



Problem Accounts Program

Key Questions

When evaluating your injury claims performance, consider the following five questions:

- What is your denial rate?
- What is your recovery rate?
- How do you compare to “best practice”?
- As a consequence, how much revenue do you lose?
- How much revenue is recoverable?

Representative Problems We Resolve

- Auto Insurance Denials and Delays
- Unjustified Discount per Contract
- Multiple Payer Disputes
- Workers’ Compensation Matters
- Denials for Pre-Existing Condition
- Out-Of-State Insurance Issues
- Administrative Delays

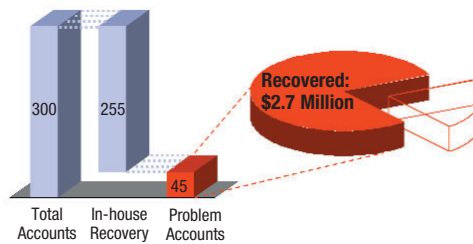
Insurance companies have become highly sophisticated in finding reasons to deny, delay, or minimize reimbursement on high-balance, injury-related claims. In addition, substantial revenue opportunities offered by alternative avenues of coverage are sometimes overlooked. As a result, millions of dollars are held hostage, and written-off as bad debt by many hospitals treating trauma patients. Our experience shows that lost annual revenues can range from \$1 million for a midsize hospital to \$4 million or more for a Trauma Center.

Working as an Extension of Your Business Office

Our Problem Accounts Program is designed to assist you in recovering injury claims that have been wrongfully denied, stalled (typically not paid within 90 days from discharge), or underpaid. This program is designed to resolve your most difficult No Fault and Workers’ Compensation claims through tailored research, investigation as well as administrative and legal appeals.

Recovering “Uncollectible” Accounts

Example: Hospital with 300 trauma cases per year



We recognize that many hospitals struggle with the complexities associated with denied, stalled or underpaid insurance claims. Our program is an effective means to recover revenue from blocked channels, money that your hospital may be currently writing-off. Most in-house operations often do not have the

specialized knowledge or experience to challenge inappropriate payer practices and to pursue all avenues of appeal afforded by statute or by individual contracts.

Litigation When Warranted

We are able to resolve claims and overturn denials in 95% of the cases without litigation. However, when all avenues have been exhausted and pursuing litigation is in the best interest of your hospital, we will work closely with you to enforce your rights in a court of law. When warranted, our attorneys will bring resolution to your most challenging accounts through the judicial process. We will:

- Initiate pre-litigation action—and when advantageous to you—negotiate resolution with payers to avoid a lengthy and costly litigation process
- Pursue resolution through arbitration when applicable
- Manage the entire litigation process for the hospital



Key Benefits of the Program

By referring your problem accounts to us, you will get the benefit of:

- A very low claim-to-attorney ratio, typically 5-10 times lower than traditional collection law firms
- Thorough review of all available sources of payment to ensure maximum revenue recovery—we typically recover monies on over 95% of the accounts placed
- Specialized insurance and contractual expertise to maximize reimbursement on each and every account—we typically collect the entire expected contractual payment on each account
- Expeditious resolution process—75% of all cases are usually resolved within 3 months
- A savvy, experienced team familiar with the typical stalls and objections payers present to delay or minimize reimbursement
- Knowledge and insights to effectively negotiate from a position of strength
- Ability to reallocate your business office staff to more cost-effective collection activities
- A partner who will take an aggressive approach while maintaining professional demeanor to safeguard your community image and relationship with third-party payers

For more information, contact John Grogan at (973) 539-6500 or via e-mail at jgrogan@bgc-law.com.

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