



CONFIDENTIAL COMMUNICATIONS WITH HEALTH INSURANCE CARRIERS

Guide for Advocates and Providers

MCBW Minnesota Coalition
for Battered Women

Created By: Brianna Boone

bboone@mcbw.org
(651) 646-6177 ext. 129

Confidential Communications with Health Insurance Carriers:

- If someone is insured as a dependent on another's health insurance policy—for example a partner or parent's—health insurance carriers 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's policy, **or minor and adult children** insured on a parent's health insurance policy.
- Federal law gives individuals the **right to request confidential communications with their health insurance carrier**. When a confidential communications request is in place, the insurance carrier sends all private health information to an alternative address or location chosen by the individual, rather than to the policyholder's address.
- Insurance carriers **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 Carriers Guide and learn about confidential communications requests.**
- **Talk to the individuals you work with about the right to request confidential communications.**
 - Healthcare providers:
 - Use scripts to discuss when an individual calls to make an appointment, at check-in for an appointment, or at check-out after an appointment
 - Post informational flyer throughout your health clinic
 - Domestic and sexual violence advocates:
 - Use scripts to discuss during intake, individual meetings, or group meetings
- **Help individuals make confidential communications requests.**
 1. Be sure to tell the individual that it may take a while for the carrier to process the request. It will not cover a visit on that day, but it will cover future visits, so the sooner it is submitted, the better.
 2. Ask them for their health insurance card or health insurance information.
 3. Use the confidential communications chart and guide to find out what is required to submit a confidential communications request to the individual's carrier.
 4. Help the individual submit a request, or give them the confidential communications instruction sheet and applicable request form so the individual can complete the request on their own.

Contact:

- If you have questions about confidential communications with insurance carriers, please contact **Brianna Boone** at bboone@mcbw.org or (651) 646-6177, ext. 129.

Introduction: The Confidentiality Problem

The Confidentiality Problem

Minnesota health insurance carriers send communications related to health services, such as an explanation of benefits (EOB), home every time a patient uses health insurance to pay for healthcare.¹ Although many insurance carriers address these communications to the patient, they automatically send communications to the policyholder's address. EOBs are statements that an insurance carrier sends to a covered individual explaining what treatments and services were paid for on their behalf. EOBs often reveal the type of health service received, or who provided the service, and can expose a patient's sensitive health information.

Confidential Healthcare Matters for Domestic and Sexual Violence Victims

Sending EOBs to a policyholder or policyholder's address is especially problematic for domestic and sexual violence victims. Many victims are insured as a dependent on an abuser's health insurance policy (e.g., as a partner or child). If

an abuser finds out a victim's health information, or the simple fact that a victim went to the doctor, it could spur abuse and violence. Abusers often control and monitor a victim's access to healthcare as a method of controlling the victim within the relationship. If a victim seeks out reproductive or mental health services abusers will use this to further abuse the victim, for example by calling her a "cheater" or "crazy." Abusers also use reproductive coercion, such as birth control sabotage and pregnancy pressure, to prevent the victim from making her own decisions about her reproductive healthcare. Rather than risk an abuser finding out about her health information and becoming violent or abusive, a victim may forgo receiving healthcare altogether, or use an already under-funded free clinic.

In addition to preventing further violence and abuse towards a victim, it is important that victims are assured confidential health services so that they will seek out healthcare when needed. Domestic and sexual violence victims have significantly worse healthcare outcomes than the rest of the population. For example,

women exposed to both physical and sexual partner violence are over three times more likely to experience a STI, including HIV.² Also, domestic violence victims are significantly more likely to experience an unwanted pregnancy,³ or suffer from a chronic health condition such as depression, diabetes, asthma, and digestive disease.⁴ To subsidize the risk of and treat these health problems, it is important that domestic and sexual violence victims access health services as they are needed. Additionally, if a victim is ready to leave an abusive relationship it is much more difficult to build a new life if she is dealing with health problems in addition to abuse.

Confidential Healthcare Matters for Adolescents

In Minnesota, individuals under 18 can consent to certain health services without a parent or guardian. These services include contraceptives, pregnancy tests, treatment for conditions related to pregnancy, testing and treatment for STIs, and treatment for alcohol and drug abuse.

Even though adolescents can access these services without the

¹ Federal law allows insurance carriers to disclose an individual's health information to others for purposes of obtaining payment. 45 C.F.R. § 164.506(a).

² J. Sareen, J. Pagura & B. Grant, *Is Intimate Partner Violence Associated with HIV Infection Among Women in the United States?*, 31 Gen. Hosp. Psychiatry, 274-78 (2009).

³ Gazmararian JA, et al., *The Relationship Between Pregnancy Intendedness and Physical Violence in Mothers of Newborns*, 85 Obstetrics & Gynecology, 1031-38 (1995).

⁴ Ctrs. for Disease Control & Prevention, *Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence*, Morbidity & Mortality Wkly. Rep., Feb. 8 2008, at 113.

knowledge of a parent or guardian, if the adolescent uses a parent's insurance to pay for the services, the parent will likely still find out about the healthcare visit. This lack of confidentiality is problematic for adolescents who cannot tell their parents about their healthcare needs—for example because of family dysfunction, or the adolescent's fear of embarrassment, disapproval, punishment, or even abuse. Rather than risk a parent finding out, these adolescents may forgo seeking health services, or use an already under-funded free clinic.

Confidential Communications Requests

HIPAA's Confidential Communications Request Provision

The Health Insurance Portability and Accountability Act (HIPAA) requires health insurance carriers to accommodate reasonable requests by individuals to receive communications about their health by an alternative means (e.g., e-mail, fax, closed envelope) or at an alternative location (e.g., friend's address, work address), if disclosing the information to anyone other than the individual could "endanger" the individual.⁵ These requests are known as "Confidential Communications Requests." This law gives domestic and sexual violence victims, as well as many adolescents, the opportunity to use their private health insurance to pay for medical services while knowing the information will be kept confidential.

HIPAA does not define "endanger." The risk of danger does not necessarily need to be a risk of physical violence or other abuse. Danger could include the risk of being prevented from obtaining needed health care services in the future. For example, a teenager who fears she will be prevented from obtaining STI treatment if her parents find out she was tested for

an STI should qualify as in risk of danger.

HIPAA allows insurance carriers to require the request be made in writing.⁶ Insurance carriers can require an individual to explain how payment will be handled (if there will be any payment due) and provide an alternative mailing address.⁷ Carriers cannot require an explanation as to the basis of the request.⁸ In other words, victims do not need to provide details of abuse to receive confidential communications, they only need to state they are in risk of danger.

Confidential Communications Requests in Minnesota

Minnesota insurance carriers have widely varying requirements and procedures for confidential communications requests. Some carriers allow phone requests, and others require written requests. Some carriers have their own request form, others do not. Some only allow requests if the individual states they are in danger, others allow requests from anyone. To get a request processed as quickly as possible, it is important to know exactly what a carrier wants included in a confidential communications request and where to send the request.

Due to the lack of a uniform request procedure, most healthcare providers, domestic and sexual violence advocates, and insured dependents do not know how to make requests if one is needed. The following section provides instructions and details about making confidential communications requests for each Minnesota health insurance carrier.

⁵ 45 C.F.R. § 164.522(b)(1)(ii).

⁶ 45 C.F.R. § 164.522(b)(2).

⁷ 45 C.F.R. § 164.522(b)(2)(ii).

⁸ 45 C.F.R. § 164.522(b)(2)(iii).

Submitting a Confidential Communications Request

The chart on pages 6-7 provides information about the request procedures and requirements for each Minnesota insurance carrier.

Insurance Carriers Who Allow Phone Requests

Individuals should call their carrier's customer service line and state they would like to make a confidential communications request or send communications to an alternative address. If the customer service representative does not know what this is, tell them that the right to make this request is listed in the carrier's Notice of Privacy Practices and ask to speak with a privacy officer. The privacy officer will be able to help with the request.

Insurance Carriers with Request Forms

Individuals should use the carrier-specific request form to make a request. These forms are included in the back of this guide.

Individuals should follow the insurance carrier's directions for filling out the form. Once the form is filled out the individual can mail or fax or email the form to their insurance carrier, depending on what the carrier allows.

Insurance Carriers 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 of any Minnesota insurance carrier. It is important that an individual completely fill out the form. Individuals must include an alternative mailing address even if mail is not the preferred communication method. Some insurance carriers will only accept a request if an alternative mailing address is included. Once the form is filled out the individual can mail or fax or email the form to their insurance carrier, depending on what the carrier allows.

Insurance Carriers Who Have Not Disclosed Their Request Procedure

Health Partners has not provided information about their confidential communications request procedures. If individuals want confidential communications with this carrier, they should call the carrier's customer service line and state they would like to make a confidential communications request. If the customer service representative does not know what this is tell them that the right to make this request is listed in the carrier's Notice of Privacy Practices and ask to speak with a privacy officer. If the privacy officer does not know anything about confidential communications requests the individual can file an internal and administrative complaint against the carrier.

There is more information about how to file a complaint below.

Statement of Endangerment

Some insurance carriers will only accept a confidential communications request if the requesting individual includes a statement that disclosing their health information could put them in danger. Some carriers will accept requests from anyone, but prioritize requests with a statement of endangerment. Other carriers will accept all requests, regardless of a statement of endangerment.

Carrier-specific request forms provide a space for a statement of endangerment when it is needed. The general confidential communication requests form provides a box that an individual can check as a statement of endangerment. Individuals at risk of danger should always include a statement of endangerment, even when one is not required, because then the insurance carrier is required to honor the request under federal law.

Finding Insurance Identification Numbers

Individuals may need assistance in finding their insurance identification number when filling out a confidential communications request form. If the individual has their health insurance card, the

identification number, as well as any group number, is on the card.

If an individual does not have their health insurance card (e.g., the policyholder-abuser has not given it to them), the individual can call their insurance carrier and ask for the identification number. If the insurance carrier will not provide the identification number, the individual can try to make a request without including an identification number (some carriers might accept this).

Confidential Communications Requests for Minors

Minor dependents can make a confidential communications request on their own, but it will only cover services that the minor can legally consent to without a parent or guardian. These services include contraceptives, pregnancy tests, treatment for conditions related to pregnancy, testing and treatment for STIs, and treatment for alcohol and drug abuse.⁹ The minor will assume responsibility for any money owed the provider for the health services.¹⁰

If a minor wants confidential communications for all health information, the minor needs a parent or guardian to sign the request form. The signing parent or guardian does *not* need to be the health insurance policyholder.

If a minor uses MCBW's general Confidential Communications Request form to make a request,

the minor should check one of the two boxes at the bottom of the form to indicate whether the minor is signing, or a parent or guardian is signing. Carrier-specific forms provide instructions for a parent or guardian signing on behalf of a minor. Some carrier-specific forms require the parent or guardian to include proof of custody or guardianship with the form.

Confidential Communications Requests for Individuals Enrolled in Minnesota Health Care Programs (MHCP)

The above instructions apply to individuals who are enrolled in a Minnesota Health Care Program (MinnesotaCare or Medical Assistance). Individuals enrolled in these programs and who receive their insurance through a health plan should follow the request procedures for whatever health insurance carrier provides their insurance. For example, if an individual has Medical Assistance, and Blue Plus provides her insurance, she will submit a request to Blue Cross Blue Shield using the Blue Cross Blue Shield request procedures.

If an individual has Medical Assistance, but does not get their health insurance through a health plan and the state directly pays for the person's healthcare, the individual must send the request to the Minnesota Department of Human Services (DHS). Directions

for submitting a request to DHS are on the chart on page 7.

⁹ Minn. Stat. § 144.343, subd. 1 (2015).

¹⁰ Minn. Stat. § 144.347 (2015).

Health Insurance Carrier	Is a written request required?	Does the carrier have a form for written requests?	What information <u>must</u> be included in the request?	Mail written request to:	E-mail written request to:	Fax written request to:	Customer Service phone number:	How will the carrier let an individual know that a request was approved?
Health Partners	X	X	X	X	X	X	1-800-883-2177	X
Blue Cross Blue Shield of Minnesota/ Blue Plus	Yes	Yes	Must provide alternative mailing address Do not need to state "in danger"	Blue Cross Blue Shield of Minnesota P.O. Box 64560 St. Paul, MN 55164-0560	Cannot email	(651) 662-6017	1-800-383-2000	Will mail confirmation to alternative mailing address
PreferredOne	No—can request over the phone	N/A	Can provide alternative mailing address or other method of communication Do not need to state "in danger"	N/A	N/A	N/A	1-800-997-1750	Will tell individual on the phone or send confirmation via chosen method of communication
Medica	Yes	No	Must provide alternative mailing address Must state "in danger"	Medica Rt # CP555 P.O. Box 9310 Minneapolis, MN 55440-9310	Cannot email	(952) 992-3198	1-800-952-3455	Will mail confirmation to alternative mailing address
UCare	Yes	No	Can provide alternative mailing address or other method of communication Must state "in danger"	UCare Attention: Privacy Officer P.O. Box 52 Minneapolis, MN 55440	Cannot email	(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	Yes	Yes	Can provide alternative mailing address or other method of communication Do not need to state "in danger"	HIPAA Privacy Officer PrimeWest Health 3905 Dakota St. Alexandria, MN 56308	Cannot email	Cannot fax	1-800-431-0801	Will mail confirmation to alternative mailing address or send via chosen alternative communication method

Metropolitan Health Plan	No—will only take phone requests	N/A	Must provide alternative mailing address Do not need to state “in danger”	N/A	N/A	N/A	612-596-1036	Will tell individual on phone
South Country Health Alliance	Yes	Yes (in process of creating)	Can provide alternative mailing address or other method of communication Do not need to state “in danger” but will prioritize	South Country Health Alliance ATTN: Privacy Officer 2300 Park Drive, Suite 100 Owatonna, MN 55060	members@mnscha.org (not a secure email)	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	Yes	No	Must provide alternative mailing address Do not need to state “in danger”	Minnesota Department of Human Services-MNsure Attn: Privacy Official P.O. Box 64998 St. Paul, MN 55164-0998	X	X	Minnesota Health Care Programs: 1-800-657-3739	X

X = This insurance carrier has not responded to a request for information about their confidential communications request procedure.

After Submitting a Confidential Communications Request

Time for Processing the Request

It is unclear how long it will take an insurance carrier to process a confidential communications request. Only one carrier has a set time limit for processing the request—Blue Cross Blue Shield gives itself 30 days. Given the uncertainty about turn-around time, and the long time period Blue Cross gives itself, individuals should assume that it will take a while 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.

It is a good idea for the individual to call their insurance carrier's customer service line a few days after making the request to make sure it has been received, and ask how long it will take the carrier to process the request.

Confirmation of Request

Most insurance carriers will tell the individual in writing whether the request has been approved or denied. The insurance carrier will either mail the confirmation to the new 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 Covered by the Request

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

The request will apply only to private messages from that insurance company. If an individual changes insurance companies they will need to send a new request to the new insurance company.

If an individual's health insurance plan does not completely cover the cost of the health service received, 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.

Denial of Request

If a health insurance carrier wrongly 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 carrier's privacy office. A customer service representative for the carrier can

provide directions on how to place a complaint.

If after contacting the insurance carrier the individual's confidential communications request is still not being honored, the individual or their representative can 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 and MHCP with private carrier): Call 1-800-657-3916 and/or fill out and send in a [complaint form](#).

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

Minnesota Department of Human Services (Medical Assistance with DHS as carrier): Mail a written complaint to MN Dept. Human Services-MNsure, Attn: Privacy Official, P.O. Box 64998, Saint Paul, MN 55164.

If a client needs help filing an internal or administrative complaint, please contact Brianna Boone at bboone@mcbw.org or (651) 646-6177, ext. 129.

Other Confidentiality Protections to Know About

Confidential Communications Requests and Healthcare Providers

HIPAA requires healthcare providers to accept all reasonable requests for confidential communications, regardless of whether the individual is at risk of danger.¹¹

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 carriers, on the other hand, have no way of individually contacting an insured dependent, and usually only have contact with the policyholder.

If an individual wants confidential communications with their

healthcare provider, they should ask if they can make a request for confidential communications when they call and make a healthcare appointment. The provider will then tell the individual how to make the request. If the provider requires a written request and does not have their own confidential communications request form, the individual can use the general form included in this guide.

Request to Restrict Communications

HIPAA also requires health insurance carriers and healthcare providers to allow individuals to request restrictions on the disclosure of health information that the carrier or provider could otherwise disclose.¹² Carriers and providers do not have to grant these requests,¹³ so requesting restricted communications is not as strong of a protection as

requesting confidential communications.

Carriers and providers must grant a request for restricted communications if the healthcare item or service has been paid for in full by the patient or someone other than the health plan.¹⁴ For example, if an individual pays for a visit to the doctor with their own money, and the provider does not bill the insurance carrier, the request for restricted communications must be granted. This scenario is rare, as most individuals cannot afford to pay for healthcare out of pocket.

If an individual would like to request a restriction on communications they should call their health insurance carrier or healthcare provider and ask how to make a request.

¹¹ 45 C.F.R. § 164.522(b)(1)(i).

¹² 45 C.F.R. § 164.522(a)(1)(i).

¹³ 45 C.F.R. § 164.522(a)(1)(ii).

¹⁴ 45 C.F.R. § 164.522(a)(1)(iv).

Tools

The following tools are attached:

1. MCBW's General Confidential Communications Request Form
2. How to Submit a Confidential Communications Request (instruction sheet for clients)
3. Blue Cross Blue Shield of Minnesota/Blue Plus Confidential Communications Request Form
4. PrimeWest Confidential Communications Request Form
5. South Country Health Alliance Request Form (pending)
6. Flyer
7. Discussion Scripts

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.

How to Submit a Confidential Communications Request

A Confidential Communications Request lets you choose where your health insurance carrier sends your health information after a health care visit. **Right now, if you do not submit a request your health information will be sent to the address of the person who pays for the insurance you use.** You can ask that the information be sent to a different address or by other means that only you will see. **Your insurance carrier 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 carriers allow you to make this request over the phone. If your carrier does not, you must fill out and mail or fax or email a Confidential Communications Request form to your insurance carrier.
- Some health insurance carriers have their own Confidential Communications Request form. If your carrier does, you should use that form and follow any instructions included with the form. If it does not, use the general Confidential Communications Request form. The Minnesota Coalition for Battered Women can give you one of these forms, just call or email us.
- Make sure you completely fill out the request form. Most importantly, **you must provide an alternate mailing address, even if mail is not how you wish to be contacted.** If you do not complete this section of the form, your health insurance carrier may not accept your request.
- **If you believe that disclosing your health information to anyone but you could put you in danger, tell your insurance carrier in your request,** even if there is not a space for you to do this on the form. You do not need to tell them why you believe you are in danger.
- Once you submit the form, you should call your insurance carrier to make sure they received the form. Most insurance carriers will send you a letter to tell you if your request has been approved or denied. They will mail the letter to the new address you provide on the form. **Know that your information is not confidential until your carrier tells you your request has been approved, and it might take your carrier a while to approve your request.**

You Should Know...

When your insurance carrier approves your request, it will only apply to messages from that insurance company. **If you change insurance companies, you will need to send a new request to the new insurance company.** Also, if you pay for part of your healthcare visit (for example, a copay at the doctor's office), **the person who pays for your insurance may be able to see that you paid money for healthcare.** They will not be able to see any details about your health information, though.

If You Are A Minor...

You can fill out, sign, and submit the request on your own, but it will only cover information about services you can get and pay for on your own, without a parent or guardian. For example, birth control, a pregnancy test, or testing and treatment for an STI. **If you want your request to apply to all of your health information, you need to have a parent or guardian sign your request instead of you.** This person does not need to be the person who pays for your insurance.

Finding Your Health Insurance Identification Number

If you have a health insurance card, locate your identification number on the card. Use the examples below for help. If you do not have a health insurance card you can call your insurance carrier's Customer Service line and ask them to help you find your identification number.

MEDICA
 Payer ID#: 94265
 Rx BIN: 003585 Rx PCN: 99500
ID: 59114-009999999-00
NAME: JOHN DOE
 Group: 59114
 Care Type: Medica Choice Care
 Svc Type: Medical/ Comprehensive Dental

BlueCross BlueShield of Minnesota
 Name: MEDICARE HEALTH PLAN
 ID: XZAXZ1234567
 Care Type: XXX
 Rx BIN: 610455
 Rx PCN: P01GN
 SYMBOLES PRINT HERE

UCarechoices
 Issuer: 00040
ID: 123456789000
 Name: JOHN D. DOE
 Rx BIN: 003858 Rx PCN: A4 Rx Grp: L4NA
 Care Type: UCare Choices Bronze
 SVC Type: Medical
 UCare Choices Network
 Coverage Year 2014
 Issued 10/15/2013

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

Health Insurance Carrier	Do they take phone requests?	Do they have their own form?	Mail request to:	Email request to:	Fax request to:	Customer Service Phone Number
Health Partners	X	X	X	X	X	1-800-883-2177
Blue Cross Blue Shield	No	Yes	Blue Cross and Blue Shield of Minnesota P.O. Box 64560 St. Paul, MN 55164-0560	Cannot email	651-662-6017	1-800-383-2000
UCare	No	No	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	No	Medica Rt # CP555 P.O. Box 9310 Minneapolis, MN 55440-9310	Cannot email	952-992-3198	1-800-952-3455
PreferredOne	Yes	N/A	N/A	N/A	N/A	1-800-997-1750
Metropolitan Health Plan	Yes	N/A	N/A	N/A	N/A	612-596-1036
PrimeWest	No	Yes	HIPAA Privacy Officer PrimeWest Health 3905 Dakota St. Alexandria, MN 56308	Cannot email	Cannot fax	1-800-431-0801
South Country Health Alliance	No	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

*If there is an X next your insurance carrier, it means they have not provided this information. Call their customer service number to ask for help making a request.

Questions? Need Help Making a Request? Request Denied?

Someone can help! Please contact Brianna Boone at bboone@mcbw.org or (651) 646-6177, x. 129 for assistance.



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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.

X15265R07 (2/14)



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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.

KNOW YOUR PRIVACY RIGHTS

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

YOU TAKE ACTION!

If someone else pays for your health insurance, for example your 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:

- ◆ **Calling your health plan**
 - ◆ **Asking your health care provider, or**
 - ◆ **Going to mcbw.org**



If you have any questions about this information please contact **Brianna Boone** from the Minnesota Coalition for Battered Women at bboone@mcbw.org or **(651) 646-6177 ext. 129**.

DOMESTIC VIOLENCE/SEXUAL ASSAULT PROGRAM SCRIPT



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 communication 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 carrier]. Since you get your insurance through [INSERT HEALTH INSURANCE CARRIER] you will need to [INSERT INSTRUCTIONS – CALL OR SUBMIT A FORM]. Would you like to do that now?

>>IF YES, AND CAN MAKE PHONE REQUEST>>

Advocate: [Give individual phone number and confidential communications request instruction sheet]. Just call your insurance carrier 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 MUST MAKE A 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 [FAX or EMAIL or MAIL] the form to your insurance carrier. [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 carrier, our program, or the Minnesota Coalition for Battered Women to get information about how and where to submit a request.

CALL CENTER SCRIPT



Staff: Thank you again for making an appointment at [INSERT HEALTH CENTER]. We are looking forward to seeing you on [REPEAT APPT. DATE AND TIME]. Do you have insurance to cover your visit?

>>IF PATIENT REPLIES YES>>

Staff: Great! What is your insurance plan/carrier? [Continue to ask all information needed for verification and billing].

>>IF YOU PARTNER WITH THEIR INSURANCE PLAN>>

Staff: Thank you for sharing your insurance information. Do you have your insurance plan and coverage under your own policy, or do you have this insurance under someone else's policy-

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

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

Staff: 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 communication sent to your [INSERT PARENT/SPOUSE].

But, if you want your health information, including information about your appointment made on [INSERT DATE] at [INSERT HEALTH CENTER], sent to you directly and not your [INSERT PARENT/SPOUSE], you can submit a confidential communications request to your health plan. Although most health plans will accept any confidential communications request, they HAVE to accept and honor 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 do this before your visit?

>>IF YES>>

Staff: OK, great. Since you get your insurance through [INSERT HEALTH INSURANCE CARRIER] you will need to [INSERT INSTRUCTIONS- CALL OR SUBMIT A FORM].

>> >PHONE REQUESTS>>>

Staff: [Give patient phone number]. Just call your insurance carrier and tell them you would like to make a confidential communications request. 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 think about your answer to those questions before you call. You can give them a work or friend's address, or maybe even an email. If you want more information about making a request before you make the call, you can find it at mcbw.org. Make sure you make the request as soon as possible if you want your visit on [INSERT DATE] to be confidential – sometimes it takes a couple weeks to process a request.

>>>WRITTEN REQUESTS>>>

Staff: You can download and print out a confidential communications request form at mcbw.org. There is also more information about making a request and how to fill out the form on that website. Once you complete the form you need to [FAX or EMAIL or MAIL] the form to your insurance carrier. Make sure you make the request as soon as possible if you want your visit on [INSERT DATE] to be confidential – sometimes it takes a couple weeks to process a request.

>>IF NO>>

Staff: 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 carrier, our office, or go to mcbw.org to get information about how and where to submit a request.

CLINIC VISIT SCRIPT



Staff: Thank you for visiting [INSERT HEALTH CENTER] today. Do you have insurance to cover your visit today?

>>IF PATIENT REPLIES YES>>

Staff: Great! Do you have your insurance card with you? [Copy down all insurance information needed for verification and billing].

>>IF YOU PARTNER WITH THEIR INSURANCE PLAN>>

Staff: Here is your card back. Thank you for sharing your insurance information. Do you have your insurance plan and coverage under your own policy, or do you have this insurance under someone else's policy-

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

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

Staff: 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 type of service. This can be in the form of an explanation of benefits or other routine health plan communication sent to your [INSERT PARENT/SPOUSE].

If for future healthcare visits 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. Although most health plans will accept any confidential communications request, they HAVE to accept and honor 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 do submit a request?

>>IF YES>>

Staff: OK, great. [Look at confidential communications chart to determine request procedure for patient's carrier]. Since you get your insurance through [INSERT HEALTH INSURANCE CARRIER] you will need to [INSERT INSTRUCTIONS – CALL OR SUBMIT OR FORM]. Would you like to do that now?

>>IF YES, AND CAN MAKE PHONE REQUEST>>

Staff: [Give patient phone number and confidential communications request instruction sheet]. Just call your insurance carrier and tell them you would like to make a confidential communications request. 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 think about your answer to those questions before you call. You can give them a work or friend's address, or maybe even an email. Let me know if you have any questions or problems during the call.

>>IF YES, AND MUST MAKE A WRITTEN REQUEST>>

Staff: [Hand patient 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 can help you complete the form, just ask me for help. Once it is completed you need to [FAX or EMAIL or MAIL] the form to your insurance carrier.

>>IF NO>>

Staff: 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 carrier, our office, or go to mcbw.org to get information about how and where to submit a request. Here is an informational flyer that has everything I have told you today. [Show informational flyer]. Do you want a flyer?