

CRITICAL ACCESS HOSPITAL RESOURCES AND STRATEGIES

THE RYBAR GROUP HAS HELPED
CRITICAL ACCESS HOSPITALS
NATIONWIDE ACHIEVE OPTIMAL
FEDERAL AND THIRD-PARTY
PAYOR REIMBURSEMENTS OVER A
MULTI-YEAR BASIS. WE COMBINE
OUR IN-DEPTH, UP-TO-DATE
KNOWLEDGE OF LEGISLATIVE
AND REGULATORY GUIDELINES
WITH AN EXPERIENCED,
STRATEGIC APPROACH TO
HELP SECURE ALL APPROPRIATE
REIMBURSEMENT.

Are you using your CAH status effectively?

In today's challenging health-care environment, where regulatory changes and industry reforms are altering the way you manage your reimbursement activities, how can you be sure that you are optimizing the opportunities that your CAH designation provides? How will you obtain credible and accurate information as the changes continue? Is your corporate system receiving all the reimbursement that your facility is due? Who can you turn to for comprehensive insights into the legislative and regulatory guidelines?

The Rybar Group has your answers. We combine in-depth knowledge of legislative, billing and regulatory guidelines with proven expertise to support Critical Access Hospitals (CAHs) in strategically addressing reimbursement and payment issues. Our consulting services offers the guidance of highly experienced, dedicated professionals equipped with decades of health-care, clinical and financial management industry knowledge.

COST REPORT SERVICES

The Rybar Group's cost report services include a thorough review of your previous years' cost reports and supporting documentation. Changes in hospital operations and regulations are analyzed and incorporated in your cost report filings. We will perform impact studies comparing various reimbursement methodologies and make recommendations when opportunities to enhance reimbursement are identified.

Services offered include:

- Full report preparation and/or assistance with preparation
- Pre-filing reviews
- Feasibility Analysis
- Previously filed and/or settled cost report reviews
- Appeal services
- Strategic guidance for optimization, including Medicaid supplemental payment pools
- Cost Report Allocation Services including all statistical / allocation options
- Home Office Allocation Strategies
- Interim Medicare/Medicaid Contractual Review



RURAL HEALTH CLINIC STRATEGIES

We will review the clinic environment and make recommendations regarding potential opportunities. We can assist you with your application and implementation process, ensure compliance with federal and state regulations, and make recommendations to optimize financial performance. Our RHC services encompass:

- Planning, development and implementation
- Cost report preparation and optimization
- Reimbursement rate analysis
- Revenue optimization

COMPONENTIZED DEPRECIATION

Componentized depreciation and strategic cost allocations on the Medicare Cost Report offer significant economic benefits to CAHs. While the process differs for each, the advantages are the same...enhanced cost-reimbursement.

Our team will work closely with your engineer/contractor to conduct a detailed analysis of all of the individual components comprising a newly-built, expanded or prospective facility. The results of this analysis can be used to strategically allocate costs for multiple financial applications.

A componentized depreciation study includes:

- Detailed construction cost analysis by each asset group and department
- Assignment of proper depreciable lives
- Research to back-up all findings
- Preliminary findings review
- Final written report and schedules ready for immediate implementation in the Medicare Cost Report preparation

PROVIDER-BASED STATUS

The Rybar Group will work closely with you to determine if provider-based status is beneficial for your facility and clinics. The financial impact will be analyzed, and if provider-based status is desirable, we will assist you throughout the application and implementation process.

CODING QUALITY ASSURANCE REVIEWS

We offer facility inpatient, outpatient and professional service documentation and coding expertise, as well as multi-specialty auditing experience. Our team can customize any review to be sure it meets the needs of your organization.

Our consultants are AHIMA or AAPC credentialed and will work with your organization, providing a comprehensive review and one-on-one education for your coding, management and clinical staff.

CHARGEMASTER AND CHARGE CAPTURE REVIEW

We offer remote line-by-line chargemaster reviews to ensure that the facilities CDM accurately reflects all services provided. Our review includes policy and procedures, maintenance processes and mark-up policy reviews. Our team works directly with internal operations personnel to discuss charges by department. Our comprehensive review delivers a clean chargemaster for uploading and an in-depth reporting of your charging opportunities.

Additionally, we perform charge capture reviews from a sample of Medicare claims and corresponding clinical documentation and bills for charge capture accuracy. The review assesses the complete revenue cycle charging and coding process and ensures that the facility is billing with accurate coding and documentation.

ADDITIONAL SERVICES

- Escalate cash flow and identify barriers to financial success
- Medicaid Settlement Analysis and Optimization
- Supplemental Pool Payment Analysis and Optimization
- Accounts Receivable Balance Sheet Reviews
- Denials Management and Reduction
- Reduce write-offs
- Optimize reimbursement and payment
- Bad Debt review, including review of Medicare bad debt write-offs
- Reduce Accounts Receivable days
- Enhance key performance indicators to strengthen the bottom line
- 340B Services
- Insurance Contract Review and Negotiations
- CAH Pro Forma Analysis
- Service Line Profitability Analysis