

ARGUS Claim Review:

A powerful system to guard against errors and fraudulent billing

At Cypress Benefit Administrators, we are continually on the lookout for ways to save our clients money on their medical expenses. As a part of this effort, we've instituted the most all-encompassing fraud protection and cost containment system available: ARGUS Claim Review. Many of our clients have experienced the significant savings generated by ARGUS. Following is just one example:

CASE #62:

A claim was received by Cypress from a Non-PPO ambulatory surgical center (ASC) for a charge of \$66,222.04

Due to the size of the claim received, it was immediately sent to ARGUS to be examined. An internal review of the claim was done comparing it to what the Centers of Medicare and Medicaid Services (CMS) would allow nationally and adjusted for the county's Core Based Statistical Area (CBSA). Based on the analysis that was done, an amount was determined which was substantially less than the billed amount.

ARGUS contacted the facility to negotiate payment of the claim. Included in the negotiation was a substantial discount of the dollar amount, prompt payment of the claim, and protection for the patient against any balance billing. After discussion with the facility, an amount of \$30,049.40 was agreed upon for payment.

Overall, the comprehensive ARGUS review and negotiation of the claim produced a **\$36,172.64 savings to the client and protection for the patient of no balance billing due to the reduction.**