



SCORE (Systematic Compliance Optimizes Revenue Efficiency)

"Enhancing Compliance while Uncovering Additional Revenue"



GBS offers SCORE
(Systematic Compliance
Optimizes Revenue Efficiency),
a revenue cycle compliance
service that assists Clients in
resolving compliance issues,
avoiding risk of fraud, and
securing optimal revenue for
the services they provide.

SCORE

The GBS SCORE (Systematic Compliance Optimizes Revenue Efficiency) service is comprised of a FREE analysis of a Hospital or Physician Group's financial health, which examines the status of their compliance and whether or not they are achieving optimal earned revenue for their services. If not, the Analysis Report identifies their compliance issues and determines the financial value of undertaking a complete Compliance Audit of the Client's Charge Description Master (CDM) which, in addition to identifying possible compliance issues, has the potential to produce millions of dollars in additional Total Patient Revenues.

Once the Client agrees to have the complete CDM Audit performed (usually as a result of the value predicted in the Analysis Report), those services are contracted with the fees amounting to a small percentage of the additionally billed funds—which are not due until after the Client has collected the money. The contracts include on-going maintenance services to keep the Client in compliance, as well as assurance that all future services performed will generate the optimal revenue amounts within Payer Guidelines and Rules.

Want to know more?

SCORE will ensure the ongoing integrity of your revenue stream.



Return on Investment (ROI) is commonly more than 30 times cost with no upfront fees or the need to further stress already stretched budgets.

www.gbscorp.com

Call us at 800.860.4427 for further details regarding this solution.

SCORE (Systematic Compliance Optimizes Revenue Efficiency)

KEY BENEFITS

- Identification and Correction of Compliance Issues
- · Reduced Risk of Fraud and Fines
- Optimal Increase in Revenue
- No Budgeting Requirement for the Complete Audit

The benefits of SCORE to the Client are significant! The service assists the Client by identifying and correcting their compliance issues which, if audited by the Centers for Medicare & Medicaid Services' (CMS) Recovery Audit Contractors (RACs), could result in substantial fines for improper billing and/or overbillings to the government, or possibly accusations of fraud should certain billing practices continue repeatedly without correction. Recently, the need for continuing maintenance of the Charge Description Master (CDM) has become increasingly more important due to the complexity of payer contracts, payer scrutiny, and mandates throughout the industry for more transparent pricing. Failure to accurately and effectively maintain their CDM places a facility at serious risk for compliance violations as well as lost reimbursement. While past focus may have been on reimbursement value, the emphasis has now changed to the accuracy of all CDM line items. Therefore, complete and continuing analysis of the CDM is necessary to ensure the proper combination of coding and revenue is associated with each charge.

SCORE resolves or eliminates all of those issues, thereby ensuring the ongoing integrity of the Client's revenue stream. That effort generally also results in the identification of millions of dollars in additional revenue resulting from inaccurate pricing, charging, and coding. These increases in revenue have ranged from \$1.5M to \$33.3M per year for hospitals with 100 to 800 beds. The average total patient revenue increase for an average 300-bed hospital has been \$8.2M annually.

ADDITIONAL BENEFITS

- The FREE Analysis Report requires little Client data to complete
- The Report is available within a week of data receipt
- Short period of time to complete the Audit (4 to 6 weeks)
- Another short period for the Client to see the results in billing improvement
- Receipt of additional cash within another 30 to 60 days
- Little or no risk and no payments until after the Client receives additional funds
- A drop in denied claims
- Peace of mind from knowing the benefits will automatically continue under our "evergreen" agreements, which assures continuing maintenance



