

BILLING RECOMMENDATIONS FOR NON-COVID-19 SERVICES

REVENUE CYCLE OPERATIONS DURING COVID-19

For most revenue cycle processes, it should be **business as usual** when handling non-Covid-19 patients and claims. It is especially important to make sure that your organization continues to perform the following:

- Obtaining the necessary authorizations or referrals for non-Covid-19 services and tests
- Documenting, charging, and coding for all non-Covid-19 services and tests performed following your organizations standard timelines and workflows
- Submitting and adjudicating claims and sending patient statements for non-Covid-19 services and tests, again following standard timelines and workflows

HOW TO HANDLE PATIENT COLLECTIONS FOR NON-COVID-19 SERVICES

In this new environment, patient payments may be more difficult to collect, and it will require a heightened degree of sensitivity and compassion. With that said, it is still important for your organization's financial well-being to **continue modified collection efforts**.

TIME OF SERVICE

Continue to follow normal processes for patients presenting with **non-Covid-19 services**. This includes:

- Verifying insurance and benefits
- Notifying and asking patients for co-payments and outstanding balances
- Creating patient estimates and notifying patients of their financial responsibility
- Identifying patients eligible for Medicaid or financial assistance
- Having patients sign Advanced Beneficiary Notices or other non-covered patient responsibility forms for services that have not been authorized or are not covered by their insurance

POST SERVICE

For patient balances related to non-Covid-19 related services continue collection efforts. During this time, however, some modifications to normal processes may include:

- Delaying account assignment to bad debt by 60-90 days
- Ceasing credit reporting for the next 60-90 days. **Note: There are some states who have designated collection agencies as non-essential during Covid-19 and are advising that any out-of-state collection agencies to cease collection activities for that state.**
- Allowing patients on payment plans to modify or hold their plans. **Note: Your organization should define the criteria for when patients qualify for a payment plan modification or hold, as well as the duration of delay.**
- Evaluating potential expanded charity care or financial assistance options



**FOR ADDITIONAL
CONSIDERATIONS**



ADDITIONAL CONSIDERATIONS DURING COVID-19 EMERGENCY

POTENTIAL PAYER DELAYS

You may experience delays due to claim volumes, staffing issues, etc.- it is still important to maintain communication with your payers.

- Delayed payments from your payers
 - Follow-up with your payers to see if they have any projected delays or contingency plans in place to continue normal operations
 - Create trending reports to track shifts in payer response rates
- Increased wait times when following-up on claims
 - Staff may need to be on the phone longer, subsequently taking longer to complete their daily tasks
 - Closely monitor staff productivity related to payer follow-up

UNDER AND UNINSURED POPULATION

In this new environment, we are seeing an increase in unemployment. This is likely to directly impact the number of individuals that are under or uninsured and the subsequent need for financial assistance.

- Eligibility for Medicaid coverage
 - Make sure you have a clear process for Medicaid eligibility checks for patients throughout the continuum of the revenue cycle
 - Define clear process for staff and patients on the Medicaid application process
- Eligibility for charity care
- Availability of financial assistance applications and resources

REIMBURSEMENT CHANGES

With the establishment of the CARES Act, it is even more crucial to ensure accurate and timely charge capture, both for Covid-19 and non-Covid-19 services.

- During the emergency period, the legislation provides a 20% add-on to the DRG rate for patients with Covid-19. This add-on will apply to patients treated at rural and urban inpatient prospective payment system (IPPS) hospitals.
- TeleHealth visits are currently approved to be reimbursed at **traditional office visit rates** and should be coded as such. For more information CMS has created a Telemedicine Fact Sheet located here: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
- Medicare has **expanded it's Advanced or Accelerated Payments** allowing dispersement of up to six months of future payments based on the last six months of Medicare payments. For more information Accelerated/Advance Payment Fact Sheet located here: <https://www.cms.gov/files/document/Accelerated-and-Advanced-Payments-Fact-Sheet.pdf>

For more information, please contact:

Tim Kinney, Partner | timothy.kinney@guidehouse.com or Amanda Vallozzi, Director | amanda.vallozzi@guidehouse.com