

# 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? 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
- Special designation opportunities
- Strategic guidance for optimization
- Cost Report Allocation Services
- Mid-year Medicare/Medicaid Contractual Review
- Physician Clinic review
- Clinical Documentation 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
- Annual compliance reviews
- Revenue optimization

### COMPONENTIZED DEPRECIATION

The Rybar Group 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 coding expertise, as well as multi-specialty auditing experience. Our consultants are AHIMA or AAPC credentialed. We will work with your team to identify the goal, provide 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

- Medicaid Settlement Analysis and Optimization
- Supplemental Pool Payment Analysis and Optimization
- Quarterly Balance Sheet Testing
- Escalate cash flow
- Reduce write-offs
- Increase point-of-service collections
- Cut the number of denials
- Optimize reimbursement and payment
- Shrink amounts going to bad debt
- Enhance key performance indicators to strengthen the bottom line
- Reduce AR days
- Identify barriers to financial success
- Increase coding comprehension and compliance