Understanding Reimbursement Issues in Rhode Island

A Guide for Health Care Providers and Practice Administration

Rhode Island

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.

Rhode Island Insurance Code Section 27-18.9-6 states...

Plan must make a decision **no later than 15 calendar days** after receipt of the claim. This time period may be extended **up to 15 additional calendar days** if required by special circumstances and claimant is notified **within the first 15-day period**.

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.

Rhode Island Insurance Code Section 27-18-61 states...

Plan must pay for covered health care services **within 40 calendar days** following receipt of a complete written claim or **within 30 calendar days** following receipt of a complete electronic claim. Plan must establish a written standard defining what constitutes a complete claim and distribute this standard to all participating providers. Unpaid claims will accrue interest at a 12% rate per annum.

Rhode Island Insurance Code Sections 27-18.9-5 and 27-18.9-6 state...

A Plan will not retrospectively deny a prior authorization unless the approval was based on inaccurate information or the health care services were not provided in a manner consistent with the provider's submitted plan of care and/or any restrictions included in the prior approval granted by the review agent.

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.

Rhode Island Insurance Code Section 27-18-61 states...

For denied or pending claims, Plan has **30 calendar days** from receipt of the claim to notify provider or policyholder in writing of the reasons for denying or pending the claim and what additional information is required to process the claim. Plan cannot limit the time period in which additional information may be submitted to complete 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.

Rhode Island Insurance Code Section 27-18-61 states...

No health care entity or Plan operating in the state shall be in violation of this section for any claim:

- Initially submitted **more than 90 days** after the service is rendered, or
- Resubmitted **more than 90 days** after the date the health care provider received the notice provided in subsection (b) of this section; provided this exception shall not apply in the event compliance is rendered impossible due to matters beyond the control of the health care provider and were not caused by the health care provider

NOTE: This provision sets forth minimum contractual standards. Check your provider contract for specific requirements.

Except as otherwise provided herein, any review, audit, or investigation by a Plan of a health care provider's claims that results in the recoupment or set-off of funds previously paid to the health care provider in respect to such claims shall be completed **no later than 18 months** after the completed claims were initially paid.

No health care provider shall seek reimbursement from a Plan for underpayment of a claim **later than 18 months** from the date the first payment on the claim was made, except if the claim is the subject of an appeal properly submitted pursuant to the Plan's claims appeal policies or the claim is subject to continual claims submission.

Provider Appeals

Issue: Provider appeals.

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

Rhode Island Insurance Code Sections 27-18.9-7 and 27-18.9-8 state...

Provider must file an internal grievance **within 180 days** of claim denial or reduction. Provider may use a reconsideration process **no later than 15 days** from the date the appeal is received. Plan must decide the appeal **within 30 days**. The reviewer making the appeal decision must be in the same or similar specialty as that which typically manages the condition.

Provider may initiate an external review **within 120 days** of an internal grievance review if the utilization review agent or health care entity did not strictly adhere to all benefit determination and appeal processes. Provider must pay a $25 filing fee that will be refunded if decision favors the provider. Review will take place **no more than 10 calendar days** from receipt of all necessary information but **no more than 45 calendar days** after receipt of the review request.

Complaints regarding these and other payer issues can be made to the Commonwealth of Rhode Island Office of the Health Insurance Commissioner website.

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

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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.

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

EYLEA HD® (aflibercept) Injection 8 mg