



Adjusting Front-End Processes in Response to COVID-19

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What Does It Mean?

As the COVID-19 crisis continues to unfold, leaders need to quickly determine which revenue cycle processes to adjust and how to do so. On the front end, leaders need to take precautions to minimize the risk of staff and patient exposure to COVID-19, while still managing to keep pre-service and point-of-service operations running smoothly. HBI has summarized front-end strategies that organizations are using to help navigate this uncertain time.

COVID-19 is an ongoing situation and organizations' processes are changing daily to adapt to various needs during this crisis. As such, this information is up-to-date as of March 27, 2020. HBI is continually monitoring the situation and updating material as we gather additional information.

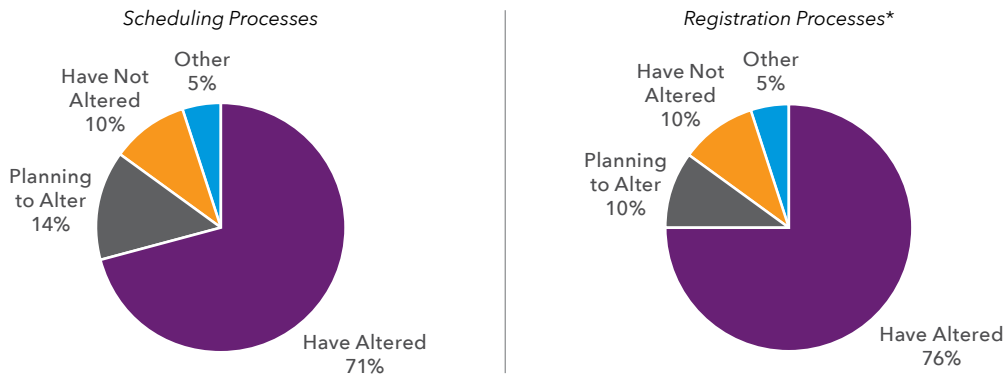
In order to minimize patient and staff exposure to COVID-19, it is essential for organizations to adjust front-end processes in all care settings. To gather insight on how revenue cycle leaders are responding to the crisis, HBI opened a revenue cycle COVID-19 response survey, the results of which will continue to be updated as more responses are received. Based on preliminary results of this survey, the majority of organizations have already altered scheduling and registration processes due to the changing landscape of COVID-19.



Click here to take HBI's 5-minute survey on how your organization is responding to COVID-19.

Organizations Altering Processes Due to COVID-19 (Preliminary Results)

Source: Healthcare Business Insights, Part of Clarivate (2020)



Understanding the urgency of the COVID-19 crisis, leaders began implementing changes to front-end processes, such as scheduling and registration, almost immediately. These processes needed to be adjusted to handle the increased volumes and limit staff exposure to the virus.

**Totals do not add up to 100% due to rounding*

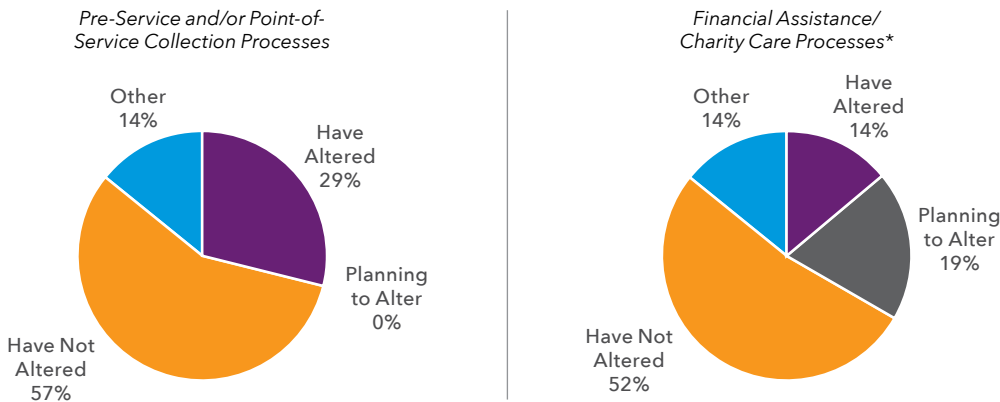
Front-End Process Changes

Based on industry research, common changes to registration and other front-end processes center around limiting staff and patient exposure to COVID-19 and creating more efficient ways to handle the influx of COVID-19-related care, including:

- **Implementing a COVID-19 hotline:** Many organizations have dedicated a specific phone line for patients to call if they are exhibiting coronavirus symptoms. Patients can be pre-screened via the hotline, and if they are exhibiting COVID-19 symptoms, they will be referred to a COVID-19 testing site.
- **Creating dedicated testing sites:** If patients have been pre-screened and receive an order for a COVID-19 test, many organizations have created dedicated testing sites—including drive-through testing—to limit the likelihood of exposure for other patients and staff in hospitals, EDs, or physician offices.
- **Promoting telehealth:** Organizations are encouraging patients to utilize telehealth services to minimize the volume of patients on-site. Patients who may have COVID-19 are referred to the appropriate testing site or are notified of COVID-19 screening and precautions they will encounter when they arrive at an organization to get tested if a dedicated testing site is not available.
- **Obtaining verbal consent:** As face-to-face interactions are being minimized, some organizations are obtaining verbal consent to treat patients in certain scenarios, such as telehealth. If verbal consent to treat is obtained, it would be best practice to have two witnesses (including the physician or nurse obtaining consent) documented, recording their names and titles, as well as the date.
- **Asking patients to call before arrival:** If a patient was pre-screened and referred for a COVID-19 test, they are being asked to call to notify staff when they have arrived at the organization. Staff can then meet them at the entrance, provide a mask, and direct them to a dedicated, isolated area.
- **Screening upon entry:** If pre-screening is not an option—or the patient did not call for screening—organizations have taken extra precautions to ensure patient and staff exposure to COVID-19 is as limited as possible. This includes screening all patients as they enter the facility by asking questions about symptoms, such as fever or cough, as well as recent travel or other possible COVID-19 exposure.
- **Enhancing COVID-19 triage:** If patients are being screened upon entry, staff can triage them immediately and direct them to an appropriate waiting area or exam room. Some organizations are even setting up triage stations outside the organization so patients can be screened prior to entering the facility. Upon triage, any person exhibiting COVID-19 symptoms may be given a mask and immediately moved to a dedicated isolation area.
- **Limiting entry points:** In order to ensure every person entering the facility is properly screened, organizations are also limiting the number of entry points.
- **Repurposing space for COVID-19 use:** Since many organizations have cancelled non-emergent and elective procedures, exam rooms may be repurposed as dedicated COVID-19 testing and treatment areas. One organization dedicated its ED to COVID-19 patients only and utilized its hematology and oncology clinic space to treat non-COVID-19 emergency patients.

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Front-end collections and financial assistance processes have been relatively unaffected during the early response stages of COVID-19, likely due to the fact that organizations were initially more focused on addressing processes that needed immediate attention. However, as organizations continue to work through this crisis, these processes will likely also be adjusted.

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Upfront Payment and Collection Changes

Although HBI's preliminary survey results show the majority of surveyed organizations have not altered pre-service/point-of-service collections or financial assistance processes, some organizations are beginning to undertake efforts in these areas. Organizations doing so are trying to be proactive about limiting unnecessary staff exposure to COVID-19, while also remaining sensitive to financial hardships patients may be facing due to the coronavirus.

Early efforts in these areas include:

- Altering point-of-service collections:** During this crisis, staff may focus on collecting during pre-service calls to minimize face-to-face contact with patients; they may defer upfront collections if a patient expresses concerns about paying due to COVID-19; some organizations may temporarily shift toward accepting credit card or online-only payments. Additionally, many organizations are foregoing copay collections for COVID-19 testing and treatment, as more payers are starting to waive cost-sharing for COVID-19 patients.
- Adjusting financial assistance processes:** Like many other staff during this time, some financial counselors are working remotely to limit the possibility of COVID-19 exposure. Some organizations are extending financial assistance eligibility time frames, while others are hoping to implement COVID-19-specific questions into financial screening processes.
- Holding claims:** As organizations figure out how to submit claims for virtual visits, as well as COVID-19 testing and treatment, leaders are implementing bill holds until more guidance becomes available. To improve efficiency, organizations should consider creating a COVID-19 indicator in the EHR that patient access representatives can apply to these accounts during pre-registration or registration.



Featured Resource: Revenue Cycle COVID-19 Response Preliminary Survey Results

Access slides 3 and 4 of this presentation to learn how other leaders are adjusting scheduling and registration processes in response to COVID-19



Featured Resource: COVID-19 Response Resources

Access this Implementation Portfolio to see HBI's latest research and resources on COVID-19, updated regularly

Have a question about this topic or another altogether? HBI's research team is on the case. Send a message to contact@hbinsights.com with your questions!

About the Analyst

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Jill joined HBI in 2016 and has focused on a wide variety of revenue cycle topics, including coding, clinical documentation improvement, utilization review, remote work, and more. She helps coordinate HBI's webinars, answers ad hoc questions from the membership community, and has delivered several industry presentations on a variety of topics. She is passionate about helping healthcare leaders identify best practices, enhance existing processes, and improve the overall patient experience.