The COVID-19 pandemic has been a tremendous burden on our nation’s health systems, and hospitals and associated infrastructures all over the world, have been strained by the pandemic. Revenue cycle teams have a critical role to play in stabilizing operations and securing the funding as our colleagues battle this terrible viral outbreak. Regulatory and operational changes are occurring quickly. In this article, we will touch on eight tactics that revenue cycle professionals can deploy to protect cash collections. We will provide context and potential interventions that can be applied today to manage through the current situation.

The Cash Challenge
The liquidity challenges faced by provider organizations are extreme. While the final impact of COVID-19 is uncertain, the impacts to cash flows have been severe and threaten the viability of providers all over the United States. Revenue and associated cash collections have never seen this level of decline in the history of our country. Provider cash on hand and other working capital metrics are at all-time lows.

Beyond the additional costs associated with caring for COVID-19 patients, there has been a dramatic shift in revenue-producing services provided by our hospitals. High-margin elective procedures such as surgeries have been delayed or deferred as patients refrain from entering healthcare environments or where access is locally restricted. There has been a significant deferral of care across the country. Piled onto these reductions is widespread staff absenteeism at both the providers and payers, exacerbating the cash-flow dilemma. Whether or not your institution is overwhelmed by the costs of caring for COVID-19 patients or your operation has seen a dramatic reduction in revenue, the impacts to cash levels have been catastrophic.
**Tactic 1: Supplemental Support**

There have been new regulatory interventions to support hospitals in their efforts to remain viable. While much of this is outside of the responsibility of revenue cycle professionals, it’s important to understand the context of this supplemental support. The CMS Advance Payment Program is an accelerated payment scheme for Part A and Part B Medicare providers. The program provides emergency funding for providers and suppliers that have had significant disruption in their claims submission and processing capabilities based on COVID-19. The program allows hospitals and other providers to tap into Medicare payments to fund immediate cash-flow requirements.

Medicare fee-for-service revenue is the basis of the funding request. Inpatient acute-care hospitals, children’s hospitals, and certain cancer centers can request up to 100 percent of their expected Medicare payments based on the last six months’ collections. The request must be made in good faith and will be offset by future claims after a 120-day grace period.

Other funding mechanisms, such as additional funds to FEMA and the CARES Act earmarking $100 billion for providers, seek to support providers during this critical period. Most funding sources come with strings attached. The ability of an organization to track costs, lost revenues, and other impacts of COVID-19 will be critical to justifying these loans and grants and reducing audit risks. Never has it been more important for revenue cycle professionals to tighten procedural and diagnosis coding and documentation. The ability to explain and document COVID-19 specific cases will be critical to justifying financial support.

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**Tactic 2: Payer Coordination**

Insurance companies are just as short-staffed as providers. It is critical that revenue cycle professionals tighten up their communication and outreach to payers. Commercial insurance companies should get used to receiving calls during this critical time. While there is no regulatory requirement for payers to advance funds to providers, the precedent set by the federal government should be used to request advanced payments. Conducting daily reviews of payer websites for news and coverage determinations should become a regular operational feature.

There are some features of normal payer operations that you should immediately request be revised. In your conversations, you should encourage the insurance companies to relax authorization editing procedures and timely filing limits. One example is related to surgical authorizations. Many authorizations have been set for a fixed time. Given the significant delays in service, payers should be asked to “evergreen” surgical authorization commitments. One other important common denial is the editing of claims due to physician-credentialing requirements. Physicians are being rotated across facilities and regions to deal with the pandemic. Request that major payers relax new provider-credentialing requirements to allow for reimbursement associated with non-credentialed physicians. While the “no surprise billing” elements of the federal and state funding acts are vague, COVID-19 care should be considered in-network in general. The critical tag is “COVID-19 related.” This is an example of how clinical documentation and diagnostic coding can tremendously impact your ability to get paid and your patients’ ability to manage outstanding liability. Your relationship with your payers needs to change. Your level of intensity in your conversations needs to change. Payers have a role in the solution, but it is up to revenue cycle professionals to engage them in these discussions.
**Tactic 3: Adequate Coverage**

We don’t know how long the effects of COVID-19 will be with us, but it is prudent to prepare our revenue cycle operations for an extended impact. Now is the time to create new long-term tactics key to keep cash flow stable. The total accounts receivable (AR) inventory will become extremely volatile over the next six months. Many organizations are setting up safety net procedures and agreements that will allow them to respond quickly to fluctuations in the performance of a remote workforce. Relationships with offshore and onshore outsourcing companies that allow your revenue cycles to flex staff and ensure coverage are warranted. A common planning feature across the country involves developing triggers and AR thresholds that can kick off new external support to decompress the inventory on the AR. With revenue down, prepare a similar analysis that triggers insourcing accounts as AR volumes decrease. As you prioritize billing and follow-up efficiencies, continuously look for ways to streamline claim submission. While edits are critical to sending out a clean claim, they are also outdated frequently in their relevance or duplicative of some other editing mechanism. Revenue cycle professionals should take this opportunity to review claim submission edits and remove superfluous or duplicative edits.

I am not suggesting the removal of critical editing mechanisms needed for effective claim submission. I am suggesting that edits, when unchecked, frequently multiply, and we need to look for an opportunity to push claims out faster. Most organizations have worked with their IT departments to identify options for staff to work remotely. This is an evolving competency but does not remove the requirements for our teams to stay compliant with regulatory rules. Be sure to minimize your PHI risks. Be careful with hard copies and unencrypted PCs being used to support revenue cycle operations. Identify a HIPAA-compliant file transfer process if your existing EMR doesn’t allow for that function. Remember, some file-transfer mechanisms may not be viable. Certain base products may not be HIPAA compliant, and using them for discussions of PHI or transfer files is also not HIPAA compliant.

**Tactic 4: CBO Resource Deployment**

Most revenue cycle professionals are working to align staff around the greatest operational needs. Energizing the role of managers and supervisors is critical to succeed during this pandemic. Directors and other revenue cycle leadership should spend extra time tasking managers and supervisors to create more oversight and operational coaching of teams. Managers and supervisors should get into the habit of socializing lessons learned and communicating frequently with the entire staff regardless of location, and beyond standard revenue cycle tasks.

An important feature of remote operations involves the management of productivity and quality. Operating without a robust staff productivity and quality program will be a significant drag on performance. It is critical that revenue cycle leaders set expectations for billing and follow-up functions related to productivity measures and a robust set of quality audits. Complete a detailed skills matrix of your current staff. Flexibility in the allocation of resources will be critical to overcoming staffing gaps. Inventorying existing Medicare regulatory billing and collection knowledge or commercial insurance follow-up acumen across your team will allow for quicker reassigned and gap coverage. When everything is a priority, nothing is. Continue to prioritize urgent operations that can be executed to manage or avoid future backlogs. Watch for unapplied cash, outstanding HIM requests, and other inventory backlogs, as these can dig your hole deeper and slow down cash collections during this chaotic time.
Tactic 5: The Loss of Coverage Wave

As of this writing, twenty-seven million Americans have lost their jobs due to the COVID-19 pandemic. This unemployment tsunami will have a dramatic and lasting effect on insurance coverage in America. Revenue cycle patient access professionals in particular must be prepared for this new normal. As during and after the 2008 economic crisis, patient access and financial counseling teams will have to ramp up their staff training on practical knowledge of supplemental coverage sources. Staff reeducation around COBRA, charity policies, and local foundation coverage should be initiated.

The triggers that alert access staff on when someone is underinsured are sometimes difficult to spot. Training on what questions to ask before and during care can help your team secure coverage for your patients. The scheduling of access staff and physical registration space requirements needed to match social distancing will require significant redesign. Even if our provider organizations opened tomorrow, social distancing would be in place for months. Now is the time to review the physical location, patient access scripting, and staffing assignments across the patient access footprint.

Many organizations are asking if patients have generic flu symptoms. This screening does not go far enough. Requesting if patients have COVID-19 positive diagnosis or have COVID-19 tests pending should be integrated into normal patient access scripting. The course of action based on these responses should be scripted and rehearsed.

A significant feature of managing data successfully in COVID-19 is tracking cases influenced by the virus. Funding mechanisms are in place for self-pay patients being treated for COVID-19. Patient Access has a roll in marking patient accounts for elements such as “suspicion of COVID-19” or “screening for COVID-19.” Beyond rigid clinical documentation and diagnostic coding, good access notes can help track these patients as they move through the care process.

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Tactic 6: Monitoring the Revenue Pipeline

Now more than ever, it is critical for revenue cycle professionals to actively monitor the health of the revenue stream. Revenue cycle leaders need to understand the impact of the virus on the economic health of their geography, upstream employers, and local restrictions. Working with Managed Care departments, revenue cycle leadership should start to contact employers and test how COVID-19 could impact local healthcare coverage.

Revenue cycle teams should be monitoring if Worker Adjustment and Retraining Notification (WARN) notices have been issued. WARN notices tell the larger community of significant layoffs. Large layoffs mean large reductions in insurance coverage.

Telemedicine is a reality of today’s operations and will become a feature in the long term beyond the COVID-19 experience. Telemedicine can be a blessing and a curse for provider revenues. While the frequency of visits may remain the same in a telemedicine world, the reduced revenue associated with these visits will have a material impact, especially on E&M volumes. Revenue cycle professionals should for prepare and monitor the economic impact as COVID shifts our pattern of care.
Tactic 7: Tracking the Impact

It is mission-critical that revenue cycle professionals allocate the appropriate tools, codes, and cost-containment mechanisms to capture COVID-19 impacts. Supplemental payment in cash advances comes with strings attached. You will be audited for costs and lost revenue claimed in emergency funding. Compliance rules, including the False Claims Act, remain in effect.

Track your costs and revenue during this critical time. Create robust cost and revenue baseline measures. Revenue cycle professionals should be prepared to discuss additional costs and burdens placed on operations related to overcoming this environment. Costs related to outsourcing, overtime, and other extraordinary expenses need to be documented. In general, track and tag anything related to COVID-19.

There are significant fine-print elements in the new regulations. One example is the FEMA grants. FEMA covers emergency medical care only for uninsured patients, not admitted patients or patients who maintain other healthcare insurance.

Energize your team to keep up on the new billing codes and CPT codes. Remember that apart from COVID-19 reimbursement increases for Medicare patients, funding claims must not be for anything you are currently getting paid for from other sources. There is no double dipping.

Tactic 8: Your Caretaker Role

Taking care of operations is your professional responsibility. Taking care of your team is also your professional responsibility. As a revenue cycle leader, you need to create a safe and effective environment for your staff.

No economic mechanism or federal bailout will cover the lost cash and revenue associated with the COVID-19 pandemic. Your contributions need to be focused on maintaining a viable cash position. Follow the CDC guidelines for small businesses. Establish an emergency communication plan in coordination with your larger institution for communicating to employees, vendors, and other adjunct support teams.

Hold regular conversations with employees about their concerns. Remember that some employees may be at a higher risk for severity of illness. Actively encourage sick employees to stay at home. Remove any fear of reprisals associated with team members calling out sick. Leave policies should be flexible and non-punitive. Many team members have significant childcare considerations. Be flexible, sympathetic, and creative in enacting new ideas to cover these considerations.

Perform routine environmental cleaning beyond what is offered by your institution. Discourage the sharing of tools and equipment when feasible and appropriate. It will be impossible for your operation to care for your local population if you’re not around to secure funding for that care. Stay safe.

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