



CONFIDENTIAL HEALTHCARE FOR INSURED DEPENDENTS

Guide for Advocates and Attorneys

MCBW Minnesota Coalition
for Battered Women

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www.mcbw.org

Confidential Healthcare for Insured Dependents:

- If someone is insured as a dependent on another's health insurance policy—for example a partner, ex-partner, or parent's—health insurance plans may send the policyholder information about the insured dependent's healthcare visits, usually in the form of an explanation of benefits. This practice is **highly problematic for domestic violence victims** insured on an abusive partner or ex-partner's policy, or other individuals insured as **dependents who are receiving sensitive services** such as rape kits, reproductive healthcare, or mental healthcare.
- Federal law gives individuals the **right to request confidential communications with their health insurance plan**. When a confidential communications request is in place, the insurance plan sends all communications containing health information to an alternative address or location chosen by the individual, rather than to the policyholder's address.
- Insurance plans **must accept** a confidential communications request if the requesting individual states that **disclosing their health information to anyone but them could put them in danger**.
- Most individuals do not know that they have the right to request confidential communications.

How You Can Help:

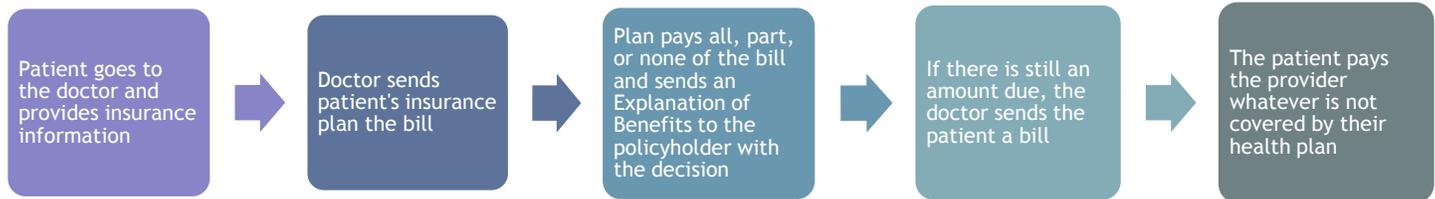
- **Read the Confidential Communications with Health Insurance Plans Guide and learn about confidential communications requests.**
- **Talk to the individuals you work with about the right to request confidential communications.**
 - Domestic and sexual violence advocates:
 - Discuss during intake, individual meetings, or group meetings
 - Family law attorneys
 - Discuss during intake or at individual meetings
- **Help individuals set up an online portal and/or make a confidential communications request.**
 - Use the information in this guide to walk clients through the request process, or

Contact:

- If you have questions about confidential communications with insurance plans, please contact MCBW at mcbw.org or (651) 646-6177.

Introduction: The Confidentiality Problem

Figure 1: Path of Communications after a Healthcare Visit



The Confidentiality Problem

After every healthcare visit, both health insurance plans and healthcare providers send numerous communications to each other, to the insurance policyholder, and to the patient (see Figure 1 above). For example, Minnesota health insurance plans send an explanation of benefits (EOB) to an insurance policyholder every time someone uses the policy to pay for healthcare. EOBs reveal personal health information such as the type of health service received, who provided the service, and when the service was provided. Sending these types of communications to an insurance policyholder exposes an insured dependent's health information, violating the basic right to privacy that everyone deserves.

Insurance Communications Practices Compromise Safety for Insured Dependents

Sending communications like EOBs to a policyholder is especially problematic for insured dependents with concerns for their safety or well-being. For example, domestic and sexual violence victims who are insured on an abuser's health insurance policy (e.g., as a spouse, ex-spouse, or child) may not want an abuser to learn about

a healthcare visit. Abusers often control and monitor a victim's access to healthcare, and may become violent upon finding out that a victim went to the doctor. Additionally, abusers use reproductive coercion tactics, such as birth control sabotage and pregnancy pressure, to prevent a victim from making her own decisions about her reproductive healthcare.

Other insured dependents may not want a policyholder or family member to learn about sensitive health services such as a sexual assault exam and accompanying treatment, mental health services, or HIV/AIDS treatment. These individuals may not want to disclose sensitive health concerns to a spouse or parent, out of fear of abuse, embarrassment, harassment, or simply not being ready to discuss a sensitive topic with family.

Rather than risk a policyholder discovering personal health information, insured dependents may decide not to bill insurance for care and utilize a public program or an already under-funded sliding-scale fee clinic. Dependents also may forgo seeking services altogether, increasing healthcare costs down the line as chronic health conditions are exasperated.

Confidentiality Protections

Online Portals

Health plans are increasingly posting EOBs and similar communications to online member portals. Most Minnesota health plans allow insured dependents to create their own member portal, separate from a policyholder. Dependents can set their own username and password to make sure that the insurance policyholder does not have access to the portal. Health plans will post all EOBs and other communications concerning the insured dependent to the dependent's portal, not the policyholder's portal.

Some plans allow members to choose "paperless communications" through their online portal, meaning the plan will only send EOBs and similar communications via the online portal, not via mail, when possible. It is important to note that even though a member may choose the paperless option, if the member has certain types of insurance through their employer the health plan may still be required to mail EOBs and similar communications to the member.

Insured dependents with questions about online portals, and how to create their own username and password, should call their health plan for assistance or check their health plan's website.

HIPAA's Right to Request Confidential Communications

The Health Insurance Portability and Accountability Act (HIPAA) requires healthcare providers and health insurance plans to allow patients to request to receive any communications containing personal health information (e.g., EOB) at an alternative address (e.g., friend's address, work address) or through an alternative method (e.g., email, fax,

closed envelope). These requests are known as "Confidential Communications Requests."

Health Insurance Plans: Health insurance plans must accommodate a confidential communications request if the requesting individual states that disclosing their information to anyone else could put them in "danger." Most Minnesota health plans accommodate requests from all members, and do not require a statement of endangerment. See the chart on pages 4-5 for more information.

Minnesota health insurance plans all have different confidential communications request procedures. Some take requests over the phone, but most require requests be made in writing. Some plans have a form individuals can use to make a written request, others do not. See pages 3-5 for information about Minnesota health plan's request policies.

Healthcare Providers: HIPAA requires healthcare providers to accept all reasonable requests for confidential communications.

Fortunately, communications between healthcare providers and individuals do not pose as much of a risk as insurance communications. Providers have direct contact with individuals and usually ask for a preferred address and method of communication before or during the healthcare visit. Insurance plans, on the other hand, have no way of individually contacting an insured dependent, and usually only have contact information for the policyholder.

If an individual wants confidential communications with their healthcare provider, they should ask about confidential care when they make a healthcare appointment. The provider will then tell the individual how to keep their visit confidential.

Submitting a Confidential Communications Request

Minnesota health insurance plans all have different confidential communications request procedures. Some take requests over the phone, but most require written requests. Some plans have a form individuals can use to make a written request, others do not. See the chart on pages 4-5 for each health plan's request procedures.

Insurance Plans with Request Forms

Individuals should use plan-specific request forms to make a request if one is available. These forms are included in the back of this guide. Individuals should follow the insurance plan's directions for filling out the form. Once the form is filled out the individual can mail, fax, or email the form to their insurance plan, depending on what the plan allows.

Insurance Plans without Request Forms

Individuals can use MCBW's general Confidential Communications Request Form. The form is included in this guide. If filled out correctly, this form provides all necessary information to make a valid request. It is important that an individual completely fills out the form. Individuals must include an alternative mailing address even if mail is not the preferred communication method. Some insurance plans will only accept a request if an alternative mailing address is included. Once the form is filled out the individual can mail, fax, or email the form to their insurance plan, depending on what the plan allows.

Alternative Mailing Address or Other Method of Communication

Some health plans will only send confidential communications to an alternative mailing address. Other health plans are more flexible and will agree to send communications to an email address or fax number. It is important to include an alternative

mailing address in a confidential communications request if the health plan requires it, otherwise the request might be denied.

MinnesotaCare or Medical Assistance Enrollees

While EOBs are rarely sent to MinnesotaCare or Medical Assistance enrollees, individuals enrolled in these programs may still have confidentiality concerns and wish to make a confidential communications request. Individuals enrolled in these programs who receive their insurance through a managed care organization should follow the request procedures for the corresponding health plan. For example, if an individual has MinnesotaCare, and Blue Plus provides their insurance, they will submit a request to Blue Cross Blue Shield using the Blue Cross Blue Shield request procedures.

If an individual has Medical Assistance and the state directly pays for the person's healthcare, the individual must send the request to the Minnesota Department of Human Services (DHS).

Minors

Many health plans allow minors to submit their own confidential communications requests. While many plans will apply a minor's request to *all* communications related to the minor's health, some plans may only apply the request to health services the minor can consent to without a parent/guardian present—pregnancy testing and related treatment, STI testing and treatment, and treatment for alcohol/drug abuse. The minor should confirm with their health plan which communications a confidential communications request will cover.

Health Insurance Plan	Online Portal Paperless Option?	Written request required?	Information that <u>must</u> be included in the request:	Minors:	Send written request to:	Customer Service phone number:	How will the plan let an individual know that a request was approved?
Health Partners	Yes	No—can request over the phone	Can provide alternative mailing address or other method of communication Do not need to state “in danger”	Minors can set up their own online account, request “paperless communications,” and have <u>all</u> EOBs and other communications sent to the account; BUT Minors cannot request an alternative mailing address without parental permission	N/A	1-800-883-2177	Will tell individual on the phone
Blue Cross Blue Shield of Minnesota/ Blue Plus	Yes	Yes—use Blue Cross Blue Shield form	Must provide alternative mailing address Do not need to state “in danger”	Minors can request an alternative mailing address without parental permission, and have <u>all</u> EOBs and other communications sent to the alternative address	Mail: Blue Cross Blue Shield of Minnesota P.O. Box 64560 St. Paul, MN 55164-0560 Fax: (651) 662-6017	1-800-382-2000	Will mail confirmation to alternative mailing address within 30 days
Medica	Call to inquire	No—can request over the phone	Must provide alternative mailing address Must state “in danger”	Minors can request an alternative mailing address without parental permission, and have <u>all</u> EOBs and other communications sent to the alternative address	N/A	1-800-952-3455	Will tell individual on the phone
PreferredOne	Call to inquire	No—can request over the phone	Can provide alternative mailing address or other method of communication Do not need to state “in danger”	Call to inquire	N/A	1-800-997-1750	Will tell individual on the phone
UCare	Yes	Yes	Can provide alternative mailing address or other method of communication Do not need to state “in danger”	Minors can set up their own online account, request “paperless communications,” and have <u>all</u> EOBs and other communications sent to the account; OR/AND Minors can request an alternative mailing address without parental permission, and have <u>all</u> EOBs and other communications sent to the alternative address	Mail: UCare Attention: Privacy Officer P.O. Box 52 Minneapolis, MN 55440 Fax: (612) 884-2409 Attention: Privacy Officer	1-866-457-7144	Will mail confirmation to alternative mailing address or send via chosen alternative communication method

PrimeWest	Call to inquire	Yes—use Primewest form	Can provide alternative mailing address or other method of communication Do not need to state “in danger”	Call to inquire	Mail: HIPAA Privacy Officer PrimeWest Health 3905 Dakota St. Alexandria, MN 56308	1-800-431-0801	Will mail confirmation to alternative mailing address or send via chosen alternative communication method
Metropolitan Health Plan	No	No—must request over phone	Must provide alternative mailing address Do not need to state “in danger”	Call to inquire	N/A	612-596-1036	Will tell individual on the phone
South Country Health Alliance	No	Yes	Can provide alternative mailing address or other method of communication Do not need to state “in danger”	Call to inquire	Mail: South Country Health Alliance ATTN: Privacy Officer 2300 Park Drive, Suite 100 Owatonna, MN 55060 E-mail: members@mnscha.org (not a secure email) Fax: 507-431-6328	1-866-567-7242	Will mail confirmation to alternative mailing address or send via chosen alternative communication method
Minnesota Department of Human Services	No	Yes	Must provide alternative mailing address Do not need to state “in danger”	Call to inquire	Mail: Minnesota Department of Human Services-MNsure Attn: Privacy Official P.O. Box 64998 St. Paul, MN 55164-0998	Minnesota Health Care Programs: 1-800-657-3739	Will mail confirmation to alternative mailing address

After Submitting a Confidential Communications Request

Time for Processing the Request

It will likely take at least two weeks to process a request. Individuals should make requests as soon as possible, and should not use private insurance for any health care services until they receive confirmation that the request has been approved.

Individuals should call their insurance plan's customer service line a few days after making the request to make sure it has been received.

Confirmation of Request

Most insurance plans will either mail a confirmation to the alternative address provided by the individual, or send it by whatever preferred alternative method of communication the individual indicates on the form (e.g., fax, email).

Communications the Request Covers

The request covers all communications that contain an individual's health information. It does not cover renewals, ID cards, and other insurance communications that do not contain health information.

Any amount that the individual pays out-of-pocket (including a co-pay) will show up on a "deductibles" or "out-of-pocket" summary. This summary does not provide details about the visit.

The request will apply only to private messages from that insurance plan. If an individual changes insurance plans they need to submit a new request.

Denial of Request

If a health insurance plan denies someone's request, or still sends health information to the policyholder's address after approving a request, then the individual or their representative (e.g., advocate or attorney) should place a complaint with the insurance plan's privacy office. A customer service representative for the plan can provide directions on how to place a complaint.

The individual or their representative can also file an administrative complaint with one or more of the following agencies:

Office of Civil Rights (all plans): Fill out a complaint using the [complaint portal](#) or fill out and send in a [complaint form](#).

Minnesota Department of Health (HMOs): Call 1-800-657-3916 and/or fill out and send in a [complaint form](#).

Minnesota Department of Commerce (PPOs): Call 1-800-657-3602 and/or fill out and send in a [complaint form](#).

Minnesota Department of Human Services: Mail a written complaint to MN Dept. Human Services-MNsure, Attn: Privacy Official, P.O. Box 64998, Saint Paul, MN 55164.

Tools

Use the following tools with your clinic to help patients submit confidential communications requests:

1. MCBW's General Confidential Communications Request Form

- *Patients can use this form to submit written requests if a health plan does not have a request form.*

2. Blue Cross Blue Shield of Minnesota/Blue Plus Confidential Communications Request Form

3. PrimeWest Confidential Communications Request Form

4. Confidential Communications Request Instructions

- *Give this 1 page instruction sheet to survivors who would like to submit a request.*

5. Confidential Communications Flyer

- *Post this informational flyer throughout your program.*

6. Confidential Communications Request—Summary for Advocates and Attorneys

- *Use the 1 page summary to quickly educate staff and partners on confidential communications requests.*

7. Discussion Scripts

- *Use these discussion scripts to practice talking to survivors about confidential communications requests.*

CONFIDENTIAL COMMUNICATIONS REQUEST

Insurance Company: _____

INSURANCE POLICY INFORMATION:

Name: _____
Last Name First Name Middle Name

Date of Birth: _____ Identification #: _____
XX/XX/XXXX

CONTACT INFORMATION:

If you have a question about my request, please contact me at the following phone number and/or email address:

Phone #: _____ Email Address: _____

REQUEST:

I believe I could be put in danger if all or part of my health information is disclosed to anyone but me.

I request that communications concerning my health be sent directly to me in the following manner (pick one):

- Email to the following email address: _____
- Text to the following telephone number: _____
- Fax to the following fax number: _____
- U.S. Mail at the address below

If a communication cannot be sent in my preferred method, or I prefer receiving information by U.S. mail, please mail communications to this location:

Street

City

State

Zip Code

SIGNATURE:

Signature: Date:

- I am a minor and I am signing on my own behalf. Please apply this request to any information related to services I can consent to without a parent/guardian (contraceptives, pregnancy tests, STI treatment, drug/alcohol treatment, etc.).
- I am a minor and my parent/guardian is signing for me. Please apply this request to all of my health information.



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Confidential Communication Request

Please read these instructions carefully before completing this form.

When to Use this Form

Complete this form if you want Blue Cross to use a different address when sending an Explanation of Benefits* (EOB) to you.

*Explanation of Benefits (EOB) is a written notice describing the decision of a claim.

PLEASE NOTE: Any reimbursement or other information related to your healthcare services will be sent to the contract holder's address that Blue Cross has in our records.

There may be others involved in your healthcare you may want to contact to make a similar request.

How to Complete this Form

The Confidential Communication Request form must be completed and signed by one of the following:

- ◆ The person asking for the confidential communications
- ◆ The parent or legal guardian of a minor asking for the confidential communications
- ◆ The personal representative of the person asking for the confidential communications (e.g., power of attorney, conservator, executor). If you have not already submitted this information, please attach appropriate documentation.

Note: If you wish to request a confidential communication for more than one member on a contract, you will need to fill out a separate form for each person.

To complete this form:

- ◆ Fill in the name, address, member ID and group number of the person asking for the confidential communication
- ◆ Complete all necessary information
- ◆ Sign and date the form
- ◆ If you are not the person requesting confidential communication, state your relationship to that person.

Mail this Form to

Blue Cross and Blue Shield of Minnesota
P.O. Box 64560
St. Paul MN 55164-0560

This information is also available in other ways to people with disabilities by calling customer service at **(651) 662-8000** (voice), or **1-800-382-2000** (toll free).

For TTY: Call **(651) 662-8700**, or **1-888-878-0137** (TTY), or 711, or through the Minnesota Relay direct access numbers at **1-800-627-3529** (TTY, Voice, ASCII, Hearing Carry Over), or **1-877-627-3848** (Speech-to-Speech).

Hours: 7 a.m. to 8 p.m. Central Time, Monday through Friday

Attention: If you want free help translating this information, call the above number.

Atención: Si desea ayuda gratis para traducir esta información, llame al número que aparece arriba.

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Confidential Communication Request

You are required to check one of the boxes below.

I am requesting to:

Add Confidential Communication

Acknowledgement

____ (Please initial) I understand that my Explanation of Benefits (EOB) will go to my new address and that any reimbursement or other information related to my healthcare services will be sent to the contract holder's address currently in our records.

Remove Confidential Communication

By checking the above, you are exercising your right to revoke the alternative address previously requested. All information related to your healthcare services will be sent to the contract holder's address currently in our records.

Right to Revoke

This request for confidential communication has no expiration date. I understand that I may cancel this request in writing at any time, but it will not affect any confidential communication released before I cancel it.

Member Information (person for whom confidential communication is requested)

Name: _____

Member ID: _____ Group Number: _____

I request that you send my Explanation of Benefits (EOB) to the following alternative address:

Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Member _____ Date _____

Signature of Parent or other Personal Representative _____ Date _____

Relationship to Member _____

Please Note:

- If this request is by a personal representative on behalf of the member, you must enclose legal documentation indicating that you're solely authorized to act on the member's behalf.
- If you are a parent and requesting confidential communication for you child, you must enclose legal documentation indicating that you have **full** custody.

Note: You have the right to keep a copy of this notice after you sign it. We will respond to your request within 30 days of our receipt date.

Request for Alternative Communication

Normally, PrimeWest Health will communicate with you at the address and phone number you gave us in the past. You may ask us to communicate with you in other ways or at another address or phone number. We will agree to your request if it is reasonable. This request cannot be granted if this form is not completed. If this form is not completed, PrimeWest Health will return it to you.

Member information

First name _____ Last name _____ MI _____

Date of birth _____ Daytime phone number _____

Address _____

City _____ State _____ Zip _____

Person Making Request (if other than member)

This must be the member's parent, legal guardian, or person otherwise authorized to make the request. For example, a holder of Power of Attorney. Please include documentation that shows you are authorized to make the request.

First name _____ Last name _____ MI _____

Relationship to member _____

I request that PrimeWest Health communicate with me in another way or at another location for reasons of confidentiality. Examples of this request include: mailing me information at an address other than my home address, mailing me information by envelope rather than by postcard, calling me at my office phone instead of my home phone, etc.).

Tell us how you would like PrimeWest Health to communicate with you. Include addresses and phone numbers.

Please read:

- PrimeWest Health will comply with reasonable requests. PrimeWest Health will tell me of its decision. If PrimeWest Health agrees to the change, it will affect only communications sent after the acceptance date.
- If I request communication to another address, I will continue to get mail from PrimeWest Health. However, it will all be mailed to the other address I gave above.
- This change only applies to communications from PrimeWest Health. If I want anyone else to make the same change, like my health care provider, I must ask him/her separately.
- If I have provided another address, this address will appear on correspondence about me that PrimeWest Health sends to others, such as my health care provider.
- I understand that I may end or change this request. To do so, I will notify PrimeWest Health in writing at the address below.

Signature

Signature of requester _____ Date _____

Printed name _____

Mail request to:

HIPAA Privacy Officer, PrimeWest Health, 3905 Dakota St, Alexandria, MN 56308

FOR PRIMEWEST HEALTH USE ONLY

Request has been Accepted Denied and member has been notified.

By _____ Date: _____

PrimeWest Health Member Services 1-866-431-0801

Attention. If you need free help interpreting this document, call the above number.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយ ឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no. ໄປຮອດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB3-0014 (3-13)

This information is available in other forms to people with disabilities by calling:

TOLL FREE

1-866-431-0801

TOLL FREE MINNESOTA RELAY

TTY, Voice, ASCII, or Hearing Carry Over:
1-800-627-3529 or 711

TOLL FREE SPEECH-TO-SPEECH RELAY SERVICE

1-877-627-3848

PrimeWest Health will enroll all eligible people who select or are assigned to PrimeWest Health without regard to physical or mental condition, health status, need for health services, claims experience, medical history, genetic information, disability, marital status, age, sex, sexual orientation, national origin, race, color, religion, or political beliefs. PrimeWest Health will not use any policy or practice that has the effect of such discrimination.

American Indians can continue or begin to use tribal and Indian Health Service (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For enrollees age 65 years and older, this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

Confidential Communications Request Instructions

Right now, after a healthcare visit information about where and when you received services may be mailed to the address of the person who provides your insurance (e.g. parent, spouse, ex-spouse). A **Confidential Communications Request** lets you choose where your health insurance plan sends this health information. You can ask that the information be sent to a different address or by other means that only you will see. Your insurance plan must accept your request if you believe that disclosing your health information to anyone but you could put you in danger.

How to Submit a Request...

- Some health insurance plans allow you to make this request over the phone, but some plans require written requests that must be mailed, emailed, or faxed to your plan. **Check out the chart below to find out what your health plan requires.**
- Some health insurance plans have their own request form. If your plan does, you should use that form to make a request. If it does not, you can use the general Confidential Communications Request form to make your request.
- In the request, make sure you **provide a different mailing address, even if mail is not how you wish to be contacted.** If you do not, your health insurance plan may not accept your request.
- **You can submit a request even if you do not believe you are in danger.** Many plans will still honor the request.
- It might take your plan some time to approve your request. Within a few weeks, most plans will send you a letter to tell you if your request has been approved or denied. **Know that your information is not confidential until your plan tells you your request has been approved.**

You Should Know...

- If you pay for part of a healthcare visit (for example, a copay at the doctor's office), **the person who provides your insurance may be able to see that you paid money for healthcare.** They will not be able to see any details about where and when you received healthcare, though.
- When your insurance plan approves your request, it will only apply to messages from that insurance plan. **If you change insurance plans, you need to submit a new request.**

If You Are Under 18...

- **Many plans let you submit the request on your own, but not all will.** Call your health plan to find out if you can do this.

Find Your Insurance Plan Below to Find Out How to Submit Your Request:

Health Insurance Carrier	Written request required?	Mail request to:	Email request to:	Fax request to:	Customer Service Phone Number:
Health Partners	No—can request over phone	N/A	N/A	N/A	1-800-883-2177
Blue Cross Blue Shield/Blue Plus	Yes—use Blue Cross Blue Shield form	Blue Cross and Blue Shield of Minnesota P.O. Box 64560 St. Paul, MN 55164-0560	Cannot email	651-662-6017	1-800-382-2000
UCare	Yes	UCare Attention: Privacy Officer P.O. Box 52 Minneapolis, MN 55440	Cannot email	612-884-2409 Attention: Privacy Officer	1-866-457-7144
Medica	No—can request over phone	N/A	N/A	N/A	1-800-952-3455
PreferredOne	No—can request over phone	N/A	N/A	N/A	1-800-997-1750
Metropolitan Health Plan	No—must request over phone	N/A	N/A	N/A	612- 596-1036
PrimeWest	Yes—use Primewest form	HIPAA Privacy Officer PrimeWest Health 3905 Dakota St. Alexandria, MN 56308	Cannot email	Cannot fax	1-800-431-0801
South Country Health Alliance	Yes	South Country Health Alliance ATTN: Privacy Officer 2300 Park Drive, Suite 100 Owatonna, MN 55060	members@mnscha.org	507-431-6328	1-866-567-7242
Department of Human Services	Yes	Minnesota Department of Human Services-MNSure Attn: Privacy Official P.O. Box 64998 St. Paul, MN 55164-0998	Cannot email	Cannot fax	Minnesota Health Care Programs: 1-800-657-3739

Have Questions? Need Help Making a Request? Was Your Request Denied?

Someone can help! Please contact MCBW at mcbw.org or (651) 646-6177 for assistance.

KNOW YOUR PRIVACY RIGHTS

Your health insurance plan does NOT keep your information private unless...

YOU TAKE ACTION!

If someone else provides your health insurance, for example your spouse, ex-spouse, or parent, your health insurance plan may send them information on **WHERE** and **WHEN** you get health care, and **WHAT** kind of health care you receive.

If you do not want anyone but you to know your health information, submit a **Confidential Communications Request** to your health insurance plan. Your plan **must** accept your request if you:

- ◆ **Could be in danger if anyone but you finds out about your health care visit.**

Find out how to submit a request to your health plan by:

- ◆ **Asking your health care provider, or**
 - ◆ **Calling your health plan**

MCBW

If you have any questions about this information please contact the Minnesota Coalition for Battered Women at mcbw.org or (651) 646-6177.

Confidential Communications Requests—Summary for Advocates and Attorneys

Clients can request “**confidential communications**” from their health insurance plan if they do not want their health information exposed to the insurance policyholder. Confidential communications requires the insurance plan to send all communications containing the client’s health information to an alternative location (e.g., work or friend’s address) or via an alternative method (e.g., fax or email). **Insurance plans must accept a confidential communications request if the requesting individual states that disclosing their health information to anyone but them could put them in danger.**

How to Submit a Request

- Some plans allow clients **to make a request over the phone**, but most plans **require written requests** that must be mailed, emailed, or faxed to the plan.
- In the request, clients should **include any information specifically required by the plan**, for example, an alternative mailing address.
- **Clients can submit a request even if they do not include a statement of endangerment.** Many plans will still honor the request.
- Some health insurance plans have their **own request form**. If a plan does not, **clients can use a general Confidential Communications Request form**. These forms can be found in the Confidential Healthcare for Insured Dependents Guide.
- Clients with MinnesotaCare or Medical Assistance can submit requests to their **managed care organization**. If the client receives fee-for-service MA, they can submit their request to the Minnesota Department of Human Services.
- Within a few weeks, most insurance plans will send an approval or denial letter to the alternative address provided in the request. **Confidential communications are not in place until the plan communicates that the request is approved.**

Minor Clients

- Minor patients **can likely submit a request on their own**, but it may only cover information about services they can consent to alone, without a parent or guardian. The patient should call their health plan to find out their options.

Important Information

- If the client pays for part of a healthcare visit (for example, a copay), **the insurance policyholder may be able to see that the individual paid money for healthcare.** The policyholder will not be able to see any details about the individual’s health information, though.
- Confidential communications only apply to messages from that insurance plan. **If an individual changes insurance plans, they need to submit a new request.**

CONFIDENTIAL COMMUNICATIONS REQUEST SCRIPT—DOMESTIC VIOLENCE/SEXUAL ASSAULT PROGRAM

Advocate: Let's talk about healthcare. Do you have health insurance?

>>IF INDIVIDUAL REPLIES YES>>

Advocate: Great. Do you have your insurance plan and coverage under your own policy, or do you have this insurance under someone else's policy-

- **If individual is under 26** – like a parent or spouse?
- **If individual is 26 or over** – like a spouse?

>>IF INDIVIDUAL ANSWERS YES TO EITHER OF THE ABOVE>>

Advocate: OK great. I just want to let you know that normally, if you use insurance under another person's policy, your insurance plan will send the main policyholder – in your case your [INSERT PARENT/SPOUSE] – information about any health service you receive, including where, when, and what service. This can be in the form of an explanation of benefits or other routine health plan communications sent to your [INSERT PARENT/SPOUSE].

If when you go to the doctor you want your health information sent to you directly and not your [INSERT PARENT/SPOUSE], you can submit a confidential communications request to your health plan. They HAVE to accept it if you tell them that sending your health information to anyone but you could put you in danger.

Would you like information about how you can submit a request?

>>IF YES>>

Advocate: OK, great. [Look at confidential communications chart to determine request procedure for individual's insurance plan]. Since you get your insurance through [INSERT HEALTH INSURANCE PLAN] you will need to [INSERT CALL/SUBMIT A FORM]. Would you like to do that now?

>>IF YES, AND PHONE REQUEST>>

Advocate: [Give individual phone number and confidential communications request instruction sheet]. Just call your insurance plan and tell them you would like to make a confidential communications request. I can make the call for you, if you would like. They will ask you for a new address to mail your information to, and what way you prefer to be contacted in the future, so we should discuss your answers to those questions before you call. You can give them a work or friend's address, or maybe even an email. [Discuss safe addresses and methods of communication with individual and then make the call].

>>IF YES, AND WRITTEN REQUEST>>

Advocate: [Hand individual appropriate request form and confidential communications request instruction sheet]. Here is the form you need to fill out, and here is some information about the

confidential communications request and how to fill out the form. I will help you complete the form. Once it is completed we will [INSERT FAX/EMAIL/MAIL] the form to your insurance plan. [Work with individual to fill out form].

>>IF NO>>

Advocate: OK, no problem. If at any point in the future you think you might want to make a request, you can either call your insurance plan or our program to get information about how and where to submit a request.

LIST OF ACA PREVENTIVE SERVICES AND CPT CODES

This is meant to be a general guide for reporting and billing preventive services covered by the Affordable Care Act (ACA) without cost-sharing. It was developed and formatted based on CPT and ICD-10 billing guidelines. Individual state Medicaid programs and private commercial insurances may have other instructions for reporting and reimbursing for these particular services. Medicare uses HCPCS codes to describe preventive services.

NOTE: Most private payers expect that these preventive services (counseling, screening, and immunizations) occur during the annual preventive exam and may not reimburse separately for these on the same day, nor at subsequent visits.

Preventive services covered under the Affordable Care Act	CPT CODE(S) <i>For private insurance, you may append modifier 33 to services that are not inherently preventive to indicate a preventive service being performed.</i>	Suggested ICD-10 CODE(S)	HCPCS CODE(S) <i>Medicare & some commercial payers</i>
CHLAMYDIA SCREENING LAB TEST*	86631 Chlamydia antibody 86632 Chlamydia IGm 87110 Chlamydia culture any source 87270 Chlamydia antigen detection by immunofluorescent technique 87320 Chlamydia antigen detection by enzyme immunoassay technique 87490 Chlamydia direct probe technique 87491 Chlamydia amplified probe technique 87492 Chlamydia quantification 87801 Infectious agent detection by DNA or RNA, direct probe technique 87810 Chlamydia antigen detection by immunoassay with direct optical observation 36415 Venipuncture if performed** 99000 Handling and preparation of specimens if sending to an outside lab, and clinic incurs the cost for transporting them**	Z11.8 Encounter for screening for other infectious and parasitic disease† Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission†	None

* These screening labs and visits for immunizations may also be billed with preventive medicine visits 99381, 99382, 99383, 99384, 99385, 99386, 99387 (New patients by age)/99391, 99392, 99393, 99394, 99395, 99396, 99397 (established patients by age) as well as counseling visits (99401-99404 by time) or problem-oriented office visit codes (99201-99215).

** Not reimbursed by all payers.

† Screening ICD-10 codes are utilized when there is no specific sign, symptom or diagnosis present, AND the patient has not been exposed to a disease.

Preventive services covered under the Affordable Care Act	CPT CODE(S)	Suggested ICD-10 CODE(S)	HCPCS CODE(S) <i>Medicare & some commercial payers</i>
	For private insurance, you may append modifier 33 to services that are not inherently preventive to indicate a preventive service being performed.		
GONORRHEA SCREENING LAB TEST*	87590 Neisseria gonorrhoea, direct probe technique	Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission†	None
	87591 Neisseria gonorrhoea, amplified probe technique	Z11.2 Encounter for screening for other bacterial diseases†	
	87592 Neisseria gonorrhoea, quantification		
	87801 Infectious agent detection by DNA or RNA, direct probe technique		
	87850 Neisseria gonorrhoea antigen detection by immunoassay with direct optical observation		
	36415 Venipuncture if performed**		
	99000 Handling and preparation of specimens if sending to an outside lab, and clinic incurs the cost for transporting them**		
HIV SCREENING LAB TEST*	86689 HIV antibody confirmatory test (e.g., Western blot)	Z11.4 Encounter for screening HIV†	G0298 HIV antigen/antibody, combination assay, screening
	86701 HIV-1 antibody	Z11.4 Encounter for screening HIV†	G0432 Infectious agent antibody detection by enzyme immunoassay (eia) technique, HIV-1 and/or HIV-2, screening
	86701 HIV-2 antibody		G0433 Infectious agent antibody detection by enzyme-linked immunosorbent assay (elisa) technique, HIV-1 and/or HIV-2, screening
	86703 HIV-1 & HIV-2 antibody		
	87389 Infectious agent antigen detection by immunoassay, EIA, ELISA, IMCA, HIV-1 antigens, HIV-1 and HIV-2 antibodies)		G0435 Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening
	87391 Infectious agent antigen detection by immunoassay, EIA, ELISA, IMCA, HIV-2)		
	36415 Venipuncture if performed**		G0475 HIV combination screening assay
	99000 Handling and preparation of specimens if sending to an outside lab, and clinic incurs the cost for transporting them**		S3645 HIV-1 antibody testing of oral mucosal transudate

* These screening labs and visits for immunizations may also be billed with preventive medicine visits 99381, 99382, 99383, 99384, 99385, 99386, 99387 (New patients by age)/99391, 99392, 99393, 99394, 99395, 99396, 99397 (established patients by age) as well as counseling visits (99401-99404 by time) or problem-oriented office visit codes (99201-99215).

** Not reimbursed by all payers.

† Screening ICD-10 codes are utilized when there is no specific sign, symptom or diagnosis present, AND the patient has not been exposed to a disease.

Preventive services covered under the Affordable Care Act	CPT CODE(S)	Suggested ICD-10 CODE(S)	HCPCS CODE(S) <i>Medicare & some commercial payers</i>
	For private insurance, you may append modifier 33 to services that are not inherently preventive to indicate a preventive service being performed.		
SYPHILIS SCREENING LAB TEST*	86592 Syphilis test, qualitative (e.g., VDRL, RPR)	Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission†	None
	86593 Syphilis test, quantitative (e.g., VDRL, RPR)	Z11.2 Encounter for screening for other bacterial diseases‡	
	36415 Venipuncture if performed**		
	99000 Handling and preparation of specimens if sending to an outside lab, and clinic incurs the cost for transporting them**		
BEHAVIORAL COUNSELING TO PREVENT SEXUALLY TRANSMITTED INFECTIONS <i>If the patient has sign, symptom, or has been exposed to an infection, use appropriate ICD-10 code and 99201-99215.</i>	99401 Preventive counseling or risk factor reduction: 15 mins‡	Z71.7 Human immunodeficiency virus [HIV] counseling	G0445 High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes
	99402 Preventive counseling or risk factor reduction: 30 mins‡	Z71.89 Other specified counseling (other than HIV)	
	99403 Preventive counseling or risk factor reduction: 45 mins‡		
	99404 Preventive counseling or risk factor reduction: 60 mins‡		
	----- Option 2 New patient problem visit: 99201-99205 Established patient problem visit: 99211-99215 <i>These visits may also be reported based on counseling time. If counseling or coordination of care accounts for more than 50% of the visit, then select the E/M code (99201-99215) based on the length of the visit. Not all payers will reimburse these codes with a corresponding ICD-10 preventive service Z code. For private insurance, append modifier 33 to the E/M code to indicate it is a preventive service.</i>		

* These screening labs and visits for immunizations may also be billed with preventive medicine visits 99381, 99382, 99383, 99384, 99385, 99386, 99387 (New patients by age)/99391, 99392, 99393, 99394, 99395, 99396, 99397 (established patients by age) as well as counseling visits (99401-99404 by time) or problem-oriented office visit codes (99201-99215).

** Not reimbursed by all payers.

† Screening ICD-10 codes are utilized when there is no specific sign, symptom or diagnosis present, AND the patient has not been exposed to a disease.

‡ STD labs and lab collection codes may also be billed with these counseling visits.

Preventive services covered under the Affordable Care Act	CPT CODE(S) <i>For private insurance, you may append modifier 33 to services that are not inherently preventive to indicate a preventive service being performed.</i>	Suggested ICD-10 CODE(S)	HCPCS CODE(S) <i>Medicare & some commercial payers</i>
<p>CONTRACEPTIVE COUNSELING</p> <p><i>If the patient has a side effect from current method or menstrual irregularity, use ICD-10 code for sign or symptom and 99201-99215. When a patient presents with a problem, it is not appropriate to report a preventive CPT code.</i></p>	<p>99401 Preventive counseling or risk factor reduction: 15 mins‡</p> <p>99402 Preventive counseling or risk factor reduction: 30 mins‡</p> <p>99403 Preventive counseling or risk factor reduction: 45 mins‡</p> <p>99404 Preventive counseling or risk factor reduction: 60 mins‡</p> <p>-----</p> <p>Option 2</p> <p>New patient problem visit: 99201-99205</p> <p>Established patient problem visit: 99211-99215</p> <p><i>These visits may also be reported based on counseling time. If counseling or coordination of care accounts for more than 50% of the visit, then select the E/M code (99201-99215) based on the length of the visit. Not all payers will reimburse these codes with a corresponding ICD-10 preventive service Z code. For private insurance, append modifier 33 to the <u>E/M code</u> to indicate it is a preventive service.</i></p>	<p>Z30.09 Encounter for other general counseling and advice on contraception</p> <p>Z30.02 Counseling and instruction in natural family planning to avoid pregnancy</p>	<p>None</p>

‡ STD labs and lab collection codes may also be billed with these counseling visits.

Preventive services covered under the Affordable Care Act	CPT CODE(S) <i>For private insurance, you may append modifier 33 to services that are not inherently preventive to indicate a preventive service being performed.</i>	Suggested ICD-10 CODE(S)	HCPCS CODE(S) <i>Medicare & some commercial payers</i>
<p>WELL WOMAN VISIT</p> <p><i>Some payers expect that many of these ACA preventive services—counseling, screening, and immunizations—occur during the annual preventive exam and may not reimburse separately for these on the same day or at subsequent visits.</i></p>	<p>Preventive visits for new patients by age: 99381, 99382, 99383, 99384, 99385, 99386, 99387</p> <p>Preventive visits for established patients by age: 99391, 99392, 99393, 99394, 99395, 99396, 99397</p>	<p>Z01.411 Encounter for gynecological examination (general) (routine) with abnormal findings</p> <p>Z01.419 Encounter for gynecological examination (general) (routine) without abnormal findings</p> <p>Z00.00 Encounter for general adult medical examination without abnormal findings</p> <p>Z00.01 Encounter for general adult medical examination with abnormal findings</p> <p>Note: These may only be used with preventive visit for new or established patients.</p>	<p>G0402 Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment</p> <p>G0438 Annual wellness visit; includes a personalized prevention plan of service, initial visit</p> <p>G0439 Annual wellness visit, includes a personalized prevention plan of service, subsequent visit</p> <p>S0610 Annual gynecological examination, new patient</p> <p>S0612 Annual gynecological examination, established patient</p> <p>S0613 Annual gynecological examination; clinical breast examination without pelvic evaluation</p>
<p>HUMAN PAPILLOMAVIRUS (HPV) VACCINATIONS</p> <p><i>If not administered during an annual wellness exam, some payers will also reimburse for an office visit.</i></p>	<p>90649 Gardasil®</p> <p>90650 Cervarix®</p> <p>90651 Gardasil 9®</p> <p>90460 Administration of vaccine through age 18 with counseling by provider—any route, 1st</p> <p>90461 ADD ON CODE: Administration of vaccine through age 18 with counseling by provider—any route, each additional during that encounter</p> <p>90471 Administration of vaccine over 18—any route, 1st</p> <p>90472 ADD ON CODE: Administration of vaccine over 18—any route, each additional during that encounter</p> <p>Requires a CPT code for the immunization and a CPT code for the administration</p>	<p>Z23 Encounter for immunization</p>	<p>None</p>

Preventive services covered under the Affordable Care Act	CPT CODE(S) <i>For private insurance, you may append modifier 33 to services that are not inherently preventive to indicate a preventive service being performed.</i>	Suggested ICD-10 CODE(S)	HCPCS CODE(S) <i>Medicare & some commercial payers</i>
HPV DNA LAB TESTING	87623 HPV detection by DNA or RNA, low risk 87624 HPV detection by DNA or RNA, high risk 87625 HPV detection by DNA or RNA, types 16 and 18, includes type 45 if performed	Z11.51 Encounter for HPV screening	None
HEPATITIS (Hep) A IMMUNIZATION <i>If not administered during an annual wellness exam, some payers will also reimburse for an office visit.</i>	90632 Hep A adult dosage 90633 Hep A pedi/adolescent 2-dose schedule 90634 Hep A pedi/adolescent 3-dose schedule 90636 Hep A and Hep B adult dosage 90460 Administration of vaccine through age 18 with counseling by provider—any route, 1st 90461 ADD ON CODE: Administration of vaccine through age 18 with counseling by provider—any route, each additional during that encounter 90471 Administration of vaccine over 18—any route, 1st 90472 ADD ON CODE: Administration of vaccine over 18—any route, each additional during that encounter Requires a CPT code for the immunization and a CPT code for the administration	Z23 Encounter for immunization	None

Preventive services covered under the Affordable Care Act	CPT CODE(S) <i>For private insurance, you may append modifier 33 to services that are not inherently preventive to indicate a preventive service being performed.</i>	Suggested ICD-10 CODE(S)	HCPCS CODE(S) <i>Medicare & some commercial payers</i>
<p>HEPATITIS (Hep) B IMMUNIZATION</p> <p><i>If not administered during an annual wellness exam, some payers will also reimburse for an office visit.</i></p>	<p>90636 Hep A and Hep B adult dosage</p> <p>90739 Hep B adult 2-dose schedule</p> <p>90740 Hep B for immunosuppressed 3-dose schedule</p> <p>90743 Hep B adolescent 2-dose schedule</p> <p>90744 Hep B pedi/adolescent 3-dose schedule</p> <p>90746 Hep B adult 2-dose schedule</p> <p>90747 Hepatitis B for immunosuppressed 4-dose schedule</p> <p>90460 Administration of vaccine through age 18 with counseling by provider—any route, 1st</p> <p>90461 ADD ON CODE: Administration of vaccine through age 18 with counseling by provider—any route, each additional during that encounter</p> <p>90471 Administration of vaccine over 18—any route, 1st</p> <p>90472 ADD ON CODE: Administration of vaccine over 18—any route, each additional during that encounter</p> <p>Requires a CPT code for the immunization and a CPT code for the administration</p>	<p>Z23 Encounter for immunization</p>	<p>G0010 Administration of Hep B vaccine</p>

Preventive services covered under the Affordable Care Act	CPT CODE(S) <i>For private insurance, you may append modifier 33 to services that are not inherently preventive to indicate a preventive service being performed.</i>	Suggested ICD-10 CODE(S)	HCPCS CODE(S) <i>Medicare & some commercial payers</i>
ALCOHOL MISUSE SCREENING AND COUNSELING	99408 Alcohol and/or substance abuse structured screening (e.g., AUDIT, DAST, and brief intervention services)—15 to 30 minutes 99409 Alcohol and/or substance abuse structured screening (e.g., AUDIT, DAST, and brief intervention services)—greater than 30 minutes	F10.10 Alcohol abuse, uncomplicated F10.120 Alcohol abuse with intoxication, uncomplicated F10.20 Alcohol dependence, uncomplicated F10.21 Alcohol dependence, in remission F10.220 Alcohol dependence with intoxication, uncomplicated Z71.41 Alcohol abuse counseling and surveillance of alcoholic	G0442 Annual alcohol misuse screening, 15 minutes G0443 Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
SCREENING FOR INTIMATE PARTNER VIOLENCE	This service is included in a preventive care wellness examination.	None	None
SCREENING FOR HIGH BLOOD PRESSURE	This service is included in a preventive care wellness examination.	None	None
SCREENING FOR DEPRESSION IN ADULTS	99201-99205 New patient problem visit (document and bill based on counseling time) 99211-99215 Established patient problem visit (document and bill based on counseling time) 99420 Administration and interpretation of health risk screening**	Z13.89 Encounter for screening for other disorder	G0444 Annual depression screening, 15 minutes

** Not reimbursed by all payers.