

Understanding Reimbursement Issues in Puerto Rico

A Guide for Health Care Providers and Practice Administration

Puerto Rico

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

Prior Authorization	Prompt Payment	Request for Additional Information	Filing Deadlines	Provider Appeals
<p>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.</p> <p>Laws of Puerto Rico Title 26, Section 9429 states...</p> <p>In the case of a prospective review determination, the Plan administrator shall notify the claimant of the Plan's benefit determination (whether adverse or not) 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 that such an extension is necessary due to matters beyond the control of the Plan, and the Plan notifies the claimant prior to the expiration of the initial 15-day period and 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 the information necessary to decide the claim, the notice of extension shall specifically describe the required information, and the claimant shall be afforded at least 45 days from receipt of the notice within which to provide the specified information.</p>	<p>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.</p> <p>Laws of Puerto Rico Title 26, Section 3003 states...</p> <p>If the Plan or health services organization does not notify the provider any objection to a claim for payment within a term of 30 days, pursuant to Section 3004 of this title, it shall be understood that said claim is actionable for payment.</p> <p>Laws of Puerto Rico Title 26, Section 3002 states...</p> <p>The Plan or health services organization is bound to pay in full any claim actionable for payment within a term of 30 calendar days, counting from the date that the Plan or health services organization receives the claim.</p> <p>After the terms indicated above have elapsed, the provisions of this chapter shall not apply to said claims, provided that the uniform term established herein shall not be construed to render ineffective those minor terms that may apply to the payment of claims for services rendered, if other alternate payment terms have been agreed on by free contracting.</p> <p>Laws of Puerto Rico Title 26, Section 3006 states...</p> <p>Any actionable claim that is not paid within the term provided shall accrue interest [on] behalf of the participating provider on the total unpaid amount of said claim or the part thereof that is actionable for payment up to the date of its full payment, according to the prevailing legal interest fixed by the Commissioner of Financial Institutions. Said interest shall be accrued from the day following the expiration of the term for payment and shall be payable to the participating provider along with the actionable claim for payment.</p>	<p>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.</p> <p>Laws of Puerto Rico Title 26, Section 3004 states...</p> <p>The Plan or health services organization shall notify the participating providers, in writing or electronically, of those claims that are not actionable for payment within a term of 30 calendar days after receiving the claim. The notice shall clearly indicate the reasons for which the Plan or health services organization deems that the claim is not actionable for payment, indicating the documents or additional information that must be submitted so that it may be processed.</p>	<p>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.</p> <p>Laws of Puerto Rico Title 26, Section 3002 states...</p> <p>The participating provider shall submit its claims for payment for services rendered within 90 days after having rendered the service. In the event that the Plan or health services organization is the secondary payer, the 90-day term shall begin to count on the date that the participating provider receives the determination of the primary payer.</p> <p>After the terms indicated above have elapsed, the provisions of this chapter shall not apply to said claims, provided that the uniform term established herein shall not be construed to render ineffective those minor terms that may apply to the payment of claims for services rendered, if other alternate payment terms have been agreed on by free contracting.</p>	<p>Issue: Provider appeals. Example scenario: Provider wants to challenge Plan's denial or reduction of an EYLEA HD claim.</p> <p>Laws of Puerto Rico Title 26, Section 9397 states...</p> <p>Internal appeal: Within 180 days after the receipt of a notice of an adverse determination, a covered person or enrollee, or their authorized representative may file a grievance with the health insurance organization or issuer requesting a first-level review.</p> <p>For a prospective review request, the health insurance organization shall notify the claimant and issue a decision within a reasonable period of time that is appropriate given the covered person or enrollee's medical condition, but no later than 15 calendar days after the receipt.</p> <p>For a retrospective review request, the health insurance organization shall notify the claimant and issue a decision within a reasonable period of time, but no later than 30 calendar days after the receipt.</p> <p>Laws of Puerto Rico Title 26, Section 9508 states...</p> <p>External appeal: No later than 120 days after the date of receipt of a notice of an adverse determination or final adverse determination, a covered person or enrollee may file a request for an external review with the Commissioner. No later than 45 days after the date of receipt of the request for an external review, the independent review organization shall provide written notice of its decision to uphold or reverse the adverse determination or the final adverse determination subject of the review.</p> <p>Laws of Puerto Rico Title 26, Section 9516 states...</p> <p>A covered person or enrollee shall pay no more than \$25 for each review. Provided that the same covered person or enrollee shall not pay more than \$75 per policy year. The amount paid by the covered person or enrollee shall be reimbursed to them if a decision is made in their favor.</p>

Complaints regarding these and other payer Issues can be made to the [Puerto Rico Insurance Office website](https://www.pru.com).



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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Reference: Data on file. Regeneron Pharmaceuticals, Inc.



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