PV KENT & ASSOCIATES

Best Practices for Healthcare Reimbursement




# Out-of-State Medicaid Claims Management

## Overcoming hurdles to generate payment

***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***

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

***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 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.

### 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.*

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19 Locust Street ~ P.O. Box 2164 ~ Danvers, MA 01923 ~ Phone 978.777.9998 ~ Facsimilie 978.777.2233
www.PVKent.com