

PHYSICIAN SERVICES

Key Revenue Impacts for 2019

The Rybar Group's Physician Services team is dedicated to the multifaceted world of professional revenue optimization, operations and compliance for providers in all settings. Our understanding that a physician practice is unique and complex keeps us on the forefront of payment reform, OIG audits and other regulatory changes.

Below are highlights of some key focus areas to consider as you strategize for optimal payment and reimbursement for your practice.

Anticipated Reimbursement Changes: CMS has announced that the current evaluation and management (E/M) codes for new and established patient office visit levels 2-4 will be consolidated into one blended payment rate in 2021. While it's anticipated that this change could increase revenue for primary care and decrease revenue for specialties, which often bill higher level services.

Practices will need to perform an analysis to establish the impact that this change will have once implemented and to determine activities to mitigate potential losses in revenue.

Reduction of Administrative Burden: The Patients Over Paperwork initiative has been introduced by CMS to support the need of reducing the time physicians spend on administrative tasks, working towards reducing physician burnout. In 2019, CMS loosened documentation requirements for certain services, allowing for the start of the burden reduction.

Practices should evaluate their documentation processes to determine how to make them more efficient and effective while ensuring optimal revenue.

Telehealth: Patients are continuing to become more comfortable with communicating with their physicians virtually. Not only does this save time for both the patient and provider, it reduces costs for the providers and their practices. Recently expanded guidelines from CMS and continued increasing reimbursement will allow for a sustained focus on virtual care in the coming years.

Now is the time for practices to evaluate their telemedicine strategy to endure they are receiving optimal reimbursement.

Emphasis on Benefits of MACRA: With the law now more than three years old, it's expected more providers and health systems will be open to shared and full risk contracts. The 2019 revisions continue to focus on making reporting easier by amending the low-volume threshold and the opt-in opportunity and by expanding the eligible clinician definition.

MACRA coupled with other quality reporting can have a substantial revenue impact.

Strategic Solutions Are Available From The Rybar Group:

- Practice Assessments
- Documentation & Coding Audits
- Telehealth Implementation & Reimbursement
- Quality Reporting
- Chronic Care Management Program
- Payor Negotiations & Contract Optimization
- Rural Health Strategies
- Compliance Plan Reviews



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