Understanding Reimbursement Issues in North Carolina

A Guide for Health Care Providers and Practice Administration

North Carolina

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.

North Carolina Insurance Code Section 58-50-61 states...

Prospective determinations shall be communicated to the covered person's provider **within 3 business days** after the insurer obtains all necessary information about the admission, procedure, or health care service.

Effective January 1, 2022, North Carolina Insurance Code Section 58-3-247 states...

The Insurance Identification card shall contain, at a minimum, all of the following information:

- An indication of whether the Plan is fully insured or self-funded
- Plans that are fully insured shall be noted by using the phrase "fully insured" to indicate to the consumer that the department is able to provide assistance regarding the regulation of the Plan

NOTE: Consult the Navigating Payer Challenges (NPC) "decision tree" for help determining whether a patient has Medicare or private insurance.

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.

North Carolina Insurance Code Section 58-3-225 states...

Plan will send claimant any of the following **within 30 calendar days:**

- Payment of the claim
- Notice of denial of the claim
- Notice that the proof of loss is inadequate or incomplete
- Notice that the claim was not submitted on the form required by Plan, by Plan-provider or Plan-facility contract, or by applicable law
- Notice that coordination of benefits information is needed to pay the claim
- Notice that the claim is pending based on nonpayment of fees or premiums

Claim payments not made in accordance with these requirements will bear interest at an 18% annual rate starting 1 day after the date when claim should have been paid.

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.

North Carolina Insurance Code Section 58-3-225 states...

Plan must request additional information **within 30 days** of receiving the claim. If Plan does not receive the additional information **within 90 days** after making the request, Plan will deny the claim and send the notice of denial to claimant. Notice of denial must:

- State specifically the reason(s) for the denial, including that the requested information was not provided
- Inform claimant that the claim will be reopened if the information previously requested is submitted **within 1 year** after the date of the denial notice closing the claim

Plan will continue processing the claim and pay or deny the claim **within 30 days** of receiving the additional information requested in its notice to claimant.

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.

North Carolina Insurance Code Section 58-3-225 states...

Plan may require that claims be submitted **within 180 days** after provision of care by provider or discharge from health care facility. However, Plan may not limit the time in which claims may be submitted to **fewer than 180 days**.

Unless otherwise agreed to by Plan and claimant, failure to submit a claim within the time required will neither invalidate nor reduce the claim if submission was not reasonably possible within that time and (except in the absence of legal capacity of the insured) is made **no later than 1 year** from the time submission was otherwise required.

NOTE: This provision sets forth minimum contractual standards. Provider should check contract for specific requirements.

Plan is presumed to have received a written claim **5 business days** after claim was postmarked and an electronic claim on **the same day** claim is transmitted to Plan or a designated clearinghouse. The presumption may be rebutted by sufficient evidence that 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.

North Carolina Insurance Code Section 58-50-62 states...

Internal grievance: For a first-level grievance, Plan will issue a written decision, in clear terms, to the covered person **within 30 days** of receiving the grievance. For a second-level grievance, Plan will convene a review panel **within 45 days**. Review panel will issue its decision **within 7 business days**.

North Carolina Insurance Code Section 58-50-80 states...

External review: A request for external review must be filed **within 120 days.** The form to request the review may be downloaded from the North Carolina Department of Insurance website.

The independent review organization must make its determination **within 45 days** after receiving the external review request.

Complaints regarding these and other payer issues can be made to the North Carolina Department of Insurance website.

Visit NavigatingPayerChallenges.com for state-specific and federal legislation or contact your Reimbursement Business Manager (RBM) for more information

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Reference: Data on file. Regeneron Pharmaceuticals, Inc.

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

EYLEA HD® (aflibercept) Injection 8 mg