

Revenue Cycle COVID-19 Response Preliminary Survey Results

Data as of March 27, 2020

Published: March 30, 2020



Part of **Clarivate**

contact@hbinsights.com

www.healthcarebusinessinsights.com



Key Takeaways



- Scheduling and registration are the most affected revenue cycle activities so far, with non-urgent/non-emergent services being limited and with face-to-face patient interactions shifting to remote workflows as much as possible (e.g., emphasizing pre-registration) or touch-free processes in person (e.g., registering via phone, accepting verbal consent to treat).



- Expect **point-of-service collections % net revenue** to dip. Many organizations have suspended POS collections entirely. Others are restricting POS collections only to patients presenting for reasons other than COVID-19; as the volume of COVID-19 patients rises, this tiered approach could be suspended in favor of expediency and simplicity for staff.



- Financial assistance eligibility has not yet been significantly adjusted, but revenue cycle leaders are researching options for doing so; expect to see further changes in this area as COVID-19 diagnoses increase, prompting a delayed uptick in **charity care write-offs**.



- Expect **% of A/R over 90 days** to begin a steady upward trend. Many organizations are delaying sending accounts to collections (both early-out and bad debt) and providing payment plan extensions. Expect to see a related dip in **cash collections % net revenue** as collections slow and in **bad debt write-offs** as accounts are held longer. Expect **A/R days discharged-not-final-billed** to increase. Some organizations are delaying billing of COVID-19 and telehealth charges until they have received more guidance on submitting clean claims.



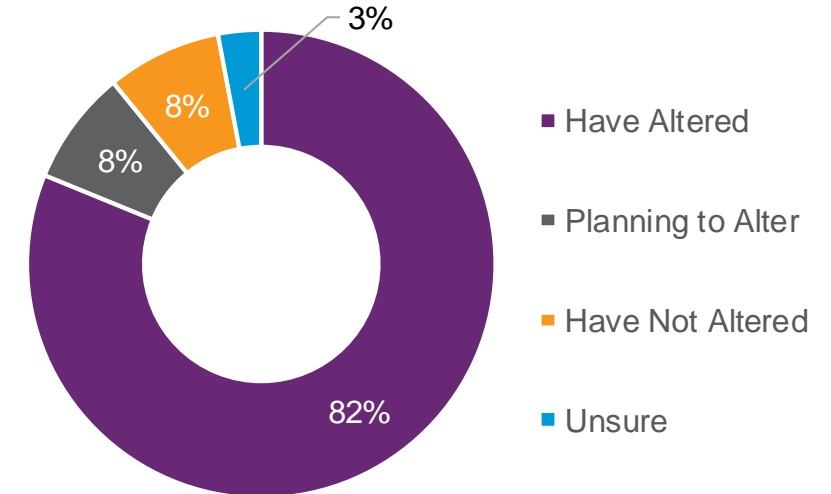
- The effects of remote work and its heavy reliance on technology could be seen in increased **A/R days and aging** and **cost to collect** later this year. Remote work is increasing in all areas of the revenue cycle, with staff in the business office, mid-cycle, and support roles (e.g., training, analytics) being sent home at a higher rate than other areas; note, however, that this metric tracks the *increase* in remote work without data on pre-COVID-19 practices.

Scheduling

- “We are focusing on shifting to telemedicine which means we have to reach out to schedule patients to change the visit type.”
– *Director of Patient Access (Texas)*
- “We added codes to specify if the visit is COVID-19-related and are not scheduling routine exams.”
– *Director, Patient Accounts (Washington)*
- “All scheduling is going through central scheduling in order to do a triage COVID-19 phone screening. No more MyChart or individual provider scheduling is allowed.”
– *Director of Quality and Training (Illinois)*
- “We have eliminated elective surgeries and minimized outpatient services to only medically necessary (i.e., postponed screening mammograms but scheduled follow-up mammograms based on screenings).”
– *Director of Revenue Cycle (California)*
- “We have cancelled elective procedures and routine testing. We have shortened hours at ambulatory sites.”
– *Director of Revenue Cycle (Ohio, Kentucky)*
- “We rearranged all cubicles for six feet special distancing and sent some team members home.”
– *Director of Patient Business Services (Delaware)*



Organizations Altering Scheduling Processes Due to COVID-19



n = 39 health systems, representing 176 hospitals

Scheduling (cont.)

- “We have cancelled elective invasive and elective outpatient, rescheduling out post-COVID-19 emergency.”
– *SVP, Revenue Cycle (Ohio, Kentucky, Virginia, South Carolina)*
- “All scheduled appointments are screened by phone the day before, and any patient who is at risk due to their health, think they may have any contact, or are symptomatic are cancelled and referred to a telemedicine option.”
– *VP, Patient Accounting (Pennsylvania)*
- “We’re utilizing our financial clearance team to assist with registration and scheduling of telehealth visits and COVID drive-thru testing. We are conducting registration from a remote site, "Arriving" patients at a testing site, then providing specimen labels to the clinical team.”
– *SVP, Revenue Cycle Services (Connecticut)*
- “We rescheduled all screening mammograms and other routine imaging services out at least 6 weeks. During confirmation calls for other appointments (a day in advance), we are asking travel questions.” – *Director of Revenue Cycle, Patient Access (Oregon)*
- “Pretty much eliminated elective procedures. Redeployed registration/admissions/HIM staff for lack of volume.” – *CFO (Colorado)*
- “We are now scheduling telephone call visits and are canceling non-urgent, elective procedures.” – *Manager of Patient Financial Services (Washington)*
- “Elective procedures and non time-sensitive diagnostics have all been rescheduled beyond May 15th, as well as non time-sensitive clinic visits.” – *Chief Revenue Cycle Officer (West Virginia)*
- “We are screening using the CDC-recommended questions and rescheduling appropriately after clinical review. We are decreasing elective procedures and complying with all federal and state regulations. Some elective procedures, by definition, may not be elective, e.g., debilitating pain that prevents someone from working is not actually elective in that case.” – *AVP, Revenue Cycle (New York)*

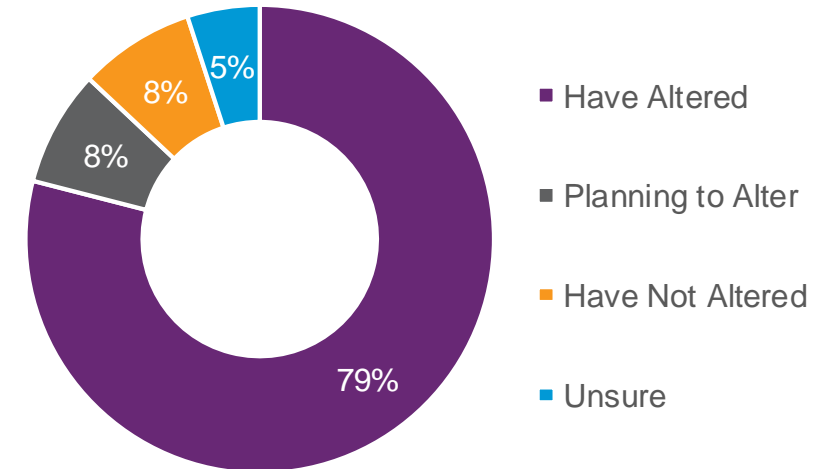


Registration

- “Patients who present to the ED are in isolation. Those patients are registered by phone from the front desk instead of having bedside registration performed.”
– *AVP, Revenue Cycle (New York)*
- “Our system is performing COVID-19 testing and since the patients are being tested in tents outside, we photographing IDs and insurance cards for registration offsite at workers who are working remotely.”
– *VP, Patient Accounting (Pennsylvania)*
- “We are utilizing telemedicine/telehealth and e-visits as the primary option for a visit, and iPads are being used. In the ED, patients are provided with a cell phone and the registration is being handled via phone.”
– *PFS Director (Minnesota)*
- “We are pre-registering as many patients as possible to reduce time in registration, obtaining verbal instead of written consent, and conducting quick/one-click registration.”
– *VP, Revenue Cycle (Wisconsin)*
- “Under the 1135 waiver, we are now accepting verbal authorization for screening services. Patients coming to ED solely for screening are being registered as outpatient service.”
– *VP, Revenue Management (Illinois, Indiana)*
- “We do screening first. The ER has two entries: One for patients with no symptoms, and one for patients with any symptoms.”
– *VP, Revenue Cycle (Georgia, Alabama)*



Organizations Altering Registration Processes Due to COVID-19



n = 39 health systems, representing 176 hospitals

Registration (*cont.*)

- “Because of on-demand e-visits, we are now having to sometimes complete registration after an e-visit.”
– *Director of Quality and Training (Illinois)*
- “Emergency department registrars are no longer performing bedside registrations.”
– *Director, Patient Business Services (New Jersey)*
- “Allocated more resources to pre-registration to minimize patient contact at check-in. Some services offered via telehealth are registered remotely and verbal consent is taken and documented from patient.” – *Revenue Cycle Director (Nevada)*
- “In cases where a patient determined to be at high-risk of COVID-19 comes in, staff are using standard precautions (e.g., mask, gloves) and consent is witnessed by two staff and documented as such.” – *CFO (Maine)*
- “In the ED, we are remotely registering patients by phone.”
– *SVP, Revenue Cycle Services (Connecticut)*
- “Redeployed significant FTEs to billing and follow-up due to lack of volume.”
– *CFO (Colorado)*
- “We’ve made some changes to who obtains signatures for Conditions of Admission (i.e., RNs instead of registrars) for possible COVID patients.”
– *VP Financial Services (Washington)*
- “Due to increases in ED volume, we have pulled registration staff from ambulatory areas to assist. ED patient access reps (PARs) follow the same PPE protocols as clinical staff. We have also placed a PAR outside of the ED and UCs to ask screening questions. If a room is not immediately available, those at risk for COVID are asked to wait in their car to prevent exposure to the those in the lobbies.”
– *Director of Program Development (Nevada)*

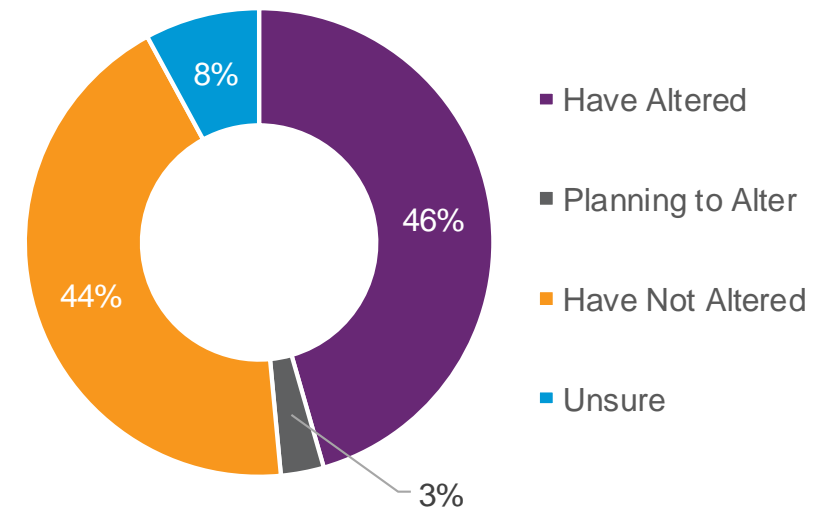


Pre-Service and Point-of-Service Collections

- “Outbound efforts are focused more on financial screening rather than collection. Scripting is gentle. Those unable to pay are deferred for 60 days.”
– *AVP, Revenue Cycle (New York)*
- “We are not collecting copays at dedicated COVID-19 clinic locations.”
– *VP, Revenue Management (Hawaii)*
- “We have ceased all point-of-service and pre-service collections.”
– *VP, Patient Accounting (Pennsylvania)*
- “There is no point-of-service collections on urgent service at this time.”
– *VP, Revenue Management (Illinois, Indiana)*
- “We are waiving point-of-service collections for clinic visits. Our major payers have waived the copays. However, we are using a soft approach for ED patients by asking if they plan to pay instead of, ‘How will you be paying your copay,’ etc.”
– *PFS Director (Minnesota)*
- “We are suppressing any copay or out-of-pocket for any visits related to COVID-19. We are also holding claims on the back end and not sending patient statements without review to ensure patients are being billed for appropriate balances.”
– *VP, Revenue Cycle (Wisconsin)*
- “We moved pre-service home and are not collecting over the phone at this time. We continue to try to collect at the point of service.”
– *Director of Revenue Cycle (Ohio, Kentucky)*



Organizations Altering Pre-Service and/or Point-of-Service Collections Processes Due to COVID-19



n = 39 health systems, representing 176 hospitals

Pre-Service and Point-of-Service Collections (*cont.*)

- “We are not actively pursuing this at this time.”
– *Director of Revenue Cycle (Illinois)*
- “We are no longer collecting point-of-service for COVID-19 testing or potential COVID-19-related cases through the emergency department.”
– *SVP, Revenue Cycle (Ohio, Kentucky, Virginia, South Carolina)*
- “We are only collecting copays. If a patient presents a hardship due to COVID-19, we notate the account and defer collections.”
– *AVP, Revenue Cycle (New York)*
- “More resources were allocated to pre-registration to minimize patient contact at check-in. Any inability to pay at POS is reviewed on a case-by-case basis. Out-of-pocket amounts of \$500 or less are allowed to proceed.”
– *Revenue Cycle Director (Nevada)*
- “For COVID-related testing, we are not collecting upfront. We are currently working on a back-end process to adjust off those services.”
– *Director of Revenue Cycle, Patient Access (Oregon)*
- “We are doing minimal efforts to collect at this time.”
– *Director of Program Development (Nevada)*
- “Stopped collecting cash/checks at point of service, we are taking credit cards only.”
– *SVP, Revenue Cycle Services (Connecticut)*
- “We have not suspended pre-registration services or collections at this time, but we have fewer appointments and fewer opportunities to collect as a result.” – *Chief Revenue Cycle Officer (West Virginia)*

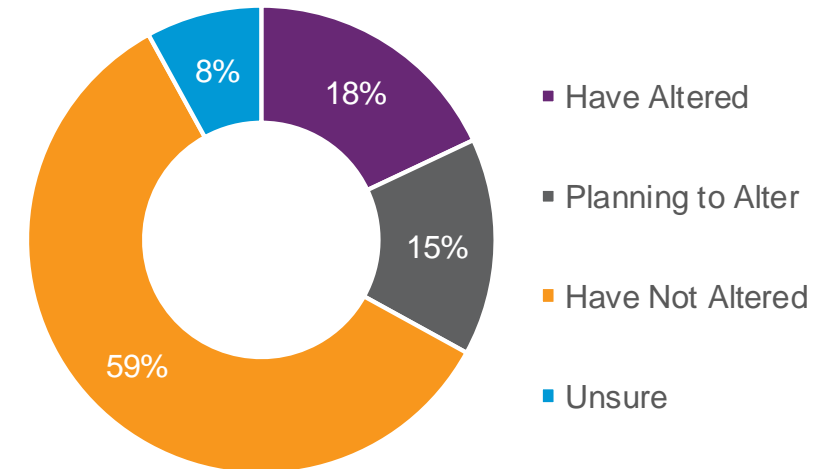


Financial Assistance

- “We are putting accounts on hold if the patient has a temporary loss of income due to work closures and will revisit at a later date.”
– *Director of Patient Accounts (Washington)*
- “We are planning relief for COVID-19-created circumstances, such as loss of employment, but details are still in process.”
– *VP, Revenue Management (Hawaii)*
- “Information is provided to the patient to call, and our financial counselors will walk through the process over the phone.”
– *PFS Director (Minnesota)*
- “No changes, but our policy still applies. We offer some type of charity up to 500% FPL.”
– *AVP, Revenue Cycle (New York)*
- “We are evaluating a potential change/expansion for COVID-19 emergency-related job loss or unemployment.”
– *SVP, Revenue Cycle (Ohio, Kentucky, Virginia, South Carolina)*
- “The same process exists for financial assistance and Medicaid screening.”
– *VP, Revenue Management (Illinois, Indiana)*
- “No changes yet, but this is a possibility.”
– *Director of Quality and Training (Illinois)*



Organizations Altering Financial Assistance/Charity Care Processes Due to COVID-19



n = 39 health systems, representing 176 hospitals

Financial Assistance (*cont.*)

- “Financial screening and counseling is no longer available on site.”
– *Director, Patient Business Services (New Jersey)*
- “We are extending the eligibility effective dates by 90 days.”
– *Executive Director Revenue Cycle, (Texas)*
- “No change to financial assistance qualifications, but we are offering a payment deferral on outstanding balances for patients who are impacted by COVID-19 unemployment.”
– *Revenue Cycle Director (Nevada)*
- “We are checking with our state hospital agency to get direction as to how to modify financial assistance application in alignment with state guidelines. Would like to add a COVID-impacted Yes/No section to the application.”
– *VP, Financial Services (Washington)*
- “Less patient contact.”
– *Executive Director of Revenue Cycle (New Hampshire)*

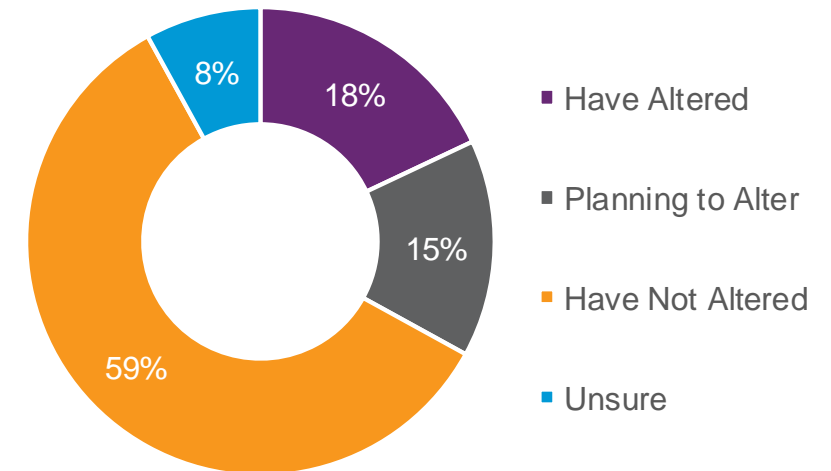


Patient Discounts

- “We are offering a combination of deep discounts and payment plans for patients who have expressed a need.”
– *VP, Patient Accounting (Pennsylvania)*
- “We are not passing costs for COVID-19 on to patients at this time, but we will bill insurance and try to get emergency funding if available.”
– *Director of Quality and Training (Illinois)*
- “We will give patients discounts or not charge them.”
– *VP, Revenue Cycle (Mississippi, Alabama)*
- “We will be altering our processes to be compliant with recent legislation that was adopted. No cost-share for COVID-19 testing and related visits.”
– *CFO (Maine)*
- “Consistent with state mandates, we are holding all self-pay, COVID screening-related billings until we better understand what to do with them. Most payers are waiving copays and deductibles for these screenings, so we are not asking for those.”
– *VP, Financial Services (Washington)*
- “We will not be billing patients for out-of-pocket costs for COVID-19–related services.”
– *Manager of Patient Financial Services (Washington)*
- “We continue to watch evolving policy changes from CMS and private payers on this issue. We are not collecting at testing sites at this time.”
– *SVP, Revenue Cycle Services (Connecticut)*



Organizations Altering Discounts Offered to Patients for Out-of-Pocket Costs Due to COVID-19



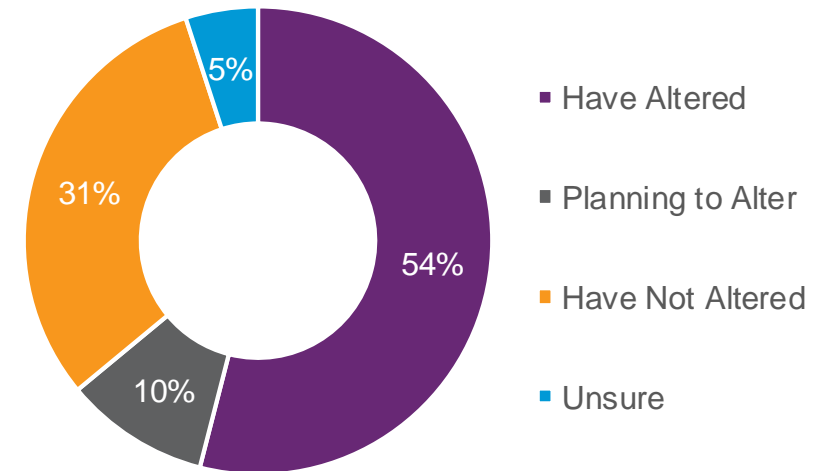
n = 39 health systems, representing 176 hospitals

In-House Billing and Collections

- “We are not collecting from those who are positive and in isolation.”
– *AVP, Revenue Cycle (New York)*
- “We are adding longer timelines (adding 120 days to statement cycle) and keeping accounts even if minimum payments are not met.”
– *Director of Patient Accounts (Washington)*
- “We are allowing 60 additional days for patients that need time to make a payment or establish arrangements. We are not sending anyone to collections and are not having our collection agency call patients.”
– *Director of Revenue Cycle (Illinois)*
- “We have stopped sending accounts to the collection agency. We will discontinue collection letters for duration of emergency.”
– *VP, Revenue Management (Hawaii)*
- “Billing continues as normal, but we are halting referrals to collection agencies and altering follow-up on broken promises to pay so as to not be putting undue pressure on patients who may be struggling financially.”
– *VP, Patient Accounting (Pennsylvania)*
- “We are holding all claims related to COVID-19 until there are clear rules about billing provided by the government.”
– *Director of Revenue Cycle (Ohio, Kentucky)*



Organizations Altering In-House Patient Billing and Collections Processes Due to COVID-19



n = 39 health systems, representing 176 hospitals

In-House Billing and Collections (*cont.*)



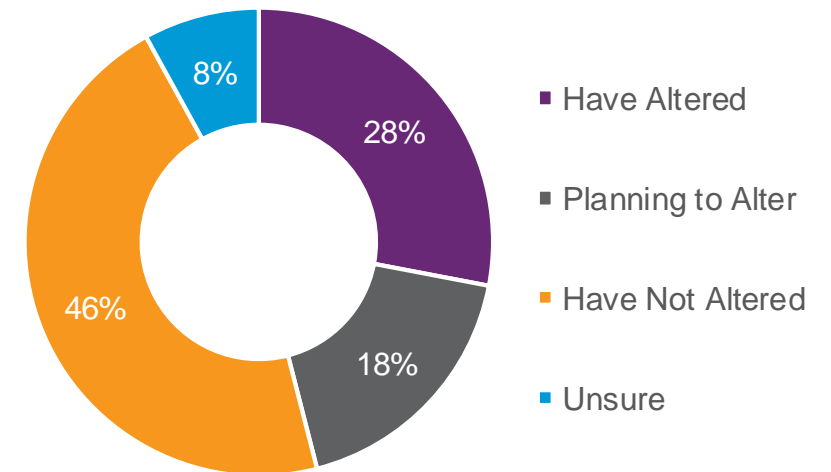
- “We are not addressing anyone with symptoms.”
– *VP, Revenue Cycle (Georgia, Alabama)*
- “We are currently holding all statements/amounts due related to COVID-19 pending additional guidance from federal/state/payers.”
– *SVP, Revenue Cycle (Ohio, Kentucky, Virginia, South Carolina)*
- “We are holding any billings for self-pay patients. In addition, all new virtual visits will be held until we can assure our system builds are accurate. Virtual visits are new to our organization, so we need to ensure all claims drop correctly before billing.”
– *VP, Financial Services (Washington)*
- “We are shutting down our business offices and posting signage to encourage patients to call with billing questions and make payments online. We are moving staff to work remotely.”
– *AVP, Revenue Cycle (New York)*
- “Our financial counselor typically visits with all in-house patients during their stay. We will exclude COVID-19 positive or presumptive patients from the rounding.” – *CFO (Maine)*
- “We are no longer accepting walk-in patients and have expanded the amount of agents in the call center.”
– *Manager of Patient Financial Services (Washington)*
- “Stopped outgoing collection calls. Our call center is open for incoming inquiries.”
– *Director of Program Development (Nevada)*
- “We have closed our business office to drop-off payments, but patients can still make payments at the main hospital switchboard area. Like PFS staff, our self-pay collectors will be working from home.” – *PFS Manager (Maine)*

Payment Plans

- “We are giving patients a three-month grace period on payment plans. They just need to be current after 90 days or the account will be routed to collection agency. We are still limiting payment plans to 18 months.”
– *VP, Revenue Management (Illinois, Indiana)*
- “We are letting payment plans skip two payments for now. We will evaluate more if necessary later.”
– *VP, Revenue Cycle (Mississippi, Alabama)*
- “If the patient is unable to pay, we will defer for 60 days.”
– *AVP, Revenue Cycle (New York)*
- “We are evaluating the best approach for implementing deferral of amounts due and alleviating any accelerated efforts due to delinquency. We are also evaluating expanded payment plans (reduced minimums, longer plans).”
– *SVP, Revenue Cycle (Ohio, Kentucky, Virginia, South Carolina)*
- “We are being more lenient with broken payment plans.”
– *VP, Revenue Management (Hawaii)*
- “We are allowing a two month ‘grace’ period during which patients will not have to make a payment.”
– *Director of Quality and Training (Illinois)*
- “We are providing a three month extension to those patients that call into office.”
– *Director of Patient Business Services (Delaware)*



Organizations Altering Payment Plan Processes Due to COVID-19



n = 39 health systems, representing 176 hospitals

Payment Plans (cont.)

- “We are accepting any amount rather than holding to the minimum payment due, and we are extending the statement cycle by another 120 days.”
– *Director of Patient Accounts (Washington)*
- “We are exploring many different options. We will not be able to have a full plan until we are through the pandemic and know what needs to be addressed.”
– *Director of Revenue Cycle (Ohio, Kentucky)*
- “We are providing more flexibility.”
– *VP, Revenue Cycle (Wisconsin)*
- “Extending and modifying payment plans to support those who cannot make payments.”
– *Director of Revenue Cycle, Patient Access (Oregon)*
- “Upon request of the patient, we will consider a 60-day payment deferral with proof of reduction or temporary loss of employment due to COVID.”
– *Revenue Cycle Director (Nevada)*
- “Will likely extend terms for those impacted by COVID job loss.”
– *VP, Financial Services (Washington)*

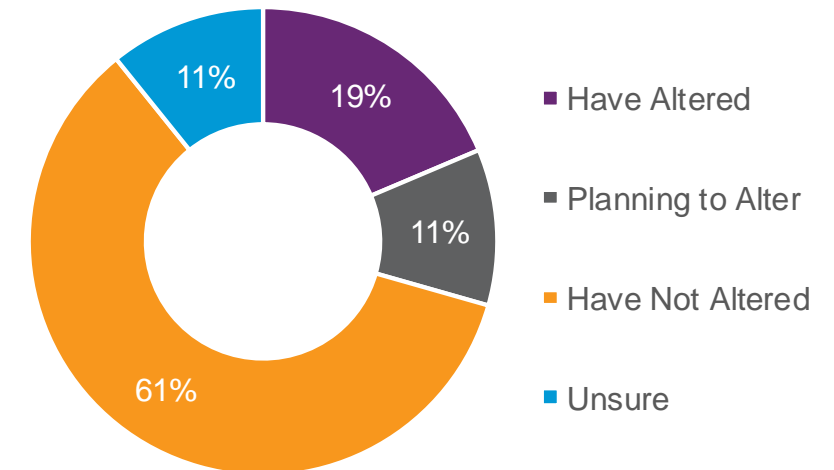


Early-Out Agency Activity

- “We are placing accounts 20 days later.”
– *VP, Revenue Management (Illinois, Indiana)*
- “We are evaluating timing of placement to coincide with the delay associated with the COVID-19 emergency period. We are evaluating strategy on outbound call and communication, as well as timing on statements and frequency to send.”
– *SVP, Revenue Cycle (Ohio, Kentucky, Virginia, South Carolina)*
- “We have asked for a very soft touch from our early-out agency, and if the patient cannot pay at this time, we are holding up on the collections to see if patient needs financial assistance.”
– *PFS Director (Minnesota)*
- “We are not pursuing any lawsuits at all.”
– *VP, Revenue Cycle (Mississippi, Alabama)*
- “Changes are under discussion.”
– *Director of Revenue Cycle (Ohio, Kentucky)*



Organizations Altering Early-Out Collection Agency Processes Due to COVID-19



n = 37 health systems, representing 171 hospitals

Early-Out Agency Activity (*cont.*)

- “If patients indicate a hardship, we are notating the account and accepting a lesser payment based on specific questions.”
– *AVP, Revenue Cycle (New York)*
- “For patients expressing hardship due to COVID-19, we are placing their accounts on hold until we move back to normal state. At that time, we will resume normal collection efforts.”
– *Senior Director, Patient Finance (North Carolina)*
- “Meeting with an early-out vendor this week.”
– *SVP, Revenue Cycle Services (Connecticut)*
- “We have not altered processes. In fact, have two new vendors starting April 1st.”
– *Executive Director Revenue Cycle, (Texas)*

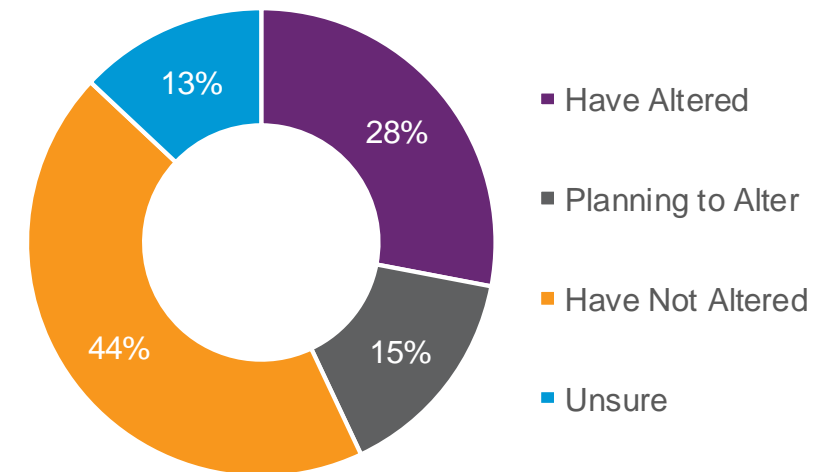


Bad Debt Agency Activity

- “We have stopped sending accounts during during shutdown. Collection agencies not operating – they are considered non-essential in this state.”
– *VP, Revenue Management (Hawaii)*
- “We have frozen referrals to collection agencies and instructed our agencies to cease calls on their current inventory.”
– *VP, Patient Accounting (Pennsylvania)*
- “Second agency actions have ceased, and an account with an inability to pay is deferred for 60 days.”
– *AVP, Revenue Cycle (New York)*
- “We have paused bad debt collection.”
– *Director of Quality and Training (Illinois)*
- “We are holding off any suits/garnishments.”
– *VP, Revenue Cycle (Georgia, Alabama)*
- “We are not turning accounts over to bad debt at this time and are sending statements for an additional 120 days.”
– *Director of Patient Accounts (Washington)*
- “We have asked our bad debt collection agencies to use a soft touch and, if a patient cannot pay, to note the account and put a hold on the account.”
– *PFS Director (Minnesota)*



Organizations Altering Bad Debt Collection Agency Processes Due to COVID-19



n = 39 health systems, representing 176 hospitals

Bad Debt Agency Activity (cont.)

“We will not be credit reporting until the quarantine period is declared unnecessary.”

– *Chief Revenue Cycle Officer (West Virginia)*

- “We have suspended all legal pursuits.”
– *AVP, Revenue Cycle (New York)*
- “We have not yet—but depending on how long businesses are closed and employees are furloughed—we may alter this.”
– *CFO (Maine)*
- “We are currently evaluating options.”
– *Director of Revenue Cycle (California)*
- “Changes are under discussion.”
– *Director of Revenue Cycle (Ohio, Kentucky)*
- “For patients expressing hardship due to COVID-19, we are placing their accounts on hold until we move back to normal state. At that time, we will resume normal collection efforts.”
– *Senior Director, Patient Finance (North Carolina)*
- “Meeting with collection vendors this week.”
– *SVP, Revenue Cycle Services (Connecticut)*

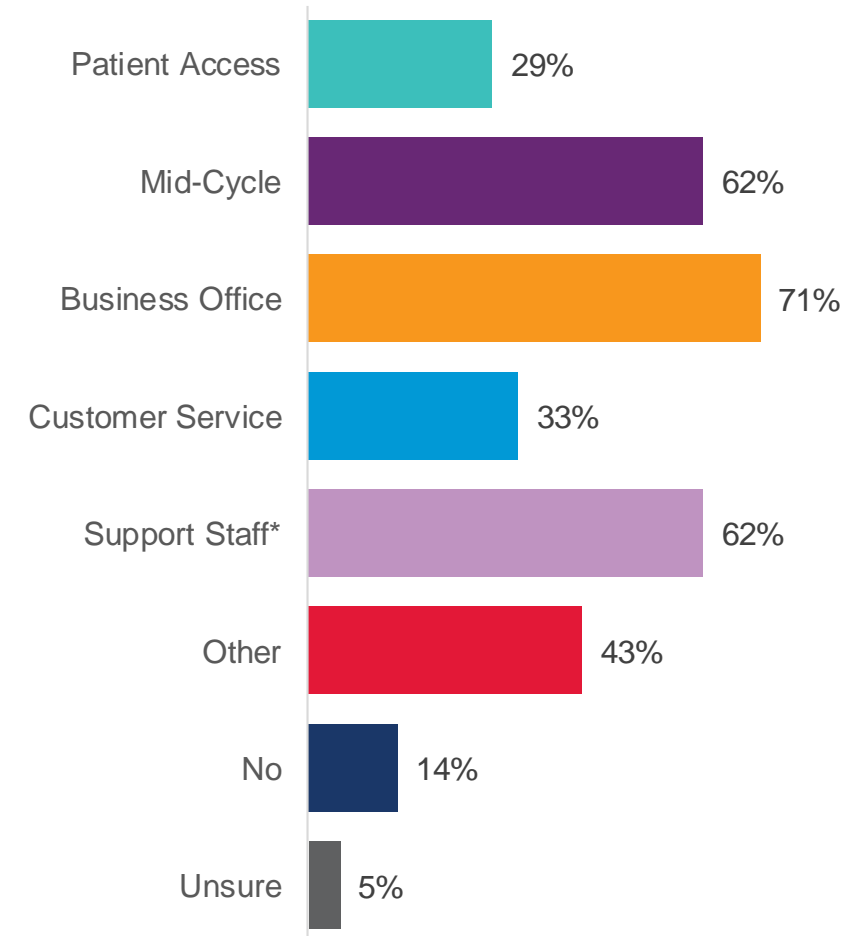


Increase in Remote Work



- “All billers, collectors, verification, scheduling, and customer service staff are working from home. Scanning, correspondence, and cash processing are still on site.”
– *VP, Revenue Management (Illinois, Indiana)*
- “Our entire workforce is remote, with the exception of essential staff (mail/scanning) and patient-facing/facility-based staff.”
– *SVP, Revenue Cycle (Ohio, Kentucky, Virginia, South Carolina)*
- “Almost everyone is working from home. Only a few folks who need a phone set-up in the office are physically in, and we have ordered that equipment so they can work from home.”
– *Director of Quality and Training (Illinois)*
- “We have schedulers and access staff working on A/R when they have downtime.”
– *VP, Revenue Cycle (Mississippi, Alabama)*
- “IT and our consultants also are working from home.”
– *Director of Revenue Cycle (California)*
- “Any and everyone on our teams who can work from home is doing so. We are currently working with IS on equipment for those not currently set up to work from home but who can.”
– *VP, Revenue Cycle (Wisconsin)*

Organizations Increasing Remote Work in the Revenue Cycle Due to COVID-19



*Support staff is defined as revenue cycle trainers, analytics team members, etc.

n = 39 health systems, representing 176 hospitals

Increase in Remote Work (*cont.*)

- “Anyone that can work remote is working remote.”
– *Director of Revenue Cycle (Ohio, Kentucky)*
- “We are exploring opportunities to offer all positions remote work. For those positions that do not lend themselves to remote work, we are flexing schedules to minimize the number of people in the area (e.g. night shifts, weekend shifts) and rotating staff so that everyone gets an opportunity. This applies to staff and managers.”
– *AVP, Revenue Cycle (New York)*
- “We are allowing individuals to work at home, and we are also allowing alternate work hours if employees have children at home that need home schooling.”
– *PFS Manager (Maine)*
- “Managers and supervisors also are working from home part time.”
– *Manager of Patient Financial Services (Washington)*
- “The majority of the HB billing and recovery staff are working from home.”
– *Manager HB Billing & Insurance Recovery (Idaho)*
- “Enrollment, contracting, revenue integrity, clinic nurse review also working remotely.”
– *Chief Revenue Cycle Officer (West Virginia)*
- “Release of information working remotely where possible as well as some parts of utilization review as that reports through revenue cycle at our organization.”
– *Senior Director, Patient Finance (North Carolina)*



Additional HBI Research

- **The survey is still open!**

Click here to share with your peers how your organization is adjusting:

https://www.surveymonkey.com/r/HBI_COVID_Survey

– All responses will be kept anonymous

- Survey results will be updated periodically as we assess how response efforts evolve across the United States

- All HBI revenue cycle research related to COVID-19 can be found in the **COVID-19 Response Resources** portfolio, available on the members-only portal [here](#)



CONCLUSION

If you have any questions, please do not hesitate to reach out. HBI is here to help!

Beth Reed

Principal Analyst
BReed@hbinsights.com



Tel 1.888.700.5223
Email contact@hbinsights.com
Website hbinsights.com

Note

While HBI has attempted to ensure the accuracy of the research and the information provided within this presentation, the information has been obtained from numerous sources, and HBI cannot guarantee its accuracy.

HBI does not provide organizations with legal, clinical, or other professional advice, and this presentation should not be regarded as such under any particular circumstances. Attendees should not rely on any legal commentary in this presentation as a basis for action, or assume that all practices within are legally permitted. HBI is not liable for any claims or losses that arise from any errors or omissions in the presentation.

This presentation has been developed by HBI and contains proprietary information belonging to HBI. Therefore attendees are expected to maintain the information provided in the strictest confidence and not disclose any of it to third parties. If you do not agree with this obligation, please immediately return the presentation materials to HBI.