



# pulse

## Health Care Providers Report Status of Revenue Cycle Management

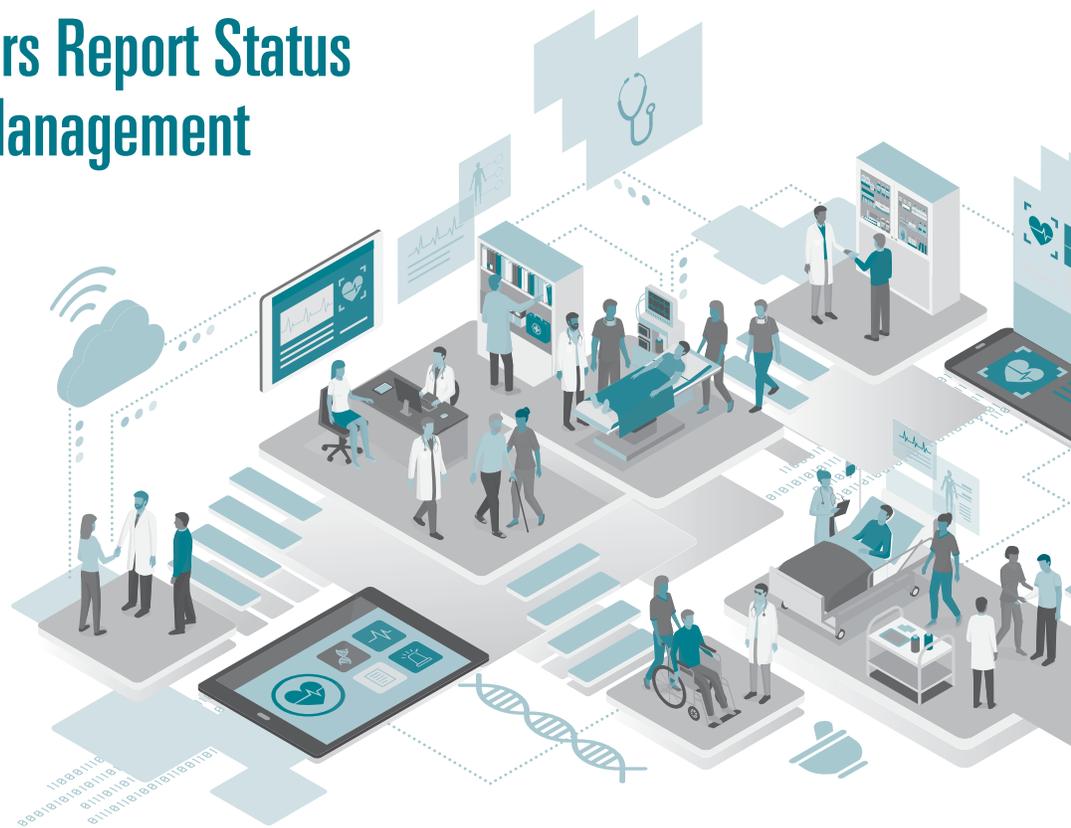
Recent research shows some hospitals are lagging in implementing Revenue Cycle Management (RCM) solutions and consider outsourcing services only as a short-term solution.

“Twenty-six percent of all U.S. hospitals still do not have a viable, effective RCM solution in place, despite all the evidence of their positive impact on revenue, bottom line and efficiency,” according to a news release from Black Book Market Research LLC, which conducted the survey.

Respondents evaluated their technology services and solutions for the survey and of the “1,600 RCM modernization-delinquent hospitals,” according to the news release, 82 percent said they plan on making “value-based reimbursement decisions in 2019 without an advanced software implementation or outsourced partner.”

Results from a 2012 survey on RCM revealed that 35 percent of hospitals did not have an RCM strategy. The decline to 26 percent, “does indicate that there have been workable RCM IT plans adopted and new systems implemented by about 400 hospitals over the past six years.”

While a majority of respondents said they plan to implement advancement in RCM in-house, 85 percent also reported they would work with an outside firm



for short-term direction, according to the news release.

ACA International members interviewed for the January issue of *Pulse* said RCM is changing significantly based on technology and third-party agencies can provide valuable plan options to meet providers’ and patients’ needs. (Read more industry insight on RCM in January issue of *Pulse* here <https://www.acainternational.org/pulse>.)

Additional findings from the Black Book Market Research Survey include:

- Nearly 70 percent of providers said it takes a minimum of one month to collect a full balance from a patient.
- They also seek to prevent claim denials through RCM.
- However, challenges include staffing resources for RCM software and reimbursement.

More information:  
<https://bit.ly/2T1UbSE>

## HEALTH CARE COSTS

# Employer-Based Insurance Premiums Create Growing Burden for Families

A growing number of consumers are doling out more of their paychecks for health care premium contributions through their employer insurance plans, according to The Commonwealth Fund Report “The Cost of Employer Insurance is a Growing Burden for Middle Income Families.”

“The cost of employer health insurance premiums and deductibles continues to outpace growth in workers’ wages. This is concerning because it may put both coverage and health care out of reach for people who need it most—people with low incomes and those with health problems,” said Sara Collins, lead author of the study and Commonwealth Fund vice president for health care coverage and access, in a news release. “Policies that would reduce health care burdens on employees include fixing the Affordable Care Act’s family coverage glitch, requiring employers to exclude some services from the deductible and



increasing the required minimum value of employer plans.”

Key findings from The Commonwealth Fund include:

- In 2017, the average employee premium costs for single and family insurance plans totaled almost 7 percent of the median income in the U.S., compared to 5 percent in 2008.
- Combined, the total expense from premiums for workers and “potential spending” on deductibles for single

and family insurance plans increased to an annual amount of \$7,240 in 2017.

- Employees’ contributions for insurance premiums also increased. “Between 2016 and 2017, employee premium contributions rose by 6.8 percent to \$1,415 for single-person plans and by 5.3 percent to \$5,218 for family plans.”

See more information from the report here <https://bit.ly/2PV28ah> and in Data Watch.

## Member Insight

**Q** What trends are you expecting in health care receivables in 2019 compared to last year and what are your goals for working with clients?

*If you are interested in contributing to our member insight Q&A or have topic ideas, email Communications Specialist Katy Zillmer at [zillmer@acainternational.org](mailto:zillmer@acainternational.org).*

**A** In 2019, expect to see a tremendous focus and scrutiny placed upon health care agency data security. Health care data breaches are skyrocketing in number as are breaches caused by business associates. The Department of Health and Human Services/Office of Civil Rights will combine their efforts with state attorneys generals, resulting in an uptick of data breach enforcement. Agencies should expect security questionnaires and site visits from clients and prospective clients as well as security personnel. Those agencies not performing true Security Risk Assessments with vulnerability remediation or that are not fully adhering to the privacy and security rules of the Health Insurance Portability and Accountability Act, should expect to not only fail to gain new health care clients, but to also start losing existing ones. HITRUST certification is a key area that health care-oriented agencies should focus upon next year.

– **Scott Brownlee**

Chief Compliance and Privacy Officer at Dorado Systems Incorporated

## TECHNOLOGY

# BillingTree Survey Reveals Increase in Shift to Online Payments

Online payments are catching up in the health care industry, where common payment methods continue to be on-site, mail and through live phone agents.

BillingTree, in results from its third annual Healthcare Operations and Technology Survey, reports 63 percent of providers offer web portal payments and

BillingTree, an ACA International affiliate member company in Phoenix.

However, the survey results also show payment options are changing to address these pain-points as well as patients who prefer having customer service and payment availability 24/7, according to the news release.

**“This is evident in the continued strong adoption of web portals, IVR and now, for the first time, text-related payments—mirroring the overall mobile payment trend in the industry.”**

*— Pat McIntyre, BillingTree’s vice president of health care*

more than 25 percent also offer options for text-based payment—a substantial increase over previous years’ findings.

Of note, providers’ responses show that plans to implement text-based payments surpass “Interactive Voice Response (IVR) automation.”

“The survey found the biggest payment pain-points facing health care providers for two consecutive years have been a patient’s inability to pay, collecting once the patient has left the facility, a lack of payment channels, compliance and issues related to insurance billing,” according to a news release from

“The BillingTree Healthcare Survey series continues to show a sector gravitating toward new payment technologies to improve revenue cycle management. This is evident in the continued strong adoption of web portals, IVR and now, for the first time, text-related payments—mirroring the overall mobile payment trend in the industry,” Pat McIntyre, BillingTree’s vice president of health care, said in the news release.

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

## NEWS & NOTES

### Self-Pay Accounts Generate Significant Revenue for Hospitals

According to a study from TransUnion Healthcare, 30 percent of self-pay accounts will produce more than 80 percent of revenue from self-pay accounts for hospitals. “The findings are significant because the number of patients without health insurance increased to more than 12 percent at the end of 2017. Furthermore, patient balances after insurance have been steadily rising.”

<https://bit.ly/2CtyBB6>

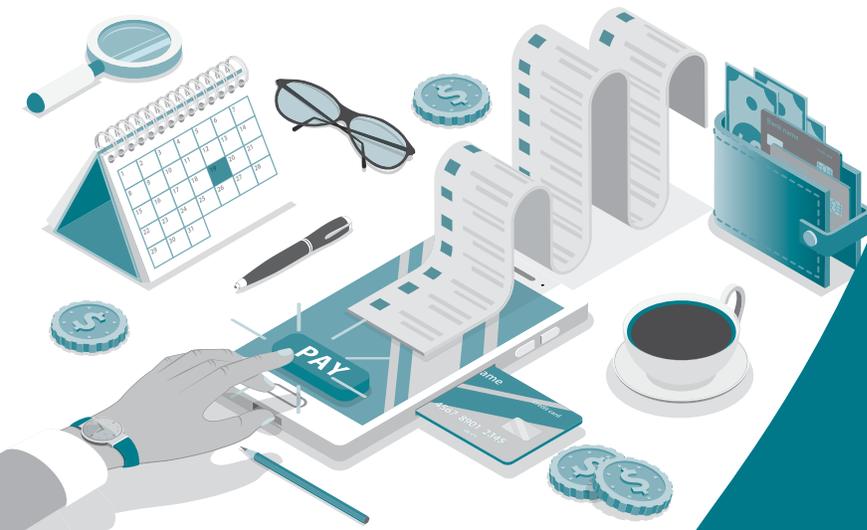
### Health Care Collection Education at Your Fingertips

ACA International has the resources to help health care collectors be their best. Earning ACA’s Healthcare Collection Management designation 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 <https://www.acainternational.org/events> for a complete list of upcoming seminars required to complete the designation.

### 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](mailto:comm@acainternational.org).

For more health care collections news, visit ACA’s Health Care Collections page at [www.acainternational.org/pulse](http://www.acainternational.org/pulse).



# datawatch



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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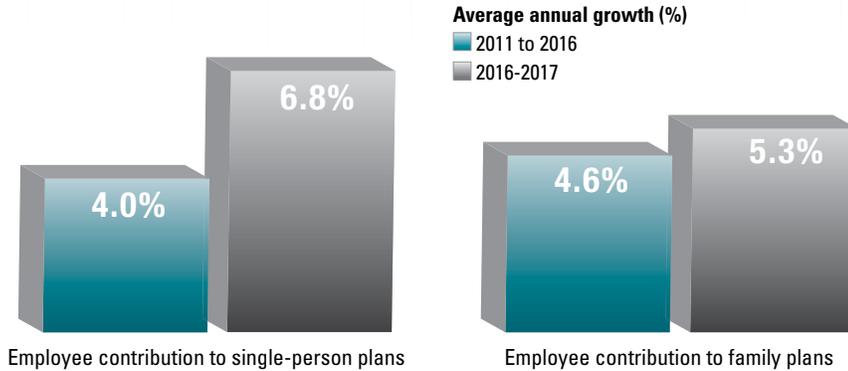
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## Insurance Payments on the Rise

Employee payments for insurance are increasing through their job-based plans, according to The Commonwealth Fund. “Between 2016 and 2017, average employee premium contributions nationally rose by 6.8 percent to \$1,415 for single-person plans and by 5.3 percent to \$5,218 for family plans,” it reports.



Source: “The Cost of Employer Insurance Is a Growing Burden for Middle-Income Families. Data: Medical Expenditure Panel Survey–Insurance Component (MEPS–IC), 2008–2017.” [https://www.commonwealthfund.org/sites/default/files/2018-12/Collins\\_state\\_premium\\_trends\\_2018\\_db\\_0.pdf](https://www.commonwealthfund.org/sites/default/files/2018-12/Collins_state_premium_trends_2018_db_0.pdf)