

SUPPORT HB 2758: Protects Confidentiality in Insurance Communications

Explanation of benefits

for a claim received for **Patient name** Reference # 4681410597007

Summary of a claim for services on April 10, 2014

for services provided by **Provider's first and last** Visit Date

Amount Billed	\$219.00	This was the amount that was billed for your visit on 04/10/2014.
Discount	\$134.51	You saved \$134.51. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What CIGNA plan paid	\$44.49	CIGNA will pay \$44.49 to Member's care on 04/10/2014.
What I owe	\$40.00	This is the amount you owe after your discount, your CIGNA plan paid, and what your account paid. People usually owe because they may have a deductible, have to pay a percentage covered amount, or for care not covered by their plan. Any amount you paid since care received may reduce the amount you owe.
You saved	81%	You saved \$179.00 (or 81%) off the total amount billed. This is a total of your discount and your CIGNA plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of its network health care professionals and facilities.

Communications from an insurer can take many forms, including Explanation of Benefits (EOB) statements, an annual summary of services and claims information — and they can be sent via mail, email or other electronic means.

BACKGROUND

Confidentiality plays a fundamental role in ensuring everyone can access the healthcare services they need. Disclosure of information through insurance communications creates barriers to health care. **Without protections for confidentiality, individuals are effectively uninsured and may not seek care they need for fear of someone else receiving their medical information.**

Unwanted disclosure of health information through insurance communications affects all people enrolled as a dependent in a health plan, especially minors and young adults insured on their parents' plan, survivors of domestic abuse and individuals seeking sensitive services.

PROBLEM

Access to critical healthcare services is undermined by the practice of sending details of a person's health visit to the policyholder instead of the patient themselves.

SOLUTION

HB 2758 will require carriers to **send insurance communications directly to the member receiving sensitive services**, not the primary policyholder unless the member receiving the care affirmatively consents to the policyholder receiving those communications.

Sensitive services include:

- Mental health care
- Substance abuse treatment
- Reproductive health care
- Domestic and interpersonal violence services

Strong protections around confidentiality will ensure that all plan members can access the health care they need — leading to healthier people, healthier families and a healthier Oregon.



Safety. Confidentiality. Access.