Understanding Reimbursement Issues in Pennsylvania

A Guide for Health Care Providers and Practice Administration

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

Prior Authorization	Prompt Payment	Request for Additional Information	Filing Deadlines	Provider Appeals
Issue: Plan delays prior authorization. **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. **28 Pennsylvania Insurance Code Section 9.753 states...** A prospective utilization review decision shall be communicated to the Plan, enrollee, and health care provider **within 2 business days** of the receipt of all supporting information reasonably necessary to complete the review. The Plan must give the enrollee and the health care provider written or electronic confirmation of the decision **within 2 business days** of communicating the decision. **Pennsylvania Insurance Code Section 991.2113 states...** A provision to prohibit or restrict disclosure of medically necessary and appropriate health care information contained in a contact with a health care provider is contrary to public policy and shall be void and unenforceable. **Pennsylvania Insurance Code Section 991.2155 states...** For a request related to prescription drug authorization request or step therapy [exception] request: • If the request is urgent, **within 24 hours** • If the request is not urgent, within 2 business days, but **no more than 72 hours**	**Issue:** Plan delays timely payment pending medical necessity determination. **Example scenario:** Patient is diagnosed and meets medical necessity criteria for EYLEA injections. Provider submits a claim for EYLEA reimbursement, but 46 days later, claim is still pending medical necessity determination. **Pennsylvania Insurance Code Section 991.2166 states...** Plans shall pay claims **no later than 45 days** from receipt of a clean claim. Failure to comply with the time frames may subject the Plan to 10% interest on the claim. Interest at 10% for each year shall be added to the amount owed on the claim. Interest shall be calculated beginning the day after the required payment date and ending on the date the claim is paid. Plan shall not be required to pay any interest calculated to be less than $2. **Pennsylvania Administrative Code Rule 154.58 states...** Provider may file a complaint (individually or in batches) with the Pennsylvania Insurance Department before receipt from Plan of a determination on whether a claim is a clean claim if either of the following applies: • Plan has not responded to provider's inquiries on the status of an unpaid claim **within 45 days** of claim submission or **within 30 days** of the inquiry if made after the 45-day period • Provider believes that Plan is not complying with the required prompt payment provisions	**Issue:** Subsequent request for additional information. **Example scenario:** Provider submits a claim for EYLEA reimbursement, but 46 days later, Plan indicates payment of claim is pending receipt of additional information. **Pennsylvania Administrative Code Rule 154.18 states...** Paid claims are considered clean claims and are subject to interest provisions. If Plan readjudicates a paid claim, a new 45-day period for the prompt payment provision begins again upon receipt of the additional information prompting the readjudication. Plan must provide written disclosure to provider of all the data elements necessary to ensure the claim is without defect or impropriety and meets the definition of a clean claim. To perfect the claim, Plan must request additional information **before the 45-day deadline**.	**Issue:** Claim is past the filing deadline. **Example scenario:** Provider timely submits an EYLEA claim. Plan denies the claim for being past the filing deadline. **Pennsylvania Insurance Code Section 991.753(7) states...** For loss of time to file a claim, provider must furnish Plan with written proof of such loss **within 90 days**. Failure to furnish such proof within that time will neither invalidate nor reduce any claim if: • Furnishing the proof was not reasonably possible within that time, and • Proof is furnished as soon as reasonably possible **no later than 1 year** from the time proof is required **NOTE:** This provision sets forth minimum contractual standards. Provider should check contract for specific requirements.	**Issue:** Provider appeals. **Example scenario:** Provider wants to challenge Plan's denial or reduction of an EYLEA claim. **Pennsylvania Insurance Code Section 991.2161 states...** **A standard initial review** shall be concluded **within 30 days** by 1 or more persons not involved in the initial adverse determination. A **second review** shall be concluded **within 45 days** by 3 or more persons who did not participate in **any** decision to deny payment. Should the enrollee's life, health, or ability to regain maximum function be in jeopardy, an **expedited internal grievance** process shall be available, which shall include a requirement that a decision with appropriate notification to the enrollee and health care provider be made within 48 hours of the filing of the expedited grievance. **Provider needs consent from enrollee to appeal.** **Pennsylvania Insurance Code Section 991.2162 states...** Standard external grievances must be completed **within 60 days**. Expedited external grievance must be completed **within 72 hours**. All fees and costs related to an external grievance shall be paid by the nonprevailing party if the external grievance was filed by the health care provider and the health care provider was not the enrollee's authorized representative. A fee may be imposed by the Plan for filing an external grievance pursuant to this article that shall not exceed $25. **Pennsylvania Insurance Code Section 991.2164 states...** The covered person or their authorized representative may immediately file a request for external review if the Plan has not issued a written decision to them **within 30 days**. The covered person or their authorized representative may file a request for an expedited external review at the same time as a request for an expedited [internal] review.

Complaints regarding these and other payer issues can be made to the Pennsylvania Insurance Department 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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777 Old Saw Mill River Road, Tarrytown, NY 10591
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This information is provided to you by Regeneron, the maker of

EYLEA® (aflibercept) Injection