

## Understanding Reimbursement Issues in Hawaii A Guide for Health Care Providers and Practice Administration

### Example EYLEA® (afibercept) Injection Claim Issues and Applicable State Provisions

Prior Authorization	Prompt Payment	Request for Additional Information	Filing Deadlines	Provider Appeals
<p><b>Issue:</b> Plan delays prior authorization.</p> <p><b>Example scenario:</b> Patient is diagnosed and meets medical necessity criteria for EYLEA injections. Provider submits a request for prior authorization. Plan has not made a decision.</p>	<p><b>Issue:</b> Plan delays timely payment pending medical necessity determination.</p> <p><b>Example scenario:</b> Patient is diagnosed and meets medical necessity criteria for EYLEA injections. Provider submits a claim for EYLEA reimbursement, but 31 days later, claim is still pending medical necessity determination.</p>	<p><b>Issue:</b> Subsequent request for additional information.</p> <p><b>Example scenario:</b> Provider submits a claim for EYLEA reimbursement, but 31 days later, Plan indicates payment of claim is pending receipt of additional information.</p>	<p><b>Issue:</b> Claim is past the filing deadline.</p> <p><b>Example scenario:</b> Provider timely submits an EYLEA claim. Plan denies the claim for being past the filing deadline.</p>	<p><b>Issue:</b> Provider appeals.</p> <p><b>Example scenario:</b> Provider wants to challenge Plan's denial or reduction of an EYLEA claim.</p>
<p><b>Title 45 Code of Federal Regulations Section 147136 states...</b></p>	<p><b>Hawaii Revised Statutes Section 431:13-108 states...</b></p>	<p><b>Hawaii Revised Statutes Section 431:13-108 states...</b></p>	<p><b>Hawaii Revised Statutes Section 431:10A-105 states...</b></p>	<p><b>Title 45 Code of Federal Regulations Section 147136 states...</b></p>
<p>For a preservice claim, Plan will notify the claimant of its benefit determination (whether adverse or not) <b>no later than 15 days</b> after receiving the claim. This time period may be extended 1 time for <b>up to 15 days</b>, provided:</p> <ul style="list-style-type: none"> <li>The extension is necessary because of matters beyond Plan's control, and</li> <li>Plan notifies the claimant, prior to the expiration of the initial 15-day period, of the circumstances requiring the extension and the date when Plan expects to make a decision</li> </ul> <p>If the extension is necessary because of claimant's failure to submit the information needed for Plan to decide the claim:</p> <ul style="list-style-type: none"> <li>Notice of extension will specifically describe the required information, and</li> <li>Claimant will have <b>at least 45 days</b> from receipt of the notice to provide the specified information</li> </ul>	<p>Unless shorter payment time frames are otherwise specified in a contract, Plan will reimburse a claim that is not contested or denied <b>no more than 30 calendar days</b> after receiving the claim filed in writing or <b>no more than 15 calendar days</b> after receiving the claim filed electronically.</p> <p>Interest will be allowed at the rate of 15% per year for money owed by Plan on payment of a claim exceeding the applicable time limitations.</p>	<p>If a claim is contested or denied or requires more time for review, Plan will notify the health care provider in writing <b>no more than 15 calendar days</b> after receiving a claim filed in writing or <b>no more than 7 calendar days</b> after receiving a claim filed electronically.</p> <p>The notice:</p> <ul style="list-style-type: none"> <li>Will identify the contested portion of the claim and the specific reason for contesting or denying the claim</li> <li>May request additional information, except that notice will not be required if Plan provides a reimbursement report containing the information, at least monthly, to the health care provider</li> </ul> <p>If information received pursuant to a request for additional information is satisfactory to warrant paying the claim, the claim will be paid <b>no more than 30 calendar days</b> after receiving the additional information in writing or <b>no more than 15 calendar days</b> after receiving the additional information filed electronically.</p>	<p>Written proof of loss must be furnished to the insurer <b>within 90 days</b> after the date of loss. Failure to furnish the proof within that time will not invalidate nor reduce any claim if it was not reasonably possible to furnish proof within such time, provided the proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, <b>later than 15 months</b> from the time proof is otherwise required.</p> <p><b>NOTE:</b> This provision sets forth minimum standards. Provider should check contract for specific requirements.</p>	<p><b>Internal review:</b> A preservice initial appeal will be decided <b>within 30 days</b>; a postservice initial appeal, <b>within 60 days</b>. Failure of Plan to follow appeal procedures will result in claimant exhausting internal appeals and allow claimant to seek an <b>independent external review</b>.</p>
				<p><b>Hawaii Revised Statutes Section 432E-33 states...</b></p> <p>A \$15 filing fee is required for an independent external review and may be waived if the filing fee imposes an undue financial hardship on the enrollee. The filing fee will be refunded if the adverse determination or final internal adverse determination is reversed through the independent external review.</p>
				<p><b>Hawaii Revised Statutes Section 432E-34 states...</b></p> <p>A request for an independent external review must be submitted <b>no later than 130 days</b> after adverse determination.</p> <p><b>No later than 45 days</b> after receipt of the request for an independent external review, an assigned independent review organization will provide written notice of its decision to uphold or reverse the adverse determination or the final adverse determination of a health care insurer.</p>
				<p><b>Hawaii Revised Statutes Section 432E-42 states...</b></p> <p>Plan will pay for the cost of the independent external review.</p>

Complaints regarding these and other payer issues can be made to the [Hawaii Department of Commerce and Consumer Affairs website](#).



Visit [NavigatingPayerChallenges.com](https://www.navigatingpayerchallenges.com) for state-specific and federal legislation or contact your **Reimbursement Business Manager (RBM)** for more information

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**Reference:** Data on file. Regeneron Pharmaceuticals, Inc.

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