



**We partner with our clients**

*In recognition of the unique role that healthcare providers play in their communities, we partner with our clients through every application and claim to protect and enhance their standing in their communities.*

*This level of service has earned us the business of **85% of the hospitals** in Massachusetts.*

**PV Kent is fully HIPAA Compliant**

**Services**

**End-to-end support for driving up revenue**

New England healthcare providers turn to PV Kent & Associates to help them recover more revenue for the services they provide.

Kent enables clients—including hospitals, community health centers, clinics, nursing homes, and rehabilitation centers, as well as physician groups—to maximize reimbursement for services provided. We have established a core set of Best Practices in the areas of:

• **MassHealth Applications**

Our staff of professionals screen, interview, and file applications for Medicaid insurance benefits in Massachusetts. We follow through with appeals, converting potential write-offs into paid accounts.

• **MassHealth Claims Management**

Kent specialists are meticulously accurate in every step of MassHealth claims management, from filing and tracking to appealing denials. We handle claims that involve MassHealth managed care organizations, including Neighborhood Health Plan, BMC HealthNet, Network Health, and Fallon Community Health Plan.

• **Commercial Insurance Claims Management**

We successfully expedite and maximize reimbursement for claims to commercial insurance companies and HMOs.

• **Out-of-State Medicaid Applications and Claims Services**

Kent is well versed in the intricacies of out-of-state Medicaid agencies and their MMCOs. We have extensive experience enrolling providers in Medicaid programs, applying for patient coverage, and processing claims and appeals to out-of-state agencies and their commercial MMCOs.

• **Motor Vehicle, Workers' Compensation, and Veterans Administration Claims Management**

Our specialists carry out the timely action, painstaking follow-up, and proper coordination of benefits that are essential to securing prompt and proper payment from motor vehicle insurers, workers' compensation plans, and the Veterans Administration.

• **Legal Services**

Kent attorneys address healthcare providers' legal needs, providing a critical and valuable component to encouraging payers to fulfill their payment obligations.

• **Additional Services**

In addition, Kent provides a full-range of complimentary services. These range from in-service educational programs and custom presentations to receivables analysis and consultation. Through these services, we regularly guide and inform our clients, enabling them to become proactive, correcting outdated processes that hinder or preclude reimbursement.

***We stand by our services. Our clients don't pay us a cent for claims management until we secure payment.***



## MassHealth Applications Program

The process of applying for MassHealth eligibility can be an administrative black hole unless providers have the resources in every department of the organization to provide the right information at the right time. By submitting and tracking timely and accurate applications, PV Kent & Associates makes it easier for healthcare providers to obtain eligibility through the Office of Medicaid.

### ***In situations where a patient is potentially eligible for MassHealth, we seek:***

- Community program coverage
- C-CHIP Commonwealth Connector program coverage eligibility
- Basic program coverage
- Essential program coverage
- Disability program coverage
- Long-term care coverage

Our goal is to secure eligibility for the highest level of benefit and the earliest possible start date for which patients qualify. As a result, our clients realize the maximum level of reimbursement for the services they provide. We constantly refine our Best Practices for Reimbursement to achieve these goals.

### ***Kent's MassHealth Applications Services***

Here at Kent, we tailor our MassHealth applications processes and procedures to meet each client's specific needs. For example, healthcare providers turn to us to:

- Communicate face-to-face, over the telephone, and through correspondence with patients and their families to complete the applications process
- Enroll patients with the appropriate primary care physician/clinician
- Communicate with MassHealth Enrollment Center staff through memoranda and informal conferences
- Retrieve and submit all necessary documentation including medical records when necessary
- Issue medical/psychological consultation exam reminders
- Request and prosecute fair hearings
- Perform legal reviews and file complaints with the appropriate court, or agency when needed

### ***Screening***

As soon as a provider refers a patient to us, we start the screening process. We can even prescreen cases for potential eligibility, before patients begin to receive care. Our trained specialists speak Spanish and Portuguese and work closely with interpreter services to meet patients' needs for translation. (They carry out interviews onsite, or they can communicate over the telephone or by correspondence, when that is more convenient or appropriate.)

### ***The Kent Difference***

*At Kent, our employees pride themselves on their knowledge of the complexities of MassHealth and the Commonwealth Health Insurance Connector Authority programs. As trained professionals, they understand the processes and procedures and use effective communication skills to achieve positive cooperation among patient, family, provider, and agency. Our specialists are bilingual to ensure the accuracy of information, as well as to put patients and their families at ease. Our attorneys support the applications process, offering services and experience focused entirely on healthcare claims reimbursement and eligibility issues.*

*The Kent staff monitors the processing of over 600 new applications to government agencies each month. For every case, we measure our success not by the number of applications we submit but by the approvals we obtain for our clients. Clients see Medicaid eligibility approval rates as high as 80% thanks to our services.*

### ***PV Kent is fully HIPAA Compliant***

***Invalid denials are unacceptable at PV Kent & Associates. We excel at reversing denials of MassHealth applications at the Board of Hearings.***

## **Out-of-State Applications Program**

*Kent is well equipped to handle applications for out-of-state Medicaid coverage, as well. Clients rely on our extensive experience dealing with the complex and varied Medicaid applications processes throughout the New England states. In addition, we have successfully enrolled countless providers in out-of-state Medicaid programs, opening the door to reimbursement from those agencies. Our staff attorneys are also admitted to practice in New Hampshire and thus are able to appear at New Hampshire appeal hearing on behalf of our clients.*

In some cases, Kent determines that a patient has no other coverage available and does not qualify for Medicaid or Commonwealth Connector but still meets the federal poverty guidelines for free care through the Massachusetts Uncompensated Care Pool (UCP). In these instances, our specialists provide our clients with the documentation necessary to support the write-off to the UCP.

Occasionally, the information we gather demonstrates that an applicant is not categorically eligible for services from MassHealth, the Connector or UCP. We immediately notify the provider of this outcome, returning the referral with a comprehensive written explanation as to why the application failed to meet applicable program guidelines.

## **Submissions**

If we deem that a patient is potentially eligible for Medicaid, we use the information collected in the screening process to file an application for MassHealth, Connector and/or UCP coverage. We submit most applications via the MassHealth Virtual Gateway; we can also send hardcopy applications, as the circumstances warrant.

Unlike other firms, which simply submit applications and hope for the best, we monitor each application through every step of the process. Our Applications department takes advantage of our automated collection/tracking/scheduling system to coordinate all procedures and timelines—in real time.

## **Denials and Appeals Management**

We enable our clients to appeal denials that arise from inadvertent failure to follow rules and regulations. We also address denials caused by agency limitations—such as inadequate staffing—which lead to processing delays and inevitable administrative mistakes. In short, we increase our clients' chances of being paid for care that would otherwise go uncompensated.

When MassHealth denies coverage that should be available per agency guidelines, Kent responds efficiently and effectively. We file an appeal, as appropriate, to preserve the original application date and potential retroactive eligibility. This approach ensures that clients do not miss out on any reimbursement opportunities.



## MassHealth Claims Management

### Achieving higher payments through meticulous follow-up

Healthcare providers dealing with MassHealth patients turn to PV Kent & Associates to circumvent the traps and pitfalls of processing claims with the Office of Medicaid. We understand the unique intricacies of dealing with MassHealth. In addition, we have established excellent working relationships with the Office of Medicaid that allow us to expedite payment.

Kent applies its Best Practices for Reimbursement to managing claims submissions to MassHealth. Our procedures maximize the accuracy and completeness of every claim and ensure adherence to the requirements of every step of the claims process.

#### **Kent's MassHealth Claims Services**

Because we are intimately familiar with MassHealth regulations and procedures, we are uniquely prepared to:

- Handle issues specific to inpatient and outpatient services
- Investigate and resolve issues that arise out of Medicaid Eligibility Verification System restrictions
- Pursue payment and coordinate split payments between MassHealth and its managed care organizations, including Neighborhood Health Plan, Network Health, BMC HealthNet, and Fallon Community Health Plan
- Resolve issues surrounding dual diagnosis claims (e.g., medical vs. psychiatric/substance abuse)
- Pursue retroactive prior authorizations
- Retrieve and provide medical records to the Office of Medicaid, as necessary, and appropriate
- Ensure consistency and accuracy of universal billing and claims correction forms
- Ensure consistency and accuracy of diagnosis and procedure codes
- Resolve issues with primary care physician/clinician referrals
- File appeals with the FDAB (Final Deadline Appeals Board)
- Challenge medical necessity claim denials
- Request and prosecute fair hearings
- Perform legal reviews and file CJRs (Complaints for Judicial Review) as authorized by our clients

#### **Claims Submission**

When it comes to MassHealth claims, the bottom line is, "A Clean Claim Gets Paid." Our claims processing team and our customized computer systems scrutinizes submissions for likely errors, inconsistencies, and missing data.

We work with our clients' various departments to ensure the accuracy of authorizations, referrals, coding, medical records, hospital clinical notes, proof of facsimile submissions, and much more. In the event that a claim involves motor vehicle insurance, workers' compensation, the Veterans Administration, or other insurers, we coordinate benefits and manage the hierarchy of payment, as necessary.

We submit most claims electronically; we can also send facsimile or hardcopy claims, as the circumstances warrant.

#### **The Kent Difference**

*Our staff has an unusually extensive level of experience securing compensation from MassHealth. In fact, over half of our team has worked with MassHealth claims for between five and twenty years. We understand the unique requirements and complexities of this governmental agency.*

*We stand by our services. Our clients don't pay us a cent for claims management until we secure payment for them. Even when we go to court, they pay only the filing fee associated with the action; we invoice for litigation contingent on approval. This billing structure is yet another way that we demonstrate our commitment to increasing our clients' revenue stream.*

**PV Kent is fully HIPAA Compliant**

### **Claims Tracking and Reporting**

Kent's fully automated collection/tracking/scheduling system allows our specialists to expedite the reimbursement process. It also permits our clients to ascertain the status of every claim in real time.

Our automated system generates customized reports that offer extraordinary insight into general trends, granular details, and tactical and statistical information. Since information requirements vary greatly among healthcare providers, we tailor our reports to each client's specific needs.

In fact, Kent managers review the same reports for quality control purposes. They look for recurring problems, recommend remedies, and provide in-service training, showing clients how to avoid these problems by changing the way they work. We provide these services at no extra cost as part of our ongoing partnership with our clients.

### **Denials and Appeals Management**

Healthcare providers miss out on hundreds of thousands of dollars of potential revenue each year due to incorrect denials from MassHealth. These losses often occur because of inadequate staffing, delays, and mistakes that are beyond the providers' control.

Kent prevents and appeals denials with a level of attention that would be impractical for most healthcare providers. Even before a claim is submitted, our MassHealth specialists discover and rectify potential problems caused by incomplete or inaccurate forms, billing deadline discrepancies, coding errors, and lack of referrals.

In the event that MassHealth denies payment, we notify our client of the result and the reason. If the denial is unjustified, our appeals specialists resubmit the claim with the corrected and amended information.

### **Legal Follow-Through**

In the rare cases when standard appeals procedures are unsuccessful and/or the carrier denies a claim for improper administrative reasons, Kent's legal team offers advocacy and negotiation services, as well as litigation support. Our attorneys have the qualifications to appeal claims to the highest level, request fair hearings, and file complaints for judicial review with the appropriate court. These capabilities make us unique in the industry.





## Commercial Insurance Claims Management

### Increasing income with superior claims management

PV Kent & Associates increases payments from Commercial Insurance Carriers and other payers with across-the-board services that avoid bottlenecks in the first place.

We understand that claims processing involves much more than simply submitting a claim for payment. We free healthcare providers to concentrate on other issues by handling the full spectrum of claims management issues. In short, we use our own Best Practices for Reimbursement to expedite and maximize reimbursement for claims to commercial insurance companies and other payers.

#### **Kent's Commercial Insurer Services**

Every Kent client has unique needs, which we meet in a variety of ways. We can:

- Handle issues specific to inpatient and outpatient services
- Investigate and resolve issues that arise out of carrier specific eligibility verification system restrictions
- Request retroactive and prior authorizations
- Request and provide medical records, as appropriate
- Ensure consistency and accuracy of universal billing and claims correction forms
- Ensure consistency and accuracy of diagnosis and procedure codes
- Resolve issues with primary care physician/clinician referrals
- Challenge medical necessity claim denials
- File informal appeals
- Perform legal reviews, file formal appeals and pursue litigation, mediation or arbitration, as authorized by our clients

#### **Claims Submission**

Kent operates based on the principle that "A Clean Claim Gets Paid." At every point in the claims management process, we attend to the most minute of details.

We pick up the claims process at any point that is convenient for our client. For example, an organization might turn to us even before they start delivering services, if they foresee a complex case. In other instances, we help providers that have consistent problems with a particular carrier. Most often, we pick up aging claims after 90 or 120 days.

Our specialists start each claim with an in-depth review that reveals potential problems. They confirm the accuracy of submitted information, verifying eligibility, authorization, and other issues, as appropriate. In the event that a claim involves motor vehicle insurance, workers' compensation, the Veterans Administration, or other insurers, we coordinate benefits and manage the hierarchy of payment, as necessary.

Our specialists submit a claim only after it meets their scrutiny. As often as possible, the office uses electronic means to send off referrals, claims, forms and other information, facilitating efficient and cost-effective execution.

#### **The Kent Difference**

*PV Kent & Associates is successful at increasing revenue from private insurers because we:*

- Have 35-plus years of experience working with commercial carriers, including HMOs, PCCs, PPOs, ERISA Plans and other payers
- Value and foster the important relationships that providers have established with these companies
- Maintain a professional and ethical standard in all communications
- Encourage knowledge transfer, educating clients about ways to avoid problems and correct future occurrences

*We stand by our services. Our clients don't pay us a cent for claims management until we secure payment. Even when we go to court, they pay only a the required filing fee; we invoice for litigation contingent on approval. This billing structure is yet another way that we demonstrate our commitment to increasing our clients' revenue stream.*

**PV Kent is fully HIPAA Compliant**

***We ensure that the Commercial Insurance Carriers and government payers honor their payment obligations for the services you provide to their insureds.***

## **Claims Tracking and Reporting**

Kent utilizes a fully automated collection/tracking/scheduling system to expedite the reimbursement process. This system makes it easier for our specialists to track progress. It also gives our clients the ability to ascertain the current status of every claim in real time.

We have customized this claims management software to generate extraordinarily informative and effective reports for tactical and statistical purposes. These reports provide a window into general trends, granular details, and everything in between. Since information requirements vary greatly among healthcare providers, we tailor reports to each client's specific needs.

We take reporting one step further. Our department managers routinely review reports to ensure quality control and identify trends. If they spot patterns and issues with uncollectible claims, they recommend remedies and in-service training that will enable clients to avoid such issues in the future. Our clients enjoy and benefit from this element of partnering with Kent at no additional cost.

## **Denials and Appeals Management**

Healthcare providers can lose significant revenue due to denials from commercial insurance companies. Some denials arise from unintentional and unforeseen failures to follow insurer guidelines. On the other hand, inadequate staffing, delays, and mistakes on the insurance company's end is at times the source of erroneous denials.

Either way, Kent does the expert tracking and follow-up that most healthcare providers simply cannot afford to do. Even before a claim is denied, our specialists discover and rectify potential problems caused by incomplete or inaccurate forms, billing deadline discrepancies, coding errors, and lack of referrals.

In the event that a commercial insurer denies payment, we immediately determine the cause of the denial and notify the provider. If the denial is not well-founded, our appeals specialists submit the information required to reverse the denial.

## **Legal Follow-Through**

In the instances where standard appeals procedures are unsuccessful and/or the carrier denies a claim for improper administrative reasons, Kent's legal team offers advocacy and negotiation services, as well as litigation support. Our attorneys have the qualifications to appeal claims to the highest level, request and prosecute appeal hearings, pursue arbitration, mediation and initiate litigation appropriate court, as necessary and authorized by our clients. These capabilities make us unique in the industry.

We stand by our services. Our clients don't pay us a cent for our claims management services until we secure payment for them. Even when we go to court, they pay only the required filing fee; we invoice for litigation contingent on approval. This billing structure is yet another way that we demonstrate our commitment to increasing our clients' revenue stream.





## Out-of-State Medicaid Claims Management Overcoming hurdles to generate payment

Securing payment from out-of-state organizations and their allied Medicaid Managed Care Organizations (MMCOs) can be an arduous task. Requirements for provider enrollment and applications for patient eligibility vary among agencies, their allied MMCOs and other insurance providers. Each state and carrier has different claims processes, procedures and regulations. Many states employ MMCOs or managed care programs, often making the process even more complicated.

Kent applies over 35 years of experience, extensive know-how, prompt follow-up, and meticulous verification procedures to overcome these hurdles to payment from out-of-state insurers and Medicaid agencies. (Using our fine-tuned Best Practices for Reimbursement, we manage enrollments, applications, and claims to out-of-state insurers and Medicaid agencies, freeing our clients to concentrate on other, more important, issues.)

### Out-of-State Provider Enrollment

The first step in securing payment from out-of-state organizations is to ensure that the healthcare provider is properly credentialed and successfully enrolled by the particular Medicaid agency. Kent drives the process, by completing and providing all provider enrollment applications and the required attachments, including:

- Certificates of insurance
- Clinical Laboratory Improvement Amendments (CLIA)
- JCAHO, licenses
- Medicare EOBs (remittance advices)
- Licenses
- DEA certifications
- Completed W-9 forms
- Board of directors/trustees lists
- IRS certifications
- BANIC information for ETF

### Out-of-State Claims Management

Kent's Claims specialists ensure complete, accurate and timely processing of claims to out-of-state commercial and government insurers. We can:

- Handle issues specific to inpatient and outpatient services
- Verify patient eligibility and coverage dates
- Investigate and resolve issues that arise out of Medicaid Eligibility Verification System restrictions
- Pursue claims with all out-of-state Medicaid managed care organizations
- Request retroactive and prior authorizations
- Request and provide medical records to agencies, as appropriate
- Ensure consistency and accuracy of universal billing and claims correction forms
- Ensure consistency and accuracy of diagnosis and procedure codes
- Resolve issues with primary care physician/clinician referrals
- File appeals with appropriate out-of-state agencies
- Challenge medical necessity claim denials
- Request administrative hearings, as necessary and appropriate

### The Kent Difference

Every state has its own requirements, forms, procedures, and peculiarities. Kent regularly guides Medicaid applications and insurance claims through agencies in other states, so we know the fastest ways to ensure payment. In addition, Kent attorneys are admitted to the New Hampshire bar, allowing us to extend legal support to that state.

**PV Kent is fully HIPAA Compliant**

**Healthcare providers lose hundreds of thousands of dollars of potential revenue simply because it is so difficult to process out-of-state claims correctly.**

## **Out-of-State Medicaid Applications Program**

*In situations where a patient is potentially eligible for out-of-state Medicaid coverage, our Applications specialists seeks the highest level of benefits and the earliest start date for the range of services needed, including community-based programs, disability coverage, and long-term care placement, if appropriate.*

**PV Kent is fully HIPAA Compliant**

Kent manages out-of-state claims using a well-defined process that involves claims submission, claims tracking and reporting, denials and appeals management, and legal follow-through, as necessary.

### **Claims Submission**

In the event that a patient falls under the auspices of an out-of-state organization, Kent follows the same assumption as we do for any other insurer or government agency: "A Clean Claim Gets Paid."

Before we submit any claim, we ensure the completeness and accuracy of all information. We verify eligibility, authorization, referrals, coding, medical records, hospital clinical notes, and proof of facsimile submissions. As often as possible, the office uses electronic means to send off referrals, claims, forms and other information, facilitating efficient and cost-effective execution.

### **Claims Tracking and Reporting**

We manage all our efforts with an automated collection/tracking/scheduling system in real time. Our clients can access the system to see exactly where claims stand.

Custom reports give our clients extraordinary insight into general trends, granular details, and tactical and statistical information. Kent managers review reports regularly, to look for ways our clients can improve their own claims processing. At no extra cost, we recommend remedies and provide in-service training, showing clients how to avoid these problems.

### **Denials and Appeals Management**

Healthcare providers lose hundreds of thousands of dollars of potential revenue simply because it is so difficult to process out-of-state claims correctly. Kent handles denials by preventing them in the first place. Before a claim is submitted, our specialists discover and rectify potential problems caused by incomplete or inaccurate forms, billing deadline discrepancies, coding errors, and lack of referrals.

If an out-of-state insurer or agency denies a claim, we immediately notify our client of the result and its reason. If the denial is unjustified, our appeals specialists resubmit the claim with the corrected and amended information.

### **Legal Follow-Through**

In the rare cases when standard appeals procedures are unsuccessful, our staff attorneys are available to advocate and negotiate. As members of both the Massachusetts and New Hampshire Bar, they have the qualifications to request fair hearings, file complaints for judicial review with the appropriate court, and appeal claims to the highest level in both jurisdictions. These capabilities make us unique in the industry.





## Automobile, Liability, Workers' Compensation, and Veterans Administration Claims Management

### Coordinating reimbursement across complex regulatory agencies

#### **The Kent Difference**

Most patients accounts departments simply don't have sufficient resources to coordinate payment across multiple carriers. We handle this type of case every day. Our team of trained legal assistants deals exclusively with the efficient and timely processing of motor vehicle, workers' compensation, and Veterans Administration claims. Given this level of experience, we can anticipate and remedy hindrances to payment early in the process. Our staff members work under the guidance of Kent's own attorneys who keep up with applicable laws and regulations, recommend action, and negotiate settlements or litigate, as necessary.

We stand by our services. Our clients don't pay us a cent for claims management until we secure payment for them. Even when we go to court, they pay only the required filing fee; we invoice for litigation contingent on approval. This billing structure is yet another way that we demonstrate our commitment to increasing our clients' revenue stream.

**PV Kent is fully HIPAA Compliant**

When it comes to coordinating reimbursement from multiple organizations, PV Kent & Associates has what it takes. Our specialists understand how government and commercial insurers interact with motor vehicle insurance, workers' compensation plans, and Veterans Administration coverage. They know the billing rules and regulations inside and out, so they can ensure that payers live up to their responsibilities despite the many opportunities for denying claims. Our Liabilities Account and Veterans Administration teams carry out the timely action, meticulous follow-up, and proper coordination of benefits (COB) that are essential to securing prompt payment.

#### **Motor Vehicle Claims Management**

As a no-fault state, Massachusetts has instituted procedures that make it difficult to collect payment from motor vehicle insurance companies in combination with state, Medicaid, and/or commercial insurers. Given all these companies and agencies, claims management can be complex and time sensitive. It's extremely difficult for healthcare providers to coordinate all the necessary steps and identify the party responsible for payment at any given time. Kent's Liability Accounts department is in an ideal position to drive claims through the process productively.

Kent's services are most effective when clients refer motor vehicle accident claims to us immediately upon patient discharge. At that point, our legal assistants:

- Screen the patient to obtain and verify all health insurance information
- Use motor vehicle registration software to obtain and verify auto insurance information
- Help patients file Personal Injury Protection (PIP) applications
- Submit conditional bills to appropriate healthcare insurers to meet filing limits, as appropriate
- Notify MassHealth of auto information via the web site, as required by the Office of Medicaid Hospital RFA (Request for Applications)
- Coordinate benefits among other insurers, including commercial companies, Medicaid agencies, PIP, MedPay, and/or bodily injury coverage carriers
- File liens, when necessary and appropriate
- Call in Kent attorneys to enforce liens and represent providers before administrative or judicial bodies

#### **Liens**

Our Liability specialists can file hospital liens to protect our clients' legal interests. This process notifies all interested parties of the outstanding obligation and sets the expectation that payment will be made, placing the healthcare provider in a more secure position pending resolution and settlement.

***Kent often achieves a 100% payment from motor vehicle insurers when clients refer claims immediately upon patient discharge.***

While many healthcare providers do not place hospital liens, Kent deals with cases like this every day. Our Liability Accounts department serves notice of the liens, coordinates benefits upon receipt of payment, and provides information (e.g., certified itemization of bills) to the responsible payer as required by law.

They coordinate, mediate, and negotiate settlement and—if all else fails—litigate. This course of action increases the likelihood that the healthcare provider will receive the full payment due for the goods and services provided. It also increases the likelihood that their hospital liens will be honored in the future.

### **Workers' Compensation Claims Management**

In the case of a work related injury, the health insurers payment responsibility varies based on several factors. In these instances, healthcare providers must recoup under the Workers' Compensation program before turning to other payers.

Kent's Liability Accounts department has years of experience pursuing claims with Workers' Compensation and health insurance organizations and is prepared to coordinate benefits to maximize reimbursement consistent with applicable rules and regulations. The group understands the mindset of these organizations, as well as the laws and procedures that support smooth processing and payment.

Accuracy is a critical component of Workers' Compensation claims. Frequently, the carrier denies charges on the basis that the provider's services were unrelated to the injury, that the injury was unrelated to work, or that services rendered were excessive or unauthorized. Our Liability Department challenges payment rates if the workers' compensation carrier does not reimburse correctly.

By producing detailed, accurate, and timely documentation, Kent's specialists avoid this kind of denial and subsequent delays. They also perform all necessary follow-up to pursue proper payment. In addition, our attorneys represent our clients before administrative or judicial bodies. When necessary or appropriate, they seek remuneration from Workers' Compensation insurers and the Department of Industrial Accident (DIA) Trust Fund.

### **Veterans Administration Claims Management**

The Veterans Administration (VA) employs an archaic claims system and a convoluted process. As a result, many claims generated by healthcare providers are denied payment... or sometimes even lost completely. In contrast, PV Kent & Associates clients enjoy a 66% collection rate from the VA. We credit this high level of success to our perseverance, familiarity with applicable processes and procedures, and proven strategies for VA claims.

We exploit the power of our automated collection/tracking/scheduling system to submit claims and follow up at every stage—in real time—encouraging the agency to deliver payment for services rendered. Specifically, we:

- Handle issues specific to inpatient and outpatient services
- Retrieve medical records in accordance with VA requirements
- Resolve issues surrounding lack of authorization for emergency services
- Ensure consistency and accuracy of diagnosis and procedure codes
- Deal with "Millennium Bill" issues
- Appeal denied claims
- Perform legal reviews
- Request hearings
- File complaints with the federal courts when appropriate
- Are prepared to file appeals to the United States Court of Appeals for Veterans Claims



## Legal Services

### Integrating legal services into the reimbursement process

No matter how important payment is, it's a serious step to initiate legal proceedings in order to collect payment. Though, in many cases, it's a critical and valuable component of encouraging payers to fulfill their obligations. Kent gives our clients this option, without the need to outsource to another agency. Indeed, our clients find that just the knowledge that they have this option at their immediate disposal is enough to overcome barriers to payment by many payers and government agencies.

PV Kent & Associates attorneys are available full-time to support healthcare providers' legal needs. Our attorneys provide a range of services. For example, they:

- Cease improper attempts by payers to recover alleged overpayments
- Secure claims against solvent estates for recovery of unpaid medical bills
- Demand and obtain payment from individual ERISA plans, private and commercial carriers, and government payers
- Assist and defend providers during audits conducted by state and federal agencies
- Review and assist providers with insurance contract negotiations and other legal matters pertaining to contractual agreements
- Pursue self-pay claims
- Submit appeals to courts and various administrative agencies

Unlike most companies, Kent has in-house attorneys who can litigate when deemed necessary. This ensures seamless coordination that is not possible when working with multiple firms.

#### Denials Management

In the event that administrative appeals for proper payment are exhausted, Kent attorneys can prosecute appeals before a variety of entities, including the Office of Medicaid's Board of Hearings and the District and Superior Courts of both Massachusetts and New Hampshire.

They have been successful in contesting non-payment due to:

- Prepayment denials and post payment recoupment
- Third-party liability
- Attempts by payers to recover insurance identified after payment has already been made
- Improperly denied claims by Medicaid and other state agencies
- Administrative denials—by responding to MassPRO in accordance with strict program guidelines
- Third-party administrator and re-insurer denials

#### The Kent Difference

Unlike most companies that support recoupment efforts from insurance companies and agencies with outside legal assistance, PV Kent & Associates maintains in-house attorneys who focus their practice exclusively on all aspects of healthcare reimbursement. Our ability to deliver both legal and administrative support, without the need to coordinate multiple vendors, makes us unique in the industry and enables us to achieve consistently remarkable results.

Kent's law practice focuses exclusively on healthcare reimbursement related issues, so our attorneys are authorities on the legal implications of collecting from state, federal, commercial, and other insurers. Clients turn to Kent when they need proficiency in the areas of:

- Advocacy
- Negotiation
- Litigation

First and foremost, our staff is aware of the unique role that healthcare providers play in their communities. We partner with our clients throughout every interaction to protect and enhance their standing in their communities.

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*In recent years, Kent attorneys have helped our clients retained in excess of \$10,000,000 in payments that the Office of Medicaid attempted to take back.*

## **Estate Claims**

There are occasions when healthcare providers seek remedy for unpaid medical bills from the solvent estate of a patient who is deceased. Kent's attorneys coordinate closely with clients throughout the entire process of pursuing payment. They file necessary documents with the courts and initiate litigation against the administrator or executor of the estate within the tight deadlines established by state statute. They have extensive experience searching probate court dockets, communicating with estate attorneys, negotiating settlements, and filing requisite legal paperwork. Kent's lawyers are firm and yet ever mindful of the need to protect and enhance our clients' standing in their communities.

## **ERISA Claims**

ERISA (Employee Retirement Income Security Act of 1974) specifies the federal standards for healthcare benefits payable under self-funded group health insurance plans. ERISA can be a minefield, but our experience in this area allows us to recover a significant number of improperly denied claims.

Kent attorneys operate skillfully within the complexity of ERISA regulations. For example, they know how to work with third-party administrators, trustees, and re-insurers of an ERISA plan to resolve issues without the need to resort to unnecessary litigation. They can identify whether or not ERISA preempts state insurance laws—early enough in the process to avoid delays and unnecessary courses of action. They manage denials thoroughly to ensure that their clients can effectively contest a claim, through all phases of the litigation process, if necessary.

As usual, Kent attorneys advocate, negotiate, and then litigate when necessary and appropriate. They carry out all the activities required to maximize revenue for the healthcare provider. This includes making payment demands, notifying the Department of Labor of ERISA plan violations, seeking noncompliance penalties, and recovering litigation costs.

## **Audits**

Healthcare providers regularly undergo audits by insurers and government agencies, during which they must disclose all of their accounting records. As a law firm, Kent can assist in the audit itself. In cases where auditors cite questionable violations and overpayments, Kent can challenge their findings. As a result, we have significantly reduced—or even eliminated—repayments, fines, and sanctions imposed by the auditing entity.

## **Attorney Representation**

Kent attorneys address the full spectrum of legal matters that pertain to healthcare providers relating to reimbursement and eligibility. Because Kent is focused on the business of supporting healthcare providers, we can deliver a more competent level of support for these matters than most other law firms.

