

Understanding Reimbursement Issues in Maryland

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>Issue: Plan delays prior authorization.</p> <p>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.</p>	<p>Issue: Plan delays timely payment pending medical necessity determination.</p> <p>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.</p>	<p>Issue: Subsequent request for additional information.</p> <p>Example scenario: Provider submits a claim for EYLEA reimbursement, but 31 days later, Plan indicates payment of claim is pending receipt of additional information.</p>	<p>Issue: Claim is past the filing deadline.</p> <p>Example scenario: Provider timely submits an EYLEA claim. Plan denies the claim for being past the filing deadline.</p>	<p>Issue: Provider appeals.</p> <p>Example scenario: Provider wants to challenge Plan's denial or reduction of an EYLEA claim.</p>
<p>Maryland Insurance Code Section 15-10b-06 states...</p> <p>A utilization review agent must make all initial determinations on whether to authorize a nonemergency course of treatment for a patient within 2 working days after receipt of the information necessary to make the determination.</p>	<p>Maryland Insurance Code Section 15-1005 states...</p> <p>Plan must do any of the following within 30 days of receiving a claim for reimbursement:</p> <ul style="list-style-type: none"> - Pay the claim - Deny the claim and provide reasons for the denial - Notify provider of additional information necessary to determine whether all or part of the claim will be reimbursed <p>If Plan fails to pay a clean claim* for reimbursement or otherwise violates the provisions for requesting additional information, Plan will pay interest on the unpaid amount of the claim beginning 31 days after receipt of the initial clean claim for reimbursement at the monthly rates of 1.5% from day 31 through day 60, 2% from day 61 through day 120, and 2.5% after day 120. Interest paid will be included in any late reimbursement without the necessity of the provider to make an additional claim for that interest.</p> <p>*See explanation in the Request for Additional Information column.</p>	<p>Maryland Insurance Code Section 15-1005 states...</p> <p>Plan must send notice that the claim is not clean and the specific additional information necessary for the claim to be considered a clean claim.[†]</p> <p>[†]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.</p>	<p>Maryland Insurance Code Section 15-1005 states...</p> <p>Plan must allow provider a minimum of 180 days from the date a covered service is rendered to submit a claim for reimbursement for the service.</p> <p>NOTE: This provision sets forth minimum contractual standards. Provider should check contract for specific requirements.</p>	<p>Maryland Administrative Code Chapter 31.10.18 states...</p> <p>Internal grievance: Plan must render a final decision:</p> <ul style="list-style-type: none"> - Within 30 working days after the filing date on a grievance involving a prospective denial in a nonemergency case - Within 45 working days after the filing date on a grievance involving a retrospective denial
<p>Maryland Insurance Code Section 15-854 states...</p> <p>Effective January 1, 2020: If a provider indicates that a prescription drug is needed to treat a chronic condition, a payer may not request a reauthorization for a period of 1 year or for the standard course of treatment for the chronic condition.</p>	<p>Maryland Insurance Code Section 15-1009(b) states...</p> <p>Subject to exceptions, if prior authorization has been obtained, Plan cannot deny reimbursement to provider for the preauthorized or approved service.</p>			<p>Maryland Administrative Code Chapter 31.10.19 states...</p> <p>External review: With certain exceptions, an independent external review must be completed within 45 days.</p>

Complaints regarding these and other payer issues can be made to the [Maryland Insurance Administration website](#).



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