SUPERIOR COURT OF NEW JERSEY LAW DIVISION, CIVIL PART ESSEX COUNTY, NEW JERSEY DOCKET NO.: ESX-L-6164-18 APP. DIV. NO.:

KAYAL ORTHOPAEDIC CENTER,

P.C.,

:

Plaintiff,

TRANSCRIPT

v. OF

MOTION AND DECISION

UNITED HEALTHCARE INSURANCE

COMPANY, ET AL.,

:

Defendants.

Place: Essex County Superior Court

Historic Courthouse

470 Dr. Martin Luther King, Jr. Blvd.

Newark, New Jersey 07102

Date: November 9, 2018

BEFORE:

THE HONORABLE KEITH E. LYNOTT, J.S.C.

TRANSCRIPT ORDERED BY:

ERIC D. KATZ, ESQ.
(Mazie, Slater, Katz & Freeman, LLC)

APPEARANCES:

DAVID M. ESTES, ESQ. (Mazie, Slater, Katz & Freeman, LLC) Attorney for the Plaintiffs

JUAN M. BARRAGAN, ESQ. (Port Authority of NY & NJ) Attorney for the Defendant, Port Authority of NY & NJ

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THE COURT: -- Orthopaedic Center versus The Port Authority of New York and New Jersey. It's L-6164-18.

Pending before the Court is a motion by the Port Authority to dismiss the complaint, grounded in failure to tender a -- a required notice of the claim, as well as, at least in the reply, a statute of limitations argument or position.

Counsel are present. Would you enter your appearances?

MR. ESTES: Sure. David Estes, from the law firm Mazie, Slater, Katz & Freeman, on behalf of the plaintiff Kayal Orthopaedics.

THE COURT: Good morning.

MR. BARRAGAN: Good morning, Your Honor. Juan Barragan from the Port Authority Law Department on behalf of the Port Authority of New York and New Jersey.

THE COURT: All right. Welcome to both of you.

I've read all these papers, but happy to hear anything you wish to highlight or emphasize. So it's the Port Authority's motion. We'll -- we'll start with you.

MR. BARRAGAN: I'll be brief, Your Honor.

This is a standard motion. The law is well settled that the Port Authority must be served with a Notice of Claim. The Notice of Claim must be served at least sixty days prior to the init- -- initiation of a lawsuit and at least -- and within one year of the cau--accrual of the cause of action. That wasn't done here.

The Notice of Claim was not served upon the Port Authority.

THE COURT: How do we know it wasn't done? MR. BARRAGAN: What was --

THE COURT: I mean, even accepting your position that something more than what they did, the claim that was filed with the -- the Administrator of the Plan and the appeals with that Administrator, how do we know that, for example, the Port Authority didn't receive a communication directly from the Plan saying here's a -- here's a pending claim?

MR. BARRAGAN: We didn't, Your Honor. That's -- and that's the reason I didn't make the argument that the cause of action had accrued prior to the year, because we had no information. All I know is that a Notice of Claim was not filed with the Port Authority and that's what the statute requires.

Whether it was submitted to -- to -- be- --

between Health -- United Healthcare to the Port Authority, which was -- it was not, that's beside the point. The statute simply requires that a Notice of Claim be served upon the Port Authority. The statutes also requires that it be served at the corporate headquarters of the Port Authority. That wasn't done here, Your Honor. It's plain and simple.

THE COURT: How do you respond to the -- the plaintiff's argument that, well, this situation is different. You have -- you're a sponsor of a health plan. You have an agent that's administering that plan. You tell plaintiffs or parties that are seeking -- making claims under that plan, you tell them that they need to contact your agent. That's what they did here. They filed a claim. They filed an appeal. They filed, if I understand it, a second level of appeal. How is that -- they're -- they're your agent. How -- how doesn't that constitute satisfaction of a statutory requirement?

MR. BARRAGAN: Again, Your Honor, United Healthcare is the insurer. It's a -- the Port Authority's self-funded insurer. The statute requires that it be served upon the Port Authority. Because if you start going down that way, then let's say, anybody who has an issue with a contractor from Port Authority,

they have an issue with them, they serve them with the correspondence, and then who would be deemed to with --served with a Notice of Claim.

It doesn't work like that. The statute was designed that any claim for monetary damages it must be served upon the Port Authority, and the statute also indicates that it must be served one or two ways. Personal service or certified mail, and provides the address at the principal office of the Port Authority. That's what the statute says, Your Honor.

If you start -- you know, allowing for disputes to be served on anybody that the Port Authority had a contract with, that would just go into -- that would go to simply against the -- you know, what the statute was meant to do, which is to apprise the Port Authority of the claim, and the Port Authority to investigate a claim and resolve it, if that's the case. And in order to do that, it must be served upon the Port Authority. And the statute makes it clear that it must be served on the office, on the principal office of the Port Authority.

The Port Authority website --

THE COURT: When -- when in -- in this setting, when a party like the plaintiff is pursuing or -- or claiming that there's no payment or

an underpayment, let's say, of -- of a healthcare benefit under this self-insured plan, is -- is it -- is it your experience that -- that they actually file Notices of Claims with the Port Authority directly, as opposed to with the agent?

MR. BARRAGAN: With this particular situation, I've never seen it. But I've seen situations where -- where there's a contract and the contract is, let's say, a maintenance contract with ABM or with any other maintenance company and there's an issue. They always filed a Notice of Claim with the Port Authority they're seeking monetary damages. Whether the contractor was -- you know, partially involved or not in the dispute -- in -- in the alleged dispute.

It's just what the statute requires, Your Honor and the website says it. The Port Authority website says that any Notice of Claim must be served in New Jersey at the Port Authority Law Department at 2 Montgomery, in New York at 4 World Trade Center, 150 Greenwich Street.

The -- the whole purpose of the -- the statute -- of the sueability statute is to make sure that the Port Authority itself is apprised of a claim for monetary damages. If you start allowing the agents

-- imputing service upon the Port Authority by giving notice to an agent, then that just -- you know, goes -- goes -- goes in the face of the statute and against what the statute was meant to do.

And these are the con- -- conditions precedent to filing suit.

THE COURT: How do you address the plaintiff's reliance on the <u>Zamel</u> case, which seems to suggest substantial compliance is enough and that technical deficiencies in the filing don't vitiate the claim?

MR. BARRAGAN: The <u>Zamel</u> case, there was substantial compliance, but it was because the Port Authority wasn't being apprised of the claim. Now, the statute has some very strict requirements and the Courts — the Court reasoned that there was substantial compliance before the Port Authority had notice. There were three different cor—— correspondences sent from the attorney in the <u>Zamel</u> case, from the plaintiff's attorney to the Port Authority and the Port Authority responded. So it was clear that the plaintiff — that the Port Authority was, indeed, apprised of the claim before it was filed.

Also, the action was filed within a year. So -- and the -- the -- those letters said, yeah, this is

a Notice of Claim. So there was substantial compliance before the Port Authority was, indeed, apprised. Three separate occasions. And the lawsuit was filed in a timely manner.

That's not the case here. The Port Authority was never made aware of this until the lawsuit was filed. There's no substantial compliance because the Port -- no Notice of Claim was ever served upon the Port Authority. In Zamel, there was. There was three separate correspondences and, I believe the second one, before the lawsuit was filed, or maybe it was the third, it says please consider this a Notice of Claim. So that's why that case is clearly distinguishable from this one.

THE COURT: Although that third letter was filed after the -- or -- or within the six -- sixty day period, as I recall. In other words, there were prior notices that were tendered with medical records and the specific location of where the plaintiff fell or the claimant fell. And the last letter from the attorney, saying please consider this a Notice of Claim was submitted inside the sixty day period, if I'm recalling that.

MR. BARRAGAN: Yes. But they were sent to the Port Authority.

THE COURT: Uh-huh.

MR. BARRAGAN: That wasn't done here.

THE COURT: Uh-huh.

MR. BARRAGAN: That's the clear distinction.

And also --

THE COURT: Are you aware of any cases here that address this issue specifically in the -- in this healthcare context, where a party -- either the -- the actual employee or the, in this case, the -- the provider is seeking remuneration under the Port Authority's healthcare plan and the Court addressed the issues pertaining to compliance with the notice requirements?

MR. BARRAGAN: I do not, Your Honor. The only case I -- I was able to find yesterday was an unpublished 2018 Appellate Division case where a Notice of Claim was sent, not to the Port Authority, to another governmental agency, to the wrong address. And the Court found -- the Court found that there wasn't -- you know, that they didn't comply with the Notice of Claim requirements.

THE COURT: It was sent to a -- an environmental --

 $\,$ MR. BARRAGAN: To -- no, to a wrong -- to the wrong address.

THE COURT: Wrong address. I see.

MR. BARRAGAN: And -- and the Court -- you know, they're always looking for exceptional circumstances and the Court found there were none and dismissed the action for failure to comply with the Notice of Claim requirements.

However, that applied to a governmental agency, not the Port Authority. As you may know, the difference between the Notice of Claim requirements, between a governmental agency and the Port Authority is that for the Port Authority there are conditions precedent to filing suit. So the Courts usually require strict compliance with these requirements.

And then the <u>Zamel</u> case said that there was substantial compliance. You know, but in that case, the Court reasoned that it was because the Port Authority was made aware of the situation through numerous correspondences and the action was filed within a year.

Over here there's no substantial compliance because neither of the -- those requirements were met. Notice of Claim was never served upon the Port Authority prior to the initiation of the action and the action wasn't filed within one year of its accrual.

THE COURT: Why isn't, at minimum, the

plaintiff entitled to explore here, as this is a preliminary stage of the case or an -- an opening stage of the case, pre-answer Motion to Dismiss, whether or not, in fact -- I mean, I recognize the plaintiff contends its already satisfied the requirement, but even granting for the moment that there's an open question about whether it did or it didn't, why isn't the plaintiff at least entitled to explore through discovery whether or not, in fact, this claim that it was pursuing through this process with the -- the Administrator made its way to the Port Authority in some fashion? That -- that the Port Authority was, in fact, apprised of the pendency?

Maybe there's some kind of monthly report that goes in, that says these are the pending claims, or some type of accounting that goes on from the Administrator to the plan and to the Port Authority as the sponsor of the plan, that these are the claims that are out there?

MR. BARRAGAN: Again, Your Honor, I -- I definitely see where you're coming from, but that wasn't what the statute was meant to do. The whole purpose of the statute was for plaintiff to -- for plaintiff to apprise the Port Authority of the claim before a lawsuit's filed. Whether it made its way or

not, it's -- it doesn't have to do, because you're supposed to give notice to the Port Authority's Claim -- Claims Department. If that went to some health insurer administrator, that's just not what the statute was designed for. I -- I see what your -- you know, it's a very good question, but the -- but it doesn't -- it doesn't -- it doesn't address what the statute was meant for, which is you need to serve the Port Authority. You need to serve them and the statute explicitly requires that you need to do it at their principal office. That wasn't done here. Whether it made -- made its way from United Healthcare to the Port Authority, it's beside the point.

And, at the end of the day, if -- if it did and, let's say the plaintiff wants to explore that, then at the -- you know, even if this action is dismissed with prejudice, they could always bring it back in. But the statute was designed to apprise the Port Authority prior to the filing of an action and that wasn't done here. That's what it comes down to, Your Honor.

THE COURT: All right.

MR. BARRAGAN: That was the purpose of the sueability statute and that's why the Port Authority waives sovereign immunity. Immunity is compliance with

those two conditions before the lawsuit's filed. And the conditions are extremely clear. The statute even says where the Notice of Claim has to be sent, to the principal office of the Port Authority. And the Port Authority website indicates -- there's the New Jersey address, there's the New York address.

Over here, the claims were sent to United Healthcare to Salt Lake City, to Arizona, and some other address in the United States, but never to the Port Authority. The Port Authority was never mentioned in any of the letters. The Port Authority was never even cc'd in any of the letters.

So there is no way that -- that plaintiff can comply with this -- substantially comply with the notice requirements because there's no evidence here that a notice was ever sent in any manner to the Port Authority and plaintiff has not produced anything of that sort.

THE COURT: All right. Thank you. Let me hear from the plaintiff.

MR. ESTES: Good morning, Your Honor.

THE COURT: Good morning.

MR. ESTES: Your Honor, I'd like to begin -- our position is that this motion should be denied for at least three reasons.

First, it's premature at this posture, as Your Honor noted in your questioning.

Second, the Port Authority was provided more than sufficient notice of these claims more than sixty days before the lawsuit was filed.

And third, these claims are timely. They were -- they were filed within one year of when the claim accrued.

Beginning with the procedural issue, that's where counsel left off. Here, if you look as <u>Vasquez</u>, which is cited in plaintiff's opening brief, footnote on page 1 of the brief, we applied the <u>Printing Press</u> standard to this motion and almost all the argument by both parties is stuff that's outside the four corners of the complaint. So, it's premature.

Clearly, these are factual issues. Counsel's making representations as to what communications occurred between United and Port Authority. You can't resolve and dismiss a claim with prejudice under the --under this record. At a minimum, we have discovery.

But substantively, we've been talking a lot

about --

THE COURT: And just so I'm clear, what discovery do you think needs to happen?

MR. ESTES: With respect to the Notice of

Claim issue, we would need discovery regarding the relationship between the Port Authority and Healthca -- United Healthcare and, particularly, the type of materials that Your Honor described. Communications, notifications are one aspect. And then, additionally, we would also need discovery to understand what the relationship is with respect to agency.

My experience, I do a lot of healthcare litigation. My firm does a lot of healthcare litigation. We have many matters before Your Honor and in Federal Court. And my experience and my intuition leads me to believe that most likely a self-insured plan, particularly governmental plans, they defer almost entirely and delegate almost all responsibility to an administrator, and they rely on an administrator to perform virtually 100 percent of the healthcare processing, resolving claims, making litigation decisions.

In fact, often when I -- I'm in litigation against governmental entities or even commercial entities, the attorneys that I litigate against aren't -- you know, ABC Corporation attorney. It's the -- the attorneys from the managed healthcare industry. They're the ones who manage and -- and provide these claims, which gets back to what is the purpose of this

statute? And I'd like to read a -- a -- a quote that Chief Justice -- from Chief Justice Hughes Opinion of <u>Zamel</u>, which is the only Supreme Court precedent interpreting the statute.

And we talked a lot about what is the purpose or the design of this statute. And this is what Chief Justice Hughes said, and I quote. "There was no intention on the part of the lawmakers that such a statute should be used as a stumbling block or a pitfall to prevent recovery by meritorious claimants."

Here, Your Honor, there's no dispute that we have a meritorious claimant. What happened here is the — the patient, L.L., she got preapproval from defendants to get an orthopaedic surgery. She got an orthopaedic surgery and when it came time to pay the defendants didn't follow through with their representations when they preapproved the procedure.

And what's happening now is instead of getting to the merits and the substance of the claim, the Port Authority, the plan, the pocketbook wants to get out on a technicality, on a pitfall, which is what Zamel said is not the purpose of the statute and leave the patient on the hook.

That's what's happening here. There's no certifica --

THE COURT: Well, there is a statutory requirement here that does seem to require notice to the Port Authority and it does, itself, have an important purpose. It's -- it's not a -- not a technicality in that sense. It's -- it's intended to, as this is a governmental body and it -- it has certain immunities and it -- it has a [sic] almost quasi-sovereign kind of status --

MR. ESTES: Uh-huh.

THE COURT: -- if not more than that. It's intended to enable them to conduct early and prompt investigation of a claim so that it can either prepare its defense or it can settle it and move on and not have to devote resources to it. So it has an important purpose.

MR. ESTES: I -- I would agree 100 percent, Your Honor. And -- and if we look at <u>Zamel</u> and the other decisions, it says -- it identifies three specific purposes, like Your Honor was just describing: a chance to investigate, a chance to prepare a defense and a chance to settle before the litigation begins.

And here, those responsibilities with respect to the healthcare context were contracted out to United Health, the Port Authority's agent, and they conducted all those things. They had almost two years to try to

settle this claim, to analyze this claim, to prepare a defense, and to try to settle with Kayal Orthopaedic and they decided not to, and that's why this lawsuit was filed.

And -- and their agent understood what happens. When a -- when a healthcare provider is not satisfied with a reimbursement, it go -- they have to exhaust the administrative appellate process, as Your Honor knows. And then after that, the claim accrues and -- and providers file lawsuits if there's a significant amount of money that's unpaid.

So the notion that the Port Authority didn't have an opportunity to fulfill the intent of the statute, to -- to -- to evaluate the claim, to assess -- you know, what it wanted to do. They don't want to pay more, they don't want to fight it, do they want to gather documents, prepare a defense. It had two years to do that, because it does it through United Healthcare. It doesn't do it on its own.

It's -- and I -- and I'd like to address a couple things in that respect. There -- the argument was made that there's no difference between contractors that the Port Authority hires to -- you know, pave a road or fix a railroad and United Health.

But they -- they're really not the same

thing. One is administering an employee benefit plan. Another is -- you're contracting out someone to do -- and -- and it's an independent contractor. There's no agency. An administrator is an agent.

And with respect to the Notice of Claim, I think anytime we're talking about interpreting a statute, it -- it doesn't -- it's not interpreted to abrogate common law principles, unless it expressly does so. And I read the statutes with respect -- in Chapter 10A, with respect to the Port Authority and there's absolutely no language abrogating principles of agency. And here, it's well understood in the healthcare context that an administrator is an agent. So then -- then -- there was -- no one disputes here that there was notice, there's adequate Notice of Claim to United Health. That's not disputed. And they had plenty of time and plenty of opportunity to fill the intent and purpose of receiving notice. What they're saying is, well, we gotcha because you had to send it to this address, not that address.

But that's not the purpose of the statute. That's what Chief Justice Hughes is saying. If you have a meritorious claim, you don't get bounced because you sent it to the wrong address. And I -- and I have a statute right here. And I know counsel's arguing

this. It states you have to send it to a particular address. I'll read it.

It says, a Notice of Claim shall be served upon the Port Authority by or on behalf of the plaintiff. There's -- there's no address. Here adequate notice was provided, Your Honor.

And with respect to the statute of limitations, if you'll indulge me for one more moment, the -- the claim -- the -- the statute provides that the statute of limitations runs from accrual. So that's when, in this -- in the healthcare context, it's when the claim exhausts. And here, exhausted, and the claim was filed about ten months after it exhausted.

Thank you, Your Honor. THE COURT: Go ahead.

MR. BARRAGAN: Just two quick issues, Your Honor, if I may.

Counsel read N.J.S.A. 32:1-163. That doesn't -- that doesn't indicate that it has to be served to the Port Authority. That just has to deal with 60 days of filing and then -- and that the Notice -- there must be a Notice of Claim filed and that it must be ser- -- a lawsuit must be filed within one year of its accrual.

 $\underline{\text{N.J.S.A}}$. 32:1-164 is the one that indicates that a Notice of Claim must be served personally, or in

lieu thereof, by registered mail to the Port Authority at its principal office.

And --

THE COURT: But hasn't the case law indicated that that -- I mean, the substantive provision is 163. The procedural one is 164. And while not discounting the importance of that, it -- it -- it -- it does appear that the case law is -- is -- is indicating that substantial compliance with that procedural requirement suffices. Doesn't it?

MR. BARRAGAN: But if there's substantial compliance here, Your Honor, think about it. Substantial compliance in <u>Zamel</u> was that the Port Authority -- that a Notice of Claim or a document that fulfills the requirements of a Notice of Claim was sent to the Port Authority. That wasn't done here. No document was sent to the Port Authority. It was sent to United Healthcare.

And, number two, it wasn't filed within a year. The cau- -- the cause of action ac- -- a cause of action accrues when the right to institute a lawsuit happens.

THE COURT: Had they instituted a lawsuit immediately after the first denial, wouldn't the -- among other first words out of the Port Authority's

mouth would have been exhaustion of administrative remedies. They didn't -- they didn't pursue their appellate rights. That whole body of -- that -- that whole contractual principle is intended to -- you know, before this comes before the Court to have an administrative process by which these claims might be resolved to the parties' satisfaction. Wouldn't that -- wouldn't that have been what -- what you would have said?

MR. BARRAGAN: Well, when the first appeal was filed, that was still well -- more than a year before the lawsuit was filed. And then they submit a second appeal and then United Healthcare in response said that's not an appeal.

So after a first appeal was filed and denied, that's -- that's the very, very latest that a cause of action would have accrued and that's more than one year. More than one year elapsed between that time and the time that they filed the -- the -- the cause of action.

When they said they sent what they call a second appeal, United Healthcare responded and said this is not -- this is not an appeal. So at very earliest is when -- is -- our position is that the cause of action accrued when United Healthcare

underpaid them. And even after they filed their -their appeal and United Healthcare denied it, that
would have been the exhaustion of administered remedies
and that's still more than a year between that time and
the time the lawsuit was filed.

And, Your Honor, what counsel quoted Chief Justice Hughes stating makes sense. You know, that you don't want to deny the right of unmeri- -- meritorious claims. But if you look at the caption, there's a -- there's a bunch of other defendants in this action. So the plaintiff -- by -- by the Port Authority being dismissed from this action doesn't mean that the plaintiff is not going to be able to make whole on its claim.

THE COURT: No. Don't these -- the -- those relate to other -- other patients of -- of -- this patient is apparently an employee of the Port Authority and the claim as relates to this patient appears to only be viable against the Port Authority plan and -- well, the Port Authority plan.

If -- if -- you're dismissed, the -- the claim that the plaintiff has as to its treatment of -- of L.L., is -- is over, I -- I believe. Counsel will correct me if I've misstated it, but that appears to be the case.

MR. BARRAGAN: Well, United Healthcare is also involved in that claim because of their alleged underpayment. So this is not the case where a meritorious claim is going to be dismissed. But, at the same time, the whole purpose of the statute is to protect the Port Authority from these exact situations.

Because let's say we start with this, indicating, oh, well, United Healthcare might have been received. They're their agent. They're the administrator. So now, let's say, another plaintiff down the road has an -- has an issue with their retirement and the New York -- the New York State Retirement Fund is the one administering the -- their retirement for the Port Authority and they -- they send a notice to New York State -- you know, to that fund are we also then deemed to have -- have been served with this?

Your Honor, the whole -- this -- this goes against everything the statute was intended to do, which is to protect a governmental agency and to make sure that they are apprised of the -- of an act -- of -- of an action for damages before it's filed.

Otherwise, it -- it just -- otherwise, allowing this case to go forward against the Port Authority would go -- you know, would go against the

whole purpose of this statute. And that's the Port Authority position, Your Honor.

THE COURT: All right. Thank you. Anything further?

MR. ESTES: Just one thing, Your Honor, if you indulge me. This is from <u>D'Alessandro</u>, a District of New Jersey case, 2007. It's with respect to when does a claim in this accrue for purposes of the statute of limitations. I'll just read the sentences applying New Jersey law. "The clock does not start until after plaintiff exhausted those mandatory avenues of relief."

Now, that's our position and if you -- and if the clock runs from when the second level appeal was responded to by defendant's agent, then this claim is within one year.

Thank you very much, Your Honor.

THE COURT: All right. Thank you both.

Pending before the Court is an application or
motion by the Port Authority of New York and New Jersey
to dismiss the complaint as to the Port Authority of
New York and New Jersey, as -- as this matter involves
a number of different claims and defendants. The Port
Authority is seeking dismissal as to the Port Authority
itself.

This matter, I -- I conclude, presents a --

what appears to be a -- a fairly novel issue of the intersection of the process by which healthcare claims that are brought against, essentially, against, in this case the Port Authority as a self-insured sponsor of a healthcare plan are presented and disposed of. And the intersection of that body of -- of law, as well as contractual practice and requirements of the plan itself, and -- and the statutory scheme by which the Port Authority is required to -- before a claim can be present -- pursued in Court against it, the -- the statutory scheme requires -- and this is at N.J.S.A. 32:1-163, first a Notice of Claim to be submitted to the Port Authority sixty days before the filing of suit, and also that the action must be commenced within one year of -- of its accrual.

In this case, this -- this is essentially a claim by the plaintiff, Kayal Orthopaedic Center, P.C., in which it is a, as I understand it, an -- an out of network provider of medical care services. In this case, it provided, it alleges -- and -- and, once again, this is -- is -- or not once again, as this is a Motion to Dismiss the Complaint, I accept under the standards of Printing Mart-Morristown versus Sharp Electronics, which is at 116 N.J. 739. I think the speci- -- the specific discussion is at 746. The Court

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accepts as true all of the averments of the complaint in this matter and, essentially, although I'm summarizing, the complaint alleges that Kayal Orthopaedic Center treated a patient identified in the That Kayal Orthopaedic Center complaint as L.L. secured prior approval, as it's an out of network provider, it -- it secured prior approval from the healthcare plan sponsor, which is the Port Authority of New York and New Jersey, through its -- its third-party administrator which, as I understand it, is United Healthcare Insurance Company, for the treatment that the Kayal Orthopaedic Center rendered to L.L. and/or an assurance that the -- the -- at least a -- a significant portion of the bill that would ultimately be rendered for the services provided would be paid, which is, to the Court's understanding, a fairly common practice in the context of an out of network provider.

It alleges that the bill was not paid in accordance with what it expected and it feels it's entitled to and -- and the assurances that it alleges it was provided in terms of preauthorization. And it pursued the claim by submitting in the first instance a claim for payment to United Healthcare, as -- as the administrator for this plan. That the -- the -- the claim was not paid or underpaid in -- in this case, and

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that it then pursued the required appeals through the administrator, but, essentially, appealing to the plan itself on the grounds that it was underpaid. It submitted a -- a -- a claim, I believe, in -- in late 2016 and subsequently submitted a -- a second level appeal, and once those were -- were denied, it then brought this matter before the Court as a civil lawsuit.

It alleges specifically in its complaint that it exhausted all available appeals and/or that any further appeals would have been futile, and the Court must accept all of those facts as true. I -- I would note, although there are matters that are extrinsic to the complaint that have been put in the record here, I -- I would note that it -- it does appear from the materials that have been supplied that -- that -- that those facts are -- appear to be essentially true. the claim was submitted on the forms that are required by the -- the Administrator, detailing the nature of the claim, the nature of the treatment, the relevant code and -- and so forth, and the appeal forms similarly are the -- are on the forms that are prescribed by the Administrator of this plan for purposes of -- of pursuing an appeal.

The -- the issue that's lodged in this case,

the Port Authority is stating that -- and -- and is contending that it didn't receive notice of this claim within sixty day -- or sixty days prior to the filing of the lawsuit and that this claim was not brought in a timely manner in all events, although I note that argument was really raised for the first time in -- in the reply here in a waiver argument or -- or at least an argument that it's not fair -- fair game for this motion has been raised.

I don't, for reasons that I think will become apparent, I don't think I need to address that specific point. The -- the -- the essential argument of the Port Authority is that this claim accrued more than a year before the filing of the claim in this lawsuit, either when the claim was first denied or, as counsel has argued, at the end of the first appellate level. And at that point there was a claim that it was accrued and the claim -- this action was filed more than a year afterwards. The -- those are essentially the arguments.

This is a Motion to Dismiss. It is governed by <u>Printing Mart</u> and the standards therein. The Court is required to examine the pleading with liberality in order to determine whether it can glean from the asserted factual averments, the fundament of -- as I

think is the direct language in Printing Mart, of a cause of action here.

The causes of action here sound in -- in essentially, in -- in -- in -- in breach of contract and/or quantum meruit types of relief. And the facts, as I said, are as I just indicated, that this patient received treatment, that it's a -- the patient is a -- is a subscriber or beneficiary of a healthcare plan that's sponsored by the Port Authority, that the plaintiff is an out of network provider, provided medical services, received preauthorization for providing those services, submitted a claim, was underpaid, in its view, and submitted the appropriate appeals. Those appeals were not successful and so it's pursuing its claim now in this civil action.

The defendant, Port Authority, asserts in this matter that it re- -- never received any type of Notice of Claim as required by N.J.S.A. 32-1 -- 32:1-163 and specifically, in response to the contentions of the plaintiff, that it did provide notices to the agent of the -- of the -- of the -- of the defendant, Port Authority, that agent being the appointed Administrator of the plan.

The Port Authority's response relying largely on $\underline{\text{N.J.S.A}}$. 32:1-164, is that no notice was directed to

the Port Authority and to its -- either by mail or personal service to its offices, its specific places of business, and it notes that its website contains a specific direction as to the precise address at which these claims are to be directed.

The plaintiff counters here that the -- the record -- first of all, the plaintiff notes that this is a -- a -- a Motion to Dismiss, that -- that it is premature, that these are matters of -- of affirmative defense, that viewing the complaint, as -- as the Court must, with liberality, it has alleged that it pursued all available appeals and exhausted them. That would permit the Court to infer that it did provide notice of its claim to the United Healthcare Insurance Company, as agent for the Port Authority. The Court must accept that as true.

And the -- the plaintiff avers that or contends on this motion that these matters are matters that can only raised in defense. The Court can't dismiss the complaint, that these would have to be matters for summary judgment, essentially, because the Court would necessarily have to examine matters outside of the parameters -- the four corners of the complaint, in order to adjudicate either component of the motion as to whether a notice was filed and whether this

action was filed within the appropriate statute of limitations period.

And it -- and, beyond that, the plaintiff contends that it did, in fact, meet the notice requirements in substantial part because it supplied the notice to the agent of the Port Authority, which the Port Authority has designated as the recipient for claims and the processor of claims that are presented under the plan, and that it not only presented the initial claim but it presented the required appeals and that all of that information is information that -- that satisfies all the notice requirements and that it -- it identifies the -- the claimant, the nature of the claim, the alleged basis for the -- the -- the basis for the claim, the failure of -- of full payment or payment in accordance with what is alleged to have been the preauthorization.

That all of that information was conveyed and thus, at minimum, that either satisfies the requirement as -- as -- as a matter of -- of -- of law or that it substantially satisfies the statutory requirement, specifically citing the New Jersey Supreme Court case in Zamel versus Port Authority, which is at $56 \, \underline{\text{New}}$ Jersey 1 (1970).

Those are essentially the contentions of the

parties.

The Court comes to the following conclusions in these circumstances.

First, noting that this is a -- a -- a -- at Motion to Dismiss, I'm required to accept all of the pleaded allegations as true. Those allegations are sufficient to cause the Court to conclude for purposes of this motion that a notice was given to the agent of the Port Authority, in accordance with the Port Authority's own requirements, through its healthcare plan, as to how these types of notices are to be given and how these types of claims are to be pursued. I conclude that the -- the defenses that are raised here really are matters of -- of, essentially, of summary judgment and the circumstances here that there facts that need to be explored at a minimum.

As I was indicating during the course of oral argument, it does seem to me that the plaintiff is entitled to explore the relationship between United Healthcare Insurance Company, the entity with which it was dealing directly in the prosecution of -- of its claim for payment and the Port Authority how this plan operates in -- in practice, in terms of how these claims are -- are -- are handled, to whom they are directed, what -- to whom, to what decision-makers are

alerted to it, whether or not the Port Authority itself, or even, indeed, its Claims Department or Law Department is alerted in some way to the pendency of these claims in order for it to pursue a contention that, even granting that some notice had to be directly given to the Port Authority, that that, in fact, happened here.

And I conclude on -- on this record, which req- -- would require the Court to go outside the parameters of the pleading, those matters are not apparent to it. I -- I can't reach conclusions as to them and I believe they are relevant matters that a plaintiff here would be entitled to pursue, without prejudice to the Port Authority's right to come back at some later point and say it doesn't matter what happened here. We didn't get the claim directly -- directly deposited at our headquarters office and, therefore, the claim as a whole fails.

I say this because I -- I -- I am mindful of -- of the Zamel case, which does make clear that the essential purpose of this notice requirement is a -- is -- is to enable the Port Authority to know that a claim has been presented, but to -- in order to facilitate investigation of the claim, preparation of a defense to the claim, possible early resolution of the claim. In-

-- indeed, in other context involving tort claims against -- or contract claims against governmental agencies. The other -- the other purpose of a statute like this is -- is prophylactic in the sense of allowing the agency to -- to make -- take corrective actions and so forth. In -- in this case, the corrective action presumably would have been something by way of a -- of an earlier settlement if -- if they felt it was warranted.

And in the circumstances here, certainly on the fact of the complaint and even in assessing the matters that are presented beyond the four corners of the complaint, there is a basis for the plaintiff to contend here that those -- those purposes were addressed by the manner in which it proceeded.

In other words, the plaintiff is contending here that it did what it was required to do. It's directed to present its claim to this entity. It did so. It was directed and required to pursue appeals through this entity. It did so. That in doing so, it supplied the basic information that was very equivalent to the information that was supplied to the Port Authority in -- in Zamel, by way of -- of the -- the fundamental nature of the claim, in order to facilitate the -- the achievement of the purposes of the statute

here.

And the Court made clear in those circumstances in which a claim was presented by an -- an injured plaintiff to the Port Authority, by way of -- of a -- of a more -- somewhat informal correspondence by counsel. Over a course of time, it was clear that the plaintiff had presented the location of the accident, the nature of the injury, medical records pertinent to the accident, all outside the six month period. And then an attorney on his behalf submitted a letter within the six-month period, indicating please consider this a Notice of Claim.

In that factual context, the Court determined that the Port Authority had all the information it needed within the -- or outside of the six month period in order to facilitate its -- its examination of the claim, investigation, possible settlement and -- in -- in -- in other words, that all the purposes for which this statute is in place had been achieved. And -- and indicated that in that context there had been substantial compliance with the statutory requisites such that -- that -- that the defense predicated on a -- on a failure to submit a -- a -- a timely Notice of Claim failed.

The Port Authority here claims, well, that's

different because these matters weren't directed as they were in Zamel, to the Port Authority itself. in this context, which as I -- I indicated at the outset of this opinion, are -- are -- are -- are different in -- in that this is a plan sponsored by the Port Authority, a self-insured plan. This is an agent which it appoints to administer that plan. That agent, as I understand it, or at least for purposes of this motion, understand that there is a process that's prescribed for the presentation of claims. All of that, I think it could be reasonably concluded is -- is the equivalent of compliance with the statutory requisites, even though the claim itself was not specifically directed by the plaintiff to the Port Authority itself following a -- a -- a pathway of that nature.

And -- and -- and I believe that, at least for purposes of this procedural juncture, in which this claim -- in which this motion is presented, that that is a sufficient basis on which to determine that there are factual matters here that need to be explored and this motion, for that reason alone, should be denied, in that, as -- as I've said, this case presents a -- a somewhat different circumstance involving the practices and -- and procedures for presenting a healthcare claim

which are, as I said, I think, fundamentally different from the way certain other claims are presented and the were, at least for purposes of this motion, presented to a designated agent of the Port Authority.

So for purposes of the motion, I -- I conclude that -- that -- that there's a sufficient showing here that a notice was present to warrant denial of -- of the motion.

I believe these are matters, in all events, given the somewhat unique situation here and in the absence of either party, and I'm sure -- I'm sure both parties were represented by very able attorneys who have acquitted themselves very well in the Courtroom this morning, would have presented it, if it existed. There doesn't appear to be any case that directly addresses this specific issue of -- of the intersection between this requirement for a Notice of Claim presented to the governmental agency, in this case, the Port Authority, in the circumstances involving a healthcare claim where there is a plan and there is an agent and there is a process that's prescribed for the presentation of claims via that plan.

Seems to me that given the -- the somewhat novel nature of this issue, at minimum, that there should be a full factual record before the Court makes

rulings as a matter of law in this context as to whether the statute bars this claim or not. And so I would expect that the parties would explore this matter further to enable the Court to at least have a full factual record to assess this at the appropriate juncture and to determine whether or not -- as it may well turn out to be that the Port Authority was notified of this claim through this process.

And -- and, in all events, as I said, I think it's appropriate to explore the nature of this relationship between the Port Authority, its healthcare plan and its designated administrator and how that relationship works, vis-a-vis the processing of claims and the notification of the existence of claims and the pendency of claims and the resolution of claims.

So for all of those reasons as well, I'm going to deny this motion without prejudice, essentially, as premature.

As to the statute of limitations motion, I — I come to the same conclusion. This is a premature juncture at which to determine when this claim accrued. For purposes of this motion, it would appear that it accrued sometime at the — in — in the October 2017 time frame, when the second level of appeal was denied. And if that were the case, then this action was timely

filed within a year. But, once again, I think that awaits the development of a -- of a more comple -- of a more complete factual record, such that the Court can make a more -- a -- a -- a determination based on that record as to when this claim accrued and whether or not it was timely brought.

But for purposes of the motion, I conclude that it hasn't been demonstrated that the claim accrued more than a year prior to the -- the filing of the complaint.

So for all those reasons, I'm going to deny the motion. I deny it without prejudice to the right to be renewed at a later time when there is a more complete factual record as to how this claim was processed and handled.

And -- and, as I said, for purposes of this motion, I conclude that it hasn't been established by the defendant on a Motion to Dismiss that -- that -- that the -- the claim was not presented or note -- or notice of the claim was not presented 60 days before filing the suit, in accordance with the statutory requirement or that the claim was filed out of time, in accordance with the statutory requirement.

And so for those reasons, I'm going to deny the motion.

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All right?
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MR. BARRAGAN: One -- one more thing, Your

Honor.

THE COURT: Yes, sir.

MR. BARRAGAN: Time for us to answer, since now we would have to file an answer. Counsel, how much time do -- you know, can -- can you give us?

MR. ESTES: How much do you need?

MR. BARRAGAN: Thirty days?

MR. ESTES: No problem.

THE COURT: All right.

MR. ESTES: Not a problem.

THE COURT: Can you record that in -- in -- I -- well, I -- I can -- you -- you submitted a -- actually, I'll -- I'll mark up the -- the Order and provide for thirty days for the submission of -- of an answer.

MR. ESTES: And -- and, Your Honor, I have one additional matter I wanted to make the record of. And I apologize I didn't raise -- I didn't raise this before you read your opinion --

THE COURT: Uh-huh.

MR. ESTES: -- but I -- I forgot. During a colloquy with Mr. Barragan, you had discussed whether Port Authority would be the only defendant that could

be potentially liable for this procedure in that -- to use your phrasing -- you'll correct me. I -- I don't know the answer to that, but I didn't want to be -- I didn't want my silence to waive any potential claims against United. So --

THE COURT: All right. But I -- I was thinking more against Oxford and --

MR. ESTES: Oh, yeah.

THE COURT: -- the other defendants here.

MR. ESTES: I don't -- I don't know, as I sit here today and I think fact discovery will clarify that.

THE COURT: All right.

MR. ESTES: I just didn't want my silence to be interpreted by Your Honor as -- as not being responsive or -- an -- an -- another party use that against the plaintiff.

THE COURT: All right. Well, the -- that's fine. Yeah.

MR. ESTES: Like I think it -- it remains to be seen, I guess, is our position.

THE COURT: All right. Very well.

MR. ESTES: Okay. Thank you, Your Honor. THE COURT: All right. Thank -- thank you

both.

MR. BARRAGAN: Thank you, Your Honor.

MR. ESTES: And thank you for accommodating

my schedule too.

THE COURT: You're welcome.

MR. ESTES: Have a great weekend.
THE COURT: Take care. You too.
(Proceedings Concluded)

CERTIFICATION

I, Rebecca Y. Natal, the assigned transcriber, do hereby certify the foregoing transcript of proceedings, Digitally Recorded, Index Number 9:42:57 to 10:35:26 is prepared in full compliance with the current Transcript Format for Judicial Proceedings and is a true and accurate compressed transcript of the proceedings as recorded.

December 14, 2018

Rebecca Y. Natal AD/T 557

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