

PROTECTING CONFIDENTIAL HEALTH SERVICES FOR ADOLESCENTS & YOUNG ADULTS: STRATEGIES & CONSIDERATIONS FOR HEALTH PLANS



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INTRODUCTION

Adolescence is an important developmental period when many young people engage in risky behaviors with both immediate and long-term health consequences.¹ Therefore, adolescence is an ideal time period to empower young people to take responsibility for their own health and begin the transition to independent engagement with the health care system. Confidential care is a significant component of that transition, along with encouraging continued parent-child communication, particularly for younger adolescents. While adolescence is often considered the period between 10 and 25 years of age,² it is generally recommended that confidential visits with a health care provider begin at age 12. The American Academy of Pediatrics' *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* summarizes the specific, age-appropriate services that should be provided to adolescents during these visits as well as the full range of care this age group should receive.³

Yet fewer than half of all adolescents access comprehensive health care, including important preventive health services.⁴ Barriers to the delivery of preventive care have been well documented in the literature and include variable provider skill levels and comfort with adolescents, inadequate time with the provider, excessive waiting room times, lack of transportation, and inconvenient office hours or office location.^{5,6} Research has also confirmed that a perceived lack of access to confidential care is a significant barrier to receipt of health services by adolescents.⁷ Even young adults (over age 18

and no longer legally minors) continue to have concerns about confidentiality. Requirements for parental notification and consent, along with disclosure of information through mechanisms such as the explanation of benefits (EOB) forms sent to policyholders by insurance companies after care is delivered, are two major obstacles to adolescents' and young adults' access to confidential care. As the Patient Protection and Affordable Care Act of 2010 (ACA) expands access to private and public health insurance for adolescents and young adults, it may also raise challenges for ensuring confidential care is delivered to a newly insured segment of the adolescent and young adult population.

As adolescents age, their health care needs change along with their access to health insurance coverage. In the past many young adults lost their health insurance from their parents' or guardian's policies at age 19 or at high school or college graduation. The passage of the ACA remedies this problem by requiring health plans to allow young adults to remain on their parents' insurance up to their 26th birthday regardless of school enrollment or marital status.⁸ The Department of Health and Human Services' mid-range enrollment estimate, assuming moderate take-up of the new coverage option, is that 1.24 million young adults will gain coverage in 2011.⁹ With more young adults staying on their parents' policies, finding ways to ensure access to confidential services, especially services such as reproductive health care, mental health services, and substance abuse counseling and treatment, will become even more important for the health care delivery system and health insurance plans.

Since access to confidential health care is also a cause for concern among adults, solving the challenge of confidentiality in the health insurance claims and payment process will serve the interests of a broad segment of the insured population. For example, spouses who are covered on each other's health insurance policies sometimes do not want information about their utilization of specific health services disclosed.

In this issue brief we review the importance of access to confidential health services for adolescents and young adults, the legal protections in place to ensure confidential care delivery for them, and health insurance system barriers and other challenges to delivering that confidential care. We then present several opportunities for health insurers to assure that their billing processes are protecting adolescents' and young adults' access to confidential care.

IMPORTANCE OF CONFIDENTIAL CARE DELIVERY

Due to concerns about privacy, many adolescents and young adults do not access comprehensive health care, including preventive health services. Research findings over several decades have consistently documented that privacy concerns affect adolescents' and young adults' choices of provider, candor in giving a health history, and willingness to accept certain services; these concerns can also lead young people to forgo care entirely.¹⁰ Adolescents can experience negative outcomes as a result of forgoing contraceptive care, such as unplanned pregnancy, as well as for failing to seek mental health and STD screening and treatment. *Healthy People 2020* highlights that unintended pregnancy can lead to "delays in initiating prenatal care; reduced likelihood of breastfeeding; poor maternal mental health; lower mother-child relationship quality; [and] increased risk of physical violence during pregnancy."¹¹ In addition, an adolescent who forgoes or delays STD screening and treatment puts himself or herself, as well as his or her partners, at risk for reproductive health problems, including infertility, and fetal and perinatal health problems.¹² Finally, adolescents with unidentified mental disorders engage in more risky behaviors than

their peers, such as unsafe sexual activity, fighting and weapon carrying, and are also at the highest risk for committing suicide.¹³

In focus group research conducted by the National Alliance to Advance Adolescent Health, an adolescent female from Washington, DC said, "They go to clinics, most of my friends do...they know if they go to their doctors, then it will come up on the health insurance bill."¹⁴ Another recent study funded by WellPoint Inc. and published in the *Journal of Adolescent Health* examined the perspectives of adolescents and their parents to understand barriers and motivators to seeking preventive health care. Researchers conducted eight focus groups with 77 adolescents aged 13-17 enrolled in a large Medicaid managed care plan in Los Angeles County, California, and two focus groups with 21 of their parents.¹⁵ Adolescent participants identified a perceived lack of confidentiality and privacy as barriers to preventive health visits. For example, the article quotes a female adolescent as saying, "I don't feel like there's so much privacy in hospitals. So then like if they find out, or if they test me, and I'm pregnant, or if I have an STD or whatever, then like where does my privacy go? They're going to call my parents, they'll totally freak out, I'll get kicked out and stuff like that. And they start flipping. So they become insecure, and they won't tell anyone, so they just end up becoming runaways, I guess." The authors conclude that their findings are consistent with other published research that rates confidentiality as highly important to utilization.¹⁶

Adolescents and young adults also cite privacy concerns as a barrier to receipt of contraceptive care and STD screening, especially chlamydia screening, which the Centers for Disease Control and Prevention (CDC) has identified as one of the most valuable but underutilized clinical preventive services. Jones et al. conducted a survey of 1,526 females under 18 seeking reproductive health services at a national sample of 79 family planning clinics and found that among adolescents with parents who were unaware that they were using the clinic, 70 percent would not continue to use a clinic for prescription contraception if parental notification were mandated. Some respondents also indicated they would be more likely to engage in risky sexual behavior and forgo STD services.¹⁷

A report published by the National Committee for Quality Assurance (NCQA) in 2007 highlights discussions with health plans about the challenges to improving chlamydia screening rates, including one health plan's concern that an open discussion of STDs and sexual behavior would not be acceptable to its community – especially to adolescents. Since 2000, NCQA, through the Healthcare Effectiveness Data and Information Set (HEDIS), has been collecting data from health plans on their chlamydia screening rates. Most health plans have consistently reported that a low proportion of sexually active females aged 16 to 26 were tested for chlamydia.¹⁸ These low chlamydia screening rates in the U.S. have been attributed to these patients' fears about breaches in confidentiality and lack of privacy in billing. To better understand barriers to screening, one health plan conducted focus groups with its members and found that patients had concerns about confidentiality; younger members, in particular, were concerned about information being given to their parents who might not have been aware that their children were sexually active.¹⁹ Reducing privacy concerns by providing increased confidentiality protections may be one way to increase screening rates as youth are increasingly covered under private insurance.

Other research documenting that adolescents and young adults do not use their private insurance coverage to pay for contraceptive care strongly suggests that adolescents' fear of breaches in confidentiality through the billing and claims process is a barrier. The Guttmacher Institute analyzed the National Survey of Family Growth and found that 68 percent of privately insured teens and 76 percent of privately insured young adults who obtained contraceptive services used their private coverage to pay for their care, compared to 90 percent of insured women over age 30.²⁰ Instead, many of these young women turn to publicly funded confidential care, such as the contraceptive and STD services provided at Title X Family Planning sites or care funded by Medicaid or state public health programs. The Guttmacher Institute also reported that out of the 36 million women in need of contraceptive care in 2008, 17.4 million needed publicly funded services and supplies, either because they had an income below 250 percent of the federal poverty level or were younger than age 20.²¹ The Guttmacher Institute considers women at any income

level and under the age of 20 in need of publicly funded care due to their need for confidentiality. Less than half of all women in need of publicly subsidized care received these services in 2008.²² Confidentiality protections in the private insurance billing process could help alleviate some of the burden on public dollars that are already stretched thin serving women without access to private insurance.

Confidentiality concerns have also been cited by adolescents as barriers to their receipt of mental health care or substance abuse counseling and treatment. A regional survey of adolescents found that only 45 percent of adolescents would seek care for depression if parental notification were required.²³ Less than 20 percent reported they would seek care related to drug use if notification were required.²⁴ In addition, a higher prevalence of depressive symptoms, suicidal ideation and suicide attempts have been documented among adolescents who have forgone care due to confidentiality concerns.²⁵ Thus there is a demonstrated need to protect certain mental health and substance abuse information in order to alleviate barriers to adolescents' utilization of these services.

LEGAL FRAMEWORK FOR CONFIDENTIAL CARE DELIVERY

Both the federal and state governments have put certain safeguards in place to protect the privacy of health information and to facilitate access to confidential care for minors as well as young adults. Adolescents who are under the age of eighteen are generally considered minors and require parental consent to receive health care services. Older adolescents who are age eighteen or older are legally adults and, while they share some of the same concerns about confidentiality experienced by adolescents who are minors, the legal framework for adults is different from that which determines health care access for minors. For example, by age 18 young people are legally allowed to consent for their own health care, and the confidentiality laws that apply to other adults also protect them.

All fifty states and the District of Columbia (DC) have minor consent laws that allow minors to consent for their own care if they have a certain status or seek

certain types of services. In some states, adolescents who are emancipated, married, serving in the military, pregnant, parenting, or living apart from their parents or who have attained a specific age (e.g. fifteen), graduated from high school, or met certain criteria of maturity may consent to care. Some states allow minors to consent for contraception or other pregnancy-related care; screening and treatment for sexually transmitted diseases (STDs), reportable diseases, or HIV and AIDS; or outpatient mental health care, or substance abuse counseling and treatment.²⁶ There is a wide variation, however, in the laws by state.

Federal and state confidentiality laws apply to both adults and adolescents (although perhaps in different ways depending on their legal status) and include the constitutional right to privacy, medical records and health privacy laws, evidentiary privileges, and laws related to funding programs.²⁷ The "HIPAA

The Center for Adolescent Health & the Law's *State Minor Consent Laws: A Summary*, Third Edition provides detailed information about the laws in all 50 states and the District of Columbia that allow minors to consent for their own health care. It contains detailed, reliable, up-to-date legal information related to health care consent for young people who are emancipated, homeless, married, or parents as well as for young people seeking care related to contraception, pregnancy, STDs, HIV, drug and alcohol use, and outpatient mental health services. Individual state packages are available in addition to the full monograph that contains summaries of the laws in all 50 states and DC. The monograph also includes a detailed introduction and several appendices. Ordering information is at www.cahl.org.

Privacy Rule," issued in final form in 2002 under the Health Insurance Portability and Accountability Act of 1996, is one of the most recent and important developments in the privacy of health information and contains significant provisions related to protecting adolescents' health care information. The Rule creates new rights for individuals to have access to their "protected health information" (PHI) and allows them to control the disclosure of that information under certain circumstances. Young adults are considered individuals under the Rule and have the same rights as other adults. Parents generally have access to PHI for minors; however, when minors can consent to their own care, special requirements apply.

When minors are legally able to consent to health care or receive care without parental consent or when a parent has assented to an agreement of confidentiality between the adolescent and provider, the minor is considered an "individual," and the parent does not necessarily have the right to access the minor's PHI. Whether the parent can access the information depends on "state or other applicable law" so providers must look to these laws to determine whether they specifically address the confidentiality of a minor's health information. Relevant laws include state and federal confidentiality laws as well as court cases interpreting these laws and the right of privacy guaranteed in the U.S. Constitution and some state constitutions. Health care providers, including both individual health care professionals and health plans, must abide by laws that explicitly require or prohibit disclosure of information to a parent. If laws permit disclosure or are silent or unclear, health care providers can exercise discretion about disclosing information or granting access to parents, as long as they exercise professional judgment.²⁸

Examples of state laws that are particularly relevant to determining whether parents have access to a minor's PHI are state minor consent laws, which often contain provisions that either prohibit disclosure to a parent without the minor's permission or allow a health care professional to disclose if it would be in the interest of the minor's health. Examples of "other applicable law" are the regulations for the federal Title X Family Planning Program, which do not allow disclosure without the permission of patients, including minors.

The Center for Adolescent Health & the Law's *Policy Compendium on Confidential Health Services for Adolescents*, Second Edition is a valuable summary and analysis of policies and position statements from many national health care provider organizations with respect to delivering confidential health care to adolescents. Health care providers can use this document as a resource when making discretionary determinations about whether to disclose confidential health information about adolescents. The compendium can be accessed at: <http://www.cahl.org/web/index.php/index.php/policy-compendium-2005/>

HEALTH PLAN BARRIERS TO CONFIDENTIAL CARE DELIVERY

Legal Barriers

Unfortunately, the laws that exist to protect the confidentiality of adolescent health care at the point of service are not well aligned with the laws and systems in place to obtain payment for these services. There are more laws in place that protect confidentiality in the context of the physician-patient or health care professional-patient relationship than in the context of billing and insurance claims. In both contexts there are multiple ways in which confidentiality can be breached, sometimes inadvertently or sometimes as a result of policies that dictate disclosure of confidential information. This can occur within the physician's office, but even when confidentiality is protected within the office setting, there is no guarantee that the billing and insurance claims process will not divulge private information to a parent or guardian. Private insurance billing processes impede confidentiality by sending EOB forms or other information about the status of claims and reimbursement to the primary policyholder listing

the services rendered by the provider and reimbursed by the health plan. While this type of disclosure is generally required by states and issued by health plans to reduce insurance fraud and abuse, rather than by a desire to breach patients' confidentiality, it can have a chilling effect on their use of important services that are sensitive in nature.²⁹ Most state insurance regulations require health plans to inform policyholders of claims made for all persons covered under their policies. EOBs generally identify the recipient of care, the provider, and the type of care obtained, along with information on the total charge, the amount reimbursed by the health plan and any outstanding financial payment required by the policyholder.³⁰

No state or federal law requires state Medicaid programs to send EOBs in all situations, and states that contract with private managed care organizations (MCOs) to serve Medicaid patients typically do not require these plans to send EOBs. A survey of state Medicaid agencies conducted by the National Alliance to Advance Adolescent Health (National Alliance) found that only three of 42 states responding to the survey require participating MCOs to send EOBs on a routine basis.³¹ However, states comply with federal mandates by requiring MCOs to send an EOB whenever a claim for services has been denied and comply with federal verification regulations by sending a sample of EOBs on a monthly or quarterly basis. Half of the states surveyed by the National Alliance send these EOBs directly to the adolescent, and the other half send them to the parent or head of the household.³²

Many states do address confidentiality concerns by excluding certain services from the EOB for all Medicaid recipients regardless of age. The National Alliance survey asked about four services deemed sensitive to adolescents and found that 24 states excluded information on family planning, 12 excluded information on STD services, nine excluded mental health services, and six excluded substance abuse treatment services.³³ It is important to note that not all of the services to which a minor can consent under state laws are necessarily excluded from an EOB. According to the National Alliance survey, only Florida specifically excludes all of the minor consent services from EOB mailings.³⁴

While adolescents enrolled in Medicaid are less likely than those on private insurance to have an EOB sent

home to their parents, there is still a chance that their privacy will be compromised in this way. Regardless of what the actual policy is, most adolescents would not be aware of subtle distinctions between public and private insurance and between different health plans and their policies, so the general prevalence of EOBs being sent can be an overall deterrent to young people's use of important services.

Coding and Reimbursement Barriers

Additional barriers to the provision of confidential care to adolescents have been identified by the American Academy of Pediatrics (AAP), the Society for Adolescent Health and Medicine (SAHM), and the American College of Obstetricians and Gynecologists (the College). In their guidance for providers on billing for confidential health services, AAP and SAHM suggest that copayments automatically generated with certain billing codes for office visits and medications can be a financial barrier to adolescents' receipt of care and treatment.³⁵ The College suggests that a model confidential visit for adolescents should include a mechanism to code and bill for potentially sensitive lab services like pregnancy and STD tests as "indicated routine screening," but it warns that health plans may not reimburse when services are coded in this manner, instead requiring that parents receive a fully itemized bill listing specific tests. If an adolescent is allowed to pay out of pocket for these services to ensure confidentiality, the College cautions that a provider could be at risk of violating the terms of their contract with a health plan if the service is a covered benefit because it could be interpreted that the insured is in fact being denied a covered benefit.³⁶

Collecting data for quality reporting and improvement efforts can also compromise delivery of confidential services. In their report on health plan strategies to improve HEDIS rates for chlamydia screening, NCOA described a health plan that bundled gynecological services in their reimbursement process so a chlamydia screening test would not be listed on the claim or EOB. In order to improve their HEDIS rate, the health plan altered its reimbursement process by adopting a new coding system that recorded and billed for gynecological services separately, including a Pap test, pelvic exam and chlamydia screening.³⁷ While this

change had the positive effect of accurately capturing the number of women being screened for chlamydia, the unbundling of services had the inadvertent effect of breaching confidentiality by listing the specific tests on the EOB.

OPPORTUNITIES FOR HEALTH PLANS TO IMPROVE CONFIDENTIAL CARE DELIVERY

Address EOB Disclosure and Coding and Billing Issues

With health care reform and increased access to health insurance for adolescents and young adults, there will be more opportunities to provide age-appropriate health care and treatment if efforts to ensure access to confidential services are successful. The health care reform law requirement that preventive services are offered at no cost to the patient or policyholder could create an opportunity to provide those services on a confidential basis because EOBs for those services would be unnecessary.

The AAP recommends the following strategies regarding adolescent access to and physician reimbursement for confidential health care:³⁸

1. Insurers, their governing organizations, and physician offices should develop policies that recognize the rights of adolescents to obtain confidential reproductive health care.
2. To protect the rights of adolescents to access confidential reproductive health care services, insurers should implement a unique coding and billing strategy.
3. Ideally, an explanation of benefits and other receipts for reproductive care services used by adolescents should not be sent to parents.

The Promoting Adolescent Reproductive Health project, described in detail in Figure 1, is one example of how a public-private partnership can implement the first strategy listed above to improve access to confidential adolescent reproductive health care services.

FIGURE 1. BLUECROSS BLUESHIELD OF WESTERN NEW YORK AND ERIE COUNTY HEALTH DEPARTMENT – PROMOTING ADOLESCENT REPRODUCTIVE HEALTH PROJECT

According to New York State Health Department surveillance data, Erie County has one of the highest reported rates of chlamydia in the state. However, according to BlueCross BlueShield of Western New York, Erie County also has one of the lowest chlamydia screening HEDIS rates in the state. Local pediatric leaders have indicated that a barrier to chlamydia screening is concern about breaching confidentiality of commercially-insured adolescents when an explanation of benefits (EOB) is sent to the primary policyholder, usually a parent. Through the Promoting Adolescent Reproductive Health project, the Erie County Department of Health (ECDOH) worked with local providers and health plans to increase chlamydia screening rates in the county by improving access to confidential adolescent sexual health care services. In consultation with national adolescent medicine experts, ECDOH developed a toolkit to assist providers in offering confidential reproductive health services. All three major health plans in western New York, along with the state health department, endorsed the toolkit by adding their logos to the toolkit folders and by cosigning letters sent to providers along with the toolkit. BlueCross BlueShield of Western New York analyzed the highest volume adolescent primary care and OB/GYN offices to determine which providers the ECDOH should target for academic detailing, i.e. on-site medical education sessions and toolkit distribution.

The toolkit includes guidelines for screening and treating sexually transmitted infections among adolescents, along with standardized messages to assist providers to overcome barriers to offering confidential adolescent sexual health care services, including chlamydia screening. While it is not currently possible to suppress an EOB from being sent to policyholders, the toolkit offers information for providers to help minimize the risk of involuntary disclosure of information by discussing insurance, billing and alternative forms of payment with the adolescent patient or providing a list of local Title X clinics offering reproductive health care at low or no cost. One toolkit resource, "Basic Tenets for Caring for Teens," provides coding strategies to maximize the confidentiality of adolescent health care services. The document includes vignettes portraying an adolescent receiving reproductive health services to help practitioners choose the CPT and ICD-9 codes to protect adolescent confidentiality. This document is available at: http://www.adolescenthealth.org/AM/Template.cfm?Section=Clinical_Care_Resources&Template=/CM/ContentDisplay.cfm&ContentID=1298. While there has been no formal evaluation of changes in practice due to use of the toolkit, a local pediatric office reported high satisfaction with the health risk screening survey contained in the toolkit as a means of obtaining important confidential information from patients that they feel they could not collect otherwise. A follow-up study is currently underway in Erie County to improve chlamydia screening by developing an adolescent medical home that will utilize the toolkit.

SOURCES:

NACCHO Model Practices Toolkit. Available at: <http://www.naccho.org/topics/modelpractices/database/practice.cfm?practiceID=535>, accessed 6/21/2010.

Several national organizations, including the AAP, the College, SAHM and Partnership for Prevention, all members of the National Chlamydia Coalition, submitted a joint letter to Department of Health and Human Services Secretary Kathleen Sebelius. The letter suggests options to address confidentiality barriers as part of the regulations being written to implement the ACA provision requiring full health

plan coverage for U.S. Preventive Services Task Force (USPSTF) A and B graded preventive services. Annual chlamydia screening of all sexually active females aged 24 years and younger is one of the USPSTF Grade A recommended preventive services. The letter lays out potential strategies to improve the delivery of confidential services for adolescents and young adults, including:³⁹

- Eliminating the requirement to issue EOBs for all USPSTF recommended A and B preventive services
- Excluding chlamydia screening and other sensitive preventive services from EOB documents
- Providing a simple procedure for health care providers to request that no EOB is issued to policyholders for sensitive services
- Providing an EOB stating general medical services were rendered, but not providing specific details and thereby helping protect confidentiality

Several of these strategies have been implemented on a smaller scale by states or health insurers.

CIGNA, a major national insurer, informs enrollees that they will receive an EOB only when money is owed beyond the normal copayment.⁴⁰ NCQA's report on chlamydia screening found that one health plan improved its chlamydia screening rates and addressed concerns of confidentiality by removing the description "Chlamydia lab test" from its billing statements. Instead, the description was listed as "general lab services." Health plans could consider adopting this approach by collecting specific claims data from providers but reporting only general billing information to the policyholder in order to maintain the confidentiality of a patient.⁴¹ Development of a

Coding for Adolescent Reproductive Health Services is a resource developed by members of the American Academy of Pediatrics Section on Adolescent Health and the Society for Adolescent Health and Medicine that lists commonly used CPT codes for reproductive health services and can be used on clinic encounter forms and/or billing sheets. It is available at: http://www.adolescenthealth.org/Clinical_Care_Resources/2304.htm.

modifier CPT code that providers could use to indicate a service is confidential in the billing process may be helpful when health plans have an option to forgo sending an EOB under the new ACA provisions that allow for full coverage of certain preventive services.

Use HIPAA Privacy Rule to Protect Confidentiality for Sensitive Services

The HIPAA Privacy Rule allows individuals (including minors who are treated as individuals under the Rule) to request special privacy protections under certain specific circumstances. For example, individuals may request that health care providers and health plans communicate with them in a confidential manner (e.g., by email or at a different address) or limit disclosures that would otherwise be permissible. In addition, the Rule permits individuals to request that disclosure of their protected health information not be made without their authorization. Ordinarily the Rule permits disclosures of protected information without an individual's authorization for purposes related to treatment, payment or health care operations. Covered entities are not required to agree to such requests, but if they do agree, they are required to comply. Individuals may make such requests – to withhold the sending of an EOB, for example – when they believe disclosure to a family member or policyholder would endanger them.

In the context of reproductive health, the Guttmacher Institute suggests "endanger" should be interpreted to include a threat to the woman's health, such as an inability to access contraceptive services, STD or HIV testing and treatment, or even prenatal care.⁴² English and Ford have also suggested that the HIPAA Privacy Rule has the potential to protect the confidentiality of adolescents as well as patients of other ages, but that effective implementation of these protections will require the willing and active cooperation of both health care providers and third party payers.⁴³ Health plans and providers would need to make insured individuals, including minors, aware of their right to request confidential communications, and in turn health plans and providers would need to have clear procedures in place for minors and other patients and beneficiaries to exercise this right. Information

about these privacy protections needs to be included in online health information since health plans are increasingly relying on web-based communication rather than mail.⁴⁴

Enroll Eligible Adolescents in Medicaid

The ACA will increase the number of adolescents who have Medicaid coverage. Most notably, beginning in 2014 all states will be required to extend Medicaid coverage to all individuals who are not eligible for Medicare with incomes up to 133 percent of FPL. These extensions will include the childless adult population that has historically been excluded from public coverage in most states, affecting many young adults in the process.⁴⁵ NIHCM has estimated that if the ACA provisions were applied to the 2008 population, 3.6 million low-income uninsured children and 2.6 million low-income uninsured young adults (aged 19 to 24) would have been eligible for Medicaid. Even before 2014, however, improved attention to Medicaid enrollment and retention practices is expected to reach uninsured people who are already eligible for Medicaid but not enrolled. NIHCM estimates that approximately 5.5 million children and 1 million young adults were eligible for public coverage in 2008 but not enrolled.⁴⁶ Since the majority of states contract with MCOs that are not required to send EOBs, many of the newly insured adolescents enrolled in these plans can expect that the confidentiality of their care will not be compromised. Further, as discussed earlier in this brief, many states have already taken considerable steps to ensure the confidentiality of certain health services when EOBs are sent by expressly excluding the sensitive information from EOBs.

Many states have received Medicaid waivers from the Centers for Medicare and Medicaid Services (CMS) to provide family planning services to individuals who would otherwise be ineligible, including adolescents who are able to qualify for Medicaid based on their own income rather than their family's income.⁴⁷ These waivers allow adolescents to gain access to confidential family planning services through Medicaid, and EOBs are not issued. The ACA allows states to establish these programs without obtaining a waiver from CMS.⁴⁸

Advocate for Changes in State Law

State insurance regulations require health plans operating in their states to provide policyholders with EOBs when services are provided. However, the Guttmacher Institute reports that some state requirements contain exceptions that may provide a pathway to confidential care for dependents. Wisconsin and New York, for example, do not require health plans to send an EOB if the patient pays any required copayment at the time of service and the balance of the provider's fee will be paid directly by the health plan.

Several states have specifically addressed the issue of ensuring confidentiality for dependents during the billing process. Connecticut, Delaware and Florida have laws prohibiting billing procedures from breaching confidentiality of minors seeking testing and treatment for STDs, and Connecticut extends this protection to include testing and treatment for HIV/AIDS. Wisconsin offers similar protections for minors seeking inpatient care for substance abuse by requiring the facility to obtain the minor's consent before billing a third party.⁴⁹ These laws could serve as models for other states to ensure confidentiality of these and other important health services for adolescents.

Educate and Empower Adolescent Members

The emphasis placed on transparency through the ACA provides a unique opportunity for health plans and health care providers to educate adolescents and young adults about their health insurance policies and access to confidential care. Health plans already provide educational brochures and other materials to their members and can gear specific materials to their adolescent members. For example, Horizon Blue Cross Blue Shield of New Jersey created *Horizon Healthy Teen*, a magazine dedicated to making their teen members' health a priority.⁵⁰ These materials are valuable tools for educating adolescents on the benefits of preventive health care and can also be utilized as a venue for explaining what aspects of their visits are confidential, whether their parents will receive an EOB, and what information is contained in an EOB. This education is a vital first step in beginning to empower adolescents to make informed decisions regarding their own health care.

Healthy Teen Network has developed a series of brochures offering guidance to health care providers, teens and parents of teens on ways they can deliver, receive and support adolescents' access to confidential contraceptive services. The brochure includes topics such as how to make an appointment, talking with parents, and keeping things confidential. It can be accessed at: <http://tinyurl.com/3lxwsu8>

Teen Health from Nemours has developed a website for adolescents which describes ways that they can access high quality health care. This website includes a section on how teens can talk with their doctor about personal issues and ensure that what they discuss remains confidential and private. The website can be accessed at: http://kidshealth.org/teen/your_body/medical_care/talk_doctor.html#

CONCLUSION

The opportunities created by the ACA to expand access to health insurance coverage and preventive health care will only be fully realized if the barriers that cause people to forgo care, including concerns regarding confidentiality, are addressed and eventually eliminated. The ultimate goal of this brief is to empower health plans with information and tools to prevent unnecessary disclosures in the billing process and improve the delivery and utilization of confidential health services.

RESOURCES

American Academy of Pediatrics Adolescent Health Section	News, resources, policy statements and other publications on adolescent confidentiality.	http://www.aap.org/sections/adolescenthealth/default.cfm
American College of Obstetricians and Gynecologists Tool Kit for Teen Care	Contains resources for an adolescent-friendly office and adolescent assessment, as well as CPT coding information and educational materials on health care for girls.	http://www.acog.org/departments/dept_notice.cfm?recno=7&bulletin=5248
Center for Adolescent Health & the Law	Publications on state minor consent laws and the confidentiality provisions they contain, the federal medical privacy regulations known as the HIPAA Privacy Rule, other state and federal confidentiality protections.	http://www.cahl.org/
Creating Healthy Opportunities: Conversations with Adolescent Health Experts	Abigail English discusses the legal issues in adolescent health, which include financial access, consent and confidentiality, and how these topics affect young people's access to health care.	http://nihcm.org/pdf/NIHCM-Interview-AbigailEnglish.pdf
Guttmacher Institute	Resources on the delivery and financing of confidential sexual and reproductive health services including "State Policies in Brief" on minor consent laws, minors' access to services, and minors' rights as parents.	http://www.guttmacher.org/
Get Yourself Tested Campaign	The campaign includes targeted public service ads (PSAs), entertainment and other special programming, news segments, and free informational resources, including an extensive website.	http://www.itsyoursexlife.com/gyt
National Alliance to Advance Adolescent Health	Resources examining state policies to improve adolescent health care.	http://www.thenationalalliance.org/
National Chlamydia Coalition	The coalition strives to reduce the rates of chlamydia and its harmful effects among sexually active adolescents and young adults.	http://ncc.prevent.org/
National Business Group on Health Employer's Guide to Preventive Services: Chlamydia Screening	Includes a page dedicated to Chlamydia screening and offers an evidence statement, summary plan description (SPD) language and CPT Codes.	http://www.businessgrouphealth.org/preventive/topics/chlamydia.cfm
Partnership for Prevention Why Screen for Chlamydia: Implementation Guide for Providers	Guide covering the latest information and tools for health care providers to improve delivery of chlamydia screening to patients.	http://www.prevent.org/data/files/ncc/whyscreenforchlamydia_web25_8-13-10.pdf
Planned Parenthood Federation of America	Information for teens and tools for parents and educators, as well an online tool to locate health centers across the country.	http://www.plannedparenthood.org/
Society for Adolescent Health and Medicine	Resources on protecting confidential adolescent health services, including billing and coding information and other tools for providers.	http://www.adolescenthealth.org/

ENDNOTES

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