Understanding Reimbursement Issues in Hawaii

A Guide for Health Care Providers and Practice Administration

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

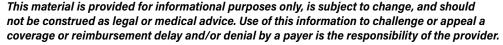
Prior Authorization	Prompt Payment	Request for Additional Information	Filing Deadlines	Provider Appeals
Issue: Plan delays prior authorization. Example scenario: Patient is diagnosed and meets medical necessity criteria for EYLEA injections. Provider submits a request for prior authorization. Plan has not made a decision.	Issue: Plan delays timely payment pending medical necessity determination. Example scenario: 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.	Issue: Subsequent request for additional information. Example scenario: Provider submits a claim for EYLEA reimbursement, but 31 days later, Plan indicates payment of claim is pending receipt of additional information.	Issue: Claim is past the filing deadline. Example scenario: Provider timely submits an EYLEA claim. Plan denies the claim for being past the filing deadline.	Issue: Provider appeals. Example scenario: Provider wants to challenge Plan's denial or reduction of an EYLEA claim.
				Title 45 Code of Federal Regulations Section 147.136 states
				Internal review: A preservice initial appeal will be decided within 30 days; a postservice initial appeal, within 60 days. Failure of Plan to follow appeal procedures will result in claimant exhausting internal appeals and allow claimant to seek an independent external review.
Title 45 Code of Federal Regulations Section 147.136 states	Hawaii Revised Statutes Section 431:13-108 states	Hawaii Revised Statutes Section 431:13-108 states	Hawaii Revised Statutes Section 431:10A-105 states	
period may be extended 1 time for up to 15 days , provided: The extension is necessary because of matters beyond Plan's control, and Plan notifies the claimant, prior to the	otherwise specified in a contract, Plan will reimburse a claim that is not contested or denied no more than 30 calendar days after receiving the claim filed in writing or no more than 15 calendar days after receiving the claim filed electronically. 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.	care provider in writing no more than 15 calendar days after receiving a claim filed in writing or no more than 7 calendar days after receiving a claim filed electronically. The notice: Will identify the contested portion of the claim and the specific reason for contesting or denying the claim 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	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, later than 15 months from the time proof is otherwise	
				Hawaii Revised Statutes Section 432E-33 states
				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.
				Hawaii Revised Statutes Section 432E-34 states
				A request for an independent external review must be submitted no later than 130 days after adverse determination. No later than 45 days 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.
				Hawaii Revised Statutes Section 432E-42 states
				Plan will pay for the cost of the independent external review.

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



Visit NavigatingPayerChallenges.com for state-specific and federal legislation or contact your Reimbursement Business Manager (RBM) for more information





Reference: Data on file. Regeneron Pharmaceuticals, Inc.

