

Many hospitals write off out-of-state Medicaid claims due to the complexities involved. **With Argos Health, you don't have to.**

Most providers can't maintain the in-house knowledge required to submit clean claims and get them paid across 50 state Medicaid programs and related plans.

We are here to help.

Out-of-state Medicaid claims are some of the most challenging faced by hospitals for two reasons:

Regulatory Changes

Each state's Medicaid plan is different when it comes to billing, reimbursement, and appeals processes. States update policies and regulations on a regular basis.

Provider Enrollment

State Medicaid programs require that hospitals, health systems, and physicians be enrolled in the program before claims may be submitted and paid. The enrollment process often involves a complex application that mandates the provision of confidential information.



EXPERIENCE

The Argos Health team works with all 50 states and has developed processes and relationships to remain up to date as Medicaid programs evolve.



COMMUNICATION

Argos Health has developed communication techniques that help hospitals understand why the enrollment process is critical.



CONFIDENTIALITY

The security of enrollment information is a top priority. In many cases, board members and physicians are more comfortable providing confidential information to a trusted third party.

20+
Years of Experience

140+
Hospital Clients

\$480M+
Recoveries

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