

Change Healthcare Cyber Security Incident FAQs (UPDATED- 04/11/2024)

Member Eligibility, Billing & Payment

- **Do you utilize any Change Healthcare or related products that might be impacted by the cyberattack?**

Yes, Jefferson Health Plans utilizes Change Healthcare for certain services. During this incident, we have disconnected from Change Healthcare applications as well as downstream and related applications. This incident impacted our 837 Claims Clearinghouse Transactions, 270/271 Eligibility Verification Transactions, and production of member EOBs. JHP continues to work to establish alternatives to these services.

***Providers are able to access www.echohealthinc.com to register and/or access your Explanation of Payment.**

**UPDATED 3/14/2024

- **Do you currently have an exclusive partner agreement with Change Healthcare whereas all EDI vendors/clearinghouses that submit claims electronically, with your EDI payer ID, route through Change Healthcare?**

Effective March 13th, we have officially connected with Smart Data Solutions (SDS) as an alternative Claims Clearinghouse to support claim submission

***Providers should sign up through the SDS provider portal by emailing SDS directly at stream.support@sdata.us.**

Be sure to include the following information: First name, last name, email, phone, Organization name, Organization NPI, Organization Tax ID, which payer claims will be submitted to:

- **Health Partners (Medicaid)/KidzPartners(CHIP)/Jefferson Health Plans Medicare <HMO>/Jefferson Health Plans Individuals and Family): Payer ID#80142**
- **Jefferson Health Plans Medicare <PPO>: Payer ID#RP099**

***If you are using a clearinghouse other than Change HealthCare to submit claims, it is possible they already have a relationship with SDS, which should make the process smoother. Please advise your clearinghouse of this new connection for Jefferson Health Plans.**

- **Do you provide direct access (via company website or web portal) for benefit verification and/or service authorization?**

Yes, access to our Provider Portal is not impacted by the Change Healthcare cyber event. **Providers are strongly encouraged to access the HealthTrio portal for member eligibility and benefit verifications.** Authorization submissions are no longer affected as InterQual is now fully functional as of 2/27/2024.

****UPDATED 4/11/2024**

- **Will you accept paper claims?**

Connection to SDS through the provider's clearinghouse is the fastest, most efficient method to submit claims. However, if there is no other option, Jefferson Health Plans will accept paper claims.

Paper claims mailing address:

Payer ID: 80142- Health Partners (Medicaid), KidzPartners (CHIP), Jefferson Health Plans Medicare (HMO), Jefferson Health Plans Individual and Family
Jefferson Health Plans PO BOX 211123 Eagan, MN 55121

Payer ID: RP099- Jefferson Health Plans Medicare (PPO)
Jefferson Health Plans PO BOX 21921 Eagan, MN 55121

- **Are you able to support direct electronic submission of claims in lieu of EDI via clearinghouse?**

No, at this time we are not able to support a direct electronic claim submission environment.

- **Will electronically submitted claims that may not have been sent by Change HealthCare at the time of the incident need to be resubmitted?**

No. Claims submitted through 02/20/2024 have been sent to Jefferson Health Plans.

- **Will claims that were already in process at the time of the incident adjudicate as normal?**

Yes. There is no impact to the adjudication of claims that were already in process before the Change Healthcare cyber event of 02/21/24.

- **Will there be flexibility with JHP's 180 days (from date of service) claims timely filing policy?**

Yes. We are developing a special reconsideration process that will account for the number of days impacted by this incident. More information will be provided as that process is implemented, and we understand more about the duration of the outage.

- **Will there be flexibility with JHP's 180 days (from date of payment) claims reconsiderations/appeals timeframes?**
No. Providers may continue to submit claims reconsiderations/appeal through the normal channels. The claims reconsideration timelines are based on date of payment and are therefore not impacted by this incident.
- **Are providers who send their claims through HHAeXchange impacted by this incident?**
No. Providers may continue to send their claims as normal to HHAeXchange. Jefferson Health Plans will work with HHAeXchange to ensure claims are received.

****UPDATED 3/26/2024**

- **Will JHP be providing cash advances to providers impacted by this incident?**
No, we are no longer accepting requests for cash advances as we are now fully connected to SDS to accept claims submissions.
- **Do you have the ability to accept claims through a secure email or sFTP site?**
No, we cannot accept claims through a secure email or sFTP site at this time.
- **Will the frequency of payments be changed once checks/EFTs are able to be processed?**
While we might increase the number of times per week we run our claim cycle, we will continue to issue EFT/check payments once per week. The number of times we run our claim cycle will depend on the volume of claims we receive.

Utilization Management/Prior Authorizations

- **Do you utilize InterQual as your tool for assisting with medical necessity determinations?**
Yes. InterQual is available, and we are operating business as usual for authorizations and medical necessity determinations.
- **Should we delay the submission of prior authorizations to Jefferson Health Plans until this incident is resolved?**



No. Submission of authorization requests should not be delayed and should be submitted via the portal following normal processes. Authorization submissions are no longer impacted by this incident.

- **Will you provide any flexibility and/or reconsiderations for authorizations during this incident?**
Yes. If a provider failed to request an authorization, JHP will provide the opportunity to request a retrospective authorization following normal protocols and without penalty. In addition, providers continue to be afforded opportunities to appeal medical necessity determinations.
- **Will consideration be given for responses to medical records requests?**
Yes. Upon request, consideration will be given on a case-by-case basis if a provider's ability to respond timely is impacted by this incident. Providers unable to send medical records will be provided with an extension upon request.
- **Will we be notified once Jefferson Health Plans has restored their connectivity to Change HealthCare?**
Yes. Jefferson Health Plans will directly notify the provider network once we have made the decision to restore our connection to Change HealthCare. This will only happen after Change HealthCare has restored their functionality and we have performed the right amount of security testing and are confident the restored environment is ready. Until then, claim submission should continue through SDS.