

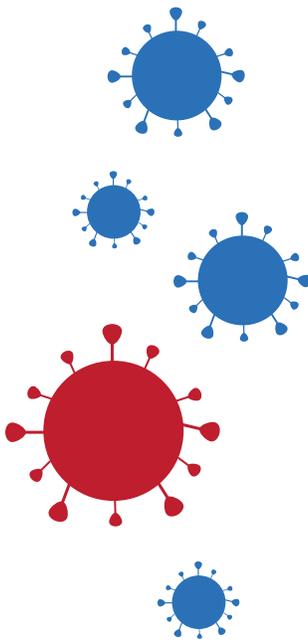
STAYING FINANCIALLY HEALTHY

1000110	TIMELY FILING DENIAL	01101001	01101110	0110	01100001	PAID	01110010	01	
011	00100000	UTILIZATION DENIAL	01001001	01101110	0101001	PAID	01101110	01	
01000	01100011	COVERAGE DENIAL	01100001	01110010	010001	PAID	01100001	01	
1110010	CONTRACTUAL DENIAL	01100011	01100101	011	00101	PAID	01110011	01	
101	0110001	CODING/BILLING DENIAL	01101100	0111	00011	PAID	01100101	01	
01100101	PROCESS DELAY ISSUE	01110011	01101111	011	01110	PAID	01100011	01	
1	01100100	SUBMISSION ISSUE	01001000	01100101	011	01111	PAID	01110010	01
01001	01100001	REBILLING ISSUE	01101100	00100000	01100100	PAID	01001000	01	
01110010	CASH POSTING ISSUE	01100001	01101100	0110	01110100	PAID	01101000	01	



HEALTHCARE
FINANCIAL
RESOURCES

HOSPITALS MUST PROTECT REVENUE CYCLE CAPABILITIES TO LIMIT COVID-19'S FINANCIAL FALLOUT



As the COVID-19 crisis deepens, hospitals nationwide are scrambling to overcome unprecedented clinical and patient care demands and disruptions. As essential as these efforts are, it is also important that providers take steps to protect their revenue cycle operations and limit the economic fallout the pandemic is likely to produce.

These actions can include adjusting financial projections to reflect the fast-changing operational environment and implementing alternative revenue cycle processes to help preserve cash flow. Hospitals with appropriate safeguards should allow revenue cycle staff to work from home. They should also consider enlisting trusted third-parties to supplement key elements of the revenue cycle, including accounts receivable management, to avoid cash flow disruptions.

Before reviewing operational concerns and considering assistance, any initial effort to meet the anticipated financial impact of the COVID-19 pandemic must start with revising financial performance targets, cash flow projections, and operational plans to reflect the following:

- The extended suspension of higher-margin elective surgeries
- The impact of increased supply costs and potential supply chain disruptions
- The effect of rising labor costs due to extended operational demands
- The balance sheet implications of declining investment income due to equity losses
- The possibility of payer disruptions affecting prompt reimbursement



OPERATIONAL CONSIDERATIONS

In addition to making necessary adjustments in their financial projections, hospitals should be aware of operational issues related to the COVID-19 outbreak that could negatively impact cash flow and overall performance.

Among them:

- Coders should be educated in the use of the new COVID-19-related CPT and HCPCS codes for both private payer and government claims. And stemming from the National Emergency declaration, Medicare has expanded payments for professional services via telehealth, virtual check-ins, and e-visits. Failure to code COVID-19-related care correctly will likely result in denials and payment delays, which may be more difficult and time-consuming to resolve in the current environment. For new coding information related to COVID-19, [click here](#).
- It is important that hospitals monitor clearinghouse or bank electronic data interchange (EDI) capabilities to ensure 837 and 835 files containing claims and payment information continue to transit between payers and providers. Some hospitals have reported sporadic interruptions in their EDI services. Any substantial downtime that prevents timely claims submission or denial resolution could have a significant impact on collections.
- Hospital payer mix may shift rapidly as a growing number of individuals suddenly find themselves out of work. Organizations should monitor claims frequently to determine if Medicare and Medicaid volume is increasing and/or commercial reimbursement is falling. Significant changes could have a major impact on budget projections.
- Payer hold times for hospital staff working denials in many instances have increased due to limited staff availability at insurance company call centers. As a result, any automation processes that allow claims to be resolved without direct payer-provider interaction should be brought to bear.
- If they haven't done so already, hospitals should work with payers to enable the receipt of 266/267 claim status files from clearinghouses to ensure up-to-date information regarding the status of unpaid claims. Payer portals should also be used to monitor and track unpaid claims.



WORKING REMOTELY

As hospitals reduce non-critical, on-site staff, ensuring that revenue cycle employees can continue coding, filing claims and handling accounts receivable follow-up from home is essential to keep cash coming in.

Critical infrastructure elements needed to support secure, remote revenue cycle operations include:

- ✓ Robust work-at-home platforms
- ✓ Encryption both for data at rest and data in flight
- ✓ Multifactor authentication
- ✓ Secure operating environments

Internal encryption capabilities built into laptops and remote workstations are essential to reduce or eliminate breach risks surrounding the transfer of protected health information. Also important are virtual private networks and multi-factor logon authentication.



TRUSTED AND TIMELY THIRD-PARTY ASSISTANCE

Whether hospitals and other providers elect to shift revenue cycle staff to the home setting or not, they should consider partnering with a trusted third-party capable of taking over elements of the revenue cycle for the duration of the crisis.

Healthcare Financial Resources (HFRI) provides a full range of outsourced [AR follow-up services](#), including aging claims resolution, [denial management](#) and [bad debt mitigation](#) to help ensure claims are clean and paid the first time around to mitigate any delays. More than 98% of the company's workforce is now deployed remotely and all of HFRI's remote work processes are [HITRUST CSF®-certified](#).

HFRI additionally uses data analytics and [intelligent automation](#) to expedite claims resolution, often without human touchpoints. And for clients using the PARA Data Editor, our services are built for remote access, so organizations can continue business as usual regardless of where personnel are working.

Most importantly, HFRI has the ability to scale up quickly to handle additional workflow. With assistance from the client, we can be up and running to manage aging AR and denials in a few days' time. That means your organization can minimize or avoid cash flow disruptions while concentrating valuable employee resources in other areas. [Contact us](#) today to learn how we can help your organization preserve cash flow throughout the COVID-19 crisis.



Healthcare Financial Resources (HFRI) transforms accounts receivable follow-up by harnessing intelligent automation to help hospitals and health systems accelerate cash flow and improve operating margins by resolving insurance claims quickly and effectively.

For more information, visit: www.hfri.net
2500 Westfield Dr. Suite 2-300 | Elgin, IL 60124 | 888.971.9309

