



Healthcare Revenue Recovery Practice

Success Stories

“ Bubb Grogan & Cocca has helped us recover millions of dollars that were deemed uncollectible. Since working with them, we’ve enjoyed exceptional results on our No Fault and Workers’ Compensation accounts. ”

Nancy Kaminski

Director Patient Financial Services
Atlantic Health System

Bubb Grogan & Cocca has a proven track record of success in recovering high-dollar injury-related claims. Here are a few cases encompassing complex denials, delays and underpayments that we have resolved for our New Jersey clients without resorting to litigation.

Non-Covered Dependent. A hospital had a large No-Fault claim denied because the auto insurance carrier determined that the patient, a child struck by an unidentified vehicle, was not covered under the father’s policy. Although the child did not reside with the father at the time of the accident, our review and analysis of the applicable case law and statutes revealed that an improper denial had taken place. We successfully overturned this wrongful denial and our client recovered \$135,000, 100% of billed charges, within 45 days.

Uninsured Motor Vehicle. An automobile insurance carrier denied a claim by our client, because the patient was a passenger in an uninsured motor vehicle at the time of an accident. The hospital had filed the original claim under another household member’s auto policy without success. Based on relevant case law and statutory interpretation of possible exclusions for No Fault coverage, we argued that the original denial was incorrect and immediately recovered \$185,000.

Multiple Payers. After receiving payment from a No Fault carrier, a hospital had multiple claims denied for an infant patient because none of the parents’ health insurance companies would take responsibility for the remaining medical expenses. The parents had failed to designate which policy would cover the infant prior to hospital admission. Upon reviewing applicable administrative codes, we resolved the dispute and recovered the remaining balance from the appropriate health insurance carrier.

Unjustified Discount. A hospital had a Workers’ Compensation carrier reduce payment on a substantial injury claim by applying a discount granted to a legitimate PPO network. Upon analyzing the network, we found that the carrier in question was not eligible for this discount, and thus owed 100% of charges originally billed. We successfully challenged the carrier’s right to the discount and promptly recovered the 25% originally withheld by the carrier.

Slow-Paying Accounts/Administrative Delays. A hospital referred a group of high-balance No Fault and Workers’ Compensation accounts where payments had been withheld for an unreasonable amount of time. Our attorneys drafted forceful appeal letters citing the applicable statutory and contractual payment timeframes, and promptly recovered payment in full with mandatory interest on all claims.



DWI Denial. Our client had a claim denied because the patient was allegedly driving while intoxicated. The insurer disclaimed coverage. Based on relevant case law and statutory construction, we effectively challenged this denial and the hospital received a rightful payment of \$95,000.

Workers' Compensation - Lack of Pre-Authorization. Our client had several claims denied for a patient seriously injured at work because the patient had failed to secure pre-authorization. We convinced the insurer that all disputed procedures and services constituted emergency care not requiring pre-authorization. Original denial was promptly overturned and the hospital obtained \$115,000 from the insurance carrier.

Auto Insurance Exhausted. A hospital had a critically injured patient with claims exceeding the no-fault statutory cap of \$250,000. After obtaining all no-fault benefits, our client had remaining bills denied by the patient's Union Plan alleging that automobile accident claims were not covered under their policy. We carefully examined the Union Plan's policy and found that the denial was incorrect. Our successful appeal resulted in the substantial payment of an additional \$450,000 to our hospital client.

Out-of-State Insurance/Deemer Statute. A hospital was offered partial payment on a large accident claim because the patient had a New York insurance policy but was injured while in New Jersey. The auto insurance carrier had advised our client that the maximum reimbursement possible per the New York policy was \$50,000. However, we discovered that the insurer was licensed to transact business in New Jersey, and effectively challenged this proposed underpayment per application of the Deemer Statute. Our client received \$250,000, the maximum payment afforded by New Jersey statute.

Pattern of Breach of Contract. A hospital had a top ten health insurer consistently render payments below the levels mandated by an existing reimbursement contract. Upon examining a number of claims, we found that the payer was undertaking utilization reviews and carving out DRG codes in breach of the contract. These practices were aimed at reducing the bills below the "stop loss" cap and compensate our client at the per diem rate. Working closely with the hospital's Patient Financial Services staff, we assembled representative accounts that had been underpaid and our attorneys persuaded the insurer to revise their calculation of all accounts. The hospital recovered payment on thousands of accounts totaling millions of dollars.

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