Preparing for Patient Financial Services Staffing Disruptions During the COVID-19 Pandemic

For many Revenue Cycle Patient Financial Services (PFS), the COVID-19 pandemic has caused significant challenges to billing and collection operations. Shelter-in-place requirements across the United States and other countries have shut down internal functions and overseas outsourcing services for the foreseeable future. Further, to minimize bringing protected healthcare information (PHI) outside of the workplace setting, many healthcare organizations have not been prepared for staff to work remotely.

Healthcare organizations must now come up with a plan. While the adage goes, “If you fail to plan, you are planning to fail,” only 39 percent of US employees agree strongly that their employers have communicated clear plans of action in response to COVID-19.1

It is critical for Revenue Cycle leaders to instill confidence in their teams by addressing staffing problems affecting their PFS operations. Approaches may include:

- As you work with IT to identify options for staff to work remotely, ensure staff adhere to guardrails set for compliance regulations (HIPAA, PCI, etc.). Minimize PHI risks by prohibiting hard copies of documents or saving of files to personal computers. Identify the file transfer system of choice. For example: The Zoom base product is not HIPAA compliant; using it will expose your organization.

- If regulations allow staff to come into the office, consider creating a schedule allowing staff to rotate working on site to reduce the number of people in the office on a given day. Prioritize urgent items that must be done on site, such as posting paper remits from payers.

- Identify appropriate systems for remote functionalities and meetings (i.e., Microsoft Teams, WebEx). Closely supervise performance standards such as productivity and quality, setting frequent check-ins with team to ensure effectiveness and accountability.

- Develop a checklist of required resources and tools for remote employees to perform successfully. Reconcile these requirements to current individual access, and work with supervisors on resolving gaps.

- Complete a “skills” matrix of staff to identify those who have experience or knowledge outside of their typical functional areas. For example, a Commercial follow-up staff may also be able to work Medicare claims. Deploy staff based on skillsets to these areas depending on operational needs.

- Communicate priorities to ensure timely billing of claims and rejections resolution. Many insurance companies will also see an impact on their payer claims processing and claim inquiry responsiveness, as they experience disruptions to their own internal staffing.

- Energize the role of the managers and supervisors. Task them with creating more frequent meetings to socialize lessons learned and communicate remote work learning ideas.

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