



Advance Your Education at the 2018 Convention & Expo

Learn from the best of the best about how providers and third-party agencies can work together July 23-25 in Nashville.

Health care collection experts and providers will come together for several educational sessions focused on the health care marketplace, sales techniques and more during the 2018 Convention & Expo July 23-25 in Nashville.

The health care sessions are designed for accounts receivable management industry professionals interested in learning how to maximize their sales and develop collaborative relationships in the health care marketplace.

Among highlights of the Convention, Tim Haag, vice president of support services at State Collection Service Inc. and Peter Troia, manager of collections at Aurora Health Care, will provide an interactive session, “How an Agency and a Provider Push One Another to Become Better,” focused on auditing and performance metrics that determine the number of accounts each agency receives at 11 a.m. July 24.

“As more and more health care providers become able to leverage their size and the volume of their business to drive down overall costs, agencies within this space will need to adapt to an even more competitive landscape,” Haag said.

Haag notes the information will be relevant for any sector of the accounts receivable management industry.

Members can also discuss their best practices in health care during “Best Kept Sales Secrets for Today’s Health Care Market Penetration,” with moderator Tom Gavinski, principal at TSG Consulting at 1:30 p.m. July 25. Speakers include Nick DiGiovanni, partner at RevMD Partners; Jay Gonsalves, president of Action Collection Agencies Inc.; and Sjorn Lundquist, sales manager at Professional Service Bureau Inc.

This panel discussion will include the speakers’ sales success stories and tips on how close a new sale as well as how to upsell current health care clients. You will leave this interactive session with innovative sales ideas and fundamentals for your health care sales staff.

Attendees working in health care collections should also consider attending an in-depth session on the Telephone Consumer Protection Act led by expert defense attorneys starting at 9:15 a.m. July 24.

Rick Perr, attorney at Fineman, Krekstein & Harris, P.C. and Keith Wier, attorney at law at Maurice Wutscher LLP, will host an exclusive session with the latest updates on strategies to work with TCPA following decisions in *ACA Int’l v. FCC* and *Reyes v. Lincoln Automotive Financial Services*.

Join experienced defense attorneys for the session “The TCPA: Where is it Headed?” to discuss how the industry got to this point in the interpretation of the TCPA, including an in-depth conversation on case law and where we go from here.

The 2018 Convention & Expo is ACA International’s biggest event of the year designed to help you and your business succeed and connect with industry peers. Throughout the event, the Music City Center and Omni Nashville will be transformed into a hub of activity including a bustling Expo Hall filled wall-to-wall with vendors displaying cutting-edge products aimed at helping you focus on success.

The three-day event kicks off with an opening general session featuring Keynote Speaker Eric Saperston, sponsored by NobelBiz.

See the complete agenda for the 2018 Convention & Expo online here: <https://www.acainternational.org/events/convention2018>. Online registration remains open through Thursday, July 19.

TECHNOLOGY:

Cyber Liability Insurance 101: Will it Help Agencies and Providers Combat Data Security Threats?

Data security risks are not going away in the health care sector and while strategies such as employee training and a strong data breach response system help, a new option to protect your business is emerging: cyber liability insurance.

Health care cybersecurity spending is predicted to grow to \$65 billion between 2017 and 2021, according to the Experian 2018 Data Breach Industry Forecast.

Experian also reports health care organizations will be the most targeted industry this year as new and sophisticated attacks are on the horizon.

The U.S. Department of Health and Human Services (HHS), media or state attorneys general received 233 breach industry reports from January to June 2017.

“For the 193 attacks for which there are numbers, 3,159,236 patient records were affected,” according to Experian.

Providers are increasingly purchasing cyber liability insurance policies to ensure financial protections and resources to work through data breaches and maintain their reputation are in place, *Becker’s Hospital Review* Content/Strategist Editor Brooke Murphy reports in the white paper “Can Health Care Providers Afford Not to Have Cyber Insurance in 2018?”

“As cyber threats become the reality, and as [insurance] carriers have identified how significant and complex online exposure is, cyber liability policies have become more refined and more necessary,” James Fasone, senior vice president and national health care practice leader for Key Insurance & Benefits Services said in the white paper.

Purchasing cyber liability insurance may ultimately be more affordable than the costs to providers after a data breach occurs, from attorney’s fees to purchasing credit monitoring systems for affected consumers, according to the white paper. That’s not to mention the costs from any disruptions to providers’

business and as a result of time spent notifying patients.

And, even if providers spend money on the front end to protect their company and data from a cyber-attack, cyber criminals continue to find their way around firewalls and security systems. And, remember, the strongest security protections can still be put at risk by human error if not used properly.

Employees continue to present a big risk to companies, according to Experian.

Regular training and a refresh of your data security policies are critical to staying ahead of threats and risks to sensitive information and data.

It’s also helpful to limit the number of employees who have access to sensitive data, especially on mobile and portable devices. Make sure you have a strict policy for access and transport of mobile and portable devices containing sensitive information.

“Cyber liability insurance helps hospitals cover the costs of a data security breach for things like identity protection solutions, public relations, legal fees, liability and more due to loss, theft and unauthorized disclosure of data,” according to *Becker’s Hospital Review*.

When considering if cyber liability insurance is right for your business, and the level of insurance that is the best fit, it comes down to matching coverage with your “business objectives, asset vulnerability, third-party risk exposure and other external factors,” Murphy reports.

“The cyber insurance industry in the last three to five years has rapidly evolved to meet the needs of health care businesses in a digital world,” Fasone said in the white paper. “That means there are many more companies in the market offering a greater variety of coverage.”

Cybersecurity 101

If you need a refresher, cybersecurity tips from HHS include:

- Consider using logs to document whenever access is granted (both physical and electronic), privileges increased and equipment given to individuals.
- Consider having alerts in place to notify the proper department when an account has not been used for a specified number of days.
- De-activate or delete user accounts, including disabling or changing user IDs and passwords. “When an employee or other workforce member leaves, it is extremely important that covered entities and business associates prevent unauthorized access to protected health information (PHI) by ensuring that the former workforce member’s access to PHI is effectively terminated,” HHS reports.

Access the complete Experian Data Breach Industry Forecast Report here: <http://bit.ly/2018IndustryForecast>.

Request a copy of the *Becker’s Hospital Review* white paper here: <https://bit.ly/2JlQEgU>

ACA International regularly offers education opportunities for members in the health care sector. Visit our events calendar for updates on the latest available seminars: <https://www.acainternational.org/events>

SURVEY

Paper Billing Remains Prominent Among Health Care Providers; Price Transparency Improves

In a Waystar and HIMSS Analytics study of patients who visited a health care provider in the last year, new trends in price transparency and payments were revealed.

In particular, a majority of providers continue to issue paper statements, and cost estimates at time of service reflect improvement in price transparency, according to a news release on the Patient Payment Checkup Survey.

“Our second annual survey reveals that the health care industry is at a tipping point. Patients want to understand their health care expenses given how much they pay out of pocket,” Matthew Hawkins, CEO of Waystar a provider of revenue cycle technologies, said in the news release. “At the same time, providers are looking for ways to increase patient satisfaction and simplify their revenue cycles.”

Key findings from the survey, including over 1,000 patients and approximately 900 financial executives in the health care industry, are:

Nearly 100 percent of health care executives report that they bill patients using paper statements, however over half of patients said they would prefer to receive and pay their medical bills electronically.

Eighty-five percent of patients responding to the survey felt the same responsibility to pay for health care as they do other services, however less than 20 percent who have commercial insurance plans found it “easy to understand and convenient to pay for” health care costs.

Waystar also finds that cost estimates from their health provider help patients comprehend what they owe. Eighty-six percent of patients who received cost estimates report they understood their payment responsibility, which ultimately helps with faster and easier payment for providers.

However, less than one-third of patients surveyed said they know to ask for a cost estimate at their health care provider’s office while 87 percent of health care professionals participating in the survey say that they are able to offer their patients a cost estimate upon request.

“The survey indicates a significant difference between patients and their provider organizations in terms of perceived payment timeliness,” Waystar reports. Nearly half (48 percent) of providers said that it takes their patients over three months to pay the full balance of their bill, versus only 24 percent of patients thinking that it takes them longer than three months to pay their balance. “This perception gap may lie in the timing of payer reimbursement. Patients may believe that they do not owe anything until their payers pay their share,” according to Waystar.

“Our survey reveals that patient consumerism is advancing quickly as organizations adopt advanced payment technology,” Hawkins concludes. “Patients have a higher expectation than they used to have. It is important that lagging health care organizations improve their patient billing and payment methods faster to remain competitive. Patients are already seeking health care from providers whom they trust with both their health and their pocketbooks. Providers who don’t provide transparency and convenience will be left behind.”

More information: <https://bit.ly/2svglBL>

NEWS & NOTES

Survey: Majority of Providers Use Multiple RCM Vendors

Organizations looking to better their revenue cycle management (RCM) process are increasingly turning to using more than one vendor, according to a survey from Dimensional Insight, an analytics and data management solutions provider. Findings in the survey show 68.9 percent of health care organizations use more than one RCM vendor, however they also experience larger claim denials. Claim denials are similarly listed as the top challenge in RCM as technology from different vendors can be hard to integrate.

More information:

<https://bit.ly/2xyH6KH>

Seminar: Building Rockstar Health Care Collectors

Irene Hoheusle, IFCCE, vice president of Collections and Education at Account Recovery Specialists in Wichita, Kansas will provide tips on “Building Rockstar Health Care Collectors,” Aug. 14. Register here: <https://bit.ly/2HYRwaz> Visit ACA’s complete events calendar: <https://www.acainternational.org/events>

We Want To Hear From You

Pulse is published for ACA health care collection agencies to provide current industry information for health care providers. ACA International welcomes article ideas and submissions for consideration in *Pulse*. Ideas may be submitted to ACA’s Communications Department at comm@acainternational.org.

For more health care collections news, visit ACA’s Healthcare Collections page at www.acainternational.org/pulse.

is a monthly bulletin that contains information important to health care credit and collection personnel. Readers are invited to send comments and contributions to:

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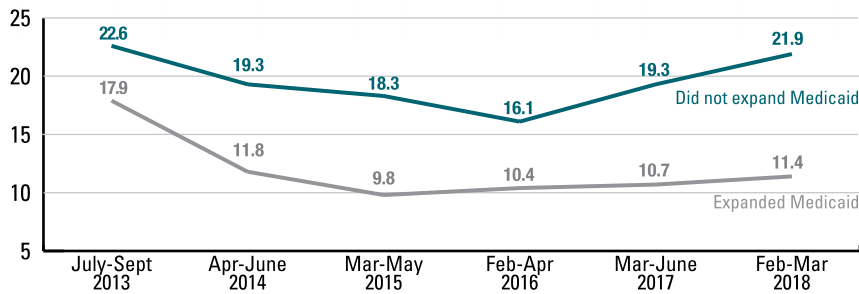
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Medicaid and the Uninsured Rate

The Commonwealth Fund examined the uninsured rate among working age adults (ages 19 to 64) in its latest Affordable Care Act Tracking Survey. The uninsured rate in states that did not expand Medicaid is increasing, research shows. It increased to 21.9 percent in February-March 2018 compared to 11.4 percent in states that did expand Medicaid.

Percent of adults ages 19-64 who were uninsured



Source: Sara R. Collins et al., "First Look at Health Insurance Coverage in 2018 Finds ACA Gains Beginning to Reverse: Findings from the Commonwealth Fund Affordable Care Act Tracking Survey, Feb.-Mar. 2018," *To the Point* (blog), The Commonwealth Fund, May 1, 2018, <http://www.commonwealthfund.org/Publications/Blog/2018/Apr/Health-Coverage-Erosion>.