ARGUS Weighs in on Health Insurance Fraud

Examining the issue of health insurance fraud, an April 2011 article was published in The Post-Crescent of Appleton, WI, and in its online Fox Valley Business Inc. Newsletter. With over $200 million in claims processed each year, ARGUS Claim Review was asked to weigh in on the topic. President and Co-Founder, Tom Doney, was interviewed to share his perspective on health insurance fraud and its growing effects on employers.

The following are excerpts from the interview:

On why it's so important to monitor for health insurance fraud and medical billing errors:

"When employers renew their plans, they're really trying to focus on minimizing their cost increases. At the same time, providers are looking for ways to increase their revenues." To help combat rising healthcare costs, Doney explains, "We've developed a system to identify best practices and look for potential fraud, abuse and billing errors."

On the difference between intentional fraud and everyday medical billing errors:

"Every day we find things that should not be billed and simply are just billing errors." Doney also says, "Unfortunately there are some providers who bill fraudulently and are trying to get paid for things they didn't do."

On ARGUS's role in protecting clients' assets:

"If they're paying for things they shouldn't be paying for, then we're not protecting their plan's assets." Doney adds, "We have become the watchdog for our clients."

Find more information about ARGUS and how it is helping clients save on medical costs with the company's all-encompassing claims management and fraud protection system:

- Advantages of ARGUS
- Claim Review Process
- Case Studies