Understanding Reimbursement Issues in Indiana

A Guide for Health Care Providers and Practice Administration

Indiana

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

Prior Authorization

Issue: Plan delays prior authorization.

Example scenario: Patient is diagnosed and meets medical necessity criteria for EYLEA HD injections. Provider submits a request for prior authorization. Plan has not made a decision.

Indiana Insurance Code Section 27-8-17-11 states...

Plan must:

- Notify enrollee or provider of the determination **within 2 business days** of receiving a request that includes all information necessary to complete the determination
- Ensure that every determination regarding the necessity or appropriateness of an admission, service, or procedure is reviewed by a physician or determined in accordance with standards or guidelines approved by a physician

Indiana Insurance Code Sections 27-13-9-6 and 27-13-9-7 state...

A "health plan information card" is a card a health maintenance organization or a third-party administrator of a self-insured plan provides to an individual so they may present the card to establish the eligibility of the individual or the individual's dependents to receive benefits or health care services.

A health plan information card must indicate that the benefits and health care services are provided by a health maintenance organization or by a third-party administrator. Cards issued by a third-party administrator are initially issued to an individual as a new enrollee or to an individual at the time of the individual's renewal of enrollment.

NOTE: The same information must also be communicated to a provider when verifying an enrollee's benefits and coverage.

Prompt Payment

Issue: Plan delays timely payment pending medical necessity determination.

Example scenario: Patient is diagnosed and meets medical necessity criteria for EYLEA HD injections. Provider submits a claim for EYLEA HD reimbursement, but 31 days later, claim is still pending medical necessity determination.

Indiana Insurance Code Section 27-8-5.7 states...

Plan **must pay or deny** electronic claims **within 30 days** of receipt and paper claims **within 45 days** of receipt.

Indiana Human Services Code Section 12-15-21-3 (7) states...

Paying interest to providers:
(A) At a rate that is the percentage rounded to the nearest whole number that equals the average investment yield on state general fund money for the state's previous fiscal year, excluding pension fund investments, as published in the auditor of state's comprehensive annual financial report.

Request for Additional Information

Issue: Subsequent request for additional information.

Example scenario: Provider submits a claim for EYLEA HD reimbursement, but 31 days later, Plan indicates payment of claim is pending receipt of additional information.

Indiana Insurance Code Section 27-8-5.7-5 states...

Plan must notify provider of any deficiencies in a submitted electronic claim **within 30 days** and in a submitted paper claim **within 45 days**.

Failure of Plan to notify provider as required establishes the submitted claim as a clean claim.*

*Claim with no defect or impropriety (eg, lack of required substantiating documentation) or circumstance requiring special treatment that prevents timely payment from being made on the claim.

Filing Deadlines

Issue: Claim is past the filing deadline.

Example scenario: Provider timely submits an EYLEA HD claim. Plan denies the claim for being past the filing deadline.

Indiana Insurance Code Sections 27-8-5-19(11)(B) and 27-8-5-19(11)(C) state...

Written proof of loss must be furnished to the insurer **within 90 days** after the date of such loss. Failure to furnish such proof within the time required will not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, **later than 1 year** from the time proof is otherwise required.

NOTE: This provision sets forth minimum standards. Provider should check contract for specific requirements.

Provider Appeals

Issue: Provider appeals.

Example scenario: Provider wants to challenge Plan's denial or reduction of an EYLEA HD claim.

Indiana Insurance Code Section 27-8-28-16 states...

An **internal grievance** must be resolved as expeditiously as possible but **no more than 20 business days** after Plan receives all information reasonably necessary to complete the review. If Plan is unable to make a decision regarding the grievance within that time because of circumstances beyond Plan's control, Plan must:

- **Before the 20th business day**, notify the covered individual in writing of the reason for the delay
- **Within an additional 10 business days**, issue a written decision regarding the grievance

Indiana Insurance Code Section 27-8-29-13 states...

A request for an **external review** must be filed **within 120 days**. All costs must be paid by Plan.

Indiana Insurance Code Section 27-8-29-15 states...

An independent review organization will make its determination **within 15 business days** of the filing.

Complaints regarding these and other payer issues can be made to the Indiana Department of Insurance website.

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

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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.

Reference: Data on file. Regeneron Pharmaceuticals, Inc.

This information is provided to you by Regeneron, the maker of

EYLEA® HD (aflibercept) Injection 8 mg