



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.