Rapid Recovery Playbook

How to recover volume & revenue shortages stemming from COVID-19
Executive Summary

The COVID-19 pandemic has disrupted healthcare operations across the country. As organizations have pivoted their resources and focus to manage the crisis, many have experienced major declines in patient volume and incoming revenue, a decrease in cash on hand, and a fatigued or short-staffed team. A USA TODAY Network analysis of financial reports submitted to the Centers for Medicare and Medicaid Services found that almost half of the counties with coronavirus cases are served by a hospital that reported a net loss in 2017 and that the pandemic could cause more than 100 hospitals to close within one year.

Recapturing volume and revenue quickly will be critical to return to financial stability. Organizations must employ an analytics-driven approach to boost volume, maximize revenue, and accelerate cash to resume normal operations. With the telehealth landscape shifting drastically, organizations must incorporate tactics to optimize visit mix and maximize revenue on what is likely a growing segment of AR.

This whitepaper presents a high-level summary of the strategy and milestones you should employ as you work to recover as quickly as possible.

Develop a Volume Recapture Strategy

What is it and why is it important?

Extended closure of ambulatory facilities and cancelation of elective surgeries, procedures, and clinics have significantly impacted ambulatory revenue. Physician practice revenue has also decreased by 55 percent on average since the beginning of the COVID-19 crisis, while patient volume has fallen by an average of 60 percent, according to an MGMA survey.

As some social distancing requirements begin to ease, returning to baselines will require a strategic approach to clinical resource ramp up, thoughtful segmentation of patient populations to plan and prioritize outreach, and highly coordinated operations to manage rescheduling and financial clearance efforts.
At its core, this work supports your ability to:

- Fill your clinic and OR schedules
- Address patient apprehension to get back to receiving care

Identification of cancelled patients related to COVID-19 is the first step in the rescheduling process and the road to recovery for healthcare organizations. Patients will then have to be segmented and prioritized for rescheduling using both clinical and financial considerations.

**Tactics**

**Data Insights**

Create dashboards catered to your executives, managers, and frontline supervisors so everyone is making decisions from the same playbook from assessment to planning to execution. The analytics leveraged for leadership planning will cascade into weekly, daily, and operational monitoring tools for scheduling and financial clearance operations, while facility, service, and physician-level volume reports will allow you to monitor utilization and dynamically reallocate clinical resources based on demand.

**How Can I Do It?**

1. Assess available BI tools and review any organizational specific Epic build and workflows
2. Work alongside IT to build custom data sources necessary for decision making and operational reporting
3. Build a suite of COVID reports and dashboards that track defined KPIs to gauge project progress and success. These can be a combination of in-Epic reports and outside dashboards using organizational BI tools
4. Document and launch reports
5. Provide ongoing support to ensure the data delivered is actionable

**Ramp-Up Planning**

It is critical to ensure you are utilizing your physicians effectively during the ramp-up phase, which allows leadership to weigh clinical and financial considerations when prioritizing rescheduling efforts and help them coordinate and mobilize operations teams.

Identify and quantify the impact of COVID-related cancellations by facility, specialty, and service type. You will likely have hundreds of thousands of elective cases and clinic visits to reschedule.
To support an effective outreach program, patient populations should be segmented - by type, specialty, and acuity, with communication plans catered to each population. Leverage this information to model ramp-up scenarios and forecast financial impact to most effectively plan physician allocations across ORs and clinics.

**How Can I Do It?**

1. Identifying patients who have received care through other means such as telehealth
2. Prioritize patient outreach based on scheduling priorities, such as acuity, specialty, and revenue
3. Create a scheduling prioritization matrix based from analytics to outline what build updates are needed and how to best operationalize work standards

**Epic Alignment**

Aligning your EHR with your ramp-up strategy will put your staff in a position to efficiently handle the increase in volume. You will need to adapt scheduling and registration build to align to your ramp-up strategy and build workqueues that feed operations teams the right work at the right time. There will also be opportunities to find opportunities to reduce manual work, such as designing data extracts to drive automated patient communications or running large-scale batch eligibility to pinpoint changes in patient insurance status.

**How Can I Do It?**

1. Develop COVID-19-specific Work Queues and relevant build updates
2. Ensure insurance verification and RTE batches are running at appropriate frequency
3. Create standard recovery workflows for items such as your bump list, In Basket, and MyChart

**Scheduling Operations**

A highly coordinated outreach effort is critical to safely and effectively refill blocks and schedules. Ensure your teams have the system workflows, knowledge management, and monitoring tools needed to plan and execute your large-scale patient outreach and rescheduling initiative. You will need to leverage intelligent SMS and e-mail communications backed by well-trained scheduling and clinical triage teams.
**How Can I Do It?**

1. Based on your patient segmentation methods, develop a digital outreach plan to reduce manual outreach and expedite communication.

2. Utilize workforce management tools to determine staffing for live calling and Work Queues and standard work tools to guide your team members.

3. Deploy outreach solution via multiple channels.

4. Begin scheduling efforts.

**Financial Clearance Operations**

Eligibility- and authorization-related denials are the most common denial type, making up nearly 25% of claims that were initially declined. Preventing these denials will result in an increase in payments and a healthier revenue cycle. Assess your verification and authorization workflows and plan for operational integration. Bring coverage eligibility information upstream to help inform your scheduling teams and design verification workqueues to ensure coverage is verified and authorizations are obtained before patients return for service.

**How Can I Do It?**

1. Determine if current authorization/referral is valid.

2. Conduct standard workflows to ensure patients have coverages verified and authorizations obtained. We will work with you to confirm appropriate staffing resources to work down workqueues as quickly as possible.

3. Review daily analytics to adjust your strategy if you are not hitting your targets.

**Maximizing Revenue**

**What is it and why is it important?**

Maximizing revenue from the services you continue to provide during the COVID-19 response while also being prepared for the uptick in volume during the recovery is critical. Efforts to reconcile charges, identify missing charges, automate correction of charges and identify charge issues for correction will be key to maximizing reimbursement for your work.

For this work to be fruitful, prepare your mid-cycle staff for the ramp-up in volume by taking steps to increase efficiency, reduce administrative burden, and ensure revenue integrity so you can capture every dollar and avoid denials.
Tactics

Targeted Charge Reconciliation Program

A targeted charge reconciliation program will ensure that the highest grossing service lines in your organization, along with Lab, ED, ICU, and Acute Triage departments, have staff accurately dropping charges in a timely manner. Improve charging and charge reconciliation efforts to ensure clinical documentation and charges are entered in a timely manner or identified and resolved quickly.

How Can I Do It?

1. Develop service line-specific tip sheets with key pieces of clinical documentation (and how they are documented) and important charges for COVID-19 and other kinds of ongoing visits encounters
2. Develop a short, service line-specific training, charge reconciliation responsibility, and expectations document for each of the identified service line Cost Center Owners and their designated charge champions
3. Conduct trainings and provide an expectations document on how to conduct daily revenue reconciliation review of accounts
4. Hold ongoing bi-weekly check in support calls and monitor cost center reconciliation efforts daily

Automatically Catch Missing Charges and Charge Errors

Catching missing charges and charge errors before the associated claim gets sent out of the system is critical to maximizing revenue. Focusing on your highest volume or dollar charge issues, you can implement additional revenue guardian rules for high volume and high dollar care areas to identify possible missing charges. You can also create additional charge review and claim edits rules to pull accounts with charge errors (or potential issues that could lead to denials) into a WQ for review and resolution.

How Can I Do It?

Revenue Guardian Updates

1. Identify high volume or high dollar charges (COVID-19 or non COVID-19 related) which have a high likelihood of being missed and would benefit from a revenue guardian check
2. Build out additional, service line-specific revenue guardian checks. These new revenue guardian checks will be focused on Lab, ED, ICU, and Acute Triage service line charges, along with additional high dollar service lines with services still ongoing during the crisis response
3. Build out COVID-19 and non-COVID-19-related Revenue Guardian WQs as needed

4. Monitor these Revenue Guardian check WQs daily and follow up when charges need to be added or corrected

**Charge Review WQ Updates**

1. Review high volume and high dollar charge review limit rules in your workqueues to ensure they are accurately priced

2. Identify high volume and high dollar charge review limit rules that need updating and document build updates plan

3. Update any high volume and high dollar charge review limits to minimize errant accounts being stuck in the workqueues

4. Monitor these Revenue Guardian check WQs daily and follow up when charges need to be added or corrected

**Payor Specific Claim Edits**

1. For your top five payers, document payer-specific COVID-19-related billing requirements that might cause denials

2. Build a WQ for COVID-19 related claim edits

3. Build claim edits and map to the new Claim Edit WQ for COVID-19-related accounts

4. Monitor claim edit workqueue volumes to identify additional candidates for claim edits or errant accounts hitting claim edits

**Automatically Correct Charge Errors**

By automating charge error corrections, you will save your staff time to focus on accounts that need true manual intervention and your revenue cycle will operate more efficiently. You can automate correction of CCI edits and coding of accounts, per coding guidelines, by reviewing common errors in charging and leveraging automatic actions in Epic for bundling/unbundling, modifier additions or charges, etc.

**How Can I Do It?**

**COVID Specific CCI edit automation**

1. Document common charging (CCI edit) errors that you may run across for procedures, vents, and other COVID-19-related charges

2. Identify which CCI edits can have an automatic action in Epic to resolve the issue
   - Examples may include bundling/unbundling, swapping or adding modifiers, or removing duplicates or incorrect charges in a charge pairing

3. Build out COVID-19-related CCI edits, a WQ for COVID-19 related CCI edits, and CCI edit automated actions in Epic
Monitor CCI edit workqueues to ensure that automated actions are working as designed.

**Code Accounts More Efficiently**

This allows your coders to focus on more complex accounts and allows you to clear accounts for billing more quickly. Simple Visit Coding in Epic allows you to take common visit types such as lab or radiology visits and automate the coding process in Epic. While you may already be using Simple Visit Coding today, it is beneficial to investigate additional areas to roll out Simple Visit Coding to more quickly code COVID and COVID-19-related accounts.

**How Can I Do It?**

1. Identify Coding Automation Opportunities
2. Build SVC rules and logic for both COVID-19-related charges and Radiology or Lab Charges that are high volume and are ideal candidates for automating via SVC
3. Monitor volume of accounts and audit accuracy of simple visit coded accounts for COVID-19-related charges

**Accelerating Cash and Developing an AR Strategy**

**What is it and why is it important?**

More than 27% of patients in a recent TransUnion Healthcare survey said they had an elective surgery, appointment, or procedure delayed or cancelled due to the COVID-19. This significant decrease in payments to your organization presents an opportunity to reduce backlog and implement best practices while preparing your billing office for a return to normal volume levels.

Organizations need to review and update their system and policies regarding financial assistance, prompt pay discounts, payment plans, and credit processing. You should also identify areas where you can put previously furloughed staff back to work in order to prevent your AR days from increasing as volumes return.

You should also review your current and historical revenue cycle to identify opportunities to reduce Candidate for Billing days, perform a detailed analysis of your denials to ensure you get paid right the first time, and provide detailed information about throughput of your current workqueues to identify the areas where your AR will first begin to slow down.
Tactics

Conduct an Analysis of Existing AR

Doing a thorough analysis allows you to identify areas of greatest need, opportunities to improve how work is being prioritized, and options to reduce manual work. Review workqueue activity and throughput of core segments of your AR—In House, Candidate for Billing, Self-pay, Denials, and Follow-up—to identify future bottlenecks when patient volumes return to pre-COVID levels. In addition, we will review your COVID-19-related AR to make sure it does not affect your everyday revenue cycle processes.

How Can I Do It?

Current AR Analysis

1. Perform CFB review and identify top billing edits for opportunities to accelerating billing
2. Review top open denial and remark reasons
3. Review remittance throughput and identify cash posting issues
4. Create a COVID-19 tracking AR Dashboard

Historical AR Analysis

1. Review workqueue activity and throughput to identify future bottlenecks when patient volumes return to pre-COVID-19 levels
2. Review claim edit productivity reports and identify workqueues and edits with greater than 80% override rates
3. Review historical denial data to identify common denial reasons and opportunities for workflow or system improvement

Implement Workqueue Best Practices

Workqueues are what your back-end staff rely on to do their jobs effectively. By making sure there is clear ownership and work is being prioritized effectively, your staff will be able to clear out backlogs and increase throughput. Ensure you have the appropriate rigor around managing workqueues and prioritizing the work within them by making targeted updates in order to follow common best practices.

How Can I Do It?

1. Prioritize high dollar accounts via separate Workqueues, Reports, Columns, or Watchlists
2. Update Workqueue columns with Total Charges or Expected Reimbursement
3. Identify Workqueues that historically have a throughput issue based on daily account input and output

4. Review Workqueue owners and Edit owners to assign ownership

**Automate More, Review Less**

Eliminating or reducing manual work will give staff more time to focus on the accounts that truly need manual intervention and allow your revenue cycle to operate more efficiently. Identify opportunities to automate the correction of common back-end edits through system actions or addressing the root cause of the issue upstream. We want your organization to take advantage of unused and underleveraged system functionality to reduce manual work.

**How Can I Do It?**

1. Review Claim Edit Productivity Report for common overrides and opportunities

2. Reduce Manual Work
   - Automatic Late Charge Processing and Late Claim Processing
   - Electronic Claim Attachments
   - Remittance Action Code Review
   - Audit and Improve Simple Visit Coding functionality where possible

3. Automate Remittance Posting and work down backlog
   - Post $0 checks automatically without a deposit date
   - Analysis of outstanding checks vs outstanding invoices

**Self-Pay AR Strategy**

Ensure that the priorities of your self-pay follow-up staff are aligned with your organizational policies in order to focus on the right self-pay balances and increase collection rates. Segment your self-pay population by current balances and compare against existing Propensity to Pay information. Review your patient payment policies, statement hold logic, and create an outreach strategy to maximize collections.

**How Can I Do It?**

1. Review your current Charity, Prompt Pay Discount, and Payment Plan policies

2. Segment your Self-pay population by current balances and compare against existing Propensity to Pay information (FPL information if available)
3. Develop a strategy to collect payments from patients by offering options such as prompt pay discounts or enrolling them in Payment Plans

**Staffing Optimization**

In order to accelerate cash collection as effectively as possible, you need to reassign staff to the highest value areas in order to eliminate bottlenecks. During normal clinical and billing office operations the current teams in your office have fixed workqueues, workflows, and duties to follow. In response to the new clinical workload, your billing office may have to adapt team staffing models to work the areas of highest impact first.

**How Can I Do It?**

1. Create a throughput scorecard to identify historically poor performing workqueues
2. Review the workqueues identified as having historical bottlenecks to determine if the backlog was caused by process, staffing, or system
3. Update workflows or system build where applicable and redeploy users to achieve appropriate staffing levels
4. Weekly manager/director review of changes and impact through the throughput scorecard

**Conclusion**

As the COVID-19 pandemic continues to disrupt healthcare, organizations must employ an analytics-driven approach to boost volume, maximize revenue, and accelerate cash to resume normal operations. This high-level summary of the strategy and milestones you should employ as you work to recover will be key in prioritizing work in the months to come.