

PHYSICIAN SERVICES

The Rybar Group's Physician Services team is dedicated to the multifaceted world of professional revenue optimization, operations and compliance. With a strong passion for reimbursement, our team understands the needs of 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 and reimbursement changes. From practice assessments, compliance audits, and documentation and coding education to due diligence analyses and appeals to third-party payors, we offer a high level of expertise and will tailor our services to your specific needs. The Rybar Group's team of consultants provides the knowledge and experience to ensure the best possible results for you.

PRACTICE ASSESSMENTS

A successful practice requires not only excellent clinical capabilities, but also the time and technical expertise to ensure that the practice optimizes its reimbursement while maintaining efficiency and compliance. Our consultants provide an end-to-end process review from the patient and physician perspective, eliminating inefficiencies, improving controls and shortening cycle times. The outcome is improved financial performance for the practice and a more efficient workflow.

Services include an analysis of revenue-related data and metrics and an assessment of current processes and systems, working to identify risks and areas of improvement for all aspects of the physician revenue cycle.

DUE DILIGENCE

An essential part of a sound risk analysis includes the assessment for compliant coding and billing based on documentation, a payor contract analysis, an assessment of payor vouchers and profitability by provider or service line and other reimbursement related assessments. These areas of risk are often overlooked and are important components to protect revenue integrity. Our consultants work on both the buy- and sell-side, working to add an additional level of confidence to your transactions.

DOCUMENTATION & CODING AUDITS

The financial wellness of your practice is ensured by compliant and accurate documentation, coding and billing. A comprehensive audit, reinforced with education for providers, management and staff, is the foundation of a successful practice.

We offer professional service coding expertise, as well as multi-specialty auditing experience. Our consultants are either AHIMA or AAPC credentialed and have years of operational experience that drive our passion for developing a strong working relationship with your team and for providing you confidence and peace of mind in your choice to work with us.

CODING/BILLING VENDOR AUDIT

If you currently utilizes a third-party to perform coding or billing functions on your behalf, an annual compliance audit is recommended best practice to ensure that your coding is compliant and reimbursement is optimal. We can work directly with you or your vendor.

PHYSICIAN SERVICES

DENIALS REDUCTION

The average cost to appeal a denied claim is \$118, yet many of today's denials are preventable. Most practices experience a substantial amount of dollars unpaid or delayed because of inefficient processes or trouble interpreting the coding and billing requirements of the various payors.

Our denial reduction program offers detailed insight into the components affecting your revenue, working to determine root causes, patterns and process breakdowns responsible for the denials.

We can assist you in developing effective techniques to streamline your processes, establish corrective steps to prevent future revenue loss or delay, and ensure that you are receiving optimal payment.

RVU ANALYSIS & ASSESSMENTS

As physicians are frequently reimbursed based on RVUs for either their salary as a whole or for bonuses, it is critical to validate your RVU allocations. This comprehensive assessment will ensure that your reimbursement is reflective of the work you or your providers have performed.

TELEHEALTH

With payors expanding reimbursement for telehealth services, and patients expecting easy and convenient access to their healthcare providers, practices are exploring ways to provide these new services to their patients. The Rybar Group is able to assist you with implementing virtual care services, which can lead to increased patient and provider satisfaction and to additional revenue as well.

PAYOR NEGOTIATION & CONTRACT OPTIMIZATION

The payor-specific fee schedules for any practice are an important component that affects profitability and revenue. It is important to negotiate the fee schedules comparable to the market and at an optimal rate based on your specialty in order to secure profits and avoid long-term losses. With The Rybar Group's fee schedule analysis, our consultants will perform an assessment of your high-volume services and provide market analysis.

ADDITIONAL SERVICES

- Quality Reporting
- Chronic Care Management Program Implementation
- Expansion Viability
- Practice Valuation
- Charge Validation Process Design & Implementation
- Compliance Plan Development & Reviews
- Litigation Support
- Provider Compensation Analysis
- Rural Health Strategies
- "Ask Rybar" for Urgent Questions