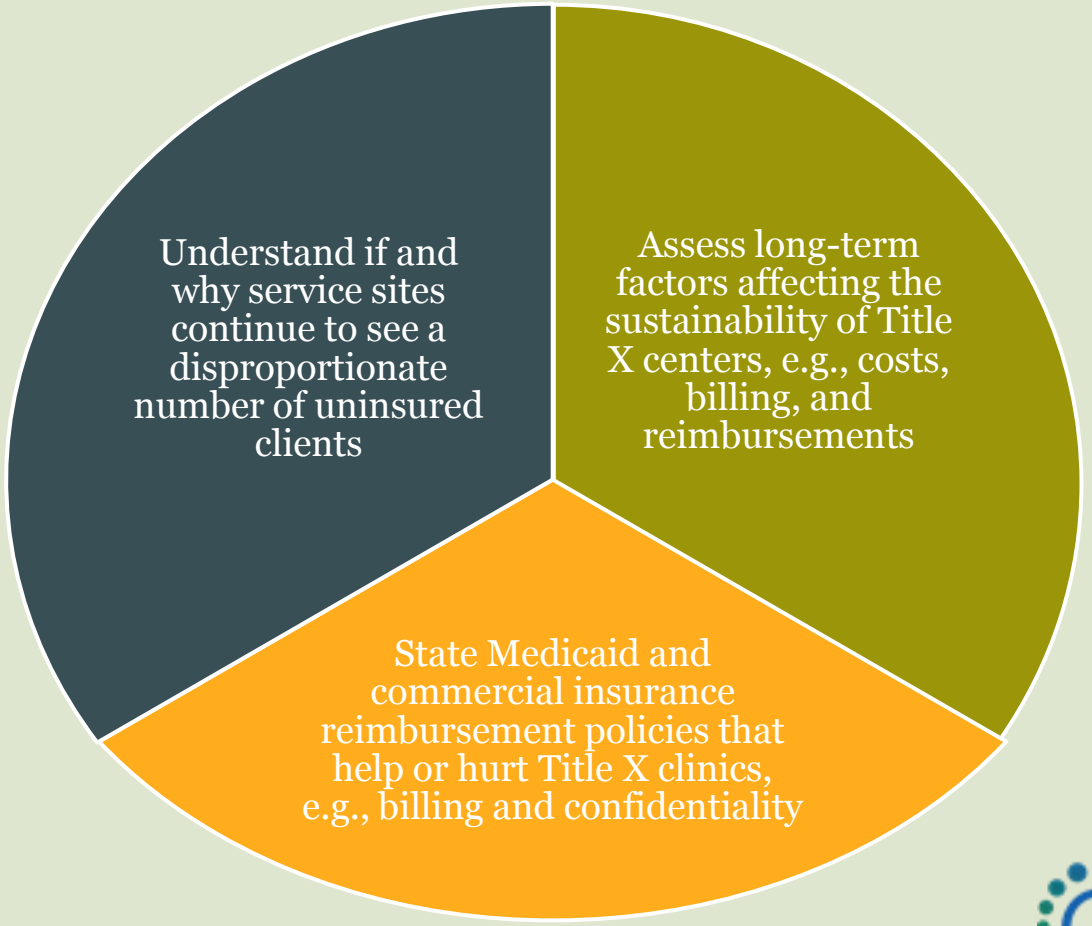
The ACA Collaborative
Background

Specifically, OPA wanted to:



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The ACA Collaborative
Background

- In August 2014, OPA funded four competitive cooperative agreements to form the *ACA Collaborative*.
  - Project ended on June 30, 2017

- Comprised of three primary grantees:
  - Guttmacher Institute
  - National Family Planning and Reproductive Health Association (NFPRHA)
  - Altarum Institute

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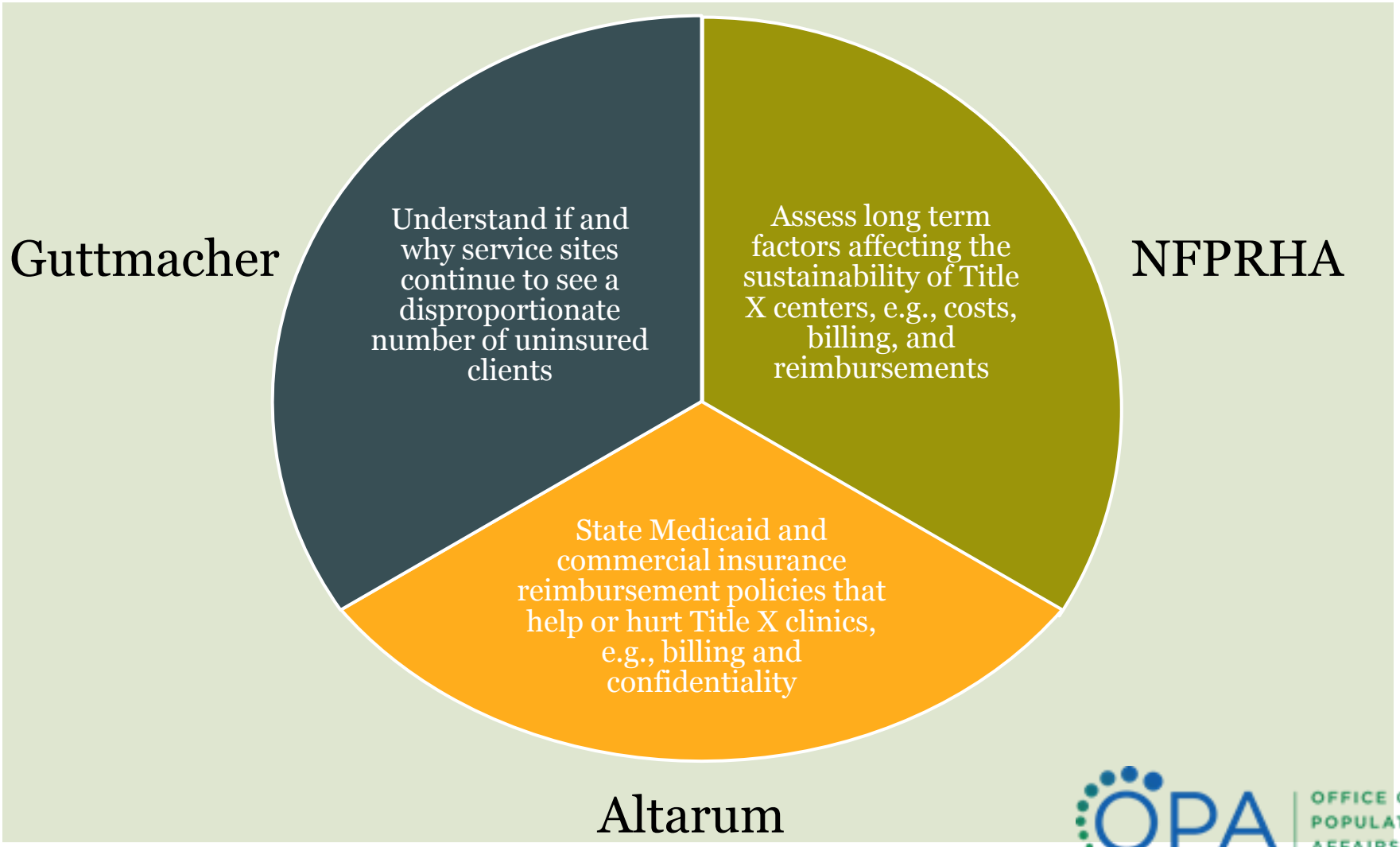
The ACA Collaborative
Background



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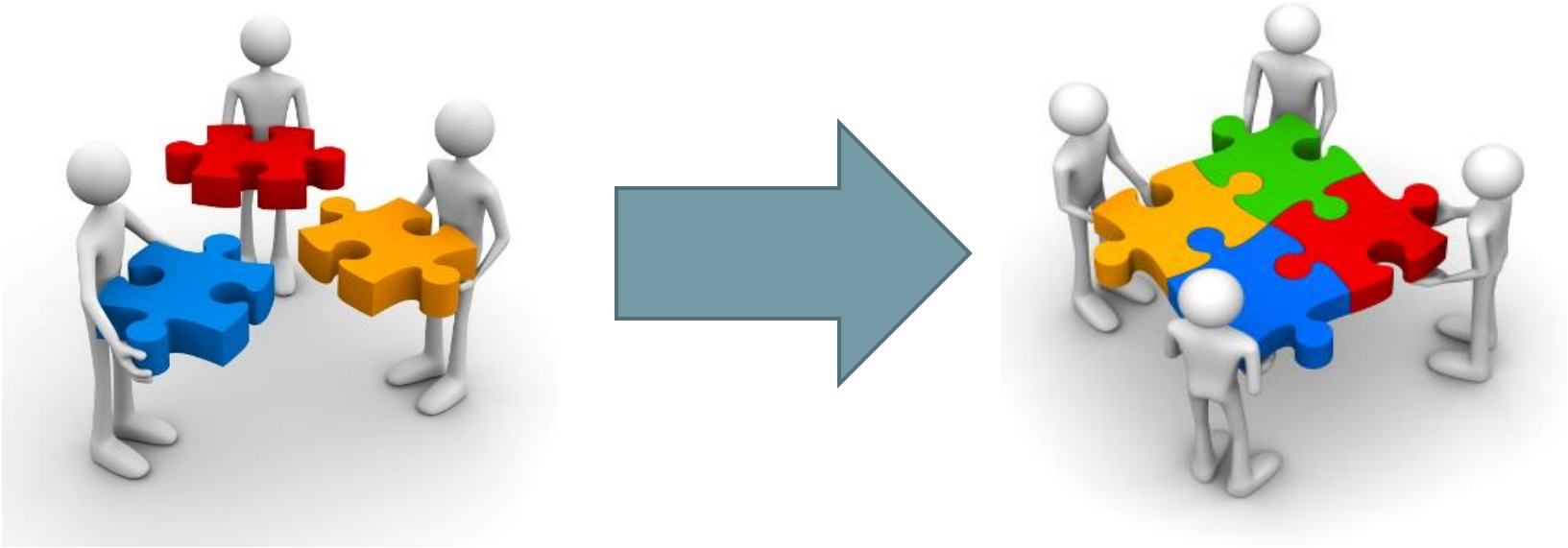
The ACA Collaborative
Background

OPA's vision:



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The ACA Collaborative

Let's hear from the grantees!

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The ACA Collaborative
Locating resources

Please note that resources will also be posted on fpntc.org.

- *More information to come!*

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The ACA Collaborative
Q&A

Questions?

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CONFIDENTIAL + COVERED

National
Family Planning
& Reproductive Health Association

Goals and collaborators

Goals:

To identify policies and practices that lead to revenue loss at Title X health centers due to the provision of confidential health services, and attempt to mitigate those factors, and

To improve health centers' sustainability while preserving Title X's commitment to provision of confidential services

Collaborators:

- *The George Washington University's Milken Institute School of Public Health*
- *Center for Adolescent Health & the Law*
- *University of California, San Francisco's Bixby Center for Global Reproductive Health*

Outline

Confidentiality in the policy environment

Implications for the revenue cycle

Findings from screening intervention

Part 1: Policies and practices

- Title X statute, regulations, guidance
- Title X health center staff
  - Environmental scan – review of procedures
  - Focus groups
- Other Federal laws
  - HIPAA Privacy Rule: disclosures for payment
  - ERISA & ACA: notice of denials of claims

Part 1: State Policies

California | Washington | Colorado

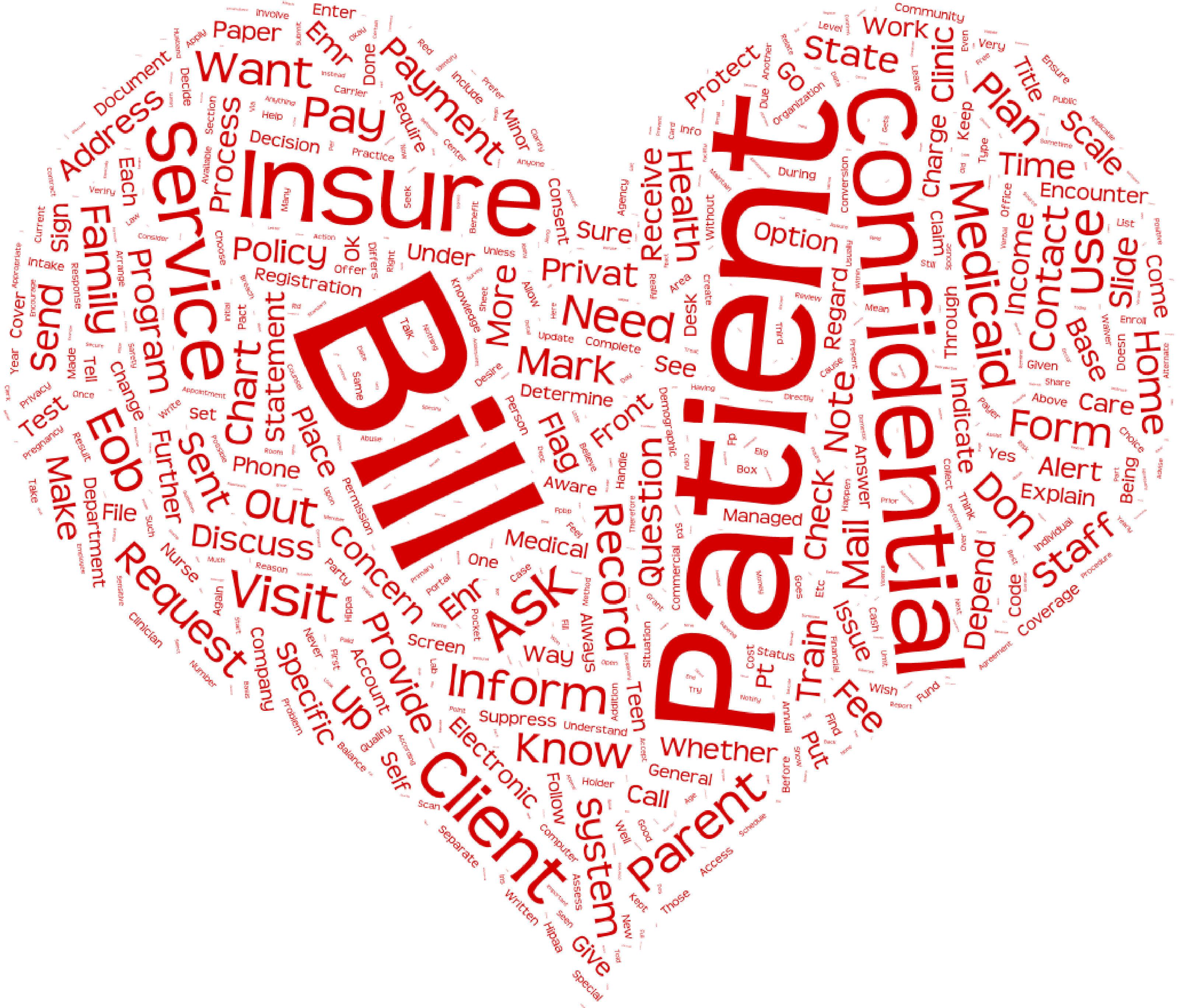
Illinois | Maryland | Oregon

The Four Approaches

- Allowing requests for confidential communications
- Restricting disclosure of information based on service or population
- Allowing requests for restrictions on disclosure of information
- Requiring specific confidentiality protections for adult dependents

Part 1: Barriers to Implementation

- Fears about privacy breaches
- The onus is on the patient….and the provider
- Limited general awareness of policies
- Challenge to provide staff training and educational materials
- Policyholder transparency and documentation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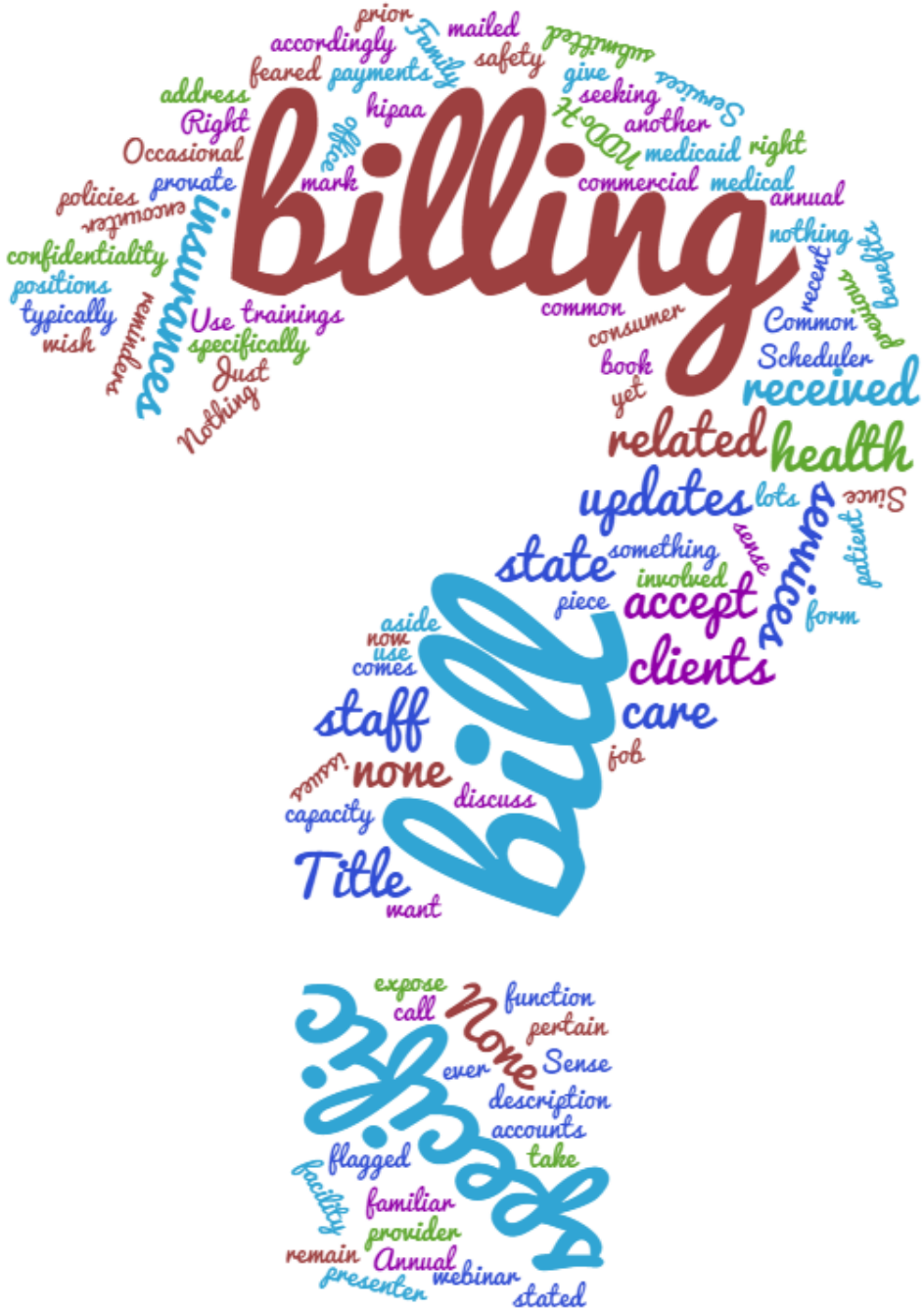
Part 2: Tracking Revenue Loss

- Environmental scan showed that 52% of front desk staff directly ask patients about their needs for billing that does not breach privacy
- Developed a logic to analyze revenue data to determine unrealized revenue due to not seeking reimbursement
- Organizations adapted screening processes and trained staff to implement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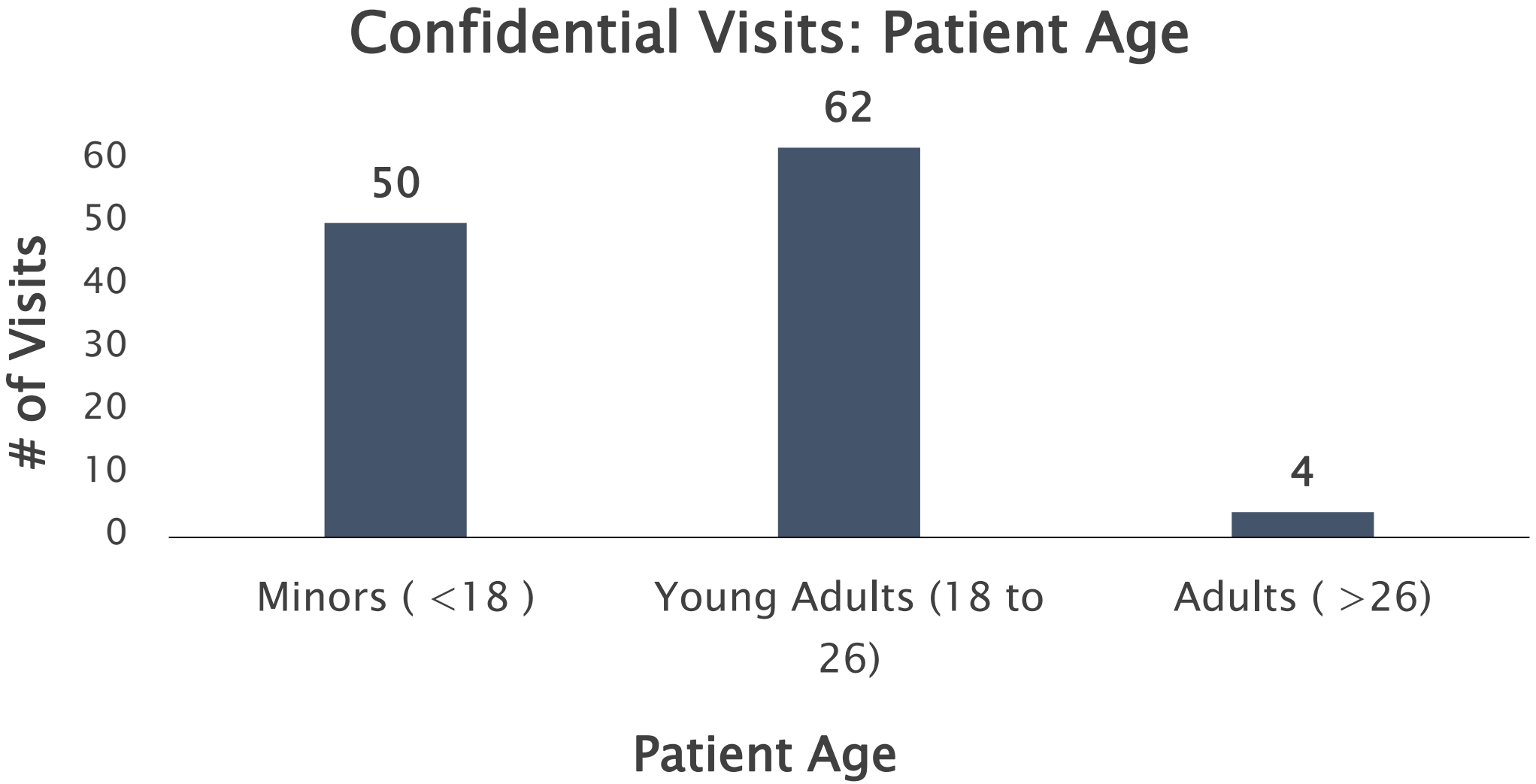
Part 3: Intervention

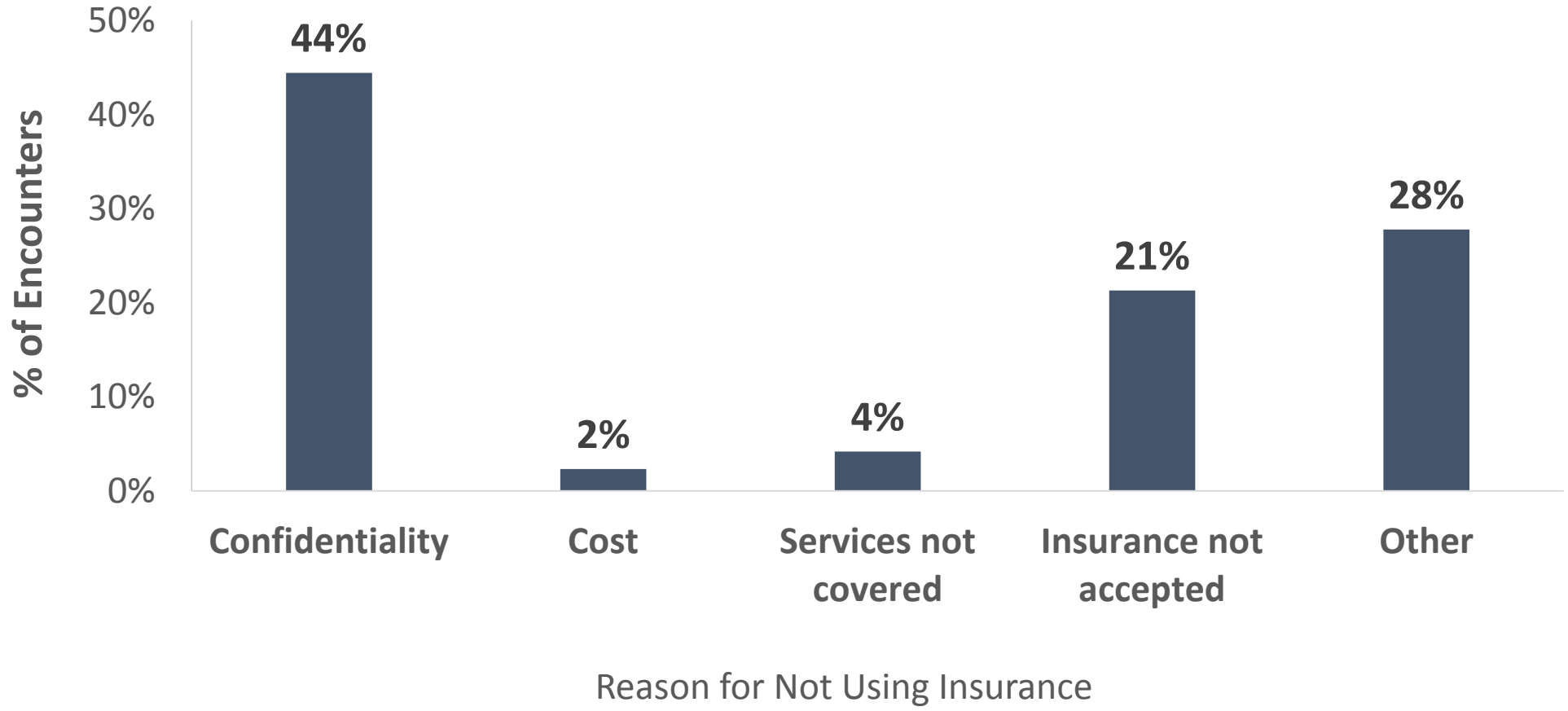
- 17 Title X health centers nation-wide
- Stepped wedged cluster randomized trial
- Successful in increasing staff knowledge and skills that are necessary to distinguish between confidential services and payment that does not breach privacy.
- Frontline staff responded positively to the training, particularly those who were relatively new to their roles
- Processes were helpful and easy to follow, and staff indicated they would want to continue following the processes after the end of the study.

Part 3: Intervention



Part 3: Intervention

Among the Encounters in Which Patients Opted Out of Using Their Insurance, Reasons for Not Wanting to Use Insurance, Based on Intervention Screening Questions



Recommendation: Screen and track

- Screen for health insurance coverage at each appointment.
- Screen for the need for confidential payment at each appointment.
- Screen all patients for health insurance coverage and confidentiality needs, regardless of factors such as their age or the reason for the visit.
- Ask about insurance billing rather than assuming that patients who express desires for confidentiality also need payment that does not breach privacy.
- Ask why patients have chosen not to use their insurance.
- Document and track when patients choose not to use their insurance coverage; use this information to inform screening practices, training staff, and working with insurance plans.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Disclosure
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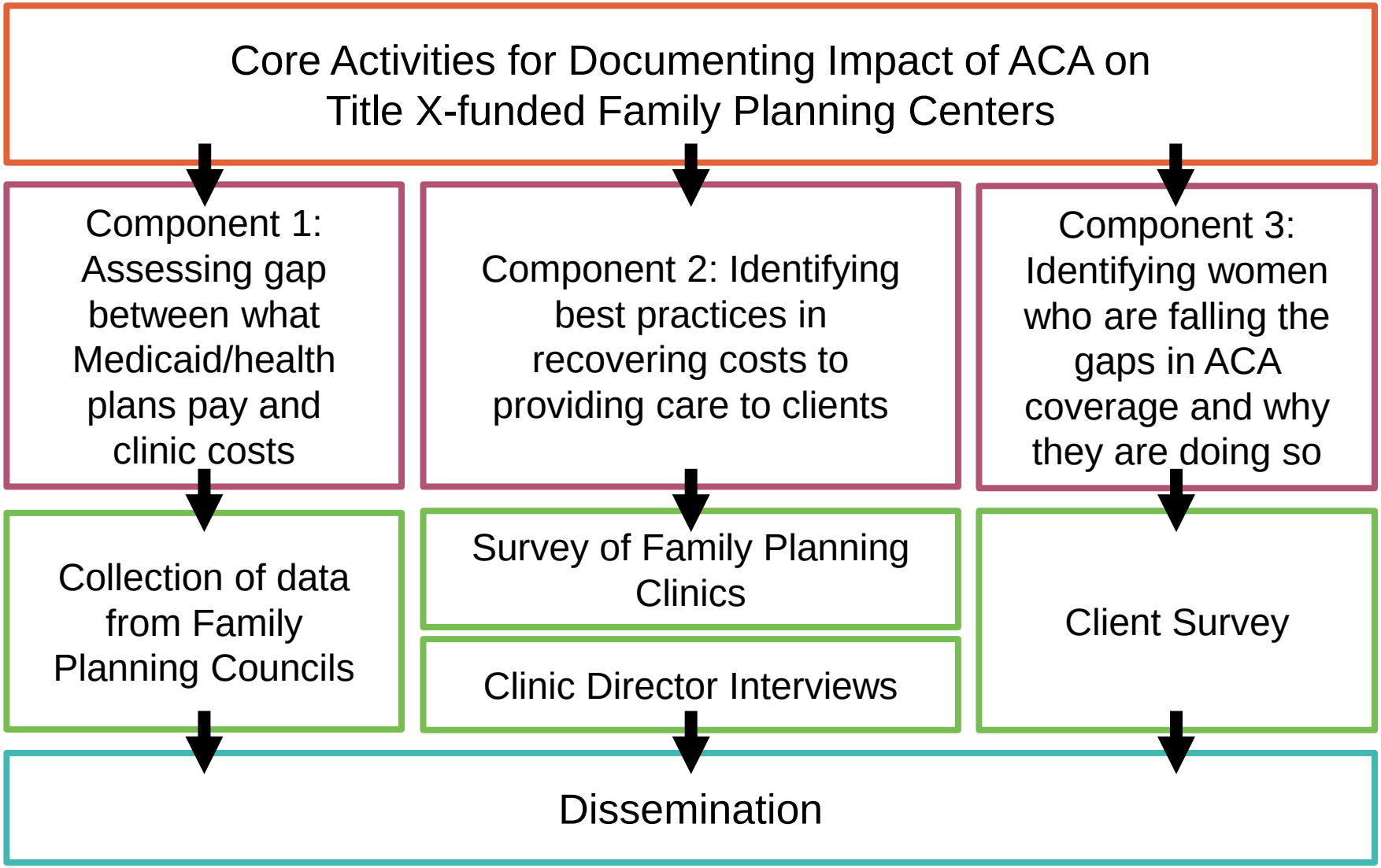
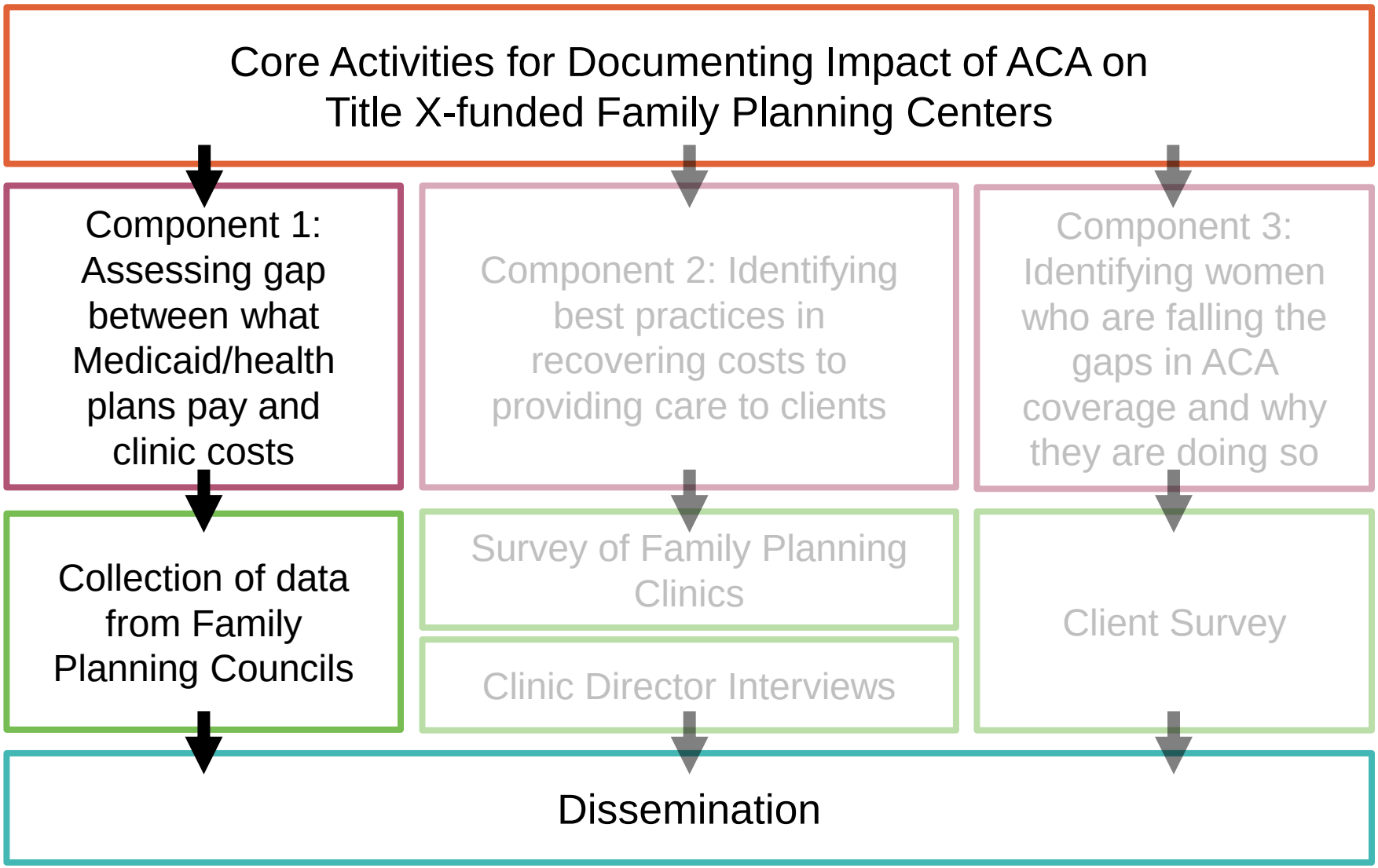
https://www.confidentialandcovered.com/

- Research examining factors influencing providers' capacity to bill insurers for confidential services + recommendations for health centers
- White paper on federal and state policies that impact Title X providers’ capability to bill for confidential services
- Report on the insurance screening intervention
- Profiles of state policy action in California, Colorado, Illinois, Maryland, Oregon, and Washington + an overview of lessons learned across the states
- Guide to understanding how policies may be implemented in your state and potential solutions
- Summary of revenue loss logic + a workbook

Thank you

Financial Viability and Sustainability of Title X Centers, 2014–2017





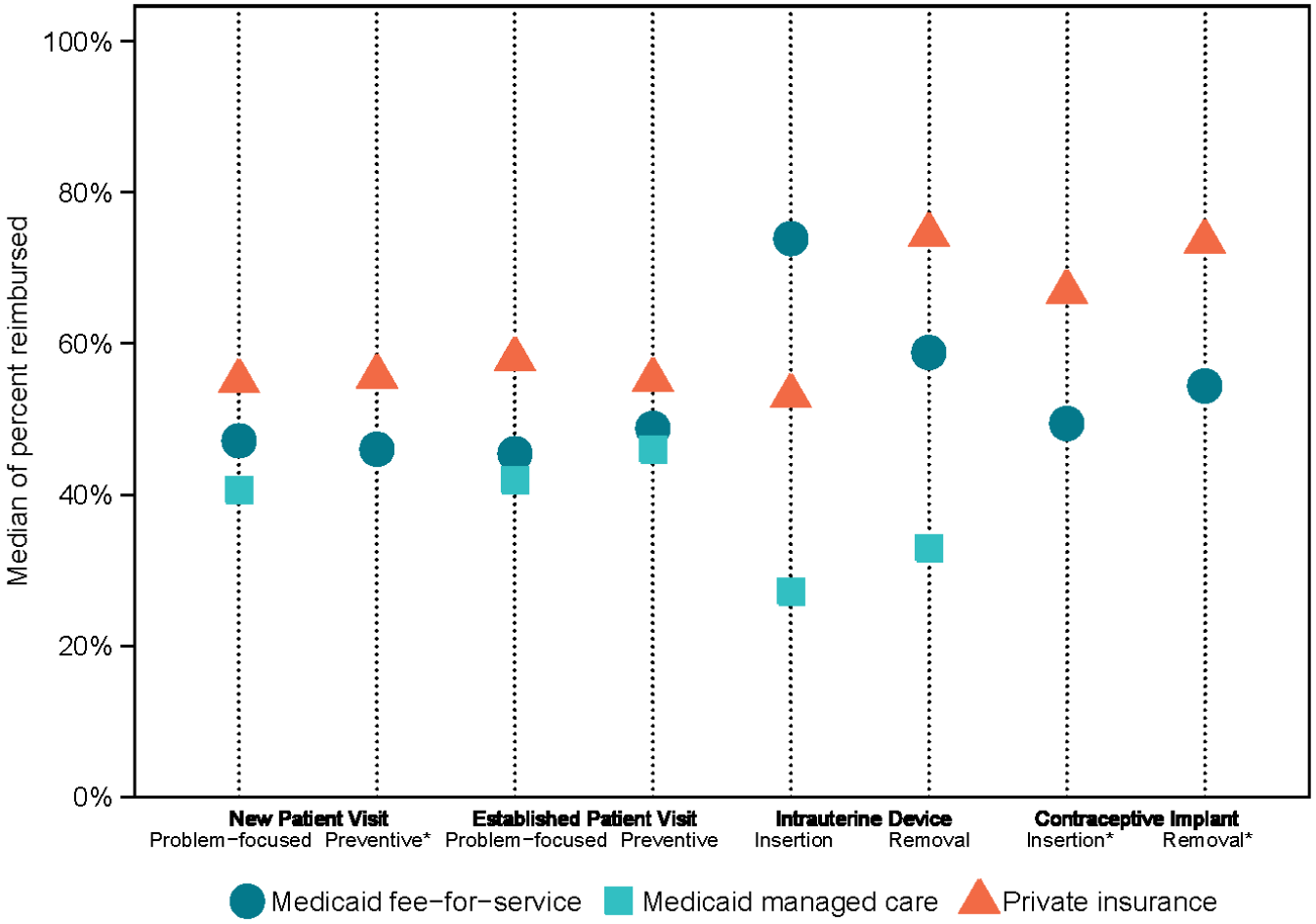
Family Planning Council Work

Assessing Gap Between Title X Costs and Reimbursement

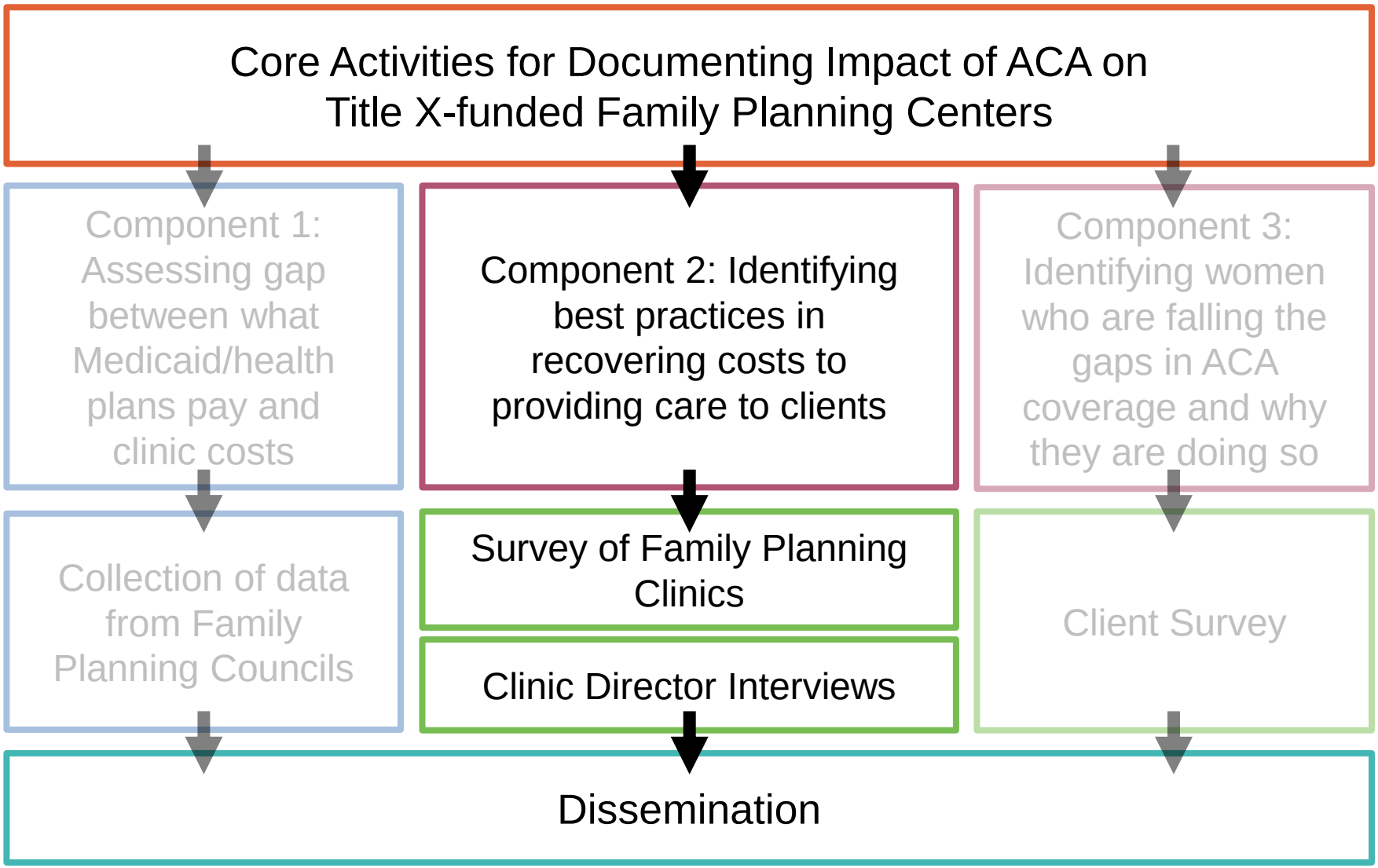
The Study

- **How well do Medicaid and private insurance reimburse, compared with the actual cost of care?**
- **Data obtained through 11 family planning councils**
  - not nationally representative
  - but representing 350+ clinics and 900,000+ contraceptive clients

Comparison of the median percent reimbursed across payer types.



*We received fewer than 15 responses; therefore, they are not included in analysis.

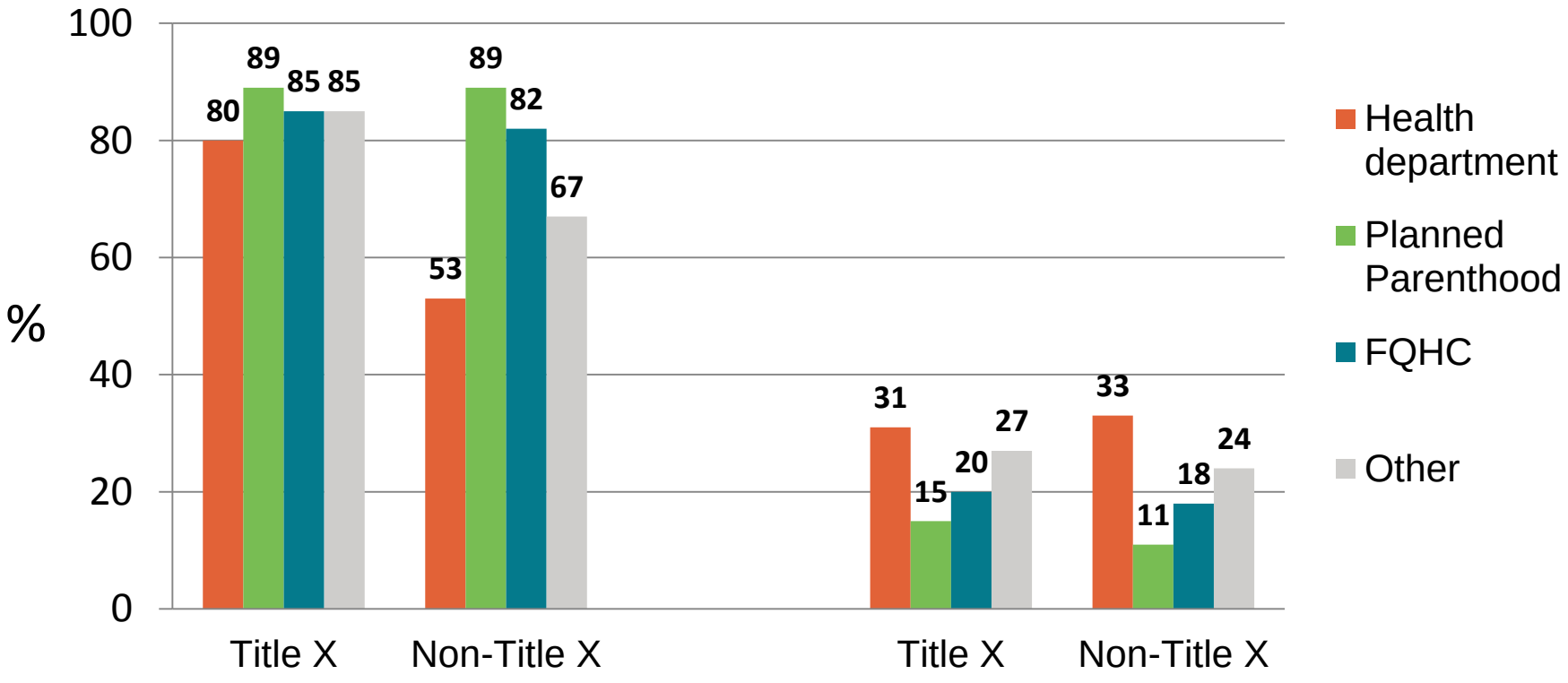

Core Activities for Documenting Impact of ACA on Title X-funded Family Planning Centers
Component 1: Assessing gap between what Medicaid/health plans pay and clinic costs
Component 2: Identifying best practices in recovering costs to providing care to clients
Component 3: Identifying women who are falling the gaps in ACA coverage and why they are doing so
Collection of data from Family Planning Councils
Survey of Family Planning Clinics
Clinic Director Interviews
Client Survey
Dissemination

Survey and Interviews with Family Planning Centers

Identifying barriers and strategies for financial sustainability

Billing and reimbursement practices at Title X-funded family planning centers under the Affordable Care Act

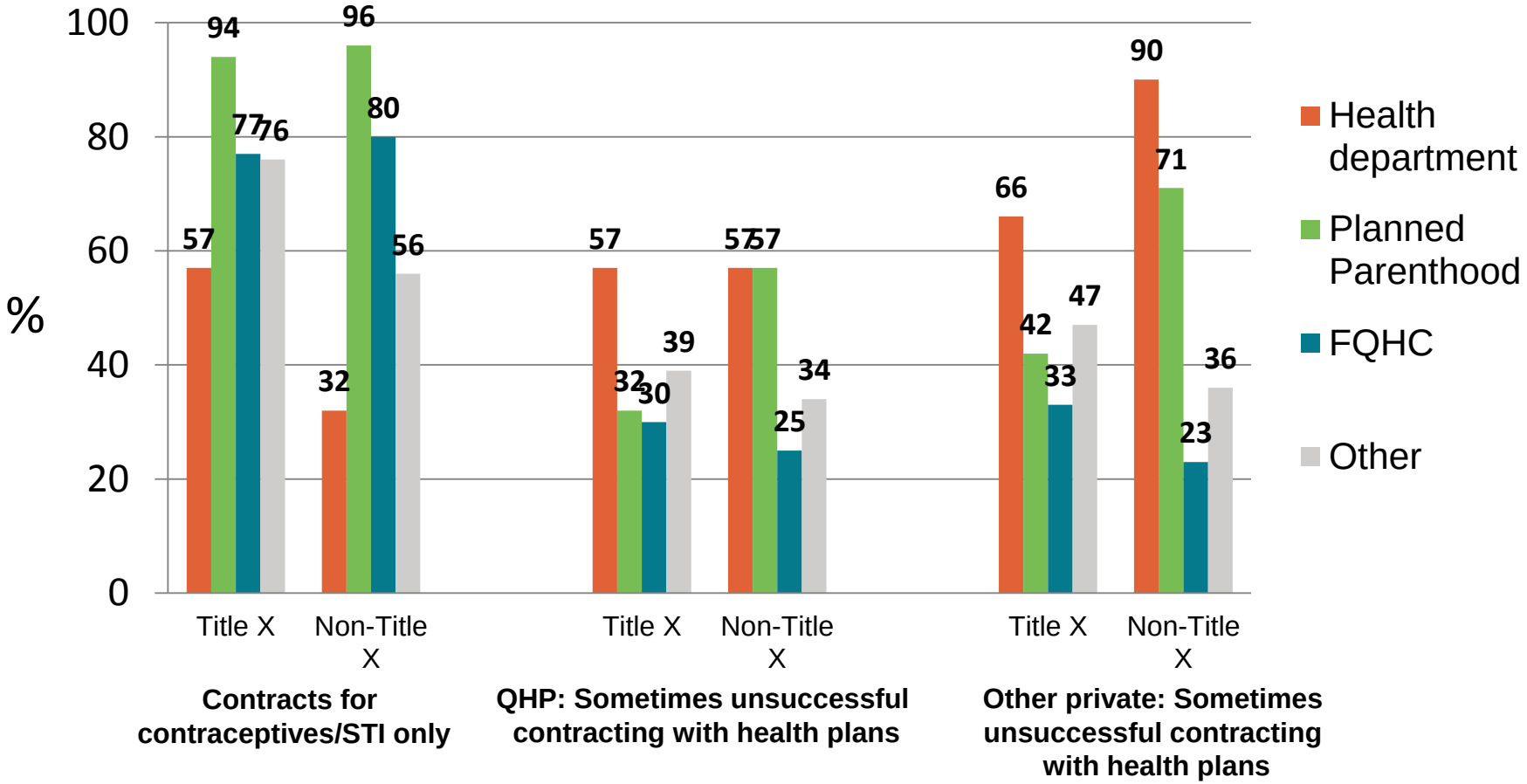
Contracting with health plans: Medicaid



Contracts for contraceptives/STI only

Sometimes unsuccessful contracting with health plans

Contracting with health plans: Private



Contracts for contraceptives/STI only

QHP: Sometimes unsuccessful contracting with health plans

Other private: Sometimes unsuccessful contracting with health plans

Coverage restrictions

Top coverage restrictions reported: Private insurance	TOTAL %
Prior authorization required	35
Quantity limits: 30 day initial supply	23
On-site prescription methods	19
Limited number of well woman visits	19

Top coverage restrictions reported: Medicaid	TOTAL %
Prior authorization required	27
Quantity limits: 30 day initial supply	19
Quantity limits: Less than one year	20
Limited number of well woman visits	14

Financial Sustainability Calculator for Safety-Net Centers

Identifying best practices for cost recovery

Financial Sustainability Calculator for Safety-Net Family Planning Centers

This calculator allows safety-net family planning centers to estimate two key indicators of financial sustainability:

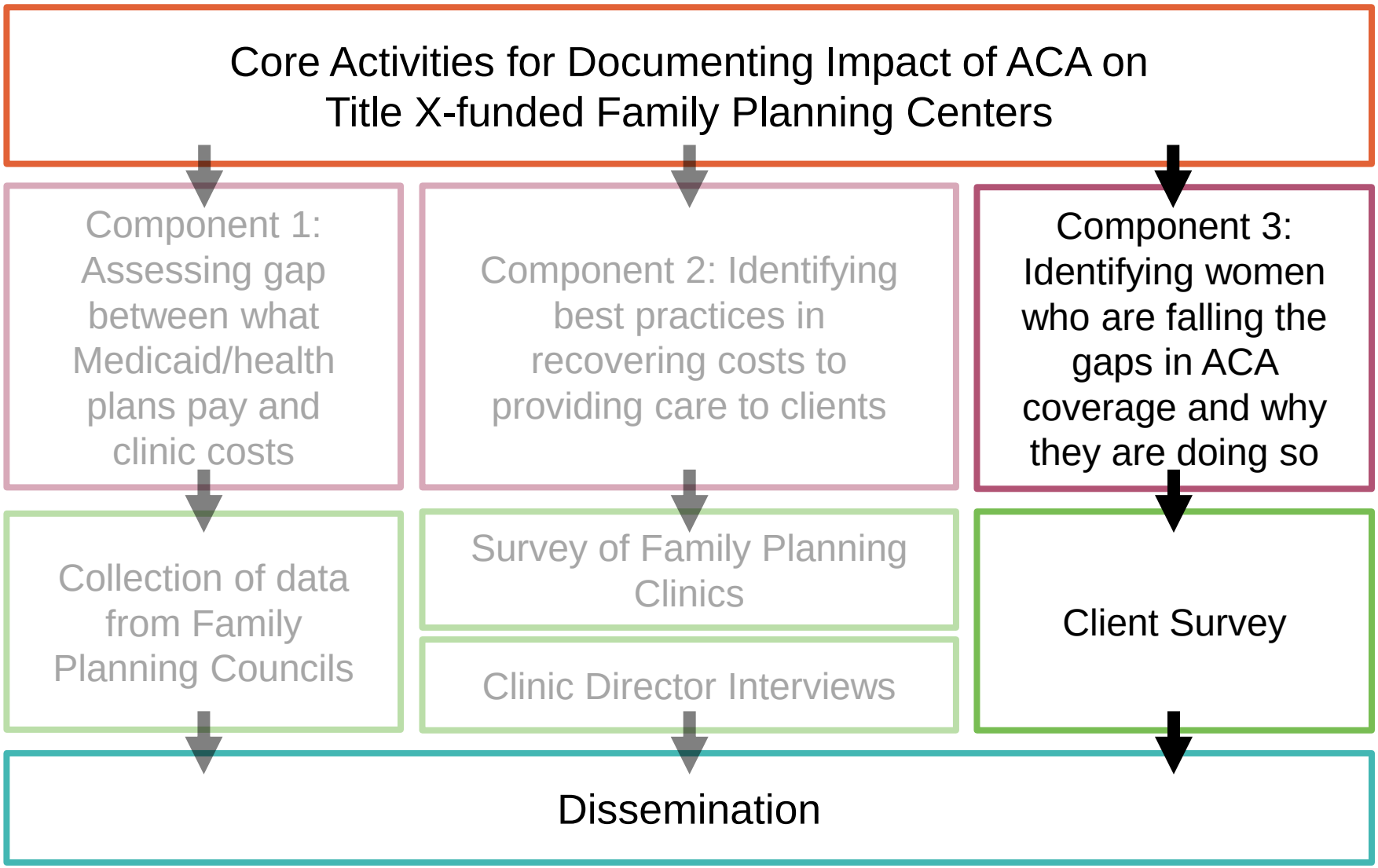
- % of contraceptive visits reimbursed by Medicaid or private insurance
- % of the total cost of providing contraceptive visits recovered from Medicaid or private insurance

It allows users to:

- generate estimates for different types of health centers (using Guttmacher Institute data);
- compare estimates for different types of health centers;
- input data from their own health center(s) to see estimates for their program;
- compare estimates for their own health center(s) with others; and
- estimate the potential impact that changing key inputs could have on sustainability.

Information on how the calculator works, the sources used for the built-in data, and the limitations of the calculator and the data can be found in a separate methodology document: http://www.guttmacher.org/report/safety-net-centers-sustainability-calculator

Next Page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Survey of Family Planning Clients

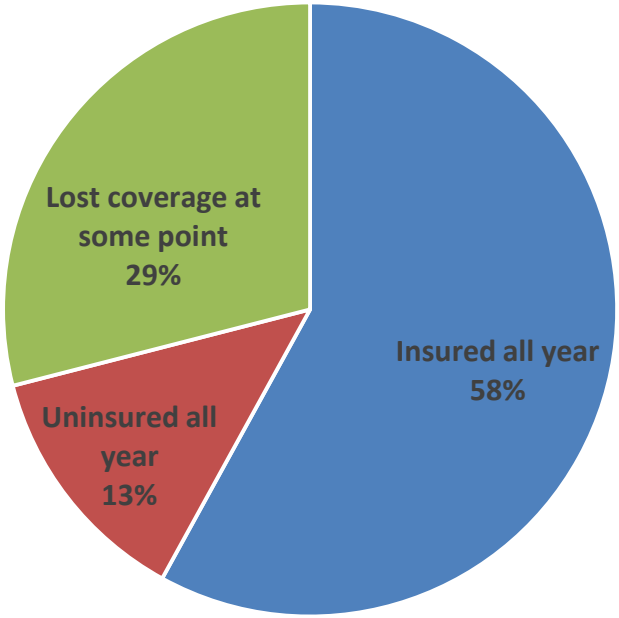
Identifying women who fall through coverage gaps

Who has insurance?

- **Most clients (71%)**
- **Coverage less common among**
  - New clients
  - Low income clients
  - Hispanic clients and those identifying as “other” race
  - Clients born outside of the U.S.

Instability in coverage over past year

Client insurance coverage in past year



- 42% of clients who tried to get coverage couldn't afford it
- High costs (26%) and not knowing how to get insurance (26%) were cited as reasons for not trying

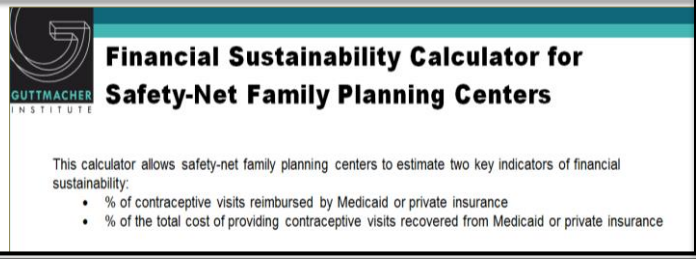
Cost of confidentiality issue to Title X system

- **All clients = $60 million**
  - Medicaid = $32 million
  - Private = $28 million
- **Clients under age 20 = $26 million**
  - Medicaid = $14 million
  - Private = $12 million

Resources

- Report on gap between reimbursement and costs of providing care:
  https://www.guttmacher.org/report/assessing-gap-between-cost-care-title-x-family-planning-providers-and-reimbursement-medicaid

- Financial sustainability calculator:
  https://www.guttmacher.org/report/safety-net-centers-sustainability-calculator



- Journal article describing clinic-level findings on insurance-related practices at Title X centers

Coming soon!

- Journal article describing client-level findings on insurance-related characteristics of clients at Title X centers

Coming soon!

Need for, and Impact of, Publicly Funded Family Planning in the Era of Health Reform, 2014-2017

Family Planning Research Cooperative
Agreement # FPRPA006058

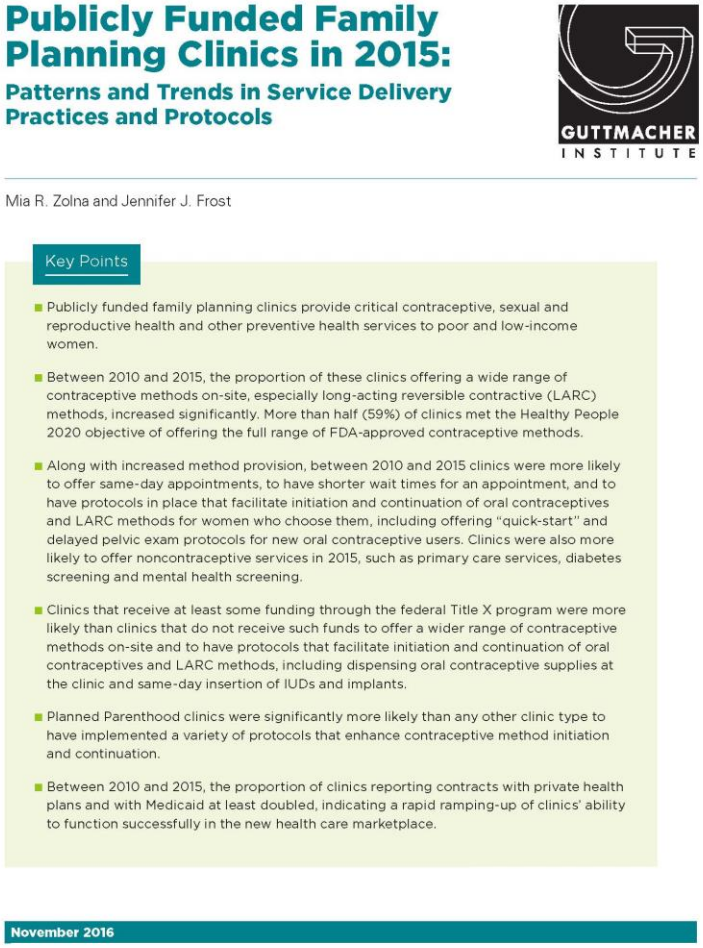
Key Objectives

- **To produce timely evidence needed by national and local policy and program planners and family planning providers as they respond to a changing health care environment**

- **Specifically, to:**
  - Assess ***service delivery patterns and trends*** among family planning centers through surveys;
  - Evaluate the ***long-term sustainability and impact*** of family planning providers by monitoring the numbers of women in need and clients served and estimating the costs and benefits of care; and to
  - Examine ***trends in service utilization***.

Service Delivery Patterns and Trends

2015 Survey of Clinics



Publicly Funded Family Planning Clinics in 2015:

Patterns and Trends in Service Delivery Practices and Protocols

GUTTMACHER INSTITUTE

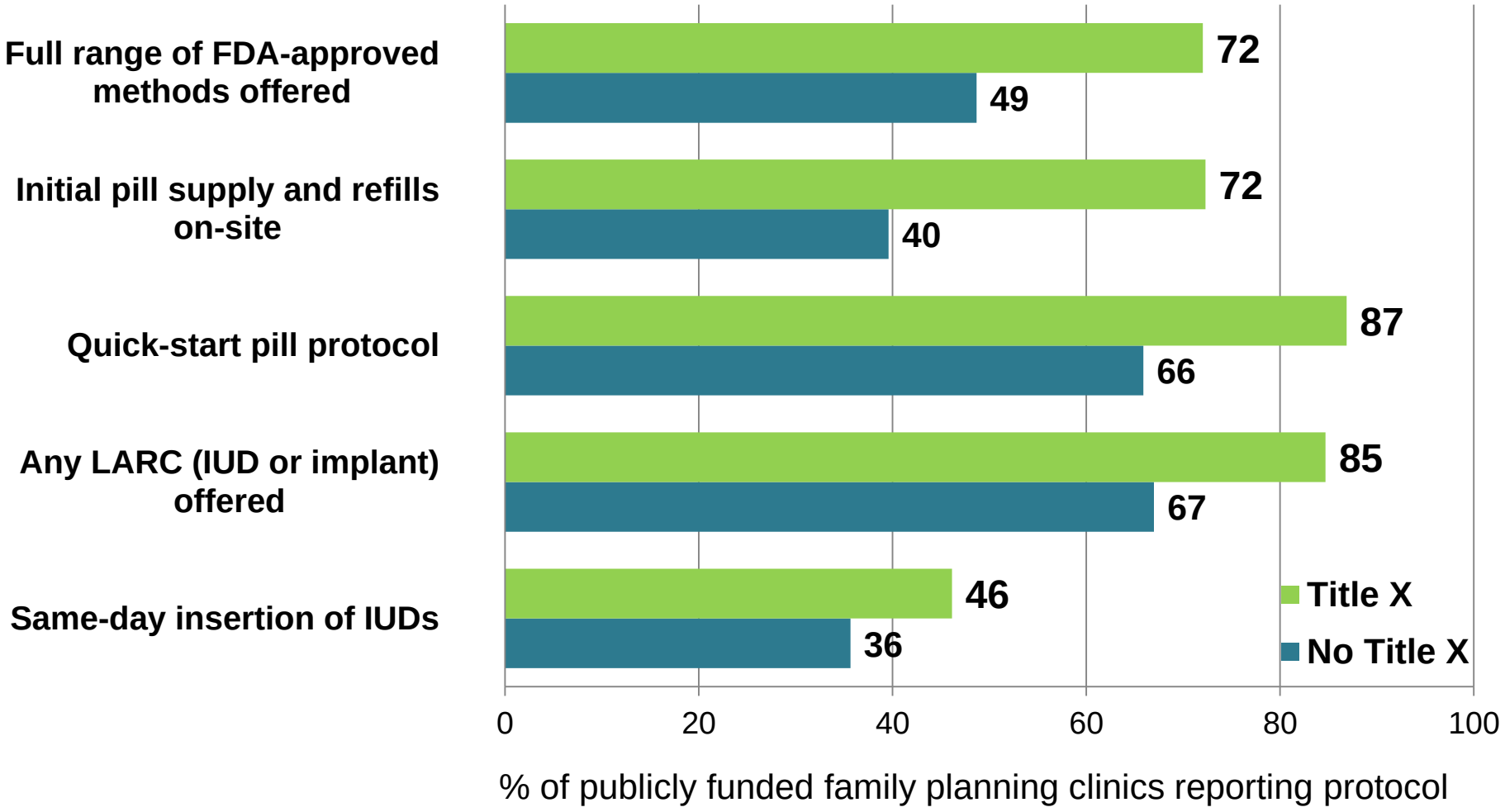
Mia R. Zolna and Jennifer J. Frost

Key Points

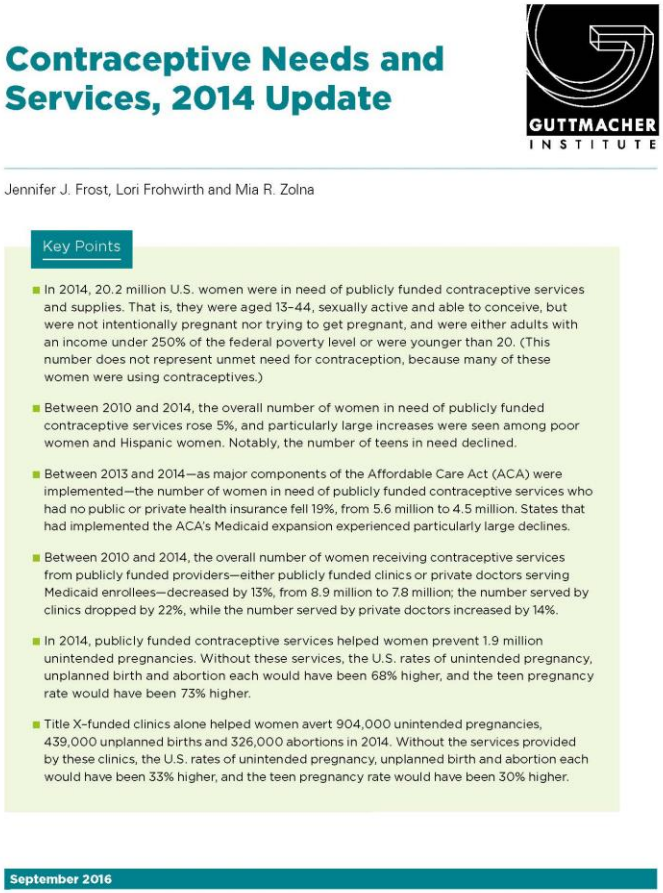
- Publicly funded family planning clinics provide critical contraceptive, sexual and reproductive health and other preventive health services to poor and low-income women.
- Between 2010 and 2015, the proportion of these clinics offering a wide range of contraceptive methods on-site, especially long-acting reversible contractive (LARC) methods, increased significantly. More than half (59%) of clinics met the Healthy People 2020 objective of offering the full range of FDA-approved contraceptive methods.
- Along with increased method provision, between 2010 and 2015 clinics were more likely to offer same-day appointments, to have shorter wait times for an appointment, and to have protocols in place that facilitate initiation and continuation of oral contraceptives and LARC methods for women who choose them, including offering "quick-start" and delayed pelvic exam protocols for new oral contraceptive users. Clinics were also more likely to offer noncontraceptive services in 2015, such as primary care services, diabetes screening and mental health screening.
- Clinics that receive at least some funding through the federal Title X program were more likely than clinics that do not receive such funds to offer a wider range of contraceptive methods on-site and to have protocols that facilitate initiation and continuation of oral contraceptives and LARC methods, including dispensing oral contraceptive supplies at the clinic and same-day insertion of IUDs and implants.
- Planned Parenthood clinics were significantly more likely than any other clinic type to have implemented a variety of protocols that enhance contraceptive method initiation and continuation.
- Between 2010 and 2015, the proportion of clinics reporting contracts with private health plans and with Medicaid at least doubled, indicating a rapid ramping-up of clinics' ability to function successfully in the new health care marketplace.

November 2016

Key service delivery indicators by Title X funding status, 2015:



Monitoring Clinic Sustainability



Contraceptive Needs and Services, 2014 Update

GUTTMACHER INSTITUTE

Jennifer J. Frost, Lori Frohwirth and Mia R. Zolna

Key Points

- In 2014, 20.2 million U.S. women were in need of publicly funded contraceptive services and supplies. That is, they were aged 13–44, sexually active and able to conceive, but were not intentionally pregnant nor trying to get pregnant, and were either adults with an income under 250% of the federal poverty level or were younger than 20. (This number does not represent unmet need for contraception, because many of these women were using contraceptives.)
- Between 2010 and 2014, the overall number of women in need of publicly funded contraceptive services rose 5%, and particularly large increases were seen among poor women and Hispanic women. Notably, the number of teens in need declined.
- Between 2013 and 2014—as major components of the Affordable Care Act (ACA) were implemented—the number of women in need of publicly funded contraceptive services who had no public or private health insurance fell 19%, from 5.6 million to 4.5 million. States that had implemented the ACA's Medicaid expansion experienced particularly large declines.
- Between 2010 and 2014, the overall number of women receiving contraceptive services from publicly funded providers—either publicly funded clinics or private doctors serving Medicaid enrollees—decreased by 13%, from 8.9 million to 7.8 million; the number served by clinics dropped by 22%, while the number served by private doctors increased by 14%.
- In 2014, publicly funded contraceptive services helped women prevent 1.9 million unintended pregnancies. Without these services, the U.S. rates of unintended pregnancy, unplanned birth and abortion each would have been 68% higher, and the teen pregnancy rate would have been 73% higher.
- Title X–funded clinics alone helped women avert 904,000 unintended pregnancies, 439,000 unplanned births and 326,000 abortions in 2014. Without the services provided by these clinics, the U.S. rates of unintended pregnancy, unplanned birth and abortion each would have been 33% higher, and the teen pregnancy rate would have been 30% higher.

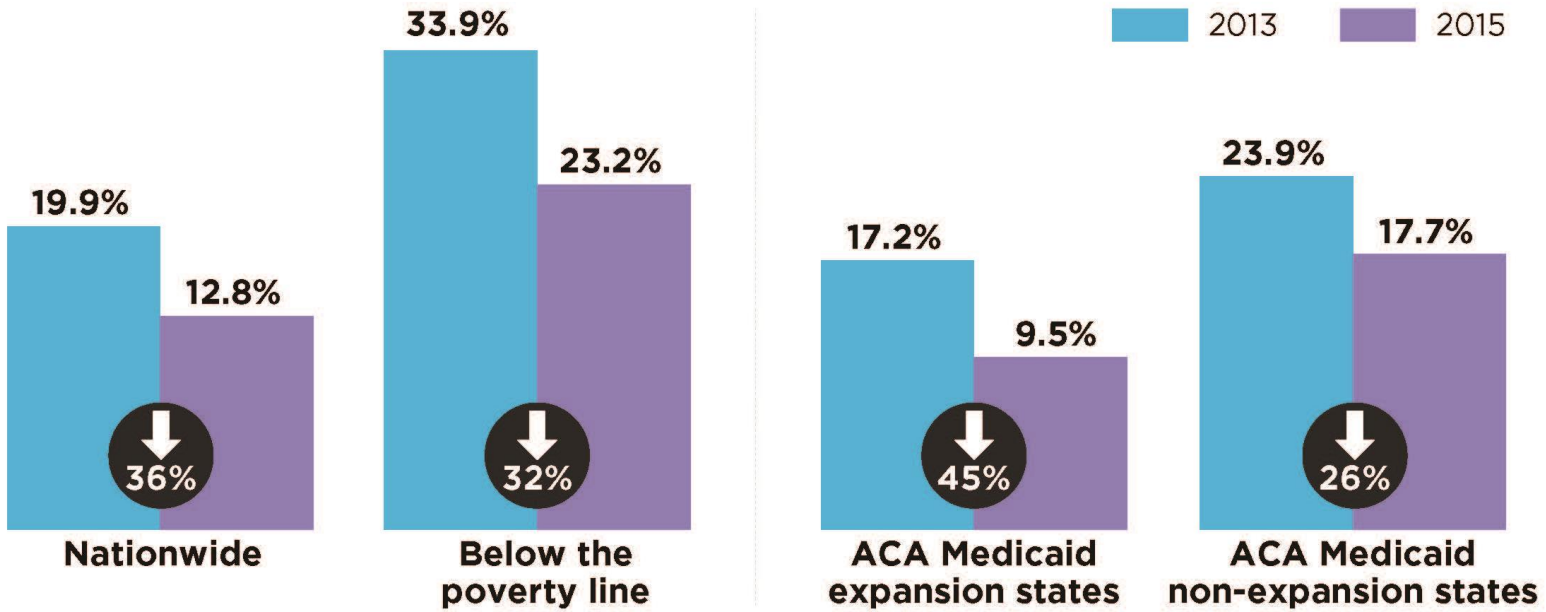
September 2016

- Contraceptive Needs and Services
- Insurance status of women
- Impact of services
- Public funding for family planning

GUTTMACHER INSTITUTE

Fewer U.S. women of reproductive age were uninsured in 2015.

% of women aged 15–44 who were uninsured



Notes: Poor women are those in families with incomes under the federal poverty level ($20,090 for a family of three in 2015). ACA stands for the Affordable Care Act. *Source:* Special tabulations of data from the 2014 and 2016 American Community Survey (data are for 2013 and 2015).

gu.tt/insurance2015

Publicly Funded Contraceptive Services At U.S. Clinics, 2015

GUTTMACHER INSTITUTE

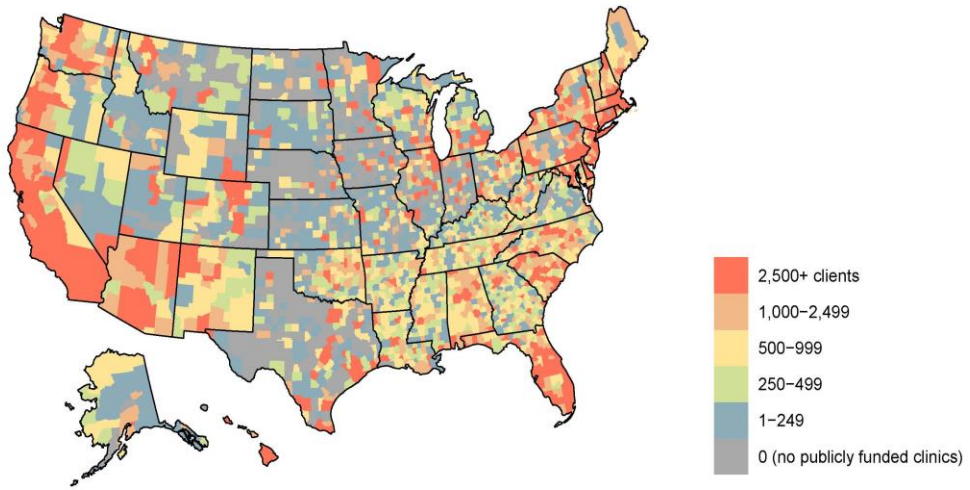
Jennifer J. Frost, Lori F. Frohwirth, Nakeisha Blades, Mia R. Zolna, Ayana Douglas-Hall and Jonathan Bearak

Key Points

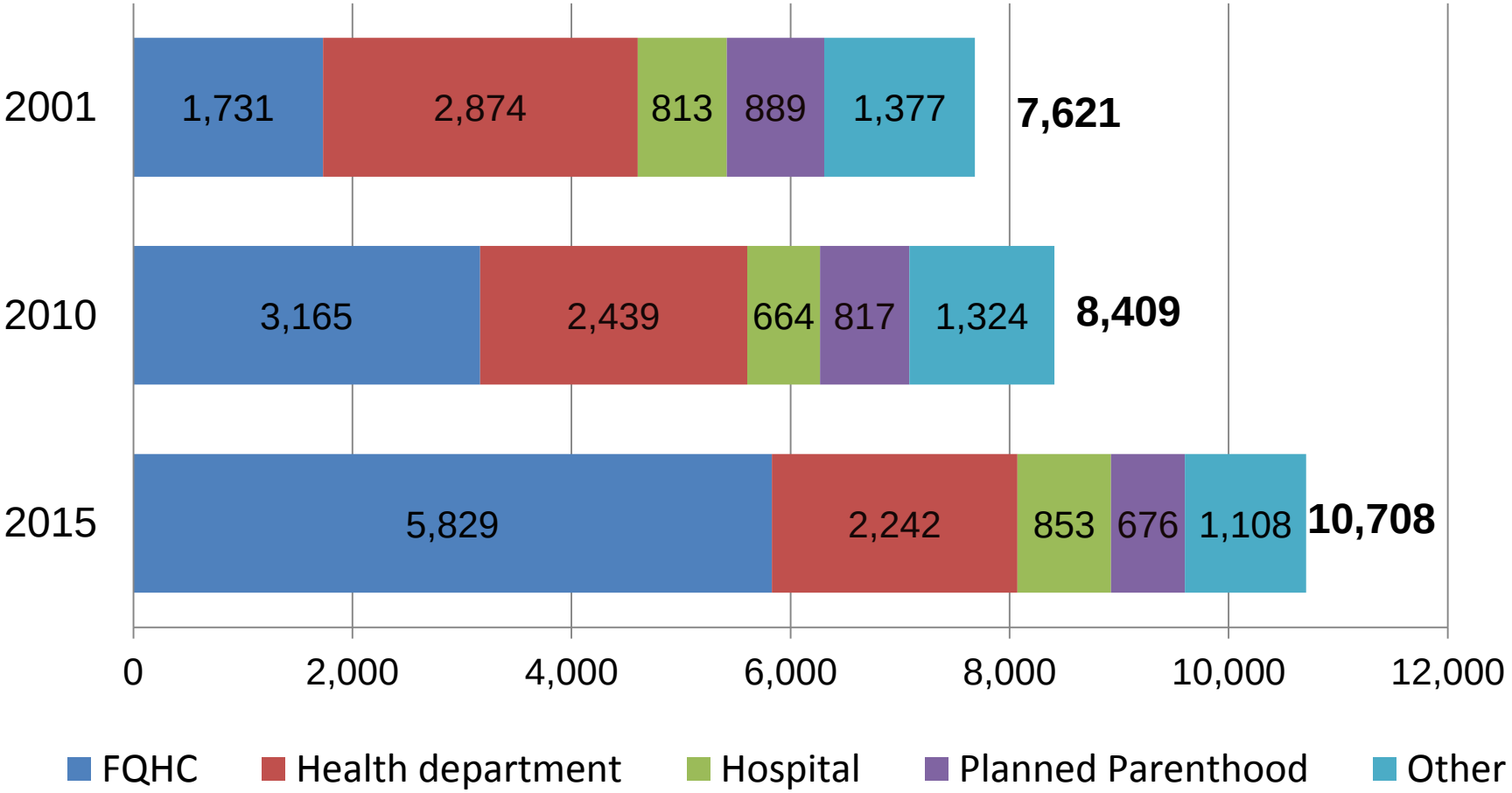
- A total of 6.2 million women received publicly supported contraceptive services from 10,700 clinics in the United States in 2015. Clinics funded by the federal Title X program served 3.8 million of these women. An estimated 2.4 million additional women received Medicaid-funded contraceptive services from private doctors.
- In 2015, for family planning clinics overall, Planned Parenthood sites accounted for 6% of clinics and served 32% of all contraceptive clients, public health departments administered 21% of clinics and served 20% of clients, and federally qualified health centers (FQHCs) administered 54% of clinics and served 30% of clients. Hospital outpatient sites accounted for 8% of clinics and served 10% of clients, and other independent clinics represented 10% of total clinics and served 8% of clients.
- Among Title X–funded family planning clinics, Planned Parenthood sites represented 13% of clinics and served 41% of all contraceptive clients, public health departments administered 48% of clinics and served 28% of clients, FQHCs accounted for 26% of clinics and served 19% of clients, hospital outpatient sites represented 4% of clinics and served 5% of clients, and other independent clinics accounted for 9% of total clinics and served 7% of clients.
- In 2015, all publicly funded contraceptive services helped women prevent 1.9 million unintended pregnancies; 876,100 of these would have resulted in unplanned births and 628,600 in abortions. Without publicly funded contraceptive services, the rates of unintended pregnancies, unplanned births and abortions in the United States would have been 67% higher; the rates for teens would have been 102% higher.
- Services provided by clinics that received Title X funding helped women avert 822,300 unintended pregnancies in 2015, thus preventing 387,200 unplanned births and 277,800 abortions. Without the services provided by Title X–funded clinics, the U.S. unintended pregnancy rate would have been 31% higher and the rate among teens would have been 44% higher.

April 2017

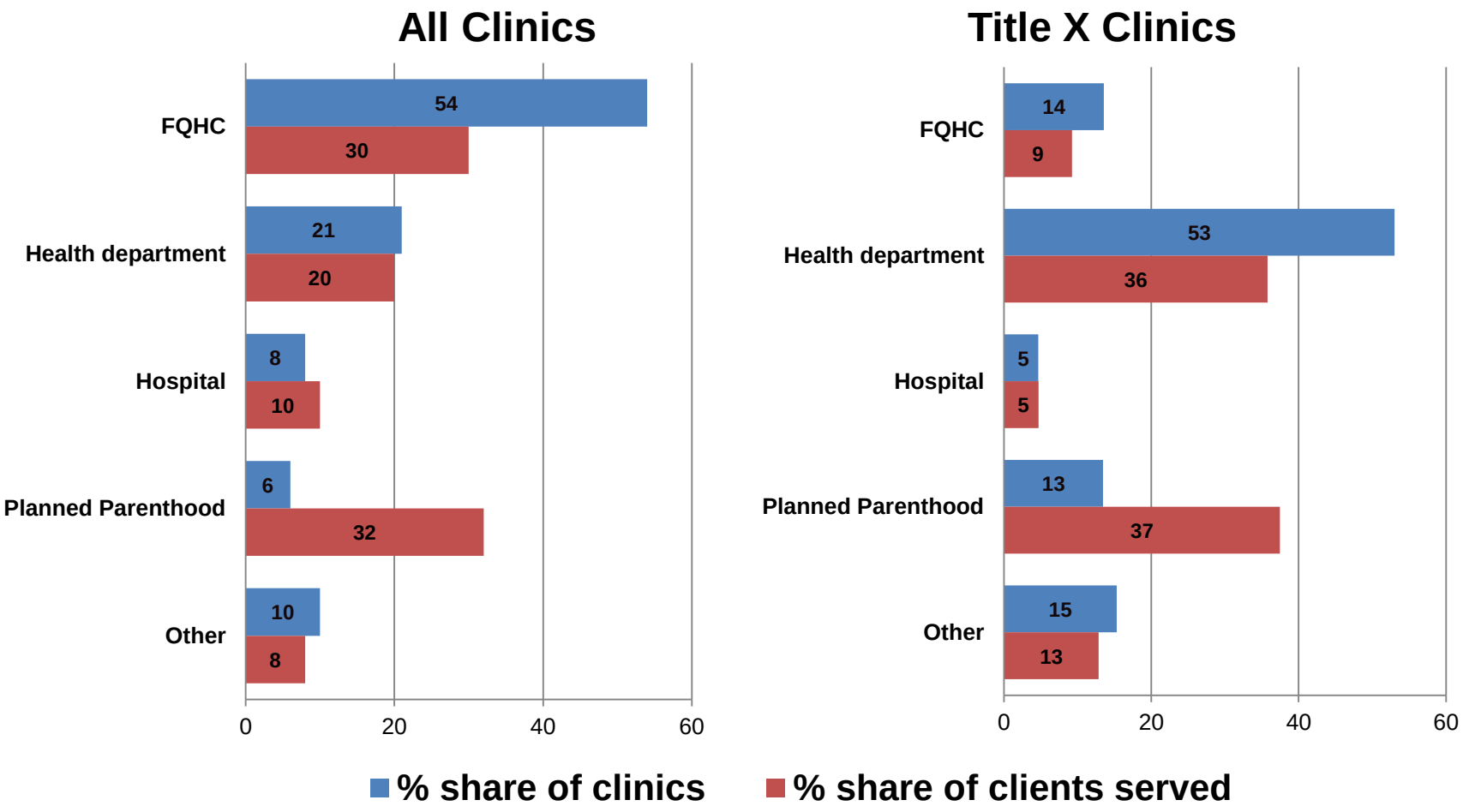
Contraceptive clients served at publicly funded clinics, by county, in 2015



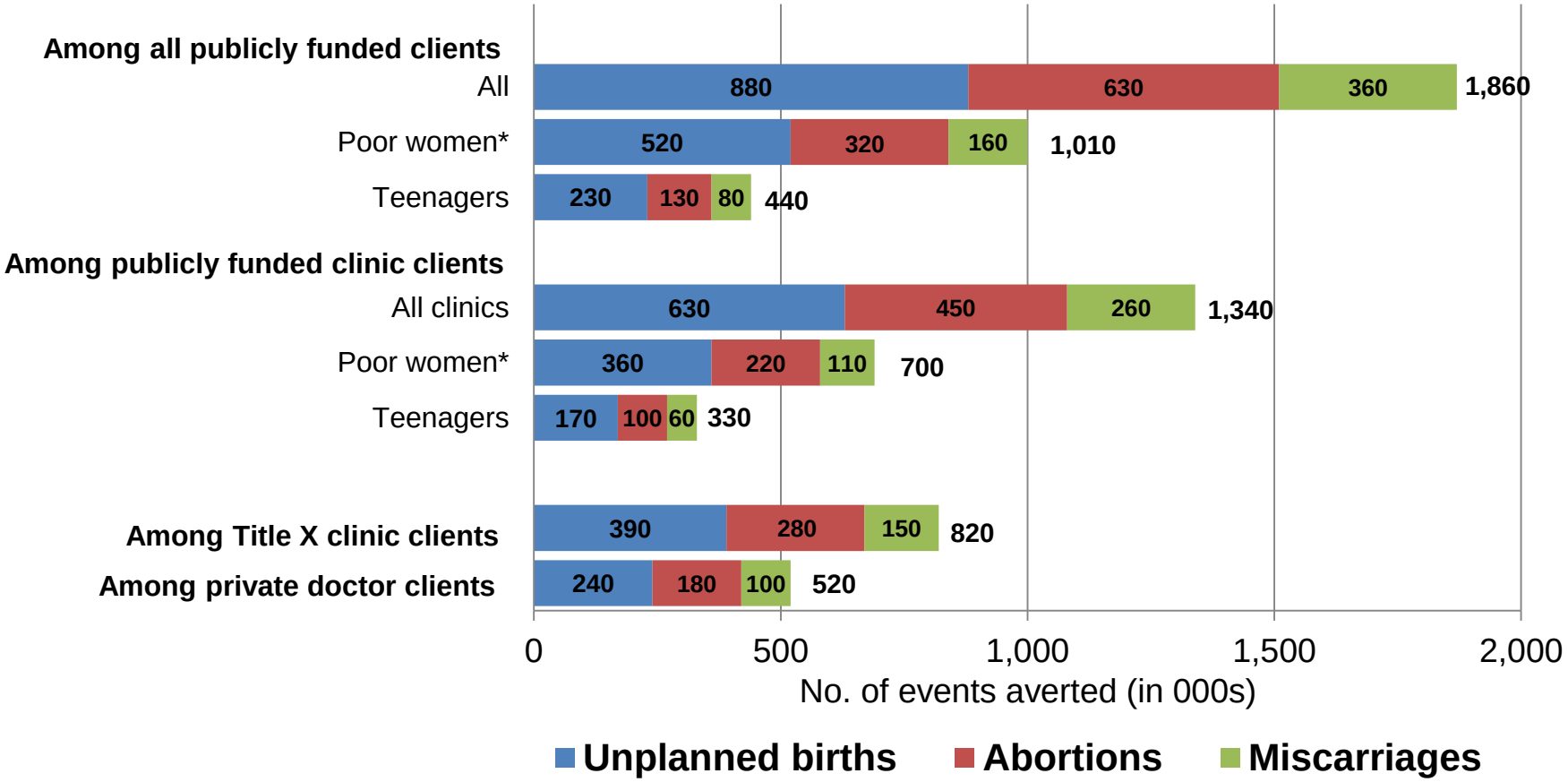
Growth in publicly funded clinics providing contraceptive services, 2001-2015



Variation in the distribution of clinics compared to female clients served by provider type

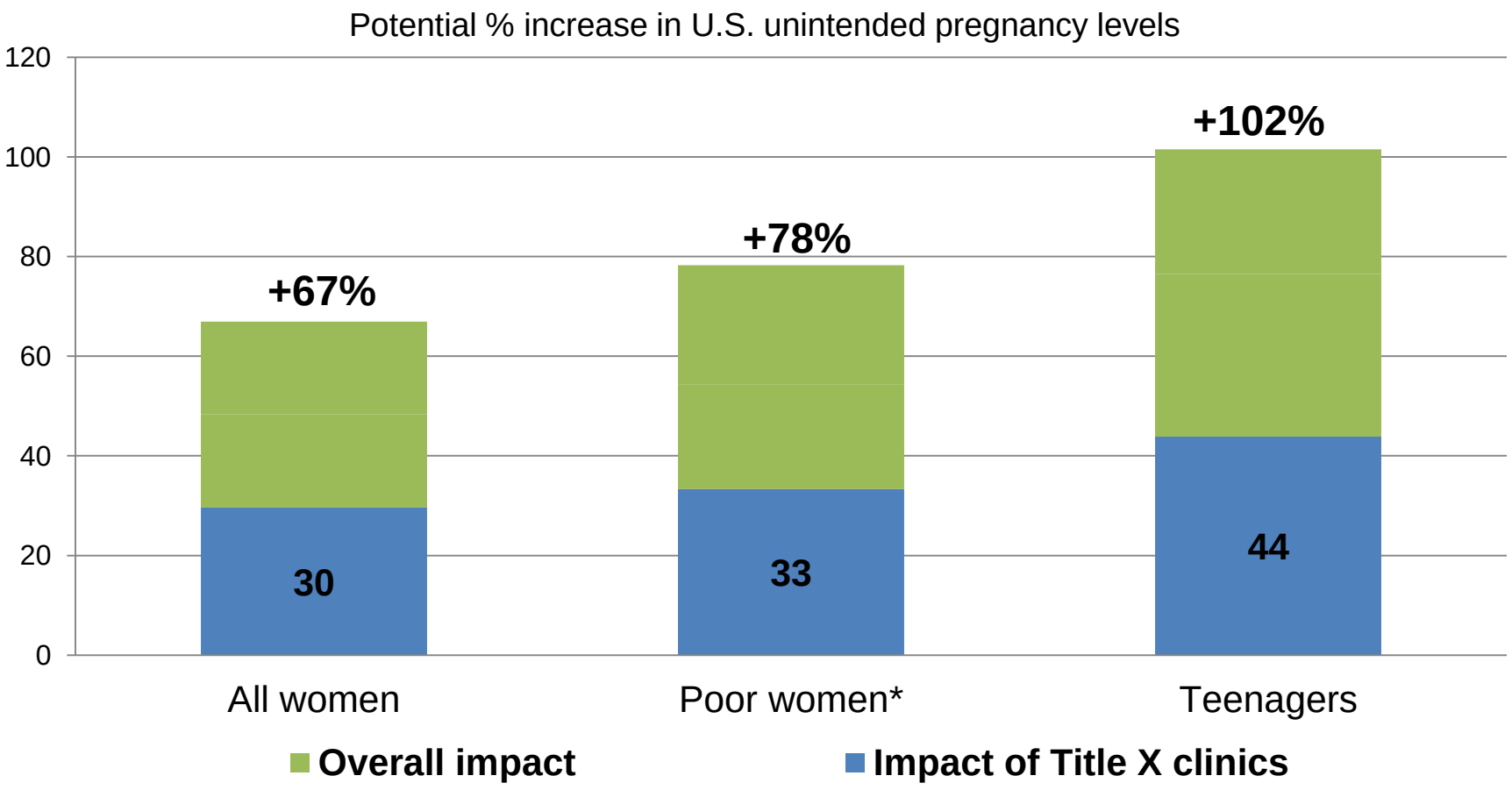


In 2015, publicly supported services helped avert nearly 2 million unintended pregnancies



*Women aged 20–44 with family income less than 100% of the federal poverty level.

Without publicly funded contraceptive services, the unintended pregnancy rate would rise at least 67%.



*Women aged 20–44 with family income less than 100% of the federal poverty level.

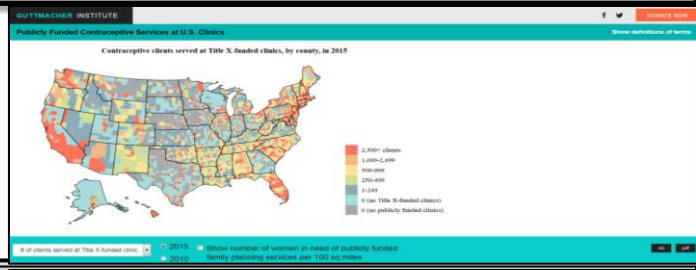
Resources

- Publicly Funded Contraceptive Services at U.S. Clinics, 2015

  Report: https://www.guttmacher.org/report/publicly-funded-contraceptive-services-us-clinics-2015

- Publicly Funded Contraceptive Services at U.S. Clinics, 2015

  Maps: https://gutt.shinyapps.io/fpmaps/

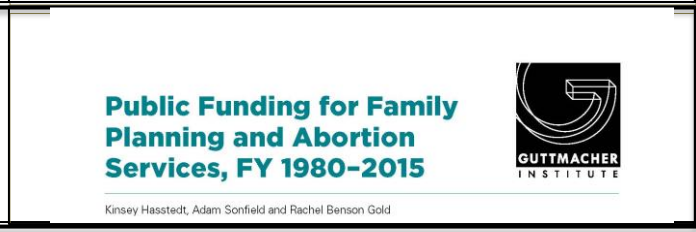


- Publicly funded family planning clinics in 2015: Patterns and trends in service delivery practices and protocols

  https://www.guttmacher.org/sites/default/files/report_pdf/publicly-funded-family-planning-clinic-survey-2015_1.pdf

- Public funding for Family Planning and Abortion Services, FY 1980-2015

  https://www.guttmacher.org/sites/default/files/report_pdf/public-funding-family-planning-abortion-services-fy-1980-2015.pdf

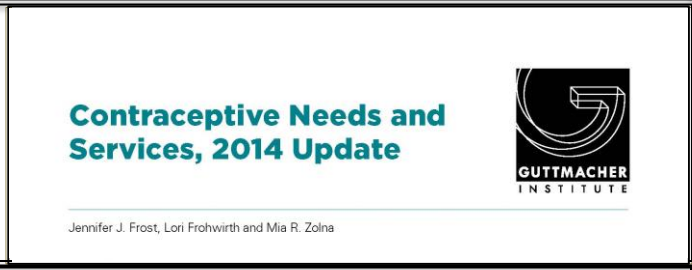


Resources

- Safety-Net Family Planning Providers Still Critical
  https://www.guttmacher.org/article/2016/08/through-aca-implementation-safety-net-family-planning-providers-still-critical

- Insurance Rate Among Women of Reproductive Age
  https://www.guttmacher.org/article/2016/11/uninsured-rate-among-women-reproductive-age-has-fallen-more-one-third-under

- Contraceptive Needs and Services, 2014 Update
  https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-needs-and-services-2014_1.pdf



- Contraceptive Needs and Services, 2013 Update
  https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-needs-and-services-2013.pdf

Thank You!

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ALTARUM INSTITUTE
SYSTEMS RESEARCH FOR BETTER HEALTH

Addressing the Impact of the Affordable Care Act (ACA) on Title X Family Planning Services & Billing

Qualitative Case Study Research

Altarum Institute integrates independent research and client-centered consulting to deliver comprehensive, systems-based solutions that improve health and health care. A nonprofit, Altarum serves clients in both the public and private sectors. For more information, visit ***www.altarum.org***

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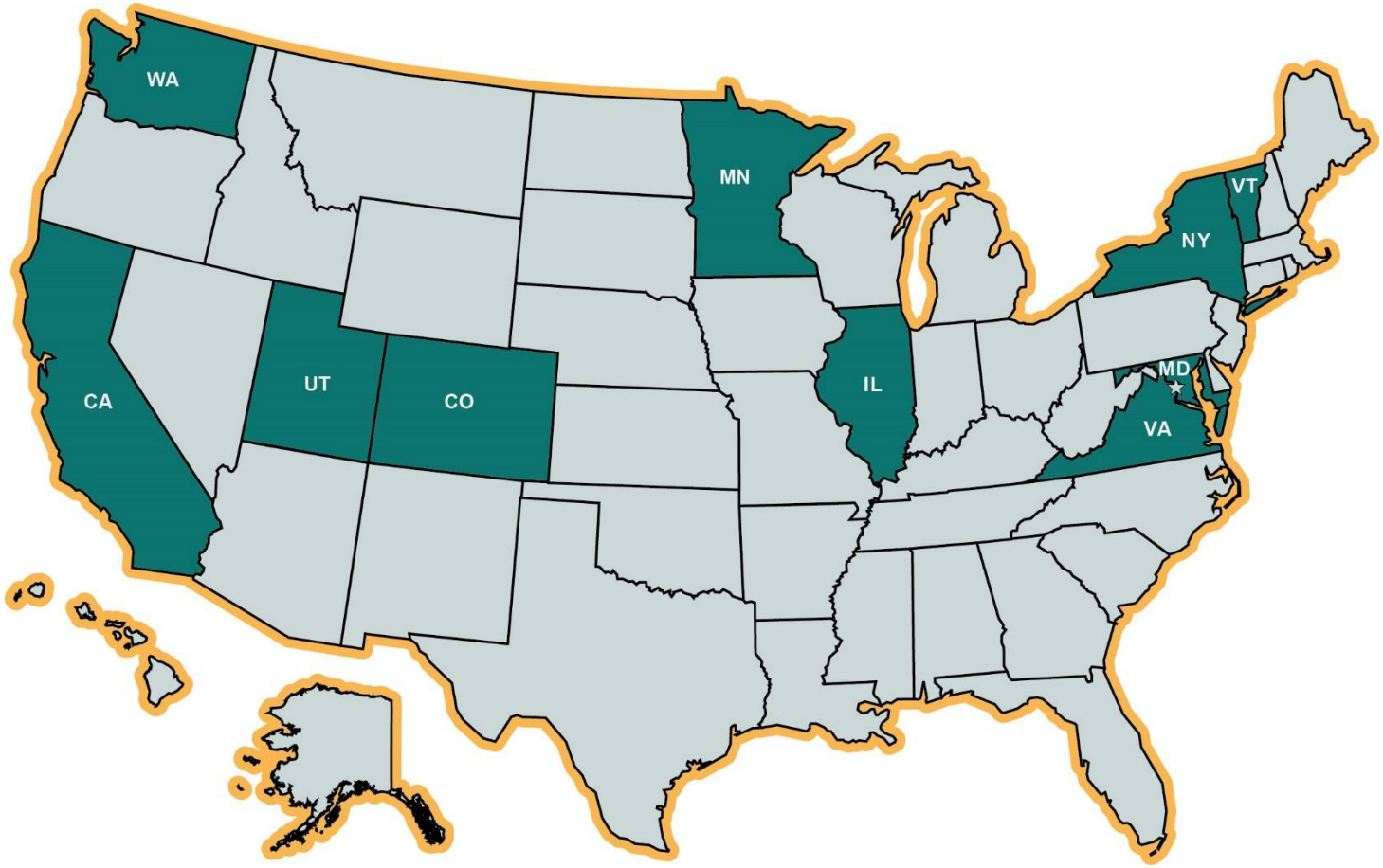
3 Research Goals

1. Identify practices and policies where insurers and state Medicaid have been **successfully billed for confidential services** provided by Title X centers;

2. Identify successful contracting policies and practices to assist Title X providers in **establishing network inclusion and reimbursement**;

3. Explore the **client perspective** to understand issues related to provider choice, insurance coverage, and the ability to seek confidential services.

Qualitative Case Studies in 10 States



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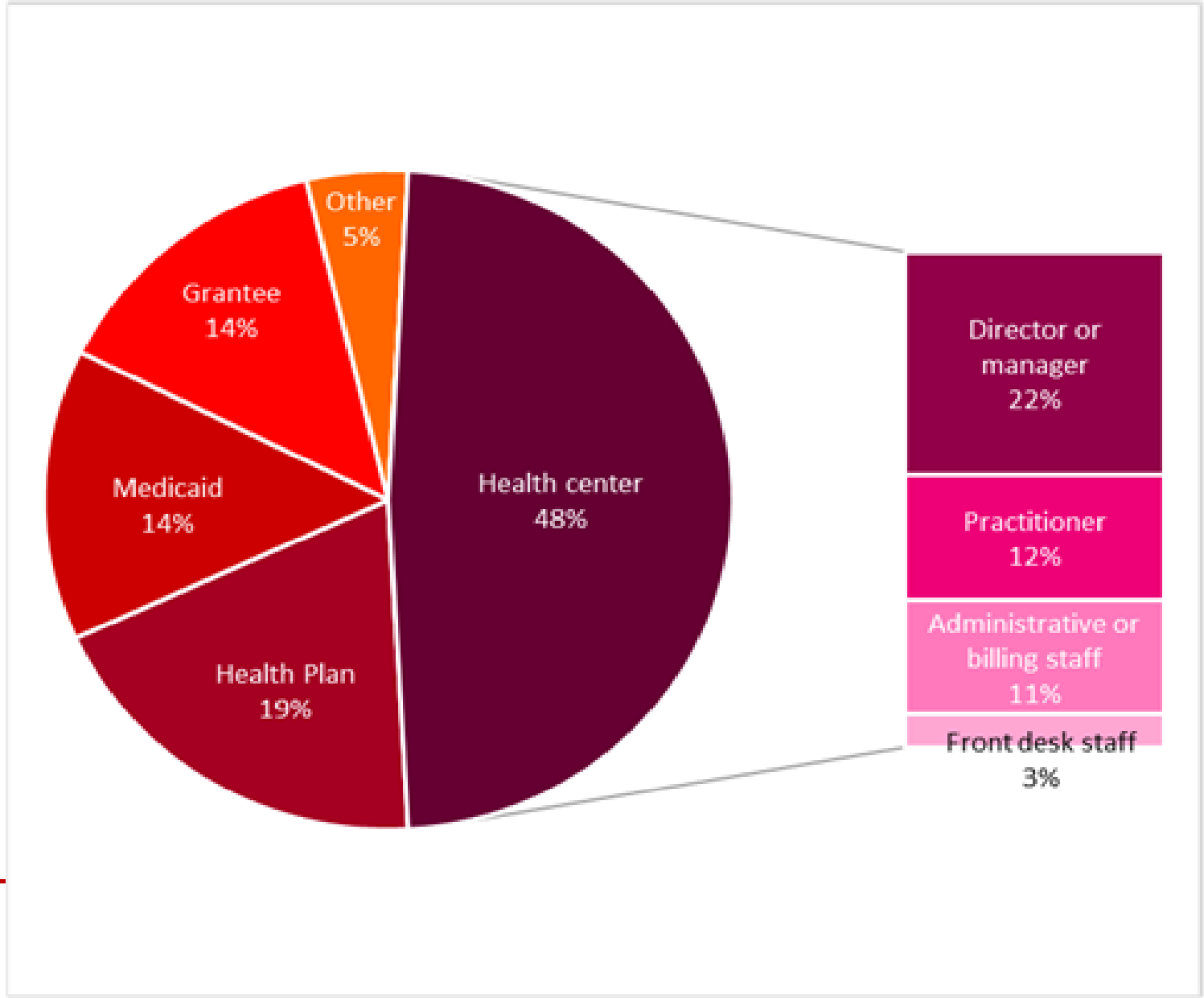
Key Informant Interviews



Key Findings: 4 Cross-Cutting Themes

- Clients seek out Title X health centers because of the non-judgmental, comfortable & safe environment and professional and knowledgeable staff
- Limited client awareness and knowledge about health insurance, billing, and potential breaches to confidentiality
- Health center staff balancing needs to protect confidentiality and also bill insurance/state to increase revenue
- Health plans take a more “no news is good news” approach to confidentiality

Goal 1 Findings: Successfully billed for confidential services

- Identify practices and policies where insurers and state Medicaid have been **successfully billed for confidential services** provided by Title X centers;
  - EOB suppression and de-identification
    - EOB suppression or de-identification for minors
    - EOB suppression by diagnosis code or by service type
    - Generic visit information in EOBs

Goal 2 Findings: Establishing Network Inclusion and Reimbursement

- Identify successful contracting policies and practices to assist Title X providers in **establishing network inclusion and reimbursement**;
  - Credentialing and contracting expertise, relationship building, and direct negotiation
  - Centralized contracting & billing
  - Helping clients sign up for insurance

Goal 3 Findings: Clients Perspective

- Explore the **client perspective** to understand issues related to provider choice, insurance coverage, and the ability to seek confidential services.
  - Limited client awareness and knowledge about health insurance, billing, and potential breaches to confidentiality
  - Confusion about
    - Confidential services versus confidential billing
    - Differences between an EOB, bill and how it relates in insurance use
  - Once they fully understood ramifications, usually worried about communications being sent home

Cross-Cutting Research Report

Cross Cutting Report: Chapters

- Changes in Title X Service Demand and Demographics
- Changes Resulting from the ACA
- Health Insurance Markets & Implications for Title X Billing
- Confidential Services & Billing
- Remaining Challenges & Considerations
- Client Perspectives on Confidentiality
- Current Practices in the Field: Confidentiality, Network Inclusion, & Reimbursement
- Implications for Family Planning & Confidentiality Research

PRACTICES MATRIX

Table 5. Current Practices in the Field: Confidentiality

Practice	Method	Decisionmaker	Audience	State Examples
Automatically assumed confidentiality for certain patient types	Policy, Procedure	Health Center	Health Center	Colorado, New York, Washington
Electronic health record workarounds to protect patient confidentiality	Procedure	Health Center, Title X Grantee	Health Center	Colorado, Illinois, Maryland, Minnesota, Vermont, Virginia
EOB suppression or de-identification for minors	Procedure	State Medicaid, Health Insurance Carrier	State Medicaid, Health Insurance Carrier	California, Utah, Minnesota, New York, Virginia, Washington

Dissemination: Fact Sheet

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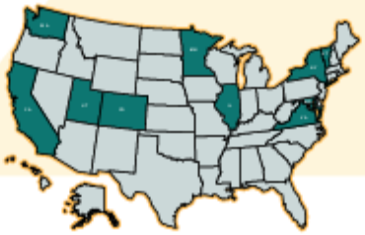
Confidentiality: Opportunities and Barriers for Family Planning

BACKGROUND

Many individuals seek out Title X-funded health centers because of the confidential, sensitive services they provide regardless of individuals' ability to pay. **Confidentiality is part of Title X regulations, which stipulate that funded health centers must provide confidential services to *all* individuals.** Implementation of the Affordable Care Act (ACA) in conjunction with Medicaid expansion in some states increased the number of individuals covered by Medicaid or commercial health plans, expanding access to care. However, billing these third party payers can result in the generation of explanation of benefits (EOB) and other communications to the policyholder that can potentially compromise confidentiality for covered dependents. Some choose not to bill their insurance in order to maintain confidentiality. Altarum and Urban Institutes conducted the study, *Addressing the Impact of the ACA on Title X Family Planning Services*, to gain an understanding of Title X providers' abilities to contract with and bill Medicaid and other health plans for services rendered while maintaining confidentiality.

METHODS

In-person and virtual site visits were conducted with a sample of 10 states (CA, CO, IL, MD, MN, NY, UT, VA, VT, and WA) to collect data related to the provision of services at Title X-funded health centers following implementation of the ACA. Site visits included interviews with 189 key informants involved with Title X including grantees and health centers, Medicaid officials, and health plans.



WHY ARE CONFIDENTIAL COMMUNICATIONS IMPORTANT NOW?

- More Title X clients have third party health insurance due to Medicaid expansion, a shift towards Medicaid managed care, and growing private insurance coverage.
- Confidential care is one of the tenants of Title X but third party health insurance sends communications such as explanations of benefits (EOBs) and denials of coverage.
- Certain groups, including adolescents and young adults covered by their parent's insurance, risk disclosure of sensitive health care information from these communications.
- The Health Insurance Portability and Accountability Act (HIPAA) requires health plans to accommodate reasonable requests for confidential communications if a person is in danger, but provide no guidance on implementation.

EMERGING PRACTICES

Since passage of the ACA, some states have been alerted to the potential confidentiality breaches that may result from billing insurers. Policymakers in several states have implemented stronger confidentiality protections for family planning and other sensitive services, such as mental and behavioral health. The table below provides a few examples of recent policy or legislation aimed at protecting confidentiality.

Emerging Practice	Method	State(s)
EOB redirection legislation for covered dependents	Legislation	California, Maryland, Washington
Medicaid policy to withhold EOBs globally or by diagnosis code for sensitive services	Policy	Illinois, Maryland, Colorado, New York, Minnesota, Washington, Utah, Vermont
Legislation mandating confidential communications for minors	Legislation	Minnesota

Continues on reverse ▷

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LESSONS LEARNED

Developing or passing such policies with assistance of multi-sector coalitions or collaborative groups with mental health, substance abuse, veteran, or other non-reproductive health stakeholders appears to be an important facilitator. The following are select lessons learned from such collaborative efforts:

- **Frame confidentiality concerns in a way that resonates with legislators or intended audience.**
  Illinois stakeholders partnered with mental health care, substance abuse providers, and veterans groups to expand the broad base of support because, for example, veterans in Illinois may have mental and behavioral health care needs and can stay on parents' insurance until age 30.
- **Including stakeholders beyond family planning when drafting policy language could increase buy-in and proactively address concerns that may impact passage and implementation.**
  The Maryland Confidential Communications Bill was passed with victims of domestic violence in mind and covered mental and behavioral health services as well as family planning and reproductive health services. Maryland stakeholders worked with health insurance carriers to draft the bill and held the language to existing HIPAA protections to quell insurer fears that the bill could have a broader effect.
- **Coalitions can also enhance implementation of stronger confidentiality protections.**
  Implementation of a Washington state statute that allows suppression of EOBs for those with private insurance has been slow mostly because individuals are unaware of the statute or consider the process burdensome. The state is working with a coalition of family planning organizations, children's health advocates, and pediatricians and will engage health plans and more provider groups as they get further along in the rule-making process.

IMPLEMENTATION BARRIERS

While legislation ensuring confidential health insurance communications is a growing method to protect clients seeking sensitive medical care, there are remaining barriers to effective implementation of such policies.

- One of the biggest barriers was the **need for client education**, particularly because confidential communication policies typically put the burden on the client.
- Many stakeholders expressed concern that **confidential communication policies were not enough to protect confidentiality** for clients.
- Withholding claims information from the policyholder may violate the right to access information about how the policy is being used.
- **Health plans may not understand the confidential communications policy** or how to process requests for confidentiality.
- When a client is unable to pay out-of-pocket for a service but wants confidential communications it can **complicate the ability of the health plan to bill for that service**.

CONCLUSION

The ability of health centers to bill health plans while ensuring confidentiality is important in ensuring clients' continued access to services while also allowing health centers to minimize uncompensated care. Passage of state legislation or Medicaid policy is a growing method to address potential breaches and facilitate confidential communications in health care. While creating these laws and policies is a vital first step, and multi-sector collaboration can facilitate the development and implementation of such policies, challenges remain.

DISCLAIMER
The findings and conclusions of this study are those of the authors and do not necessarily represent the views of the Office of Population Affairs or the U.S. Department of Health and Human Services. References available upon request.

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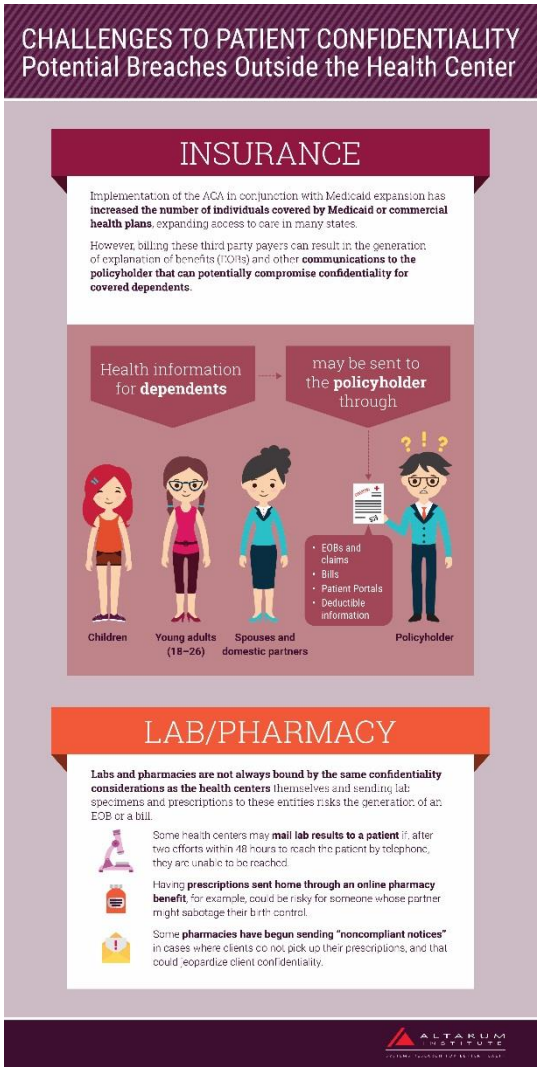
Infographics: Twitter/FB



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http://altarum.org/our-work/aca-research-collaborative