Office Hours – Change Healthcare Cyber Security Incident

Executive Office of Health & Human Services

Overview

On February 21, 2024, Change Healthcare announced that it had been the victim of a ransomware attack. A Russian-based hacking group was able to exfiltrate 6 TB of data from Change Healthcare. Many health plans and providers use Change Healthcare as their billing intermediary, prescription clearing house, claims clearing house, and/or Electronic Data Interchange (EDI) vendor. Based on the incident, Change Healthcare is not allowed to submit electronic transactions on behalf of their clients (MassHealth providers) until such time as the security issues are resolved.

In this session we will review alternate submission options for MassHealth providers including:

- Changing vendors
- Direct batch file submission
- Direct Data Entry (DDE)

Change Healthcare Transaction Types

Change Healthcare supported providers submitting the following types of transactions. It is imperative that you identify what transactions Change Healthcare was transmitting on your behalf and adjust those processes accordingly.

- 270/271 – Eligibility Inquiry and Response

- 276/277 – Claim Status Request and Response

- 835 – Electronic Remittance Advice

- 837I – Institutional Claim Submission

- 837P – Professional Claim Submission

Submission Options

Following are the timeframes for implementing alternate submission methods:

Submission Type	Provider Action	Implementation (Business days)
Change vendors	Written request on letterhead	2 days*
Direct Batch File Submission via POSC	Written request on letterhead & establish POSC access	2 days + testing**
Direct Data Entry (DDE) via POSC	Establish POSC access	0 days

These timeframes do not include any changes the provider may need to put in place prior to implementation.

*please note, 835 files may not be readily available.

**please note, testing timeframe is dependent on provider file being compliant. EDI will review test files by next business day.

Provider Contacts

- To avoid unnecessary delays, please make sure to have a dedicated contact who will be communicating with EDI.
  - If applicable, CC any relevant contacts in your email communications with EDI.
  - This way your organization is still able to act on any communications from EDI, if your main contact is not readily available.

Changing Vendors

Request to Change To An Approved Billing Intermediary

On company/business letterhead, provide the following information*:

- Provider Name
  - Must be 'Doing Business As' name
- Provider ID / Service Location (PID/SL) Number(s)
  - Example: 110000000/A
  - You may list more than one PID/SL if your organization/entity has multiple locations that need the same setup
- Statement requesting change to a new Billing Intermediary (BI)
  - If possible, indicate if change is temporary or permanent
- BI Submitter ID
  - Example: 1100000000/A
- Transactions to be submitted by new BI
  - 837: Health Care Claim(s)
  - 270: Eligibility Verification
  - 835: Electronic Remittance Advice (ERA)
- Letterhead must contain provider signature and signature date

Submit request to EDI@mahealth.net.

*Please note, this information is required on the letterhead. To avoid delays, be sure to submit all the requested information in your initial request.

Vendor List

MassHealth through BSS works closely with a large number of software vendors and clearinghouses/billing intermediaries that support providers.

The MassHealth-Approved Vendor List provides the names, phone numbers, transaction types, and services of vendors that are already approved to submit electronic HIPAA-compliant transactions.

This list was not created for endorsement purposes, but rather to assist providers in identifying vendors who have been previously vetted by MassHealth and are known to support HIPAA-compliant claim transactions.

[Access the MassHealth Vendor List here](#).

Vendor List – Nursing Facilities & MDS

The following vendors from the MassHealth-Approved Vendor List support MDS transactions.

Vendor Name	Phone	Transaction Type
AAA Billing and Reimbursement Services	978-667-2255	837I, 837P
Ability Network	888-460-4310	270/271, 835, 837I, 837P
LTC Consulting	732-961-8400	270/271, 276/277, 835,837I
Netsmart Technologies, Inc.	888-782-2615	270/271, 276/277, 834, 835, 837I, 837P
The SSI Group, Inc.	800-880-3032	270/271, 276/277, 835, 837I, 837P
Waystar, Inc. (eSolutions, Inc.,)	888-442-4079	270/271, 276/277, 835, 837I, 837P

Next Steps

- After submitting your request, an EDI analyst will process the request in MMIS and notify the provider, via email, once complete.
  - EDI will notify the individual(s) that submitted the request

- Once complete, provider(s) may begin working with new BI to submit and receive files.

- Trading Partner Testing (TPT) is not required if the new BI is listed on the MassHealth-Approved Vendor List.

Questions?

Direct Batch File Submission on the POSC

Important

If you elect to switch to Direct Batch File Submission, please note that this change can be temporary.

IMPORTANT: If known, please indicate to EDI when requesting the change to Direct Submission if the change will be temporary or permanent.

You may choose to retain Change Healthcare as a Billing Intermediary however, MassHealth is not currently allowing Change Healthcare to access systems containing member information.

Reach out directly to Change Healthcare to understand their status, their ability to comply with the HIPAA Privacy and Security Rules, and whether they can provide you and MassHealth assurances as to the security of their systems.

Instructions for Direct File Submission

1. Submit written request to EDI to become a direct submitter

   – Send to EDI@Mahealth.net

2. EDI will validate that the submitter has appropriate POSC access

3. EDI and the direct submitter will complete Trading Partner Testing (TPT)

Written Request

On company/business letterhead, provide the following information*:

- Provider Name
  - Must be 'Doing Business As' name
- Provider ID / Service Location (PID/SL) Number(s)
  - Example: 110000000/A
  - You may list more than one PID/SL if your organization/entity has multiple locations that need the same setup
- Statement requesting change to direct submitter
  - Indicate if change is temporary or not
- Transactions
  - 837: Health Care Claim(s)
  - 270: Eligibility Verification
  - 835: Electronic Remittance Advice (ERA)
- Letterhead must contain provider signature and signature date

Submit request to EDI@mahealth.net.

*Please note, this information is required on the letterhead. To avoid delays, be sure to submit all the requested information in your initial request.

POSC Access – Batch File Submit/Upload

- To submit and upload files on the POSC, you must have a Virtual Gateway username and password.

  – Contact your organization's Primary User (system administrator) to resolve any access issues.

  – To identify your Primary User, contact your MassHealth Customer Service Center.

- Your POSC account must have the correct access to submit/retrieve batch files.
  – The correct POSC service is 'Batch File Submit and Download'
  – Contact your organization's Primary User (system administrator) to ensure the correct service is applied to your account.

Trading Partner Testing (TPT)

All providers requesting to change to direct submission will be required to complete testing in the MMIS TPT environment.

- https://mmis-portal-tptest.ehs.state.ma.us/EHSProviderPortal

Please note: Test files must contain a minimum of 10 transactions (837-claims and 270-EVS)

Providers will be required to produce a file(s) in the HIPAA X12 standard for upload to the TPT environment.

- Review the MassHealth Standard HIPAA Companion Guides here: https://www.mass.gov/lists/masshealth-standard-hipaa-companion-guides

EDI will review the file(s) and determine if the test file passes testing or not.

Important: Testing Dates

Be advised that MassHealth will be assigning testing dates.

It is imperative that you be ready to submit your test files for your assigned date.

Failure to do so may cause delays in completing testing.

Submitting Your Test File

1. Submit your test file
2. Notify EDI of submission; be sure to include the following in your email:
   - In the subject line please reference the EDI Request ID
     - The EDI Request ID will be provided by EDI when the initial request is received
   - Username that uploaded the test file
   - Date test file was submitted
   - MassHealth Provider ID (PID/SL)

Notes
- Submit files to the test environment as you would to production.
- Files submitted during TPT will not be processed in PRODUCTION.

What to Expect after your Submission

- An EDI Analyst will carefully review your test file and send you the test results, via email, by next business day.
  - Please notify EDI via email if there are any questions or concerns.

- If your test file had compliance errors or cannot be processed, an EDI Analyst will work with you closely to make any corrections. We will provide detailed instructions on how to correct. You will then need to make those corrections and resubmit the corrected test file to the test environment.

- The goal of EDI testing is to confirm you can successfully submit 837/270/etc. files and a 999A is generated. EDI will also confirm if claim test files will result in generated transactions (e.g. ICNs).

Process Flow for Testing

MassHealth

Step1
- Request change to Direct Submission
- If known, indicate if change is temporary or permanent

Step 2
- Prepare file for testing
- Submit file in testing environment

Step 3
- Notify EDI of test file submission
- EDI will review and follow-up if test is PASS or FAIL

Step 4
- If PASS, begin file submission in PRODUCTION environment
- If FAIL, repeat testing until PASS

Please note: EDI response will be by next business day. How long testing takes depends on provider's ability to create and submit complaint HIPAA X12 files

Questions?

835 – Electronic Remittance Advice

IMPORTANT NOTE REGARDING ELECTRONIC REMITTANCE ADVICE (835) TRANSACTIONS

- MassHealth severed all 835 receiver connections from providers that have Emdeon or Change Healthcare listed as their "Alternate 835 receiver" and defaulted the 835s to be generated and sent to the individual providers. The provider is now the "DIRECT" receiver of the 835.

  - The change was made on Friday, March 8th, 2024.

- Providers **WILL** need to send notification to MassHealth EDI if they later want to switch back to Change Healthcare or want any other vendor to receive 835s.

  - Send information on letterhead as described previously to EDI@mahealth.net

IMPORTANT NOTE REGARDING ELECTRONIC REMITTANCE ADVICE (835) TRANSACTIONS

- This change was necessary in order for 835s to generate and post to the provider's POSC reports so they can download the file and process their 835s.

- Your POSC account must have the correct access to submit/retrieve batch files.
  - The correct POSC service is 'Batch File Submit and Download'
  - Contact your organization's Primary User (system administrator) to ensure the correct service is applied to your account.

Note: PDF version of the Remittance Advices are always available on the POSC under View Reports

IMPORTANT UPDATE REGARDING ELECTRONIC REMITTANCE ADVICE (835) TRANSACTIONS

No Pay 835s

- For 02/23/24, 835 was generated for the clearinghouses.

  - Please refer to your clearinghouse for the this 835.

- For 03/01/24, The 835 was not generated. It is not possible for it to be generated.

  - Providers will need to utilize the PDF RA instead.

- For 03/08/24 and forward, the 835 will be generated for the direct receiver.

Pay 835s

- For 02/23/24, the 835 was generated for direct receivers

- For 03/01/24, The 835 was not generated. It is not possible for it to be generated.

  - Providers will need to utilize the PDF RA instead.

- For 03/08/24 and forward, the 835 will be generated for the direct receiver.

Questions?

Direct Data Entry (DDE) on the Provider Online Service Center (POSC)

Provider Online Service Center (POSC)

- All MassHealth providers can submit various transactions* to MassHealth on the POSC including:
  - Member Eligibility Verification
  - Professional & Institutional Claims
  - Claim Status

- Providers can also download the PDF MassHealth Remittance Advice for payment information.

*Please note: these transactions must be completed and submitted one at a time.

POSC Access – Direct Data Entry (DDE)

To utilize Direct Data Entry (DDE) on the POSC, you must have a Virtual Gateway username and password.

- Your account must have the correct access to utilize the various services offered on the POSC.

- Contact your organization's Primary User (system administrator) to resolve any access issues.

- To identify your Primary User, contact your MassHealth Customer Service Center.
  - If there is no Primary User, a new one must be designated.
  - To do so, complete and submit the [Existing Provider Modification Data Collection Form](#).

Service	Function
Batch File Submit and Download	Allows users to upload and download batch files
Claim Submission and Status	Allows users to submit/adjust/view status of claims
Manage Member Eligibility	Allows users to view member eligibility data
Manage Provider Profile Information	Allows users to make changes to the provider's profile, including: •Address Changes, •Name Changes, •Process Revalidation, •Etc.
Manage Referrals	Allows users to submit/update/view referrals for members enrolled in the PCC Plan and ACO B
Manage Subordinate Accounts	Allows Primary Users to manage subordinate accounts for a particular PID/SL. This is used to link a POSC user or create a new POSC user.

Service	Function
Portal Services	Role allows users general access to the POSC. This MUST be added to any user who needs to view the POSC.
Provider Enrollment	Role allows organizations to go through the application, enrollment and credentialing process in POSC.
Service Authorizations	Role allows users access to submit, edit and view PA/PAS
View Financial Data	Allows users to view general financial data Examples include: • Year-to-date payments • Payment averages • etc.
View Provider Contracts	Role allows users access to view/download the provider contract
View Provider Reports	Role allows users access to provider-specific reports such as PCC Plan and ACO B member rosters, claim denials, and remittance advices

POSC Job Aids

MassHealth has a number of job aids that provide step-by-step instructions on utilizing the various services on the POSC.

- Professional Claim Submission: [Click Here](#)
- Institutional Claim Submission: [Click Here](#)
- Inquire on Claim Status: [Click Here](#)
- Member Eligibility Verification: [Click Here](#)
- View Remittance Advice Reports: [Click Here](#)

Questions?

Resources

90 Day Waiver Request

Due to the Cyber-attack to Change Healthcare, providers could possibly miss the 90-day filing period for claims. To accommodate providers who are affected, MassHealth has modified its 90-day waiver request process to address the issue.

The following will be the process to inform providers how to submit the 90 Day Waiver Request:

- Submit the claim following the current 90-day waiver process on the POSC, choose Delay Reason Code 8 – Other
- Attach the 90-day waiver request form
- Indicate the reason for requesting the waiver is due to the Change Healthcare attack
- This will be for claims with dates of service 11/23/23 – current

Financial Assistance Request

If you need to request financial assistance, please contact your respective customer service centers.

Long-Term Services and Supports:

Phone: (844) 368-5184 (toll free)

Email: support@masshealthltss.com

Fax: 888-832-3006

All Other Provider Types:

Phone: (800) 841-2900; TTY: 711

Email provider@masshealthquestions.com

EDI Resources

MassHealth Business Support Services – EDI Department

- Email: edi@mahealth.net
- Please contact us if you have questions, need assistance in preparing your test file, interpreting your response files, correcting errors or understanding how to correct errors and resubmit the corrected test file.

Companion Guides (835 / 270 / 837I / 837P)

- https://www.mass.gov/lists/technical-refresh-companion-guides

MassHealth Approved Vendor List

- Click Here

Eligibility Verification System (EVS) Overview

- https://www.mass.gov/service-details/eligibility-verification-system-overview

Job Aid: Upload Eligibility Batch Files:

- https://www.mass.gov/doc/masshealth-mmis-job-aid-eligibility-verification-upload-batch-files/download

Job Aid: Download Responses (999)

- https://www.mass.gov/files/documents/2017/11/13/batch-claims-download.pdf

Resources

- **Pharmacy related questions should be directed to:**

  – masshealthdruglist@state.ma.us

- **MassHealth Website** ([www.mass.gov/masshealth)](http://www.mass.gov/masshealth)

- **Provider Learning Management System (LMS) for non-LTSS providers:** https://masshealth.inquisiqlms.com/Default.aspx

- **LTSS providers** can access the Claims Submissions Guidelines Training Document via the LTSS Provider Portal at the below link: [Claims Submission Guidelines](#)

- **Provider Publications**: Is a library of resources for providers. You can find regulations specific to all provider types such as administrative and billing instructions, and service codes. https://www.mass.gov/lists/provider-publications

- **Provider Manuals**: Provider specific information regarding MassHealth regulations. https://www.mass.gov/lists/masshealth-provider-manuals

- **Direct Data Entry (DDE Job Aids):** Information that will help you with DDE submissions. https://www.mass.gov/service-details/masshealth-claims-information-for-direct-data-entry-dde

Questions?