

Most healthcare providers believe that health plans have the final authority to set allowed reimbursement

That assumption is often false.

Appeals filed based on complex ERISA regulations provide both in- and out-of-network providers with an opportunity to recover substantial additional reimbursement.

ERISA appeals are a largely untapped source of revenue for most providers. Why?

Regulatory Complexity

ERISA, the Employee Retirement Income Security Act of 1974, has been subject to countless changes and clarifications by Congress and U.S. courts over 45+ years. Very few revenue cycle professionals are experienced with the aspects of ERISA that can be used to protect hospital reimbursement.

Conditioning by Payers

Most healthcare finance teams are used to payers setting the rules around payment, eligibility, and medical necessity. The reality is that, in many cases, ERISA trumps health plan contract terms and state regulations.

Overlapping Denials

Hospitals are already addressing the denials covered by ERISA every day – medical necessity, experimental treatments, timely filing, noncovered services, etc. They're just not using the very effective tools provided by ERISA.

Expense of In-House Efforts

Once hospital CFOs and VPs of revenue cycle learn about the benefits of ERISA appeals, they recognize the cost and effort it would take to stand up an insourced ERISA denials team. Staff training and retention are always a concern, and the cost of proper attorney involvement may be prohibitive.

Argos Health's ERISA and revenue cycle experts can work with you to obtain additional revenue from your zero-balance accounts.

Contact us to learn more about ERISA appeals.

*As the world of healthcare grows increasingly complex,
your claims inventory doesn't have to.*

