pulse

HHS Issues Voluntary Cybersecurity Guidance for Health Care Providers

Following passage of the Cybersecurity Act of 2015, the Department of Health and Human Services (HHS)— in partnership with the health care industry—has created voluntary practices to help reduce cybersecurity risks.

The "Health Industry Cybersecurity Practices (HICP): Managing Threats and Protecting Patients" publication, including four volumes, is designed to offer voluntary, cost-effective cybersecurity practices for health care organizations of all types, such as local clinics to large hospital systems, according to a news release from HHS.

"Cybersecurity is everyone's responsibility. It is the responsibility of every organization working in health care and public health," said Janet Vogel, HHS acting chief information security officer, in the news release. "In all of our efforts, we must recognize and leverage the value of partnerships among government and industry stakeholders to tackle the shared problems collaboratively."

Health care providers and their business associates in the accounts receivable management industry should review the guide for assistance in updating their cybersecurity practices and for new ideas to protect patients' personal information and records.

While technologies are necessary to use in the health care industry, especially as patients continue to utilize virtual care and electronic payments, they also present risks to health care providers and their customers if not protected properly.

A total of 117 health care data security incidents were reported to HHS from July to September 2018, according to the Protenus Breach Barometer for third quarter 2018. The report shows there were 4.4 million breached patient records in the third quarter, including 680,000 breached by "insiders" within the company.

And, according to the HHS cybersecurity practices report, the average cost of a data breach for health care organizations is $2.2 million.

If accessed by the wrong person, technologies used by health care providers are a direct connection to sensitive patient data and can shut down operations at an entire hospital system, as shown in recent cyber-attacks, HHS reports.

But the new HHS cybersecurity practices, including responses to email phishing attacks; loss or theft of equipment or data; and insider, accidental, or intentional data loss, provide in-depth guidance and prevention tips.

In the event of an e-mail phishing attack, for example, HHS recommends to contact colleagues to determine if they received the same email and contact your IT team for help right away. In all, the report includes 10 practices to help mitigate the top cybersecurity threats to the health care industry.

"The health care industry is truly a varied digital ecosystem," said Erik Decker, industry co-lead and chief information security and privacy officer for the University of Chicago Medicine, in the HHS news release. "We heard loud and clear through this process that providers need actionable and practical advice, tailored to their needs, to manage modern cyber threats. That is exactly what this resource delivers; recommendations stratified by the size of the organization, written for both the clinician as well as the IT subject matter expert."

More information: https://bit.ly/2F44jHH See a graph from the report in Data Watch.

PATIENT CONSUMERISM

Why a Patient-Friendly Billing and Payment System Matters

By Brian Eggert

To boost your bottom line, it may pay to consider patient consumerism when dealing with your patients. Because when a patient schedules a visit for medical care, they're not simply thinking about the quality of care. They're thinking about the value they're getting from the visit, even if they have medical insurance coverage. Here are some of the realities patients and care providers are facing in regards to patient consumerism:

percent of the billable amount. To work within these new realities, health providers can take proactive steps to make access to medical care more patient-friendly, and one area of focus could be in the realm of billing and collections.

- **Better front-end procedures:** When a patient goes about their daily lives, they have become accustomed to

Brian Eggert

"When patients gain the ability to plan for these expenses, it can reduce stress in patients and build trust."

- In the past decade, high-deductible health plans have become the norm for millions of Americans, meaning your patients' out-of-pocket expenses cover the gamut, from $1,350 for individuals to $13,300 for families. That means even with tools like health savings accounts, patients are more watchful than ever over their health care dollars.
- Some of the struggling patients are young: Patients in their late 20s were more likely to have medical debt in collections than older patients, despite the fact they were less likely to use medical services, according to a 2018 study published in *Health Affairs*. Another surprise: Half the accounts in collections were for less than $600.
- Three-quarters of a percent of health care providers saw a rise in patient responsibility for payments in 2015, according to a report in *Rev Cycle Intelligence*. And health care providers aren't recovering the full balance from the patient but recouping 50-70

completing many transactions online or with a smartphone app, whether they want to apply for a new job, shop for necessities, order food, get a ride, buy concert tickets, or transfer funds. When a patient wants to see a doctor, patients are still picking up the phone to book appointments and filling out paper forms in the waiting room.

- **Offering an online scheduling system** is a more convenient way for patients to book (and reschedule) appointments. Giving patients the ability to fill out electronic intake forms can reduce data entry errors, speed up the billing process and ensure that your billing department has accurate information about the patient.
- **Communicate about costs:** From a patient's perspective, medical costs are notoriously difficult to plan for. Health Care providers can help patients prepare by informing them of their payment responsibility upfront. Some providers even supply

chargemaster prices, with a strong caveat that the amount could change after their insurer processes the visit. When patients gain the ability to plan for these expenses, it can reduce stress in patients and build trust.

- **Smarter collections:** The final step in the patient interaction is billing. Accepting online credit card payments makes it easy, convenient and safe for patients to pay their bills. When patients are late with payments, good communication is key to recovery, especially if the phone calls and letters help patients understand their options to catch up on their late bills. Finally, treat past-due patients with respect and compassion. When it comes time to send these accounts to a collection partner, experience and professionalism count.

Health care is a major expense for patients, which is why it's important for clinics and practices to demonstrate they care just as much for a patient's financial health as they do their physical health.

Brian Eggert is a business development specialist and writer for IC System. More information: https://bit.ly/2AZ010l

Patients Prefer Payment Plans for Medical Bills

As out-of-pocket health care costs continue to increase for consumers, more prefer payment plans to manage their medical bills, according to the "Changing Landscape of Health Care Payment Plans" report, produced by PYMNTS in collaboration with Flywire.

Data on the report is based on a survey of 2,837 patients who checked into a hospital or emergency room in the previous year.

Key findings include:

- 57 percent of respondents would prefer a payment plan offered before service or at the time of service with their health care provider.
- 35.5 percent would prefer a payment plan offered at the time they receive their first bill.
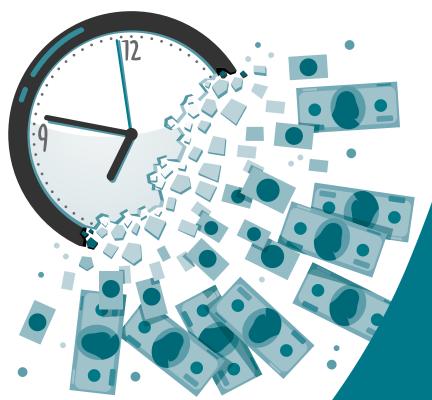- Just 6.9 percent choose a phone call from their provider to ask for a plan.

There is a direct relationship between a patient's increased out-of-pocket payments and the chance they will sign up for a payment plan:

- 38.9 percent of respondents used payment plans to manage out-of-pocket expenses ranging from $50 to $250.
- When costs topped $1,000, 51.4 percent opted for payment plans.

Payment plan fees influence how patients make decisions connected to payment plans, for example:

- 33.7 percent choose shorter terms to reduce fees.
- 17 percent pay balances in full to avoid fees.
- 25 percent say fees have no influence on their decision on how to pay.

"The study offers important insights for hospitals and health systems seeking to optimize their revenue cycle practices and payment plan strategy, as well as to improve payment behavior without jeopardizing the relationship between patient and provider," John Talaga, executive vice president, Flywire, said in a news release on the study.

More information: https://bit.ly/2CDJMpH

NEWS & NOTES

Health Care Collection Education

ACA International has the resources to help health care collectors be their best. Earning ACA's Healthcare Collection Management designation (HCM) requires participants to complete three ACA Core Curriculum courses—Data Security and Privacy, Ethical and Professional Collections and Health Care Collection Management—as well as the HCM Capstone Assessment. Visit our online events calendar (https://www.acainternational.org/events) for a complete list of upcoming seminars required to complete the designation. More information: https://www.acainternational.org/education/designations#hcm

Penalties for HIPAA Violations Increase

According to a report from the *HIPAA Journal*, the total penalty amounts paid to the Department of Health and Human Services Office of Civil Rights and state attorneys general reached a record of $25.6 million in 2018. State attorneys general issued 12 financial penalties in 2018, the largest being a $1.2 million penalty for Aetna in New York. https://bit.ly/2R8kZPS
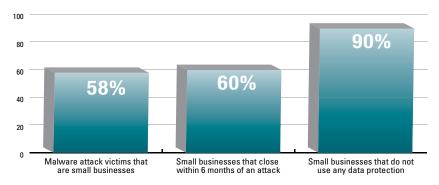
We Want To Hear From You

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* to the Communications Department at comm@acainternational.org.

For more health care collections news, visit ACA's Health Care Collections page at www.acainternational.org/pulse.

datawatch

Impact of Cybersecurity Threats for Small Businesses

If a data breach can wipe out operations for a large health care provider, think about the impact on small businesses in the health care industry. For example, in 2017 the cost of cyber-attacks on small and medium-sized businesses was about $2.2 million.

Bar chart values:
- Malware attack victims that are small businesses: 58%
- Small businesses that close within 6 months of an attack: 60%
- Small businesses that do not use any data protection: 90%

Source: Health Industry Cybersecurity Practices: Managing Threats and Protecting Patients. U.S. Department of Health and Human Services. https://www.phe.gov/Preparedness/planning/405d/Documents/HICP-Main-508.pdf

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