Understanding Reimbursement Issues in Missouri

A Guide for Health Care Providers and Practice Administration

Missouri

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.

Missouri Insurance Code Section 376.1363 states...

For initial determinations, Plan must make the determination **within 2 working days** of obtaining all necessary information (including the results of any face-to-face clinical evaluation or second opinion that may be required) regarding the proposed procedure or service.

For a determination to certify an admission, procedure, or service, Plan will notify provider by phone **within 24 hours** of making the initial certification and provide written or electronic confirmation of the phone notification to enrollee and provider **within 2 working days** of making the initial certification.

In the case of an adverse determination, Plan will notify provider by phone **within 24 hours** of making the adverse determination and provide written or electronic confirmation of the phone notification to enrollee and provider **within 1 working day** of making the adverse determination.

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.

Missouri Insurance Code Section 376.383 states...

Within 48 hours of receiving an electronically filed claim, Plan will send an electronic acknowledgment of the date of receipt. **Within 30 processing days** of receiving a filed claim, Plan will send an electronic or facsimile notice of the status of the claim that notifies the claimant whether the claim is a clean claim. If the claim is a clean claim, Plan will pay or deny the claim.

If Plan has not paid the claimant **on or before the 45th processing day** from the date of receipt of the claim, Plan will pay the claimant 1% interest per month and a penalty in an amount equal to 1% of the claim per day.

On claims where the amount owed by a health carrier exceeds $35,000 on the unpaid balance of a claim, the health carrier shall pay the claimant 1% interest per month and a penalty in an amount equal to 1% of the claim per day for a maximum of 100 days, and thereafter shall pay the claimant 2% interest per month.

Missouri Insurance Code Section 376.1361 states...

If Plan had authorized the provision of health care services, Plan will not subsequently retract its authorization after the health care services were provided, or reduce payment for an item or service furnished in reliance on approval, unless:

- Such authorization was based on material misrepresentation or omission about the treated person's health condition or cause of the health condition, or
- The patient's health benefits terminated before the services were provided

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.

Missouri Insurance Code Section 376.383 states...

No later than the 30th processing day, if the claim requires additional information, Plan will send notice requesting additional information. **Within 10 processing days** after receiving the additional information, Plan will pay the claim or any undisputed part of the claim in accordance or send an electronic or facsimile notice of receipt and status of the claim that:

- Denies all or part of the claim and specifies each reason for denial, or
- Makes a final request for additional information

Within 5 processing days after the day on which Plan receives the additional requested information in response to a final request for information, Plan will pay the claim or any undisputed part of the claim or deny the claim.

Requests for additional information will specify all the documentation and additional information necessary to process all of the claim, or all of the claims on a multiclaim form, as a clean claim for payment. Information requested will be reasonable and pertain solely to Plan's liability. Plan will acknowledge receipt of the requested additional information to the claimant **within 5 calendar days** or pay 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.

Missouri Insurance Code Section 376.384 states...

Plan will permit:

- Nonparticipating providers to file a claim for reimbursement for a health care service provided in Missouri for **up to 1 year** from the date of service
- Participating providers to file a claim for reimbursement for a health care service provided in Missouri for **up to 6 months** from the date of service, unless the Plan-provider contract specifies a different standard

Provider Appeals

Issue: Provider appeals.

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

Missouri Insurance Code Section 376.1365 states...

A **reconsideration** will occur **within 2 working days** of receiving the request and be conducted between the provider rendering the service and the reviewer who made the adverse determination or a clinical peer designated by the reviewer if the reviewer who made the adverse determination is not available **within 1 working day.** A reconsideration is not a prerequisite to a standard appeal or an expedited appeal of an adverse determination.

Missouri Insurance Code Section 376.1382 states...

There are 2 levels of **internal appeals:**

- A first-level appeal to be completed **within 20 working days**
- A second-level appeal to commence **no later than 5 working days** afterward, be reviewed by someone not involved in the initial determination, and be completed **within 15 working days**

Missouri Administrative Code Rule 20 CSR 100-5.020(14) states...

Within 20 calendar days of receiving a request for an **external review**, the independent review organization will submit to the director its opinion of the issues reviewed. After the director receives the organization's opinion, the director will issue a decision that is binding upon the enrollee and Plan. The director's decision will be in writing and must be provided to the enrollee and Plan **within 25 calendar days** of receiving the organization's opinion.

In no event will the time between the date the organization receives the request for external review and the date the enrollee and Plan are notified of the director's decision be **more than 45 days**.

Complaints regarding these and other payer issues can be made to the Missouri Department 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.

REGENERON®

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

EYLEA HD® (aflibercept) Injection 8 mg