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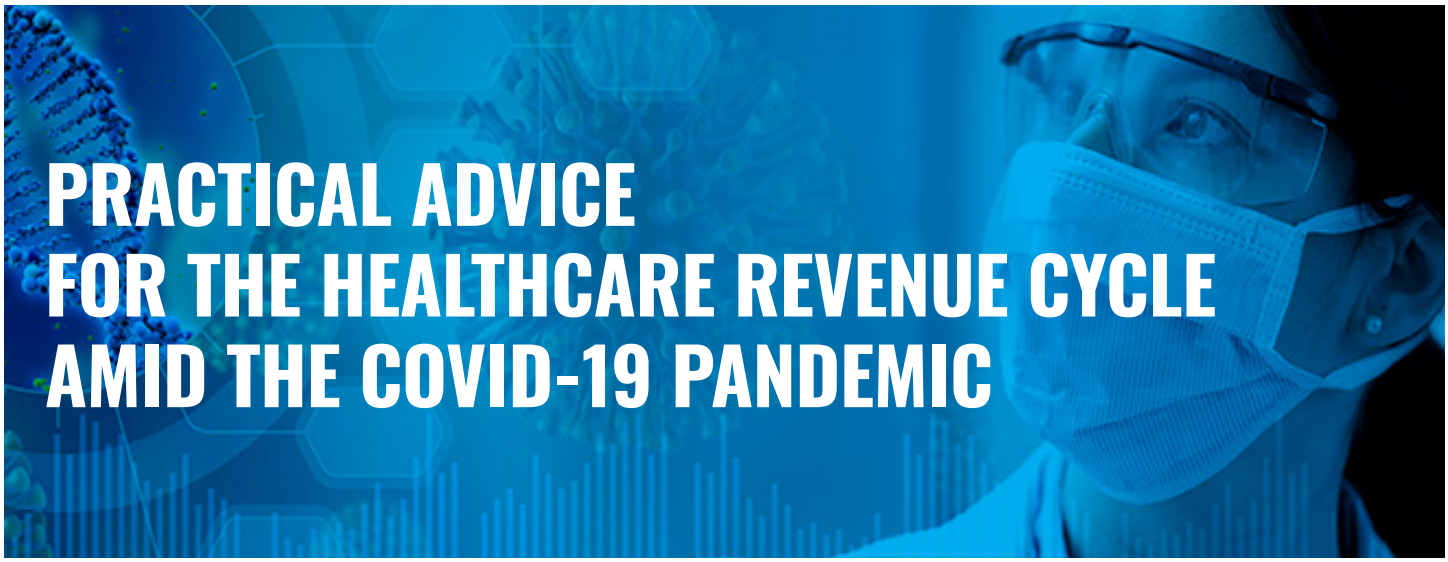


PRACTICAL ADVICE FOR THE HEALTHCARE REVENUE CYCLE AMID THE COVID-19 PANDEMIC

March 2020

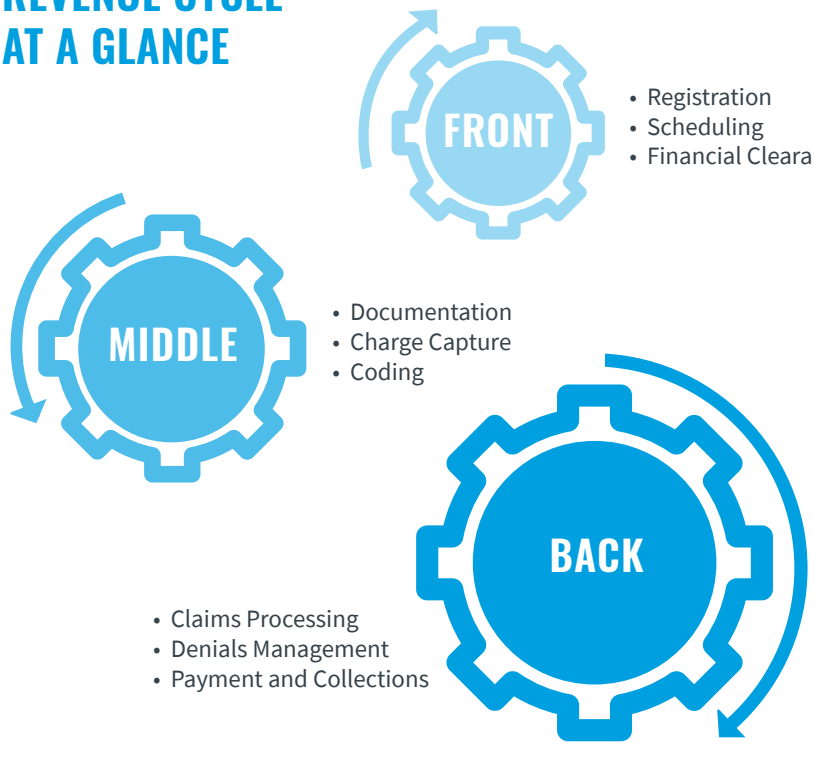
Like any other business, healthcare facilities are at risk for business disruption amid the COVID-19 coronavirus outbreak. Even as they stay open to diagnose and treat at increased volumes, they are at just as much risk of having reduced revenues due to disruptions to staffing in revenue cycle support services. These services are essential to ensuring that patients are appropriately identified and that services are appropriately documented, captured, reported, billed, and reimbursed.

At CohnReznick, we understand that these are trying times. Read on for our practical advice on how healthcare facilities can manage the health of the revenue cycle during the pandemic.

AWARENESS will be key as the governmental and private payers expand coverage and treatment options for consumers, including the use of telemedicine and waiver of credentialing for treating providers.

As of March 18, 2020, the Centers for Medicare and Medicaid Services (CMS) had communicated the various expansion efforts; see www.cms.gov. Many payers are also following suit. This is an unprecedented movement within the industry to help lessen the financial burden of organizations and increase access to care.

THE HEALTHCARE REVENUE CYCLE – AT A GLANCE



Organizations must stay apprised of the changes to fully reap the benefits. It will be cumbersome, but timing is of the essence. It will be much more difficult to reconstruct interactions later and realize lost revenue opportunities.

EFFORT	KEY TAKEAWAYS
Emergency Medical Treatment and Labor Act (EMTALA)	• **Medical Screening Exams (MSEs)** do not need to occur within the walls of the emergency room, and the content of the MSE can vary based on the presenting emergency medical condition.
Clinical expansion in sites of service and coverage	• **Professional Providers** will be reimbursed for evaluation and management (E/M) and other services furnished in a Medicare beneficiary's home by a physician or a non-physician practitioner. • **Healthcare Providers and Hospitals** will be reimbursed for many non-face-to-face services used to assess and manage a beneficiary's condition. • **Hospitals** that are nearly at capacity due to a state of emergency may be able to add a remote location that provides inpatient services. • **Inpatient Prospective Payment System (IPPS)** Hospitals may utilize distinct non-acute units, indicated as excluded under IPPS or other designation, for acute inpatient needs. This includes psychiatric and inpatient rehabilitation hospitals. • **Long-Term Care Hospitals (LTCHs)** may discharge patients with an average length of stay of < 25 days to accommodate emergent patients, without financial penalty. • **Skilled Nursing Facilities (SNFs)** are not required to qualify Medicare beneficiaries for services based on a three-day prior hospitalization. • **Critical Access Hospitals (CAHs)** under a state of emergency do not have to limit the number of beds to 25 or limit length of stay to 96 hours.
HIPAA	• For **All Providers and Hospitals**, the U.S. Department Health and Human Services will waive certain sanctions and penalties in the state of emergency, including but not limited to requirements around family communications, the distribution of privacy practices, and requests to opt out of the facility directory.
Provider enrollment	• **Professional Providers and Suppliers** can enroll and receive temporary Medicare billing privileges, waive background checks and restrictions to state of licensure, and postpone revalidation efforts.
Reimbursement for high-dollar inpatient accounts and outliers	• For **Hospitals**, if a Medicare beneficiary is an inpatient for medical care, Medicare will pay the diagnosis-related group (DRG) rate and any cost outliers for the entire stay, including payment for time isolated or quarantined in a private room.

COMMUNICATION within the healthcare organization of the regulatory changes will be crucial. Changes may influence how consumers access care, how providers document their diagnoses and treatment options, and ultimately how the organization can realize reimbursement.

IMPLEMENTATION efforts will need to occur swiftly to lessen disruption to consumers and providers. How the organization handles the pandemic today can have a lasting effect on the organization's viability, including its reputation in the community. Staff at the onset of the consumer's entry into the organization should have the resources not only to meet the consumer's needs, but also to protect the financial well-being of the organization.

Implementation efforts may include the need to continuously update the following:

- Financial disclosure forms and notices
- Cash collection, including co-payments and deductibles
- Financial assistance, payment plan, and account resolution policies
- Diagnosis code tables
- Provider directories
- Provider order sets and documentation templates
- Provider suspension policies
- Bed table assignments/locations
- Charge Description Master (CDM) files
- Charge reconciliation reports and charge capture flags/edits
- Identification and review of potential outlier cases

ENGAGEMENT of revenue cycle staff is also a pressing issue of healthcare organizations. As many work from home, including coders and business office personnel, functions essential to maintaining the organization's revenue stream are susceptible to breakdown.

Organizations may have to become creative in their engagement efforts, including leveraging skill sets of revenue cycle staff to assist in other critical business operations. For example, Internal Audit staff could assist in managing the deployment of new workflow processes, organizing meeting minutes and calls to action, arranging for critical team conference calls, and upgrading response plans.

Remaining remote staff may be able to assist in proactive virtual efforts to optimize the revenue cycle by aiding in activities otherwise on hold prior to the pandemic, including electronic health record optimization. Some common optimization efforts and their benefits are below:

POTENTIAL BENEFITS

OPTIMIZATION EFFORTS	COST SAVINGS	IMPROVED CHARGE CAPTURE	RESOURCE EFFICIENCY	EASE OF MAINTENANCE	REGULATORY COMPLIANCE
Consolidation of provider preference lists	X	X	X	X	
Creation of payer contract and reimbursement matrix		X		X	X
Development of reports and dashboards	X	X	X		
Review of chargeable and non-chargeable supplies for appropriate charge flags	X	X	X	X	X
Validation of mapping of items, services, and procedures from order/documentation to charge capture		X			X

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PRIORITIZATION of efforts among remote staffing can be a daunting task. And not just for the staff, but also for management. This is a new frontier for many. Much discipline is needed to work and manage staffing remotely at all levels. Add that many staff members are also juggling responsibilities at home in the care and support of their family. Below are tips for prioritization of revenue cycle functions by key stakeholder area.

REVENUE CYCLE REMOTE STAKEHOLDER AREA	TOP PRIORITIES
Patient access	• Manage and prioritize registration error and exception reports • Reschedule non-acute and elective visits to accommodate emergent needs or staffing flexibility • Execute eligibility and authorization procedures for in-house and scheduled consumers
Clinical documentation improvement	• Ensure concurrent documentation of COVID-19 status (e.g., quarantined, contact only, confirmed, any co-existing conditions) • Ensure concurrent documentation and capture of tests, procedures, and services rendered • Manage and prioritize physician queries based on severity of case
Revenue integrity	• Identify, implement, and educate on revisions to documentation and charge capture tools for new code sets and other clinical to financial workflows • Ensure daily charge reconciliation processes • Manage and prioritize encounter reviews for claims held due to charge, claim, or other submission errors
Provider credentialing	• Update provider listing and communicate to Information Services and Technology to update provider directory, order sets, and other clinical and financial workflows
Health information management	• Prioritize release of information based on need for continuation of care • Prioritize worklist by highest dollar and payer preference • Prioritize high-dollar denials and claim edits • Manage and prioritize physician queries • Communicate any regulatory coding changes to Clinical Documentation Improvement
Patient financial services	• Prioritize worklist by highest dollar and payer preference • Prioritize high-dollar denials and claim edits • Communicate any pertinent payer coverage and financial requirements or new issues to Patient Access and other pertinent stakeholders

PERFORMANCE of remote staff should also be a consideration of management. Their performance will have a direct impact on the overall performance of the revenue cycle. Troubleshooting revenue cycle metrics as they trend during the pandemic can aid in understanding how and where to prioritize as well as what may require additional management intervention for improvement.

For example, in non-pandemic circumstances, a decrease in professional provider query responses could potentially result in a restriction in privileges for the provider, or other penalties. During a pandemic, it is expected that existing pre-pandemic queries will remain unresolved due to lack of time to respond and increased clinical responsibilities to manage clinical care expectations. They certainly should not have their privileges restricted or otherwise be penalized for this metric. However, if the volume of initial queries increases during the pandemic, this may be an indication of a breakdown in awareness, communication, and implementation of needed changes to identify, manage, document, capture, and report data elements involved in treating the COVID-19 population. The organization's call to action would be to identify the trend of why queries were increasing and target the opportunity for improvement.

CohnReznick is poised to help guide healthcare organizations through the COVID-19 pandemic and expected disruptions. We can assist you to prioritize, plan, perform, and implement.

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