

Stacey A. Hyman

Partner

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OVERVIEW

HEALTHCARE AND ERISA DISPUTES

Stacey Hyman focuses her practice on commercial disputes and insurance coverage, specifically healthcare and ERISA disputes. Stacey's experience includes representing healthcare providers, ranging from major hospital systems and medical device companies to provider groups in disputes with major United States payor insurance companies, health benefit plans, and third-party administrators. Stacey has extensive multijurisdictional experience litigating in federal and state court. In addition to her healthcare litigation experience, Stacey also provides clients with critical pre-litigation analysis and advice through her review of provider documents, contracts, policies, and health insurance claims data.

BUSINESS LAW DISPUTES

Stacey has experience with many other types of complex commercial disputes, including toxic torts and products liability, contract disputes, and communications law. Stacey's background in accounting and business also provides her with a unique perspective in litigation and client counseling.

PROFESSIONAL BACKGROUND

Stacey actively participates in the K&L Gates pro-bono program with the Kids in Need of Defense organization. She is also a co-founder and board member of the not-for-profit organization Keeping US Abreast. Stacey is also a world-traveler and music enthusiast.

Previous to K&L Gates, Stacey was an associate at a major New Jersey law firm and worked as a Senior Accountant for a multibillion-dollar healthcare corporation and a major public accounting firm. Stacey interned with the Honorable Stanley R. Chesler during the Spring of 2007 and participated in the Seton Hall University School of Law's study abroad programs in Italy and Zanzibar.

At her previous firm, Stacey focused on many areas including legal malpractice, structured settlement factoring transaction compliance and products liability litigation. Stacey was also involved in the firm's Barbara McDowell High Impact Pro Bono Initiative and the Morris County Mediation program.

ADDITIONAL BACKGROUND

Stacey is a Certified Public Accountant in the state of New York.

EDUCATION

- J.D., Seton Hall University School of Law, 2008 *(cum laude)*
- B.S., University of Maryland, 2000

ADMISSIONS

- Bar of New Jersey
- Bar of New York
- Certified Public Accountant
- United States Court of Appeals for the Federal Circuit
- United States District Court for the District of New Jersey
- United States District Court for the Southern District of New York

THOUGHT LEADERSHIP *POWERED BY HUB*

- 6 January 2023, CMS Proposed Rule Seeks to Provide Transparency and Efficiency in Preauthorization Process
- 26 July 2021, Surprise Billing Regulations: Impact on Out-of-Network Providers
- 14 June 2018, *American Orthopedic* — Third Circuit Addresses Anti-Assignment Clauses and Powers of Attorney in ERISA-Governed Health Insurance Plans

OTHER PUBLICATIONS

- "An Ounce of Prevention—Why Investigating a Health Plan's Grandfathered Status Matters to Providers," Bloomberg Law, 16 August 2018
- "An Ounce of Prevention—The Importance of Early Review of Assignment of Benefits and Powers of Attorney," Bloomberg Law, Health Law & Business News Insight, 21 June 2018
- "Select Reimbursement Issues for NJ Out-of-Network Hospitals," *New Jersey Law Journal*, 1 September 2015
- "Apple v. Amazon.com –The War For 'App' Dominance Advances," *Bloomberg Law Reports – Technology Law,* 2011.
- "The James Frey Scandal: A Million Frivolous Lawsuits," *17 Seton Hall J. Sports & Ent. L. 211*

NEWS & EVENTS

- 19 December 2022, K&L Gates Adds 40 Lawyers to Firm's Partnership

AREAS OF FOCUS

- Commercial Disputes
- Healthcare and FDA
- Healthcare Payor-Provider Disputes (US)

INDUSTRIES

- Healthcare
- Life Sciences

REPRESENTATIVE EXPERIENCE

- Representation as Lead Associate of large healthcare system hospital in a District Court of New Jersey matter whereby the Court denied motions to dismiss brought by multiple defendants. The Court dismissed arguments for dismissal regarding timeliness and failure to exhaust administrative remedies due to defendants' failure to comply with ERISA notice and appeal requirements. The Court also refused to dismiss a breach of fiduciary duty claim brought by a defendant not specifically named in the health insurance plan as a fiduciary, ruling that a breach of fiduciary duty claim can be asserted against any party who functionally controlled claims administration, including a third-party administrator or repricing company.
- Representation as Lead Associate of large healthcare system in a District Court of New Jersey matter whereby the Court denied a motion to dismiss and ruled that an assignment of benefits signed by a patient’s incapacitated spouse was valid despite the lack of a power of attorney. The Court also expanded the scope of the administrative record to provide critical information to determine whether the health insurance plan was grandfathered under the Patient Protection Affordable Care Act and thus exempt from certain cost-sharing requirements under the PPACA.
- Ms. Hyman, a Certified Public Accountant with experience in both corporate and public accounting, successfully litigated, as lead associate, a contentious fee application for an eight-year anti-trust litigation that resulted in a $60 million jury verdict. After three years of litigation, the District of New Jersey Magistrate Judge issued a final recommendation to award $60 million in fees to our client in addition to the jury verdict.
- Representation as Lead Associate of owner and operator of several freestanding emergency room facilities in Texas regarding various federal and state provider claims underpayment and denial issues. Most recently, we obtained an ex-parte temporary restraining order against a large United States payor insurance company regarding delays in claims payment and requests for patient medical records in contravention of the prudent layperson standard.

- Representation as Lead Associate of a large healthcare system serving 24 counties in north Mississippi and northwest Alabama in its dispute with UnitedHealthcare. Our client provided UnitedHealthcare with notice of their intent to terminate their in-network contract due to underpayment of claims and several other operational issues. UnitedHealthcare filed for arbitration based on wrongful termination of the contract and our client counterclaimed. Termination of the contract would have rendered our client an out-of-network provider which would have affected over 730,000 people. We formulated the public relations and operational strategies for our client which involved sensitive tactics to maintain healthy relations with the local community and aided in the successful negotiation with UnitedHealthcare whereby a renewed contract for a 3-year term was reached.