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Integrated health care payments

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Key components
of the HHS
Security
Rule NPRM



Using the laws
of physics
to enhance
your practice



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Integrated health care payments

As health care payment processes continue to grow more complex, the case for integrated payment solutions becomes increasingly compelling

By Ryne Natzke

Most health care organizations recognize how payment processes impact their operational efficiency and patient satisfaction. Yet many providers, particularly in small- to medium-sized practices, still use nonintegrated payment systems that create unnecessary complexity and risk. Understanding the difference between integrated and nonintegrated solutions — and their operational impact — is crucial for providers seeking to optimize their payment processes.

When Payment Systems Don't Talk: The Integration Gap

Nonintegrated payment systems are stand-alone solutions that operate independently from a

provider's practice management or electronic health record (EHR) system. These might include:

- A countertop card terminal that isn't connected to any other systems
- A separate online payment page where patients must manually enter their account numbers
- Individual payment solutions for different departments or locations
- Phone-based payment systems that require manual entry into billing systems

While these solutions may seem straightforward, they create significant operational challenges. When a patient makes a \$40 copayment, staff must manually enter the amount into the payment terminal, process the transaction, and then separately

record that payment in the practice management system. This double-entry process introduces multiple opportunities for error, from mistyped decimal points to incorrectly recorded payment amounts, as well as increased workload. Additionally, this same double posting needs to be done for refunds or credits to ensure the patient's balance stays accurate.

When payments are made online through non-integrated systems, patients must accurately enter their account numbers and payment amounts. Even with careful attention, errors are common. Health care organizations need to manually post any transaction that doesn't match or refund payments that cannot be found.

How Integration Transforms Payment Processing

Integrated payment solutions connect directly with a provider's EHR or practice management system, creating a seamless flow of payment information. When a patient owes a copay or has an outstanding balance, the amount is automatically communicated to the payment system, eliminating manual entry and reducing errors.

The efficiency gains from integrated systems are substantial. Staff members no longer need to juggle multiple platforms or repeatedly enter the same information across different systems. Instead, they can complete all payment-related tasks within a single interface, significantly streamlining their workflow and reducing their time spent on payment processing.

This automated flow of information between systems also dramatically improves payment accuracy. Rather than relying on manual data entry—in which a misplaced decimal point or transposed number can create significant problems—integrated systems ensure that payment amounts and patient information transfer correctly every time. This reduction in the chance for human error not only saves time spent correcting mistakes but also improves the overall reliability of the organization's financial records.

Security is another crucial advantage. Integrated solutions typically incorporate advanced security features such as tokenization, which allows health care providers to securely store payment information for future use without retaining sensitive card data. This capability not only protects patients' financial information but also simplifies future transactions while maintaining robust security standards.

The patient experience benefits greatly from integrated systems. Check-outs are faster and more efficient, less manual entry is needed, and account balances are updated in real time. The ability to securely store payment methods that can be used across

multiple locations or care settings within the same health care system creates a more convenient experience for patients who receive care at different facilities. Also, consumers expect health care to deliver the same technological convenience they experience in other industries, and clunky, manual payment processes can negatively impact patient satisfaction.

One of the most appreciated benefits comes at the end of each business day when staff perform reconciliation procedures. Rather than manually matching payments from a separate terminal or system with patient accounts in the practice management system, integrated solutions automatically record all payment information in the main billing system. This automation makes the end-of-day reconciliation not only faster but also more accurate, reducing the amount of time staff spend resolving discrepancies and allowing them to focus on more valuable patient-facing activities.

Implementation Considerations

For health care organizations considering the move to integrated payments, several factors should be considered, as follows:

- **EHR Compatibility:** Look for payment solutions that integrate natively with your existing EHR or practice management system.
- **Omnichannel Capabilities:** Ensure the system can handle payments across all channels – in-person, online, over the phone, and via payment plans.
- **Security Features:** Verify that the solution includes robust security measures such as point-to-point encryption and tokenization.
- **Staff Training Needs:** Consider the training required to help staff transition from manual to automated processes.
- **Growth Flexibility:** Choose a solution that can accommodate your organization's growth and changing needs.

As health care payment processes continue to grow more complex, the case for integrated payment solutions becomes increasingly compelling. Organizations that maintain nonintegrated systems may find themselves at a competitive disadvantage, struggling with inefficiencies that impact both operations and patient satisfaction. By implementing integrated payment solutions, health care providers can streamline their operations, reduce errors, and deliver the modern, efficient payment experience that patients increasingly expect.

Ryne Natzke is chief revenue officer at TrustCommerce



Key components of the HHS Security Rule NPRM

The long-anticipated HIPAA Security Rule Notice of Proposed Rulemaking strives to strengthen cybersecurity for electronic protected health information

By Rachel V. Rose, JD, MBA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is coming in like a lion from the start of 2025. For example, three enforcement actions involving either covered entities or business associates related to Privacy Rule and Security Rule violations — e.g., ransomware, the lack of an annual risk analysis and deletion of protected health information — were announced within the first week of the new year.

On Jan. 6, the United States Department of Health and Human Services (HHS) Office for Civil Rights published the long-anticipated HIPAA Security Rule Notice of Proposed Rulemaking (NPRM), which strives to strengthen cybersecurity for electronic protected health information (ePHI). The purpose is to

ensure that the confidentiality, availability and integrity of the ePHI remain intact in the increasingly pernicious cyber threat environment. The proposed items should come as no surprise in light of the Healthcare and Public Health (HPH) critical infrastructure HPH Cybersecurity Performance Goals, which were issued by HHS in early 2024, as well as the increase in ransomware and other cyberattacks, including the one on United Healthcare last year.

The HPH's goals were categorized as either essential goals to assist in addressing common vulnerabilities to mitigate risk by adopting core prevention, detection and correction items, or enhanced goals to assist organizations with a mature cybersecurity program and infrastructure elevate their defense strategy to protect against emerging threat vectors. Some of the essential items include email security, safe and effective

multifactor authentication, HIPAA and cybersecurity training, and an annual risk analysis to identify gaps in technical, administrative and physical safeguards under the Security Rule and correct those gaps in a comprehensive and timely manner. Ironically, the enhanced goals are already required in the Security Rule.

This brings us to the HIPAA Security Rule NPRM, for which public comments are due by March 7. If a covered entity or business associate has been undergoing a valid risk analysis and correcting deficient technical, administrative and physical safeguards since 2005 (or at least since the 2013 Omnibus Rule) or a company's inception (most have not), then the likelihood of readiness is substantially greater.

In my experience the lack of compliance stems from two key items: (1) corporate culture regardless of the size of the organization, and (2) the organization's unwillingness to spend money on an annual risk analysis and other adequate and required safeguards.

While it is unknown which items or language will ultimately make it into the eventual Final Rule, covered entities and business associates alike should take note that "[t]he Department is concerned by the increasing numbers of breaches and other cybersecurity incidents experienced by regulated entities," according to the Security Rule published in the Federal Register. There are key items and areas to consider now. Three key words to note are "clarifying," "modifying" and "adding" in relation to the following:

- CFR § 164.304 - Definitions.
- CFR § 164.306 - Security Standards.
- CFR § 164.308 - Administrative Safeguards.
- CFR § 164.310 - Physical Safeguards.
- CFR § 164.312 - Technical Safeguards.
- CFR § 164.314 - Organizational Requirements.
- CFR § 164.316 - Documentation Requirements.

Emerging and new technologies including quantum computing, artificial intelligence (AI), and virtual and augmented reality.

As a reminder, "[t]he Security Rule was initially published in 2003 and was most recently revised in 2013." Since that time, technology has evolved from preventive, detective, and threat vantage points. One needs to consider defensive and offensive approaches simultaneously. (Think: the football scene in "Top Gun: Maverick" in which offense and defense are being played at the same time.) Quantum computing is something that several agencies have been evaluating for potential benefits and drawbacks of quantum information science (i.e., "the study of 'the impacts of quantum physics properties on information science'").

One of the drawbacks, which has a direct impact on electronic health information, is the adverse impact on encryption because of the impact on security of symmetric cryptography, which in turn compromises the integrity and confidentiality of communications. The NPRM (not surprisingly) is including this in the annual risk analysis.

Another area of emerging technology is AI. Section 238(g) of the John S. McCain National Defense Authorization Act for Fiscal Year 2019 defined AI to include the following:

- "Any artificial system that performs tasks under varying and unpredictable circumstances without significant human oversight, or that can learn from experience and improve performance when exposed to data sets.
- An artificial system developed in computer software, physical hardware, or other context that solves tasks requiring humanlike perception, cognition, planning, learning, communication, or physical action.
- An artificial system designed to think or act like a human, including cognitive architectures and neural networks.
- A set of techniques, including machine learning, that is designed to approximate a cognitive task.
- An artificial system designed to act rationally, including an intelligent software agent or embodied robot that achieves goals using perception, planning, reasoning, learning, communicating, decision-making, and acting."

The concerns around AI, as they relate to the Security Rule, are data mining of sensitive information and bad actors using AI to threaten the privacy and security of ePHI by initiating attacks that are more sophisticated, more frequent, and more pernicious. Again, this is an area to include in an annual risk analysis.

In sum, the NPRM builds on existing requirements, modifies others, and places emerging technologies within the scope of an annual risk analysis. As covered entities and business associates alike strive to cultivate a culture of compliance, training and corporate culture are going to be key factors in achieving the goal of ensuring the confidentiality, integrity and availability of ePHI.

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Using the laws of physics to enhance your practice

To find the best solution to problems in practice, we need to think
outside the box and identify more than one answer

By Neil Baum, MD

The following concerns a question in a physics degree exam for students at the University of Copenhagen: “Describe how to determine the height of a skyscraper using a barometer.” One student replied, “You tie a long piece of string to the neck of the barometer, then lower the barometer from the skyscraper’s roof to the ground. The length of the string plus the length of the barometer will equal the height of the building.”

This highly original answer incensed the instructor so much that the student failed. The student appealed because his answer was indisputably correct, and the university appointed an independent arbiter to decide the case. The arbiter judged that the answer was correct but did not display knowledge of physics. The judge decided to call the student in and allow him six minutes to provide a verbal answer that showed at least a minimal familiarity with the principles of physics.

The student sat silently for five minutes, his forehead creased in thought. The arbiter reminded

him that time was running out, to which the student replied that he had several extremely relevant answers but couldn't decide which to use.

On being advised to hurry up, the student replied as follows, "Firstly, you could take the barometer up to the skyscraper's roof, drop it over the edge, and measure the time it takes to reach the ground. The height of the building can then be worked out from the formula $H = 0.5g \times t^2$. But bad luck on the barometer.

"Or if the sun is shining, you could measure the height of the barometer, then set it on end and measure the length of its shadow. Then, you measure the length of the skyscraper's shadow. After that, it is a simple matter of proportional arithmetic to determine the skyscraper's height.

"But if you wanted to be highly scientific about it, you could tie a short string to the barometer and swing it like a pendulum, first at ground level and then on the skyscraper's roof. The height is worked out by the difference in the restoring force, $T = 2\pi\sqrt{l/g}$.

"Or if the skyscraper has an outside emergency staircase, it would be easier to walk up it and mark off the skyscraper's height in barometer lengths, then add them up.

"If you merely wanted to be boring and orthodox about it, of course, you could use the barometer to measure the air pressure on the roof of the skyscraper and on the ground and convert the difference in millibars into meters to give the height of the building.

"But since we are constantly being exhorted to exercise independence of mind and apply scientific methods, undoubtedly the best way would be to knock on the janitor's door and say to him, 'If you would like a nice new barometer, I will give you this one if you tell me the height of this skyscraper.'"

That last student was Niels Bohr, the only person from Denmark to win the Nobel Prize in Physics. Bohr's lesson for modern health care is that there are more ways than one to find solutions to health care problems.

Another scientist, Sir Isaac Newton, made advances before Albert Einstein and Bohr. Newton, a mathematician and physicist, was the most remarkable scientific intellect of his time. When he was 23, he changed the world with his insights into mathematics, mechanics, astronomy, gravity, and optics.

He searched for and found the universal principles explaining why things act as they do. Some of his most famous work was Newton's Three Laws of Motion. These laws describe the movement of bodies and can be instructive to us all. This blog will discuss how the three laws of motion apply to our medical practices.



1

Newton's First Law

A body at rest will remain at rest unless acted upon by an unbalanced force

In physics, the "force" is an outside push or pull. In our medical practices, the assumption is that the physician or office manager may provide this force. That physician-office manager leader provides the motivating force necessary to overcome the inertia of many of our fellow physicians, patients and employees.

We can translate Newton's first law for managing our practices by implying that employees tend to keep doing what they do unless a new force acts upon them. For example, suppose a doctor is repeatedly 30 or more minutes late each morning for seeing patients in the office. In that case, the schedule is delayed from the beginning of the day. As a result, the doctor and the staff may have to work through lunch; the staff may have to work overtime at the end of the day, and ultimately, staff morale decreases. The outside force may be the office manager or the practice's managing partner. She might meet with the doctor and help him be on time for the office patients to avoid the problems that delay causes when he is not ready to see patients at their designated times.

The take-home message of the first law is that anybody who is at rest will remain at rest unless acted upon by a good physician manager. Any bad situation will remain bad unless acted upon by a forceful physician manager, and things need to be pushed along if they are to change.



Newton's Second Law

Force = mass × acceleration.

In physics, the energy needed to move an object is proportional to the object's size or mass times the object's speed. In our practices, the amount of mental energy needed to create change is equal to the size of the goal multiplied by how quickly you want to reach it.

For example, suppose your practice wants to implement new technology, such as artificial intelligence, which has met resistance from physicians and their staff. In that case, you must dedicate a tremendous amount of energy if you plan to accomplish the implementation quickly.

The take-home message on the second law of motion states that if you want to achieve big goals quickly, you must apply large amounts of energy and willpower, especially if you're going to achieve change quickly. However, if you wish to achieve big goals but are willing to take your time, lower energy levels persistently applied for more extended periods will be adequate.



Newton's Third Law

For every action, there is an equal and opposite reaction.

In physics, this means that the direction of the force on the first object is opposite to the direction of the force on the second object. When a bullet is fired from a gun with a particular force (action), an equal and opposite force is exerted on the gun in the backward direction (reaction).

Newton's third law might restate that you must initiate the correct actions if you want a specific effect. Don't expect to have a successful practice without effort. You must pay the price to be the first in your community in your area of interest and expertise. The law can also be described as stating that if you do not want a certain reaction, don't repeat the behavior. If you don't like the result, stop repeating the same

events that cause unwanted outcomes.

I like to think of the third law as the rule that if what you are doing is not acceptable or you are not receiving the result that you wanted, repeating the same behavior and hoping to get a different outcome will not work. The same action will get the same equal and opposite reaction.

For example, suppose you are trying to improve adherence with patients and their medications, and giving them samples does not motivate them to fill their prescriptions. In that case, a new packaging of the samples is not likely to improve adherence. However, if you have a discussion with the patient about the benefits of taking the medication, the risks associated with not taking the medication and how their disease state will improve after using the medication, then providing them with a FAQ sheet on the use of the medication and finally sending the patient to the pharmacy with a voucher card for a few free samples, this is likely to improve adherence. This may take a few additional minutes when you are with the patient. However, this will likely improve adherence rather than merely offering sample medications.

The take-home message for the third law is that you must align your actions with the results you want to achieve. Repeating the same ineffective behavior will only produce the same undesirable outcome. If you are not getting the result you want, change your approach—success follows when the force you apply truly matches the goal you are pursuing.

The Bottom Line

Medicine has laws and rules that apply to the clinical aspects of patient care, and some laws and principles apply to the business and management facets of health care. We can use Bohr's example to show that we need to think outside the box and identify more than one solution to find the best solution to problems in the practice. Finally, we can apply Newton's first three laws of motion to our practices.

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