

# Understanding Reimbursement Issues in Massachusetts

A Guide for Health Care Providers and Practice Administration

Massachusetts

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

Prior Authorization	Prompt Payment	Request for Additional Information	Filing Deadlines	Provider Appeals
<p><b>Issue:</b> Plan delays prior authorization. <b>Example scenario:</b> 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.</p> <p><b>Massachusetts Insurance Code Chapter 1760, Section 25 states...</b></p> <p>When requiring prior authorization for a health care service or benefit, Plan must use and accept only the Prior Authorization Forms designated for the specific types of services and benefits. Provider may access the available forms from the <a href="#">Commonwealth of Massachusetts Government website</a>.</p> <p><b>With form:</b> A prior authorization request will be considered granted if Plan fails to use or accept the required Prior Authorization Form or fails to respond <b>within 2 business days</b> after receiving the completed request.</p> <p><b>Massachusetts Insurance Code Chapter 1760, Section 12 states...</b></p> <p><b>Without form:</b> Upon request by the insured or insured's provider, Plan, or utilization review organization will determine whether a proposed admission, procedure, or service is medically necessary <b>within 7 working days</b> of obtaining all necessary information. Plan or utilization review organization may choose not to perform such a review if it determines that the admission, procedure, or service will be covered.</p>	<p><b>Issue:</b> Plan delays timely payment pending medical necessity determination. <b>Example scenario:</b> 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.</p> <p><b>Massachusetts Insurance Code 176I, Section 2 states...</b></p> <p>Contract between provider and managed care organization must contain a provision requiring that, <b>within 45 days</b> after receipt of completed forms, organization must:</p> <ul style="list-style-type: none"> <li>• Make payments for such services provided,</li> <li>• Notify provider in writing of the reason(s) for nonpayment, or</li> <li>• Notify provider in writing of what additional information or documentation is necessary to complete the forms for such reimbursement</li> </ul> <p>If organization fails to comply, organization will pay—in addition to any reimbursement for health care services provided—interest on the benefits at 1.5% per month (not to exceed 18% per year) beginning 45 days after organization's receipt of request for reimbursement.</p>	<p><b>Issue:</b> Subsequent request for additional information. <b>Example scenario:</b> Provider submits a claim for EYLEA HD reimbursement, but 46 days later, Plan indicates payment of claim is pending receipt of additional information.</p> <p><b>Massachusetts Insurance Code Chapter 176I, Section 2 states...</b></p> <p>Contract between provider and managed care organization must contain a provision requiring that, <b>within 45 days</b> after receipt of completed forms, organization must:</p> <ul style="list-style-type: none"> <li>• Make payments for such services provided,</li> <li>• Notify provider in writing of the reason(s) for nonpayment, or</li> <li>• Notify the provider in writing of what additional information or documentation is necessary to complete the forms for such reimbursement</li> </ul> <p>If organization fails to comply, organization will pay—in addition to any reimbursement for health care services provided—interest on the benefits at 1.5% per month (not to exceed 18% per year) beginning 45 days after organization's receipt of request for reimbursement.</p>	<p><b>Issue:</b> Claim is past the filing deadline. <b>Example scenario:</b> Provider timely submits an EYLEA HD claim. Plan denies the claim for being past the filing deadline.</p> <p><b>Group Health Insurance Standards Act, Section 8 states...</b></p> <p>Written proof of loss must be furnished to the insurer <b>within 90 days</b> after the date of loss. Failure to furnish proof within that time shall not invalidate nor reduce any claim if:</p> <ul style="list-style-type: none"> <li>• Furnishing the proof was not reasonably possible within that time, and</li> <li>• Proof is furnished as soon as reasonably possible <b>no later than 1 year</b> from the time proof is required</li> </ul> <p><b>NOTE:</b> This provision sets forth minimum contractual standards. Provider should check contract for specific requirements.</p>	<p><b>Issue:</b> Provider appeals. <b>Example scenario:</b> Provider wants to challenge Plan's denial or reduction of an EYLEA HD claim.</p> <p><b>Massachusetts Insurance Code Chapter 1760, Sections 13 and 14 state...</b></p> <p><b>Internal grievance:</b> Plan must give provider written acknowledgment of receipt of the grievance <b>within 15 days</b> and a written resolution of the grievance <b>within 30 days</b> from receipt thereof. Plan must have a procedure to accept grievances by telephone, in person, by mail, or by electronic means. Plan will put an oral grievance into writing and forward a copy to provider <b>within 48 hours</b> of receipt. The time limits established by this paragraph may be waived or extended by mutual agreement of provider and Plan.</p> <p>A grievance not properly acted on by Plan within the required time limits will be deemed resolved in favor of the provider. In addition, a grievance that is an adverse determination (denial or reduction) will be immediately eligible for external review if (notwithstanding the exhaustion of formal internal grievance process remedies) Plan fails to act properly on the grievance within the required time limits.</p> <p><b>External review:</b> A filing fee of \$25 (\$75 annual maximum) must accompany the request for an independent external review. The selected external review panel will render a decision in writing <b>within 45 days</b> of receipt of the request for review.</p> <p>Forms for requesting an independent external review may be downloaded from the <a href="#">Commonwealth of Massachusetts Government website</a>.</p>

Complaints regarding these and other payer issues can be made to the [Commonwealth of Massachusetts Government website](#).



Visit [NavigatingPayerChallenges.com](https://www.NavigatingPayerChallenges.com) for state-specific and federal legislation or contact your Reimbursement Business Manager (RBM) for more information

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