Checklist for Initiating Recovery of Pre-COVID-19 Deferred or Elective Care

Healthcare providers have never before faced a system-wide cancellation of non-emergent and elective care lasting over several months. The question facing hospitals, providers, and practices now is how and when to reopen and what is the most expeditious way to manage the potential surge of patients that will be seeking care.

As of July 25th, Health and Human Services (HHS) officially extended the PHE declaration for an additional 90 Days through October 25, 2020. This means that accelerated payments, the 20% add-on for Medicare COVID-19 patients, and the telehealth provisions that have helped many care providers survive the pandemic will still be in place for now.

Creating an informed, strategic route that looks at clinical, operational, and financial implications coupled with evaluating individual deferred or elective care helps prioritize need and create a path to recapturing those encounters.

Stage	Checklist
Analyze Opening and Evaluate Contingency Plans	☐ Evaluate all available criteria from governmental agencies, health experts, and local authorities to determine when to resume services safely
	☐ Enlist social media and community outreach to emphasize safety protocols and measures to patients as well as referring providers as appropriate
	☐ Bring providers together to prioritize needs and evaluate patient situations
	☐ Evaluate capacity for each phase of care: pre-determination, procedure/test, post-follow up or recovery, referring provider follow up
	☐ Assess staffing needs for providers, clinical, and business staff and determine scaling options including considering expanded hours to accommodate the surge in patient
	☐ Create or establish an infectious disease committee to evaluate all aspects of Universal precaution usage to ensure compliance and monitor supplies
	☐ Initiate COVID-19 testing procedures for all staff members, as well as patients
	☐ Determine flow to minimize potential contamination of patients and visitors: institute virtual waiting rooms or in-car waiting, reorganize reception and clinical areas to maintain 6-foot social distancing requirements, and create one-way flow throughout the facility

Stage	Checklist
	☐ Budget financial goals ☐ Create a secondary plan if there is a surge in COVID-19 cases and stay-at-home orders are reinstated
Implementing Patient Access Procedures	☐ Obtain prior authorization, verify insurance benefits and collect patient portions due before scheduling ☐ Initiate scheduled pre-appointment consultations through telehealth to minimize personal contact utilizing approved codes for reimbursement (watch for changes in CMS policies as normal care resumes) ☐ Navigate mapped out processes for pre-testing, referring provider consultation, ancillary services coordination ☐ Implement extraordinary cleaning measures for patient interaction areas, i.e., reception area, front desk, exam rooms, restrooms, etc.
Delivering Care	☐ Ensure separation between COVID-19 patients and non-COVID-19 patients throughout every step ☐ Screen patients for fever and symptoms at check -n and provide masks (if not brought by the patient) and hand sanitizer ☐ Coordinate sufficient PPE and provider-specific supplies ☐ Oversee proper decontamination guidelines are being utilized ☐ Allow enough time for adequate documentation post-procedure to ensure precise and timely coding and billing for maximum reimbursement
Post-Care and Business Follow-up (Revenue Cycle Management)	☐ Implement telehealth procedures to provide post-procedure follow-up care when appropriate and coordinate ancillary care, including home care, medications, rehabilitation, wound care, etc. ☐ Provide timely follow up to referring providers to maintain relations and increase patient satisfaction ☐ Utilize scalable third-party partners to ensure accurate coding and billing, along with AR and denials management ☐ Schedule ongoing check-in meetings to stay on top of issues or problems as they arise and allow for redirection or redeployment as necessary