



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.

