Understanding Reimbursement Issues in Hawaii

A Guide for Health Care Providers and Practice Administration

Hawaii

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

Prior Authorization Request for Additional Information Provider Appeals Prompt Payment Filing Deadlines Issue: Plan delays prior authorization. Issue: Plan delays timely payment **Issue:** Subsequent request for additional Issue: Claim is past the filing deadline. Issue: Provider appeals. pending medical necessity determination. information. **Example scenario:** Patient is diagnosed Example scenario: Provider timely **Example scenario:** Provider wants to challenge Plan's denial or and meets medical necessity criteria for **Example scenario:** Patient is diagnosed **Example scenario:** Provider submits a submits an EYLEA HD claim. Plan reduction of an EYL FA HD claim denies the claim for being past the filing EYLEA HD injections. Provider submits and meets medical necessity criteria for claim for EYLEA HD reimbursement, but 31 Title 45 Code of Federal Regulations Section 147.136 a request for prior authorization. Plan has EYLEA HD injections. Provider submits a days later, Plan indicates payment of claim is deadline. not made a decision. claim for EYLEA HD reimbursement, but pending receipt of additional information. Hawaii Revised Statutes Section 31 days later, claim is still pending medical Internal review: A preservice initial appeal will be decided **Hawaii Revised Statutes Section** Title 45 Code of Federal Regulations 431:10A-105 states... necessity determination. within 30 days: a postservice initial appeal, within 60 days. Section 147.136 states... 431:13-108 states... Written proof of loss must be furnished Failure of Plan to follow appeal procedures will result in claimant Hawaii Revised Statutes Section For a preservice claim, Plan will notify If a claim is contested or denied or requires to the insurer within 90 days after the exhausting internal appeals and allow claimant to seek an 431:13-108 states... the claimant of its benefit determination more time for review, Plan will notify the health date of loss. Failure to furnish the proof independent external review. Unless shorter payment time frames are within that time will not invalidate nor (whether adverse or not) no later than 15 care provider in writing **no more than 15** Hawaii Revised Statutes Section 432E-33 states... otherwise specified in a contract. Plan will days after receiving the claim. This time calendar days after receiving a claim filed in reduce any claim if it was not reasonably period may be extended 1 time for up to reimburse a claim that is not contested or writing or no more than 7 calendar days after possible to furnish proof within such A \$15 filing fee is required for an independent external review denied no more than 30 calendar days 15 days, provided: receiving a claim filed electronically. time, provided the proof is furnished and may be waived if the filing fee imposes an undue financial • The extension is necessary because of after receiving the claim filed in writing or as soon as reasonably possible and hardship on the enrollee. The filing fee will be refunded if the The notice: matters beyond Plan's control, and no more than 15 calendar days after in no event, except in the absence of adverse determination or final internal adverse determination is · Will identify the contested portion of the claim • Plan notifies the claimant, prior to the receiving the claim filed electronically. legal capacity of the claimant. later reversed through the independent external review. and the specific reason for contesting or expiration of the initial 15-day period, of than 15 months from the time proof is Interest will be allowed at the rate of denving the claim Hawaii Revised Statutes Section 432E-34 states... the circumstances requiring the otherwise required. 15% per year for money owed by Plan · May request additional information, except A request for an independent external review must be extension and the date when Plan that notice will not be required if Plan provides on payment of a claim exceeding the **NOTE:** This provision sets forth submitted no later than 130 days after adverse determination. expects to make a decision applicable time limitations. a reimbursement report containing the minimum standards. Provider No later than 45 days after receipt of the request for an If the extension is necessary because of information, at least monthly, to the health should check contract for specific independent external review, an assigned independent review claimant's failure to submit the information care provider requirements. organization will provide written notice of its decision to uphold needed for Plan to decide the claim: If information received pursuant to a request or reverse the adverse determination or the final adverse Notice of extension will specifically for additional information is satisfactory to determination of a health care insurer. describe the required information, and warrant paving the claim, the claim will be Claimant will have at least 45 days paid no more than 30 calendar days after Hawaii Revised Statutes Section 432E-42 states... from receipt of the notice to provide the receiving the additional information in writing Plan will pay for the cost of the independent external review. specified information or no more than 15 calendar days after

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

electronically.



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



This material is provided for informational purposes only, is subject to change, and should not be construed as legal or medical advice. Use of this information to challenge or appeal a coverage or reimbursement delay and/or denial by a payer is the responsibility of the provider.

receiving the additional information filed

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