An Evaluation of the UF Student Health Care Center’s ‘Confidential Self-Pay’ Program

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**Abstract:**

**Introduction:** The Patient Protection and Affordable Care Act has paved the way for dependents to prolong their coverage status under their parent’s health insurance plan until the age of 26. However, some of these dependents may have issue with health care providers billing processes, which inadvertently violates their right to confidentiality. Most notable is the process of sending “Explanations of Benefits (EOB)” to a policy holder once care has been provided under a health insurance policy. This unintentional violation may present a problem for dependents’ seeking acute sensitive services, such as sexually transmitted infection screenings, mental health counseling, substance abuse recovery and reproductive health care.

**Background:** The Student Health Care Center (SHCC) began to accept third-party insurance in 2010 as a way to maintain and improve quality health care services for students, despite decreases in student health fees and declining student enrollment. Approximately 80% of the SHCC’s students are covered under some form of health insurance. By accepting third-party insurance, however, it created confidentiality issues for students who want to seek sensitive services that are covered under their parents insurance.

**Methods:** In 2011, the Student Health Care Center (SHCC) proposed a program called ‘Confidential Self-Pay’ to address this barrier to confidentiality. The program offered students with active health insurance the option to receive confidential services by paying for any services before they are rendered. This program was suspended after one year to evaluate its current state in an attempt to improve its inefficiencies. The current state was evaluated by analyzing 63 accounts that used the program and were based on the compliance rate and the work-flow. Finally, possible alternatives in continuing the program were considered.

**Results:** While the desired state was to have the program operate at a 90% compliance rate, an analysis of the current state showed the program had an 80% compliance rate. An evaluation of the work-flow revealed inefficiencies in the SHCC billing process and procedural guidelines. An opportunity to create a partnership with the Alachua County Health Department offered a possible solution to dependent students’ concerns regarding confidentiality and affordable fees.

**Conclusion:** Although the SHCC’s program did offer a solution to addressing barriers and confidentiality associated with sensitive services; the inefficiencies made the program ineffective. This evaluation of the program highlighted weaknesses that a partnership with a community health department could address in providing confidentiality and financial incentives. This relationship is a great way to establish a public health community partnership improving the health and well-being of the UF and Alachua County community.