

Change Healthcare Assistance Program

Open Office Hours – April 11, 2024



NGS – EDI Enrollment Update

Submission of EDI Enrollment Forms

We've added validation within the Electronic Data Interchange (EDI) Enrollment Form submission process that will verify provider information as the form is being completed. **Previously, this validation was completed after submission, and invalid/inaccurate entries resulted in rejected submission.**

This validation will check the **Legal Business Name, Physical Practice Location and/or Signature of the Authorized/Delegated Official**. If the information is not correct, submission will not be allowed.

Tips to prevent/resolve these validations:

- **Legal Business Name:** **The Legal Business Name must be an exact match to how it was enrolled with Medicare**, including Business Type, (e.g., LLC, Corp, Inc) if applicable. Verify this in Provider Enrollment, Chain and Ownership System (PECOS) by navigating to “My Associates”, “View Enrollment”, then “View Approved Enrollment Record”. Scroll to “Personal/Business Information”.
- **Physical Practice Location:** **The address must be an exact match of the physical practice location enrolled with Medicare**. This may include suite/apartment, direction, or street/road designation. Verify this in PECOS by navigating to “My Associates”, “View Enrollment”, then “View Approved Enrollment Record”. Scroll to “Physical Location.”
- **Authorized/Delegated Official Signature:**
 - **For a Sole Proprietor:** **The signature of the provider must be an exact match to how it was enrolled in Medicare**. This can include things such as a middle name/initial and suffixes. Verify this information in PECOS by navigating to “My Associates”. Scroll to the legal name and select “View Enrollment” to the right of the name. Scroll under the existing enrollment to the enrollment box for the Provider Transaction Access Number (PTAN) and select “View Approved Enrollment Record.” Scroll to Section 2: Personal Identifying Information.
 - **For a Business:** **The signature of the Authorized/Delegated Official must be an exact match to how it was enrolled in Medicare**. This can include things such as a middle name/initial and suffixes. Verify this information in PECOS by navigating to “My Associates”. Scroll to the legal name and select “View Enrollment” to the right of the name. Scroll under the existing enrollment to the enrollment box for the PTAN and select “View Approved Enrollment Record”. Scroll to Section 6: Ownership and/or Managing Control.

Optum Temporary Funding Assistance

<https://www.optum.com/en/business/providers/health-systems/payments-lending-solutions/optum-pay/temporary-funding-assistance.html>

Temporary Funding Assistance Program for providers

The Temporary Funding Assistance Program is designed to help bridge the gap in short-term cash flow needs for providers impacted by the disruption of Change Healthcare's services. We are determined to support providers during this extraordinary time and are offering financial relief at no cost.

[Sign in to Optum Pay](#)

[Check Funding Eligibility](#)

An Optum Pay account is required to complete registration, receive funds and repay funds.

[Enroll now >](#)

Learn more with the on-demand webinar

Discover how providers can determine eligibility, accept available funding, and get support with the process. This webinar is available any time on-demand.

<https://event.on24.com/wcc/r/4537065/33EDE6F86CF92DF760FC54CEA82F9B5E>

We've made it easier for providers to navigate this program:

- Providers can first determine their eligibility by clicking the button on the left-hand side of the screen and entering the tax identification number.
- Eligible providers should review and accept available funding by logging into their [Optum Pay account](#) or [creating one here](#). Providers will need to accept funding each week.
- For help with eligibility or if the available funds are insufficient to cover the difference between your current claim payments and your pre-incident payments and your pre-incident payments please submit a request through the [temporary assistance inquiry form](#).

CMS Change Healthcare/Optum Payment Disruption (CHOPD) Accelerated Payments to Part A Providers and Advance Payment to Part B Suppliers

Eligibility Requirements

- Eligible Providers/Suppliers:** Providers and suppliers are eligible for CHOPD accelerated or advance payments. CHOPD accelerated and advance payments must be requested for individual providers/suppliers – i.e. unique National Provider Identifier (NPI) and Medicare ID (PTAN) combinations.
- Ineligible Providers/Suppliers:** Providers receiving Periodic Interim Payments are not eligible for accelerated payments.
- Required Certifications:** In the CHOPD accelerated and advance payment request, the provider/supplier must make the following certifications. **See Website:**

<https://www.cms.gov/newsroom/fact-sheets/change-healthcare/optum-payment-disruption-chopd-accelerated-payments-part-providers-and-advance>



Please contact your respective MAC for assistance. A list of MACs can be found at our CMS.gov website at: <https://www.cms.gov/mac-info>.

For Massachusetts: National Government Services, Inc., 8115 Knue Rd, Indianapolis, IN 46250. (317) 841-4400, <https://www.ngsservices.com/>

NEHEN / TPS Status of Re-activation

Change Healthcare has made a **limited payer list available for claims processing through their Relay Exchange clearinghouse**. TPS has worked closely with Change Healthcare, and they have provided us with the appropriate documentation to reconnect to their Relay Exchange clearinghouse.

What does this mean for NEHEN / TPS?

Claims: *As of 4/3/24, TPS will begin sending claims to Change Healthcare's Relay Exchange.* The payer list is currently limited, but Change Healthcare is working daily to restore payer connections. TPS will continue to update our payer list with reroute dates. In the meantime, we remain actively engaged with many impacted payers to find alternate solutions for new connections. TPS will continue to communicate updates on our website via the Message Center.

[CHC_Impacted_Payers_-_04.10.2024.xlsx](#)

TPS will also continue to reject any claim that has not yet been rerouted. The following rejection message will be displayed to assist in recognizing affected claims: *The route to this payer has been impacted by the Change Healthcare cyber incident. Providers will need to submit by paper, hold, or utilize the payer's portal for claims submission.* This solution allows clients to submit claims by paper, hold, or utilize the payer's online portal.

TPS can print and mail claims for clients who currently have our Paper Claim product. To utilize this paper process, please use the payer ID 00000 when submitting impacted claims. **This unique payer ID will bypass any systematic attempt to send them electronically and route them via paper.** Note: Clients may also opt to download claims from their software, print them, and mail them directly to the payer.

Eligibility Inquiries: Any eligibility transactions sent to impacted payers will not receive a response. Until a new route is established for these transactions to the impacted payers, clients will want to verify coverage with the payer directly when needed.

Electronic Remittance Advice: Change Healthcare has indicated that ERA data was cleared from their server, but some payers have submitted ERA files upon the 3/24 reconnection. While we do not have full visibility into what will be made available, TPS is committed to passing along any received information as expected. If you have missing remittance advice, we recommend that clients utilize payer portals or other means to obtain remittance advice until service is fully restored. We are continuously monitoring this situation and will re-evaluate our approach as needed, ensuring your needs are always our top priority.

Options for Submitting Claims

- Print to paper, mail or fax to payer (See payer website for how to submit paper claims)
Note: Even CMS is accepting paper claims at this time
- Hold until payer is electronically available
- DDE Enter into Payer website directly
- DDE into a portal solution such as NEHEN's portal
- Subscribe to an alternate clearinghouse
 - Upload a batch file (837)
 - Retrieve Remits for submitted claims (835)
 - DDE claims into portal
 - Subscribe to paper claims process with clearinghouse