Understanding Reimbursement Issues in Nebraska

A Guide for Health Care Providers and Practice Administration

Nebraska

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.

45 Code of Federal Regulations Section 147.136 states...

Preservice claims:

- Must be decided **no later than 15 days** after receipt of the claim by the Plan
- This period **may be extended 1 time** by the Plan for up to 15 days, provided the Plan notifies the claimant prior to the expiration of the initial 15-day period
- The Plan must communicate to the claimant the date by which the Plan expects to render a decision
- If such an extension is necessary due to a failure of the claimant to submit necessary information, the notice of extension shall specifically describe the required information
- The claimant shall be afforded at least 45 days from receipt of the notice within which to provide the specified information

Nebraska Revised Statutes 44-7,111 states...

Except in the case of an urgent care request, a Plan or utilization review organization shall make a determination to approve or deny a request for a step therapy override exception within 5 calendar days after receipt of complete, clinically relevant written documentation supporting a step therapy override exception under subsection (1) of this section. In the case of an urgent care request, a Plan or utilization review organization shall approve or deny a request for a step therapy override exception within 72 hours after receipt of such documentation. If a request for a step therapy override exception is incomplete or additional clinically relevant information is required, the Plan or utilization review organization may request such information within the applicable time period provided in this section. Once the information is submitted, the applicable time period for approval or denial shall begin again. If a Plan or utilization review organization fails to respond to the request for a step therapy override exception within the applicable time, the step therapy override exception shall be deemed granted.

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.

Nebraska Revised Statute Section 44-8004 states...

Plan will pay, deny, or settle a clean claim submitted electronically **within 30 calendar days** after receipt and a clean claim submitted nonelectronically **within 45 calendar days**.

Nebraska Revised Statute Section 44-8005 states...

Plan that fails to pay, deny, or settle a clean claim in accordance with the required time periods will pay interest at the rate of 12% per annum on the total amount ultimately allowed on the claim, accruing from the date payment was due.

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.

Nebraska Revised Statute Section 44-8004 states...

If the resolution of a claim requires additional information, Plan will, **within 30 calendar days** after receiving the claim, give the provider a full explanation in writing of what additional information is needed to resolve the claim, including any additional medical or other information related to the claim. The applicable time period (**30 days** for electronic claims; **45 days** for paper claims) will be tolled as of the date the additional information is requested until the date all such additional information necessary to resolve the claim is received.

The person receiving a request for such additional information will submit all additional information requested by Plan **within 30 calendar days** after receiving the request. After all the additional information necessary to resolve the claim is provided, Plan will pay, deny, or settle the claim **within the remaining applicable time**.

Failure to furnish additional information within the time period required will not invalidate or reduce the claim if it was not reasonably possible to give such information within that time period. Plan may deny a claim if a provider receives a request for additional information and fails to submit additional information requested within the requirements described here.

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.

Nebraska Revised Statute Section 44-710.03 states...

Written proof of loss must be furnished to the Plan **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.

Nebraska Revised Statute Section 44-8003 states...

If a claim is submitted electronically, the claim is presumed to have been received on the date of the electronic verification of receipt by the Plan or the Plan's clearinghouse. If a claim is submitted by mail, the claim is presumed to have been received 5 business days after the claim was placed in the mail with first-class postage prepaid. This presumption may be rebutted by sufficient evidence that the claim was received on another day or not received at all.

Provider Appeals

Issue: Provider appeals.

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

Nebraska Revised Statute Section 44-7308 states...

Internal appeal: If Plan cannot make a decision **within 15 working days** because of circumstances beyond its control, Plan may take up to an **additional 15 working days** to issue a written decision if Plan provides written notice to the covered person of the extension and the reasons for the delay **on or before the 15th working day** after receiving a grievance.

Nebraska Revised Statute Section 44-1310 states...

An **external review** must be requested **within 120 days**.

If Plan or its designee utilization review organization has failed to provide the documents and information **within 5 business days**, the assigned independent review organization may terminate the external review and make a decision to reverse the adverse determination or final adverse determination.

The external review must be decided **within 45 days**.

Nebraska Revised Statute Section 44-1311 states...

The decision from the external review is binding on Plan.

Nebraska Revised Statute Section 44-1316 states...

Plan will pay for the costs of the external review.

Form for requesting an external review may be downloaded from the Nebraska Department of Insurance website.

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

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

EYLEA® HD (aflibercept) Injection 8 mg