



Healthcare Business Insights™ | Revenue Cycle Academy™

Featured research
**Navigating post-pandemic
decisions at a critical
access hospital**

November 2023

What does it mean?



When faced with the end of the public health emergency (PHE), critical access hospital Mason Health tasked a multidisciplinary compliance committee with identifying which pandemic-related changes would stay, be modified, or cease entirely. In addition to reopening offices closed to patients and adjusting the organization's masking requirements, this committee has used patient volumes to dictate the closing of a respiratory clinic and the continued offering of telehealth services for behavioral health patients. Billing and collections processes have mostly resumed, albeit with additional oversight of patient feedback and complaints.

Introduction

COVID-19 PHE flexibilities helped providers better serve their patients throughout the pandemic by expanding access to telehealth and requiring payers to cover those services, as well as COVID-19 testing, vaccines, and treatment. With the PHE ending in May 2023, many organizations were uncertain about what the future may look like. Despite this unease, the end of the public health emergency has not appeared to be so dire. Pre-pandemic processes have mostly returned, albeit with lessons learned from pandemic times.

That said, many healthcare leaders still find themselves needing to make decisions regarding what to do with certain pandemic-related policies or changes. How they make these decisions can have an impact on how adept their organizations are at filling patient needs, securing reimbursement in an uncertain environment, and more. To learn more about how one critical access hospital is navigating this period in history, Clarivate Healthcare Business Insights spoke to Brad Becker, senior director of payer strategy, and Laura Grubb, compliance officer, both from Mason Health.

Featured organization

Mason Health

Shelton, WA

Headquarters

25

Beds

Cerner

EHR

Adjusting physical spaces and patient navigation

Mason Health’s compliance team is responsible for ensuring compliance with the PHE throughout the pandemic, its end, and beyond. This multidisciplinary team consists of C-suite executives, patient financial services managers, the HIM director, IT, human resources, and supply chain, with Becker representing revenue cycle and Grubb compliance. In 2022, the committee created a compliance strategy in anticipation of the end of the PHE to take inventory of pandemic-related changes and determine which to reverse, modify, or keep the same.

Figure 1: Mason Health’s compliance team

The compliance team oversaw pandemic-related regulations, applicable PHE waivers, and any special circumstances which emerged during the pandemic—with Grubb providing high-level updates to the team as regulatory changes occurred.

CEO*	COO*	CFO	CIO	CMO	Laura Grubb Compliance officer	Brad Becker Senior director of payer strategy	Patient accounts director	HIM director	Director of supply chain	Senior director of human resources	IT director
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* Ad hoc members

Source: Mason Health (2023)

As one example of the former, on-site staffing was returned to pre-pandemic levels. Policies regarding compulsory staff masking (if not face-to-face with patients), visiting hour restrictions, administering COVID-19 screening questions, temperature scanning, and having visitors sign in were also ended after the Washington State Department of Health released updated guidance in April 2023. Other changes include the reopening of several administrative locations like the business office, foundation and development office, and the learning center (responsible for patient classes, events, and support groups)—the last two of which are now available to patients by appointment. The medical records office also reopened, but patients are instructed to call ahead for their records in advance and upon arrival so records can be brought to their car.

That is not to say that Mason Health will not adopt best practices learned during the pandemic going forward. Walk-in clinic and outpatient lab waiting areas remain separated, and sneeze shields will remain up at registration areas. Staff masking, to some extent, will also remain for individuals providing direct patient care (even if the patient is asymptomatic), patient access representatives having to step away from their desk to escort a patient, staff performing bedside registration, and staff working in the nursing units.

The critical access hospital also intends to keep its digital patient wayfinding process in place. Following this process, patients check in at the front registration desk or self-service kiosk and are assigned a customer number. When the patient is ready to be seen, a digital sign hanging in the hallway displays the customer number next to an area number, instructing patients to make their way to the care site. Each area has a sign displaying its specialty (e.g., orthopedics), a nickname (Matlock), and a number (two) to help patients know they have made it to the correct location. While this process was in place prior to the pandemic to assist with staffing challenges, it proved especially beneficial throughout the pandemic as it limited person-to-person contact and directed patients to the proper waiting areas based on symptoms.

Figure 2: Patient wayfinding and signage at Mason Health

Implemented prior to the pandemic and remaining today are signs to help patients self-navigate to their location of care and the respective waiting area after registration. A digital sign hangs above the main corridor displaying the patient's "customer number" assigned at registration, alongside the unit number (in this case, primary care).

Step 1:

Patients check in at a self-service kiosk or the front registration desk and receive a customer number.



Step 2:

Patients are directed to the appropriate waiting area for their service or symptoms.



Step 3:

Digital signs alert patients that they are ready to be seen. These signs display the patient's customer number and a number that corresponds to the area of the hospital that the patient will be seen.



Step 4:

The patient walks to the appropriate area for care.



Source: Mason Health (2023)

Tailoring care offerings to trends in patient demand

During the pandemic, Mason Health's leadership team closely monitored patient volume and community interest in care options. Not surprisingly, the demand for care increased dramatically during the initial months of the pandemic. As the pandemic waned, related patient volumes decreased although an increase in walk-in volumes was noted.

These factors led to the opening, closing, and potential future repurposing of a "COVID clinic." This clinic was in operation for patients with exacerbated respiratory symptoms or those who needed to rule out COVID-19 until April 2023. At this point, the community's needs changed, and Mason Health repurposed the clinic to a broader respiratory clinic. After volumes continued to decline, a separate building was no longer a good use of resources and the clinic closed. Patients now receive this care in the hospital or a primary care clinic. The availability of COVID-19 testing services was similarly driven by patient volume, with demand significantly decreasing as home testing became increasingly available.

Unlike the COVID clinic, Mason Health expects there to continue to be a need for telehealth services in its communities. Pre-pandemic, regulations prohibited Mason Health's rural health clinics from offering telehealth. Once the rules were relaxed, the critical access hospital immediately began implementing the program in primary care, specialty care, and even inpatient service areas. As of 2023, the program sees higher utilization from behavioral health patients, though some primary care services will still take place virtually. All providers delivering telehealth services are in-state, aside from one psychiatrist who was approved to provide out-of-state virtual care to patients in Washington prior to the pandemic.

"It speaks to Mason Health," Grubb said, explaining how the telehealth program was built in two months. "When something needs to be done and focus needs to be applied, we really excel as a team. Because of the internal relationships and way that we work so efficiently together, these situations are not insurmountable."

This teamwork may be beneficial in the future, as both Becker and Grubb noted that patients have begun to favor access to immediate, in-person care. Both see this trend as an opportunity to expand walk-in offerings in the future.

For the full case study discussing the implementation of its telehealth program, search "Expanding telehealth at a critical access hospital" on the Clarivate Healthcare Business Insights members-only portal.

Resuming billing and collections practices

Post-pandemic, billing and collections policies have remained fairly consistent. COVID-related services are now billed the same as any other service, procedure, or vaccine. Patients are made aware of the cost in advance, if possible, and out-of-network, uninsured, or self-pay patients are given a Good Faith Estimate outlining all expected charges.

For all patients, Mason Health follows the same statement cycle: every 30 days with a minimum of 120 days from the first statement to collection agency assignment. Prior to sending an account to collections, an additional pre-collection letter is mailed. It is formatted like a standard letter and purposely looks very different from regular statements so it stands out from other communications. This serves as a final notice that payment is due and that a collection agency fee will be added to the original balance; Mason Health is permitted to do so as a tax-supported public hospital district. Becker noted that the pre-collection letter and potential fee incentivize patients to make a payment or reach out. The PFS department then waits an additional 30 days before sending the account to collections.

Becker, the patient accounts director and supervisor, and a self-pay vendor meet monthly to oversee the patient balance collections process. During these discussions, the group will review collections data, talk about any issues observed, and discuss feedback obtained from the vendor's staff who speak to patients on the phone. If a complaint is received, it is handled in-house. Additionally, the patient accounts director and supervisor have ongoing communications with the collection agency. If patient issues or concerns are raised, the account will be placed on hold at the collection agency until Mason Health is able to review it and take any necessary action. Even after collection agency assignment, it reviews each patient financial assistance request as required under Washington state law.

"In retrospect, specific complaints about sending the account to a collection agency are extremely rare," Becker said. "People may have a complaint about the bill or the amount of the bill, or they may question if the bill was paid or processed properly. Almost 100% of the time, those situations are handled separate from a bad debt assignment situation."

Conclusion

While operations have mostly gone back to normal, leaders would do well to keep an eye on how processes have changed since the pandemic to ensure they are best for patients and the overall organization. Mason Health's compliance committee has been beneficial to this end, as it has dedicated responsibility for reviewing patient volumes, patient complaints, and other indicators that an offering could be more refined. The committee has also been able to identify which pandemic-era policies are here to stay—and is likely to be well-positioned to lead the organization in the case of another unplanned emergency.



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Meet the team

The goal of Clarivate Healthcare Business Insights research team is to empower improvement through in-depth analysis and end-to-end insights based on best practices from the nation's leading hospitals and healthcare systems.



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