

**CONFIDENTIAL**  
**COVERED**

Confidentiality and  
 Insurance Billing Practices in  
 Title X Health Centers

---

Julie Lewis, MPH

---

---

---

---

---

---

---

---

**Housekeeping**

Please complete the sign-in and evaluation forms and fax them to 317-247-9055 or scan and email them to [jdecker@hcet.org](mailto:jdecker@hcet.org)

Visit [www.hcet.org](http://www.hcet.org) to view archived presentations and see a list of our upcoming events.

If you have any technical difficulties during this presentation, please contact Jason Decker at 317-247-9008 or by email at [jdecker@hcet.org](mailto:jdecker@hcet.org)

---

---

---

---

---

---

---

---

**Questions?**

To access the chat window, please click on the "Chat" icon.

To send a question using the chat window, please do the following:

1. Select "All Panelists" in the drop down box.
2. Type your question.
3. Click "Send".

Questions will be answered at the end of the presentation.

---

---

---

---

---

---

---

---

## Presenter Disclosure

Julie Lewis reports no financial relationship that would pose a conflict of interest in preparing and delivering this presentation.



---

---

---

---

---

---

---

---

## Disclaimer

This webinar is sponsored by HCET. Any views or opinions in this presentation are solely those of the presenter and do not necessarily represent those of the funders. Health Care Education and Training, Inc. accepts no liability for the content of the presentation or for the consequences of any actions taken on the basis of the information provided.



---

---

---

---

---

---

---

---

## Julie Lewis, MPH

**Julie Lewis, MPH**, is a public health and policy expert at the National Family Planning and Reproductive Health Association in Washington, DC, where she directs *Confidential & Covered*, a multi-year research project investigating how Title X-funded family planning providers can maintain patient confidentiality while mitigating revenue loss. Prior to working on *Confidential & Covered* she worked on NFPFHA's state policy team and on a research project at the George Washington University about family planning services provided at community health centers. She lives in Washington, DC, with her dog Chewbacca.



---

---

---

---

---

---

---

---

## 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

---

---

---

---

---

---

---

---

## Background

---

- Title X principles:
  - Protecting patient confidentiality
  - Serving patients regardless of ability to pay
- Historically Title X health centers have treated patients requiring confidential services using grant funds instead of insurance
- More Title X patients have gained insurance coverage under ACA
- How can Title X health centers remain financially sustainable while fulfilling their mission of confidential services?

---

---

---

---

---

---

---

---

## Background

---

- Key concern: unwanted disclosure of information to family members about family planning services received by patients insured as dependents
- Medicaid confidentiality concerns
  - "Payer of last resort"— required to bill other insurance programs (including commercial insurance) when possible
  - Family planning expansion coverage
  - Medicaid managed care plans run by commercial insurance companies
- Commercial insurance confidentiality concerns
  - Explanation of benefits (EOB)
  - Patient portals

---

---

---

---

---

---

---

---

## 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

---

---

---

---

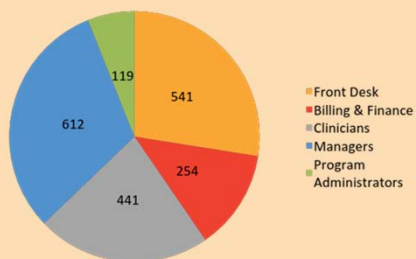
---

---

---

---

### Survey Respondents by Job Role



---

---

---

---

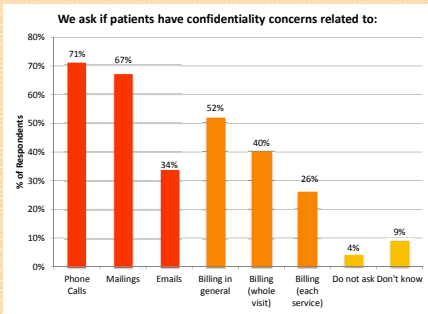
---

---

---

---

### Findings: Screening




---

---

---

---

---

---

---

---

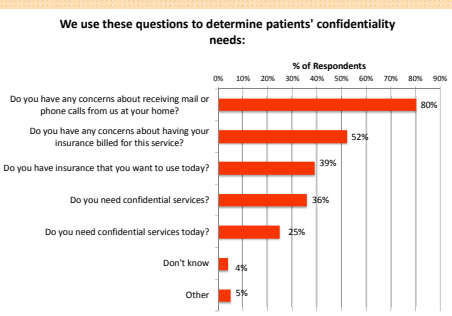
---

---

---

---

### Findings: Screening




---

---

---

---

---

---

---

---

---

---

---

---

### 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?

---

---

---

---

---

---

---

---

---

---

---

---

### Recommendations: Screening

- Screen for confidentiality at each appointment
- Ask specific questions about confidential billing (vs. confidential communications)
- Communicate with billing or other staff if patients disclose information that may indicate a need for increased privacy protection
- Track patients' requests for confidential billing in addition to confidential communications
- Teach health insurance literacy as part of outreach and enrollment activities
  - Describe to patients the range of communications they may receive from their insurer

---

---

---

---

---

---

---

---

### 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:*

"...In terms of the confidential billing, the way our system works is even if they say that they don't want to use their insurance, we still have to find a way to prevent our billing company that we pay 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, I don't know what to call this, 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. I don't know enough about that side of things. 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'll see what code it is they know they're not supposed to be billing for that person."

---

---

---

---

---

---

---

---

### Recommendations: Protecting Confidentiality

- Clarify needs for confidential payment for all patients
  - e.g. Do not assume that all teens need confidential payment
- Verify income for all patients on sliding fee scale
  - Develop flexible policies that accommodate patients who are unable or unwilling to provide documentation
- Flag medical records for confidentiality by visit or service if possible (vs. entire record)
- Collect outstanding balances at other visits, use alternative methods to send statements (e.g. email)
- Create a fact sheet or one pager for patients about types of communications they may receive

---

---

---

---

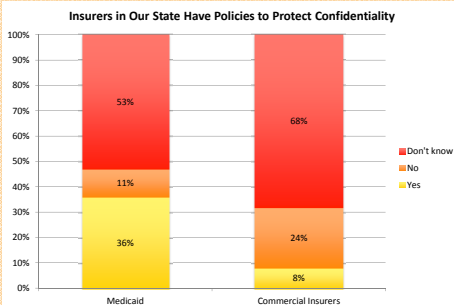
---

---

---

---

### Findings: Working with Insurers



---

---

---

---

---

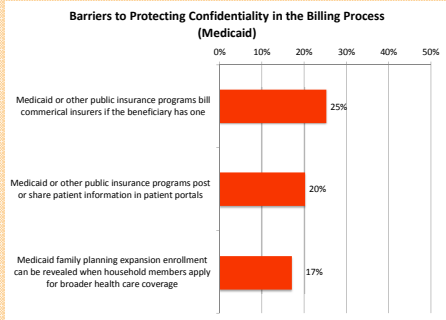
---

---

---



### 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.

What we ended up talking about...was just that if there's a question about somebody's coverage, you're going to have to do them as self pay right now and put them on the sliding scale. Which is kind of a double edged sword. 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?

It's a big question mark right now."

---

---

---

---

---

---

---

---

### 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

**Barriers to Protecting Confidentiality in the Billing Process (Commercial Insurance)**

Barrier	Percentage
Commercial insurers send communications to policyholders	44%
Commercial insurers post or share patient information to patient portals	22%

---

---

---

---

---

---

---

---

**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."

---

---

---

---

---

---

---

---

### Recommendations: Working with Insurers

- 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
- Train staff to discuss payment options with patients and how those may impact privacy
- Remind patients of option to redirect private health information

---

---

---

---

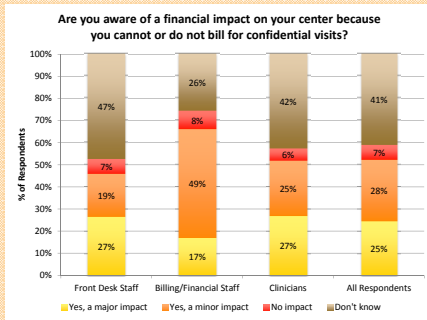
---

---

---

---

### Findings: Financial Impact




---

---

---

---

---

---

---

---

### Recommendations: Financial Impact

- Teach health insurance literacy as part of outreach and enrollment activities
  - Describe to patients the range of communications they may receive from their insurer
  - Cost-sharing—deductibles, copays, etc. (patients asking for confidential services to avoid payment)
- Clarify needs for confidential payment for all patients
  - e.g. Do not assume that all teens need confidential payment
- Collect outstanding balances at other visits, use alternative methods to send statements (e.g. email)

---

---

---

---

---

---

---

---

## 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

---

---

---

---

---

---

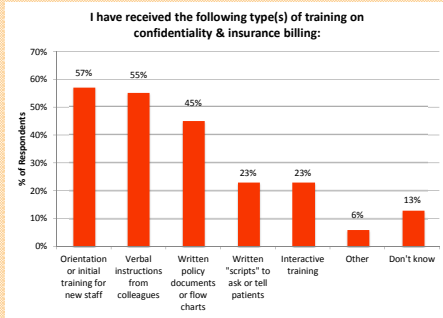
---

---

---

---

## Findings: Training




---

---

---

---

---

---

---

---

---

---

## Findings: Training




---

---

---

---

---

---

---

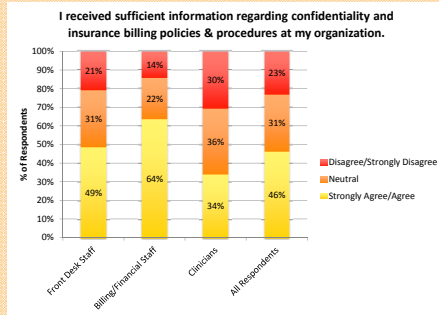
---

---

---



## Findings: Training




---

---

---

---

---

---

---

---

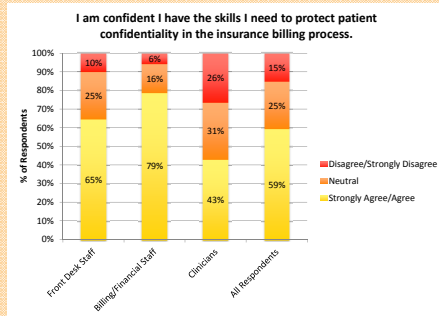
---

---

---

---

## Findings: Training




---

---

---

---

---

---

---

---

---

---

---

---

## Recommendations: Training

- Write policies that clearly differentiate between confidential services and payment privacy
- Make clear to staff and patients that confidential services and payment are still a priority and available if needed
- Train staff to understand differences between confidential services, payment that does not breach privacy, and HIPAA requirements
- Foster staff understanding of the importance of seeking reimbursement from third-party payers when possible for financial sustainability

---

---

---

---

---

---

---

---

---

---

---

---

## 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 landscape in some states makes it very difficult for Title X health centers to have confidence in confidentiality protections for both Medicaid and commercial insurance

---

---

---

---

---

---

---

---

## 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

---

---

---

---

---

---

---

---

## Next Steps

- Recruit health centers to test a tool to determine the extent of unrealized revenue due to provision of confidential services
- Develop & test strategies to increase insurance use in Title X health centers
  - Convening working group to develop & vet ideas for testing in health centers
- State profiles
  - Studying states that have changed consumer communications policies or added protections

---

---

---

---

---

---

---

---

**CONFIDENTIAL**  
**+COVERED**

Funding for this project was provided by the Office of Population Affairs (Grant Number 1 FPRPA006059-01-00). The views expressed by this project do not necessarily reflect the official policies of the Department of Health & Human Services; nor does mention of trade names, commercial practices, organizations imply official endorsement by the U.S. Government.

---

---

---

---

---

---

---

---

**CONFIDENTIAL**  
**+COVERED**

**Thank you!**

[www.confidentialandcovered.com](http://www.confidentialandcovered.com)

---

---

---

---

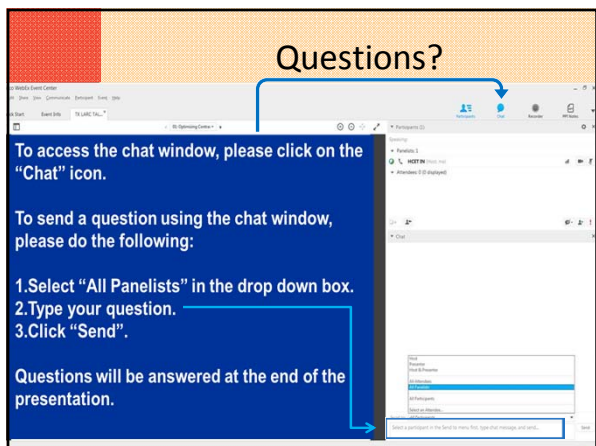
---

---

---

---

**Questions?**



To access the chat window, please click on the "Chat" icon.

To send a question using the chat window, please do the following:

1. Select "All Panelists" in the drop down box.
2. Type your question.
3. Click "Send".

Questions will be answered at the end of the presentation.

---

---

---

---

---

---

---

---

Thank you for your participation!

- Visit [www.hcet.org](http://www.hcet.org) to view archived presentations and see a list of upcoming events.
- Please remember to complete the Sign-In and Evaluation Forms and fax them to 317-247-9055 or scan and email them to [jdecker@hcet.org](mailto:jdecker@hcet.org).

---

---

---

---

---

---

---

---