Understanding Reimbursement Issues in Maine

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, but 10 days later, Plan has not made a decision. **Maine Insurance Code Section 4304(2) states...** Requests for prior authorization of a nonemergency service must be determined within 2 business days. Both the provider and the enrollee must be notified of the determination. If the information submitted is insufficient to make a decision, the Plan shall notify the provider within 2 business days of the additional information necessary to render a decision. If the Plan determines that outside consultation is necessary, the Plan shall notify the provider and the enrollee for whom the service was requested within 2 business days. The Plan shall make a good faith estimate of when the final determination will be made and contact the enrollee and the provider as soon as practicable. Notification requirements under this subsection are satisfied by written notification postmarked within the time limit specified. **Maine Insurance Code Section 4304(2) states...** No later than January 1, 2022, unless a waiver is granted by the superintendent, a Plan or entity under contract to a Plan shall make available to a provider in real time at the point of prescribing one or more electronic benefit tools that are capable of integrating with at least one electronic prescribing system or electronic medical record system to provide complete, accurate, timely, clinically appropriate formulary and benefit information specific to an enrollee, including, but not limited to, the estimated cost-sharing amount to be paid by the enrollee, information on any available formulary alternatives that are clinically appropriate, and information about the formulary status and the utilization review and prior authorization requirements of each drug presented.	**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. **Maine Insurance Code Section 2436 states...** A claim that is neither disputed nor paid **within 30 days** is overdue. If Plan fails to pay, the amount of the overdue claim will bear 1.5% interest per month after the due date. **Maine Insurance Code Section 4304(4) states...** If Plan has granted prior approval for a service or other covered item, **Plan cannot retrospectively deny coverage or payment for the originally approved service** unless fraudulent or materially incorrect information was provided at the time Plan granted the prior approval.	**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. **Maine Insurance Code Section 2436 states...** Plan may dispute a claim **within 30 days** by notifying enrollee or beneficiary, or representative of enrollee or beneficiary, that the claim is disputed. Statement must be made in writing and include the grounds on which the claim is disputed. Within the 30 days, if Plan notifies enrollee or beneficiary in writing that reasonable additional information is required, the undisputed claim will not be considered overdue **until 30 days** following receipt by Plan of the additional required 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. **Maine Insurance Code Section 2824 states...** Written proof of loss must be furnished to the insurer **within 90 days** after the date of the 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. **NOTE:** This provision sets forth minimum standards. Provider should check contract for specific requirements.	**Issue:** Provider appeals. **Example scenario:** Provider wants to challenge Plan's denial or reduction of an EYLEA claim. **Maine Administrative Code Rule 02-031, Chapter 850, Section 8 states...** Provider may initiate a standard first-level appeal for **internal review**. Appeal must be reviewed by a clinical peer not involved in the initial determination of denial or reduction. Review must be completed **within 30 calendar days**. If dissatisfied with the standard first-level appeal, provider may initiate a standard second-level appeal for internal review. Review must be completed **within 45 calendar days** of the request. Plan must appoint a panel that includes one or more disinterested clinical peers. The majority of panelists must agree on an appeal decision that is adverse to the enrollee. **Maine Insurance Code Section 4312 states...** Provider may request an **independent external review within 12 months** of exhausting both levels of internal review. Request must be made in writing to the Maine Bureau of Insurance. Provider may advance the appeal to an independent external review if Plan fails to follow the timeline for internal review. An independent review organization must issue its decision **within 30 days** of receiving the request for external review. Plan must pay for the cost of the review and must abide by the organization's decision.

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

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.

Reference: Data on file. Regeneron Pharmaceuticals, Inc.

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

EYLEA® (aflibercept) Injection