

STD Billing Guidance Supplement: Promoting confidential access to care

Background

Privacy concerns about health information are important considerations for individuals seeking health care services, especially sexual and reproductive health care. For minors and young adults, privacy issues are especially significant and may force individuals to delay or forgo needed reproductive health care services. Under NYS Public Health Law, minors may be tested or treated for STDs without parental or guardian's consent. Furthermore, state law forbids the disclosure of information about STDs to parents or guardians without the patient's permission. Despite statutory language to protect confidentiality, data indicate that minors are unwilling to use their insurance coverage to pay for sensitive health services. A national survey of adolescents 12-17 years of age found that concerns about disclosure of information to parents was a frequently cited barrier to seeking STD testing.¹

Amendments to Public Health Law (PHL) Article 23 permit local health departments to seek reimbursement for STD clinical services. These changes were implemented in recognition of current billing practices, availability of insurance revenue and the need for local health departments to generate revenue to sustain important clinical services. Local health departments are required to follow PHL Article 6 and 10 NYCRR Part 40 that provide the conditions and procedures for General Public Health Work reimbursement. Each local health department must establish a fee plan. For STDs, a cost-based fee is established for each service. The charge to the patient depends on such factors as type of services provided during the visit, insurance coverage, the patient's ability to pay, and the patient's willingness to use insurance coverage.

Implementation of third-party billing practices includes provisions for ensuring patient confidentiality. PHL Article 23 amendments also require local health departments to deliver services regardless of a patient's ability to pay. This document provides information to consider when billing for STD clinical services with a focus on the confidentiality of individuals insured as dependents.

Guidance for Ensuring Confidentiality

Local health departments must make a reasonable effort to collect third party reimbursement or to bill the patient, but if patients are unwilling to provide insurance information, the local health department must provide diagnosis and treatment services for persons with STDs. Communication with patients about their options is a continuous process beginning with registration and continuing during the medical encounter and at check out. The following general steps should be followed as part of the process:

- Ask every client that presents for STD services if they have insurance;
- If client indicates they have insurance, advise clients that the use of their insurance may result in the issuance of documents detailing the services provided, including an Explanations of Benefits (EOBs);
- Collect insurance information if the client does not have confidentiality concerns; document the client's willingness to have insurance billed; and, follow the protocol for claiming reimbursement;
- If the client does not have insurance or has concerns about confidentiality, ask for payment of the cost-based fee;
- If the client is unable to pay the set-fee, complete the sliding fee. No fee or a nominal fee should be considered for those clients with incomes at or below 100% of the federal poverty level or young persons who may not have their own funds.
- Payment options should be flexible to maximize opportunities to obtain payment from the client. For example, accept cash or a credit or debit card at the time of the visit or provide a bill directly to the patient for remittance of payment following the service.
- Ensure the client understands that they will not be denied services if they are unwilling to have insurance billed.

Clinic staff plays an important role in ensuring that patients understand the billing process. Local health departments are encouraged to develop a communication plan to adequately inform patients about their options. NYSDOH has developed templates for patient messaging to be used in information posted on websites and in clinic waiting areas in addition to scripts to guide staff conversations with patients (see Attachment A).

Considerations –Confidentiality

Some billing and claims-processing procedures as well as communications in handling of health insurance claims may raise confidentiality concerns for some patients.

Explanation of Benefits (EOB)

Federal and state law requires some insurance companies to send an EOB to the primary policyholder. An EOB identifies the name of the provider, the date of service, the type of service that was provided, the provider's charge or rate, the amount or percentage payable after deductibles or any other reduction of the amount claimed, an explanation of the reduction or denial for not providing full reimbursement of the amount claimed, contact information where the insured or subscriber may obtain clarification of the EOB, and information on the time limit, place and manner in which an appeal of the denial of benefits must be brought. EOBs are required under New York State Insurance law §3234 with the exception of Medicaid, which requires EOBs but limits the use of EOBs for certain services.

Claims Process

Both the denial of a claim as well as acknowledgment of a claim may result in the disclosure of sensitive health information. New York State Insurance law §2601 and 11NYCRR §216.4 require that acknowledgment of a claim be sent although the recipient of such information is not specified. Likewise, denial of a claim may result in information being sent to the policyholder. Health plans may request additional information when disputing the obligation to pay a claim. Under New York State Insurance law §3224-a(b), such requests can be sent to the provider or the insured; however, when such requests go unanswered, insurers may redirect the request to another individual, such as a policyholder.

Divorce and Child Custody

Special circumstances may arise in situations involving child custody when health insurance coverage is provided through a noncustodial parent. In such situations, New York State Insurance law §2608-a requires health plans to communicate with the custodial parent about health plan benefits for the child, permits the custodial parent or the health care provider to submit claims and similarly permits claims to be paid to the custodial parent or health care provider.

[Considerations – Approaches to Protecting Confidentiality](#)

There are strategies to reduce the risk of disclosure of confidential information for patients for whom this is a concern.

First Dollar Coverage

The Affordable Care Act requires that health plans cover recommended preventive services without any co-pays or cost sharing by the patient although this requirement refers only to plans that are not ‘grandfathered’. Plans cannot charge a patient a copayment, coinsurance, or deductible for these services if delivered by an in-network provider. Referred to as first dollar coverage, this approach limits financial liability and the need to communicate with policyholders. The covered services include vaccinations recommended by the CDC’s Advisory Committee on Immunization Practices, certain children’s services and women’s preventive services identified by Health and Human Services and those that have received an “A” or “B” rating by the U.S. Preventive Services Task Force (USPSTF). A complete list of USPSTF covered preventive services is available at <http://www.uspreventiveservicestaskforce.org/uspsttopics.htm>. While the majority of health plans are required to cover these services, local health departments are encouraged to assess individual health plan policy for first dollar coverage for preventive services and address this coverage in contracts with health plans.

Limiting EOBs

Insurers are not required to send an EOB when no balance is due after the patient has paid any copayments unless demanded by the primary policyholder. This exception to EOB requirements is specified in NYS Insurance Law §3234(c); however an insurer may choose to send an EOB regardless. Clinics should inform patients of the cost of services provided and discuss payment of the set fee in full as a strategy for preventing the transmittal of an EOB to the policyholder. Again, when facilities are negotiating contracts with individual health plans, policies should be included which specify that an EOB will not be sent when no cost sharing occurs or any other strategies used to limit or redirect EOB transmittal.

Another approach is to send EOBs containing sensitive health information to the patient using an address that the patient specifies. Federal law requires health insurance plans to comply with requests from patients to send information to a different address if disclosure of information poses a risk to the patient. This approach has potential drawbacks. For minors, negotiating the procedures and requirements for redirecting an EOB can be complicated. Furthermore, minors must be aware of this provision and act in advance of accessing health care services.

It is important to note that health plans default to sending an EOB. Implementing strategies to limit EOBs not only involves health plan administration but must also address changes to information systems since such systems are programmed to generate an EOB when a claim is made.

Sliding Fee Scale

The sliding fee scale represents a mechanism for LHDs to limit/eliminate financial barriers to care. A sliding fee scale should be applied for those patients who are unable to pay or do not want to have their insurance billed. Guidelines for establishing a sliding fee scale are provided in “Elements for Successful Immunization Billing Practice” (available at http://www.health.ny.gov/prevention/immunization/providers/docs/immunization_billing_practice.pdf). The sliding fee scale depends on household income; patients may attest to their income rather than provide documentation. For minors, their own income should be used to determine sliding fee discount.

Summary

Implementation of billing represents a paradigm shift for public health STD services in New York State and nationally and has focused attention on the potential impact on the delivery of confidential STD services. This document is intended to serve as a resource to local health departments for promoting confidential access to STD care. The knowledge and experience gained by local health departments will serve to further inform approaches for ensuring confidential STD services.

References

1. Kaiser Family Foundation, *SexSmarts: A Series of National Surveys of Teens About Sex. Sexually Transmitted Disease*, 2001, <http://www.kff.org/entpartnerships/upload/sex-smarts-survey-sexually-transmitted-disease-toplines.pdf>>, accessed August 22, 2013.

Template LHD Public Website language

Local health departments may want to update their public health website information to briefly explain the new policies, and how to pay for STD/HIV tests.

STD/HIV Testing Hours

Confidential STD and HIV testing is available at

[Clinic Location]

[Clinic Hours]

[Contact information for questions, appointments, etc.]

Paying for STD/HIV Testing

The [County LHD name/clinic name] offers confidential STD and HIV testing services. Some of these services have a fee. You can pay in a number of ways:

Billing your health insurance, or

Paying a set fee, based on your income level (a “sliding fee scale”).

No one will be denied service due to lack of insurance or inability to pay.

Using Your Health Insurance

If you would like to use your health insurance, please bring your insurance card. Please know that if insurance is billed, insurance companies are required send an “Explanation of Benefits” (EOB) to the primary insurance holder’s address. This may not be you. It may be a parent/guardian, a domestic partner, or spouse. The EOB tells what type of medical tests and procedures were provided. It does not tell test results. If you do not want an EOB to go to this person, you may want to pay a set fee. The fee is based on what tests are performed, and may be lower based on your income.

We accept most major health insurance providers, including Medicaid.

Paying by Sliding Fee

If you do not have insurance, or do not want to use your health insurance, you can pay a set fee based on your income. If you want to know how much a visit might cost, call us during clinic hours.

Remember, no one will be denied services because they do not have insurance or cannot pay.

Template Signage in waiting room area

Local health departments may want to post signage in the waiting room area to reiterate payment by insurance provider and the EOB.

STD CLINIC CLIENTS

If you are using your health insurance, **please note:**

Federal law requires that insurance companies send an “Explanation of Benefits” letter, called an “EOB” to the policy holder. **This may not be you.** It may be your parent/guardian, a domestic partner, or a spouse. The EOB is sent to the insurance holder’s address. The EOB may tell the insurance holder what type of procedure(s) were done, including STD testing. **If you do not want an EOB sent to this person, tell the receptionist.** You can pay a set fee based on your income and what tests are performed.

No one can be denied testing based on insurance or inability to pay.

STD CLINIC CLIENTS

Effective [DATE], the [CLINIC NAME] charges a small fee for STD/HIV testing services. You can pay by using your **health insurance**, or by **paying a fee** based on your income and what types of tests are performed.

No one can be denied testing based on insurance status or inability to pay.

If you have any questions, please speak with the receptionist or the health care provider that sees you today.

Talking Points – Receptionist to Client

During client intake, the receptionist is the first person that the client will see. It is important that they are able to explain the different options available for payment. Please note that each LHD should tailor this scripting based on the county’s protocols. For example, if your county requires proof of address, that language would have to be added in.

At intake:

Starting [Date], this clinic charges a nominal fee for STD/HIV testing. You can pay by using health insurance or a set fee based on your income. Do you have insurance that you would like to use?

If Client HAS INSURANCE

Please know that your insurance company is required to send an “Explanation of Benefits” letter to the insurance holder. The letter is sent to the policy holder, who may not be you. It may be your parent/guardian, a domestic partner or a spouse. If you are concerned about this person finding out about this visit, you may want to pay a set fee instead of giving your insurance information.

The letter may tell what types of tests and procedures were done at this appointment. The letter does not include test results, although if you get treatment for some STDs like genital warts, that may show up.

Some companies use number codes, but other companies may also use names like “STD testing.”

This is a federal law that may put the confidentiality of your testing at risk. Would you still like to use your insurance?

If Client DOES NOT HAVE INSURANCE

Okay, we also have a sliding fee scale that we use to determine how much a visit will cost. It is based on your income and the services that you get. You may not owe anything but we will provide you with an idea of what you might have to pay. After you see the [DOCTOR/NURSE] and get tested, you will need to come back here so we can find out how much you owe. Generally, most clients pay [insert range of sliding fee scale for typical STD testing service(s) for similar patients].

Note to staff: if a client is a minor, they should only use their personal income.

[AFTER THE VISIT]

Based on the procedures provided, staff will identify the cost. If the patient cannot pay the full amount, assess the cost based on the client’s income. If the client cannot afford the sliding fee cost, services cannot be denied.



If Client STILL WANTS TO USE INSURANCE

- Follow agency procedures regarding insurance information collection and billing.

If Client DOES NOT WANT TO USE INSURANCE
See above

Note to staff: If the client refuses to give insurance information, income information, refuses to pay, or cannot afford to pay, services must still be provided. Depending on a clinic’s policies, staff may provide the client with a printed invoice and a return address envelope so that the client may mail payment at a later date. It is not recommended to send follow-up notices, bills, etc., to the client’s address, to protect the client’s confidentiality.

An Added Point of Contact – Health care provider to Client

The issue of insurance, EOBs and confidentiality may be confusing to some people. They may come into the clinic with anxiety and may not hear or understand what the receptionist has talked with them about. They may not understand the forms, or the possible repercussions of providing insurance information. This is especially important for minors, as well as adults who may be at risk for retaliation or domestic violence from their partner/spouse. For victims of domestic violence, Insurance Law §2612(h)(2)(A) and regulation 168 of 11NYCRR provide protections for the redirection of communications from health plans. Health care providers can serve as another resource for more information or clarification about using health insurance.

Health care providers have a great deal of information to cover during a brief STD testing visit, between assessing client history and risk, conducting a physical exam, describing the timing of test results and procedures to get the test results, describing treatment, and providing risk reduction counseling.

The talking points for health care providers are similar to those for the receptionist. It is critical that, if a client decides that he/she does not want to use the insurance that they provided, the health care provider should follow up with the receptionist to ensure that the visit is NOT billed. The provider should instruct the client to go back to the receptionist after the visit is over to pay the income-based fee.