

Slow-Paying Accounts/Administrative Delays. *A hospital in Shreveport, Louisiana* referred a group of 90-day old problem accounts to AHC. AHC drafted forceful appeal letters citing the Louisiana "prompt-pay" law and recovered \$607,384.68 on 58 separate accounts within 60 days of account placement.

A hospital in Independence, Missouri had payment on a claim withheld for an unreasonable amount of time while the claim was "in review." AHC faxed a strong demand letter to the payer and the hospital received prompt payment of \$2,249.75.

Unjustified Discount. *A hospital in Wichita, Kansas* had a contract payer take its normal discount on a large claim even though the payer did not comply with its responsibility to make payment within 30 days. AHC convinced the payer that it had to comply with its contract and the hospital received an additional \$45,000.00.

Pre-Existing Conditions. *A hospital in Phoenix, Arizona* had a claim denied because the treatment was allegedly for a pre-existing condition. However, this determination was not based on "clear and convincing" evidence and when AHC threatened the insurer with litigation, the insurer paid \$55,385.65 for this claim.

Refund Demands. *A hospital in Chino, California* was being harassed by an insurer for a refund because the insurer allegedly made the payment in error. AHC argued that the hospital was not obligated to refund the payment because it would not be "unjustly enriched." The insurer agreed to stop pursuing the refund.

Motor Vehicle and Other Accidents. *A hospital in Orange Park, Florida* has obtained numerous payments through AHC on motor vehicle and other accident accounts. For accident accounts, AHC (1) evaluates the probability of liability and payment to determine if the account should be pursued as a third-party-liability or self-pay account, (2) protects the hospital's interest by filing liens and/or obtaining attorney protection letters, and (3) facilitates payment by working directly with the insurers and the patients' attorneys.

Multiple Payers. *Two hospitals in Corpus Christi, Texas* both had claims denied for the same patient because neither the patient's health insurer nor the Texas juvenile justice system (the legal custodian of the patient) would take responsibility for the patient's medical expenses. AHC's attorney researched Texas law, drafted a persuasive appeal, and convinced the health insurer to pay these claims.

Misquoted Benefits. *A hospital in Terre Haute, Indiana* had an insurer deny a claim, stating that the patient's coverage had terminated one year prior to the patient's admission even though the insurer had verified benefits upon admission. AHC appealed this claim by pointing out that, pursuant to the "promissory estoppel" doctrine, misquoted benefits must be honored. The insurer paid the claim pursuant to its original verification and the hospital received \$3,996.10.

Non-Covered Diagnosis. *A hospital in Sanford, Florida* had a claim denied by Blue Cross because the diagnosis -- AIDS -- was not covered. AHC researched Florida law and confirmed that coverage for AIDS treatment was required. AHC provided Blue Cross with the law and the hospital received a payment of \$49,214.33.

Non-Covered Services. *A specialty hospital in Jacksonville, Florida* had a large claim denied because the payer determined that the patient's treatment was custodial in nature, and therefore not covered. AHC drafted a strong clinical appeal documenting the active nature of the patient's treatment and the hospital received a \$200,000.00 payment from the payer.

"Usual and Customary" Denials. *A hospital in Montgomery, Alabama* had a claim payment reduced by a payer because the charges were allegedly above the "usual and customary" amount for the procedure. AHC demanded that the payer justify its determination. Instead of providing all the information AHC demanded, the payer cut a check to the hospital for \$5,000.00.

Improper Payment Level. *A rehabilitation hospital in Corpus Christi, Texas* received a very low payment on a certain claim. AHC reviewed the payment and the medical records and determined that the insurer paid the claim incorrectly because it had paid based on an incorrect level of treatment. AHC explained the mistake to the insurer and promptly obtained additional reimbursement of \$3,564.00.

CHAMPUS/DEERS Problems. *A hospital in Winnfield, Louisiana* had a CHAMPUS claim denied because the patient was not eligible per the DEERS system. AHC worked with the patient to secure eligibility and CHAMPUS paid the hospital \$1,861.33.

Ineligible Dependents. *A hospital in Gainesville, Florida* received \$15,000.00 on an account after AHC successfully argued that the patient was in fact a full-time student and was therefore an eligible dependent and entitled to coverage.

Claim Forms and Coordination of Benefits Information. *A hospital in Charleston, South Carolina* had Blue Cross withhold a claim payment because the insured had failed to supply certain information. AHC worked with the insured to provide the necessary information and the hospital received a payment of \$3,336.70 from Blue Cross.

Precertification Penalties. *A hospital in Elizabethton, Tennessee* had a payer deny a claim because the hospital had failed to precertify the admission. AHC reviewed the medical records, uncovered proof that the hospital had in fact precertified the admission, and obtained \$6,792.79 from the payer.

Subrogation Issues. *A hospital in Somerset, Kentucky* had a health insurer refuse payment because auto liability insurance was "primary." AHC worked with the patient's attorney to obtain an acceptable subrogation agreement and obtained payment from the health insurer in the amount of \$239,894.52.